LEADING
from the frontlines

Division of Nursing
Biennial Report 2017-2018
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LEADING from the frontlines
A message from the Senior Vice President and Chief Nursing Officer

It’s my pleasure to share our 2017-2018 Division of Nursing Biennial Report. This report celebrates the many successes of our MD Anderson nursing community and highlights the many ways our nurses are leading from the frontlines.

I see our 3,700+ registered nurses leading every day. Whether it’s braving flood waters to take care of patients during the aftermath of Hurricane Harvey or developing better ways to manage immunotherapy side effects, each of our team members can inspire, innovate and influence.

Over the last two years, I’ve enjoyed meeting with hundreds of nurses across the institution as part of our “Leading from the Frontlines” sessions. I established this forum to spark collaborative and engaging dialogue with our frontline nurses about various topics related to nursing practice at MD Anderson. At each session, I’ve been impressed with the innovative solutions our nurses have suggested or put into place to improve our work environment and impact patients.

While rounding with MD Anderson President Peter Pisters, M.D., I’ve observed developments taking place on units and clinics, many of which are nurse-led and can be replicated or used to shape best-practice strategies across the institution. For example, after discovering gaps in the way research protocols were made available, our frontline nurses led an interprofessional patient safety initiative designed to better manage patients on clinical trials. Now, electronic information sheets provide a quick reference guide on protocol requirements for many of the 1,500+ active protocols. Put simply, our nurses took a leadership role in creating positive change.

This is an exciting time for nursing at MD Anderson as we continue to position ourselves as leaders in health care. We are well on our way toward earning our fifth consecutive Magnet designation — an achievement that less than 1% of U.S. hospitals can claim — and we have made great progress in building a strategic research infrastructure that will develop our nurses to their full potential and provide a practice environment that is both empowering and rewarding.

As we look ahead, I invite you to take a moment to reflect on all that we have accomplished and all that is to come.

Carol Porter, D.N.P., RN, FAAN
Senior Vice President and Chief Nursing Officer
NURSING by the numbers

3,700+
Total number of nurses

This number includes inpatient nurses, research nurses, advanced practice nurses, and nurses in ambulatory and leadership roles. Nurses make up nearly 20% of MD Anderson's total workforce and are one of the largest groups of clinical nurses in a specialized, high-acuity setting in the nation.

*Data based on Magnet reporting standards. Approximate values for FY18.

Our workforce includes nurses in a variety of roles, including:

- Advanced Practice Registered Nurses: 400
- Research Nurses: 260
- Clinical Nurses: 2,450
- Certified Registered Nurse Anesthetists: 95
- Case Managers: 55
- Nurse Educators: 35
- Specialty certification rate: 70%
- Percentage of nurses who have earned a bachelor's degree or higher: 92%
- Percentage of nurses in leadership positions with a doctoral degree: 10%
In the first half of 2017, MD Anderson announced a reduction in force, an interim president, a revised organizational structure and new operational priorities.

Later that year, Houston experienced an unprecedented flooding event caused by Hurricane Harvey. Nearly 35% of employees reported flooded homes, submerged cars or some other type of significant loss.

Through all these changes, MD Anderson’s nursing community stayed strong, remaining focused on developing and delivering exemplary patient care. Our nursing team members pulled together to maintain safe care during uncertain times and to support one another as the work to rebuild began.

In September 2017, The University of Texas Board of Regents named Peter WT Pisters, M.D., as the new MD Anderson president. His appointment marked a return to the institution, where he previously served in faculty and leadership positions for more than 20 years. He chose to round, especially with nurses, as one of his first priorities. It was important to Dr. Pisters to “unlearn and relearn” the organization from the frontlines. He asked Chief Nursing Officer Carol Porter, D.N.P., RN, FAAN, to help him.

During one of these rounding opportunities, our Clinical and Translational Research Center’s nursing staff shared how the unit quadrupled in size over the last 17 years due to our volume of clinical trials. Pisters recognized these nurses as being on the “cutting edge of cancer care” and delivering safe, innovative treatments to the patients who benefit from our complex, early-phase clinical trials.

MD Anderson ranked No. 1 for cancer care by U.S. News & World Report’s annual “Best Hospitals” survey. The institution has been named one of the top two cancer hospitals since the survey began in 1990, and it has been ranked first 14 times in the last 17 years.
Nurse leaders across MD Anderson shared similar stories of collective adaptability and collaborative culture. Despite the many changes MD Anderson experienced during 2017-2018, its patient volumes, morale and financial performance turned around by the end of this period and laid a stable foundation for the future.

The institution far exceeded its operational goals, had a record-breaking 87% of employees complete the AHRQ Culture of Safety survey and again was named No. 1 in cancer care by U.S. News and World Report.

**Listening and learning tour snapshot**

- Nursing staff on our Thoracic and Cardiovascular Surgery Unit, P7, told Pisters during his March 2018 visit that "we see ourselves as one MD Anderson" in a very team-oriented environment.
- Outpatient nurse managers welcomed Pisters and Porter to a July 2018 meeting to discuss new ideas about improving patient access, enhancing service excellence and innovative ways to promote professionalism across the institution.
- Pisters and Porter celebrated MD Anderson’s No. 1 ranking from U.S. News & World Report in August 2018 with staff on P12, GU, GI, Endocrinology, which was named a “High Performing Area.”
- Nurses who work the night shift in the Main building also celebrated MD Anderson’s No. 1 ranking with Pisters and Porter. The leaders visited with nurses who dropped by the G10 conference room in September 2018.
- Pisters and Porter met with some of our 177 active Informatics Resource nurses in November 2018. Pisters told the nurses, “Your team exemplifies the optimal interface between operations, informatics and innovation. We really depend on you to optimize workflows and to help us understand where the challenges are and what the opportunities for improvement are moving forward.”

MD Anderson Nurses impacted the lives of hospitalized patients during **214,228 patient days** *(admitted and observation)*
When Hurricane Harvey brought historic floodwaters across the Houston area in August 2017, our nursing community weathered the storm together, demonstrating resiliency and a dedication to caring for patients and each other.

At our Texas Medical Center Campus, more than 1,000 employees rode out the storm on-site for several days to provide exceptional care for 538 patients in the hospital, 15 patients in the Emergency Center and nearly 300 patients’ family members. Others braved the treacherous waters to relieve those who had worked for days on end or volunteered at emergency shelters. While an estimated 35% of our 21,000-strong workforce was severely impacted by the storm, there are countless stories of our nurses going above and beyond, even when faced with the effects of a 1-in 1,000-year event.

‘The nursing mindset’

Many clinical staff scheduled to work the night Hurricane Harvey hit Houston had packed extra clothes, toiletries and snacks in anticipation of the hurricane. “Nurses know that when bad weather is coming, they may need to remain at the hospital. They realize they can’t get home safely and the next shift can’t make it in,” says Dr. Porter. “That’s the nursing mindset. You think ahead. You pack a bag. You prepare to stay.” To care for nurses who rode out the storm, darkened sleeping areas with cots, pillows and blankets were designated throughout the hospital. While some nurses worked, others slept. Then they reversed roles. “During a disaster, clinical staff are intense and adrenaline-driven,” she says. “I had to ask them to rest, because they wanted to keep working.”
On call for rescues

When the floodwaters started entering their Meyerland home, Vianey Casarez, a nurse anesthetist, and her husband, Christopher, a radiation therapist, knew their family would need to evacuate. They have a 2-1/2-year-old and a newborn, as well as Vianey’s mother living with them, and they wouldn’t be able to safely leave their house without assistance. After calling 911 and waiting for more than three hours for a rescue, Vianey used the remaining battery on her cellphone to reach out to her department’s on-call physician, Acsa Zavala, M.D., who rallied their team to help. Nurse anesthetist Travis Laqua and his wife paddled over to Meyerland in kayaks, where the water was by then knee-deep. They were able to move the family, including their two dogs, to higher ground at a neighbor’s two-story home.

The right place to be

Leukemia nurse Simon Coronado knew if he went in to work the night Hurricane Harvey arrived in Houston, his house on Brays Bayou might flood while he was gone. But with his wife’s encouragement, he packed a bag and reported to the hospital to care for the patients who needed him. The next day he got the phone call he’d feared: Water had invaded his house. “At that point, I just wanted to crawl out of my skin because I couldn’t get to them,” he says. Fortunately, he was able to connect with a neighbor, who rescued Coronado’s wife and four sons from chest-deep water. “Once they were safe, it lifted all the weight off my shoulders,” Coronado says. “Caring for patients put me back into my comfort zone.” After working 12-hours shifts for the next few days, Coronado finally made it home to begin gutting the house. “It's going to take a little bit of work,” he says. But we can get through anything.”

Keeping the chemo going

Arvin Comple, a clinical nurse in the Ambulatory Treatment Center (ATC), wasn’t planning to stay for four days of storm duty during Hurricane Harvey. He didn’t have extra clothes or a cache of snacks, but he didn’t see a safe way to make it home through the rising water. That was a good thing for outpatients staying at Rotary House. They were able to continue receiving chemotherapy treatments through the storm because Comple used the time to set up a mini-ATC in the Emergency Center. As the only ATC nurse on-site, Comple got to know the people he was helping. “Patients kept telling me, thank you for being here,” he says.

Nurses donated 503 community outreach hours through the MD Anderson Ambassador Program in FY17 and FY18.
**Servant leadership in action**

When clinical nurse leader Jessica Vaughn discovered her ride-out team had eaten nothing but popcorn for breakfast on the Saturday Hurricane Harvey was making landfall, she hit the grocery stores herself and returned to her G12 unit bearing a cartload of food. Vaughn would remain on the Leukemia Unit to support her team (and their patients) until the following Wednesday. “When you lead as a servant, you’re putting others first,” Vaughn notes. “If you do that, your team will take care of you, too — and then pay it forward to the patients.”

**Leaning on each other**

Although rising floodwaters prevented clinical nurse Howard Tseng from making it into work, he resolved he wouldn’t give up. All he could think about were the patients and his G10W colleagues, who were surely in need of some relief. But then he received a call from a co-worker who lived nearby. She had been forced to evacuate to safety because her house was taking in water. That’s when Tseng realized how important it was for those unable to be there for patients to be there for each other. “So many of us were dealing with a variety of issues, but our team set up a group text to frequently stay in touch,” Tseng says. “Those who were able to make it in began sharing routes that we could use to make it to work safely.” Yvette Ong, associate director, Clinical Nursing, G10W, says she’s proud of how her team responded and how they continued to support each other – even as operations returned to normal. “Our team and employees throughout MD Anderson remained steadfast despite many personal and operational challenges,” Ong says. “We all relied on each other for strength and support and continued to focus on providing the best care for our patients.”

**Friends from afar**

Even before the rain let up, offers to help poured in from around the country. A total of 149 clinical professionals from four institutions near and far — including UT Southwestern in Dallas and Northwell Health System in New York — volunteered their time and services so that MD Anderson’s dedicated employees involved in ride-out and recovery efforts could break away to take care of themselves, their families and their homes. Nursing leaders and nurse educators were actively engaged in coordinating the necessary logistics in a very short timeframe, including developing the curriculum for a one-day orientation for volunteer nurses. Nurse educators worked day and night to design and deliver orientation education through oral presentations, videos and a skills lab. Each volunteer received a “passport,” which guided them through orientation step-by-step and included a section for clinical skill validation.

More than 140 clinical volunteers arrive in Houston to help at MD Anderson.
HURRICANE HARVEY
Ride-Out and Recovery:

19 trillion gallons of rain fell in the Houston area during Hurricane Harvey

73 flood gates deployed

1,000+ employees at MD Anderson remained on-site to care for more than 530 hospitalized patients

35% of MD ANDERSON employees reported flooded homes, submerged cars or some other kind of significant damage by Hurricane Harvey

2,000+ employees on site for Recovery

35% of 140+ CLINICAL VOLUNTEERS came from other organizations

7,000+ meals served per day during ride-out

251 blood donors

Photo: Tonya Walters
As immunotherapy treatments rapidly evolve, nurses take a leading role in managing side effects and ensuring patient safety

A patient writes, "The Astros will win the World Series next year," in bold print as Jaquelin Velasquez watches. The clinical nurse in Lymphoma and Myeloma isn't interested in the accuracy of this prediction. She's looking for signs of a serious side effect of immunotherapy.

"If a patient’s handwriting deteriorates, it's a red flag that they're developing neurotoxicity," Velasquez says.

She explains that the handwriting test is part of a neurological assessment developed at MD Anderson for patients receiving chimeric antigen receptor (CAR) T-cell therapy.

"Neurotoxicity can be fatal if we don't intervene early and reverse the effects," she says.

Velasquez has cared for immunotherapy patients since the first CAR T-cell therapy clinical trial here in 2015. The therapy involves the removal of a patient's own T cells, which are then re-engineered to find and destroy cancer proteins or targets. Next the cells are infused back into the patient's body, where they attack the cancer cells. While there's been great success with this type of treatment, it comes with a unique profile of toxicities that can be life-threatening.

Velasquez is one of many clinical, advanced practice and research nurses throughout MD Anderson who collaborate across the institution and the nation to identify and manage toxicity in patients treated with immunotherapy and thus bring a higher level of safety to this innovative treatment option.

"On the frontlines of patient care, our nurses have been instrumental in helping us deliver immunotherapies in a safe fashion," says Partow Kebriaei, M.D., a professor of Stem Cell Transplantation and Cellular Therapy. "Since the beginning, they've really led the charge in creating educational resources and collaborating with physicians and pharmacists to develop the ground rules for toxicity management and patient safety."

Leading through innovation

Advanced practice registered nurse Sherry Adkins has seen the serious, and often frightening, side effects of CAR T-cell therapy first-hand. She describes cytokine release syndrome (CRS) as being similar to a severe case of the flu with high fever, fatigue and body aches. CRS also can develop into a high-grade syndrome associated with life-threatening consequences. In addition to deteriorating handwriting, neurological toxicities may include confusion, difficulty speaking and seizures.
In her work managing CAR T clinical trials, Adkins contributed to a multidisciplinary team that composed guidelines for handling those side effects, which usually are reversible if caught early. The guidelines include a system for grading toxicities, as well as treatment plans for side effects depending upon their severity.

Partnering with informatics, Adkins and her nursing colleagues further refined the process for toxicity management by creating an automated documentation tool, or “flowsheet,” for immunotherapy-related toxicities in the electronic health record. This allowed for standardized documentation, data reporting and tracking of immune-related toxicities. This work was published by an interprofessional team in a supplement on immunotherapy in the Clinical Journal of Oncology Nursing in April 2017.

In addition, Adkins collaborated with Informatics to create a mobile app that automates the process for grading toxicities related to CAR T therapy. Her goal is to make it as simple as possible for all clinicians to accurately grade and manage side effects.

“Clinicians have said they feel more confident in the assessment and grading of toxicities,” says Adkins, adding that physicians find the app helpful when they get a call in the middle of the night. “They can access the app right then and there to ensure the right intervention is implemented at the right time.”

An evolving role

As immunotherapy treatments rapidly evolve, so do the roles of nurses.

After being involved with clinical trials and seeing Yescarta therapy become FDA-approved for CAR T patients in 2017, registered nurse Misha Hawkins applied her expertise to a newly created position at MD Anderson: cell therapy coordinator for lymphoma. Since then, she's managed more than 50 patients from pre- to post-treatment, keeping detailed documentation on each person.

“I'm here for 99% of infusions that happen on inpatient units to assist the nurses and monitor patients if they start having side effects,” she says. “As nurses, we're the eyes and ears for the physicians when they can't be in the room, so being able to accurately describe and assess what's happening is very critical to the care and safety of the patient.”

The documentation Hawkins records not only helps current patients, but it may help future patients, as well. She's working with an interdisciplinary team to review the data and determine what factors cause some patients to have serious side effects, while others may experience mild or no effects.

Sherry Adkins (pictured on page 11) collaborated with Informatics to create a mobile app that automates the process for grading toxicities related to CAR T therapy.

Joaquin Buitrago is one of the pioneers of nursing immunotherapy education at MD Anderson.

Jaquelin Velasquez (left) and Misha Hawkins (right) prepare for the two-nurse verification process prior to infusing a patient with CAR T cells.

Joaquin Buitrago is one of the pioneers of nursing immunotherapy education at MD Anderson.
Taking immunotherapy from bench to bedside

With one of the largest clinical trial programs in the world, MD Anderson offers a collaborative environment where nurses not only participate in the development and implementation of care standards, but they contribute to the science and evolution of the field of immunotherapy.

In addition to CAR T, our nurses are at the forefront of other types of immunotherapy, such as checkpoint inhibitors, viral oncolytics and novel combinations of these agents with chemo, radiation and surgery. Checkpoint inhibitors are one of the first of a new generation of immunotherapy approaches, and were pioneered by MD Anderson’s first Nobel Prize winner, James Allison, Ph.D., chair of the Immunology department. This field has been successful in part because of the leadership of our clinical, research and advanced practice nurses, who have been at the forefront of administering these revolutionary immunotherapies from clinical trials through their establishment as standard of care therapies.

MD Anderson nurses have presented both nationally and internationally at conferences on our immunotherapy platforms and are recognized as leaders in the field of immunotherapy research and clinical care delivery.

Continuous education

Most MD Anderson nurses are required to take some form of immunotherapy training.

“A growing number of services in the institution now offer immunotherapy, so it’s critical for everyone to be educated on the latest developments and best practices,” says Joaquin Buitrago, a nurse educator who has pioneered nursing immunotherapy education. “The moment that we’re not educating somebody, we’re inviting risk.”

Buitrago is constantly updating immunotherapy curriculum as new information comes out. He recently played a key role in ensuring nurses were properly trained as MD Anderson became the first stand-alone immune effector cell program to be accredited by the Foundation for the Accreditation of Cellular Therapy (FACT). Now, Buitrago is excited to add a new topic to the curriculum – this time, focusing on life after cancer, as many immunotherapy patients are nearing the five-year survivorship milestone.

“It’s exciting to be part of a team that’s making groundbreaking advancements in cancer care,” says Buitrago.

“There are no limits for nurses.”
Suzanne Phillips enjoyed 26 years working for Dow Chemical Co., much of that time as a researcher in product development. It was a thrill to see packaging that her team had developed on the shelf of her local grocery store.

A desire to directly impact people, specifically cancer patients, was calling her.

That aspiration led her to nursing school and, ultimately, to her work as a research nurse resident, learning how to help patients on clinical trials in our Lymphoma and Myeloma department.

Phillips participated in our Research Nurse Residency Program — the first of its kind in the nation — which launched at MD Anderson in October 2016. The program is open to new nursing graduates or nurses with less than one year of experience. They don’t need to be embarking on second careers, but the program is drawing the interest of people like Phillips.

The goal of the program, modeled after our successful Clinical Nurse Residency Program, is to attract, develop and retain research nurses. The residency consists of a four-week orientation phase followed by a 12-month residency program within a

Did you know?

- A total of 29 graduate nurses have participated in the research nurse residency program since 2016.
- Approximately 90% of participants are retained from the previous year.
- An article authored by several of our nurse leaders was recently published in the Clinical Journal of Oncology Nursing. The article, “Clinical Research Nursing: Development of a residency program,” describes the development and content of the research nurse residency and how this approach is being used to address a need for clinical research nurses to support burgeoning clinical trials at a National Cancer Institute-designated comprehensive cancer center.
department. It includes more than two weeks of classroom learning throughout the year. The first cohort of four nurses successfully completed their residencies in the fall of 2017. Since then, 25 more nurses have been accepted into the program.

Research nurses play a vital role for the 10,831 patients enrolled in MD Anderson’s more than 1,700 clinical trials.

Among research nurses’ responsibilities are matching the right patient with the right study; ensuring proper patient consent; coordinating testing and appointments; evaluating how the patient is responding to the protocol; finding solutions to a patient’s side effects; and documenting, documenting, documenting.

“Being a research nurse is a very hard job,” says Lore Lagrone, administrative director, protocol research, Lymphoma and Myeloma. “It’s like a big jigsaw puzzle. Your satisfaction comes from making all the pieces fit.”

The residency program has attracted incredible applicants, many with research backgrounds, says Debbie Cline, associate director of nursing workforce planning and development. Seasoned candidates pursuing second careers bring valuable attributes.

“The freshness that a new nursing graduate brings is exciting,” Cline adds. “But the maturity and life experiences of those seeking second careers also are great traits. They are very motivated and eager to learn.”

For Phillips, having a research background provides a comfort zone. “For me as a researcher, this is a great fit. I’ve been in the lab testing things before, and you use a lot of the same tools and approaches. I understand how to put together a multidisciplinary team.”

“But one of the joys of this job is developing a long-term relationship with patients and their families,” Phillips says. “When they’re so grateful to be here, that’s so rewarding. You really are on the frontlines of this patient’s treatment.”

Accreditation

In October 2018, our Clinical Nurse Residency Program earned accreditation from the American Nurses Credentialing Center’s (ANCC) Commission on Accreditation. This is the sixth program in Texas to receive the accreditation and the 55th worldwide. ANCC Practice Transition Accreditation sets the global standard for residency or fellowship programs that transition registered nurses and advanced practice registered nurses into new practice settings. The three-year accreditation encompasses several practice settings: Medical/Surgical, Hematology, Critical Care, Pediatrics, Peri-Operative Services, Emergency Center and Nursing Clinical Research.
ADVANCING nursing professional practice

Research quality nurse specialists lead in the development of an electronic resource designed to better manage patients on clinical trials

From implementing innovative technology to connecting with patients through art, our nurses brought new evidence-based approaches and fresh ideas to enhance patient care in 2017-18. Here are just a few examples of the ways nurses provided compassionate, comprehensive care to patients and families from around the world.

A matter of fact

Patient safety is the primary purpose of a new electronic resource designed to better manage patients on clinical trials. Research Protocol Fact Sheets rolled out in August 2018 as the result of an interprofessional partnership led by nurses, who discovered gaps in the way research protocols were made available.

"The means of sharing study information had not been standardized across units and centers," says Lavonia Thomas, executive director, Clinical Informatics, Nursing Administration. During rounds, frontline nurses brought their concerns to the attention of the chief nursing officer and a collaboration across disciplines was initiated. "We've changed the process by making Fact Sheets available for nurses at the hospital or any ambulatory clinic, including Houston-area locations."

All Fact Sheets follow a standard template and provide a quick reference guide on protocol requirements for many of the 1,500+ active protocols. They include basic information...
needed to care for the patient and are attached to each study patient's chart in the electronic health record. Fact Sheets are developed by research nurses with feedback from frontline staff to ensure appropriate information is included, such as protocol requirements for drug administration, potential toxicities, contraindications and protocol specific equipment.

“The purpose of this Fact Sheet is to provide health care providers with key information about the drug and make healthcare teams aware of unique aspects of that agent,” says Aman Buzdar, M.D., vice president, Clinical Research.

For frontline nurses, the Fact Sheets help put an end to time-consuming searches for protocol information.

“This is really improving the way we care for our patients,” says Krissy Doyle, associate director, Clinical Nursing, Inpatient Leukemia, who describes the initiative as an excellent example of collaboration across disciplines. “This tool streamlines care and helps build trust between patients and caregivers, as well as enhances the communication within our interdisciplinary teams.”

Prevention in practice

Our patients have a lot on their minds. They may be worried about where to stay while they’re here from out-of-town, how to navigate our buildings, or how to pay for treatments. This, along with their cancer diagnosis, can contribute to stress and anxiety. A nurse-driven initiative in Radiation Oncology aims to quickly identify patients who may need additional support and connect them to the right resources – before a crisis occurs.

“The goal is to intervene as soon as possible by connecting patients with the appropriate experts such as a social work counselor or psychiatrist,” says Denise Zaebst, a registered nurse and administrative director for Radiation Oncology/Proton Therapy Patient Care Services.

MD Anderson’s institutional policy requires the Patient Needs Screening (PNS) tool at every new patient visit, Emergency Center visit, inpatient admission and every 30 days when a patient presents for an appointment with a provider. Screening also can be completed based on clinical judgment. Nurses in Radiation Oncology have ramped up the distress screening, assessing patients at every clinic visit.

Nurses use the NCCN Distress Thermometer, which is part of the PNS, to give patients the opportunity to report the level and sources of their current distress. They also use a more direct screening for depression and suicidal ideation through a questionnaire.

“ Asking a series of questions about emotional well-being at every visit gives patients an avenue to let us know how they’re coping and if there’s anything we can do to help,” says Zaebst. “ We may not be able to prevent every adverse event, but we do our best to try.”

Currently, nurses at all radiation oncology sites, including those at Houston-area locations and members of MD Anderson Cancer Network®, follow the same standard and screen patient distress at every visit.

Start your watches

The time it takes to give the first dose of antibiotics to a patient with fever and neutropenia (low white blood cell count) is critical. Our pediatric nurses are on a mission to ensure patients receive the appropriate treatment in a timely manner.

“ Administering antibiotics within one hour of identification of a febrile, neutropenic patient has been proven to improve outcomes and decrease sepsis risk and ICU admissions in pediatric patients,” says Janet Smith, nurse manager of the Child/Adolescent Center.

However, in a large hospital, ordering labs and receiving the results to diagnose neutropenia and ordering the appropriate antibiotics can take time – often more than an hour. That’s why Smith and her colleagues in pediatrics applied for and received an evidence-based practice grant in 2018 from the Association of Pediatric Hematology/Oncology Nurses (APHON). Their quality improvement project will standardize the assessment and management of pediatric patients with fever and neutropenia.

The ongoing project includes developing an evidence-based nursing algorithm, which aims to reduce the time it takes to identify neutropenia and administer the first dose of antibiotics to patients in the ambulatory clinic of the Children’s Cancer Hospital or the Emergency Center.

“This will give our nurses more autonomy in their nursing practice, which is important to delivering high quality care,” says Smith.

Smith and her colleagues have already identified barriers to the quick identification of neutropenic patients and have met with a team of interprofessional stakeholders to evaluate the root cause of delays in antibiotic administration.

Healing in a hurry

Getting patients through the surgery and recovery process faster with better outcomes is a top priority. Since MD Anderson’s Enhanced Recovery Program (ERP) began in 2014, our nurses have worked alongside surgeons and anesthesiologists to implement interventions for before, during and after surgery that help patients get back to their regular activities in a shortened timeframe.
Nursing also collaborates with physical and occupational therapy and the nutrition team during pre- and post-operative phases to perform various interventions including carbohydrate loading in eligible patients, providing the appropriate oral non-narcotic medications, and ensuring consistent mobilization and early feeding.

Alita Campbell, Post Anesthesia Care Unit nurse manager, has seen dramatic results over the last few years. “Our nurses have become very vested in this proactive approach – you can actually see it make a difference in our patients’ lives,” Campbell says, adding that the ERP was a ‘tough sell’ at first because it challenged conventional preoperative preparation methods. “ERP has shifted our culture and engaged nurses as advocates and champions. We help to empower and support patients in this evidence-based practice change.”

MD Anderson nurses were integral members of ERP teams who treated 3,389 ERP patients in FY18 – a 21% increase from FY17.

MD Anderson’s ERP has now expanded from one service line to 16 surgical and three non-surgical teams. Consistently, all enhanced recovery programs have demonstrated improved clinical outcomes, lower opioid related complications, enhanced patient satisfaction and experience, and shorter hospital stays.

**Beyond skin deep**

After observing a trend of pressure injuries, two nurses led an interprofessional initiative to discontinue the automatic application of graduated compression stockings on surgical patients. It’s a small change that’s shown dramatic safety results, including better skin preservation and higher patient satisfaction.

Compression stockings are designed to prevent thromboembolic disease (TED) in patients with limited movement. While TED hose play an important role in averting deep venous thrombosis (DVT) and other blood clotting disorders, GI Surgical/Sarcoma Clinical Nurse Leader Tessy Siby and Clinical Resource Nurse Alice Shajimon were among the first to observe an unintended consequence: Some postoperative patients arriving to the inpatient floor wearing the compression hose were quickly developing pressure injuries.

“Sometimes, patients coming from the OR have been wearing the hose for 10 hours or more,” says Siby. “We noted redness and tissue breakdown in some patients who had them on for a long time.”

With the help of Nursing Educator Christi Bowe, they conducted a literature review to determine if the current practice of automatically applying TED hose to every surgical patient was a benefit to patients. Notably, they found that the use of TED hose with other forms of DVT prophylaxis—such as sequential compression devices (SCDs)—presented an unnecessary risk. Only one device at a time is needed to prevent DVT.

GI Surgical/Sarcoma started a pilot to test this theory. From July to October 2017, nurses removed patients’ TED hose at 7 a.m. and reapplied them at bedtime, while continuing to use SCDs. During that time, no pressure injuries related to TED hose
occurred and there was no increase in DVTs.

Siby and Shajimon shared their data with the Surgery Continuous Quality Improvement Committee and physicians agreed: TED hose should be an exception, not a rule. In June 2018, MD Anderson discontinued the practice of automatically applying graduated compression stockings on surgical patients.

“Our frontline staff identified problems and their voices were heard,” says Dee Gallardo, executive director of Nursing Quality, Safety and Research. “It’s rewarding to see how our frontline nurses put patient safety first and lead the way in developing best practices.”

For more information on Nursing’s collaborative efforts to protect patients’ skin, turn to page 20.

Help on the line

In the Head and Neck Center, gone are the days of voicemail and waiting on hold. Now, thanks to a strategic nurse-driven initiative, telephone triage nurses are embedded in the clinic to provide real-time help to callers. It’s led to higher patient experience and employee satisfaction ratings.

The Head and Neck Center is a busy place. It’s not unusual for 300 patients to be seen on a single day – and that doesn’t count the additional 100+ patient calls received each day. In response to patient feedback, nurses spearheaded a pilot project that employed a dedicated telephone triage nurse to answer incoming clinical calls.

“We wanted someone with oncology expertise and strong customer service skills because those really go hand-in-hand,” says Judy Moore, executive director of ambulatory clinics. “Not only did the teletriage nurse put patients at ease by addressing their concerns immediately, but they also helped relieve the workload for nurses and physicians, who no longer had dozens of voicemails to answer at the end of the workday.”

As a result of the new phone system, Press Ganey scores for ease of access to the center significantly increased patient satisfaction by about 8%. The success of the project has resulted in the center hiring a second triage nurse to further improve response time. In addition, other service lines have modeled their triage process after the Head and Neck Center’s new system.

The art of connection

When a pediatric patient finishes proton therapy, they leave with a strong sense of hope and a beautiful piece of art. Leo Flores, a post-anesthesia care unit nurse at the Proton Therapy Center, uses his artistic talent to connect with young patients. “It’s all about gaining our youngest patients’ trust and giving them a little distraction during their treatment,” says Flores, who has cared for patients as young as six months old.

Oftentimes, pediatric patients undergo a series of 30 proton treatments over six weeks. As Flores spends time with patients at each visit, he begins to learn more about their favorite characters, superheroes, hobbies and passions. He then transfers their interests onto canvas by painting their favorite character, stuffed animal or toy.

Each week, Flores shows the child how the painting is progressing, until he presents the final painting to the patient after their final proton therapy treatment.

“The kids actually start looking forward to treatment because they get to see how their painting has progressed,” he says. “The look on their face when they receive the final product at their graduation celebration is priceless – they can’t believe they get to keep it.”

Over the past few years, Flores has made more than 50 paintings for patients from all over the world, including Denmark, China and everywhere in between. He’s formed lasting connections with many of his patients and families, who keep in touch and text him photos of their artwork hung up in their home.

Flores received The DAISY Award For Extraordinary Nurses in 2017 for his expertise and kindness, which colleagues say is unmatched.

“He can put a smile on the face of any child he meets, no matter what their prognosis or challenges may be,” says Soo OK, nurse manager, Proton Therapy Center PACU. “From all aspects of patient care, he’s the whole package.” ■
As the largest organ in the body, our skin protects us from infections and germs.

But maintaining the integrity of our patients’ skin can be a challenge due to their compromised immune systems, prolonged hospital stays and cancer-related malnutrition. With the skin weakened, it’s especially susceptible to pressure-related injuries that can present as bruises, ulcers and wounds.

“Patients are more likely to get pressure injuries when they’re unable to move in bed and their skin has been exposed to chemotherapy or radiation,” says Faith Pattavana, a wound, ostomy and continence (WOC) nurse. “Even so, these injuries are largely preventable with constant surveillance and timely intervention.”

Pressure injuries occur when direct pressure restricts blood supply to the skin, muscle and connective tissues. This typically occurs in areas where bones are close to the skin surface, such as the sacrum or heels of the feet. Pressure duration and intensity are directly related to tissue damage, and if left untreated, can lead to infection and even sepsis.

Pattavana is one of 17 nationally certified WOC nurses at MD Anderson. Along with clinical nurse leaders, they play a pivotal role in promoting skin integrity and pressure injury prevention. Available around the clock, WOC nurses function as consultants, educators and caregivers for all outpatient and inpatient areas.

Each day, Pattavana and her team visit inpatient units as part of an interdisciplinary team looking for emerging skin concerns and validating appropriate prevention and treatment measures. It’s one of several efforts going on across the institution involving the entire care team.

A collaborative approach

“Historically, skin integrity has been an issue for nurses to solve, but it really takes the entire care team implementing multiple preventive measures to have a big impact,” says Dr. Porter. “We’ve created an environment where physicians, occupational and physical therapists, nutritionists and others are coming together to prioritize skin integrity.”

In the Intensive Care Unit (ICU), one such effort dramatically reduced pressure injury rates. Because many ICU patients are immobile, it was hard to turn them every few hours to avoid
prolonged pressure in any one part of the body.

In the last few years, nurses and physicians advocated for ceiling lifts in every patient room to make turning ICU patients safer and more efficient. Also they were the first unit in the hospital to begin using pressure-relieving heel protector boots, as well as a repositioning and turning system that offloads the sacrum, minimizes friction and manages moisture. Both devices now are used throughout the hospital.

In addition, skin integrity was added to the physician checklist so each patient is evaluated during daily multidisciplinary rounds.

Karen Plexman, ICU associate director of nursing, says the changes have brought eye-opening results.

"We have had cases where patients have been intubated for months at a time and haven’t developed pressure injuries because we put in place various preventions," says Plexman. "We’re fortunate to have such a strong multidisciplinary team where everyone understands the importance of skin."

Finding the right position

In the operating room (OR), where patients can be immobilized for more than 20 hours, pressure injuries are a constant threat.

Nurses, physicians and anesthesiologists from pre- to post-operative care worked together to update surgical positioning guidelines and incorporate a risk assessment tool that identifies which patients may be at a higher risk of developing a pressure injury. Also they identified the three OR rooms that routinely had the longest cases, and received approval to purchase an alternating-pressure surface to use on surgical tables.

"There isn’t one magic bullet to preventing pressure injuries – it takes the full continuum of areas working together," says Ri Dorado, director of perioperative nursing. His team now is working on making sure handoffs include instructions to alleviate patients from certain positions after surgery.

"We no longer work in silos," adds Cindy Segal, Ph.D., associate director of perioperative nursing. "If a patient was in one position for 11 hours during surgery, that’s now communicated to our post-surgical team so they ensure patients aren’t kept in that position any longer than necessary."

Protecting the skin you’re in

As collaborative efforts continue across the institution, our care teams are leading the way in creating best practices for caring for our patients.

For example, Auris Huen, M.D., Pharm.D., assistant professor of Dermatology, together with the Pharmacy division, analyzed common oncology medications and created a tool with Nursing to show how various drugs affect the skin.

"Different medications can either cut off blood supply directly, thin the skin or affect it through a skin reaction such as blistering," says Huen. "Our nurses have used this list to identify high-risk patients based on the medications they’re taking and start implementing preventive measures much earlier."

In addition, Nursing has teamed up with Vinod Ravi, M.D., associate professor of Sarcoma Medical Oncology, to look at using artificial intelligence to predict which patients have the highest risk of skin breakdown. In the ICU, care teams are currently studying how skin changes naturally at the end of life.

And more people continue to get involved. Our WOC nurses now have trained nearly 200 skin champions throughout the institution. These registered nurses and patient care technicians serve as a resource for others — including patients and caregivers — on how to prevent pressure injuries and reinforce best practices for managing skin integrity. It’s a new level of engagement that’s empowering patients to take control of their health in a way that’s more than skin deep. ■
As a child in Long Island, New York, Kathryn Mazzarella was fascinated by her mother’s tales of life as an oncology nurse.

"Hearing about how she connected with patients and their families inspired me," says Mazzarella, who years later chose the same path. First, she earned a bachelor’s degree, then landed a job in the Leukemia and Lymphoma unit at a prominent New York City hospital while completing a master's degree in nursing. "I was fortunate to begin my career in a high-risk specialty that required clinical precision and human compassion," she says. "It challenged me to expand my knowledge about various forms of cancer."

Then, while attending the Oncology Nursing Society's annual conference, Mazzarella learned about MD Anderson's Post Graduate Fellowship in Oncology Nursing. The program provides advanced practice nurses — those with master's or doctorate degrees and three years of clinical experience — with exposure to all major areas of oncology nursing, from prevention to palliative care, and everything in-between. Mazzarella applied and was accepted.

"The fellowship is for those who want to achieve oncology nursing excellence through a channel other than the traditional on-the-job training apprenticeship model," says Joyce Dains, Dr.PH., chair ad interim of the Department of Nursing. Dains helped launch the program 12 years ago. At the time, it was the first of its kind in the country. Today, about 10 such programs exist. Most are modeled after MD Anderson's pioneering fellowship.

Not just a disease

Like Mazzarella, Ana Adriazola began her career in a hospital oncology unit. Unlike Mazzarella, she’s the first nurse in her family.

"I was working as a hospital secretary in an oncology unit when I saw what nurses do and how they contribute to the team," she says. "I loved the fast-paced nature of the job and knew it was for me."

Adriazola continued working while attending nursing school. After earning a bachelor’s degree, she signed on as a staff nurse in the same unit where she’d been a secretary.
“One of the first patients I met was only three months older than me,” she recalls. “He had acute lymphocytic leukemia and was in and out of the hospital for treatment. This guy went through a lot – pain, infections, three bone marrow transplants and two relapses. All the while, he kept smiling and remained positive.

“He and all cancer patients remind me each day that frankly, I have it easy,” she says.

As Adriazola’s passion for nursing grew, she earned a doctorate degree in nursing practice, then entered MD Anderson’s Post Graduate Fellowship in Oncology Nursing to gain a greater insight into how the disease impacts patients.

“Oncology encompasses the entire person, their family, and their environment,” she explains. “You can’t treat cancer without knowing who is in the patient’s life supporting them, what they eat, what their financial status is, where they live, what they have access to. This is what draws me to oncology – the realization that cancer is not just a disease, but a person’s life.”

Highly competitive

MD Anderson’s Post Graduate Fellowship in Oncology Nursing is highly competitive, with only three to four fellows are accepted each year from a pool of 50 to 80 applicants from all over the country.

The one-year program combines classroom learning with hands-on experience. Fellows attend grand rounds, travel to a national oncology conference, care for patients with supervision from an advanced practice provider or a physician, author an academic manuscript for publication in a peer-reviewed journal, and prepare to take the national Advanced Oncology Certified Nurse Practitioner exam that will earn them the highly regarded AOCNP credential.

At first, participants spend more time in the classroom than in the clinic. Before long, patient care takes a leading role. A recent cohort of fellows racked up 3,000 patient visits while rotating through about 20 departments. During the last half of the program, each fellow selects an area of specialization.

Heidi Simmons decided to focus on cellular therapy for treatment of blood cancers like leukemia, lymphoma and myeloma, where healthy cells are infused into patients to replenish those damaged by cancer. Before joining the program in 2017, she was a nurse in MD Anderson’s inpatient Lymphoma service and completed the cancer center’s New Graduate Nurse Residency Program which helps newly graduated nurses move into the registered nurse role. Later, she worked in a bone marrow transplant unit at an Austin hospital.

“I’ve learned a great deal caring for patients with cancers of the blood,” says Simmons, who holds a master’s degree in nursing. “I’m looking forward to working with CAR T-cell patients, whose immune cells will be re-engineered to fight their tumors using this emerging kind of cell therapy.”
A $5 million gift from the Argyros Family Foundation, led by George Argyros, former U.S. Ambassador to Spain, and his wife, Julia, was announced to help develop a robust nursing research program at MD Anderson.

A portion of their gift created the Argyros Family Foundation Nursing Research Endowment, which is focused on the advancement of nursing scholarship though education, mentoring and support for a post-doctoral fellowship program. The overall goal is to support innovative approaches to the development, implementation and dissemination of research focused on improving patient outcomes and experience.

“This is truly an exciting time for nursing at MD Anderson,” says Dr. Porter. “We are thrilled by this contribution that will develop our nurses to their full potential and provide a practice environment that is both empowering and rewarding.”

The endowment also has helped support our commitment to nursing innovation through the Visiting Scholars program. In 2017-2018, MD Anderson nurses had several productive visits from globally renowned nurse scientist and leader Joyce Fitzpatrick, Ph.D., MBA, RN, FAAN, who is helping us develop a strategic research infrastructure. In addition, wound-care expert Joyce Black, Ph.D., RN, CWCN, FAAN, continues to work with nurses on identifying areas where they can lead in discovering best practices for pressure injury prevention and treatment in oncology patients.

Professor of nursing research position approved

In 2018, the Nursing department began a nationwide search for its first tenured professor of nursing research. The new position will be responsible for developing a robust research platform in the department and will oversee research that supports new knowledge and evidence-based practice. The professor of nursing research will serve as the faculty director of the Argyros Family Foundation post-doctoral fellowship program.
Safety365 launched in 2018 as an institution-wide Operational Priority to encourage a constant focus on patient and workplace safety. As one of two Operational Priority sponsors, Dr. Porter provided strategic vision and connected it to various safety-related efforts, including ongoing readiness, our high reliability journey and other initiatives to strengthen our safety culture.

Nurses throughout the institution contributed to the team-based approach to safety by participating in a number of initiatives, including:

- **Daily Safety Briefings:** Introduced in 2017, the Daily Safety Briefings offer a timely review of safety events by institutional leaders and subject-matter experts from various clinical disciplines. The briefings are an opportunity to learn from errors as part of a transparent safety culture and prevent them from happening again.

- **Team Tracers:** In 2018, patient care areas began conducting team tracers, which involve safety inspections by interdisciplinary teams rather than individual clinicians. The teams include a core group of representatives including Nursing, Pharmacy, Infection Control, Patient Safety and Accreditation, Performance Improvement and Facilities Management.

- **Suicide Risk Training:** At the end of 2018, all clinical teams and staff with patient contact, including nurses, began taking a new training on identifying suicide risk. The training included information and resources for helping patients who struggle to cope with cancer-related stressors and may consider suicide.

- **Infection control:** Nurses are on the frontlines of initiatives to control and prevent the spread of hospital infections. In 2018, they continued to evidence-based practices to prevent serious infections including catheter-associated urinary tract infections, central line-associated bloodstream infections and pressure injuries.

- **Patient identification:** In 2018, our nurses participated in quality improvement initiatives to ensure every patient is associated with the right medical record, medication profile and care plan. Our nurses advocate for the timely reporting of safety events and near-miss incidents that might lead to an identification error to protect all patients.
When MD Anderson League City opened its doors in September 2018, Pauline Isidienu couldn't hide her excitement. “This is our new home — something that MD Anderson built to meet our patients’ needs,” said the outpatient infusion nurse (pictured above). “Everything is state-of-the-art. I can’t wait for all my patients to see it!”

Located on the UTMB Health League City campus, the 200,000 square-foot building is the site of a first-of-its-kind collaboration between UT System institutions. The collaboration gives patients from the Bay Area to Galveston Island more convenient, local access to high-quality care, from routine check-ups to specialized medical services, including cancer screenings, treatment and survivorship.

A growing demand

MD Anderson has been working to make our oncology care more accessible to patients outside the Texas Medical Center since 1999, when it opened a radiation treatment center in Bellaire. Today, we offer services around the Houston area, from a surgical clinic in Memorial City to breast imaging and diagnostic services at selected Memorial Hermann locations. In fact, about 15 percent of new patients have started their care at MD Anderson’s new location on the UTMB League City Campus is designed to deliver the best possible patient experience.
one of our Houston-area locations, located in League City, Katy, The Woodlands and Sugar Land.

“Throughout MD Anderson’s expansion, nurses have been committed to providing the best patient experience possible,” said Regina Smith, regional director of ambulatory clinical practice. “From providing feedback on the design of new facilities to quickly adapting to new work spaces and technologies, nurses have taken the lead in ensuring patients receive MD Anderson’s renowned multidisciplinary care no matter where they are treated.”

As MD Anderson continues to grow, so do the number of nurses who work at one of our Houston-area locations. Isidienu is proud to be among the 115 nurses who work at an MD Anderson facility that’s embedded in the community.

“Many of our patients require long-term therapies, so developing trusting relationships is key to their treatment plans,” says Isidienu. “I’m passionate about making the patient experience a positive one – and that’s what I hold on to when I go home for the day: bringing hope and high-quality care to those in my community.”

Community outreach

In addition to serving more patients in more locations, many of our nurses are volunteering their time to help educate the public on reducing their cancer risk.

Through MD Anderson’s Ambassadors program, more than 40 trained nurse ambassadors from throughout the institution spent more than 500 hours at various community outreach events in FY17 and FY18. They represented MD Anderson at health fairs and exhibits, gave presentations at local schools, and took part in celebrations such as the MD Anderson Cancer Survivor Celebration in Sugar Land.

Many events outside of the Ambassadors program also aimed to improve the quality of our community’s health. Diana Vasquez, a nurse navigator, and her colleagues, coordinated a free skin cancer screening at MD Anderson Bay Area in May 2018. The event screened more than 80 people from the local community, with each person receiving a copy of their screening results and referral for biopsy if necessary.

673 Average number of staffed inpatient beds
Over the last two decades, I’ve learned a lot about MD Anderson as a caregiver, an employee, and most recently, a triple-negative breast cancer patient.

I joined MD Anderson in 2004 as a nurse in the Post-Anesthesia Care Unit. I decided to become an oncology nurse after witnessing the care my aunt received at MD Anderson several years earlier. I spent many days with her at the hospital during her breast cancer treatment, and I was so touched by everyone’s bedside manner. Her care team was not only attentive to her needs, but also supported me as I learned to care for her.

I spent the first 10 years of my nursing career at MD Anderson providing patients and caregivers the same level of care that my aunt and I received. In my current role, I manage a program that aims to further improve our quality of nursing through evidence-based practice, and I mentor nurses across MD Anderson.

My triple-negative breast cancer diagnosis

I’ve dedicated my life to MD Anderson because I believe in our mission to end cancer and the work we do. And now, as I undergo treatment for triple-negative breast cancer, I’ve put my trust into MD Anderson again.

On Presidents’ Day 2017, I felt a lump at the base of my breast during my morning stretch. Even though I’d had a clean mammogram after my 40th birthday just 7 months earlier, I knew I had to take this discovery seriously. The next day, I had another mammogram and a core biopsy at MD Anderson’s Undiagnosed Breast Clinic. The following day, my diagnosis was confirmed.

My tumor was small — only 1.2 cm — so I was hoping to just undergo a mastectomy and breast reconstruction surgery. But triple-negative breast cancer tends to be more aggressive and more challenging to treat than other types of breast cancer, and my tumor was close to my chest wall. So, my breast surgeon, Dr. Abigail Caudle, and my medical oncologist, Dr. Meghan Karuturi said I also needed to undergo 16 cycles of chemotherapy before I could undergo a mastectomy. They recommended the standard chemotherapy protocol for triple-negative breast cancer: a cocktail of Adriamycin and Cytoxan, as well as paclitaxel.

WHEN a nurse becomes a patient

Triple-negative breast cancer survivor uses her experience to help others

by Uniqua Smith, Ph.D., RN
My triple-negative breast cancer treatment

In March, I started the Adriamycin and Cytoxan cocktail. After I finished four cycles, I began taking 12 rounds of Taxol. The side effects were really tough. I dealt with fatigue, appetite loss, hair loss, body aches, constipation, and the chemotherapy even turned my nails and the bottom of my feet purple. I also lost all of my nasal hair so I was always blowing my nose, and I experienced mild neuropathy.

To make my recovery from chemotherapy easier, I scheduled my infusions for Friday mornings to allow myself time to recover during the weekend. I have to admit that at one point, I didn't want to do it anymore. What motivated me to push through to the end was counting down to the day I'd get to ring the bell to mark the end of my chemotherapy treatment. On July 27, 2018, I rang the bell after my last Taxol infusion. No words can describe the joy I felt that moment, or what it meant to ring the bell surrounded by my MD Anderson friends and colleagues.

In August, I had a double mastectomy to remove both breasts after genetic testing revealed I carry the BRCA1 mutation, which puts me at an increased risk for both breast and ovarian cancer. I also plan on having my ovaries and fallopian tubes removed.

Using my breast cancer diagnosis for good

I now have deepened insight into MD Anderson and plan on using that knowledge to help our patients by sharing my perspective as a member of the Patient and Family Advisor Program.

I also better understand what survivors endure. I used to think that patients who are able to walk the skybridge or were in high spirits weren't in much pain. But I now realize that cancer pain is a constant struggle for many of us and you don't have to look in pain to feel it.

I hope that sharing my story compels others to recognize the importance of proactive health care. Get your mammograms. Know your body so you can recognize changes and take immediate action. My prognosis is good because I caught my disease early, and my decision to undergo genetic testing is saving the lives of other family members who discovered that they, too, carry the BRCA1 mutation.

So, if you ever find yourself in my shoes, remember to trust your doctors, stay positive and focus on the end goal.
Banner MD Anderson Cancer Center and Banner Gateway Medical Center, home of the cancer center, achieved their first Magnet designation for nursing excellence from the American Nurses Credentialing Center’s Magnet Recognition Program in June 2017.

Magnet organizations are recognized for quality patient care, nursing excellence and innovations in professional nursing practice. Magnet designation is considered to be the gold standard for nursing excellence and only 8% of all registered hospitals in the U.S. have received this distinction.

“This is an important benchmark for many patients seeking the highest quality of care, and it’s a tribute to the dedication and excellence of our entire health care team,” says Debra Adornetto-Garcia, DNP, chief nursing officer of Banner Gateway (2015-2018) and former executive director of professional nursing practice at MD Anderson in Houston.

MD Anderson’s Dr. Porter believes the entire Banner MD Anderson team is well deserving of this recognition.

“This honor is due to their strong commitment to supporting nursing excellence, interdisciplinary teamwork and positive patient care outcomes,” says Porter.
As MD Anderson prepares the application for its fifth Magnet Recognition Program® designation in 2019, Rowena Enojo is helping lead the charge.

"Magnet recognition is much more than a certificate or gold star," says Enojo, a clinical charge nurse in the Emergency Center (EC). "It’s a sign to the world that we empower our nurses to provide the highest quality of care possible."

MD Anderson was first awarded Magnet status by the American Nurses Credentialing Center (AANC) in 2001 and is among 1% of hospitals nationwide who have earned four consecutive designations.

2019 will mark the third time Enojo has been involved with the process at MD Anderson. Each time, she’s filled with an overwhelming sense of pride — and inspiration — to bring a collaborative Magnet culture to the EC and throughout the organization.

**A Magnet culture**

While the EC can be a stressful place for anyone on a busy day, Enojo is proud of the collaborative work environment she’s helped create over the last several years.

"A Magnet culture provides nurses with resources to practice at the top of our license," says Enojo. "In the EC, there’s confidence in nurses’ critical thinking skills and the leading role they play in the diagnosis, treatment and management of cancer patients who need acute care."

MD Anderson’s EC is much different from a regular emergency room because of its affiliation with the first academic Emergency Medicine department in a comprehensive cancer center. Enojo says the majority of patients visiting the EC are treated for medical or surgical complications and side effects related...
to immunotherapy, chemotherapy, radiation therapy or their underlying cancers.

“Side effects from treatments such as CAR T-cell therapy can be serious and even life-threatening,” says Enojo, adding that EC nurses are specially trained to receive and treat patients undergoing immunotherapies and clinical trials.

“Having that skilled knowledge and ability to work autonomously has not only improved patient care, but has proven to be a major nurse-satisfier, as well.”

With more than 26,000 patients seen in the 44-bed EC each year, Enojo and her nursing colleagues are guided by specific algorithms and protocols for providing care to patients with various symptoms. They keep an eye on outcomes data and evidence-based practice, and have taken the lead on several improvement projects.

“One nurse-driven project included getting new stretchers with mattresses specially designed to lower the risk for pressure injuries and boost patient satisfaction,” says Enojo. “It’s fulfilling to work as a team to come up with solutions that benefit our patients.”

“Being a Magnet nurse means I work for an institution that values its nurses.”
— MeLesa Ritterhouse, RN
Clinical Nurse, Outpatient Surgery, League City

Magnet champion

As a Magnet champion, Enojo joins more than 150 nurses throughout the institution who educate staff about evidence-based practices and the process involved in the Magnet journey.

You won’t see her sitting down often — she is constantly rounding, sharing information about pressure injury prevention and ensuring interventions are properly documented in the patient’s medical record.

“A Magnet culture is all about engaging and inspiring staff to deliver the highest quality of care for patients,” says Enojo. “That’s something we can all get behind.”

Journey to Our Fifth Designation

- In August 2018, MD Anderson nurses took a big step forward in the journey to our fifth magnet designation by submitting an application of intent to the American Nurses Credentialing Center (ANCC).
- On the fifth of every month, Magnet nursing leadership sent nurses a Magnet-related announcement or activity to increase awareness about our Magnet redesignation.
- Over the course of three days in August 2018, Magnet consultant Terry Anderson, Ed.D., met with nurses in all roles to complete a comprehensive analysis of our Magnet readiness and identify any gaps in our planning.
- 25 nurses from throughout the institution attended the annual ANCC National Magnet Conference Oct. 24-26, 2018 in Denver, Colorado, bringing back valuable information to share with their teams.
- Starting in 2018, nurses throughout the institution began writing, reviewing and editing documents and supporting materials for the Magnet application highlighting abundant examples of excellence representing all areas of our nursing community.
- The final application is due in August 2019, which will be followed by a site visit and overall review by Magnet commissioners.
- Magnet status is a valuable contribution to our No. 1 hospital ranking for cancer care by U.S. News & World Report magazine.

Nurses led in the administration of
1,500+ active clinical research protocols and the required ongoing monitoring.
More than 9,000 nurses from 20 countries traveled to downtown Houston for the largest nursing conference in the nation in October 2017.

MD Anderson co-hosted the ANCC National Magnet Conference at the George R. Brown Convention Center, where nurses showcased the best nursing practices from around the world and collaborated in more than 150 concurrent sessions and 150 poster presentations.

Conference highlights included:

- 48 MD Anderson nurses volunteered more than 200 hours
- Opening session video featured several MD Anderson nurses
- Tribute to nurse heroes during Hurricane Harvey included photos of our nursing community
- The American Nurses Foundation raised more than $100,000 to support nurses’ response in areas affected by recent natural disasters, including southeast Texas, Florida, the U.S. Virgin Islands and Puerto Rico.

Did you know?

MD Anderson is one of the originators of the Magnet conference. Individual Magnet hospitals such as our own would host regional celebrations of nursing discoveries and achievements. The ANCC joined the conference in 2003 to bring the event to a national audience after seeing the power of this fellowship and the spread of best practices.
The 2017 Global Academic Programs (GAP) Conference drew nearly 1,000 participants from 39 countries, making it the largest ever GAP Conference held at our institution.

More than 300 nurses took part in the two-day GAP nursing conference, which focused on three content areas: clinical, research and leadership. Sessions highlighted both innovation and best practices across our inpatient, ambulatory and specialty nursing populations.

Among the highlights:

- Chief Nursing Officer Carol Porter, D.N.P., presented at a pre-conference workshop where invited delegates from across the world focused on global health.
- A luncheon attended by nurse leaders from eight Sister and Network Institutions promoted dialogue and engagement about growing our collaborative work across our network of partners.
- A team of nurses from the Post-Anesthesia Care Unit (PACU) received one of two best poster prizes at an interprofessional poster session for their poster, “Standardizing Central Venous Catheter Lab Collection Process to Reduce Risk of Central Line Associated Blood Stream Infection.”
- The Nursing and Interprofessional Program held a post conference, which allowed our international colleagues to participate in concurrent clinical simulations.

International colleagues participated in clinical simulations during a post conference held by the Nursing Interprofessional Program.
Quality Caring Awards
MD Anderson’s Quality Caring Awards provide an opportunity to recognize many of our outstanding colleagues who exemplify excellence in nursing practice and have demonstrated a strong commitment to our institution and to their chosen profession. The award categories align with the caring factors of our Nursing Professional Practice Model.

Mutual Problem Solving (Team Award)
2017: P11 Nursing Team and the Flap Workgroup
2018: Sarcoma Performance Improvement Team

Appreciation of Unique Meanings (Team Award)
2017: Custodial Patient Care Team
2018: ICU Wellness Committee

Human Respect
2017: Gabrielle Hayes, Ambulatory Treatment Center - Bed/Chair Unit
2018: Anisa Meraz, Leukemia, G12

Basic Human Needs
2017: Teresa Sindayen, Stem Cell Transplantation and Cellular Therapy, G17
2018: Milinda Hernandez, Gynecologic Oncology Center

Encouraging Manner
2017: Victoria Miller, Investigational Cancer Therapeutics
2018: Lisa Aoula, Nocturnal Program

Healing Environment
2017: Ann Charlene Ireland, Ambulatory Treatment Center - Bed/Chair Unit
2018: Deborah White, Ambulatory Surgery Center Short Stay Nursing Unit

Affiliation Needs
2017: Raina Rock, Leukemia, G11 East
2018: Noel Mendez, Melanoma/Sarcoma, G10 West

Attentive Reassurance
2017: Misa Clark, Stem Cell Transplantation and Cellular Therapy, G17
2018: Marla Peirce, Stem Cell Transplantation and Cellular Therapy, G18
O’Hanlon Curry elected to lead national association

Joan O’Hanlon Curry, administrative director of Pediatric Clinical Services, was elected president of the Association of Pediatric Hematology/Oncology Nurses (APHON), effective September 2018. The position holds a four-year term.

APHON and its members are dedicated to promoting optimal nursing care for children, adolescents and young adults with cancer and blood disorders, and their families. During the past 40 years, the organization has grown to encompass more than 3,600 members in the United States, Canada and around the world.

“As a nursing leader, it’s my vision to expand our work and mission to include our multidisciplinary colleagues in medicine, pharmacy, social work and child life, so that all aspects of care, research and education are the best they can be nationally and globally,” O’Hanlon Curry says. “Being elected president is a tremendous honor and one that I will cherish.”
DAISY Award for Extraordinary Nurses

The DAISY Award is an international program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses every day. As a proud DAISY Award Partner, MD Anderson has recognized more than 60 deserving inpatient and outpatient nurses since 2012. In addition, The DAISY Foundation has provided several grants to support our registered nurses who continually seek lifelong learning and explore best and evidence-based practices through research and innovation.

Daisy Award Recipients

2017
Parema Alizadeh
Leo Flores
Rachel Henderson
Stacy Holm
Michaelle Moise
Minifrida Santiago
Jodi Wright

2018
Nikki Novak
Ariana Hinds
Juliana Toro
Rebecca Skeen
Lady June Boholst
Fe Jularbal
Lauren Lundberg

Award from Critical-Care Nurses signifies highest standards of care

Clinical nurses on the Thoracic/Cardiovascular Surgery unit earned their third consecutive silver-level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN) in December 2018. It’s a prestigious honor and one that lasts through 2021.

A significant milestone

Since 2003, the AACN has honored teams with this award, which recognizes nurses for improving patient outcomes and aligning their practices with the association’s healthy work environment standards. Units that achieve the three-year designation meet national criteria that are consistent with other esteemed awards such as Magnet Recognition, the Malcolm Baldrige National Quality Award and the National Quality Healthcare Award.

“Being a Beacon unit reflects our commitment to delivering the highest quality and most compassionate care on a daily basis,” says Colleen Villamin, associate director of clinical nursing, Thoracic/Cardiovascular Surgery.

Since their last designation in 2015, Villamin says the unit’s nursing team sought opportunities for improvement and employed evidence-based practices to enhance patient care. Their focus on quality resulted in improved patient satisfaction scores, higher staff morale and sustained excellence in clinical outcomes.

The 50-page application included examples of their improvement projects and of the patients those projects benefitted.

“This recognition gives patients and their families confidence that we’re experts who consistently provide high quality, safe care,” says Villamin.

DAISY co-founders Mark and Bonnie Barnes visited MD Anderson DAISY award winners in September 2018.

The Thoracic/Cardiovascular Surgery nursing team celebrates its third consecutive silver-level Beacon Award for Excellence.
Garry Brydges, D.N.P., CRNA, ACNP-BC, chief nurse anesthetist, was selected as a fellow in the American Academy of Nursing (AAN). As an advanced practice nurse certified in anesthesia, he was among 195 nurse leaders in the fellows class of 2018 who were inducted during a November ceremony in Washington, D.C.

The AAN fellowship is considered one of the highest honors in the nursing profession. Those who receive this prestigious recognition show evidence of significant contributions to nursing and health care at the local, national and international levels.

“I was pretty ecstatic when I found out. It’s an absolute honor,” says Brydges, adding that it’s also a stepping-stone for recognizing other exceptional nurses at MD Anderson. As an AAN fellow, Brydges can help inspire other nurses throughout the organization to apply to the academy by providing mentorship and sponsorship.

His combination of both national and global contributions, spanning nearly two decades, supported Brydges’ candidacy into the academy. He speaks across the country as an expert in opioid-sparing techniques, which offer patients holistic pain management services that reduce or eliminate the need for opioids. He’s also created a social media page connecting more than 2,000 certified registered nurse anesthetists to share best practices and advancements in the field. In addition, Brydges leads more than 52,000 nurse anesthetists as the incoming president of the American Association of Nurse Anesthetists.

“Garry’s innovative thinking and commitment to addressing national and global issues represents what the academy stands for,” says Dr. Porter. “This is an extraordinary recognition and I’m proud to have sponsored such a well-deserving colleague.”

Brydges was sponsored – and inspired – by two academy fellows, including Porter, who is MD Anderson’s only current AAN fellow.

“As an AAN fellow and mentor, Dr. Porter encouraged me to reach higher,” says Brydges. “She has a vision to elevate nursing at MD Anderson — more than just putting it on the map — and this honor is an opportunity for me to help advance that vision.”

Garry Brydges, D.N.P., hopes to inspire other nurses to apply to the academy.
Awards and appointments

**Sandra Musekiwa-Adjei**
2018 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2018

**Jackie Anderson, Ph.D.**
2017 Best Boss Award
Awarded by: MD Anderson Cancer Center, October 2017

**Wendy Austin**
2017 Outstanging Registered Nurse
Awarded by: Texas Nurses Association District 9 Foundation, November 2017

**Bridget Bailie**
2017 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2017

**Carly Bammel**
2017 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2017

**Joseph Brown**
2017 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2017

**Garry Brydges, D.N.P.**
2017 Circle of Excellence Award
Awarded by: American Association of Critical-Care Nurses, May 2017

**Joaquin Buitrago**
2018 Distinguished Mentor Award
Awarded by: MD Anderson Cancer Center, September 2018

**Diana Castillo**
2017 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2017

**Dave Conlon**
The Heart of MD Anderson Outstanding Employee Award
Awarded by: MD Anderson Cancer Center, September 2017

**Kelly Creel**
Dawn Gross Memorial Scholarship recipient
Awarded by: MD Anderson Division of Nursing, May 2017

**Kimberly Curtin, D.N.P.**
2017 Certified Nurse Award (Adult Health Clinical Nurse Specialist category)
Awarded by: American Nurses Credentialing Center (ANCC)

2018 Distinguished Mentor Award
Awarded by: MD Anderson Cancer Center, September 2018

**Mary David**
The Heart of MD Anderson Outstanding Employee Award
Awarded by: MD Anderson Cancer Center, November 2018

**Lourine Davis**
Emma Josephine Loffelholz McMorris RN Spirituality Award
Awarded by: Institute for Spirituality and Health at the Texas Medical Center, October 2017

**Staci Eguia**
2018 Best Boss Award
Awarded by: MD Anderson Cancer Center, October 2018

**Imelda Febryani**
The Heart of MD Anderson Outstanding Employee Award
Awarded by: MD Anderson Cancer Center, May 2017

**Sheryl Forbes**
Appointed to serve on the board of the International Association of Clinical Research Nurses (IACRN) as a Member-at-Large for a two-year term.
Awarded by: International Association of Clinical Research Nurses

**Nicole Garza**
Advanced Practice Provider “Top Performer” Award
Awarded by: MD Anderson Cancer Center, May 2018

**Georgeanne Green**
2017 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2017

2018 Woman of Excellence
Awarded by: Federation of Professional Women of Houston, September 2018

**Agnes Hsu**
2018 Outstanding Registered Nurse (Top 20)
Awarded by: Texas Nurses Association District 9 Foundation, November 2018

**LeighAnna Hutchinson**
Dawn Gross Memorial Scholarship recipient
Awarded by: MD Anderson Division of Nursing, May 2017

**Jan Jackson**
2017 Distinguished Mentor Award
Awarded by: MD Anderson Cancer Center, August 2017

**Colleen Jernigan, Ph.D.**
2018 Best Boss Award
Awarded by: MD Anderson Cancer Center, October 2018

**Susan Knippel**
Advanced Practice Provider “Top Performer” Award
Awarded by: MD Anderson Cancer Center, May 2018

**Lore Lagrone**
The Heart of MD Anderson Outstanding Employee Award
Awarded by: MD Anderson Cancer Center, March 2017
NURSING: Awards & Honors

Andrew Larson
Advanced Practice Provider “Top Performer” Award
Awarded by: MD Anderson Cancer Center, May 2018

Oneyda Lesmes
Emma Josephine Loffelholz McMorrin RN Spirituality Award
Awarded by: Institute for Spirituality and Health at the Texas Medical Center, October 2018

Krista Lopez
2017 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2017

Sharill Bernhard Lowe
2018 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2018

Maria Manalo
2017 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2017

The Heart of MD Anderson Outstanding Employee Award
Awarded by: MD Anderson Cancer Center, December 2018

Anaalee Matildo
The Heart of MD Anderson Outstanding Employee Award
Awarded by: MD Anderson Cancer Center, October 2018

Michelle McDonnough
2017 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2017

Catherine Mercado
2018 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2018

Maria Nguyen
The Heart of MD Anderson Outstanding Employee Award
Awarded by: MD Anderson Cancer Center, March 2018

Yvette Ong
2017 Distinguished Mentor Award
Awarded by: MD Anderson Cancer Center, August 2017

Olusola Ahmed Oyewuwo
Selected as a fellow with the American Nurses Advocacy Institute for a year-long program
Awarded by: American Nurses Advocacy Institute, Summer 2018

Laura Ann Pachella
Clinical Doctoral Scholarship
Awarded by: Oncology Nursing Society Foundation, 2017

Advanced Practice Provider “Top Performer” Award
Awarded by: MD Anderson Cancer Center, May 2018

Norman Douglas Parker
Salute to Nurses – Top 10 nurse winner
Awarded by: Houston Chronicle, May 2017

Jenise Rice
2017 Outstanding Registered Nurse (Top 20)
Awarded by: Texas Nurses Association District 9 Foundation, November 2017

2017 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2017

2018 Distinguished Mentor Award
Awarded by: MD Anderson Cancer Center, September 2018

Kunjumol Saban
2018 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2018

David Sahawatana
The Heart of MD Anderson Outstanding Employee Award
Awarded by: MD Anderson Cancer Center, April 2018

Cindy Segal, Ph.D.
2018 Outstanding Registered Nurse (Top 20)
Awarded by: Texas Nurses Association District 9 Foundation, November 2018

Titus Thomas
2017 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2017

Jessica Vaughn
The Heart of MD Anderson Outstanding Employee Award
Awarded by: MD Anderson Cancer Center, August 2018

Meagan S. Whisenant, Ph.D.
Congress Scholarship
Awarded by: Oncology Nursing Society Foundation, 2017

Natasha White
2018 Excellence in Nursing Award (Bronze)
Awarded by: Good Samaritan Foundation, September 2018

Carol Wildrick
The Heart of MD Anderson Outstanding Employee Award
Awarded by: MD Anderson Cancer Center, February 2017

Qi Wu
2018 Outstanding Employee Award
Awarded by: UT Board of Regents, April 2018

Hongxuan “Hong” Yu
Salute to Nurses – Top 10 nurse winner
Awarded by: Houston Chronicle, May 2018