2015 Annual NURSING REPORT
President’s Message

Welcome to St. Mary’s 2015 Nursing Annual Report. As President of St. Mary’s Health, I am so proud of what we are able to share with you within the pages of this report – stories and information that showcase the talents of our St. Mary’s nursing family and how they live our Mission each day.

At St. Mary’s, we are committed to delivering the highest quality healthcare, a superior level of service and a truly exceptional experience. I see the time, energy and commitment our associates, physicians and other trusted partners put forth toward these efforts each day, and it is nothing short of impressive. That’s why it is so exciting when others outside of our organization recognize and commend these efforts as well. In 2015, St. Mary’s was proud to once again be honored by US News and World Report – this time by being ranked the number three hospital in all of Indiana and the best hospital in Southern Indiana. The Medical Center was also awarded numerous recognitions by Healthgrades, including the Distinguished Hospital Award for Clinical Excellence. St. Mary’s Hospital for Women & Children was also the first hospital in the Tri-State to be designated as a Baby Friendly hospital by Baby Friendly, USA. St. Vincent Health was named as one of the nation’s top health systems by Truven Health Analytics which showcases that, together, our statewide ministry is leading the way in healthcare.

This is just a short list of the recognitions received this year. Each special award and recognition is a testament to the talent, spirit and commitment to excellence of our St. Mary’s family. And it’s St. Mary’s nurses who model the way in their dedication to quality outcomes, evidence based practice and the continued positive growth and success of our health ministry.

I hope you enjoy this report and are as inspired as I am for what the future holds for St. Mary’s and our outstanding family of nurses and healthcare professionals.

Sincerely,

Keith Jewell
President
Chief Nursing Officer’s Message

As Chief Nursing Officer for St. Mary’s Health, I am so pleased to present you with our 2015 Nursing Annual Report. In these pages you will find evidence of what we know to be true across St. Mary’s Health – that great nurses make a great hospital.

Our health ministry has had an outstanding year and our nurses play a huge role in the successes that we have enjoyed. Our President, Keith Jewell, shared with you some of the many accolades that were bestowed upon St. Mary’s this year. These awards and recognitions overwhelmingly support what our patients and community tell us – there’s just something different, something special about St. Mary’s. Our model of Relationship Based Care and our system-wide commitment to providing an exceptional experience to everyone who enters our doors (patients, visitors, associates, physicians and volunteers alike) is what helps us create this atmosphere which supports the healing of body, mind and spirit.

And it is our nurses who take the lead in ensuring the delivery of a consistent, person-centered, compassionate, high-quality healthcare experience. Part of our commitment to creating this experience is focused efforts to ensure our nurses and other associates are able to practice in an environment where they feel satisfied, fulfilled and supported. This is evidenced through our Nursing Excellence Professional Practice Model which includes Shared Governance. Through this model nurses are given a voice and are supported in providing the highest quality care.

Our health ministry continues to work as a team to build on our foundation of developing and supporting every nurse as a leader, and I am confident we will only continue to grow and thrive as a nursing family.

So, on behalf of St. Mary’s, I thank you for taking the time to read through these pages and learn more about what sets our health ministry and our nursing family apart.

Sincerely,

Darcy A. Ellison
MSN, RN, NEA-BC
Chief Nursing Officer and Senior Vice President
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 St. Mary’s 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 patients 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
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. Our nurse 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

Nurses Transform Electrophysiology Pre-Procedural Patient Preparation

Ablation for atrial fibrillation (Afib) sounds like a simple procedure - find the source of the arrhythmia and ablate it with radio frequency waves. Yet atrial ablation is a low volume, high risk procedure where catheters are placed in both the groin and the neck. The procedure often can last up to six hours. The practice for the clinical nurses in the Electrophysiology (EP) Lab was to review the preoperative procedures once the patient was transferred to the holding area for the procedure. In some cases, patients were admitted to the Cardiac Telemetry Unit the evening prior to the procedure. What the nurses were finding was that patients were not ideally prepared to undergo the procedure, even though preoperative preparation was provided. Something was missing in the preparation, as instructions were not always followed and patients and families were overly anxious about the procedure. The EP Lab nurses brought their concerns about their current practice to the monthly EP physician meeting. A suggestion was proposed to change nursing practice by the clinical EP nurses, and the suggestion was shared with CNO, Darcy A. Ellison, MSN, RN, NEA-BC.

The EP nurses, Brianne Plewke, BSN, RN and Josh Bahr, BSN, BA, RN, PCCN, suggested that education begin in the physician’s office from the moment the procedure was scheduled. Once the procedure was scheduled, the EP nurses could provide a form of “patient navigation” from scheduling to discharge.

Ms. Plewke and Mr. Bahr volunteered to put together a cohesive education packet about the procedure that included specific instructions for preparing for Afib ablation. With the written material, patient preparation was more comprehensive, reducing anxiety with the procedure - a simple, effective way to transform the pre-procedure preparation for patients undergoing Afib ablation.
TRANSFORMATIONAL LEADERSHIP

Leadership Development and Succession Planning

CNO, Darcy A. Ellison, MSN, RN, NEA-BC, recognized nursing directors were increasingly overwhelmed with day-to-day responsibilities and needed unit-level managerial support. With that in mind, she advocated for and supported a January 2013 evidence-based project to evaluate the Medical/Surgical Services charge nurse role. Team members included the executive director, directors and clinical RNs. An outcome of this project was expansion of charge nurse job responsibilities into a new clinical supervisor model.

The summary below outlines the expanded responsibility and accountability of this new clinical supervisor role.

- Assumes accountability for patient flow coordination and daily unit operation
- Tracks staff competencies, orientation, completion of requirements
- Trains, mentors and evaluates staff on performance evaluations
- Assists in development and application of nursing policy/procedure/standards
- Intercedes with patients/families to resolve concerns
- Conducts various performance audits and maintains quality metric focus

Mrs. Ellison advocated for funding of the clinical supervisor position so there would be a formal structure to improve the staff to nursing leader ratio, enhance coaching/mentoring of front line nursing supervisors, and improve communication among those in a managerial role. The development of the clinical supervisor role is a talent stewardship process that provides the foundation in managing unit day-to-day operations and developing beginning supervisory responsibilities. This is one succession planning strategy to develop future nurse managers. Clinical supervisors provide a ready pool of internal candidates when nurse manager openings occur. The clinical supervisor role was expanded from Medical/Surgical to the entire Nursing Division in June 2013.

Tessa Knepper, BSN, RN, CMSRN from Oncology 6East was among the charge nurses who were promoted to the newly created clinical supervisor position in May 2013. Director of Oncology 6East, Lisa Downen, BSN, RN, OCN, HFA, planned several professional development classes and activities to prepare her to succeed in this new entry level nursing supervisory position. The competencies developed while in the clinical supervisor role are a strong foundation for future advancement to a nurse manager position. Ms. Knepper identified several professional development goals, attended the VHA Nursing Leadership Excellence Series and participated in the new course Clinical Supervisor Education.

Emergency Department (ED) charge nurse, Anna Leslie, MSN, RN, CEN, and relief charge nurse, Janet Williams, MSN, RN, CEN, CPEN, also had their roles transformed as well. Nancy McCleary, MSN, RN, NEA-BC advocated for positions for Ms. Leslie and Ms. Williams called nurse coordinators. In their new managerial roles they worked alongside the director, at the time, Jerold Blackburn, MSN, RN. Over the course of two years Mr. Blackburn’s mentorship helped them achieve a successful transition into an ED director position.
Interprofessional Care Transition Team Impacts Readmissions

Multiple efforts to reduce readmissions began at St. Mary’s by creating Care Transition Interprofessional Teams for several major high readmission risk diagnoses. While this initially allowed the team to drill down strategies to reduce readmissions for a single patient population, in reality, the same people were attending four different Care Transitions meetings each month. The committees reviewed extracted data from the medical records, but, because of the limitations of extraction, the information reviewed was always three months behind. The groups wanted to find a way to streamline the Care Transition Teams and work in real time data.

In May 2014, a novel strategy was put into action. The four teams combined and began meeting weekly for one hour to discuss currently readmitted patients. In addition, community partners such as the Southwestern Indiana Regional Council on Aging (SWIRCA) and ECHO Clinic were included in the meetings. Strategies to keep patients at home and safe were discussed; often with Case Management returning to the patient’s room after the meeting to discuss discharge plans with the patient and his/her family. Each readmission is reviewed through a root cause analysis, a way for the team to evaluate the structures and processes of care.

Since implementing the new approach, this interprofessional team has made incremental strides in reducing readmission with a 4.74% reduction in readmissions over the past two fiscal years.
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.

Structural Empowerment
In fiscal year 2015 the NCL Program consisted of 874 RNs at the following levels:

- Level I: 814
- Level II: 4
- Level III: 23
- Level IV: 33

LEVEL II
Ashley McKinney
Larry Nellis
Kathryn Reed
Mary Wright

LEVEL III
Christina Aubrey
Courtney Bauer
Jeremy Coomes
Cristi Dormeier
Jessica Edgerson
Joy Greenwell
Crystal Hubert
Megan Kincaid
Carissa Kincart
Jane Kremer
Tracy MacGregor
Angela Mamat
Amy Marshland
Bethany May
Racheal Miller
Shannon Mooney
Michelle Northrop
Kelsey Quiambao
Rachel Seibert
Lindsey Spindler
Kayla Tebbetts
Morgan Utley
Aubrey Welp

LEVEL IV
Brittani Baird
Linda Baxter
Chelsie Colbert
Sally Cosgrove

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 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 inter-professional hospital committees.
STRUCTURAL EMPOWERMENT

St. Mary’s Achieves Baby Friendly Designation

In November 2014 St. Mary’s was designated as the first hospital in the Tri-State to be a Baby Friendly organization. The Baby Friendly Initiative was launched in 1991 by the World Health Organization and the United Nations Children’s Fund to improve breastfeeding and mother/baby bonding. Achieving this designation is no easy feat as the criteria are quite challenging. Developing the plan to reach the goal to be a Baby Friendly hospital began with support of a Welborn Baptist Foundation grant.

It takes a village to support breastfeeding. Therefore, in December 2012 the plan for a true supportive system for breastfeeding was initiated to support the goal of improving the number of mothers who breastfeed. St. Mary’s supported nurses to become lactation specialists. All nurses and physicians who interact with new mothers also attended 20 hours of education on methods to support breastfeeding. During this course, nurses learned specialized teaching techniques and innovative methods to improve new mother care while promoting and sustaining breastfeeding.

Other supportive activities included expanding rooming in, using the first hours of the baby’s life to bond with the mother with skin-to-skin contact and encouraging the use of breastmilk in babies in the NICU. During 2013, certified lactation specialists increased from one to 14. In addition, 10 nurses attended the 2013 national AWHONN convention to learn the latest in women’s health, obstetrics and breastfeeding initiatives. Attendees were: Shawna Haywood, BSN, RN; Ashley Kuester, BSN, RN; Sarah Spear, BSN, RNC-MNN; Heather Weir, BSN, RNC-MNN; Linda Baxter, RNC; Michelle Donovan, BSN, RNC; Veronica Collins, RNC; Lisa Orth, BSN, RNC; Tasia Hein, RNC; and Betsy McCune, MSN, RNC.

Changing the culture from swiftly moving baby to a warmer, performing an assessment and taking baby to the nursery is now replaced with placing the baby against the mother’s skin (skin-to-skin) and breast latching within the first hour after delivery.

All the hard work of nurses and physicians in Labor & Delivery, Postpartum and the NICU has culminated in an increase in breastfeeding initiation and an increase in the exclusive breastmilk feeding at discharge.

Work began Dec. 2012 with Ms. Brown and Ms. Brungs attending a lactation teaching course. Entire mother/baby staff underwent 20 hours of education during 2013 to improve breastfeeding outcomes. Prior to beginning this initiative, no formal data were collected on breastfeeding initiation or exclusivity.
STRUCTURAL EMPOWERMENT

American College of Cardiology Award for Cardiac Care

St. Mary's has received the ACTION Registry – Get with the Guidelines Platinum Performance Achievement Award for 2015. Awarded by the American College of Cardiology’s National Cardiovascular Data Registry, St. Mary’s is one of only 319 hospitals nationwide to receive the honor.

First Area Hospital to Receive Baby-Friendly Hospital Designation

St. Mary’s Hospital for Women & Children is the first hospital in the Tri-State to be designated as a Baby Friendly Hospital by Baby Friendly USA, Inc. This designation showcases the level of care, support and personal attention St. Mary’s Hospital for Women & Children provides to all families who choose us for their care during such a special time.

Trauma Center Verification Renewal from the American College of Surgeons

St. Mary’s has been awarded re-verification as a Level II Adult Trauma Center and Level II Pediatric Trauma Center. This achievement recognizes St. Mary’s dedication to providing optimal care for critically injured patients of all ages measured against the highest quality standards. St. Mary’s is the only hospital in the region and one of only three hospitals in Indiana to earn separate verification for Adult and Pediatric Trauma, making the Medical Center the site of two highly-qualified, nationally-verified trauma centers.

Healthgrades Awards

St. Mary’s has earned numerous individual awards from Healthgrades, including the organization’s Distinguished Hospital Award for Clinical Excellence! St. Mary’s was selected as one of America’s Best Hospitals for Orthopedic Surgery and Joint Replacement. We were a Five Star Recipient for the Treatment of Heart Failure, Total Knee Replacement, Hip Fractures, Pneumonia, Sepsis and Diabetic Emergencies. St. Mary’s also earned Health Excellence Awards for Orthopedic Surgery, Joint Replacement, Pulmonary Care and Women’s Health. Healthgrades also ranked St. Mary’s among the top five percent in the nation for Overall Orthopedic and Joint Replacement services and in the top ten percent for Overall Pulmonary Services and Women’s Health.

St. Mary’s received a Five Star Excellence Award from the Professional Research Corporation for scoring in the top 10% nationally for “excellent” responses for Inpatient – HCAHPS – Discharge Information.

U.S. News and World Report ranked St. Mary’s as the #3 hospital in Indiana and the best hospital in Southern Indiana. The Medical Center was also ranked as high performing in pulmonology and Nephrology.

St. Mary’s 5 East Medical Unit received the Five Star Excellence Award in Inpatient Medical Services – Overall Quality of Care. St. Mary’s scored in the top 10% nationally for “Excellent” responses in this category.
STRUCTURAL EMPOWERMENT

St. Mary’s Rehabilitation Institute received a Three Year Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF)

Consumers, their families and the public can look to CARF accreditation as assurance that providers strive to offer the highest quality services.

St. Mary’s Cancer Program Receives Three Year Accreditation from the American College of Surgeons (ACS) Commission on Cancer with Three Commendations

Accreditation through the ACS Commission on Cancer means that a center meets a national quality standard, establishes a framework for quality, and improves patient care.

Lisa Gray, BSN, RN, CPN Elected to Pediatric Trauma Executive Board of the Pediatric Trauma Society

This professional organization is for all healthcare providers interested in improving outcomes for injured children through development of optimal care guidelines, education, research and advocacy. The Pediatric Trauma Society (PTS) is the product of the collaborative vision of many pediatric trauma healthcare providers from around the world. Filling a void, PTS is working toward becoming the resource for both pediatric and adult trauma care providers to improve pediatric trauma care regardless of where injured children are cared for.
2015 Nursing Scholarships

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

Sue Conner Vauthier Scholarship Winner

Zachary Hermann is a student at Ivy Tech. He plans to graduate in May 2016 with his Associate of Science in Nursing. He is currently employed at St. Mary’s Medical Center as an Extern in the Emergency Department. Zachary hopes to specialize in emergency nursing or critical care nursing following graduation.

St. Mary’s Auxiliary Scholarship Winners

The St. Mary’s Auxiliary Scholarships are in their ninth year. St. Mary’s is very grateful for the generosity and support of the Auxiliary. This year, two St. Mary’s Auxiliary Scholarships were award. Dorothy Schucker is a student at the University of Southern Indiana. She is expected to graduate in May 2016 with her Bachelor of Science in Nursing. Dorothy is currently employed at St. Mary’s Medical Center as an Extern in the Intensive Care Unit. Dorothy hopes to specialize in critical care nursing following graduation. She also plans on continuing her education to gain a Master’s degree as a nurse practitioner. Kristie Brackett is a student at the University of Southern Indiana. She is expected to graduate in May 2016 with her Bachelor of Science in Nursing. Kristie was selected to complete a clinical rotation on 6 West Renal and Diabetes Unit, our dedicated education unit and enjoyed her experiences at St. Mary’s. Kristie hopes to specialize in pediatric or neonatal intensive care nursing.

St. Mary’s Foundation Nursing Scholarship Winners

The St. Mary’s Foundation Nursing Scholarships are in their ninth 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. Lauren Martin is a student at the University of Southern Indiana. She is expected to graduate in May 2016 with her Bachelor of Science in Nursing. Lauren is currently employed at St. Mary’s Medical Center as an Extern on 6 South Respiratory Medical. Lauren hopes to specialize in mental health nursing following graduation. She wants to work several years and then explore travel nursing and eventually gain a Master’s degree as a nurse practitioner. Taylor Hoffman is a student at the University of Southern Indiana. She is expected to graduate in May 2016 with her Bachelor of Science in Nursing. Taylor hopes to specialize in pediatric nursing following graduation. She also plans on continuing her education to gain a Master’s degree as a nurse practitioner. Megan Brown is a student at Ivy Tech. She is expected to graduate in May 2016 with her Associate of Science in Nursing. Megan will start work on 5 South Post-Surgical as an Extern. Megan hopes to specialize in pediatric nursing following graduation. She also plans on continuing her education to gain a Bachelor’s Degree in Nursing.
Preceptor Pilot Program

St. Mary’s Nursing Education and Professional Development Council annually evaluates the current nursing preceptor program. The evaluation is completed using several methods. This year, the Council developed two surveys to evaluate the perceptions of the preceptors and the nurses who had been recent orientees. The evaluation revealed opportunities for improvement as the data also indicated the new RN hire retention rate was gradually increasing. A committee was formed from the Council membership and other interested stakeholders to conduct an evidence-based practice project on RN preceptor preparation in the acute care hospital setting. The committee was chaired by Sheila Hauck, DNP, RN, NEA-BC, Director of Professional Practice and a local expert, Susan Seibert, MSN, RN, who also served as the committee’s consultant.

The Preceptor Pilot Program aspires to create a culture of nursing excellence which supports effective nurse preceptorships, fostering the close, trusting relationships needed to develop orientees to their fullest potential. The program’s theoretical framework is a “healthcare community of practice that involves three elements: community, practice and domain.” The framework is built around healthcare workers that share a common domain who collaborate to enhance the practice, foster professional expertise and increase organizational knowledge.

An integrative literature review was conducted, and over several months the committee constructed a new preceptor preparation curriculum. Ms. Seibert’s expertise was invaluable as she had just completed her doctoral capstone work on “preparation of clinical teaching partners for hospital dedicated education units.” This new curriculum included content on recognizing the role of the preceptor, identifying and optimizing learning styles, teaching skills, coaching critical thinking and evaluating learner performance. Real-life scenarios and simulations were incorporated that allowed translation from theory to practice.

The Preceptor Pilot Program was implemented in the Spring 2015 and approximately 70 RN preceptors attended the program. Classroom evaluations were excellent. Final evaluations of preceptors by new RN orientees revealed the new curriculum was very successful. Once all program evaluations are received, programmatic outcomes will be tabulated. It is our hope the new Preceptor Pilot Program will increase preceptor knowledge and confidence which will ultimately improve that new RN orientee’s learning experience and competency development.
Critical Care Units and ICU Step-down 4West Improve Nursing Certification Rates

St. Mary’s has long supported many avenues to ensure ongoing competency for clinical RNs. One key component of our professional development program is organizational support for clinical RNs to pass their nursing specialty certification exam. Funding for organized group class time, financial assistance for the exam fee, CNO/unit director support and facilitation for study and exam time has ensured clinical RNs who take their specialty certification exam are sufficiently qualified and prepared to be successful.

In order to facilitate this, Melanie Kincaid, BSN, MHSA, NE-BC, Executive Director Critical Care and Trauma, along with her ICU directors, added national nursing certification as one of their five individual job accountabilities. ICU Step-down 4West Director, Lana Labhart, MSN, RN, RCIS, as part of her push to achieve stroke center recognition, challenged her staff to double the number of certified nurses. These challenges were achievable even with all the organizational changes occurring with the new QuEST EHR system.

During FY14, the ICU, STICU, CVICU and ICU Step-down 4West achieved their target goals. Critical care nurses nearly doubled national certifications. ICU Step-down 4West increased certifications from five percent to 30% - a remarkable achievement.
STRUCTURAL EMPOWERMENT

Keeping Kids Safe: Nurses Active in Community Outreach

Safe Kids Worldwide is a global network of 450 coalitions in 16 countries whose mission is to prevent accidental childhood injury. St. Mary's is the exclusive partner for the Indiana Safe Kids Coalition in Vanderburgh and Warrick Counties. As the lead agency, we work on the local and state level to prevent unintentional childhood injuries and deaths by offering parent/caregiver training programs, safety car seat checks, prevention publications, safety training in schools and by supporting legislative activities, distributing free bike helmets/car seats/smoke detectors, and promoting the safe infant sleeping initiative. Designation as a lead agency for the region demonstrates organizational support for our commitment to child safety and injury prevention.

In addition to the Safe Kids program, St. Mary's and Kohl's Department Store have collaborated for over seven years in the Keep Kids Safe program. The goal of this program is to prevent bicycle, all-terrain vehicle (ATV) and car seat accident injuries in children by increasing awareness and safety education.

Addressing community needs is included in our nursing and organizational strategic plans and supports the involvement of nurses in community healthcare outreach. The Safe Kids and Keep Kids Safe programs are two vital programs for our community.

At each bike/ATV and helmet public safety event, free helmets and educational materials are distributed. Helmets are individually fitted by trained St. Mary's staff and other volunteers. Bike/ATV helmet safety presentations are given at local schools to share the importance of proper helmet use. If needed, and with parental permission, helmets are given to students.

Car seat safety events are held in public venues and by individual appointment. Certified car seat technicians properly install car seats and inform parents/caregivers on car seat equipment and safety. If an inappropriate or damaged car seat is found, it is replaced with a new one.

Organizational support for nurses’ participation in bicycle/ATV helmet and car seat community healthcare outreach include the following:

- Paid time/Nursing Clinical Ladder points for car seat technician certification and bicycle/ATV helmet fitting training
- Paid time/Nursing Clinical Ladder points for participation in car seat clinics/individual appointments and helmet safety events
- Paid time for record keeping related to car seat and helmet distribution and education
- Social media/St. Mary’s website event advertisement
- Internal event advertisement including closed circuit TV, intranet postings and associate newsletter articles
- Printed event advertisement flyers/posters
- Helmet and car seat, educational material and supply storage space

Personal Birth Consultant, Terry Cooper, RN, is the co-president of the Vanderburgh and Warrick County Safe Kids Coalition. Her hospital paid hours cover time worked as Coalition co-president and as a certified car seat instructor. She has been instrumental in providing car seat education for the community through car seat technician training, public car seat clinics and personalized individual car seat education/installation appointments. In addition to public car seat events, during the last two years, she has completed 864 family requested car seat education/installation appointments! NICU clinical RN, Cristi Dormeier, BSN, RN, has volunteered for three helmet safety events. Peds/ PICU clinical RN, Kendra Scheller, BSN, RN, has volunteered for St. Mary’s sponsored care seat clinics. Both of these clinical nurses understand the impact nurses have on community health.
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 2015 awardees!

Marie Stewart, BSN, RN
5 South

Kim Campbell, RN
NICU

Jessica Yenne, BSN, RN, CCRN
ICU

Carol Woodard, BSN, RN-BC
Cardiopulmonary Rehabilitation

Rebekah Shinabarger, BSN, RN, CCRN
ICU

DAISY Team Award: Pediatrics/PICU Nursing Unit
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
Transformational Leadership Award

The 2015 Transformational Leadership Award was given to Betsy Tenbarge, BSN, RN, CCRN. This 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. Betsy’s nominators commented, “Betsy brings a great level of experience and leadership to the bedside and unit. She is always willing to help others and goes the extra mile.” Betsy obtained her Bachelor of Science in Nursing from the University of Southern Indiana in 2008. She started as an extern in 2008 in the STICU and then transitioned into the RN role after graduation. Betsy received her certification as a Critical Care Registered Nurse and is involved in Sigma-Theta-Tau.

Structural Empowerment Award

The 2015 Structural Empowerment Award was given to Jordan York, BSN, RN, CEN, CPEN. This 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. Jordan’s nominators said, “Jordan not only provides compassionate care at the bedside, but he and his dog, Moses, provide holistic therapy through St. Mary’s Pet Visitation Program.” Jordan graduated from the University of Southern Indiana with a Bachelor of Science in Nursing in 2008. Jordan began at St. Mary’s in 2007 as an extern in the Emergency Department. He remained in the Emergency Department as he transitioned to the RN role in 2008 and to a Clinical Supervisor position in 2011. Since becoming a St. Mary’s nurse in 2008, Jordan has dedicated himself to emergency nursing and has worked on stroke performance improvements that were used to help with St. Mary’s Stroke Accreditation and helped with our Emergency Department being approved for pediatric trauma verification. He is a past chair and current member of the unit-based and hospital Recruitment, Retention and Recognition Councils. He has been a member of Nursing Alliance and is involved with departmental education. Jordan is dual certified as a Certified Emergency Nurse and Certified Pediatric Emergency Nurse and Trauma Nurse Specialist.

Exemplary Professional Practice Award

The 2015 Exemplary Professional Practice Award was given to Chelsie Colbert, BSN, RN, CCRN. This award honors the professional nurse who is an expert clinician who practices autonomously and consistently with professional standards of care. The award winner promotes the professional role of the nurse, including capability, accountability, authority and responsibility for one’s own practice. Chelsie’s nominators said, “Chelsie gives 100% to every patient, project and clinical situation. She always seeks what is best for her patients to keep them safe, heal without harm and get the best patient outcomes.” Chelsie obtained her Bachelor degree in Nursing from Ball State University. Since becoming a St. Mary’s nurse in 2012, Chelsie has dedicated herself to cardiac nursing. Chelsie is a member of the Recruitment, Retention and Recognition Council and serves on the Cardiac Service Line Council. She received Nursing Clinical Ladder Level 4, served as the co-chair of the 5 Central unit-based Recruitment, Retention and Recognition Committee in the past and worked on several performance improvement projects. Chelsie achieved national nursing certification as a Progressive Care Certified Nurse in 2014.
**NURSING EXCELLENCE AWARDS**

**New Knowledge, Innovations & Improvement Award**

The 2015 New Knowledge, Improvements and Innovations Nursing Excellence Award was given to Linda Baxter, RN. This award is given to the professional nurse who is educated about evidence-based practice and research, appropriately explores the safest and best practices for their patients and practice environment and generates new knowledge. Linda’s nominators said, “She is an expert at the bedside. She is a leader, preceptor and mentor. Linda goes above and beyond to seek out educational opportunities to become the best she can be by attending conferences, seminars and other learning opportunities. Linda always has a fresh attitude, even after 15 years in the Labor & Delivery department. She is engaged and a pleasure to work with.” Linda obtained her Associate of Science in Nursing from Illinois Eastern Community College in 1995. She joined St. Mary’s in 1996 as a Mother/Baby Registered Nurse and has spent the last 15 years as a Labor & Delivery RN. Linda is very involved with the Women’s and Children’s Clinical Practice Council, Maternal Transport Team and Antepartum Committee. She is a member of the Association of Women’s Health Obstetric and Neonatal Nurses. Recently, she developed new discharge instructions for the OB Emergency Department. Linda is an Obstetric Certified RN and is currently working on her Bachelor of Science in Nursing at the University of Southern Indiana and will graduate in 2016.

**Administrator of Nursing Excellence**

The 2015 Administrator of Nursing Excellence Award was given to Brian Marvell, BSN, RN, CCRN. This award is designed to recognize nurses in leadership positions within the organization. The award winner fosters and supports a culture of Nursing Excellence, as well as interacts with and contributes to the professional development of peers and colleagues. According to his nominators, “Brian possesses many years of critical care experience and applies this knowledge to guide and support his staff. He works hard to appreciate and recognize his staff and the outstanding care that they provide.” Brian obtained his Associate of Science in Nursing from Wabash Valley in 2001 and a Bachelors of Science in Nursing from the University of Southern Indiana in 2007. He started his career with St. Mary’s as an extern in the Medical Intensive Care Unit in 2001 and transitioned from an extern to a RN in the Medical ICU upon graduation. Brian has held a variety of roles at St. Mary’s including serving as an ICU staff nurse, House Supervisor and a LifeFlight RN. He currently serves as the Director of the Cardiovascular Intensive Care Unit and is the Co-Director of the Medical Intensive Care Unit. One of Brian’s key attributes is his innovation. He is a great problem-solver. When faced with a challenge, he has the ability to develop a viable solution and a plan. He has embraced recent changes and focuses on supporting his staff through the changes. Brian took the lead in setting the expectation that our critical care nurses should become certified. As a result, 70% of our eligible nurses across critical care are certified. Brian is also certified as a Critical Care Registered Nurse and is currently enrolled in the Ascension Health Management Formation Program.
STRUCTURAL EMPOWERMENT

Rising Star Award

The 2015 Rising Star Nursing Excellence Award was given to Jeslyn Gill, BSN, RN. The Rising Star Award recognizes the professional nurse who has been in their RN role for less than two years at St. Mary’s and has been an exemplar in any Nursing Excellence Award category. This nurse is involved in organization or department initiatives, participates in evidence-based care and is viewed as a leader in the department by peers. Jeslyn’s nominators said, “She is a wonderful new nurse. Her pleasant personality can put even the most anxious patient at ease. Her critical thinking skills are top notch, and she is always happy to help a co-worker.” Jeslyn graduated with her Bachelors of Science in Nursing from the University of Kentucky in 2013 where she was involved in the Nursing Research Mentorship Program and mission trips and volunteered in the community. She began working at St. Mary’s in 2014 on 5 South Post-Surgical. Recently, a patient’s daughter returned to the unit wanting to thank Jeslyn for the wonderful care she provided her mother. The daughter went on to say that her mother credits Jeslyn with saving her life. Jeslyn is a rising star. As her nominator said, “Jeslyn is a wonderful team player. She embodies St. Mary’s Mission, Vision and Values.”

Empirical Outcomes Award

Nursing makes an essential contribution to patient, nursing workflow, 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 2015 Empirical Outcomes Excellence Award was awarded to ICU Step-down 4West. St. Mary’s accreditation as a Primary Stroke Center from The Joint Commission signifies an organization’s dedication to fostering better outcome for patients. The staff from 4West formed a Unit Stroke Committee with several goals in mind: 1.) Provide patient care according to the evidence; 2.) Meet the core measures; 3.) Provide patient and community education; 4.) Provide continuing education in the form of an annual Stroke Symposium for hospital-wide staff education. ICU Step-down 4West meets or exceeds the Primary Stroke Centers core measures. The staff also participated in 15 different community events throughout the year to provide education to our community. A patient education booklet that was designed by the 4West staff is given to every patient that is admitted with a stroke diagnosis. Lana Labhart, MSN, RN, RCIS, Director of 4West, said, “The stroke designation could not have happened had it not been for the ICU Step-down 4West team of nurses and their dedication to their patients. They took ownership of this specific patient population and wanted to make sure these patients received the best care possible.” Congratulations to all the nurses who made St. Mary’s a Primary Stoke Center! Many thanks to all the staff members of ICU Step-down 4West for outstanding outcomes.
Tackling Sepsis in the Emergency Department

Early diagnosis of sepsis increases the chance of survival. As part of the Surviving Sepsis Campaign, early diagnosis and early initiation of treatment is critical. Assessing and identifying a possible septic patient upon admission to the Emergency Department (ED) is a planned process that takes a group effort to be successful. The triage nurse is key to setting the whole process in motion. Advocating for protocols was a way our ED nurses would ensure that no patient with possible sepsis would be missed. Using the Emergency Nurses Association (ENA) position statement for protocol use and collaborating with the Sepsis Team, the ED nurses, educators and leaders developed and implemented a sepsis screening protocol.

There were challenges in putting the screening protocol in place, the first of which was that the ED was to move from complete paper charting to the new EHR QuEST. This would be a major change for the physicians and nurses. At the same time, there were additional system changes going on within the hospital, including the campaign to improve sepsis outcomes. Needless to say, the multiple changes added to the complexity of getting the new screening protocol in place. ED nurses identified several issues for improvement, but the one area of concern was to improve the outcomes on starting and completing the antibiotics. Mary Dunkel, BSN, RN, CEN, retired navy nurse, is active in performance improvement in the ED. She is also an expert nurse who is a true mentor for all ED nurses.

Improving Nurses Teaching Expertise

Teaching is an aspect of the nursing practice. To improve nurses’ expertise in heart failure patient teaching, Erica Forsee, BSN, RN, CVN, Chair of the Heart Failure Performance Improvement Education Committee, led the efforts to develop and teach the learning process called “teachback.” This class was the culmination of identifying whether patients were retaining their discharge instructions, as well as identifying the inconsistencies in discharge material. The committee had a goal to standardize the education and discharge instructions for heart failure patients house wide, improve the nurses’ expertise in teaching, and improve the documentation of discharge education and instructions - all in the overall goal to reduce 30 day readmissions.

Teachback was one strategy to help patients with heart failure retain the education on self-care management tasks during discharge education. Increasing retention of the self-care tasks hopefully would translate to performing these behaviors at home and thus, reduce readmissions.

Ms. Forsee designed a four-hour super user training workshop that was held in January 2012. Nurses who wished to be Heart Failure (HF) Education Super Users were invited, as well as nurses from area nursing homes. She had 69 nurses who attended the HF Super User education training course. The Super Users were responsible for disseminating what they learned to all nurses on their units and kept a sign in log of all nurses who met with them. The program was repeated during 2014 but because of the many changes going on within the organization, Ms. Forsee modified the teaching platform by holding individual in-services on all the relevant units. As a result of this educational activity, discharge education and instruction documentation dramatically improved and was sustained even through the switchover to the new electronic health record.

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Clinical nurses, Sally Cosgrove, RN and Kristin Jones, BSN, RN, along with Ms. Dunkel took the time and initiative to identify the steps that would make this process work. They identified that antibiotics would often start in the ED but after the transfer, due to transfer order approval or pharmacy delays, antibiotics failed to be administered in the time period recommended by the sepsis guidelines.

Four issues were identified, each requiring a process to drill down the steps that hampered care: 1) patients need multiple lines; 2) antibiotic delivery can be simultaneous [a change in nursing culture and practice]; 3) QuEST sets the delivery time at the time of the order in the event that the antibiotic was not bar code scanned [for whatever reason], making the delivery time prior to the time the blood cultures were obtained; and 4) the pharmacy uses an Ascension Health network system to fill pharmacy orders and if certain items were left out of the electronic record, the order would not be filled, delaying time to treatment. It was a team effort to identify and drill down the system issues that impacted the ED sepsis three hour bundle score. The QuEST issue was undertaken by Kristin Jones, BSN, RN, an ENA member who is currently working with the ED Informatics Specialist. Ms. Dunkel focused on the ordering and delivery issues associated with antibiotic delivery and worked with Pharmacist Vivian Wright, RPh to make the ED antibiotic orders for sepsis patients to be a local review and completion.

The sepsis screening at ED triage has made tremendous strides in reducing mortality. The sepsis screening at triage began early 2014 after overcoming the challenges for initiating antibiotic within the three hour time frame. Mortality decreased as bundled adherence increased.
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 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
- Education and Professional Development
- Recruitment-Retention-Recognition
- Clinical Services-Nursing Management
- Advanced Practice Nurses
- Clinical Informatics
- 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.

EDUCATION & 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.

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

CLINICAL SERVICES/NURSING MANAGEMENT COUNCIL

This council organizes and controls resources and 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, Vice President Clinical Support and Ancillary Operations and the Vice President of Cardiovascular Services.

CLINICAL SERVICES/NURSING MANAGEMENT COUNCIL

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.

CLINICAL INFORMATICS COUNCIL

ADVANCED PRACTICE NURSE COUNCIL

This council provides leadership and direction for advanced practice nursing within St. Mary’s Medical Center through leadership, education, research and collaboration, 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 as defined in Section four of the Nursing Excellence Professional Practice Model Bylaws.

ADVANCED PRACTICE NURSE COUNCIL

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, the Administrator for the Hospital for Women & Children, the Vice President of Cardiovascular Services, Vice President for Clinical Support/Ancillary Services, Executive Director Rehabilitation and Community Outreach, the Director of Oncology, Palliative Care and Professional Practice and the Executive Directors of Nursing.

NURSING ALLIANCE ASSEMBLY COUNCIL
EXEMPLARY PROFESSIONAL PRACTICE

Relationship-Based Care® in Action

Relationship-Based Care® (RBC) was officially adopted in 2007 as nursing’s care delivery system, and in 2009 became the care delivery system for St. Mary’s Medical Center. One goal in our FY15 Organizational Strategic Plan was to re-energize and re-educate all associates on Relationship-Based Care®. To prepare instructors for the system wide educational blitz, Sheila Hauck, DNP, RN, OCN, NEA-BC garnered support for 24 associates from across the Health System to attend intensive courses on RBC held by Creative Health Care Management.

This was no small project; however during January - June 2015, over 158 three hour education classes were held for all clinical associates. A 90 minute session was held for all non-clinical associates.

An exemplar of RBC in action occurred up on the Renal Diabetes 6West unit. After falling at home, a 92 year old with multiple co-morbidities was admitted. She lived at home with her sister who was her primary caregiver. The sister reported the patient was experiencing increased confusion and bladder/bowel incontinence over the last two months. She recognized the only safe option for her sister was 24/7 skilled nursing care but did not want to be separated from her sister. She asked if she and her sister could be placed at the same facility. A Palliative Care referral was made and discharge planning began.

Working with the family, Palliative Care nurse, Julie Robards, RN, along with clinical RNs of Renal Diabetes 6West, Social Worker Missy Georgette, MSW, Pastoral Care, Occupational Therapy and Physical Therapy began investigating options as the choice of local skilled care facilities to meet the patient’s needs with attached or nearby assisted living for her sister was limited. After several care team conferences, the team worked with the family to find a facility that would meet the needs of both sisters. After several failed attempts at placement, the sisters were finally placed in the same facility. This truly exemplified Relationship-Based Care® and CARING behaviors for our patients.
Healthcare Heroes

Each fall, Tri-State residents are asked by the Courier & Press to nominate local “Healthcare Heroes.” A panel of local business people gather to select 33 heroes from the nominations that were featured in a special section of the Courier & Press and recognized at an award reception. The only criteria for being designated a healthcare hero was making someone’s life better. Of the 33 award recipients, seven were members of St. Mary’s nursing family. Here are their stories.

Jessica Yenne, RN was named a Healthcare Hero for her care of a patient in the Intensive Care Unit. The nomination came from a family member, who said, “Jessica treated my mother with the most dignity and respect and although my mother was intubated for most of her stay in the ICU, she communicated to my mom very well. Jessica is a true role model and an exceptional nurse.”

St. Mary’s Pediatric Intensive Care Nurses (PICU) were nominated by baby MaKenzee’s family. Their daughter was critically ill in the PICU over many days. The family stated, “Every nurse had a hand in our daughter’s care, and it was only by their cohesiveness and dedication that my daughter survived. Everyone who entered the room knew exactly what needed to be done and acted without hesitation. These nurses functioned with such precision, skill and absolute fortitude.”

Lisa Orth, RN is an excellent Labor and Delivery Nurse, however, it was when she was driving home that she noticed a man lying on the ground and stopped to care for him. The gentleman’s family stated he had been mowing the lawn and was overcome by the heat. Her nursing skills honed in as she began assessing him and dialing 911. She stayed with this man until the paramedics arrived. Lisa’s colleagues described her as “a Healthcare Hero of the highest order.”

Dr. Aaron DeWees and the Newborn Intensive Care Unit (NICU) Staff were recognized as Healthcare Heroes by baby Joshua’s family. He was born premature and spent a month in NICU. His mother stated that Dr. DeWees allowed her to hold him immediately after birth for a few moments before being taken to the NICU. She stated that, “The NICU doctors and nurses become your family. They love, they heal, they comfort. Having a baby in the NICU was the absolute hardest, scariest thing I’ve ever had to deal with, but the team at St. Mary’s is what got us through.”

Rebekah Shinabarger, RN was honored by her patients and colleagues in St. Mary’s Intensive Care Unit. Unfortunately, Rebekah passed away on Christmas Day 2014. Rebekah was described as a very knowledgeable and caring nurse, always being a patient advocate. She was known for her strong Christian values as others described her as “being a vessel to carry out God’s work.” She was a true nursing role model.
EXEMPLARY PROFESSIONAL PRACTICE

Brooke Oldham, RN became an unexpected Healthcare Hero when she helped save three individuals from a burning vehicle after a horrific accident. Brooke was on her way home when she witnessed this accident. Along with another bystander, they helped the individuals who were still trapped in the car. She was described as calm, knowledgeable and very courageous. Brooke stated, “I knew I needed to help them because I would want someone to help me or my family. I knew I had to get everyone to safety.”

Janet Hayden, RN is a nurse working in Cardiopulmonary Rehabilitation and has been instrumental in the success of the new remote care monitoring program, Healthy Connections. She is always a hard and dedicated worker and goes the extra mile to visit patients in the hospital before discharge to connect with them prior to being placed on the remote monitoring program. Janet was described as having a wealth of knowledge and a passion for nursing.
EXEMPLARY PROFESSIONAL PRACTICE

Community Partnerships Improve Care

Within the new Urgent Care at Epworth Crossing, the culmination of a year-long process to improve throughput in our Urgent Care Centers came to fruition. St. Mary’s worked with community partner Toyota System Support Center, a not-for-profit corporation affiliated with Toyota Motor Engineering & Manufacturing North America, Inc. to take a comprehensive view of all the processes within the facility. The experts from Toyota met with the group that included all levels of staff and providers to extensively analyze each process at the new Urgent Care. After each meeting, the staff was charged with what they called “homework,” where they collected data on every process including patient waiting time, registration processes and care processes. They were also charged to identify repetitive role descriptions and functions. The Toyota experts helped them identify repetitive process, clutter at work stations and standardization of roles. Clinical Supervisor Lynn Johnson, BSN, RN, IBCLC, RLC states,

“We learned a new way to look at problem-solving. We [nurses and anyone in the medical field] are experts at creating work arounds, but Toyota helped us to search for the source of a problem and focus on the source, making a point to go and see what was going on even using a stopwatch. It was a new way to look at patient care, and it was eye opening.”

With the help of the Toyota experts, there has been a remarkable change in culture where each member of the Urgent Care team has an important role in shaping the efficiency of patient care processes. Although there have been many measurable changes, specific patient-related change comes in the improvement in registration times for patients and in patient net loyalty scores.
New facility opened and all new processes were operationalized.

Toyota project begins: clarifying needs and identifying registration process (old facility).
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.

Nursing is integral to the Quality Initiatives as cited in the Centers for Medicare and Medicaid Services Core Measures. The intent is to help improve hospitals quality of care by distributing objective, easy to understand data on hospital performance and quality information.

St. Mary’s participates in all the CMS Hospital Quality Initiatives. This report provides empirical outcomes for Acute Myocardial Infarction, Heart Failure, Pneumonia and the Surgical Care Improvement Project.

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.
EXEMPLARY PROFESSIONAL PRACTICE

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 FY15 overall fall rate was 2.67 falls per 1,000 patient days, which is lower than the Ascension Health FY15 average of 2.77.

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 FY15, St. Mary’s facility-acquired pressure ulcer rate was 0.56 per 1,000 patient days, as compared to Ascension Health’s FY15 rate of 0.98. St. Mary’s also conducts a prevalence rate for pressure ulcers. The FY15 St. Mary’s facility acquired pressure ulcer prevalence for quarter one was 1.47% and quarter two was 0.90%, well below our benchmark goal of 3.60%.
Central Line Acquired Bloodstream Infections

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 FY15 rate for adult critical care patients was 1.44 per 1,000 central line days, as compared to the Ascension Health rate 0.87 per 1,000 central line days.

Ventilator Associated Pneumonia

Nurse driven measures are believed to have a significant impact on ventilator associated pneumonia (VAP) rates. A multidisciplinary team including staff nurses and nurse leaders from all critical care units, physicians, respiratory therapists and quality liaisons has worked very hard to improve outcomes for ventilated patients. In FY15, the adult ICU ventilator associated pneumonia rate was 0.86 per 1,000 ventilator days, compared our benchmark goal 1.0. Ascension Health does not currently publish an overall rate.
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 Health’s national perinatal initiatives. Many injuries to the newborn during the birth process are preventable. St. Mary’s FY15 birth trauma rate per 1,000 births was 0.00 as compared to the FY15 Ascension Health rate of 1.09 per 1,000 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.

![Birth Trauma Rate Graph]

- FY 2010: 0.63
- FY 2011: 0.61
- FY 2012: 0.73
- FY 2013: 0.62
- FY 2014: 0.69
- FY 2015: 0.61

SMMC Birth Trauma Rate | AH Average
EXEMPLARY PROFESSIONAL PRACTICE

Nurses Create Partnerships with Patients and Families

The Patient Family Advisory Council (PFAC) was established in March 2014 to partner with community members (former patients and interested family members) who have been recipients of the St. Mary’s Experience at our facility. The goal of the Council is to establish a forum for community participants to offer input, suggestions and opinions about the care and services we provide. As first hand recipients of our facility’s healthcare, we value patient and family input as we strive to improve systems of care within our organization.

The PFAC worked with our Heart Failure Care Transition Team to identify strategies to involve the patient and family in self-care management; to improve medication adherence and discharge education/planning; and to ensure timely follow up care. Involving the PFAC was one way to address processes that focus on the transition from hospital to home, nursing home or home health.

At the September 2014 PFAC meeting, Clinical Informatics Director, Jeanne Braun, MSN, RN, MPSA, NE-BC, was asked to lead a discussion on patient medication administration safety, explanation of the hospital drug formulary, medication reconciliation process and medication education materials/handouts.

A concern of the PFAC was that patients really did not receive adequate and understandable information on medications. It was their input that was taken back to the Patient Education Committee that guided improvement in teaching strategies and the resources made available within QuEST. Immediate action was taken to display common medications and medication side effects in patient rooms. QuEST nurse training was modified to clarify how electronic medical record functions could help nurses in their teaching plans, and additional training on teach-back methodology was offered. The benefit of this partnership helped us be responsive to the needs of our patients at risk for readmission.

Mary Nelson, RN works with a patient and emphasizes medication use and side effects with the help of visual aids.
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 hosts the Quality Summit where innovative performance improvement, evidence-based practice and nursing research projects are showcased.
NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Nursing Research: Missing Nursing Care

STUDY
Comparison of patient perception of nurse communication pre and post implementation of bedside shift report.

BACKGROUND/SIGNIFICANCE OF PROBLEM
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.

RESEARCH QUESTION/HYPOTHESIS
What is the frequency of self-reported missed nursing care in medical surgical nurses?

RESEARCH METHOD
A sample of 168 nurses from four regional hospitals completed the Missed Nursing Care online survey for the relative frequency of 24 missed nursing tasks. This psychometrically sound instrument asks respondents to rate each task from 0 (never missed) to 4 (always missed). The total missed care score and four subscales scores range from 0-4. Frequency and percentages were used to quantify each task. Comparison among unit types was analyzed with analysis of variance.

RESEARCH METHOD
The overall missed care score was 1.6 (SD=.47). Suggesting that of the 24 tasks assessed, most were rarely to occasionally missed. Scores for the four subscales were: assessment tasks- 1.31 (.50), individual need interventions-1.84 (.60); basic need interventions-1.76 (.55) and nurse task planning-1.64 (.47). Three tasks were rated occasionally-frequently missed: ambulation as ordered, medications given within a 30 minute timeframe and mouth care. Three tasks were rated as never to rarely missed: blood glucose as ordered, shift assessment and focused reassessment. There were 20 tasks that were reported occasionally missed.

PRINCIPAL INVESTIGATOR
Rebecca P. Winsett, PhD, RN

CO-INVESTIGATORS
Sheila Hauck, DNP, RN, OCN, NEA-BC
Peggy Hollis, MSN, RN, ACNS-BC
Ruth Metzger, MA, BSN, MBA
Marilyn Ostendorf, DNP, RN
Abby Schmitt, BSN, RN-BC
Susan Seibert, MSN, RN
Christine J Thompson, BSN, RN, BA
Jennifer L. Titzer, DNP, RN, RT(R), RCIS
Debra Wilson, MSN, RN, OCN
NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

DISCUSSION AND IMPLICATIONS

Of the 19 reasons for missing tasks, eight reasons are a result of failed teamwork. For example, lack of response to urgent situations, balancing assignments, perceived lack of support, tension and assistants not communicating about unmet needs, are all types of behaviors that show that unit staff is challenged by working together in solving problems.

From this study, the consequences of missed nursing care on patient outcomes is not clear. However, there is emerging evidence that missed care is associated with nursing turnover, patient falls and nurse satisfaction. The collaborative research group has consulted with a veteran researcher in missed nursing care, Dr. Beatrice Kalisch, PhD, RN, FAAN, and designed and tested a teamwork intervention in eight hospitals to reduce missed care and improve nursing sensitive indicators, as well as improve nurse satisfaction.

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<tr>
<th>MISSED NURSING CARE (MNC) SUBSCALE</th>
<th>MEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSESSMENT</td>
<td>1.31 (.50)</td>
</tr>
<tr>
<td>INDIVIDUAL NEED INTERVENTIONS</td>
<td>1.84 (.60)</td>
</tr>
<tr>
<td>BASIC NEED INTERVENTIONS</td>
<td>1.76 (.55)</td>
</tr>
<tr>
<td>PLANNING</td>
<td>1.64 (.56)</td>
</tr>
<tr>
<td>TOTAL MNC SCORE</td>
<td>1.60 (.47)</td>
</tr>
</tbody>
</table>
NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Nurses Involved with Technology Design/Implementation Reduces Patient Throughput

After the opening of the new Urgent Care Epworth in February 2014, one of the goals was to reduce the time for the patient to see the provider.

PatientTrak is a cloud based patient registration software that was installed for the Imaging and Laboratory Services that were in the same building as the Urgent Care, but had not been planned to be used within Urgent Care. Once the new facility was up and running, it was apparent that an application that could improve the efficiency to track patients would be a tremendous asset. The Urgent Care staff observed how it was used in Imaging Services and thought that it would be a valuable technology to include in Urgent Care. They verbalized that it could improve patient flow and decrease patient wait times; therefore improving the patient experience. Up until implementing PatientTrak, throughput data was collected by hand and not completed until the end of the day.

Urgent Care Clinical Supervisor Lynn Johnson, BSN, RN, IBCLC, RLC and Clinical RN Cameron Presley, RN met with PatientTrak administrator, Audrey Franks to design the system for the Epworth Urgent Care setting. Ms. Johnson and Ms. Presley wanted to break down their current throughput data collection into four separate segments: 1) door to registration; 2) registration to nurse assessment; 3) assessment to provider exam; and 4) provider exam to discharge. They were excited that this real-time data would help them identify patient flow bottlenecks so they could address them immediately.

PatientTrak was operational August 4, 2014 after everyone was trained on how to use its features. During the training, the trainer suggested they could continue to tailor processes, but suggested they use it first and then send her requests. After two weeks of using the system, specific modifications were requested by the clinical nurses and staff. Ms. Johnson sent clinical nurse and staff suggestions to the Ms. Franks, to modify the system. The staff has been very pleased with the reduction in patient throughput. Nurse’s involvement with the design and implementation of PatientTrak has reduced time for patients to see the Urgent Care Epworth provider and improved their experience.

![New Workflow Processes Improve Patient Experience](chart.png)

Prior to external consultants | New process in place
--- | ---
Registration | 47.00 | 16.30
Nurse assessment | 16.60 | 8.25
Patient intake completion | 11.90
NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Improving Communication Between Inpatient and Outpatient Settings

The outpatient Infusion Center provides care for inpatients being discharged to outpatient status for continuation of treatment. To improve the process for the nurses and the experience for the patient, a LEAN analysis examined all the structures and processes involved with discharging a patient from the hospital and admitting them to the outpatient Infusion Center.

Representatives from the hospital and the Infusion Center identified the processes that were valuable and needed for an effective and smooth admission to the Infusion Center. From this LEAN process, a packet was created that contained all the necessary forms to simplify the process for the discharging unit. All forms were added to Forms Fast. Since everything was in place, 32 sets of patient orders have been used to facilitate communication between the inpatient and outpatient services. It was the focused work of nurses improving communication between nurses that has improved the work environment.
NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Nursing Research & Evidence-Based Practice Projects

NURSING RESEARCH FY15

STUDY
A Time Motion Study Before and After Implementation of an Electronic Health Record.

FINDINGS
As expected, there was an initial impact on nursing documentation time in the electronic health record (EHR). By month four, the time in the EHR diminished, although it had not returned to baseline. This may be due to the many additional processes that were added as we moved to a complete EHR vs. the nursing electronic charting system. For example, the process for double checking insulin dosages prior to insulin administration was completely changed with the new EHR. Once familiarity with the new system was accomplished, the insulin verification processes increased by only 13 seconds.

STUDY
Nursing Workflow: Missed Care and Teamwork on Medical Surgical Units

STUDY FINDINGS
A sample of 168 nurses from four regional hospitals completed the Missed Nursing Care online survey for the relative frequency of 24 missed nursing tasks. The overall missed care score was 1.6 (SD = .47) suggesting that of the 24 tasks assessed most were rarely to occasionally missed. Three tasks were rated frequently missed: ambulation as ordered, medications given within a 30 minute timeframe and mouth care. Three tasks were rated as never to rarely missed: blood glucose as ordered, shift assessment and focused reassessment. There were 20 tasks that were reported occasionally missed. Eight of the most common reasons given for missed care tasks were related to lack of teamwork. The collaborative research group has consulted with a veteran researcher in missed nursing care, Dr. Beatrice Kalisch, PhD, RN, FAAN, and designed and tested a teamwork intervention in eight hospitals to reduce missed care and improve nursing sensitive indicators as well as improve nurse satisfaction.

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

Twenty-five units in eight hospitals will test a teamwork intervention to examine the impact on missed nursing care, job satisfaction and nursing sensitive indicators. The study gets underway November 2015.

INVESTIGATORS
Gabriela M Wilson, PhD, MSc
Kevin Valadares, PhD
Jeanne Braun, MSN, RN, MPSA, NE-BC
Casey Logan, BSN, RN, MHA
Emily Hurless, MHA, BS
Chelsey Sechrest, MHA, ATC
Roberta Mitrisin, MHA, BS
Jan Ernest, MSN, RN, NEA-BC

INVESTIGATORS
Rebecca P. Winsett, PhD, RN

CO-INVESTIGATORS
Sheila Hauck, DNP, RN, OCN, NEA-BC
Peggy Hollis, MSN, RN, ACNS-BC
Ruth Metzger, MA, BSN, MBA
Marilyn Ostendorf, DNP, RN
Susan Seibert, MSN, RN
Christine J. Thompson, BSN, RN, BA
Jennifer L. Titzer, DNP, RN, RT(R), RCIS
Debra Wilson, MSN, RN, OCN
NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

STUDY
Evaluation of a New Preceptor Preparation Workshop

The purpose of this program evaluation is to evaluate the effectiveness of a new preceptor preparation curriculum. The curriculum will be implemented in a one-day workshop. Program evaluation is necessary to determine the effectiveness of the curriculum to prepare the preceptors for the preceptor role.

INVESTIGATOR
Sheila Hauck, DNP, RN, OCN, NEA-BC

CO-INVESTIGATORS
Susan Seibert, MSN, RN
Nicholas Rhoades, BSN, RN, CCRN
Krystia Standifer, BSN, RN, PCCN

Nursing Research & Evidence-Based Practice Projects
EVIDENCE-BASED PRACTICE PROJECTS FY15

PROJECT
In Patients Who Will Receive an Atrial Fibrillation Ablation, What Is the Effect of Written Pre and Post Instruction on Patient Satisfaction and Patient Knowledge Compared with Only Verbal Instructions from Physicians?

FINDINGS
The pilot is underway to examine the impact of the educational binder on patient satisfaction.

CHAMPIONS
Brianne Plewke, BSN, RN
Josh Bahr, MS, BA, RN, PCCN

PROJECT
In Ventilator Supported Patients, What Is the Impact on Mechanical vs. Bagged Ventilation on Patient Outcomes?

FINDINGS
A synthesis of the literature found that ventilated patients requiring transport are at risk for multiple physiologic adverse events. Manual ventilation resulted in faster respiratory rate with portable ventilators provided a more consistent ventilation. This information is being presented to the Emergency Department and Critical Care Councils to determine feasibility of using portable ventilators during in patient transport.

CHAMPIONS
Michelle Brandon, BSN, RN, CFRN
Jason Doughty, RN
Patrick Rauscher, BSN, RN, CEN, CFRN, CMTE, C-NPT

PROJECT
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 CAM-S (short modified version of CAM-ICU) is valid with picking up cognitive changes. The CAM-S 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 post-test 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.

CHAMPION
Kim Salee, MSN, RN, AGCNS-BC, CWOCN
NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Nursing Research & Evidence-Based Practice Projects

EVIDENCE-BASED PRACTICE PROJECTS FY15

PROJECT

What Delirium Scale is Sensitive and Specific to Identify ICU Children at Risk for Delirium?

FINDINGS

The pCAM and the CAP-D were both sensitive and specific to identifying delirium in pediatric patients. The Cap-D included a broader age range, thus reflected our patient population. The PICU will pilot the CAP-D.

CHAMPIONS

Brandi Kay, BSN, RN, CCRN
Kendra Scheller, BSN, RN, CPN
Sharyn Townsend, BSN, RN, CPN, TNS
Sandra Holzmeyer, RN, CPN

PROJECT

What Evidence Supports Preceptor Training and Development?

FINDINGS

The literature revealed the efficacy of formal preceptor training programs in acute care hospitals to increase preceptor knowledge of clinical teaching strategies, as well as to increase preceptor confidence in the role of clinical teacher. Preceptor training programs were found to increase recruitment and retention of the preceptors. The preceptor role was also found to affect new graduate nurse retention. Preceptor program content themes identified in the literature were: teaching strategies; critical thinking; evaluation and constructive feedback; conflict management; learning objectives; roles and responsibilities; team building; motivating group dynamics; and generational differences.

CHAMPIONS

Sheila Hauck, DNP, RN, OCN, NEA-BC
Nicholas Rhoades, BSN, RN, CCRN
Krystia Standifer, BSN, RN, PCCN
Susan Seibert, MSN, RN

PROJECT

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 will be used for severely dehydrated patients. Specific markers for hydration success, such as time (and volume if measurable) to first void will be measured.

CHAMPIONS

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 FY15

The FY15 Quality Fair event was held on October 3, 2014 in the Manor Auditorium. There were 29 storyboard presentations representing the full gamet of St. Mary’s Health.

Peoples’ Choice

LAUNDRY DEPARTMENT
LINEN USAGE REDUCTION

Top Process

EMERGENCY DEPARTMENT
SUPPLY SCAN COMPLIANCE

LEFT TO RIGHT
Donna Neufelder, PT, MHA, CPHQ, Executive Director of Quality
Jerold Blackburn, MSN, RN, CEN
Janet Williams, MSN, RN, CEN, CPEN

Top Outcome

ECT DEPARTMENT
CAFFEINE’S ROLE IN ECT

LEFT TO RIGHT
Ann Andersen, RN
Donna Neufelder, PT, MHA, CPHQ, Executive Director of Quality
Dana Hansen, LPN
Jeannie Bilskie, RN-BC
Lynn Jones, BSN, RN-BC
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 centered, 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.

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Quality Fair FY15

Best of Show

EMERGENCY DEPARTMENT
IMPROVING CARE OF THE STROKE PATIENT IN THE EMERGENCY DEPARTMENT

LEFT TO RIGHT
Donna Neufelder, PT, MHA, CPHQ, Executive Director of Quality
Mikaela Ashby, BSN, RN, CEN
Jerold Blackburn, MSN, RN, CEN
Becky Basham, MSN, RN, AGCNS-BC, CEN