2016 Annual NURSING REPORT
Welcome to St. Mary’s 2016 Nursing Annual Report. I am excited for you to read through the pages that follow and share with you all the many successes our health system has enjoyed over the past year. Of course, these successes are due in large part to the dedication and commitment of our outstanding nurses and associates.

At St. Mary’s, we are committed to providing all those who come to us for care with an exceptional patient experience. We realize this commitment through living out our Mission of service and our tireless pursuit of providing healthcare that works, healthcare that is safe and healthcare that leaves no one behind. To provide such an exceptional experience requires the wisdom and expertise of an exceptional team, and our nurses are just that – exceptional.

As President of St. Mary’s Health, I am always proud of the extraordinary service and skill our nursing family provides to those we serve each day, and I am humbled when outside organizations such as the American Nurses Credentialing Center (ANCC) recognize our hospital and its associates with such a prestigious honor as our second Magnet® designation. Countless hours and effort have gone into achieving our second designation and these efforts endure as we move forward in a spirit of continuous improvement.

Associates across our system of care work diligently each day in the pursuit of excellence and to uphold and exceed all the standards that the ANCC sets forth as required of a Magnet designated facility. To each of our associates, I say thank you for your commitment. You are the hearts and hands of this healing ministry, and you share your spirit of caring each day with those we serve through a focus on personalized care, quality outcomes and evidence based practice.

Sincerely,

Keith Jewell
President
St. Mary’s Health
Chief Nursing Officer’s Message

As Chief Nursing Officer for St. Mary’s Health, it is my pleasure to present to you our 2016 Annual Nursing Report. This year’s publication is a special one as it marks our first report published since receiving our second Magnet® designation in March 2016.

What an amazing year it has been for St. Mary’s! A second Magnet® designation is an outstanding accomplishment for our nurses and all our associates. It is an achievement that benefits all those we serve as we advance the field of nursing with our focus on personalized, patient-centered care and improving patient outcomes through evidenced-based practice.

We’ve worked through a number of changes over the last year. We’ve added a Night Shift shared governance council and adapted our Relationship Based Care® model. Through all of this, our nursing family has led the way and modeled teamwork and professionalism for our health system.

It’s this spirit of always striving for excellence that set us apart on our journey to our second Magnet® designation. Magnet® designation is no easy feat, and the American Nurses Credentialing Center (ANCC) just keeps raising the bar on the standards of excellence. I am immensely proud to share that our Magnet® surveyors could not have been more complimentary. They especially noted our culture of evidence based practice and how it is woven into all we do as a nursing family. This is not something that you see fully enculturated in other healthcare facilities. It is one of the many things that set St. Mary’s and our nurses apart as leaders in providing the highest quality care. It has become such a part of how we work, we often overlook just how special it is.

I thank each member of our nursing family from the bottom of my heart for your dedication to our ministry and Mission. Your commitment to excellence, quality outcomes, evidence based practice and teamwork has shown our patients once again that we are the gold standard for care in this community.

Sincerely,

Darcy A. Ellison, MSN, RN, NEA-BC
Senior Vice President Clinical Operations, Chief Nursing Officer
St. Mary’s Health

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Nursing is the art and science of promoting, restoring and maintaining health and preventing illness and injury for individuals, families and communities. Nursing sustains and supports individuals and families from the beginning of life through the end-of-life through compassionate caring, collaboration, education and advocacy. This definition of nursing has paved our Magnet® journey as the Chief Nursing Officer Darcy A. Ellison MSN, RN, NEA-BC has facilitated St. Mary’s nursing practice to achieve quality of care, patient safety, and outcomes. Nurses at St. Mary’s are committed to being regionally and nationally recognized for our evidence-based nursing practice, nurse work environment and our commitment to community.

- We believe the patient is an individual, family or community with unique needs entitled to respect, dignity, privacy and confidentiality. The patient deserves to be informed, educated and involved in healthcare decisions.
- We believe the nurse is key to our “Call to Action”. The nurse establishes a trusting relationship with patient to achieve goals.
- We believe nursing leadership is integral to nursing practice. Every nurse is a leader.
- We believe nursing education requires life-long learning that involves mentoring, continuing education, use of research findings, and participation in professional organizations and specialty certifications.
- We believe research drives our development and clinical application of nursing knowledge. Nursing identifies best practices to provide the highest quality of care.
TRANSFORMATIONAL LEADERSHIP
St. Mary’s Core Values provide the foundation of our nursing practice. We are called to:

SERVICE OF THE POOR
Generosity of spirit, especially for persons most in need

REVERENCE
Respect and compassion for the dignity and diversity of life

INTEGRITY
Inspiring trust through personal leadership

WISDOM
Integrating excellence and stewardship

CREATIVITY
Courageous innovation

DEDICATION
Affirming the hope and joy of our ministry

The Nursing Excellence Professional Practice Model provides a framework for nursing care delivery. The four components: Professional Relationships, Recognition and Rewards, Relationship-Based Care, and Shared Governance guide practice to achieve the St. Mary’s Experience. The Caring and Healing Environment reminds us of the interconnectedness of the body, mind and spirit and embraces the whole individual in mutual process with the environment. We provide this environment with our community stakeholders. Nurses work environment continues to strive for on-going education, advocacy for self and others, transformational leadership and use of research to document our evidence-based practice. We monitor our professional nursing practice through outcomes.
TRANSFORMATIONAL LEADERSHIP

St. Mary’s Receives 2nd Magnet® Designation

We are exceptionally proud to say that St. Mary’s Medical Center has received our second Magnet® designation. The official announcement came on March 15, 2016. The Magnet Recognition Program® was developed by the American Nurses Credentialing Center (ANCC) a division of the American Nurses Association to recognize healthcare organizations that provide nursing excellence. The program also provides a vehicle for disseminating successful nursing practices and strategies. The Magnet® Program provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive. St. Mary’s continues to be in the nation’s top 7% of hospitals!

The road to achieving Magnet® recognition was long and required exquisite leadership and teamwork. This achievement is truly a reflection of all the associates of St. Mary’s who have come together to provide excellence in healthcare care for our patients, families and our community. It is a clear testament that St. Mary’s places the care of our patients at the center of what we do by creating an environment where our staff are empowered to provide the highest quality of care.

Since our Journey to Nursing Excellence began in 2005, followed by our first Magnet® designation in 2011, St. Mary’s has dedicated itself to continually looking at ways to enhance patient care. Years of continued hard work have led us to this point when we can all celebrate in the accomplishment of achieving our second Magnet® designation.

St. Mary’s and our nursing family have so much to be proud of. Our healthcare ministry continues to rise to the top thanks to the commitment of all our associates, physicians and other clinical professionals. This has truly been a team effort, and we thank anyone and everyone who has had a hand in our journey to our second Magnet® designation – from our associates, to our entire medical staff, to our Board, our Foundation and our Auxiliary for their support.
TRANSFORMATIONAL LEADERSHIP

When Leadership Works

The Renal Diabetes Unit on 6West has always been an exceptional setting for nurses. On the best of days, the patients are complex and challenging and on the worst of days, the challenges can be overwhelming. This tenuous balance can set the stage for diminished unit performance. A unit like 6West cannot be a high functioning unit without stable engaging leadership. What the unit and their Executive Director, Mary Moll, MSN, RN, NEA-BC, recognized that among the stellar staff there was the potential leadership in one of their own: Lilly Cassel, BSN, RN.

Ms. Cassel began her career at St. Mary’s as a clinical RN and quickly showed interest in taking on more responsibilities. She shared her interest and enthusiasm for nursing practice with her colleagues and most importantly with her Director and Executive Director, so that when opportunities presented themselves, they would share these opportunities. She was one of 6West’s first Clinical Teaching Partners when the Dedicated Education Unit opened. She chaired the Clinical Practice Governance Council for three years and served as a Clinical Supervisor. After serving for a year as the Palliative Care Coordinator, the 6West Director position came open. Since Lilly accepted the position in July 2015, 6West has worked long and hard to improve quality outcomes and impact patient satisfaction; a long hard endeavor that requires persistent attention to every aspect of nursing care every shift every day. The unit can be proud of its accomplishments as patient satisfaction has improved, attesting to the dedication and engagement of stable leadership.

With dedication and engaged leadership, 6West’s HCAHPS scores have exceeded the 75th percentile.
Clinical Integration: Improving Access to Care and Reducing Readmissions

The hallmark of a medical center that is engaged in the health and wellness of the community are the systems in place that help their clientele transition across multiple healthcare entities. The Clinical Integration program formally known as CARE Partners is St. Mary’s interprofessional group that is operationalizing the conceptual model of transitional care.

The term transitions of care was first used in for patients as long-term care facilities where there was a large gap in communication among providers causing overuse, underuse, or misuse of healthcare resources. This model of care is now expanded to all patients who move through multiple healthcare providers.

Case Management and Nurse Navigators evaluate and facilitate patients getting the resources needed to prevent a relapse of their condition and a return to the hospital. The Case Management team screens all patients for readmission risk and notifies the Clinical Integration Nurse Navigators of those patients that exceed the risk score. Susan Stanfield, BSN, RN, Dana Lanham, BSN, RN, and the Clinical Integration Nurse Navigators continue to assess these patients and identify the healthcare resources each patient will need to be successful in managing their healthcare.

Interdisciplinary rounds, team huddles, and Transitional Care meetings provide the network for the continued review of patient needs. Discussion also includes the challenges and barriers to getting needed resources and an action plan to resolve the issues identified. The care coordination goal is to connect patients with the next level of care, facilitate access to community resources, and provide access to education about their disease.

The current focus of the Clinical Integration program is the high risk for readmission patients that fall under the Bundled Payments for Care Improvement Initiative (Model 2) for renal failure and simple pneumonia and respiratory infections. Additionally, the nurse navigators will follow acute myocardial infarction patients and joint replacement patients that fall into the high risk category. Case Management facilitates transition of care for other complex medical or social needs of high risk patients. Of the four areas that are tracked for readmissions, St. Mary’s has reduced readmissions in three out of four areas (myocardial infarction, chronic obstructive pulmonary disease, and heart failure). Congratulations to the hard working efforts of the entire team devoted to improving care transitions for our clientele.
The Nursing Excellence Professional Practice Model describes a flat decentralized structure where nurses throughout the organization serve on committees, councils and task forces to address all issues related to patient care, professional development, and the safe and effective operation of the organization.

Our nurses are encouraged to participate in professional organizations at the local, state and national level. Recruitment, retention and recognition of nurses are important ingredients for providing a preferred work environment. We are proud of our contributions, and we recognize, award and thank our nurses for their time, expertise and talent.
In fiscal year 2016 the NCL Program consisted of 874 RNs at the following levels: Level I - 806 • Level II – 10 • Level III – 26 • Level IV – 32.

LEVEL II
Jennifer Carrel
Jeremy Coomes
Deborah Dockery
Cristi Dormeier
Kristen Frymire
Amy Hancock
Janel Hawkins
Sarah Jones
Julie Robards
Annalee Wilson

LEVEL III
Jennifer Bayer
Cristina Chenoweth
Lindsey Cowan
Susan Diaz
Samantha Eckert
Jessica Edgerson
Chelsea Fromm
Joy Greenwell
Ashley James
Diana Kaiser
Megan Kincaid
Carissa Kincart
Jane Kremer
Brittany Martin
Bethany May
Racheal Miller
Melanie Qua
Katy Reed
Sherry Reynolds
Denise Shrode
Steven Weber
Jennifer Williams
Logan Woodring
Audra Word
Mary Wright
Barbara Young

LEVEL IV
Brittani Baird
Linda Baxter
Michelle Brandon
Ebony Chew
Erika Coomes
Amanda Fox
Steven Galbreath
Melissa Garrett
Debra Gogel
Sarah Greer
Lacy Hanmore
Katrina Hedge
Christi Jobe
Laura Lo
Jenanne Locker
Tracy MacGregor
Angela Mamat
Ashley McKinney
Erica Polley
Kelsey Quiambao
Nicholas Rhoades
Kendra Scheller
Susan Skie
Sarah Spear
Krystia Standifer
Betsy Tenbarge
Kelly Thomas
Stephanie Weisheit
Andrew Werner
Julia Westmoland
Jana Whitehead
Sarah Zahn
Jordan York
Barbara Young
Jolynn Young
Sarah Zahn

STRUCTURAL EMPOWERMENT
Nursing Clinical Ladder Program

The Nursing Clinical Ladder (NCL) Program provides a formal process that promotes the professional development of Registered Nurses through demonstrated provision of high quality, evidence-based nursing care and advancement of practice. In keeping with St. Mary’s Nursing Philosophy, the Nursing Clinical Ladder (NCL) is designed to recognize direct care clinical nurses who provide nursing care using advanced knowledge and skill while demonstrating excellence in evidence-based nursing practice. Guided by our core values, St. Mary’s provides a nurturing, yet challenging environment which allows the nurse to excel personally and professionally through dedication and accountability. Participating nurses go above and beyond their job description by completing evidence-based practice projects, nursing research studies, community service and leading change through their work on nursing councils and interprofessional hospital committees.
A Successful Nurse Residency Program Can Reduce the Costs of Turnover

Replacing a registered nurse (RN) who resigns is a financial burden on a healthcare facility. Turnover costs are often more than twice the annual salary of the nurse. Replacing the nurse involves recruiting activities, training and orientation, and potential staff losses due to strain on staffing schedules. The unit may need to use agency nurses to fill the gaps or divert patients, creating a loss of revenue. When a unit works short staffed, staff cohesiveness and productivity are impacted, placing patient outcomes at risk.

The Cardiovascular Service Line under the direction of Vice President, Jan Ernest, MSN, RN, NEA-BC and Clinical Nurse Specialist, Andrea Paulnitz, MSN, RN, ACCNS-AG, CCRN designed and implemented a Nurse Residency program. In order to gather baseline data regarding the educational formation and professional development needs of new graduate nurses, the Casey Fink Survey Instrument was completed by the 2014 Spring new nurse graduates (n = 17). The Casey Fink Survey Instrument has established reliability and validity that measures the new graduate nurse experience based upon four subscales: support, safety, communication and satisfaction. The survey instrument was administered after one year of nursing practice. This group had no nurse residency educational program exposure. The data received from this group was used to design the 2015 Cardiovascular Nurse Residency Program.

In Spring 2015, a new cohort of nurse graduates (n = 13) were enrolled in the Cardiovascular Service Line Nurse Residency Program. This residency group met quarterly for one year and were administered the Casey Fink Survey. Those in the residency program reported significantly more support [3.3 (.39) vs. 2.9 (.28); p=.05]. No statistical significance was detected between the 2014 non-residency group and the 2015 nurse residency group for 3 out of 4 subscale scores. Retention rates between the residency group and the non-residency group were monitored at 12 month and 18 month timeframes. At 12 months, the residency group had a 100% retention rate compared to the non-residency group retention rate of 82.3%. At the 18 month time, the residency group had 94% retention rate, compared to 64.7% retention for non-residency group.

The Clinical Nurse Specialists of the Medical Surgical Division decided to design and implement a 12 month nurse residency program to improve the critical thinking, confidence and knowledge of the newest members of our profession. If successful, the goal was to reduce new RN turnover. The program was designed to provide one four-hour session per month for the first 12 months of employment to follow the normal orientation period. Instructional methods included: debriefing, group discussion, demonstration, lecture, role play and case studies.

Topics used to develop the skills included: quality and safety, patient and family centered care, referrals, patient rescue, pain management, collaboration with MD and others, and conflict management. Time was allotted in each session to allow the RNs to verbalize what was going well, what was problematic and how they were adjusting to the new role. During these feedback sessions a record was kept of any and all issues that required follow up and the feedback was provided via a newsletter designed for the RNs or the issue was discussed with feedback at the following session. The ability to “close the loop” gave the new RNs confidence that their voices were heard and to speak up when issues arise. The new RNs were coached to use the Shared Governance structure to address these issues after they completed the residency program. The new RNs were encouraged to tell stories of life saving events they had experienced to allow them time to reflect on the critical significance of their new role.

Thirty new Medical Surgical RN Residents began the program. After 15 months, the turnover of the FY15 cohort of new Medical Surgical RNs was 27%, and the FY16 cohort turnover rate was 23%. Four fewer RNs were hired in FY16 compared to FY15. Comparing the cost of the program, the cost savings for the hospital was $157,920.00.
ST. MARY’S AWARDS AND RECOGNITIONS

U.S. News & World Report

- St. Mary’s has ranked either #3 or #4 hospital in the state of Indiana in each of the last four years.

Healthgrades

- Distinguished Hospital Award for Clinical Excellence 2016, 2015, 2014
- America’s 100 Best Hospitals for Joint Replacement Award – 2016, 2015, 2014
- Women’s Health Excellence Award – 2015, 2014
- Orthopedic Surgery Excellence Award – 2015, 2014

PRC – Evansville’s Most Preferred Hospital

Magnet® Second Designation – March, 2016

Certificate of Distinction for Primary Stroke Centers – Advanced Certification

Trauma Center Verification Renewal from the American College of Surgeons as a Level II Adult Trauma Center and Level II Pediatric Trauma Center – 2015

State of Illinois Adult & Pediatric Trauma Designation

American Heart Association Get with the Guidelines – Heart Failure

- 2016 – Gold Plus Quality Achievement Award

American Heart Association Get with the Guidelines – Stroke

- 2015 – Bronze Achievement Award

American Heart Association – Mission: Lifeline

- 2016 – Bronze Plus Award

American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) First in Tri-State area to become certified and re-certified 2016.
STRUCTURAL EMPOWERMENT

Critical Care Challenge  American Association Critical Care Nurses - local and regional contest of Critical Care nurses - St. Mary’s won five of last six challenges. In 2016, St. Mary’s Medical Center again won the Critical Care Challenge.

Quality Respiratory Care Recognition Award - 2016

2016 Nursing Scholarships
This year was an extraordinary year for our nursing scholarship program. All candidates were outstanding student scholars and community advocates. Overall, seven nursing scholarships were granted this year.

Sue Conner Vauthier Scholarship Winner
Eric Tatum is a student at the University of Southern Indiana. He plans to graduate in May 2017 with his Bachelor of Science in Nursing. He is currently employed at St. Mary’s Medical Center as an Extern exploring his options within the Cardiac Service Line. Eric hopes to specialize in Cardiac Nursing following graduation. He also plans on continuing his education to gain a Master’s degree as a nurse practitioner.

St. Mary’s Auxiliary Scholarship Winners
The St. Mary’s Auxiliary Scholarships are in their tenth year. St. Mary’s is very grateful for the generosity and support of the Auxiliary. This year, two St. Mary’s Auxiliary Scholarships were awarded. Jessica Grove is a student at the University of Southern Indiana. She is expected to graduate in May 2017 with her Bachelor of Science in Nursing. Jessica is currently employed at St. Mary’s Medical Center as an Extern on Labor and Delivery. Jessica hopes to specialize in Labor and Delivery Nursing following graduation. Taryn Hagan is a student at the University of Southern Indiana. She is expected to graduate in May 2017 with her Bachelor of Science in Nursing. Taryn is currently employed at St. Mary’s Medical Center as an Extern in the Intensive Care Unit. Taryn hopes to specialize in Critical Care Nursing following graduation.
St. Mary’s Foundation Nursing Scholarship Winners

St. Mary’s Foundation Nursing Scholarships are in their tenth year. St. Mary’s is very grateful for the generosity and support of the Foundation. This year, three St. Mary’s Foundation Scholarships were awarded. Nicholas Reed is a student at Ivy Tech Community College. He is expected to graduate in December 2016 with his Associate of Science in Nursing. Nicholas is currently employed at St. Mary’s Medical Center as an Extern in the Emergency Department. Nicholas hopes to specialize in Emergency Nursing. He plans to begin his Bachelor of Science education quickly after graduating in December. Taylor Dickinson is a student at the University of Southern Indiana. She is expected to graduate in May 2017 with her Bachelor of Science in Nursing. Taylor is currently employed at St. Mary’s Medical Center as an Extern in the Emergency Department. Taylor hopes to specialize in Emergency Nursing. She also plans on continuing her education to gain a Master’s degree as a nurse practitioner. Kayla Hadfield is a student at Ivy Tech Community College. She is expected to graduate in May 2017 with her Associate of Science in Nursing. Kayla is currently employed at St. Mary’s Medical Center as an Extern in the Intensive Care Unit. She hopes to specialize in Critical Care Nursing following graduation. She plans on continuing her education with her BSN immediately following graduation at the University of Southern Indiana.

St. Mary’s Foundation Book Scholarship

By the generosity and dedication of a retired St. Mary’s registered nurse, St. Mary’s is very thankful for a wonderful scholarship supported that will go towards the purchase of books. This scholarship is awarded to Abbi McDaniel, a student at Ivy Tech Community College. She is expected to graduate in December 2016 with her Associate of Science in Nursing. Abbi is currently employed at St. Mary’s Medical Center as an Extern in the Cardiovascular Intensive Care Unit. She hopes to specialize in Critical Care Nursing following graduation.

Names Left to Right
Taryn Hagan, Jessica Grove, Nicholas Reed, Taylor Dickinson, Kayla Hadfield, Abbi McDaniel
INdependence Diabetes Camp is in its 5th year

Summer camp holds special memories for children and this is specifically true for children with Type 1 diabetes. Thanks to the generous donation from the Jay Cutler Foundation and the extraordinary support of St. Mary’s, INdependence Diabetes Camp had a successful fifth season at Camp Carson in Princeton, IN. YMCA Camp Carson is a mainstay in this community, with 75 years of providing summer residential camps. INdependence Diabetes Camp is run by Rebecca P. Winsett, PhD, RN who modeled the program after an established diabetes summer camp program at Camp Hopewell in Oxford, MS. Vashil Bhatia, MD, a St. Mary’s Endocrinologist, serves as the Medical Director.

The diabetes management program is modeled after the diabetes camp program that Dr. Winsett has been associated with for the past 30 years. The diabetes campers have counselors with diabetes who are present with the campers and three nurses experienced in diabetes management. The Camp Carson counselors have training on what to expect with children who have diabetes. It is a team effort to ensure a safe and fun environment.

Indiana is fortunate to have four summer camp programs for children with diabetes. INdependence Diabetes Camp is the only program serving southern Indiana, north western Kentucky, and southern Illinois.
STRUCTURAL EMPOWERMENT

When It Comes to Stroke Symptoms, Time also Affects your Brain

Through the commitment and dedication of nurses in our Primary Stroke Center (4West ICU Step-down), community outreach and education is reaching individuals of all ages. According to the American Stroke Association, stroke is the fifth leading cause of death and the number one cause of adult disability in the United States. Stroke is not just a disease of the elderly. It can affect people of all ages, including infants and children.

St. Mary’s was designated as a Joint Commission Primary Stroke Center in 2014 and re-designated in 2016. This designation demonstrates St. Mary’s commitment to provide evidence based care to all patients who suffer a stroke or present with stroke like symptoms. One goal of the hospital Stroke Committee is to provide community education to assist in the recognition and treatment for patients with a stroke.

The nurses who participate in the 4West ICU Step-down Unit Stroke Committee, chaired by Kelly Jordan, RN, have taken on the task of setting up and providing community education. One Joint Commission requirement is hosting two community educational events each year. The nurses on this committee were not happy with just two events; they have coordinated and carried out 21 community educational events in the past two years. These events include club gatherings, such as the Rotary Club, Potter’s Wheel and the District Farm Bureau meetings. Free blood pressure checks, along with stroke warning signs and symptoms, were provided at mall walker events at the hospital main entrance and cafeteria. In an effort to reach the different ages, these nurses have also attended business health fairs such as those at Toyota and Springleaf. Other events included University Sorority events, weekend Farmer’s Markets located in the community and Girl Scout events.

The unit Stroke Committee developed a pocket card and a magnet, with the assistance of marketing, on the warning signs and symptoms of a stroke to hand out at each event. These reminders share the importance of recognizing the symptoms and getting early treatment.

While education is important for the general community, it is also important for the nursing community. The 4West ICU Step-down Unit Stroke Committee also puts together an annual Vitals of Vascular Care Symposium. This symposium provides education to the healthcare community on both stroke and cardiac disease processes. This year marks the seventh year this event has taken place.

Registered Nurses that are involved in community outreach improve the overall health of our community. The nurses on 4West ICU Step-down are leading by example.
STRUCTURAL EMPOWERMENT

DAISY Awards: Nurses Recognized for Compassion

The DAISY Award was established by the DAISY Foundation in memory of J. Patrick Barnes who died at the age of 33 of idiopathic thrombocytopenia, an auto-immune disease. The Barnes family was awestruck by the clinical skills, caring and compassion of the nurses who cared for Patrick and created this national award to say thank you to nurses everywhere. DAISY stands for Diseases Attacking the Immune SYstem.

Congratulations to our 2016 awardees!

Gary Radford, BSN, RN
PACU

Sarah Jones, RN, PCCN
4West ICU Step-down

Kelsey Quiamboo, BSN, RN, PCCN
4West ICU Step-down

Ann Anderson, BSN, RN
ECT Department

Nursing Excellence Awards

Candidates for the Nursing Excellence Awards are recommended by their peers and display an outstanding commitment to nursing. The selection committee selects winners based on the following criteria:

• Nursing skills and knowledge
• Creativity
• Leadership and communication skills
• Professional development
• Interpersonal relationships
• Dedication
• Initiative
• Visible support of St. Mary’s Mission, Vision and Values
Nursing Excellence Awards

Candidates for the Nursing Excellence Awards are recommended by their peers and display an outstanding commitment to nursing. The selection committee selects winners based on the following criteria: nursing skills and knowledge, creativity, leadership and communication skills, professional development, interpersonal relationships, dedication, initiative, and visible support of St. Mary’s Mission, Vision and Values.

Transformational Leadership Award

The 2016 Transformational Leadership Award was given to Krystia Standifer, BSN, RN, PCCN. The award is given to the professional nurse who is a leader at the bedside and within the nursing unit and/or department promoting mutual respect for all members of the healthcare team. The award winner stimulates and inspires others to achieve extraordinary outcomes and increase their own leadership capacity. Krystia’s nominators commented, “Krystia is an excellent bedside nurse and outstanding Clinical Supervisor. She is always seeking new ideas and willing to learn new topics at any given time.” Krystia obtained her Bachelor of Science in Nursing from Murray State University in 2010. She started as an extern on 5Central Cardiac Telemetry Unit and then transitioned into the RN role after graduation. Since beginning her nursing career at St. Mary’s, Krystia has embraced the learning and leadership of the profession by becoming involved. She received her certification as a Progressive Care Certified Nurse. Her involvement within the hospital includes serving as the Chair of the Education and Professional Development Shared Governance Council, as a member of Nursing Alliance Council, Cardiac Shared Governance Council, and as a active member in the Preceptor Program.
Structural Empowerment Award

The 2016 Structural Empowerment Award was given to Jana Whitehead, MSN, RN, CEN. The award recognizes the professional nurse who promotes and develops strong partnerships with the community to improve patient outcomes and advance the health of the community served. Jana’s nominators said, “Jana is the definition of nursing excellence. Her staff love working with her, and she holds them to the highest standards. She leads by example in everything she does and encourages all nurses to be the best they can be. St. Mary’s and the Emergency Department are lucky to have a nurse as talented and dedicated as Jana.” Jana graduated from Vincennes University with an Associate of Science in Nursing in 1986, received her Bachelor of Science in Nursing from University of Southern Indiana, and her Masters of Science in Nursing from Walden University in 2013. Jana began her career at Welborn Hospital in the Intensive Care Unit. She transitioned to LifeFlight at Welborn and worked at Deaconess for seven years, before beginning her career at St. Mary’s in the Emergency Department. After working in the Emergency Department for a short time, Jana was promoted to Director of St. Mary’s LifeFlight for four years before transitioning to Clinical Supervisor in the Emergency Department. Jana has dedicated herself to emergency nursing and providing the highest quality of care for these patients. Her Master of Science in Nursing degree specializes in Informatics. She has been a vital asset with the electronic medical record. Jana currently is a member of the Clinical Informatics Shared Governance Council, and is an active participant in “Go Live” opportunities throughout Indiana hospitals within Ascension Health. Jana currently is the secretary of the local Emergency Nurses Association chapter.

Exemplary Professional Practice Award

The 2016 Exemplary Professional Practice Award was given to Sarah Greer, BSN, RN, CCRN. The award honors the professional nurse who is an expert clinician, practicing autonomously and consistently with professional standards of care. This nurse promotes the professional role of the nurse including technical and human skills, accountability, authority and responsibility for one's own practice. Sarah’s nominators said, “She practices according to the evidence, advocating for her patients, and is a unit leader. She is respected by her peers, physicians and Critical Care leadership. Sarah is a very caring and compassionate nurse. She takes care of her patients in a non-judgmental manner, despite the challenges they may present.” Sarah obtained her Bachelor of Science in Nursing from University of Southern Indiana in 2011. She worked as a student extern on 5 Central Cardiac Telemetry, and transitioned to the Intensive Care Unit after graduation. Quickly after eligibility, Sarah obtained her Critical Care Registered Nurse Certification. Sarah is a member of many councils within the hospital, including chair-elect of the Clinical Practice Shared Governance Council, Critical Care Service Line, Nursing Alliance Council, co-chair of the Patient Flow Project and Nursing Clinical Ladder Representative.

New Knowledge, Innovations, & Improvement Award

The 2016 New Knowledge, Innovations and Improvements Award was given to Kathryn Reed, BSN, RN, CCRN. The award is given to the professional nurse who is educated about evidence-based practice and research, enabling them to appropriately explore the safest and best practices for their patients and practice environment and to generate new knowledge.
Kathryn’s nominations said, “Katy embraced her role as nurse and patient advocate with excitement. She has demonstrated to her colleagues how, through the application of best practices, each and every one of us can positively impact patient care.” Kathryn obtained her Bachelor of Science in Nursing from University of Southern Indiana in 2014, and plans to sit for her Critical Care Certification in the near future. She joined St. Mary’s in 2010 as a Patient Care Technician on 6 West Renal/Diabetic Unit, Mother/Baby/GYN, and NICU. Upon graduation from nursing school, she transitioned to the Intensive Care Unit. Kathryn is very involved in councils within the hospital, including Chair of Quality and Patient Safety Shared Governance Council, Nursing Alliance Council and Critical Care Service Line Council. She is involved in unit performance improvement projects such as Patient Flow Project, head and educator of Restraint Reduction Process and recently presented for the Magnet® Surveyors, and serves on multi-hospital research study regarding "Missed Nursing Care.”

**Administrator of Nursing Excellence**

The 2016 Administrator of Nursing Excellence Award was given to Darla Plahn, DPA, MSN, RN, NE-BC. This award designed to recognize nurses in leadership positions within the organization. This administrator fosters and supports a culture of Nursing Excellence. This nurse interacts with and contributes to the professional development of peers and colleagues. According to her nominators, “Darla is the epitome of a team player. She tirelessly works with many departments to help coordinate the care of the cardiac patient. At every turn, I see her acting as an advocate for both the patient and the staff. She truly is a servant leader, doing whatever it takes to help St. Mary’s and our patients.” Darla obtained her Associate of Science in Nursing from University of Evansville in 1977, Bachelor of Science in Nursing from University of Evansville in 1979, Master of Science in Nursing from University of Evansville in 1994, and Doctor of Public Administration in 2009 from Doctoral Academy. She started her career with St. Mary’s on the female Medical-Surgical Unit and has transitioned through many parts of the hospital since. Darla has held a variety of roles as a bedside nurse and director on a number of units at St. Mary’s including Medical-Surgical, Cardiac-Telemetry, Diagnostic Cardiology, Peripheral Vascular Lab, and Outpatient Cardiology. She is currently the Director of Cardiac Cath Lab & Cath Lab Observation & Recovery Unit.

**Rising Star Award**

The 2016 Rising Star Nursing Excellence Award was given to Sara Young, BSN, RN. The Rising Star Award recognizes the professional nurse who has been in their RN role for less than two years here at St. Mary’s and has been an exemplar in any Nursing Excellence Award Category. The nurse is involved in organization or department initiatives, participates in evidence-based care, and is viewed as a leader in the department by his/her peers. Sara’s nominators said, “Sara is a true leader on 6 West. She is a role model in assessment, planning, teaching, interventions, and evaluations in providing excellent Patient-Centered care.” Sara graduated with her Bachelors of Science in Nursing from the University of Southern Indiana in 2015. While in nursing school, Sara was a part of one of the first classes to do clinical on 6 West Renal/Diabetic Medical-Surgical Unit, home to the Dedicated Education Unit for USI. She began at St. Mary’s as a student in the Summer Program in the Women’s and Children service line and worked as a Student Nurse Extern on the Pediatrics Unit. Upon graduation, Sara transitioned to 6 West. Sara recently began furthering her education at University of Southern Indiana for Acute Care Nurse Practitioner, and her goal is to stay at St. Mary’s and work with the hospitalist’s group after graduation.
Nursing makes an essential contribution to patient, organization, and consumer outcomes. The Empirical Outcome Award recognizes a group of nurses who have worked as a team to provide a measurable outcome. The 2016 Empirical Outcomes Excellence Award was awarded to our Labor & Delivery and Lactation departments. St. Mary’s Hospital for Women & Children’s Designation as a Baby-Friendly Hospital wouldn’t have been possible without the “Skin to Skin Contact Initiation Project.”

In order to meet Baby-Friendly guidelines, St. Mary’s needed to increase “Skin to Skin” rates from 65% to 80%. Also, they needed to increase the rate of breastfeeding initiation and develop a program to improve prenatal education to mothers on the importance of breastfeeding. Prior to the process change, the workflow was not supportive of early skin to skin contact or breastfeeding initiation. Team members for this project included Labor and Delivery, Lactation, OB physicians and Quality. “Skin to Skin” contact has been increased from 65% to a consistent rate over 90%. Breastfeeding initiation rates have risen from a baseline of 72.3% to 85.7%. St. Mary’s received Baby-Friendly, USA Designation in November 2014. They have maintained the practice change with a continued increased trend of breastfeeding initiation. Members of the project recently presented the project for the Magnet® surveyors on the redesignation site visit, and an abstract has been submitted to the 2016 Magnet® Conference.
Exemplary Professional Practice

St. Mary's Nursing Excellence Professional Practice Model is our driving force of nursing care. Professional nursing practice embodies a well-defined clinical knowledge base, specialized proficiency in technical skills, knowledge-based caring and a deep respect and reverence for mankind. Our shared governance decision-making structure addresses issues of nursing practice, nursing quality, evidence-based practice and research, education and professional development and recruitment, retention and the recognition of our nurses. Through our Practice Model, St. Mary’s nurses can provide the highest quality of care.

Shared Governance

Shared Governance was founded on the cornerstone principles of partnership, equity, accountability and ownership at the point of service.

St. Mary’s has eight Governance Councils that assume responsibility, accountability and function for defined elements of nursing practice.

Each area of nursing or service-line has unit or service-line councils that report to the governing councils. The councils participate in defined decision-making and coordination of nursing and provide input through the Shared Governance process in all areas where nursing care is delivered. Each council establishes its own goals, purpose and deliverables within the framework established by the Bylaws and the Nursing Assembly Alliance and focuses on work plans that would logically apply to that council.

Governance Councils:

- Quality and Patient Safety
- Clinical Practice
- Clinical Services/Nursing Management
- Recruitment, Retention, & Recognition
- Advanced Practice Nurses
- Clinical Informatics
- Education and Professional Development
- Night Shift
- Nursing Alliance Assembly
EXEMPLARY PROFESSIONAL PRACTICE

QUALITY & PATIENT SAFETY COUNCIL
The Quality and Patient Safety Council monitors the appropriateness and effectiveness of nursing practice and nursing care and ensures compliance with established standards of care and practice. The council is dedicated to providing a safe environment for patients, families, volunteers, visitors, medical staff and St. Mary’s associates. The council promotes transparency and the attainment of high reliability organizational characteristics.

CLINICAL PRACTICE COUNCIL
This council defines, implements and maintains the professional standards necessary to allow and expect nurses at the bedside to deliver quality care for all patients. These standards reflect evidence-based care and relationship-based theory adaptation.

CLINICAL SERVICES/NURSING MANAGEMENT COUNCIL
This Council organizes and controls resources, delineates and fulfills nursing management objectives. It develops and nurtures an environment that promotes and enhances the practice of professional nursing. This Council is chaired by the Chief Nursing Officer. The members are Directors, Managers, Executive Directors, the Administrator for the Hospital for Women & Children, and the Vice President of Cardiovascular Services.

RECRUITMENT, RETENTION & RECOGNITION COUNCIL
This Council promotes a culture of professionalism, mentoring and excellence. It seeks out and provides opportunities for professional nursing to be recognized and rewarded for excellence in practice. The Council is also charged with developing and maintaining an atmosphere that is conducive to the development of a preferred workplace environment and the promotion of shared governance.
EXEMPLARY PROFESSIONAL PRACTICE

ADVANCED PRACTICE NURSE COUNCIL
This council provides leadership and direction for advanced practice nursing within St. Mary’s Medical Center through leadership, education, research, collaboration and consultation, and representation on hospital committees. This council is comprised of master’s prepared nurses who function in an advanced practice role and meet the definition of Advanced Practice Nurse.

CLINICAL INFORMATICS COUNCIL
This council provides operational clinical informatics workflow alignment processes established by the Informatics Technology Governance Council (ITGC) through a focus on data entry structure, process and clinical decision support. The Council’s work is reported through the Clinical Solution Informatics Transformation Program (CSITP) and Nursing Alliance Assembly.

EDUCATION AND PROFESSIONAL DEVELOPMENT COUNCIL
The Education and Professional development Council defines, implements, maintains, and evaluates educational standards that promote professional growth and ongoing clinical excellence through continuing education, competency and an emphasis on evidence-based practice and research.

NIGHT SHIFT COUNCIL
The Night Shift Council works diligently with other councils to promote a culture of professionalism and excellence, encourage professional growth, and elevate the expectation of all night shift staff. This council is charged with addressing night shift specific topics for improvement, while also integrating issues from other governing shared governance councils.

NURSING ALLIANCE ASSEMBLY COUNCIL
This Council provides leadership, direction and coordination for the other councils. It serves as a clearinghouse and communication hub for nursing issues and disseminates information and objectives back to the appropriate council for intervention, action or discussion. This Council is chaired by the Chief Nursing Officer. Members are the Chairs of all the Councils, the Chair-elects of the Councils, and the Senior Nursing Clinical Operations Team.
CARING Behaviors in Action

There are many stories of nurses and associates who interact with patients in a caring and respectful manner, living out our CARING behaviors, but this is a story of an instance where a Palliative Care nurse began a cascade of events that can only be classified as "Going the Extra Mile."

Kristin Frymire, RN, CHPN was caring for a patient who was dying from an anoxic event. Listening to his family describe his life before and life after serving his country in the Iraq and Afghanistan wars, Ms. Frymire learned that the anoxic event was really the result of his Army combat injury that occurred nearly eight years prior to his admission to St. Mary’s. Would there or should there be some way to honor him? Didn’t he really die in service to his country even though his death was not while he was on active duty?

It would be easy just to move on to the next patient letting the question remain rhetorical. There are so many families and patients in crisis; all needing something from her, but this situation kept her thinking about this former serviceman. Was there anything she could do to honor him at death? How many other young service men die as a result of an injury sustained during the war, but die after leaving the service?

At the end of the day, the question still needled her So, she picked up the phone and called the Army Recruiting Office here in town and asked if there was a mechanism to honor post-service dying veterans. That phone call led to a series of events that included her Palliative Care co-workers and Gentiva Healthcare. The Army Recruiting Office sent two Marines in formal dress to stand by his side during the honor ceremony, Gentiva offered their honor ceremony for veterans, sending a quilt, and an American flag pins for all who attended. Julie Robards, RN, CHPN, another Palliative Care nurse, knew that one of the Gentiva chaplains had a wonderful singing voice and asked if he would participate in the ceremony as well. Gentiva was more than willing to share their services with this young dying veteran.

In the end, the family and the nursing and medical staff surrounded the veteran’s bed for the honor ceremony. Amazing Grace was sung, a prayer blessing his service to his country was offered, and his mother was presented with the Indiana Donor Network donor medallion. There wasn’t a dry eye in the crowd of persons witnessing this wonderful honor ceremony. Afterwards, he was transferred to the Operating Room, extubated and peaceably died. His wish was to be an organ donor. This is just one example, of our nursing staff who embody our Relationship-Based Care delivery model and our CARING Behaviors: Connect, Ask, Respect, Nurture and "Going the Extra Mile."
EXEMPLARY PROFESSIONAL PRACTICE

Pre-eclampsia Assessment in the Emergency Department: Improving Knowledge

After the Obstetrics (OB) Emergency Room was opened, nurses in the main Emergency Department (ED) had less exposure to perinatal patients. The reduction could potentially lead to delayed recognition and treatment of preeclampsia and eclampsia for patients that presented to the ED instead of the OB Emergency Room. This led experts in perinatal and emergency nursing to collaborate in a simulation exercise to ensure ED nurses remained knowledgeable about this low-frequency/high-risk event. Miranda Wahnsiedler, MSN, RNC-OB, AGCNS-BC and the Clinical Nurse Specialist in the ED, Rebecca Basham, MSN, RN, AGCNS-BC, led a collaborative effort to create a novel educational forum to assess pre and post knowledge of eclampsia recognition and treatment. From this, three live unannounced simulation exercises were performed in the ED to assess nurses’ capture of the assessment information. The simulation was an excellent way for nurses to assess future needs to remain competent in recognizing eclampsia, using treatment protocols, and using our valuable clinical experts.
EXEMPLARY PROFESSIONAL PRACTICE

Improving Pain Management in Hospitalized Patients

Greater than 50% of hospitalized patients experience pain. Pain affects more people than diabetes, coronary artery disease and cancer combined, and poorly controlled pain impacts overall patient satisfaction. In October 2015, a Pain Management Improvement Team was formed to address this complex problem.

In calendar year 2015, the hospital was performing at the 12th percentile for patient satisfaction for pain control compared to the rest of the nation. The Pain Management Improvement Team, using FOCUS-PDCA, focused on specific processes to improve patient satisfaction with pain management. The team included Medicine, Nursing, Pharmacy, Pastoral Care, Rehabilitation, Leadership and Palliative Care. Pain Resource Nurses were selected to function as unit-based champions to lead the Pain Performance Improvement work at the unit level.

Process improvements included nurse coaching to use key words to address patient expectations regarding pain and realistic goal setting. Leadership rounding was used to hardwire the processes with feedback, recognition and coaching. New communication (white) boards were installed in patient rooms with a structure to address key pain topics. In January 2016 all process changes were implemented. In the first quarter of 2016 patient satisfaction with pain control was up to the 59th percentile. By the second quarter of 2016 it had risen to the 54th percentile, and third quarter 2016 (as of 9/19/2016) the 78th percentile. Congratulations to all the vital work this team has done to improve pain management for our patients.

R E S P O N S E  T O  H C A H P S  Q U E S T I O N :
DURING YOUR HOSPITAL STAY HOW WELL WAS YOUR PAIN CONTROLLED?

A culture of exemplary professional practice, performance improvement, quality monitoring and safety is integral to the care patients receive. Nurses collaborate with all disciplines to ensure care is efficient, effective, comprehensive and well-coordinated.

St. Mary’s Performance Improvement and Patient Safety Plan provides the structure and processes for the hospital’s quality and performance improvement initiatives. The Nursing Quality Improvement and Patient Safety Plan provides the structure and processes for Nursing’s quality and performance improvement initiatives.

Our nurses participate in safety initiatives, analyze data and use national benchmarks to gain a comparative perspective about their performance and the care patients receive.
EXEMPLARY PROFESSIONAL PRACTICE

St. Mary’s is a member of the National Database for Nursing Quality Indicators (NDNQI), whose mission is to aid the nursing provider in patient safety and quality improvement efforts by providing research-based national comparative data on nursing care and the relationship to patient outcomes.

Patient outcomes that are determined to be nursing sensitive are those that improve if there is a greater quantity or quality of nursing care (e.g., pressure ulcers and falls).

The nursing-sensitive indicators reflect the structure, process and outcomes of nursing care. The structure of nursing care is indicated by the supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff. Process indicators measure aspects of nursing care such as assessment, intervention, and RN job satisfaction.

Patient Falls and Fall Prevention

A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with or without injury to the patient, and occurs on an eligible reporting nursing unit. The reduction of patient falls is a very important aspect of care at St. Mary’s. Fall risk assessments using the Heinrich II Fall Assessment Tool are completed on admission and during every shift in order to prevent patient falls. St. Mary’s FY16 overall fall rate was 2.31 falls per 1000 patient days which is lower than the Ascension Health FY16 average 2.62.

Pressure Ulcers

St. Mary’s promotes a team approach to pressure ulcer prevention. The Skin Care Committee (SCC) is an interprofessional committee, however, the primary constituents are staff nurses from high-risk patient populations.

A concurrent reporting process is in place to review and analyze any facility-acquired pressure ulcer for learning and improvement opportunities. All direct care providers receive a baseline educational level of skin care education as well as annual updates.

As a result of these efforts, St. Mary’s sustains a facility-acquired pressure ulcer rate below the national average. In FY16, St. Mary’s facility-acquired pressure ulcer rate was 0.38 per 1000 patient days as compared to Ascension Health’s FY16 rate of 0.73. St. Mary’s also conducts a prevalence rate for pressure ulcers. The FY16 St. Mary’s facility acquired pressure ulcer prevalence for quarter one was 0% and quarter two was 0.50%, well below our benchmark goal of 3.40%.
Central Line Acquired Bloodstream Infections (CLABSI) can lead to increased patient care costs and poor outcomes. St. Mary’s has determined that nurse sensitive measures have a significant impact on prevention of CLABSI. St. Mary’s CLABSI FY16 rate for adult critical care patients was 0.22 per 1000 central line days as compared to the Ascension Health rate 0.84 per 1000 central line days. St. Mary’s CLABSI FY16 rate for adult non-ICU patients was 0.81 per 1000 central line days as compared to the Ascension Health rate 0.82 per 1000 central line days. St. Mary’s CLABSI FY16 rate for neonatal intensive care infant patients was zero per 1000 central line days as compared to the Ascension Health rate 1.26 per 1000 central line days.
EXEMPLARY PROFESSIONAL PRACTICE

Perinatal Safety

Perinatal Safety is a top priority for St. Mary’s and Ascension health. St. Mary’s perinatal safety team was integral in assisting in the development and implementation of Ascension’s Health’s national perinatal initiatives. Many injuries to the newborn are preventable during the birth process. St. Mary’s FY16 birth trauma rate per thousand births was 1.84 as compared to the FY16 Ascension rate of 2.76 per 1000 patient days. St. Mary’s continues to be very proud of its successes but is mindful of the need to be ever-vigilant to maintain best practices.
Innovative is one word to describe St. Mary’s nurses. Using one of our three models (performance improvement, evidence-based practice or research), nurses examine their clinical practice. Along with national evidence-based practice projects that are integrated house-wide, such as pressure ulcer and fall reduction programs, nurses evaluate issues that impact daily practice outcomes. Twice a year, the Quality Department and the Nursing Quality and Patient Safety Council hosts the Quality Summit where innovative performance improvement, evidence-based practice and nursing research projects are showcased.
**NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS**

**Nursing Research**

**Missed Nursing Care: A collaborative nursing research study that assessed missed nursing care among medical surgical nurses in four hospitals.**

Missed nursing care is patient care that is omitted, not completed, or delayed. Current evidence shows work interruptions and missed nursing care are prevalent in nursing and the perception of missed tasks impacts the work environment. Interruptions during nursing care are reported to range from 0.3 to 13.9 per hour, thus potentially decreasing nursing task completion.

A collaborative research project was designed to assess the frequency of self-reported missed nursing care, reasons for missed care, and perception of unit teamwork in medical surgical nurses. This descriptive comparative study used a convenience sampling strategy in medical/surgical nurses in four hospitals. The study was approved by each hospital’s Institutional Review Board. A sample of 168 nurses from St. Mary’s, Memorial Hospital in Jasper IN, Deaconess Main, and Deaconess Gateway completed the Missed Nursing Care online survey for the relative frequency of 26 missed nursing tasks. This psychometrically sound instrument asks respondents to rate each task from 0 (never missed) to 4 (always missed).

The most frequently missed nursing tasks reported were ambulation as ordered, meds given within a 30 minute window of ordered time, and mouth care. Two care tasks, blood glucose as ordered and shift assessment, were the least missed nursing care tasks. The remaining 21 care tasks were missed at least occasionally. See the Table below for results of the care tasks missed. The major reason for missed care reported was unexpected rise in volume/ acuity and heavy admissions/discharges.

Nursing care tasks are missed at least occasionally and that the downstream effect can impact patient outcomes. We learned that research collaboration among nurses in different hospitals is a strong and viable method to strive towards improving the nurse work environment and laid the ground work for the development of a regional Research Consortium to address nursing issues that cross institutional boundaries.

<table>
<thead>
<tr>
<th>CARE TASKS</th>
<th>RARELY MISSED (SCORED &lt;1) (%)</th>
<th>OCCASSIONALLY MISSED (SCORED &gt;1&lt;2) (%)</th>
<th>FREQUENTLY MISSED (SCORED &gt;2&lt;3) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOOD GLOUCOSE AS ORDERED</td>
<td>81.6%</td>
<td></td>
<td></td>
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<tr>
<td>ASSESSMENT EACH SHIFT</td>
<td>67.9%</td>
<td></td>
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<tr>
<td>FOCUSED REASSESSMENTS</td>
<td>53.6%</td>
<td></td>
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<tr>
<td>DISCHARGE PLANNING &amp; TEACHING</td>
<td></td>
<td>52.4%</td>
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<tr>
<td>IV SITE CARE</td>
<td></td>
<td>48.8%</td>
<td></td>
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<tr>
<td>BATH/SKIN CARE</td>
<td></td>
<td>48.8%</td>
<td></td>
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<tr>
<td>TURNING Q2 HR.</td>
<td></td>
<td>47%</td>
<td></td>
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<tr>
<td>SKIN/WOUND CARE</td>
<td></td>
<td>45.2%</td>
<td></td>
</tr>
<tr>
<td>HAND WASHING</td>
<td></td>
<td>44.6%</td>
<td></td>
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<tr>
<td>EMOTIONAL SUPPORT</td>
<td></td>
<td>38.1%</td>
<td></td>
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<tr>
<td>PRN MEDS WITHIN 15 MINUTES</td>
<td></td>
<td>36.3%</td>
<td></td>
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<tr>
<td>FEED WHILE FOOD IS WARM</td>
<td></td>
<td>33.9%</td>
<td></td>
</tr>
</tbody>
</table>
# New Knowledge, Innovations & Improvements

<table>
<thead>
<tr>
<th>Care Tasks</th>
<th>Rarely Missed (Scored &lt;1) (%)</th>
<th>Occasionally Missed (Scored 1-2) (%)</th>
<th>Frequently Missed (Scored &gt;2) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake and Output Documented</td>
<td>33.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Call Light Response within 5 minutes</td>
<td>31%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Documentation</td>
<td>29.2%</td>
<td></td>
<td></td>
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<tr>
<td>Toilet within 5 minutes</td>
<td>28%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attend Care Conferences</td>
<td>27.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Effectiveness</td>
<td>27.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs as Ordered</td>
<td>23.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Teaching</td>
<td>23.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting up Food</td>
<td>22%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulation 3x/day or as ordered</td>
<td>53%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth Care</td>
<td>35.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intake and Output Documented</td>
<td>55.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate Handoff</td>
<td>53%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Departments Didn’t Provide Care</td>
<td>50.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of Backup Support</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver off Unit/Unavailable</td>
<td>47%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies/Equipment Not Working</td>
<td>44.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies/Equipment Not Available</td>
<td>44%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tension Among Team</td>
<td>44%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tension with Ancillary Departments</td>
<td>36.3%</td>
<td></td>
<td></td>
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<tr>
<td>Tension with Medical Staff</td>
<td>35.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unbalanced Assignments</td>
<td>33.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistants Not Communicating Unmet Needs</td>
<td>76.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexpected Rise in Volume/Activity</td>
<td>72%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy Admission/Discharge Activity</td>
<td>59.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate Number of Assistive Personnel</td>
<td>59.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate Number of Staff</td>
<td>58.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications Not Available</td>
<td>56.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Patient Situations</td>
<td>53%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nurses Help to Redesign Electrophysiology Lab

During the renovation of the Electrophysiology (EP) Lab, Brianne Plewke, BSN, BS, RN; Josh Bahr, BSN, BS, RN, PCCN; and the EP nurses, were asked to work with the architects to design the workspace and improve workflow. This included participating in the discussion for choosing the vendor for the new equipment. Before a decision was made between vendors, Ms. Plewke and Mr. Bahr went with the EP physicians to visit another facility to see the alternative vendor equipment in action.

Once the choice was made, attention was turned to designing the workspace. Taking the architect’s plan, they adapted the space to add more storage units so that all equipment needed during a case could be located within the room. In the old design, supplies were located outside the procedure room and if something was needed, the circulating nurse had to leave the room to get it. In addition to the storage cabinets, additional cabinets were added so that materials needed during a case were in close proximity to the procedure table. The Pyxis machine was moved to be closer to the procedure table as well. The old space had nurses walking across the room to get a medication, crossing over to a different corner of the room to get syringes to administer meds before walking over to the patient. The new configuration placed all the supplies and equipment in a more convenient area, improving the workflow.

Two particular changes that the EP nurses are proud to have been major drivers for change were deciding on the floor covering and improving the communication during a case. Seamless operating room flooring was chosen for hygiene and stain resistance, making the EP lab look good as well as being bacteriostatic. Hands free headsets are used by all team members during a case so that everyone can hear what is going on. The heart rhythm is monitored and adjusted by physicians who are located behind a radiation safe glass wall, creating a barrier between the physicians and nurses in the room (who are wearing face masks) and the physician and techs who are making critical decisions on heart rhythm. The new headsets eliminated the communication challenges.

Patients who need a procedure within the EP lab benefit from the new workflow redesign and equipment. The streamlined workflow has reduced the time of the procedure. The new equipment reduces the radiation doses patients receive.
Interdisciplinary Rounds-The Impact of a Collaborative Team on Patient Outcomes

Every healthcare discipline has a goal to provide excellent care to their clients. But what we have found is that while each discipline focused on their specific outcomes, patients may not have benefitted from their efforts. Current work processes actually increased the workload on individuals giving and overseeing care resulting in increased length of staff and increased costs. In an effort to improve the quality of care, a group that represented hospitalists, clinical nurses, pharmacists, clinical nurse specialists, Case Management along with other hospital disciplines involved in patient care decided to change practice by structuring a collaborative rounding format. Over a six month period, the structure and process for Interdisciplinary Rounds was implemented and piloted on the Medical unit 6South. What the group found was that there was a reduction in catheter associated urinary tract infections and central line associated blood stream infections. By doing so, cost per case was reduced, reducing hospital cost by over $1 million.

Using the success of the pilot, interdisciplinary rounds are now in place in all acute care units. This collaborative work has shown improvements in nursing quality indicators, patient satisfaction and reducing hospital costs by $2.5 million.

Nursing Research & Evidence-Based Practice Projects

NURSING RESEARCH FY16

STUDY COMPLETED

Strengthening Teamwork Behaviors in Nursing: Intervention to Reduce Missed Nursing Care.

FINDINGS

This eight hospital intervention study in 26 units measured unit teamwork perception before and after a teamwork development intervention. A convenience sample of nurses and nursing assistants who worked at least .5 FTE on eligible units were consented into the study. The train the trainer method was used to disseminate teamwork skills to all consented subjects. The Nursing Teamwork Survey measured perception of teamwork prior to, and one and four months after the intervention. The respondents were asked to rate the 33 statements in the survey by the percent of time the activity or behavior occurred. The choices were Never (0%), 25%, 50%, 75%, and Always (100%). The sample characteristics were described with means, standard deviations, and percentages with comparisons by analysis of variance or chi square. Nursing Teamwork had five subscales and analyzed by Friedman’s Two-way Analysis of Variance by Ranks.

Of the 1,147 eligible participants across all hospitals, 652 consented with 520 completing at least one survey (45.3% response rate). No differences were found among individual demographic characteristics by hospital or unit type. No differences over time were detected for the five subscales. Item analysis showed most positive and negative behaviors occurred occasionally/frequently and a shift of improvement over time occurred.

INVESTIGATOR

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CO-INVESTIGATORS

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Lois Weldon, DNP, RN
Debra Wilson, MSN, RN, OCN
Nursing Research & Evidence-Based Practice Projects

NURSING RESEARCH FY16

STUDY ONGOING
A Program Evaluation Comparing Labor and Delivery Outcomes after Introducing the Birthing Ball into Practice

FINDINGS
The purpose of this program evaluation is to compare labor outcomes for mothers who did and did not use the peanut-shaped birthing ball during labor. Prior to introducing the peanut-shaped birthing ball into routine practice, the use was sporadic and nurse-specific. As the birthing ball has been postulated to facilitate maternal physiologic adaption to labor, the proposed evaluation will systematically evaluate outcomes before and after the routine introduction of the birthing ball into practice.

INVESTIGATOR
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Rebecca P. Winsett, PhD, RN

EVIDENCE-BASED PRACTICE PROJECTS

PROJECT COMPLETED
Which Delirium Scale is Sensitive and Specific for Adult Medical Surgical Patients?

FINDINGS
A synthesis of the literature found that the CAM-ICU is not useful outside the ICU; however the bCAM (Brief version of CAM-ICU) is valid with picking up cognitive changes. The bCAM was implemented in the Medical Surgical units. A pre-test of knowledge of the definition of delirium, appropriate screening methods, and identifiable risk factors was completed before the educational blitz on delirium. A posttest of knowledge and risk factors will be measured in six months to determine if knowledge has been retained. Delirium prevalence and length of delirium will determine if nurses are using their knowledge in practice and reduce length of delirium.

CHAMPION
Kim Salee, MSN, RN, AGCNS-BC, CWOCN
EVIDENCE-BASED PRACTICE PROJECTS

PROJECT COMPLETED
What Evidence Supports Preceptor Training and Development?

FINDINGS
The literature and the Dedicated Education Unit’s Clinical Teaching Partner curriculum guided the development of a preceptor training program that was offered in spring 2015. The purpose of developing a more intense preceptor program was to examine the impact of preceptors on new graduate retention rates at six and 12 months post-employment. Seventy nurses with an interest in becoming preceptors completed the pilot program. There was a slight increase in six month retention rates, but no difference in new graduate retention was detected at 12 months. Retention of new graduate RNs is multi factorial. Preceptors are just one of the many influencing factors.

CHAMPION
Sheila Hauck, DNP, RN, OCN, NEA-BC
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Susan Seibert, DNP, RN

PROJECT COMPLETED
What is the Impact of Hypodermoclysis on Pediatric Patients’ Hydration Recovery?

FINDINGS
Profoundly dehydrated pediatric patients are difficult to rehydrate. Using the literature and clinical experts, a hypodermoclysis protocol was developed for severely dehydrated patients. Specific markers for hydration success, such as time (and volume if measurable) to first void are measured for outcomes. To date, three patients have successfully undergone rehydration using the new evidence-based protocol.

CHAMPION
Jessica Schmitt, BSN, RN
Brandi Kay, BSN, RN, CCRN
Ashley Schmitt, RN
Lynn Herr, BSN, RN, CPN, C-NPT
Kendra Scheller, BSN, RN, CPN
Debra Ice, RN, CPN
Wendy Woodard, MD
NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Quality Fair FY16

The FY16 Quality Fair event on October 2, 2015 was held in the Manor Auditorium. There were 29 storyboard presentations representing the full gamut of St. Mary’s Health.

Peoples’ Choice
Presentation that earns the most votes from the Quality Fair attendees.

NICU DEPARTMENT
“LITTLE BABIES – BIG BUGS 2”

Top Process
Presentation that demonstrates the best use of the Performance Improvement process utilizing PDCA or PICO Evidence Based Practice methodology.

EMERGENCY DEPARTMENT
“DECREASING LBT’S IN THE ED”

Top Outcome Award
Presentation that demonstrates the best measurable Outcome for a Performance Improvement project utilizing PDCA methodology.

LABORATORY DEPARTMENT
“LABORATORY STAT TAT FOR ED”
NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Quality Fair FY16

Best of Show Award
Presentation that demonstrates the best overall use of the PDCA or PICO methodology and that has an attractive and readable storyboard presentation.

EMERGENCY DEPARTMENT
“DECREASING BLOOD CULTURE CONTAMINATIONS IN THE ED”

OUR MISSION STATEMENT
Rooted in the loving ministry of Jesus as a healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually center, holistic care which sustains and improves the health of individuals and communities. We are advocates for compassionate and just society through our actions and our words.

OUR VISION
We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.