



# Nursing Annual Report 2018



St. Joseph Health   
St. Joseph Hospital



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## AN INTRODUCTION FROM OUR CHIEF NURSING OFFICER

Who ever said change was easy? No one. But when change is introduced into a culture that has a strong mission, is driven by excellence and continual improvement, is focused on providing the best care possible for our patients and families, and is always doing the right thing, change can be an opportunity to grow. Look at how we have grown!

While 2018 was a year of many challenges for St. Joseph Hospital, it was equally a year of many tremendous accomplishments for our nurses. High on that list of accomplishments is our Medical Telemetry Unit being presented with the gold-level Beacon Award for Excellence and our Pulmonary Renal team with the silver-level Beacon Award for Excellence by the American Association of Critical Care Nurses. Congratulations to these two exceptional units. As a hospital, our ministry was recognized for leading our health system with the highest Patient Experience scores, finishing in the top decile in the nation. We also achieved outstanding targets in our goals of delivering safe, effective, seamless and compassionate care for 10 consecutive months in 2018. We reduced sepsis mortality, readmissions, infection and harm events, while improving the care experience for patients and families.

Our Nursing Satisfaction scores for 2018 outperformed the national mean in all seven categories (adequacy of resources and staffing, autonomy, fundamentals of quality nursing care, inter-professional collaboration, leadership access and responsiveness, professional development, and RN-to-RN teamwork and collaboration). Our clinical nurses were busy with implementing 28 EBP Quality Improvement projects being implemented as well as fifteen research studies. Ten research studies were completed in 2018 and seven articles were published.

Nursing caregivers kept the lines of communication open through active participation in the Nursing Advisory Council and the Unit Based Council work. Pain range orders were implemented house-wide to improve management of patients' pain. In addition, perinatal safety bundles and quantitative EBL documentation were implemented in Women's Services. They also opened an OB Triage Unit, to improve care at the front end of labor for our mothers and families. The DSU initiated and maintained a no adult brief policy and not only eliminated pressure ulcers in their unit, but saw a sizeable cost reduction as well.

We continue to invest in our people. 16 "Rising Star" nurses completed the 18-month Leadership Development Program to help nurses find their voice and lead, no matter what their position in the organization. Fifteen Foundation sponsored scholarships were awarded to nurses returning to school. Our nurses continue to return to school, with 78 percent now at the BSN level or higher. We are thrilled to see our advanced practice nurse ranks growing as

well, helping us better manage our increasingly ill inpatient and outpatient populations.

St. Joseph Hospital is also blessed with many patients and families who share their stories with us.

Our patients invite us into their lives and we are all changed forever. I remain so grateful to work alongside our exceptional SJO caregivers.

*"From the very first moment, I have received exceptional care. I do not use that word lightly, and I will say that the exceptional care was administered by each and every member of the staff who treated me... I was warmly greeted by your professional nursing team, they knew what I needed - even when I did not. They looked after me with compassion and care. They were professional, personable, patient and funny. They told me what to expect, and each time they asked if I needed anything, they meant it sincerely. Whether during the day or in the middle of the night, they were there for me and with me. They answered all of our questions, and treated my daughters and me with unsurpassed dignity and respect."*

- A GRATEFUL PATIENT



# MISSION

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

# VISION

Health for a better world.

# VALUES

## Compassion

***Jesus taught and healed with compassion for all.***  
**Matthew 4:24**

We reach out to those in need and offer comfort as Jesus did.

We nurture the spiritual, emotional and physical well-being of one another and those we serve.

Through our healing presence, we accompany those who suffer.

## Dignity

***All people have been created in the image of God.***  
**Genesis 1:27**

We value, encourage and celebrate the gifts in one another.

We respect the inherent dignity and worth of every individual.

We recognize each interaction as a sacred encounter.

## Justice

***Act with justice, love with kindness and walk humbly with your God.***

**Micah 6:8**

We foster a culture that promotes unity and reconciliation.

We strive to care wisely for our people, our resources and our earth.

We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

## Excellence

***Whatever you do, work at it with all your heart.***  
**Col 3:23**

We set the highest standards for ourselves and our ministries.

Through transformation and innovation, we strive to improve the health and quality of life in our communities.

We commit to compassionate, safe and reliable practices for the care of all.

## Integrity

***Let us love not merely with words or speech but with actions in truth.***

**1 John 3:18**

We hold ourselves accountable to do the right thing for the right reasons.

We speak truthfully and courageously with generosity and respect.

We pursue authenticity with humility and simplicity.

# PROMISE

“Know me, care for me, ease my way.”

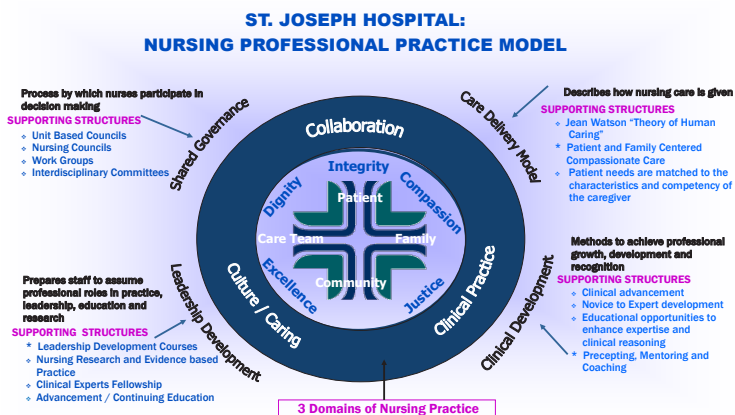


# NURSING PHILOSOPHY

The Philosophy of Nursing at St. Joseph Hospital is rooted in the Mission, Vision and Values of the Sisters of St. Joseph of Orange. It is comprised of the following eight belief statements:

1. Nursing is highly valued for the role it plays. Nurses serve as advocates for patients and families throughout the continuum of care.
2. St. Joseph Hospital fosters an environment that provides continuous learning, professional development and scholarly inquiry.
3. Nursing practice exemplifies excellence through the use of continuous improvement, evidence-based practice, research and innovation to achieve the best possible outcomes for patients.
4. Through our culture of caring, compassion, competence and collaboration, nurses deliver world-class patient and family-centered care to the diverse populations we serve.
5. We are a diverse nursing organization that celebrates our strengths, mentors our novices, recognizes our experts and works collaboratively with all members of the health care team.
6. Nurses are informed, engaged, knowledgeable and accountable for clinical nursing practice decisions.
7. Nursing practice at St. Joseph Hospital is founded in the 10 Caritas Processes of Watson's Human Caring Theory. This philosophy provides the framework that prescribes our transpersonal relationships with our patients, our coworkers and our community.
8. St. Joseph Hospital is recognized in the community as a premier setting for nursing practice. This collaborative, collegial environment sets the standard.

## Professional Practice Model



St. Joseph Hospital's Professional Practice Model is a dynamic process that integrates our core values with several key components and domains of professional practice that guide and support the delivery of patient and family-centered, compassionate care.

# MAGNET® DESIGNATION

## What is Magnet®?

- A designation granted by the American Nurses Credentialing Center (ANCC) for nursing excellence, quality patient care and innovations in nursing practice.
- The nation's highest honor for "Excellence in Nursing" and quality patient care.
- The ANCC Magnet® Recognition Program recognizes health care organizations that provide the very best in nursing care and professionalism in nursing practice. The program also provides a vehicle for disseminating best practices and strategies among nursing systems.

## Our Magnet® Redesignation Process

In May 2016, St. Joseph Hospital was officially re-designated as a Magnet® hospital for nursing excellence by the American Nurses Credentialing Center. This marks the third consecutive Magnet® designation for St. Joseph Hospital. What an amazing and well-deserved accomplishment!

Magnet® designation is awarded to health care organizations for meeting high standards in quality patient care and innovations in nursing professional practice. SJO nurses continually set the bar high and strive to be leaders in the nursing field. They also go above and beyond each day to help us carry on the Mission, Vision and Values of the Sisters of Providence St. Joseph Hospital. The ANCC commended our nurses for their evidence-based practice, research and commitment to creating the healthiest communities. Through their dedication and collaboration with others, SJO nurses pave the way in nursing excellence.

We are writing and continue to collect evidence for our fourth designation, which began in June 2016 and will end December, 2019. This required data shows how we exemplify the five components of the Magnet® Model. The evidence will be submitted in June, 2020.

## Average Magnet® Hospital Characteristics

Average Magnet® Hospital Characteristics	2014 SJO	2015 SJO	2016 SJO	2017 SJO	2018 SJO	Magnet Hospitals Average Feb. 2018
Clinical Nurse Turnover percent	6%	10%	7.3%	7.0%	13%	<b>11.58%</b>
Average Length of Employment of RN's (Years)	11	11	12	12.16	11.86	<b>10.09</b>
Percentage of RN decision makers with Graduate Degrees	48%	52%	50%	68%	73%	<b>53.02%</b>
Percentage of RN decision makers Certified by a nationally recognized organization	92%	94%	97%	97.5%	95%	<b>57.92%</b>
Percentage of clinical nurses Certified by a nationally recognized organization	49%	44%	45%	51%	44%	<b>38.22%</b>
<b>Clinical Nurse (other than APN) Education</b>						
Associate degree, nursing:	38%	35%	27%	29%	19%	<b>22.57%</b>
Diploma:	5%	4%	3%	2%	1%	<b>4.21%</b>
Bachelor/University degree, nursing:	51%	54%	62%	60%	64%	<b>68.64%</b>
Master/Graduate degree, nursing:	6%	7%	8%	9%	14%	<b>4.58%</b>

# TRANSFORMATIONAL LEADERSHIP

Today's health care environment requires a new way of thinking. St. Joseph Hospital nurses are empowered to think outside the box and drive transformational change. As a result, St. Joseph Hospital remains strong and well positioned for the future.

## Nursing Strategic Plan

The Nursing Strategic Plan spans Fiscal Years 2018–2020. The plan supports St. Joseph Hospital's overall strategic plan and flows directly from the following three goals:

- Transforming our future
- Strengthening the core
- Community health partners

The Nursing Strategic Plan provided the framework for continuous improvement by developing new ways of thinking and delivering care. By blending the art and science of the nursing professional body of knowledge with a transformational leadership style, the plan focused on the best possible outcomes for patients.

In an effort to educate nursing staff on the components within the Nursing Strategic Plan, the RN Guide to the Nursing Strategic Plan was developed. This guide identified the hospital's three outcome goals and was designed as a report card for staff nurses to assess their individual contributions toward meeting the goals.

## Leadership Development Program

St. Joseph Hospital's Leadership Development Program utilizes the Essentials of Nurse Manager Orientation (ENMO) developed by the American Association of Critical Care Nurses and the Association of Nurse Executives.

- Cohorts of new leaders are engaged in the 18-month program, which integrates the web-based ENMO curriculum with coaching and mentoring group meetings led by nursing directors.
- Each participant benefits from participation in the expert coaching and peer mentoring as evidenced by the project presentations at the end of the program.

## 2018 Essentials of Nurse Management Orientation (ENMO) Coaches and Participants

Current ENMO cohorts started in March 2017 and completed in September 2018.

### Coaches:

- Rob Garcia, MSN, RN, CMSRN
- Susan Parke, DNP, RN, CIC
- Christine Phipps, BSN, MBA, RN, CNOR

### Participants:

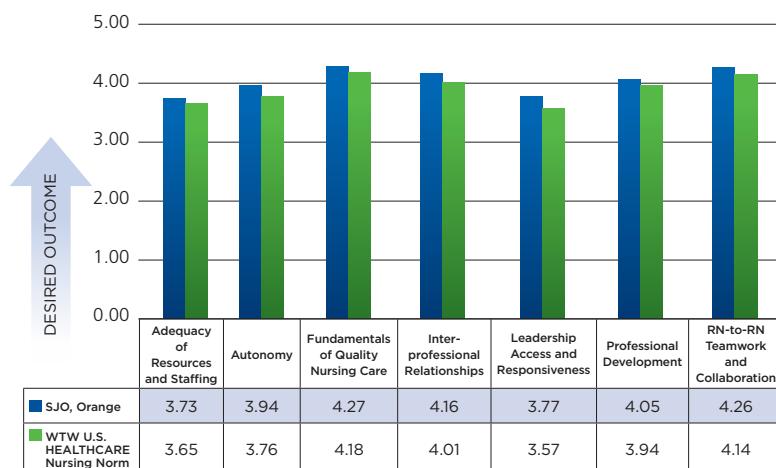
- Norina Aquino, BSN, RN, PCCN, Clinical Coordinator, Pulmonary Renal, *Meaningful Recognition*
- Denise Boyd, MSN, RN, OCN, Manager, Infusion and Oncology, *Identifying Sepsis in an Outpatient Setting*

- Mandy Cosio, BSN, RN, ONC, Clinical Coordinator, Orthopedics, *There is no "I" in TEAM*
- SangSun Lee, MSN, RN, CAPA, Charge Nurse, Main Pre-Op, *Enhancing Orientation Process: Tools for Success*
- Francis Nuquid, BSN, RN, CDN, Clinical Nurse III, Renal Center, *Long Term Catheter Project*
- Anabelle Santillana, MSN, RN, CMSRN, Clinical Coordinator, Observation Unit, *Patient Flow and Affordability Pilot*
- Liberty Luriz, BSN, RN-BC, PMH, Clinical Coordinator, Behavioral Health Services, *Aggressive Patient Management Process*
- Connie Landayan, BSN, RN, CMSRN, Clinical Nurse III, General Surgery, *Replacement of a Suprapubic Catheter*
- Khue Petelo, BSN, RN, PCCN, Clinical Nurse III, Definitive Step-Down Unit, *Communication about Medication*
- Diana Quing, MSN, RN, CNOR, Clinical Nurse III, Main OR, *Implementation of Wireless Communication Device for Closed-Loop*
- Tara Robinson, BSN, RN, OCN, Clinical Coordinator, Nursing Support / Nursing Float Pool, *Connecting and Engaging New Grad Nurses in the Float Pool*
- Andrea Toledo, BSN, RNC-OB, Clinical Coordinator, L & D / Antepartum / OB Triage, *Improved Triton Usage*
- Jennifer Alderson, BSN, RN, SCRNP, Clinical Nurse III, Medical Telemetry, *Healthcare Acquired Pneumonia Prevention Initiative: The Importance of Oral Care*
- Katrina Munoz, BSN, RNC-MNN, Clinical Nurse II, Mother Baby Unit, *The Impact of Mental Health and Substance Abuse in Women's Services*
- David Ochoa, BSN, RN, CMSRN, Clinical Nurse II, Float Pool, *Facilitating the Discharge Process*
- Julie Paine, BSN, RN, CEN, Clinical Coordinator Emergency Care Center, *Implementation of I-STAT Troponin Point-of-Care Testing in the ECC*

# NURSING ENGAGEMENT

Results from the 2018 Willis Towers Watson (WTW) Employee Engagement survey responses are represented in the table below. St. Joseph Hospital outperformed in all seven categories compared to the national benchmark.

## St. Joseph Hospital Nurse Satisfaction





# STRUCTURAL EMPOWERMENT

## 2018 Nursing Awards and Recognition

Recognition of nurses at all levels is a key component of the culture of excellence at St. Joseph Hospital. Nurses find ways to celebrate and honor the contributions they make every day to patients, their families and the health care community. Recognition promotes empowerment, involvement and continuous improvement. The following nurses received local, state and national recognition.

### 2018 Nurse Week Awards

#### Nursing Assistant Excellence Award

- Paul Datu – General Surgery
- Tim Clark – CVIL
- Nicole Wypychowski – Oncology

#### Nursing Excellence Award

- Alanna Bretzman, BSN, RN CN II – General Surgery

#### Exemplary Professional Practice Award

- Chelsea Andreoni, BSN, RN, CN II – Oncology
- Diane Upton, MSN, RNC-OB, Clinical Coordinator – Labor & Delivery

#### Structural Improvement Award

- Carol Suchy, MSN, RN, IBLCLC, Nurse Manager – Mother Baby Unit
- Rebecca Mauzey, BSN, RN, CCRN, CN IV, MICU

#### New Knowledge and Innovation Award

- Belinda Leos, MSN, RN, CEN, CN III – Emergency Care Center

#### Transformational Leadership Award

- Sue Duncan, MSN, RNC-OB, C-EFM Nurse Manager Out-Patient Perinatal Services
- Denise Boyd, MSN, RN, ONC, Nurse Manager Oncology

#### Recognitions

1. **Karen Gonzales, BSN, RN, PCCN, CN III, Joan Aquino BSN, RN, CCRN, CN IV and Thaddeus Love AD, RN, CN II from DSU.** AACN First Place Nursing Research Award. National Teaching Institute and Critical Care Exposition May 2018. Podium and Poster presentation. “Clinical Institute Withdrawal Assessment Implementation Improving Alcohol Dependent Patient Care”.
2. **Tiffani Natalini-Whitmore, MSN, RN, PCCN, CN II, Medical Telemetry** Recipient of AACN, National Teaching Institute Scholarship for full attendance at annual conference.
3. **Beacon Gold Award:** Medical Telemetry Unit, Recognized at National Teaching Institute and Critical Care Exposition May 2018
4. **Louise Hummel, MSN, RN, CEN, Clinical Education** Lead Editor for ENA 5th Edition “Certification in Certified Emergency Nursing”.

5. **Beacon Silver Award:** Pulmonary Renal Unit, will be recognized at National Teaching Institute and Critical Care Exposition May 2019

#### 6. 2018 Living Our Values Award recipients

- Compassion - **Elaine Go, MSN, FNP, CNN,** Kidney Dialysis Center
- Excellence - **Adriana Velez, MSN, RN, PCCN,** Medical Telemetry Unit

### 2018 Foundation Sponsored Scholarship

#### Madeline Colette Seeds

- Elaine Cervantes, BSN, RN, CCRN, Medical Intensive Care Unit – UCLA School of Nursing, MSN - Acute Care Nurse Practitioner
- Ray Anne Chung, BSN, RN, CCRN, Medical Intensive Care Unit – California State University, Long Beach, Adult Gerontology Nurse Practitioner

#### Thomas Dorsey

- David Share, AD, RN, Cardio-Vascular Interventional Lab – Western Governors University, BSN

#### Rina Santora

- Summer Cortinas, AD, RN, VA-BC, Cardio-Vascular Interventional Lab – Vanguard University, BSN

#### Alice Paone

- Kristina Gadacz, AD, RN, Mother Baby Unit – University Texas, Arlington, BSN
- Lilaine Natividad, AD, RNC-MNN, Mother Baby Unit – Chamberlain University, BSN
- Tatiana Alexander AD, RN, IBLCLC, Mother Baby Unit – West Coast University, BSN
- Carolina De Mendoza, Unit Secretary, Sweet Beginnings – Santa Ana College, Associate Nursing
- Jeri Rohrer, Nurse Assistant, Mother Baby Unit – Cypress College, Associate Nursing

#### Sister Francis Dunn

- Chelsea Lannoo, AD, RN, Medical Telemetry – California State University, Fullerton, BSN
- Tiffany Stice, BSN, RN, Labor & Delivery – California State University, Fullerton, MSN-Nurse Practitioner/Nurse Midwife

#### Irene Morris Miller

- Carly Olson, AD, RN, Medical Intensive Care Unit – University of Texas Arlington, BSN

#### Steve Moreau

- Sandra Orellana, MSN, RN, PCCN, Clinical Education – Medical Mission to El Feurte Mexico

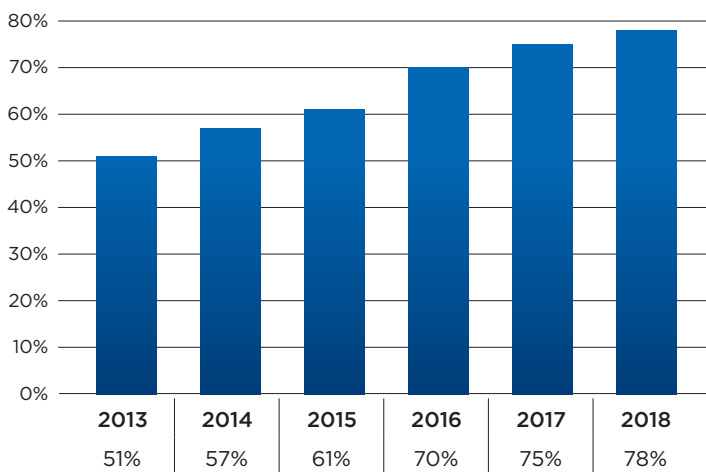
#### Dominick Gentile

- Jennifer Cicu, Unit Secretary, Renal Center – Cypress College, Associate RN

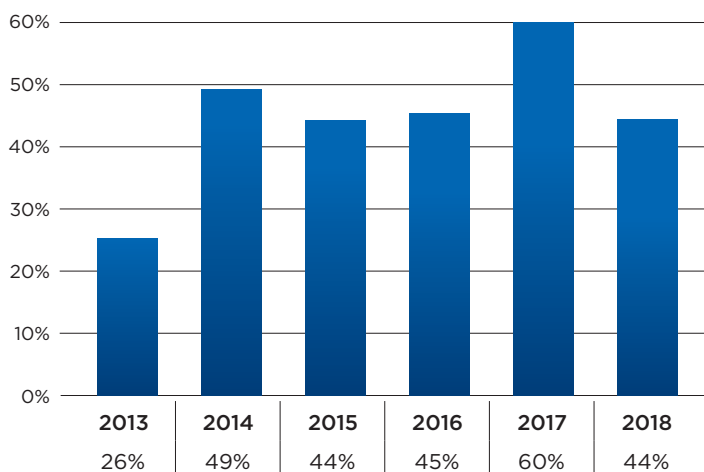
#### Larry Ainsworth

- Cecille Lamorena, RN, BSN, CCRN, Medical Intensive Care Unit – University of Colorado College of Nursing, Post graduate Doctorate in Nursing Practice Leadership and Health Care Systems

## St. Joseph Hospital RNs with a BSN and Above (2013-2018)



## St. Joseph Hospital Percent Eligible Nurse Certification (2013-2018)



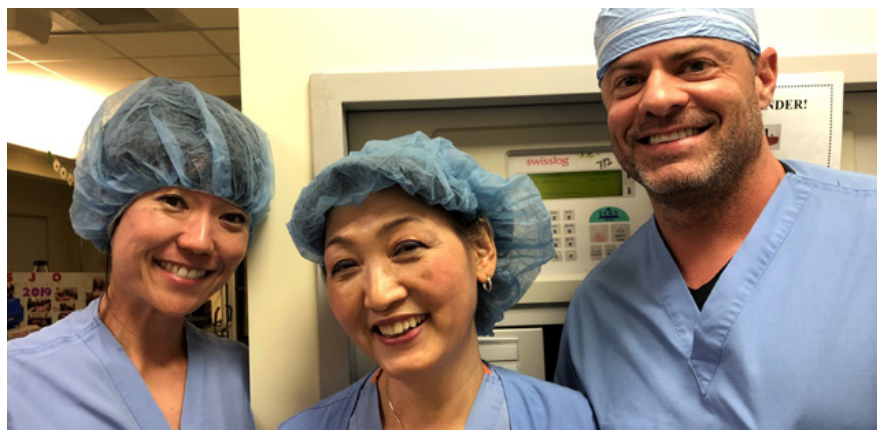
## 2018 Nursing Council and Work Groups Accomplishments

Council/ Work Group	Accomplishments
Nursing Advisory Council	<ol style="list-style-type: none"> <li>1. Standardized vacation request process and implemented unit guidelines.</li> <li>2. Alternative Work Schedule (AWS) reviewed pros &amp; cons and developed education &amp; training recommendations for caregivers.</li> <li>3. Unit Based Councils shared activities and learned best practices across the hospital.</li> </ol>
Clinical Development Council	<ol style="list-style-type: none"> <li>1. Six new clinical nurse III.</li> <li>2. Beginning to redesign the clinical advancement from performance to a point-based eligibility process.</li> </ol>
Nursing Research Council	<ol style="list-style-type: none"> <li>1. Completed 8 Nursing Research Studies, 13 are in progress.</li> <li>2. Evidence Based Practice projects 28 in progress.</li> <li>3. Published 7 articles; 1-book and 2 articles are in press.</li> </ol>
Clinical Policy & Procedures	<ol style="list-style-type: none"> <li>1. Updated policy review process for triennial review to pro-actively notify policy owners in advance to review/revise policies.</li> <li>2. Educated caregivers on use of Table of Evidence submission as appropriate.</li> <li>3. Standardized approval process by converting to excel allowing for improved management of information.</li> </ol>
Nursing Communication	<ol style="list-style-type: none"> <li>1. Increased viewer audience resulting in significant increase in readership data.</li> <li>2. Explored additional nursing related topics, such as philanthropy, to increase exposure and content.</li> <li>3. Highlighted and acknowledged nursing accomplishments and celebrations at every level as well as shared opportunities for participation.</li> </ol>
Falls	<ol style="list-style-type: none"> <li>1. Updated Falls Assessment and Interventions policy and educated caregivers with photos, flyers and reminders.</li> <li>2. Created post-fall intervention audit to ensure compliance to policy.</li> <li>3. Began chair/bed/toilet alarm pilot on Orthopedic unit to increase response time to patients attempting ambulation in an effort to prevent falls.</li> </ol>
Pain	<ol style="list-style-type: none"> <li>1. Implemented Pain Range Order set hospital-wide and educated nursing and providers how to use the order set.</li> <li>2. Improved patient satisfaction regarding pain medication, therapeutic and non-therapeutic treatment.</li> <li>3. Revised pain audit process by editing the tool for ease &amp; efficiency.</li> <li>4. Implemented caregiver education on how to talk with patients regarding pain, treatment.</li> </ol>
Perinatal Safety	<ol style="list-style-type: none"> <li>1. Revised qualitative blood loss documentation.</li> <li>2. Implementing CMQCC safety bundles.</li> <li>3. Severe range blood pressure management improvements included education to MBU RNs and availability of order set.</li> <li>4. Developed and approved algorithms for use in the OB triage unit.</li> </ol>
Skin	<ol style="list-style-type: none"> <li>1. DSU skin members initiated and maintained a No adult brief and decrease in the use of linen to prevent pressure ulcers.</li> <li>2. Educated caregivers on tips for Purewick use.</li> <li>3. Implemented physician notification system using Perfect serve to notify MD's of any pressure injury.</li> </ol>
Informatics	<ol style="list-style-type: none"> <li>1. Collaborated with Skin work group to review documentation on prevention and treatment of skin care via entering correct order sets.</li> <li>2. Partnered with inpatient nurse managers to improve appropriate use of skin care order set utilization and provide data from Clinical Informatics to managers and skin care team.</li> <li>3. Initiating skin care orders improved by 30% and initializing prevention order sets by 18% in past 12 months.</li> </ol>



## 2018 Nursing Council and Work Groups Accomplishments *(cont'd)*

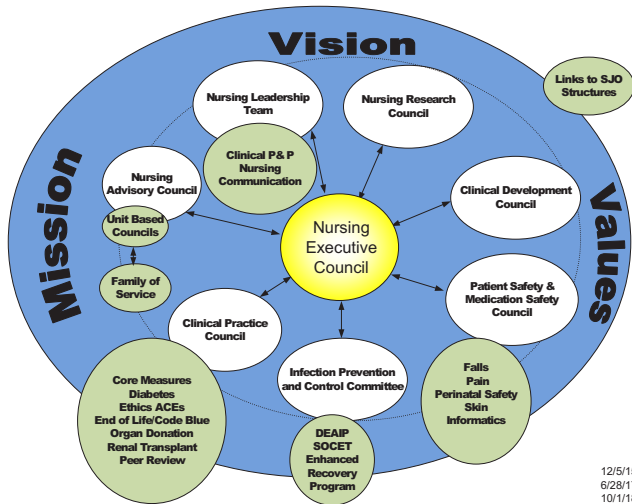
Council/ Work Group	Accomplishments
Recovery Enhancement	<ol style="list-style-type: none"> <li>1. Spread Enhanced Recovery protocol to General Surgery.</li> <li>2. Started offering Pre-hab classes to educate Colorectal and General Surgery patients.</li> <li>3. Increased saline locks on post-op day #1 from 11% to 78%.</li> </ol>
Code Blue End of Life	<ol style="list-style-type: none"> <li>1. Code Blue and End of Life committees merged to become Code Blue/End of Life.</li> <li>2. Education to caregivers on roles of code blue first responders to streamline the process and decrease caregiver stress during a code.</li> <li>3. Installed Advanced Care Planning Decision videos icon on Orchid Rounding iPad and on the Interpreter iPads to provide education to patients and families in regards to end of life, diagnoses, etc.</li> </ol>
Core Measure: CHF	<ol style="list-style-type: none"> <li>1. Heart Failure Teach-Back intervention added to System-wide Standard of Care for Meditech.</li> <li>2. Established final version of Heart Failure Standard Work and Discharge Checklist for House-wide implementation that includes automatic referral of HF patients to the HF Clinic.</li> </ol>
Core Measure: Stroke	<ol style="list-style-type: none"> <li>1. On May 14, 2018, SJO became the second hospital in the United States and first in California to partner with the AHA for new stroke educational campaign called the F.A.S.T. Duck program. 1,823 individuals trained through this program.</li> <li>2. Brain Bytes monthly newsletter initiated in July for caregiver education.</li> <li>3. Implemented Code Stroke drills utilizing simulation.</li> </ol>
Core Measure: Pneumonia / Sepsis / Transfusion Safety	<ol style="list-style-type: none"> <li>1. Caregiver education provided on recognizing early signs and symptoms of a transfusion reaction.</li> <li>2. House-wide education for Meditech Blood Order / 'Transfuse Order'.</li> <li>3. Electronic cross match implemented in October 2018.</li> </ol>
Diabetes	<ol style="list-style-type: none"> <li>1. Provided educational activities to caregivers and visitors during National Diabetes Awareness Month.</li> <li>2. Inpatient update on the Insulin Pump assessment prior to Meditech changes.</li> </ol>
Ethics ACEs	<ol style="list-style-type: none"> <li>1. Provided educational offerings for committee members regarding ethics.</li> <li>2. Provided a forum for nurses and caregivers to discuss ethical situations encountered.</li> </ol>
Peer Review	<ol style="list-style-type: none"> <li>1. Leaving AMA process reviewed, updated policy and created an algorithm.</li> <li>2. Blood Transfusion Reaction process reviewed and revised with updated blood bank communication tools and education provided for nursing staff</li> </ol>
Cardio-Vascular	<ol style="list-style-type: none"> <li>1. Implemented TAVR nursing education series.</li> <li>2. Developed a worksheet for caregivers for the Cardiogenic Shock Initiative registry.</li> <li>3. Updated the Abiomed Impella Ventricular Assist Device policy, which also now includes new devices.</li> </ol>
Organ Donation	<ol style="list-style-type: none"> <li>1. Educated physicians on using the electronic brain death note in Meditech.</li> <li>2. Administrative consent language for the "unbefriended patient" who meets organ donation criteria agreed upon and policy updated.</li> <li>3. Brain death clinical triggers are being used and we have been 100% compliant in calling One Legacy for all patients meeting criteria.</li> </ol>
Renal Transplant	<ol style="list-style-type: none"> <li>1. Supported annual Donate Life Run/Walk event to promote organ and tissue donation with a team of 65 participants from SJO.</li> <li>2. Initiated case study presentations of recent transplant patients at each council meeting.</li> </ol>
Device and Environment Associated Infection	<ol style="list-style-type: none"> <li>1. The Environmental Clinical Excellent Team was joined with the Device-Associated Infection Prevention Clinical Excellence Team in 2018.</li> <li>2. Met goal of 48 C. diff hospital acquired infections, which is a 25% reduction from 2017.</li> <li>3. Implemented 'Foley Time Out'</li> </ol>
Surgical Care	<ol style="list-style-type: none"> <li>1. Changed OR processes around traffic, sterile technique, surgical attire, and patient warming in the 3rd Quarter of 2018 and had a 100% reduction in spine infections.</li> <li>2. Created a new interactive Tableau Report to help drill down surgical site infections.</li> <li>3. Lowered readmission rates for hip, knee and CABG surgery.</li> </ol>



## Nursing Shared Governance Structure

In October 2018, based on clinical nurse feedback and organizational changes, the following updates were made:

- Combined End of Life and Code Blue Work Groups to function as one.
- Combined Device Associated Infection Prevention and Environment Associated Work Groups to function as one.
- Moved the reporting structure of Enhanced Recovery Work Group from the Patient Safety & Medication Safety Council to the Infection Prevention and Control to align with organizational initiatives and work group goals.



## EXEMPLARY PROFESSIONAL PRACTICE

At St. Joseph Hospital, we're committed to offering Excellent Care to each patient we serve. To achieve Excellent Care, we work hard to improve existing processes and create new processes based on evidence-based practice. As a result, we have achieved patient outcomes that are among the best in the nation.

### Nursing-Sensitive Indicators: Inpatient Units and Ambulatory Care

Nursing-sensitive indicators reflect the structure, processes and outcomes of nursing care. The nursing-sensitive indicators reported include the following:

#### Inpatient Indicators

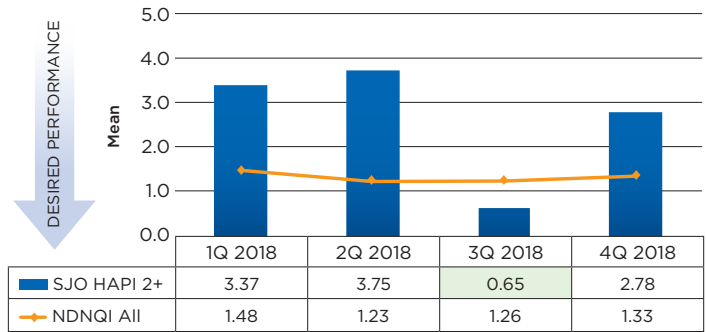
- Hospital Acquired Pressure Injury Category 2 and Above
- Patient Falls with Injury
- Catheter Associated Urinary Tract Infections
- Central Line Associated Blood Stream Infections

#### Ambulatory Indicators

- CT Contrast Reactions
- Chronic Dialysis Adequacy

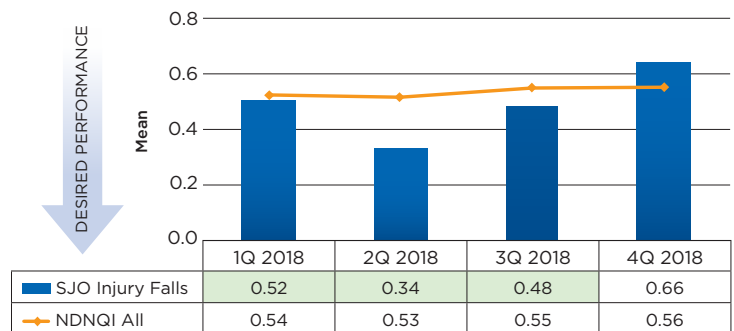
## Inpatient Indicators

### Hospital Acquired Pressure Injury Category II+



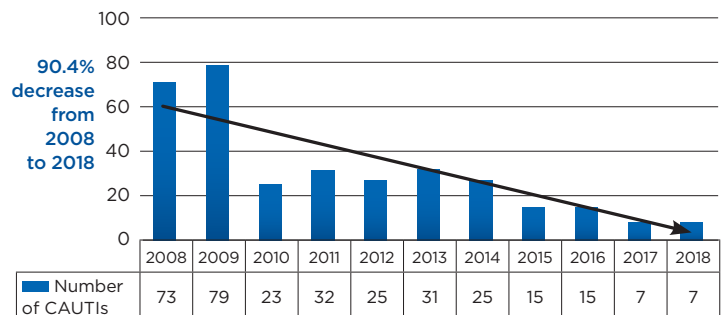
NDNQI = National Database for Nursing Quality Indicators

### Patient Falls with Injury

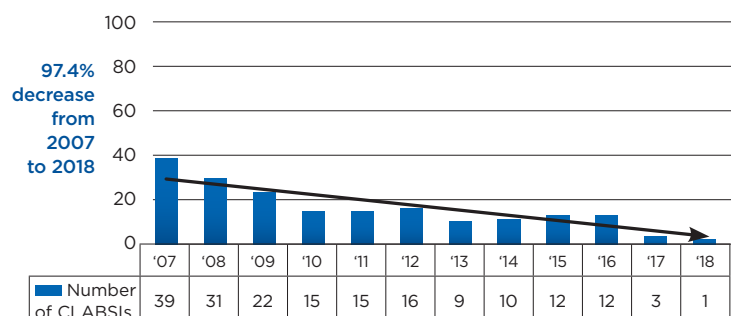


NDNQI = National Database for Nursing Quality Indicators

### Catheter Associated Urinary Tract Infections (CAUTI)

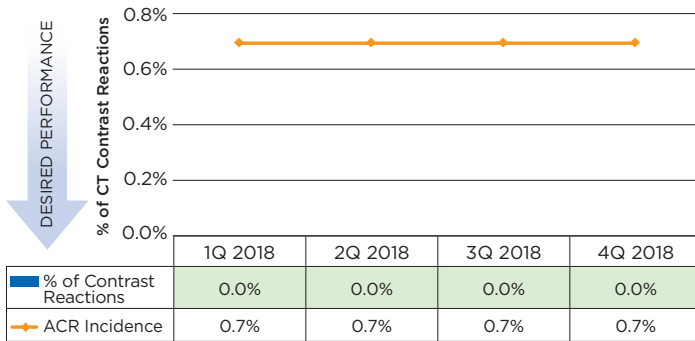


### Central Line Associated Blood Stream Infections (CLABSI)



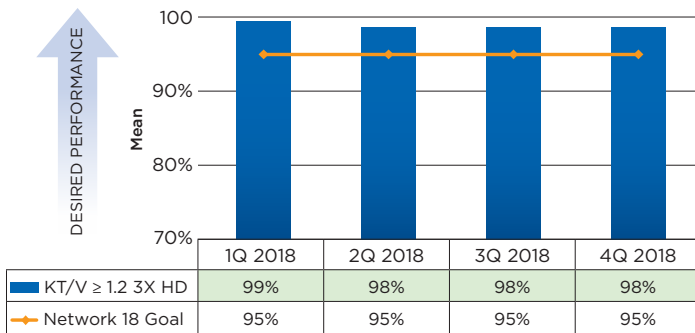
## Ambulatory Indicators

### CT Contrast Reactions



ACR = American College of Radiology Manual on Contrast Media, Version 10.3, 2017

### Chronic Dialysis Adequacy



## Patient Satisfaction

St. Joseph Hospital uses Press Ganey for tracking and evaluating the patient experience. The hospital also participates in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a public reporting tool that assesses major areas of hospital performance to support consumer choice. This survey was developed by the Centers for Medicare and Medicaid Services (CMS) and measures patients' perspectives on the care they receive at hospitals.

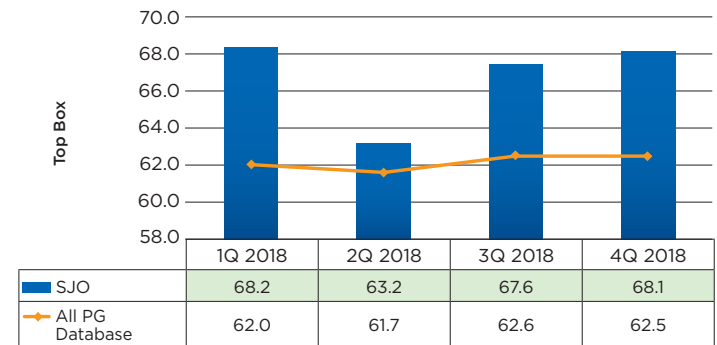
Patient satisfaction with nursing is compared to our Press Ganey benchmark for questions related to the following:

- Pain
- Patient Education
- Careful listening
- Courtesy and Respect

Overall patient satisfaction results are displayed quarterly for calendar year 2018.

## Pain - Inpatient

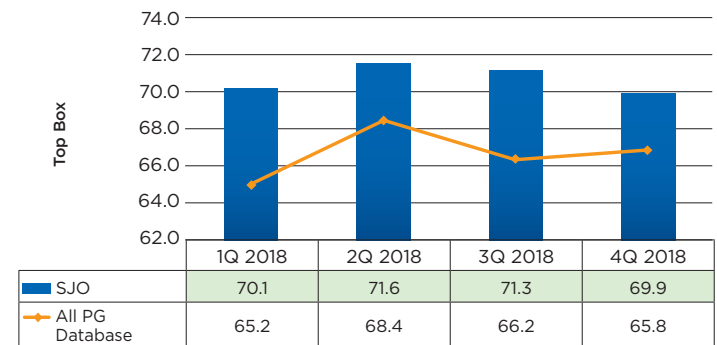
Q. How well was your pain controlled



PG = Press Ganey Associates, Inc.

## Patient Education - Inpatient

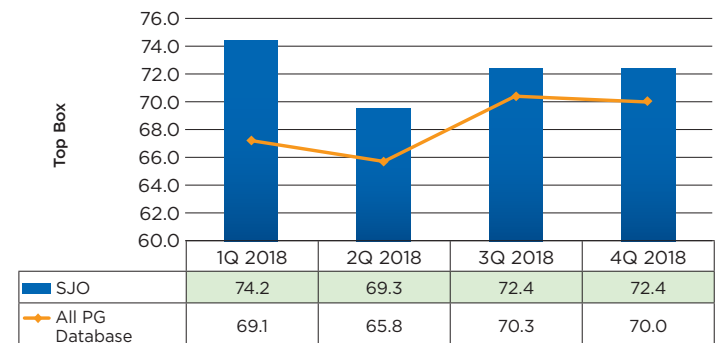
Q. Instructions care at home



PG = Press Ganey Associates, Inc.

## Careful Listening - Inpatient

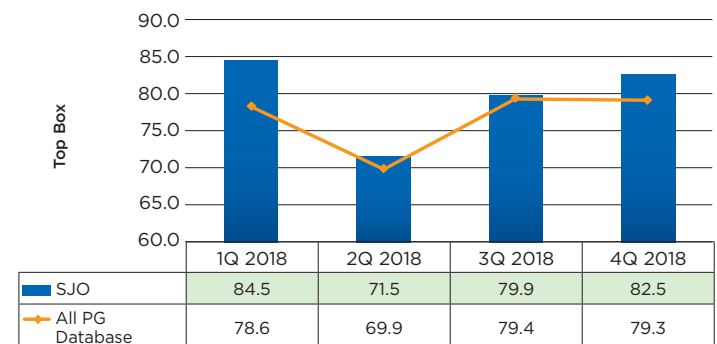
Q. Attention to special/person needs



PG = Press Ganey Associates, Inc.

## Courtesy and Respect - Inpatient

Q. Friendliness/courtesy of nurses

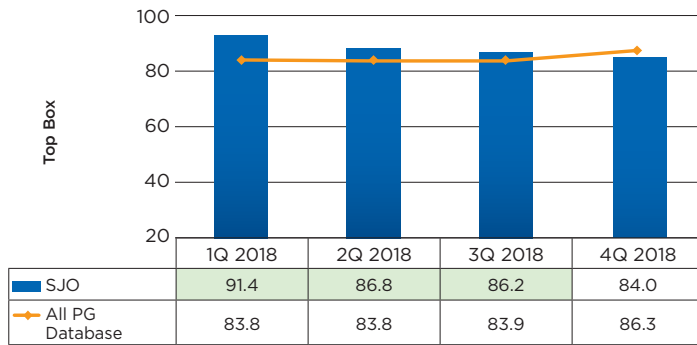


PG = Press Ganey Associates, Inc.



### Pain - Ambulatory

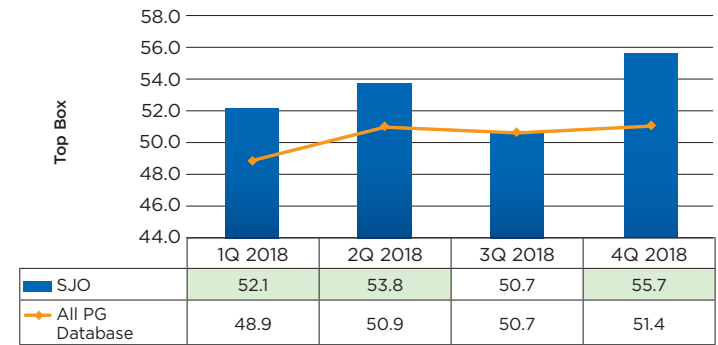
Q. Nurses concern for comfort



PG = Press Ganey Associates, Inc.

### Pain - Emergency

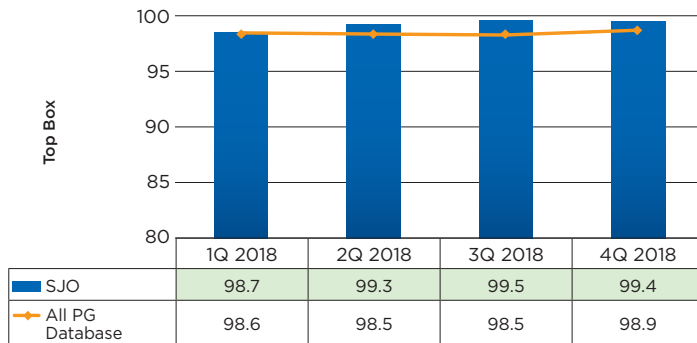
Q. How well was pain controlled



PG = Press Ganey Associates, Inc.

### Patient Education - Ambulatory

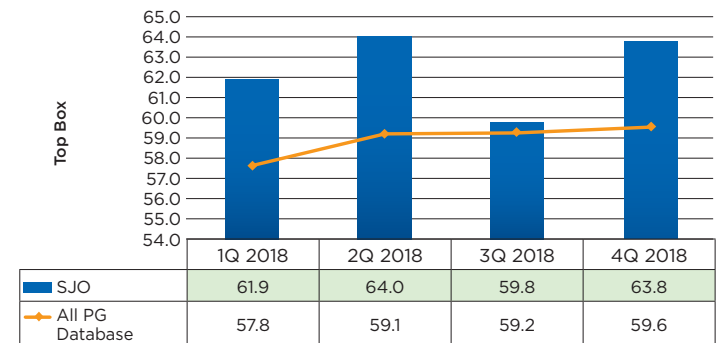
Q. Info on response to infection



PG = Press Ganey Associates, Inc.

### Patient Education - Emergency

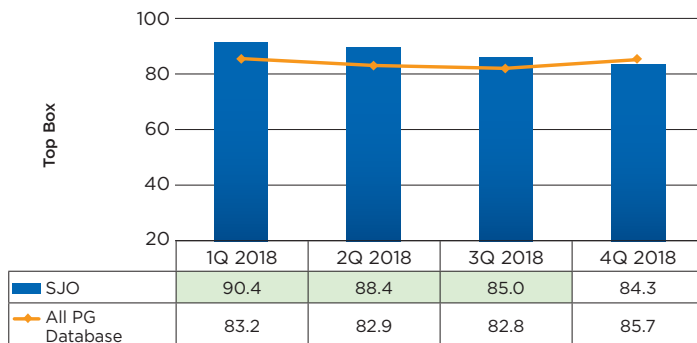
Q. Information about home care



PG = Press Ganey Associates, Inc.

### Careful Listening - Ambulatory

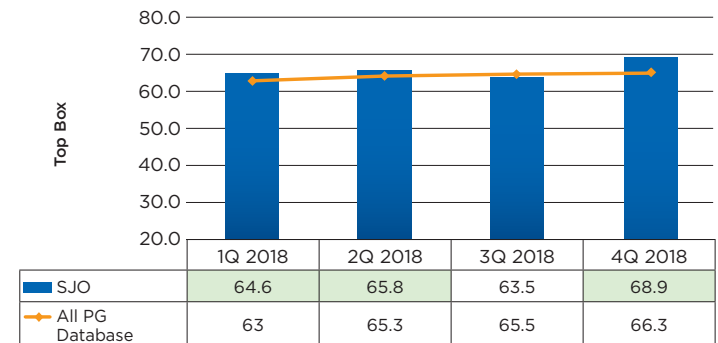
Q. Nurses response to questions



PG = Press Ganey Associates, Inc.

### Careful Listening - Emergency

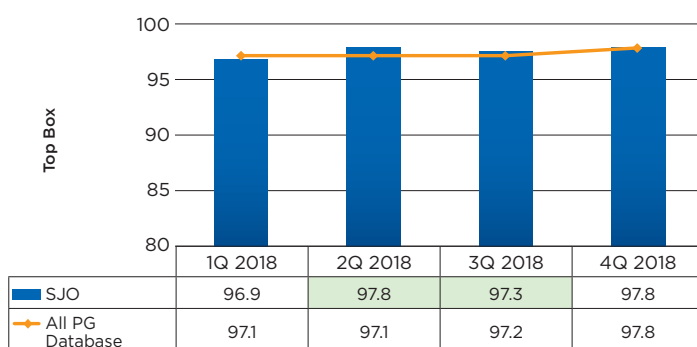
Q. Nurse took time to listen



PG = Press Ganey Associates, Inc.

### Courtesy and Respect - Ambulatory

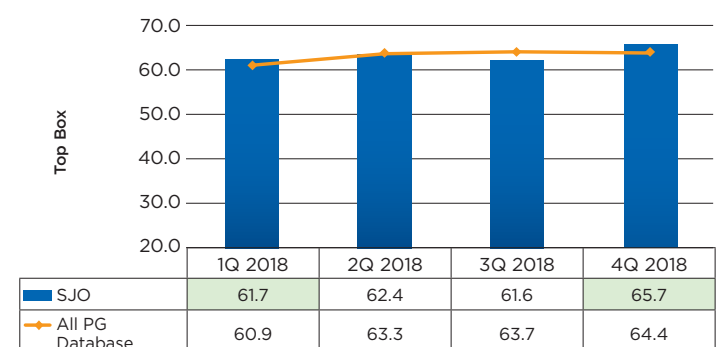
Q. Staff treat w/courtesy, respect



PG = Press Ganey Associates, Inc.

### Courtesy and Respect - Emergency

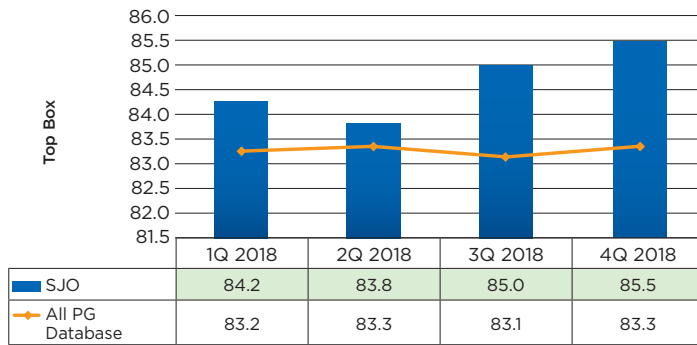
Q. Nurses' concern for privacy



PG = Press Ganey Associates, Inc.

**Pain - Outpatient Services**

Q. Staff concern for comfort

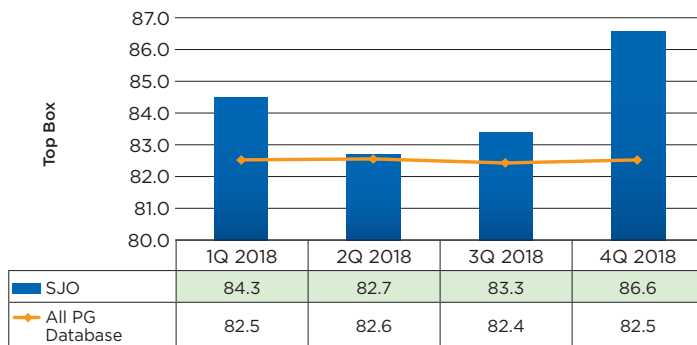


PG = Press Ganey Associates, Inc.



**Patient Education - Outpatient Services**

Q. Explanations given by staff

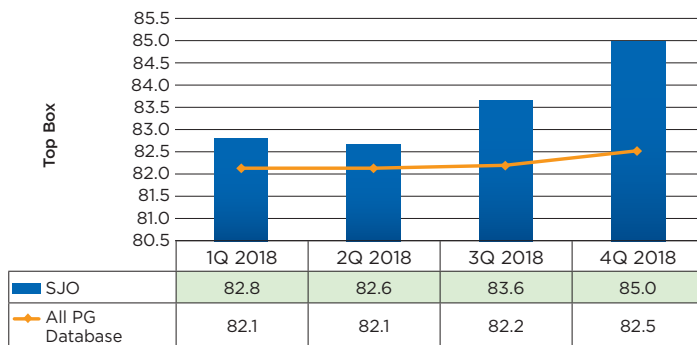


PG = Press Ganey Associates, Inc.



**Careful Listening - Outpatient Services**

Q. Staff's concern/questions worries

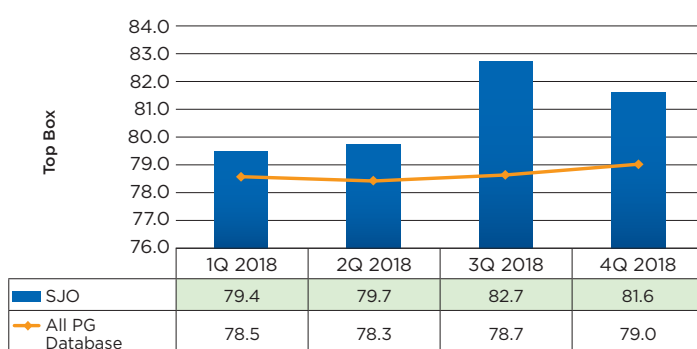


PG = Press Ganey Associates, Inc.



**Courtesy and Respect - Outpatient Services**

Q. Our concern for privacy



PG = Press Ganey Associates, Inc.

# NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Through research and application of evidence, the division of nursing continues to make outstanding progress toward improving patient care, enhancing patient outcomes and improving patient experiences.

## 2017 Nursing Poster and Podium Presentations

	Date	Location	Conference Title	Poster or Podium	Title of Presentation	Presented by:
1	Feb 2018	Monterey, CA	2016 Emergency Nurses Association Conference	Podium	Are EDs the Best Place to Care for Psychiatric Patients in Crisis?	Jeannine Loucks MSN, RN-BC, PMH
2	Feb 2018	Monterey, CA	ACNL 40 <sup>th</sup> Annual Program	Poster	Caritas Education: Theory to Practice	Kim Rossillo MSN, RN, PCCN-K
3	Feb 2018	Monterey, CA	ACNL 40 <sup>th</sup> Annual Program	Poster	Code Compassion: Care for the Caregiver	Gemma Seidl MSN, RN
4	Feb 2018	Monterey, CA	ACNL 40 <sup>th</sup> Annual Program	Podium	Wait I'm not a Psych Nurse: Managing Psychiatric Emergencies in your Hospital	Jeannine Loucks MSN, RN-BC
5	March 2018	Los Angeles, CA	5 <sup>th</sup> National Nursing Ethics Conference	Poster	Code Compassion: Care for the Caregiver	Kim Rossillo MSN, RN, PCCN-K Gemma Seidl, MSN, RN
6	March 2018	Orange, CA	New York Partnership for Patients	Webinar	Sepsis	Cecille Lamorena BSN, RN, CCRN Gemma Seidl MSN, RN
7	April 2018	Spokane WA	Western Institute of Nursing's 51st Annual Communicating Nursing Research Conference	Podium	Instrument Validation: Nurse Meaning and Joy in Work	Dana Rutledge PhD, RN
8	April 2018	Anaheim, CA	ASPAN National Conference	Poster	Enhancing Orientation Process: Tools for Success	Sang Sun Lee MSN, RN, CAPA
9	April 2018	Austin, TX	National Kidney Foundation 2018 Spring Clinical Meeting	Podium	Kidney Transplantation and the Benefits of Provider Collaboration	Wendy Escobedo MSN, RN, CCTN
10	April 2018	Spokane, WA	2018 Western Institute of Nursing Conference	Poster	Chemotherapy Toxicity Risk Among Older Ambulatory Cancer Patients: Prediction of Clinical Outcomes	Kathy Keener MSN, RN, ONC
11	April 2018	Spokane, WA	2018 Western Institute of Nursing Conference	Poster	Immunotherapy: Emergency Department Provider Needs Assessment Survey	Lavina Dobera MSN, RN, OCN Enza Esposito-Nguyen MSN, RN, ANP-BC
12	April 2018	Spokane, WA	2018 Western Institute of Nursing Conference	Poster	Accelerating Care using a Standard Protocol for Psychiatric Emergency Patients	Beth Winokur PhD, RN, CEN
13	April 2018	Pomona, CA	28 <sup>th</sup> Annual Perinatal Symposium	Poster	Glucose Gel Treatment for Newborns	Cyndi Morton MSN, RNC-OB Carol Suchy MSN, RN, IBCLC Jessica Laske MSN, RNC-OB
14	April 2018	Orange, CA	Nursing Executive Center Advisory Board	Webinar	Sepsis	Cecille Lamorena BSN, RN, CCRN Gemma Seidl MSN, RN
15	May 2018	Washington, DC	ONS 43 <sup>rd</sup> Annual Congress	Poster	Chemotherapy Toxicity Risk Among Older Ambulatory Cancer Patients: Prediction of Clinical Outcomes	Kathy Keener MSN, RN, ONC
16	May 2018	Boston, MA	National Teaching Institute and Critical Care Exposition	Poster	Community Stroke Education-Addressing Stroke Symptoms Through Public Education	Kim Rossillo MSN, RN, PCCN-K
17	May 2018	Boston, MA	National Teaching Institute and Critical Care Exposition	Poster	Care for the Caregiver: Code Compassion	Gemma Seidl MSN, RN
18	May 2018	Boston, MA	National Teaching Institute and Critical Care Exposition	Poster	Quiet Time on a Telemetry Unit	Auggie Maggio BSN, RN, PCCN, SCRN
19	May 2018	Boston, MA	National Teaching Institute and Critical Care Exposition	Poster	Caritas Education: Theory to Practice	Kim Rossillo MSN, RN, PCCN-K Vivian Norman MSN, RN, CCRN-K
20	May 2018	Boston, MA	National Teaching Institute and Critical Care Exposition	Poster	Alarm Management on a Step-Down Unit Results in Improved Patient Safety	Joan Aquino BSN, RN, CCRN
21	May 2018	Boston, MA	National Teaching Institute and Critical Care Exposition	Poster Podium	Clinical Institute Withdrawal Assessment Implementation Improving Alcohol Dependent Patient Care	Karen Gonzales BSN, RN, CCRN Joan Aquino BSN, RN, CCRN Thaddeus Love AD, RN
22	May 2018	Minneapolis, MN	39 <sup>th</sup> Annual International Association for Human Caring (IAHC) Conference	Podium	Caritas Education: Theory to Practice	Kim Rossillo MSN, RN, PCCN-K
23	May 2018	Orange, CA	United Ostomy Association	Podium	Peristomal Complications	Darcie Petersen ANP-BC, CWOCN-AP



## 2017 Nursing Poster and Podium Presentations (cont'd)

	Date	Location	Conference Title	Poster or Podium	Title of Presentation	Presented by:
24	July 2018	Perth, Australia	Sigma Theta Tau International's 29 <sup>th</sup> International Nursing Research Congress	Podium	Unprofessional Behavior Experiences and Barriers to Medication Error Reporting Predict Safety Climate in Hospital Nurses	Dana Rutledge PhD, RN
25	July 2018	Orange, CA	University of New Mexico, Health System	Webinar	Sepsis	Cecille Lamorena BSN, RN, CCRN Gemma Seidl MSN, RN
26	July 2018	Orange, CA	Bon Secour Saint Francis, Greenville South Carolina Health System	Webinar	Sepsis	Cecille Lamorena BSN, RN, CCRN Gemma Seidl MSN, RN
27	September 2018	Pittsburg, PA	ENA Emergency Nursing 2018 Conference	Podium	Transgender Patients in the Hospital	Christine Marshall MSN, RN, CEN
28	September 2018	Toronto, Canada	IASLC 19 <sup>th</sup> World Conference on Lung Cancer	Poster	Non-Oncology Provider Immunotherapy Needs Assessment	Enza Esposito-Nguyen MSN, RN, ANP-BC Lavina Dobera MSN, RN, OCN
29	September 2018	Santa Ana, CA	Orange County Baby Friendly Coalition	Podium	Hypoglycemia and Glucose Gel Use	Carol Suchy MSN, RN, IBCLC
30	October 2018	Columbus, OH	APNA 32nd Annual Conference	Podium	Violence in the ER	Jeannine Loucks MSN, RN-BC
31	October 2018	Denver, CO	Magnet National Conference	Poster	Improving Alcohol Dependent Patient Care	Karen Gonzales BSN, RN, CCRN
32	October 2018	Denver, CO	Magnet National Conference	Poster	Chemotherapy Toxicity Risk Among Older Ambulatory Cancer Patients: Prediction of Clinical Outcomes	Kathy Keener MSN, RN, ONC
33	October 2018	Huntington Beach, CA	Hospital Quality Institute's Regional Conference	Poster	Reducing Heart Failure Readmission Rates using Teach Back and LACE Scores	Aileen Ingles MSN, RN, PCCN, CN IV
34	October 2018	Columbus OH	APNA 32nd Annual Conference	Podium	Practical Management of Tardive Dyskinesia for Psychiatric Mental Health Nurses	Jeannine Loucks MSN, RN-BC
35	October 2018	Orange, CA	Ohio Hospital Association	Webinar	Sepsis	Cecille Lamorena BSN, RN, CCRN Gemma Seidl MSN, RN
36	November 2018	Del Mar, CA	Sigma Theta Tau International Honor Society of Nursing Odyssey 2018 Conference	Podium	Role of the Heart Failure Nurse Navigator and Interventions to Reduce HF Readmissions	Aileen Ingles MSN, RN, PCCN, CN IV
37	November 2018	Del Mar, CA	Sigma Theta Tau International Honor Society of Nursing Odyssey 2018 Conference <b>Innovation 3<sup>rd</sup> Place</b>	Poster	Improving Well-Being on a Medical Telemetry Unit	Adriana Velez, MSN, RN, PCCN, ATC, CN III
38	November 2018	Del Mar, CA	Sigma Theta Tau International Honor Society of Nursing Odyssey 2018 Conference	Poster	Immunotherapy: Emergency Department Provider Needs Assessment Survey	Lavina Dobera MSN, RN, OCN
39	November 2018	Del Mar, CA	Sigma Theta Tau International Honor Society of Nursing Odyssey 2018 Conference	Podium	Caritas Education: Theory to Practice	Kim Rossillo MSN, RN, PCCN-K Vivian Norman MSN, RN, CCRN-K
40	November 2018	Del Mar, CA	Sigma Theta Tau International Honor Society of Nursing Odyssey 2018 Conference	Podium	Glucose Gel Standardized Procedure For Neonatal Hypoglycemia	Cyndi Morton, MSN, RNC, C-EFM Carol Suchy MSN, RN, IBCLC
41	November 2018	Del Mar, CA	Sigma Theta Tau International Honor Society of Nursing Odyssey 2018 Conference	Podium	Care For the Caregiver: Code Compassion	Gemma Seidl, MSN, RN
42	November 2018	Del Mar, CA	Sigma Theta Tau International Honor Society of Nursing Odyssey 2018 Conference	Podium	Implementation of SBIRT In The Emergency Department	Taqialdeen Zamil, DNP, PMHNP-BC
43	November 2018	Del Mar, CA	Sigma Theta Tau International Honor Society of Nursing Odyssey 2018 Conference	Poster	Fall Prevention Utilizing Remote Safety Monitoring	Gemma Seidl, MSN, RN
44	November 2018	Irvine, CA	March of Dimes 18 <sup>th</sup> Annual Conference	Poster	Glucose Gel Standardized Procedure for Neonatal Hypoglycemia	Cyndi Morton, MSN, RNC, C-EFM

## Articles Published by St. Joseph Hospital Nurses in Peer Reviewed Journals in 2018

1. Edministon, C., Leaper, D., Barnes, S., Barnden, M., & Truitt, K. (in press). Revisiting preoperative hair removal practice policy. *AORN Journal*
2. Hummel, L. (ED.) (2018) *CEN review manual* (5th ed.). Burlington, MA: Jones & Bartlett Learning
3. Maggio, A. Velez, A., Rossillo, K., & Norman, V. (in press). Implementing quiet time on a medical telemetry unit. *Nursing 2018 Critical Care*
4. Huang, L., & Winokur, E. J. A sticky situation: Meconium aspiration in the Emergency Department. *Journal of Emergency Nursing*. doi:10.1016/j.jen.2018.06.007
5. Rutledge, D. N., Wickman, M., & Winokur, E. J. (2018). Instrument validation: Hospital nurse perceptions of meaning and joy in work. *Journal of Nursing Measurement*, 26(3), 579-588. doi:10.1891/1061-3749.26.3.579
6. Canceco, J. & Winokur, E. J. (2018). Mesenteric ischemia: Concepts of care for the bedside nurse. *Gastroenterology Nursing*, 41(4), 305-311. doi:10.1097/SGA.0000000000000412
7. Keener, K. & Winokur, E. J. (2018). Digitally recorded educations: Effects on anxiety and knowledge recall in patients receiving first-time chemotherapy. *Clinical Journal of Oncology Nursing*, 22(4), 444-449. doi 10.1188/18.CJON.444-449
8. Rutledge, D. N., Retrosi, T., & Ostrowski, G. (2018) Barriers to medication error reporting among hospital nurses. *Journal of Clinical Nursing*, 27(9-10), 1941-1949. doi:10.1111/jocn.14335doi:10.111/jocn.14335
9. Aldreshidi, B.G., & Winokur, E.J. (2018), Brugada Syndrome: A primer for Nurse Practitioners. *The Journal for Nurse Practitioners* 14(2), 88-92. doi:10.1016/j.nurpra.2017.09.022.
10. Winokur, E. J., Loucks, J. S., & Raup, G. (2018). Use of a Standardized Procedure to Improve Behavioral Health Patient's Care: A Quality Improvement Initiative. *Journal of Emergency Nursing*, 14(2), 26-33. doi:10.1016/j.jen.2017.07.00.
11. Suchy, C., Morton, C., Ramos, R. R., Ehrgott, A., Quental, M. M., Burrige, A. & Rutledge, D. N. (2018). Does changing newborn bath procedure alter newborn temperatures and exclusive breastfeeding? *Neonatal Network®: The Journal of Neonatal Nursing*, 37(1), 4-10. doi:10.1891/0730-0832.37.1.4.

## Research Studies in Progress During 2018

- **Teaching Infant Massage to fathers Following Hospital Births.** Mother-Baby Unit and Mother-Baby Assessment Center. This study is measuring father-child bonding when fathers are taught to perform massage with their infant before discharge. Measurement of bonding occurs after discharge.
- **Heart Failure Teach-Back. Heart Failure Clinic and Medical Telemetry Unit.** This study examines the effects of "teach-back" on knowledge acquisition and retention and readmission of heart failure patients to the hospital in less than 30 days.
- **My Garden.** End of Life Committee. This study evaluates the impact of the "My Garden" poster on providing emotional and social support at the end of life. This project has been incorporated as a phase of the Whole Person Care initiative.
- **Implementing a Personal Comfort Menu to Reduce Patient Pain and Anxiety in an Observation Unit.** Observation Unit. This study investigates the effectiveness of a Personal Comfort Menu of non-pharmacological interventions in managing acute and chronic pain and post-operative pain.
- **Falls Prevention Projection.** Medical Telemetry Unit. The goal of this project is to utilize information obtained from literature reviews, retrospective data analysis, observational studies, and patients and staff interviews to determine causes of falls on the telemetry unit; this information will then be used to identify gaps in the current fall prevention protocol.
- **Code Compassion and Connecting Conversations.** Nursing. This study examines the efficacy of interventions provided during a "Code Compassion" and "Connecting Conversation" meetings in decreasing caregiver emotional suffering and promoting feelings of support for the individual caregiver and, as appropriate, the team.
- **Chemotherapy Toxicity Risk Among Hospitalized Cancer Patients.** Inpatient Oncology Unit. This study utilizes a tool to evaluate risk factors that impact a chemotherapy patient's unexpected hospitalization.
- **Improving Non-Oncology Provider Adoption of Immunotherapy Adverse Events (IrAEs) Guidelines.** Center for Cancer Prevention and Treatment. This study is determining the effect of micro-education sessions on the identification and timely management of patients with IrAEs.
- **Temperature Study. Post Anesthesia Care Unit.** This study which has preliminary data measures the impact of transportation between PACU and the inpatient unit on oral temperatures.

- **Emergency Care Center Triage.** Emergency Care Center. This longitudinal study measures caregivers' perspectives on the efficiency and efficacy of the triage process in the emergency care center. Changes are measured every six months to determine the effects of education, physical plant, and process changes.
- **Care of the LGBT Patient in the Emergency Setting.** Emergency Care Center. This study evaluates the impact of education on knowledge and attitudes of ECC staff about the care of LGBTQIA patients.
- **Human Trafficking: Educating staff in the Emergency Care Center.** Emergency Care Center. This project is the first in a series addressing human trafficking. Purposes were to determine the knowledge of staff pre- and post-education. The second phase will address signage, etc.
- **Stay Interviews: A Peer Mentoring Strategy.** Labor and Delivery. This study plans to determine the effect of a Stay Interviews with a clinical nurse IV on nurse retention.
- **Selecting a Geriatric Fall Risk Screening Tool.** Emergency Care Center. This comparative study with follow-up seeks to determine if either a patient-administered or nurse-administered brief questionnaire predicts falls in geriatric patients within 6 months of discharge from the emergency care center.
- **Women's Service Staff Knowledge and Attitudes towards Women with Substance Use Exposure.** Women's Services. The goal of this research study is to determine knowledge and attitudes of caregivers related to substance abuse in perinatal patients before and after a brief educational presentation on Care of the Perinatal Patient with Addictive Substance Issues.
- **SBIRT-The implementation of Screening, Brief Intervention, And Referral to Treatment (SBIRT).** Emergency Care Center. Utilizing a pre-test/post-test design, this study examined the effect of teaching SBIRT referral and motivational interviewing on Emergency Care Center nurses' knowledge of and competence with SBIRT screening on patients with risky alcohol and drug use. Changes to care were determined by a review of the electronic health record.
- **Emergency Department Nurses' Competencies and Perceived Confidence in Caring for Patients with Autism Spectrum Disorder at St. Joseph Hospital.** This study utilized an educational intervention to measure nurses' knowledge and perceived self-efficacy to care for patients who have a diagnosis of Autism Spectrum Disorder. This study involved a pre-test/post-test design with knowledge acquisition and retention measured immediately and at 90 days.
- **Obstetric Early warning System Trigger Tool – Nursing Research and Labor and Delivery.** This project used focus groups to validate a literature-developed intrapartum trigger tool to improve patient surveillance and prompt recognition of physiological abnormalities, promote early intervention, and collaboration with the delivering clinician.
- **Immunotherapy Side Effect Management in Lung Cancer Patients at St. Joseph Hospital.** The Center for Cancer Prevention and Treatment. This investigation examined the baseline knowledge of physicians, nurses, and other caregivers of oncology patients on immunotherapy. Pre-test/post-test design was used to examine the efficacy of an educational intervention.
- **Emergency Department Nurses' Competencies and Perceived Confidence in Caring for Patients Experiencing Obstetrical Loss at St. Joseph Hospital.** Emergency Care Center. This study assessed nurses' knowledge about patients experiencing an obstetrical loss and sought to determine if an educational poster board with rotating subtopics increased knowledge and perception of competence. Study demonstrated modest positive results.

## Completed Nursing Research 2018

- **Chemotherapy Toxicity Risk Among Older Ambulatory Cancer Patients: Predictors of Clinical Outcomes.** Infusion Center. This study was the first to investigate whether a Chemotherapy Toxicity Prediction Tool (CTPT) used in the outpatient setting would predict falls and/or necessitate and inpatient admission or emergency department care. Study results supported the validity of the tool in this setting
- **Valsalva Maneuver for Emergent Treatment of Supraventricular Tachycardia: Are We Using Best Practice?** Emergency Care Center. This study determined that the methods used in the Emergency Care Center to treat supraventricular tachycardia could benefit from the addition of early non-invasive measures.
- **Caritas Education: Theory to Practice.** This study determined that experiential learning impacted perceived self-efficacy to deliver caring behaviors; results remained positive 6–9 months after the intervention.
- **Improving Well Being on a Medical Telemetry Unit.** This proposal sought to examine the effects of an eight-week intervention featuring stretching and health and wellness techniques on perceived stress, caregiver well-being, and reports of holistic coping strategies. Results demonstrated improvement in several areas of professional quality of life and adoption of health promoting behaviors.
- **Use of Aroma Oils with Geriatric Patients in an Acute Care Setting.** Medical Telemetry Unit. This study examined the use of aroma oils in decreasing levels of anxiety and stress in an acute care setting. Statistically significant decreases in anxiety were found. Males experienced less anxiety and stress.



## 2018 Evidenced-Based Practice and Quality Improvement Projects

- **Identifying High Risk Patients Outside of the Intensive Care Unit Using an Early Warning System.** Critical Care. The evidence-based NEWS (National Early Warning System) was selected with consultation with PSJH clinical decision teams for incorporation into the EHR. It has been piloted in a paper and pencil version. This tool uses physiologic parameters to identify patients with worsening conditions.
- **Evaluation of Nursing Perceptions and Interventions to Decrease Nulliparous Term Vertex (NTSV) Cesarean Section Rates.** Labor and Deliver. After nursing education, this project measured the impact of evidence-based interventions on delivery type among first time mothers.
- **Decreasing Length of Stay in the Emergency Department by Optimizing Radiology Throughput.** Emergency Care Center. This interdisciplinary project is measuring the impact of a dedicated CT transport tech on time to imaging and throughput.
- **Use of a Remote Safety Attendant.** Nursing. This project tracks the efficacy of the remote safety monitor on decreasing the numbers of patient falls.
- **Early Progressive Mobility Project.** DSU. This project evaluated the effects of nursing education on an evidence-based early mobility program on decreasing length of stay, falls, HAPI, and hospital acquired DVTs.
- **Enhancing Clinical Outcomes While Minimizing Use of Resources in Prevention of Neonatal Sepsis.** Women's Services. This project serves to determine the impact of a neonatal sepsis calculator on resource utilization and clinical outcomes in neonates.
- **Code Sepsis Program.** Critical Care. This project evaluates the impact of the evidence-based Code Sepsis bundle and sepsis nurses on the sepsis quality outcomes.
- **Telemetry Utilization Performance Improvement Project.** Nursing. This project evaluates compliance with telemetry monitoring criteria as outlined by the American Heart Association and St Joseph Hospital Policy.
- **Reducing Hospital Readmission Through a Comprehensive Program.** Pulmonary Renal Unit. This project investigated the impact of patient education, a resource folder at discharge, and a Call Center contact on hospital readmissions within 30 days for patients with a LACE score of  $\geq 11$ .
- **Enhanced Recovery Program. General Surgery.** This evidence-based, multi-disciplinary project evaluated the impact of early ambulation and use of the ERAS bundle on post-operative length of stay, pain, and readmissions with ileus.
- **Oncological Emergency Education.** Inpatient Oncology. This project assessed the impact of unit-based instruction on identifying patients with high risk, low volume oncological emergencies.
- **Peer Review Council.** Nursing. This ongoing project evaluates the function and outcomes of the Nursing Peer Review work group.
- **Implementation of Routine Foot Assessment in adult Hemodialysis Population: An Evidence-Based Approach to Improved Outcomes.** Chronic Renal Center. This ongoing project instituted a program of regular foot checks in the Chronic Renal Center. Outcomes included the numbers of abnormal findings and referrals to physicians.
- **High Risk Patient Proactive Rounding Collaboration. Critical Care.** This ongoing evidence-based practice project seeks to identify patients at risk for deterioration. New to the project this year is the impact of collaboration with the hospitalists on identification of these patients.
- **Nurse Practitioner Operated Obstetrical Triage Unit.** Labor and Deliver. This ongoing project evaluates the impact nurse practitioners have on decreasing length of stay in the OB triage unit, decreasing time of admission to time to delivery, and decreasing the primary cesarean rate.
- **Early Nutrition Interventions for at Risk Patients.** Critical Care. This multi-disciplinary, evidence-based quality improvement project evaluates the influence of a nurse-driven protocol for initiation of enteral feeding on at risk patients.
- **Immune Related Adverse Events. Center for Cancer Prevention and Research.** This evidence-based quality improvement project identifies the time to identification and care provided to patients with an immune related adverse event who are seen in Emergency Care Center or admitted to the hospital.
- **Standardized Procedure to Improve Behavioral Health Patients' Care through Quality Improvement. Emergency Care Center.** This longitudinal project measures the impact of a nurse-driven protocol for early medication administration of patients with agitation and anxiety on numbers of restraints, time in restraints, code grays, and staff injuries.
- **Reverse Engineering the Behavioral Health continuum of care from the ED Perspective.** Emergency Care Center. Emergency Clinical Decision Unit. This multi-disciplinary project involves tracking outcomes for patients with behavioral health complaints throughout the institution.
- **Early Recognition of Sepsis in the Cancer Center Outpatient Infusion Clinic.** Infusion Center. This is a multifaceted project that involves nursing and patient education, implementation of a QSOFA process for screening for sepsis in the outpatient oncology patients and patient outcomes including time to arrival at the ECC to begin definitive care.

- **Whole Person Care – Part I. Nursing.** This is part one of a multipart health system initiative on providing holistic care to patients including end of life issues. This component was used to validate questions for patient and staff surveys.
- **Whole Person Care – Part II. Nursing.** This is part two of a multipart health system initiative. This segment measures the impact of recorded advance care planning on the completion of advanced directives.
- **Mentor Program. Medical Telemetry.** This is a unit specific mentor program that measures ongoing professional development for the nurse mentee and organization commitment by the staff.
- **Bedside Report in the Emergency Care Center.** Emergency Care Center. This evidence-based quality improvement project is based on an initiative that identifies the impact of bedside report on patient satisfaction with nursing care and being kept informed.
- **Inpatient Mobility Initiative.** Nursing. This hospital wide evidence-based project evaluates the effects of nursing education and a reference tool on an evidence-based early mobility program on decreasing length of stay, falls, HAPI, and hospital acquired DVTs.
- **Homelessness-Hospital-Home-Health Quadruple ‘H’ Initiative between Providence St. Joseph Health and Jamboree Housing Inc.** Emergency Care Decision Unit. This initiative addresses the transition of homeless patients out of the hospital into stable housing measuring patient outcomes and financial costs.
- **Oral Care Program.** Nursing Administration. This evidence-based program measures the impact of staff, patient, and visitor education on the performing of oral care with a goal of decreasing hospital-acquired non-ventilator associated pneumonia.
- **Skin Care and Management in the DSU.** DSU. This department specific evidence-based quality improvement initiative measures the impact of a “bundle” (linen changes, removing adult diapers, turning, skin order sets) on the development non-device related hospital acquired pressure injury (HAPI).



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