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Multiple Magnet® standards incorporate improvement in patient outcomes, such as the patient experience, supported by clinical nurses.

Submit your Magnet story!

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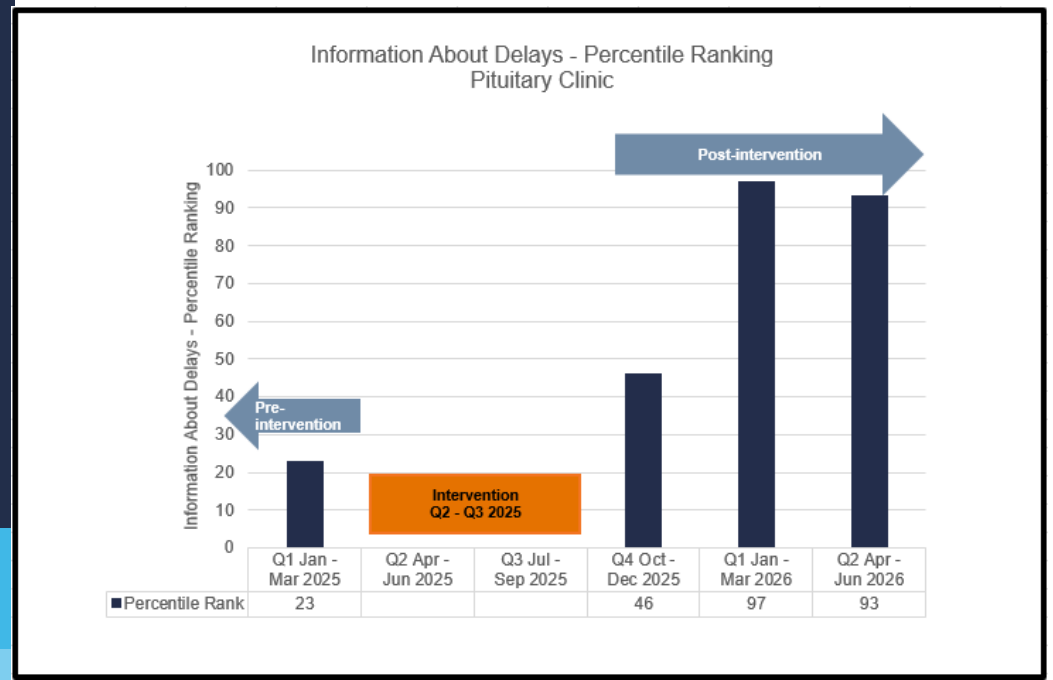
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Redefining Wait Time in the Neurosurgery Clinics

The Neurosurgery team identified opportunity to improve two areas of concern for the patient experience, 'Information About Delays' and 'Wait Time in Clinic', at three locations: ECCC, Pituitary, and Fontaine. The team, led by Melissa Pritchett, BSN, RN, CNRN, Nurse Manager, and Mindy Bryant, BSN, RN, AMB-BC, Charge Nurse, reviewed the literature and adopted the concept of "restarting the clock". Working with Epic builders, they created a clinic status board that displayed stages of the patient visit and how long they'd been waiting since someone last rounded on them, with associated standard work to guide the rounding initiative.



Nichole S. Hatch, MSN, RN, RNCC, holding a "snack tote" during rounding



Rounding included five actions: Acknowledge, Inform, Set A New Expectation, Address Needs, Re-round. In Q2 – Q3 2025, the team began offering snacks to waiting patients and implemented a snack tote to organize the activity. Leaders role-modeled rounding and encouraged everyone on the team to participate. The rounding initiative, bolstered by snacks, proved to be an effective intervention to improve the patient experience. As shown in the graph, the Patient Experience survey response to 'Information About Delays' improved from the 23rd Percentile Rank to the 97th Percentile at the Pituitary Clinic, with all three locations demonstrating an improvement!

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TL12

Provide an example, with supporting evidence, of a nurse's(s') advocacy for individual or community health promotion at an external forum where decisions impacting healthcare are made.

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Empowering Nurses for External Advocacy

JT Hall, MSN, RN, CNL, NEA-BC, Director Nursing Professional Practice, and **Leanne Fox**, MPP, Nursing Governance Coordinator, recognized the potential for nurses to impact health care policy through legislative advocacy. Legislators are generalists who rely on specialists like nurses to develop fair and effective policies.

JT and Leanne developed the Nursing Advocacy Initiative (NAI), a unique nonpartisan, issues-based advocacy program to empower and facilitate nurses to engage in legislative advocacy. Any RN or APRN at University Medical Center is welcome to participate. NAI's training supports and prepares nurses with **no** advocacy experience and strives to include as many nurses as possible. NAI offers multiple opportunities to engage, including Advocacy Day in January and legislative and policy events throughout the year. By 2026, multiple pieces of legislation that NAI nurses advocated for have been signed into law. NAI also received a special legislative commendation (HR126) from Delegate Amy Laufer (D-55), honoring their advocacy in service to their patients and profession. NAI is always looking for new opportunities for University Medical Center's nurses to use their experiences to advocate for nurses, patients, and health care.

Nursing Advocacy Initiative

Professional · Nurse-led · Data-driven · Nonpartisan



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UVA Nurse Leads International Refugee, Immigrant, and Migrant Health Nursing Committee

Elizabeth Carpenter, BSN, RN, serves as the RN Care Coordinator for the International Refugee Clinic at University Medical Center's Primary Care Family Medicine Clinic. She is also a member of the Society for Refugee Healthcare Providers, an international professional organization. After connecting with peers at a conference, Elizabeth became interested in finding a formalized way to collaborate with nurses to share best practices in caring for their patients. Nurses working with this population need a specialized skill set to effectively care for and communicate with patients. Elizabeth believed a professional nursing organization could help define that skill set and spread best practices. With her advocacy and work, the Refugee, Immigrant, and Migrant Health Nursing Committee was formed within the Society for Refugee Healthcare Providers.



The committee held their first meeting November 2025, with Elizabeth serving as co-chair. Four subcommittees were created as a focus for their work – Mental Health, Research, Rural Health, and Nursing Roles in Refugee Health. Elizabeth and her peers aspire to create a professional board certification for nurses caring for the refugee, immigrant, and migrant patient population, and we are excitedly cheering them on as they embark on this important work!

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EP1E0a

Provide one example of an improved outcome associated with an evidence-based change made by clinical nurses in alignment with the organization's professional practice model.

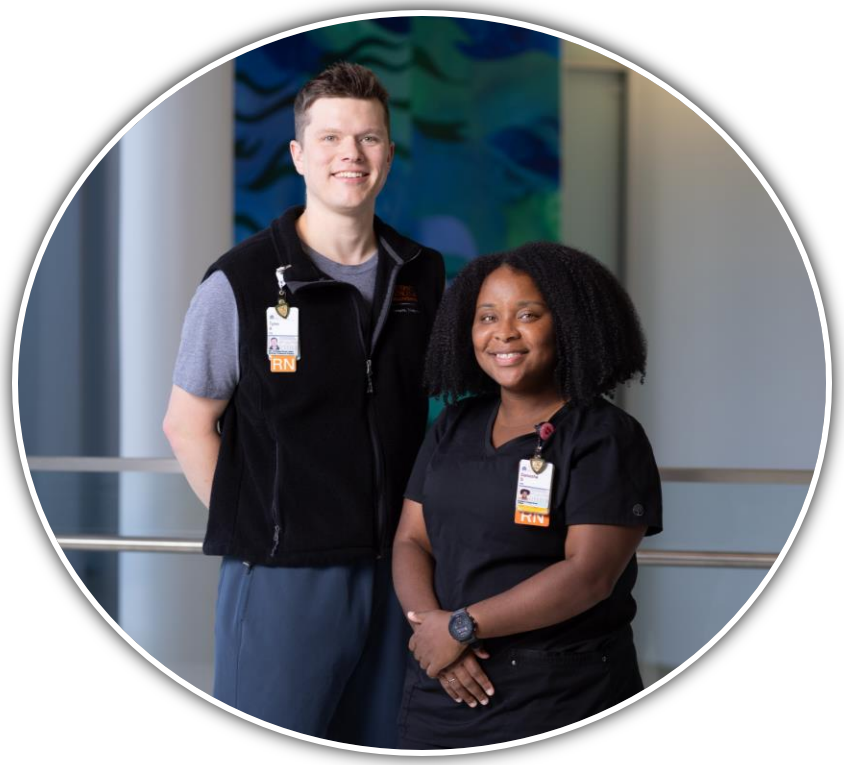
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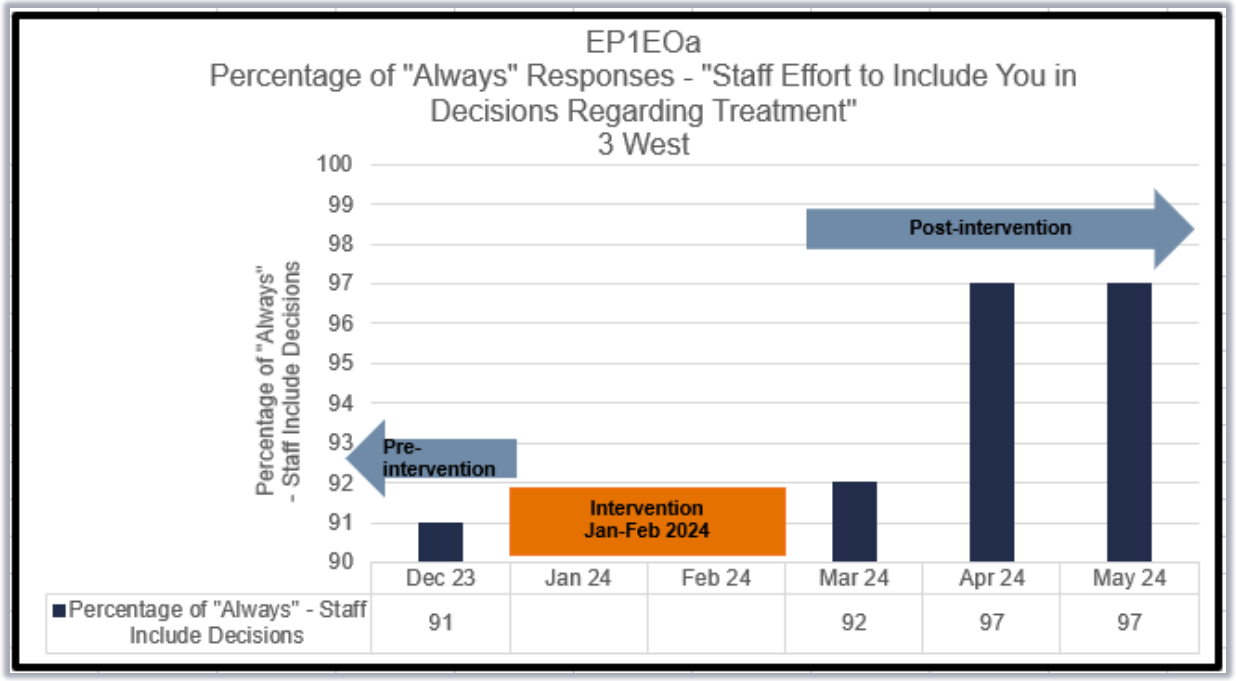
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Patient Experience Improvement on 3 West

Inpatient Charge Nurse and Patient Experience Champion, Daniesha Shelton, and Unit Based Nurse Leader Ty Ashworth sought to improve the patient experience on 3 West and focused on the question “Staff Effort to Include You in Decisions Regarding Treatment”. Daniesha and Ty connected with Anita Orr from Patient Experience and explored the Agency for Healthcare Research and Quality (AHRQ) resource for evidence-based solutions.





Daniesha and Ty followed the AHRQ strategy involving bedside shift reports that actively engage patients and families to improve patient experience. They led the 3 West team to implement bedside handoff-of-care within the 1st hour of each shift, including asking the patient “What are your current goals & concerns?” and updated the visual management board when completed. They were successful in improving the patient experience.

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NK5b

Provide one example, with supporting evidence, of how a clinical nurse(s) implemented an evidence-based practice that is new or a revision to existing practice in an ambulatory care setting within the organization.

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mRASS: Improving Sedation Assessment

Clinician 4 Danita Massie attended the Association for Radiologic & Imaging Nursing and the Society of Interventional Radiology (ARIN/SIR) conference in March 2023, where she discovered opportunity to question which nurse-sensitive outcomes existed in her practice area in Interventional Radiology. After the conference, Danita collaborated with her peers and identified a lack of nurse sedation assessment tools for patients undergoing moderate sedation in IR procedures. This led to difficulty precepting new nurses to IR, a lack of historical patient data on sedation experiences, and no common language to guide physicians and nurses when developing a sedation plan.



Danita worked with her peer, Clinician 2 Matthew Lease, and RN Research Coordinator Claiborne Miller-Davis. Together, they completed a literature review and comprehensive synthesis and determined that the mRASS tool would best meet their needs to test as a sedation measurement tool.

Danita, Matthew and Claiborne updated the pertinent interdisciplinary stakeholders for support and worked to have the mRASS tool incorporated into Epic, along with educational in-services to teach IR nurses and providers. In July 2024, mRASS was implemented in IR as a pilot tool for nurses to use during sedation procedures.

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SE2E0b

Provide one example of an improved outcome associated with the application of nursing standards of practice implemented due to a clinical nurse's(s') participation in a nursing professional organization.

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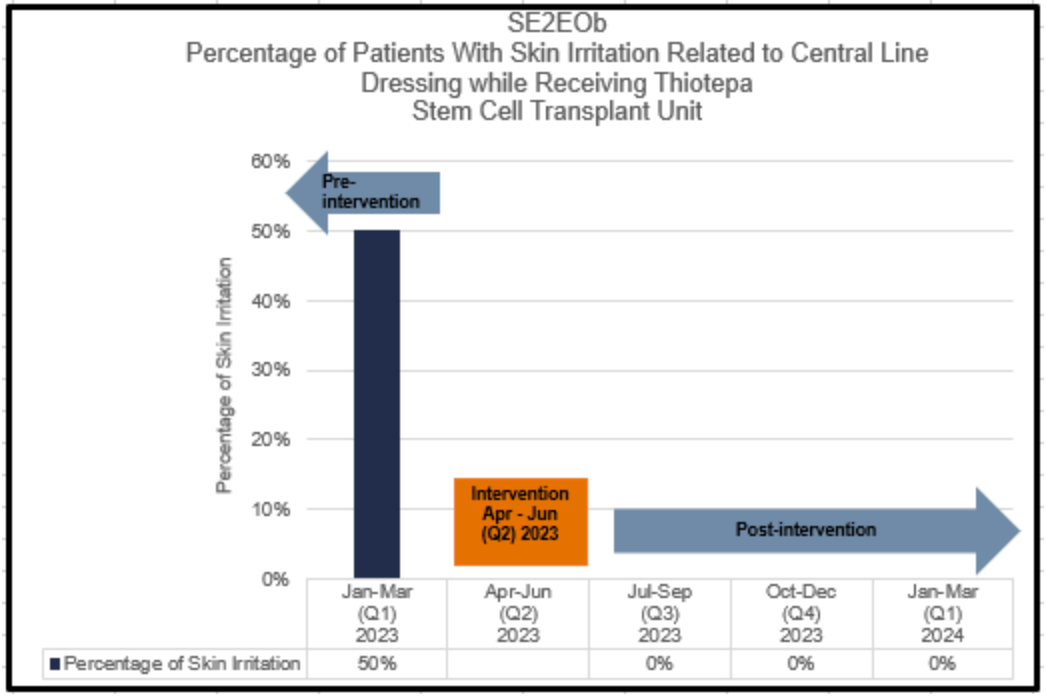
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Improving Thiotepa-Related Skin Irritation in the SCTU



Clinical Nurse Specialist, Tanya Thomas, is an actively participating member of the Oncology Nursing Society (ONS) and has led or supported development of patient education content, review of EBP recommendations, and developed guidelines for extravasation. Tanya leveraged her connections to ONS to seek guidance on management of skin care for patients receiving Thiotepa in the SCTU. Thiotepa is primarily excreted through the skin and can cause irritation. For this work, she collaborated with Paula Edwards, Clinician 3 and Paul Yoder, Clinician 4.



Tanya, Paula and Paul learned that patients in the SCTU were showering more frequently than necessary with complete linen and dressing changes after each shower. Additionally, they discovered that central line dressings for patients receiving Thiotepa were not standard and the amount of skin covered varied. Together, they revised the Standard Operating Procedure for care of these patients, including changing the frequency of showering and a standardized process for central line dressings. They also updated relevant patient education and trained the SCTU team on the nursing practice revisions.

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SE5/SE6E0

Provide a narrative description of a unit's or division's action plan for registered nurses' progress toward obtaining professional board certification. Provide graphed data (displayed as a percentage) of baseline data, plus two years of data, demonstrating nursing has met or exceeded a targeted goal at the unit or division level, for improvement in professional board certification.

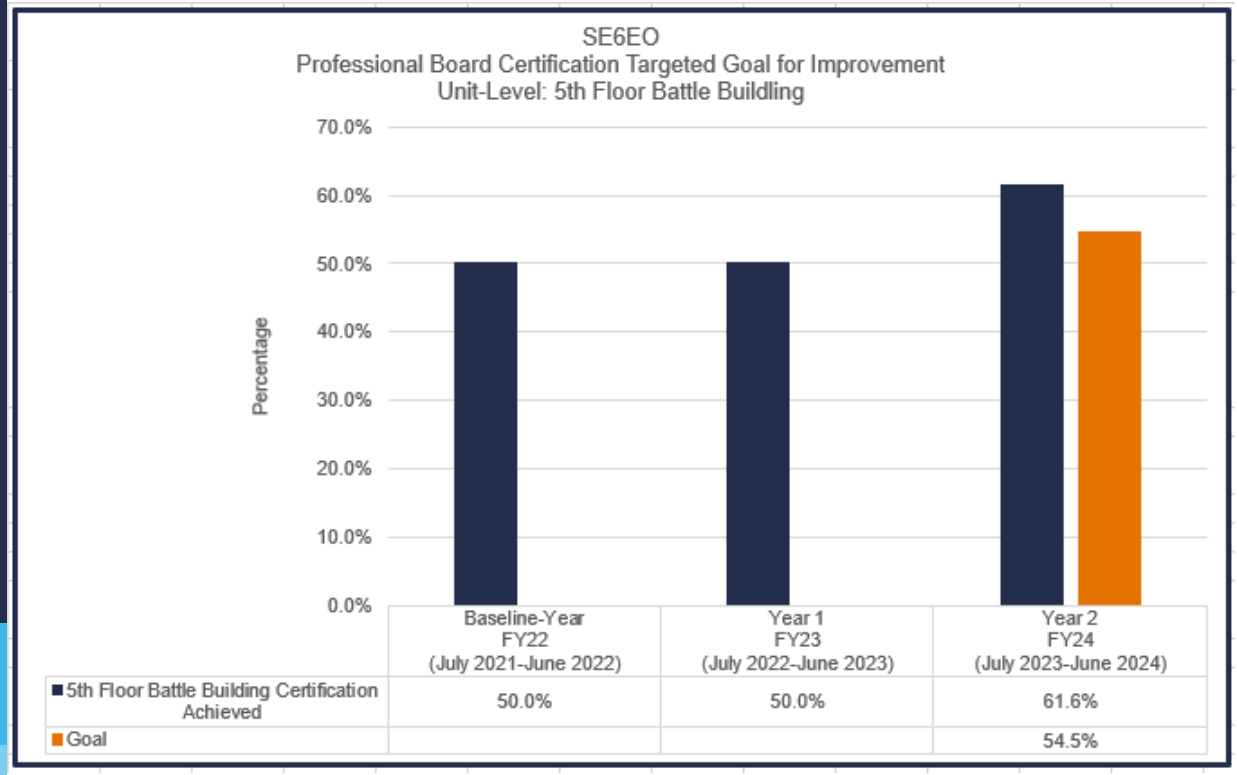
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5th Floor Battle Building Certification

The 5th Floor Battle Building's nursing professional governance committee reviews the team's certification rate each year and establishes a goal for the upcoming year. To analyze their most recent rate, Clinician 3 and Certification Champion Christina Mlinarchik-Gutierrez partnered closely with the Nurse Manager, Amber Tyson, to run the certification report in Workday. Additionally, Amber supported Christina to attend a Certification Bootcamp and other professional governance meetings to gain knowledge of resources.





In addition to Christina's expertise as a Certification Champion, Amber helped support the team to meet their certification goal by encouraging professional development goal setting and coaching to Clinical Career Ladder requirements. Christina and Amber used a variety of communication methods to share available resources with the team. Through a team "Certification Library", one-on-one coaching, and group study sessions, the team was successful in meeting their 2-year goal.

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TL11E0

Provide one example of an improved outcome where a clinical nurse(s) used data to advocate for the acquisition of a resource, in support of the care delivery system(s).

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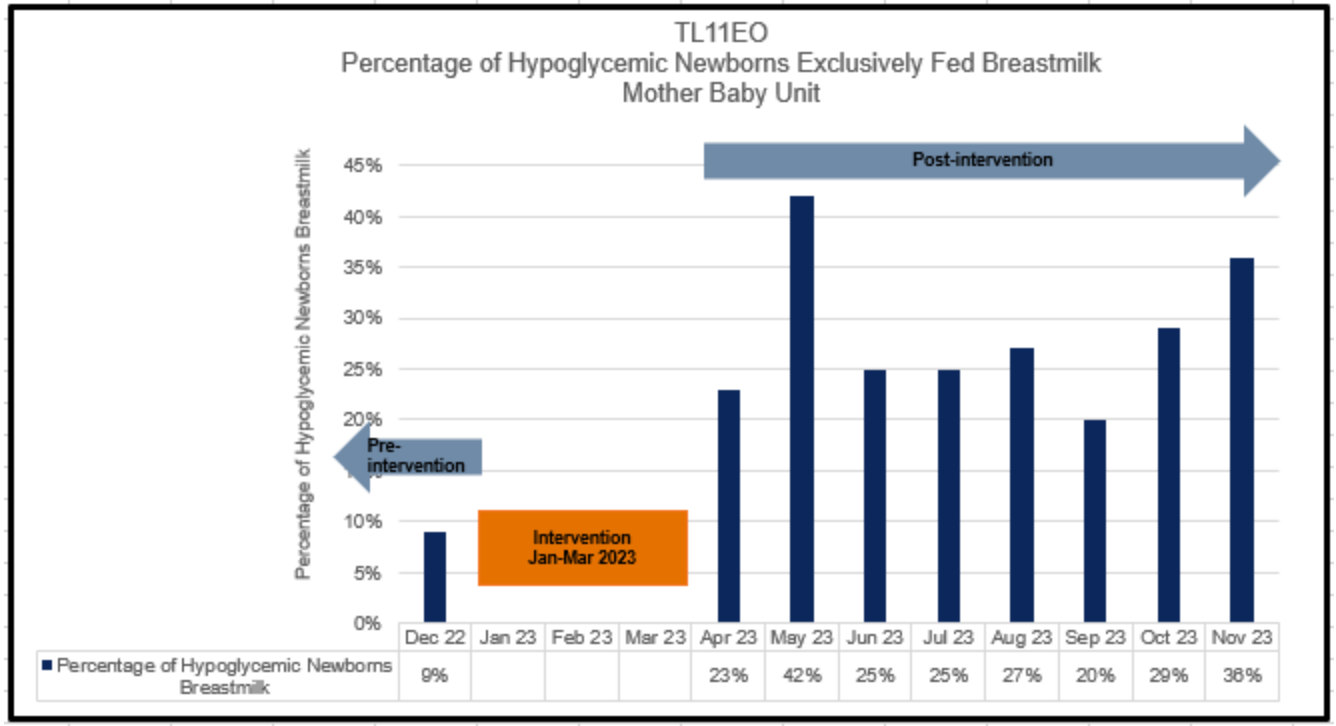
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Hypoglycemic Newborns Exclusively Fed Breastmilk

In 2022, newborn patients experiencing hypoglycemia in the Mother Baby Unit, whose guardians wished for them to be fed breastmilk exclusively, were often required to be fed formula. Erin Golden, Clinician 4, advocated for the use of pasteurized donor human milk (PDHM) as a treatment option in lieu of formula. Erin referenced prior work on this concept completed by Erica Weiler, Clinician 4, and presented financial data showing a projected low cost for the use of PDHM in the Mother Baby Unit's newborn patient population.





With support from the Newborn Medical Director, Elisa Hampton, Nurse Director Deb Sizemore, and a group of CNL nursing students, Erin led the team to obtain and implement the use of PDHM for hypoglycemic newborns. This included new clinical documents and team education. Erin's advocacy for PDHM to support the care delivery system for newborns was successful, and a higher percentage of newborns were able to receive breastmilk instead of formula in the setting of hypoglycemia in 2023.

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TL2

Provide one example of a Nurse Manager's participation in an initiative which promoted workplace diversity, equity, and/or inclusion and is consistent with the organization's strategic plan.

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Halima Walker Promotes Health Equity

In September 2023, Nurse Manager Halima Walker proposed forming a team committed to improving health equity and the care of complex patients in the Heart & Vascular Service Line. Her proposal was accepted, and Halima was appointed as chair of the newly formed Heart & Vascular Center Health Equity and Complex Care Action Group.



Under Halima's leadership, the team structured their work around UVA Health's Strategic Plan, focusing on "cultivating healthy communities and belonging for all".

Accomplishments included:

- ✓ Procured data to guide health equity work
- ✓ Connected with external DEI subject matter experts
- ✓ Local promotion of health equity in the Fifeville community

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TL3EO

Provide one example of an improved patient outcome that aligns with a goal in the nursing strategic plan

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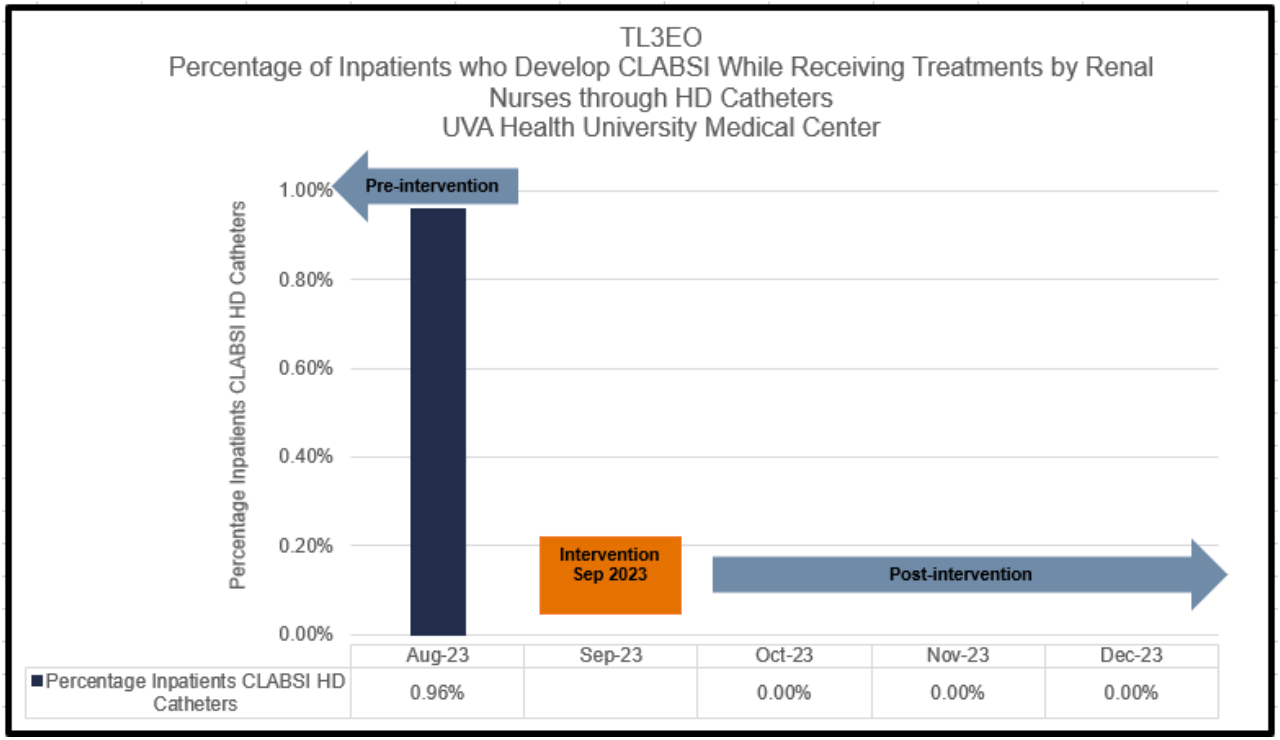
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Renal Nurses Decrease CLABSI

Inpatient Renal Nurses sought to reduce CLABSI for admitted patients receiving treatments through HD catheters. The team identified opportunity to improve disinfection practices for HD catheter needleless connectors. They improved practice by counting out loud for 15 seconds while scrubbing needleless connectors.





As a result of their efforts, the percentage of admitted patients who developed CLABSI while receiving treatments by Renal Nurses through HD catheters was reduced from **0.96%** to **0%**. The team sustained **zero CLABSI** in this patient population for the remainder of calendar year 2023!

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TL4a



Provide one example, with supporting evidence, of a Nurse AVP's/Nurse Director's advocacy for resources to support an organizational goal.

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Implementation of the Trauma Response Nurse Role

Inpatient Nurse Director Alison Okerlund sought to improve the care of the critically ill Alpha Trauma patient, who often requires intensive stabilization care and diagnostics during the Emergency Dept (ED) phase of care. In May 2022, Alison led an interdisciplinary team to create the TRN role, comprised of a STICU RN who responds to Alpha Trauma alerts.



Alison collaborated with Jess Alford, STICU Nurse Manager, and many other clinical nurses and interdisciplinary team members. They were successful in adding 0.06 FTE to the STICU staffing grid to support the new role. After a pilot phase, the team covered >70% of Alpha Trauma alerts with a TRN, and measured a 19 minute total decrease in ED Dwell Time for Alpha Trauma patients. This improvement was sustained, and the team saw a 35.5 minute reduction in 2023 average ED Dwell Times.

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TL4b

Provide one example, with supporting evidence, of a Nurse Manager's advocacy for resources to support a unit goal.

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Labor & Delivery Nurse Manager Advocacy

Labor & Delivery Nurse Manager, Felisha Tyree, sought to improve the experience for patients who received general anesthesia for their c-section procedures. The L&D team was not trained to recover patients post anesthesia, so mothers were required to recover in the PACU, on the 2nd floor of the hospital where visitors were not permitted.



Felisha led the L&D team to set a unit goal during annual performance evaluations, for nurses to recover patients post anesthesia. She collaborated with Clinician 4 Brenda Morrill, Nurse Director Deb Sizemore, Inpatient Charge Nurse Sabrina Martinez Reyes, and Clinician 3 Kiki White to create and achieve the unit goal. With support from Clinical Nurse Specialist Susan Ketcham and NPDS, the team implemented PACU orientation for L&D nurses, purchased and assigned perianesthesia nursing modules to the team, and supported nurses in achieving ACLS certification.

The team met their goal in May 2023, with 90% of L&D nurses ACLS certified and 76% both ACLS certified and PACU trained.

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