

2020 Nursing Annual Report



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Dear Nursing Family,

Despite the uncertainty of this past year, our nurses followed in the footsteps of our Sisters in a more profound way than ever before. Like hospitals all over the world, our ministry faced unprecedented challenges, which each of you embraced with such strength and resilience.

Responding to the needs of our community, you adapted, bringing your talents to the patients in the various departments that needed you most. Not only did you support our community when it was most vulnerable, but you also formed powerful bonds across the ministry, strengthening our Providence Mission team and uniting us during this critical time.

This annual report is to a tribute to all your accomplishments. Your dedication, expertise and commitment enabled us to earn the following accolades:

- Newsweek named Providence Mission Hospital as one of the World's Best Hospitals in 2020 and the No. 1 hospital in South Orange County.
- U.S. News and World Report ranked us as the No. 1 hospital in South Orange County and No. 15 in the state of California.
- Providence Mission was recognized once again with America's 250 Best Hospitals Award from Healthgrades, which honors hospitals in the top 5% in the nation for consistent clinical quality.
- Healthgrades awarded Providence Mission Hospital with the Cranial Neurosurgery Excellence Award and recognized us as part of the top 5% of hospitals in the nation for Cranial Neurosurgery.
- From Anthem Blue Cross California and Blue Shield of California, we earned Blue Distinction Center status for our Maternity Center.
- Modern Healthcare's list of 150 Best Places to Work in Healthcare. We are one of only two hospitals in Orange County who earned this distinction.
- In January, we learned that the rigorous review of our Sepsis program in December 2020 resulted in the Gold Seal of Approval® from The Joint Commission for Sepsis Certification.
- The Leapfrog Group gave us an impressive 'A' patient safety rating.
- We earned advanced recertification as a Comprehensive Stroke Center by the Joint Commission and were honored with the American Heart Association/American Stroke Association's Get with The Guidelines Stroke Gold Plus Quality Achievement Award.

This list represents just a few of the recognitions we received this past year. We are so blessed to have a nursing team that not only faced the global pandemic with inspiring bravery, but also demonstrated great flexibility while maintaining exceptional patient care.

Thank you for truly following in the footsteps of the Sisters and for serving as expressions of God's healing love.



Seth R. Teigen, FACHE
Chief Executive



Jennifer Cord, RN, MBA, DNP, NE-BC
Chief Nursing Officer





Our 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.

Our Vision

Health for a Better World

Our Promise

"Know me, care for me, ease my way."

Our Nursing Vision

To be recognized as a leader in providing patient and family-centered nursing care by supporting a professional, values-based culture that demonstrates clinical excellence, fosters respect and delivers holistic care in a fiscally-responsible environment.

Coordinating Council Accomplishments 2020

The purpose of the Coordinating Council is to direct and facilitate shared governance at Mission Hospital. This council acts as a forum for all chairs of the house wide shared governance councils, APNs and directors to coordinate activities.

The specific responsibilities of the Coordinating Council include:

- Enhance communication between the house wide shared governance councils
- Encourage and support the advancement of nursing services
- Promote professional development of nurses by participating in the Clinical Ladder promotion and annual meeting
- Evaluation of the Professional Practice Model (PPM) and Shared Governance Bylaws
- Celebrate shared governance outcomes annually during nurses' week activities
- Support Magnet re-designation

2020 ANNUAL GOALS, PROGRESS AND RESULTS

1. Coordinating Council will review and approve each shared governance council's annual goals and membership to ensure value-added engagement and support attainment of outcomes.

- Each council's goals were reviewed and approved.
- Council membership was reviewed, but unable to complete engagement and support assessment to meet goals. This will be continued into 2021 to ensure each council has the membership needed to achieve goals.

2. By the end of March 2020, Coordinating Council will provide input on the theme of nurses' week and potential gift ideas.

Coordinating Council voted for and approved the theme of "vintage nurse" and potential gift ideas through brainstorming. This was not able to be fully executed due to COVID-19 restrictions.

3. Throughout 2020 Coordinating Council will continue to support the Magnet re-designation process by identifying potential sources of evidence, as needed, and assist in identifying a theme for re-designation journey.

Vintage nurse was voted on a potential theme for the re-designation journey. Each meeting included a written update on the process and there were no gaps that required the council's recommendations.

4. Coordinating Council will track pulse checks from all shared governance councils and designate to appropriate council or person, as required, or escalate concerns through the chain of command. Dedicated review of outstanding pulse check progress will occur at the May and November Coordinating Council meeting.

Pulse checks from each council were reviewed at each meeting, escalated as needed, and tracked in a central location in the G drive.

PULSE CHECK ACCOMPLISHMENTS

- Unable to edit previous distribution lists – developed a formula for each council to have a current list for 2020.
- West entrance seemed unsafe – additional lights added with video surveillance.
- Developed process for hybrid meetings that will be implemented for shared governance meetings in 2021 through Microsoft® Teams.



Research Council Accomplishments 2020

PURPOSE AND SPECIFIC AIMS

The purpose of the Mission Hospital Nursing Research Council is to be the voice of scientific nursing practice and to promote professional nurses' unique contributions in a culture of inquiry. The work of the research council contributes to the success of the nursing shared governance at Mission Hospital, a Magnet-designated hospital since 2012.

2020 ACCOMPLISHMENTS

The Nursing Research Council is pleased to highlight 2020 work that supports research and the translation of scientific evidence to improve excellence in clinical practice, patient outcomes and advances in nursing knowledge. Although regular research meetings, clinical III and IV research projects and the planned 2020 research residency course were not held due to the COVID-19 pandemic, the work of the council persevered and much has been accomplished.

In 2020, the Nursing Research Council received three nursing study proposals and two DNP Capstone project proposals.

We are so proud to congratulate Dr. Annabelle Braun who graduated (virtually due to the pandemic) in the first UCLA class of DNP students this summer 2020. It is impressive to have the membership and work of seven Mission Hospital DNP students: Laura Hart, Anne Lawson, Liz Stock, Arianna Barnes, Teresa Wavra, Sarita Shivakoti and Maria Geraldo-Rivera. Three DNP projects are underway:

1. Increasing civility and retention in the perioperative arena - Laura Hart is completing data analysis.
2. A quality improvement project to increase nursing knowledge of non-convulsive status epilepticus and improve time to EEG monitoring and detection of seizures in hospitalized adult patients – Liz Stock is collecting data.
3. Educating critical care nurses on Advance Directives – Anne Lawson in IRB application.

Dr. Drake and Danielle Linden gave a series of lectures in January to educate nursing leaders about library resources. Amy Langdale shared the important findings of the Disaster Preparedness study in three virtual meetings and the Mission Hospital caregiver newsletter. Christine Gurney has continued to serve as the Mission Hospital Principal Investigator for two ongoing studies, Implementation of Cedars Medical Center Childbirth-Specific Patient-Reported Outcomes Measures in the Hospital Setting and Southern California Providence Lactation Telehealth. Kristine Caouette has worked with Dr. Drake to design an instrument to measure hospital nurse rule-bending. And Mary Kakavand is leading the ARU sleep hygiene study team with plans to complete data enrollment and conduct data analysis by the end of 2020.

We are pleased to welcome Dr. Trisha Saul as the Providence Regional Nurse Scientist to help facilitate research at our meetings and hospital as well as coordinate collaborative research. The RN Diet Study, a Providence collaborative study was approved to be conducted at Mission Hospital led by Monica Malcuit (PI) and Laura Hart (Co-PI).

Quality Council Accomplishments 2020

ANNUAL GOALS AND ACCOMPLISHMENTS

1. Maintained Bedside Medication Scanning Compliance, exceeding Leapfrog goals with 95% of all medications scanned and 96% of patients scanned. Improvements achieved by identifying and addressing challenges including incompatible barcodes, dysfunctional scanners and process issues.
2. Liaised with pharmacy representatives enabling workflow improvements.
3. Success continues to be demonstrated through the consistently high percentage of units that outperform the national benchmarks for our key reportable Nursing Sensitive Indicators.

Nurse Sensitive Indicator Scorecard

NURSE SENSITIVE INDICATORS (NSI) <small>are measures that reflect the structure, process and outcomes of nursing care</small>	NUMBER OF UNITS OUTPERFORMING NATIONAL BENCHMARK* <small>For 5 or more quarters over 2 years 20 CY20</small>
Falls	17/19 units
Falls with Injury	18/19 units
Hospital Acquired Pressure Ulcers > Stage II	10/12 units
CAUTI – Catheter Associated Urinary Tract Infection	10/12 units
CLABSI – Central Line Associated Blood Stream Infection	11/12 units

PLUS Two NEW Ambulatory Nurse Sensitive Indicators

Left Without Being Seen (LWBS) in ED MV, ED LB	2/2 units
Falls with Injury	5/6 units

*Compared against the National Database of Nurse Quality Indicators (NDNQI).



Practice Council Accomplishments 2020

ANNUAL GOALS AND ACCOMPLISHMENTS

1. Medication History

GOAL

Increase medication history compliance, for both low and high-risk admissions, by 10% and 20% respectively using a unit-based champion to gather data and facilitate initiatives by December 31, 2020.

Due to the limitations of meeting in-person and inability to collect concrete data pertaining to the nursing process, we were unable to gather real-time data. Therefore, we modified our goal, focusing this year to educate staff on identifying high-risk patients. This was accomplished by posting flyers on in-patient units and presenting during daily huddles. House Wide Practice Council members also dispersed information to local chapters and staff.

Following education, the pharmacy had an increase in medication history obtained by their department, which could be correlated to an increase in nursing notification of high-risk patients. Currently working with Epic workgroups to determine best way to notify pharmacy of high-risk patients and a new process of obtaining medication history with the new EMR. Plan to work with Epic workgroups to train nurses on how to complete medication history in 2020 - 21.

2. Code Gray Huddle/Debrief Form

GOAL

Using literature on TEAM STEPPS and collaboration with security, HWPC will develop a tool to improve the process of huddling and debriefing when a patient becomes aggressive by the end of calendar year 2019.

The Code Gray Huddle debrief tool was developed and approved for pilot in the emergency departments at both campuses as well as Cardiac Telemetry and Medical-Surgical-Telemetry at Laguna Beach during the months of November and December 2019. This tool is currently being used in the emergency departments on both campuses and Laguna Beach Behavioral Unit.

3. Resting Hours

GOAL

The representatives of HWPC will lead the implementation of resting hours on nursing units as supported by an evidence-based literature review. Key multidisciplinary members will be made aware of resting hours.

Each unit is establishing the timeframe of when resting hours should occur. Signage is in place. Some departments have already implemented practice, some departments are in the trail stages.

PULSE CHECK ACCOMPLISHMENTS

- Currently determining a way for non-ambulatory patients to perform hand hygiene. Considering replacing individual hand wipes on meal trays or providing hand sanitizer to non-ambulatory patients.
- Concern with expired par supplies. Central supply will rotate supplies when re-stocking, department responsible for managing bedside carts.
- Pre-op checklist. Education on updated pre-op checklist.
- COWS(Clinical Opioid Withdrawal Scale)assessment and initial education.
- Alaris Pumps – ability to prime PCA(Patient Controlled Analgesia)pump. Brought need for education to coordinating council who then put out a SLM(Self Learning Module)on how to use function.
- Injecting Definity imagine enhancer for ECHO bubble study. Policy and IV drug list have both been updated. Education being provided.
- L&D(Labor and Delivery)concern with visitation during flu/COVID-19. Education provided to staff on policy.
- IVPB(IV Piggyback)reconstitution, needle breaking through bags. Brought up at safety huddle. Additional education provided to staff.
- New BP cuff. Sizing discrepancies with conversion to new product. Main concern is regular BP cuff is not long enough while large BP too large. Currently trialing longer cuffs in trauma services.

Advanced Practice Nursing Council Accomplishments 2020

ANNUAL GOALS AND ACCOMPLISHMENTS

1. Support RN certification advancement at Providence Mission Hospital by providing review courses or access to review courses in two specialties annually.
 - **January** – Stroke
 - **March** – Emergency Neuro Life Support
2. Support the promotion of qualified CNIII and CNIV annually.
 - Support/mentor current and promoting CN III and CN IV
 - Clinical Ladder Project review
3. Support Magnet re-designation with EBP projects and research, collecting statistics, and writing two sources of evidence annually.
 - APN are directly involved in SOE; developing programs that positively influenced patient outcomes
 - APN's responsible for developing programs that positively influence patient outcomes in 2020
 - APN's directly involved in writing and mentoring others in the writing of Magnet Sources of Evidence
4. Support hospital and individual units in preparation for COVID-19 patient care and practice adaptations.
 - Providence Mission Hospital's work published in Critical Care Nurse in August 2020 by Mary Kay Bader: *A California Hospital's Response to COVID-19: From a Ripple to a Tsunami Warning.*

5. Support hospital in preparation for regulatory surveys.

- Joint Commission Stroke Certification
- New Joint Commission Perinatal Standards

6. Support procedure and practice implementation with Epic conversion.

- Alignment of regional and Epic procedures, policies and practices with current hospital procedures, policies and practices
- New Joint Commission Perinatal Standards

7. Support shared governance councils and members through active participation as well as providing education and mentoring.

- House Wide Practice Council (Mary Kay, Jill, and Christine)
- House Wide Education (June)
- House Wide Quality (June)
- Coordinating Council (Mary Kay)
- Research Council (Jill)

NURSING GRAND ROUNDS

March 2020 – Breast Cancer (deferred due to COVID-19)





Leadership Council Accomplishments 2020

ANNUAL GOALS AND ACCOMPLISHMENTS

1. Recruitment

Increase participation on councils by ensuring new hires attend one meeting during their first year of hire. Goal of 60% of new hires to attend one unit or house wide meeting during their first year. Attendance is tracked via council. 2019 presented us with many challenges on completing this goal since no unit or house wide meetings were conducted for a period of six months and some units have still not held any unit-based meetings since March. Our council has identified approximately 30% of new hires have attended a unit or house wide council meeting to date.

2. Awareness

Increase nursing engagement in shared governance from 43.44% (2019) to 50% in 2020. Due to COVID-19 the leadership committee was unable to host an information table at Nurse's Week nor participate in the shared governance information for unit chairs, managers and directors. The council has updated the 2020 survey with Dr. Drake and Dr. Saul and is distributing via email to leadership team for house wide distribution. Results will be compiled and presented to Coordinating Council in January 2021. The 2019 survey information was compiled and presented to Coordinating Council in January 2020. The survey highlighted that RN's felt councils are beneficial to patient outcomes and satisfaction, but many do not participate due to lack of time. The survey results help guide the direction of councils to increase engagement to ensure all nurses' voices are heard.

3. Information Dissemination

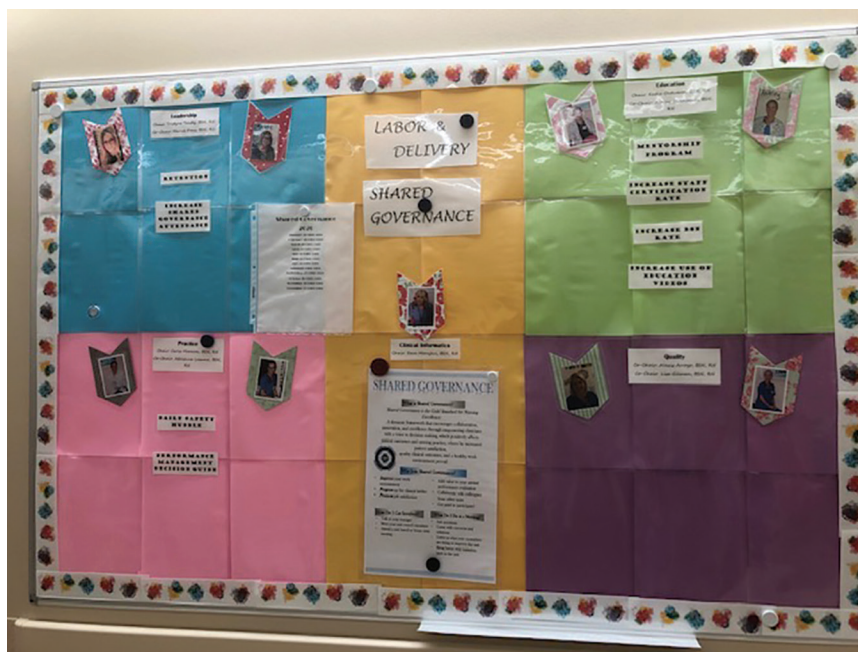
Shared governance boards will be prominently displayed and updated in the units including activities, projects and goals. 70% of units to update by July 2020 and 90% by December 2020. Approximately 75% of units have updated their shared governance boards and continue to keep information up to date. Our 90% goal was not obtained due to some units moving and/or overwhelmed with staffing issues due to COVID-19. In addition, cost containment measures and budgetary constraints prevented some units from spending time outside of work hours to complete.

PULSE CHECK ACCOMPLISHMENTS

- RN's felt staffing shortages on the transport team were preventing timely transfers to ancillary departments and units resulting in a safety issue and increase in incremental overtime. Additional transport members were hired.
- RN's concerned that staff shortages on units were preventing them from having quality of life/work life balance since they were consistently being called into work on their days off. Additional RN's were hired to work in the Float Pool and be available to various departments to help with staff shortages.
- RN's recommended enabling Web ex conferencing for council meetings to increase attendance. Administration was in the process of enabling the conference center for Web ex prior to COVID-19 and now they are setting up TEAMS compatibility in conference rooms.

OTHER ACCOMPLISHMENTS AND NOTABLE EVENTS BY COUNCIL

- The leadership council had 12 qualified nominees for the House Wide Leadership award that is usually presented during Nurse's Week. Since only one person receives the award the council made certificates to recognize the other nominees who had all exemplified outstanding leadership qualities.
- All RN's in the emergency department are being trained in using the Panda warmer and initial resuscitative steps for newborns.
- Evidence-based research was presented to coordinating council regarding steps for retention of employees. Retention measures have been put in place house wide by the executive team, administration, leadership and education councils with Transition into Practice, new grad trainings and mentor programs to name just a few and turnover has decreased in 2020.



LABOR & DELIVERY SHARED GOVERNANCE BOARD



Education Council Accomplishments 2020

ANNUAL GOALS AND ACCOMPLISHMENTS

1. By Dec 2020, the Education Council created a new patient education campaign for using The Wellness Network Video library for our specific patient populations. This content is available to our patients and families before, during and after their hospital stay
 - A. Created the content for the Recommend Learning tabs for 11 major patient populations.
 - B. Created 18 Custom Patient Education Checklists for all specific disease processes.
 - C. Launched ED³ Patient Education Campaign in September 2020. Nurses have access to patient videos that address disease process, medications and how to care for themselves at home.
2. Created content for a new Nursing Education Website by December 2020.

3. By December 2020 Mission Hospital increased an overall certification rates $\geq 51\%$ or higher. The Education Council provided information through certification brochures and other media, promoting the use of PEARLs Review online study resource, sharing information about upcoming certification review courses at all of our regional ministries and facilitating unit specific efforts.

Certification rate increased from 51% to 52%.

4. By December 2020 we will support an increase in hospital wide BSN by 1 percent or higher by providing staff with program information via brochures and other media, facilitating administration of Valiant Women Scholarships for tuition reimbursement, implementing BSN recognition activities and supporting specific unit efforts.

BSN rate increased from 79% to 83%.





2020 Nurses Week Awards

QUALITY AWARD | MEGAN CLARK

Megan Clark has been selected as the worthy recipient of the Nurses Week award for Quality. She's been actively involved with Nursing Quality Council for many years including co-chairing NQC from 2017 – 2019.

Megan has always been quality focused in her role as Charge Nurse on SICU, being the first to adopt best practices, encourage compliance, and helping to drive various quality and safety projects. Recognizing an increase in catheter associated UTI's Megan helped with the CAUTI reduction initiative, which has resulted in successful patient outcomes, and an outstanding improvement and record of being more than 100 days since a CAUTI on SICU.

She has also assisted with house wide Alaris audits through NQC that showed substantial gains in Alaris pump programming, with a 50% reduction in the use of basic infusion and incorrect use of guardrails, helping to reduce the risk for medication error and improving patient safety.

Additionally, Megan took on a role as Transfusion Safety Officer and facilitates the Blood Transfusion Committee. Through audits Megan evaluated the cost of utilization and appropriate use of blood products. She improved the process and safety of blood administration, working on ensuring consents and documentation are completed correctly. She also participates in the Transfusion Safety Committee and the Patient Blood Management Committee at the system level, continuing to improve our blood administration practices.

Most recently, Megan assisted with the Mayo Clinic COVID-19 Plasma trial with Dr. Reddy, Dr. Ponticiello, Cheryl Louie and the research team. To date, 68 of our patients have successfully received convalescent plasma from recovered COVID-19 patients. In addition, Megan continues to ensure that we are delivering the highest quality of care through increased collaboration and communication by establishing house wide Charge Nurse meetings and through her work as co-chair of the Organ Donor Council.

For all these reasons, and more, Megan Clark is the very worthy recipient of this year's Nurses' Week Award for Quality.

EDUCATION AWARD | KELLY ELLIS

Kelly Ellis has been selected to receive the House Wide Education Council's nurse's week award.

Kelly started at Mission Hospital 10 years ago. She has been a bedside nurse, mission resource nurse, part of the admission/discharge team, and serves as a relief charge nurse on the cardiac telemetry unit. She holds her Progressive Care Certified Nurse (PCCN) and was named the Clinical Coordinator of the Cardiac Telemetry unit.

Kelly has been a part of the unit base education council for two years, serving as the unit chair and the house wide co-chair. She is currently the house wide chair. During all these responsibilities Kelly completed her master's degree in Nursing at Grand Canyon University in July.

She has been instrumental in personalizing the patient education videos for individualized diagnosis. These countless hours of work have made it easier for our patients to learn and making Mission Health Clips website the success that it is. Kelly is a great example of what the house wide education council is about. Furthering the nurse's education and the patient's education.

LEADERSHIP AWARD | MARTI LUEBKE

Margaret Luebke (a.k.a. Marti) is a well-known Nurse Leader at Mission Hospital. She is the current Chair of Leadership Committee. Marti was her Unit Based chair until last January then took over the responsibilities of the Chair Emeritus as well as the training of the Co-Chair.

Marti is also an educator. She is a formal preceptor for her unit and teaches NRP. She is a Member of Statewide Collaborative Council for Opioid Reduction in Postpartum women. She provides communication and educational pieces to physicians, patients and RN's. Marti is also on the Code White Committee and runs Code White simulation drills for Labor & Delivery and Postpartum care. She plans to extend this training to the ER staff soon.

PRACTICE AWARD | FRANNIE ACRES

Frannie has been a nurse for over 20 years, spending the early part of her career in critical care on the east coast. In 2006, she joined the mission family in the CICU. Broadening her nursing career, she joined the IR team in 2016. In this role, Frannie has continued being a patient advocate, willing to speak up for safety until she is comfortable with her understanding of the patient and their needs. She truly cares about her patients and her colleagues. She currently has her SCR.N.

In February 2019, Frannie brought a pulse check to HWPC regarding an increased request for IR post-pyloric tube placement who did not meet the criteria for needing post-pyloric versus gastric placement. She presented information about risks the fluoroscopic radiation poses to both the staff and patient. Frannie also brought up the potential delay in feeding these patients. After looking into this further, a need for education was recognized not only at the bedside on how to place small bore feeding tubes but identifying patients who actually need post-pyloric versus gastric feeding tubes. Frannie assisted with development and implementation of this education by attending staff meetings, meeting with the Hospitalist group to help raise awareness about gastric versus post-pyloric feeding, and even going to the bedside to place small bore feeding tubes with the nurses.

Most recently, Frannie has been helping with updating the nasogastric insertion procedure to include a simple method to achieve post-pyloric tube placement using a prokinetic agent with an air bolus. She will be educating the ICU staff on this new method in the near future.

PRECEPTOR AWARD | ERIN WHITEMORE

Erin was awarded the 2020 Preceptor award for demonstrating compassion toward her patients and their families, being positive in her approach with Nurse Residents, and embracing the Married State Preceptor Model (MSPM) when training new nurses.

An example of Erin's compassion was demonstrated in an account, by one of the Nurse Residents she worked with, of how kind she was when taking care of a patient placed on comfort care and how diligent she was in making sure all of the family's questions were answered. This is typical of Erin.

In another situation, a Nurse Resident recalled that Erin was working with her when she was asked by a doctor to providing information about a patient's condition. Knowing that this can be intimidating to new nurses, after the interaction, Erin asked the Nurse Resident how she felt and gave her positive feedback about her communication with the doctor. The Nurse Resident recalled that Erin's positive and encouraging approach made her feel confident to take on new challenging situations and grow as a nurse.

Erin fulfills her role as a Preceptor according to the highest standard by following the MSPM. Under old models of precepting, new nurses assumed the role of observer, student, and assistant to the Preceptor. The MSPM establishes that the role of the new nurse is to take the lead in patient care and apply concepts learned safely under the supervision of the Preceptor. The Preceptor then assumes the role of teacher, coach, and evaluator. Allowing a new nurse to take the lead can be a struggle for some experienced nurses, but research shows that this method of precepting provides new nurses with the best opportunity to learn to apply the skills they need to become competent, independent practitioners. In addition to honing clinical skills, it challenges them to improve in their abilities to prioritize care, manage time effectively, critically think through problems, and handle complex care and emergent situations. By adhering to the MSPM, Erin ensures that the Nurse Residents she works with provide high quality patient care.

PARTNER IN CARE AWARD | JOE PARELLI

We are honored to be able to present Joe Parelli with the Partner in Care award.

Joe has been employed by Mission hospital for 20 years. In that time frame Interventional Radiology has completely revolutionized the health care world with innovations for treating patients throughout the whole body with minimally invasive techniques, using catheters and wires as small as a piece of string to place coils, stents, embolic particles, etc., in every part of the body. This is done with the use of these products that change everyday with technology. It requires the staff, like Joe, to be very flexible and teachable with all these new products.

Joe has taken the responsibility of not only knowing every piece of equipment we use in the interventional Radiology suite but passing this knowledge on to others that assist with the procedures in IR. He constantly brings the nursing staff and technology staff together for in-services on the equipment we use and the procedures we will do in the IR lab. Joe takes time to make sure the whole team of Nurses and Technologists have the knowledge they need to provide lifesaving treatments to our community and those we serve.

In many instances, TIME is of the essence, so training and skills that can be done automatically as a team are so critical to excellent results for our patients. Joe has taken this responsibility on with excellent results, helping our hospital get Gold awards in Comprehensive Stroke and doing new oncology procedures to placing "Pipelines" in the brain to divert blood flow and prevent strokes and/or aneurysms from happening.

Through having technologists like Joe as part of the IR team for 20 years, we are providing lifesaving procedures to our community as he has lead the way in learning and passing on his learning to others.

PARTNER IN CARE AWARD | BRIAN MARYHEW

Brian Maryhew started his patient care technician (PCT) career at Mission Hospital in March 2009. He transitioned into a PCT II role in August of 2015 to increase his knowledge and skills in a secretary role, in conjunction with maintaining and excelling in his role as a unit PCT taking care of patients. Brian's attitude, smile, and willingness to help in any way is infectious, and he exemplifies all of our core values here at Mission Hospital.

Brian trains new PCTs to the unit, teaches at skills days, and will change his schedule to accommodate the floor when we are short. He is always a pleasure to work with, and his co-workers express on a daily basis the effort he puts in to help others.

It has been a pleasure working with Brian on the unit and I am excited to see what his future holds here at Mission. Patients continually give Brian positive feedback, and nurses know that when they are partnered with him that their patients will receive excellent care. Thank you, Brian for all that you do on 3 West.

PARTNER IN CARE AWARD | CITRINE BARRANI

Citrine Barrani is a Mental Health Worker for the Behavioral Health department, and an integral member of the team. She was nominated for this award by her peers for her compassion towards patients and her dedication to excellence. Her expertise in the de-escalation of agitated patients positively impacts patient outcomes by reducing the need for code greys and seclusion/restraint events on the unit. She is also an AVADE instructor, where she trains other caregivers in how to safely respond to and de-escalate aggressive patients. Citrine is present in all her interactions, listens intently to her patients and deeply cares for the psychiatric population. She is always willing to go above and beyond to ensure that patients receive the highest quality of care. As an extremely important asset to both the ministry and our department, Citrine is greatly respected and appreciated by her peers. We are so excited that she has chosen to begin nursing school and know that she will be a fantastic addition to the nursing profession. We are thrilled to recognize Citrine for this award.



Innovation Award

BEHAVIORAL EVALUATION AND ADDICTION MANAGEMENT (BEAM) TEAM

It is with Pride we recognize Mission Hospital's BEAM Team. The BEAM Team is a unique program that began in 2019 on the Mission Viejo campus. This is a dedicated novel nursing role designed in response to concerns from staff regarding patients with behavioral and substance use disorders including escalating workplace violence within these patient populations. During a literature review there were several articles discussing behavioral health trained nurses responding to situations that needed immediate interventions, but there was a lack of literature about specialty trained addiction nurses. This concept of a specialty team of nurses trained in substance use disorders that could proactively round and take calls to assist patients and educate staff on how to manage this patient population was designed. The team was initially formed with a core group of certified addiction nurses, Tracey Cook, Nancy Starsiak and Sean Tobin. The purpose of the BEAM team was to proactively identify and manage patients at risk for drug and alcohol withdrawal, respond to any provider concerns about patient or staff safety by acting as an expert in de-escalation techniques and role modeling, and conduct in-time staff education on withdrawal symptom management.

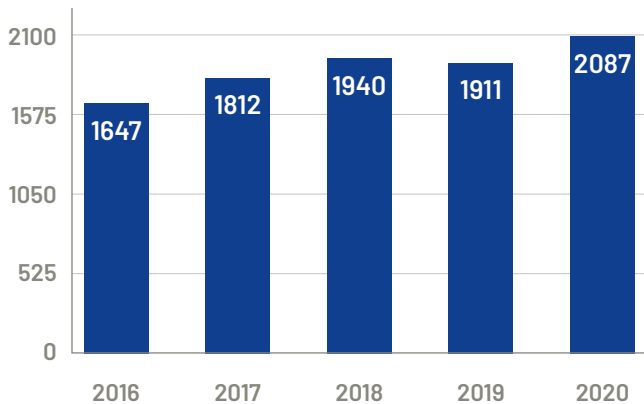


During the first five and half months the BEAM nurses had a total of 2003 patient encounters, with 1960 of those being patients in drug or alcohol withdrawal. Through this time there was a significant reduction in code greys and a dramatic increase in referrals to the inpatient chemical dependency unit. A post implementation survey of staff nurses demonstrated an increased comfort level in caring for these patients from 6.25% to 32.8%. The BEAM team is an innovative strategy to improve care and outcomes of patients. The BEAM team deserves this recognition for improving workplace safety and supporting our overall safety plan for the organization.

Sepsis

Sepsis is a life-threatening organ dysfunction that results from the body’s negative response to an infection. Sepsis is a medical emergency. It requires prompt recognition, timely and effective antibiotics, careful hemodynamic support, and control of the infection source. Providence Mission Hospital has a rigorous Sepsis Program utilizing a multi-disciplinary approach in the management of the adult population by providing clinical excellence in the early recognition and treatment of sepsis.

Fig. 1: Annual Total Sepsis Patient Volume



Providence Mission Hospital treats and services nearly 2,000 sepsis patients every year (Figure 1). In fact, from 2017 to 2020, the top diagnoses of patients discharged from our facility involves “Septicemia or Severe Sepsis.”

Year after year, our program has also improved on quality sepsis care, driving down our mortality numbers and rates due to our prompt recognition and response from our hospital staff and Rapid Sepsis Response Nurses. In 2020, we attained a stellar 0.79 sepsis mortality observed vs. expected, meaning we observed less mortalities than expected (Figure 2). As a result, Healthgrades awarded our facility 5-star quality for Critical Care Excellence Award in Sepsis (Figure 3).

Fig. 2: Annual Sepsis Mortality Observed vs. Expected Ratio

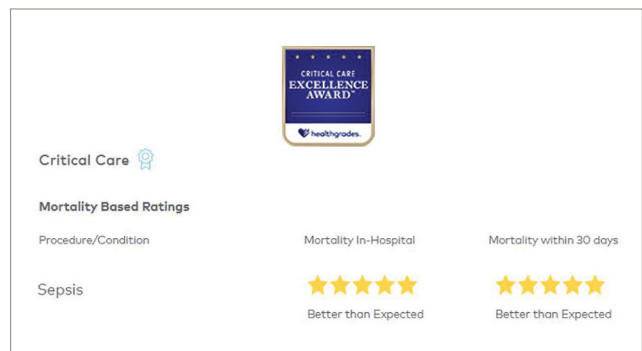
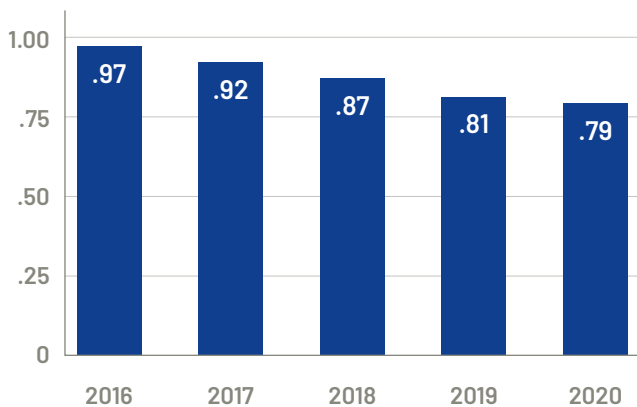


Fig. 3: Healthgrades Critical Care Excellence Award – Sepsis

In September, we celebrated Pavilion Telemetry-Sepsis Unit's 2-year opening anniversary and September Sepsis Awareness on both campuses with an "I Scream for Sepsis" ice cream event (Figure 4).

2020 has been a remarkable and unparalleled year for our entire society. It will forever be remembered as an extraordinary year for all health care professionals and will undoubtedly be documented in history for generations to come. The pandemic changed how we work, learn, and interact with one another. It essentially catalyzed the need of a more virtual, socially-distanced existence.

Throughout the year, we adapted and remained steadfast in engaging with our community by providing virtual sepsis educational Zoom webinars facilitated by our Sepsis Coordinators, Dr. Charles Bailey, and Dr. Tanya Dall. In November 2020, we enthusiastically participated alongside Stroke & Trauma in Mission Viejo's Drive-Through Flu Shot Clinic to raise sepsis awareness (Figure 5).



Fig. 4: September Sepsis Awareness "I Scream for Sepsis" ice cream event celebrated at Pavilion Telemetry Sepsis Unit 2-year anniversary (left) and Laguna Beach (right).



Fig. 5: City of Mission Viejo Drive-Through Flu Clinic.



Most importantly in December 2020, Providence Mission Hospital earned The Joint Commission's Gold Seal of Approval® for Disease-Specific Care Certification in Sepsis. The Gold Seal is a symbol of quality that reflects upon our commitment to providing excellent sepsis care to our patients. The review consisted of evaluating our program's four performance measures: decreasing postoperative sepsis on elective surgical cases, increasing sepsis bundle compliance on early management of severe sepsis or septic shock, decreasing sepsis mortality, and increasing HCAHPS scores on patient discharge information on sepsis.

This is our first sepsis certification and we are the first to achieve this in the entire 51-hospital Providence ministry. We are also the first acute-care hospital in Orange County, California. There are only 73 hospitals in the entire United States with this certification. "Safety and quality are at the core of everything we do and our commitment to provide outstanding care for our sepsis patients demonstrates that dedication," says Dr. Linda Sieglen, Chief Medical Officer at Providence Mission Hospital.

We received several accolades including but not limited to: **1)** extensive multi-disciplinary collaborative efforts, **2)** comprehensive physician involvement, **3)** ability to adapt to Covid-19 restrictions and continuing to engage with our hospital & local community, **4)** meticulous patient sepsis education documentation by staff nurses throughout hospitalization and upon discharge, **5)** high praise and compliments from a sepsis patient for the excellent care provided by staff extending from Emergency Department to Pavilion Telemetry-Sepsis Unit, and most importantly, **6)** the nurses at Mission Hospital are the "heart and soul" of the program. We are extremely proud of our caregivers for earning this sepsis certification and look forward to 2021!



Providence Mission Hospital's Sepsis Team

Stroke Care

2020 was not a year that any of us expected. Despite the pandemic, our stroke volumes remained the same. The dedication to quality patient outcomes and the perseverance of our frontline staff never faltered despite the growing complexity and high acuity of our patients.

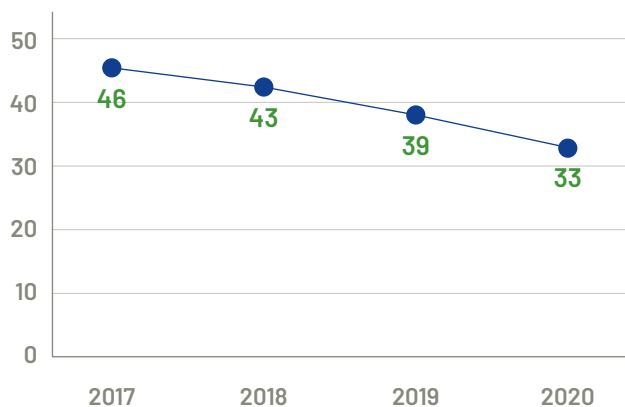
Re-vamping our hyperacute stroke management protocol with the overall aim to improve door-to-treatment times was the main initiative for the stroke program. The team pushed through all barriers to set records for patient care and outcomes. Providence Mission Hospital continues to be the leading hospital in stroke measures in the Southern California Region.

We are extremely grateful and proud of our successes. We celebrate our small wins, watching our patients discharge home to their loved ones. As we prepare for our third re-certification for the Joint Commission Comprehensive Stroke survey, we will continue to make it our mission to deliver the highest-level patient centered care for stroke.

WE DO IT FAST

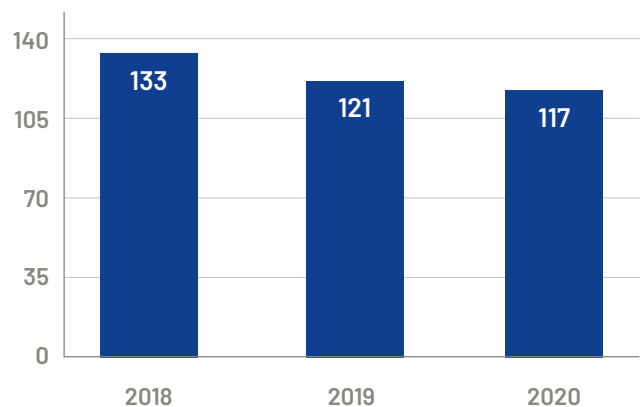
This graph represents how we were able to improve our mean door-to-thrombolytic therapy treatment time over the last three years.

Mean Device/First Pass Time in Minutes for Endovascular Treatment



This graph represents how our door-to-endovascular treatment time has also improved over the past couple years.

Mean Treatment Time in Minutes for Door-to-Needle (alteplase)



WE DO IT SAFELY

- Providence Mission Hospital has earned recognition for 2020 American Heart Association/American Stroke Association Get With the Guidelines Target: Stroke Honor Roll-Elite Plus, Target: Stroke Honor Roll Advanced Therapy: Door-to-needle therapy within 45 minutes in 75 percent or more of acute ischemic stroke patients treated with IV alteplase AND door-to-device times (arrival to first pass of thrombectomy device) in 50% or more of eligible acute ischemic stroke patients within 90 minutes.
- Mission Hospital has also earned recognition for the 2020 American Heart Association/American Stroke Association Get with the Guidelines-Stroke Gold plus Award. This recognizes performance of 24 consecutive months with stroke specific compliance measures (arrive by two hours, treat by three hours, early anti-thrombotics, VTE prophylaxis, anticoagulation if atrial fibrillation, smoking cessation, and statin therapy). We received the HIGHEST GWTG RECOGNITION out of all stroke centers within the Providence System.

Our Advanced Comprehensive Stroke Program has received a renewal of The Joint Commission's Gold Seal of Approval® Accreditation by demonstrating continuous compliance with its performance standards. This designation recognizes our ability to receive and treat complex stroke patients and reflects our commitment to providing safe and quality patient care.



The Joint
Commission



American Heart
Association
American Stroke
Association

CERTIFICATION

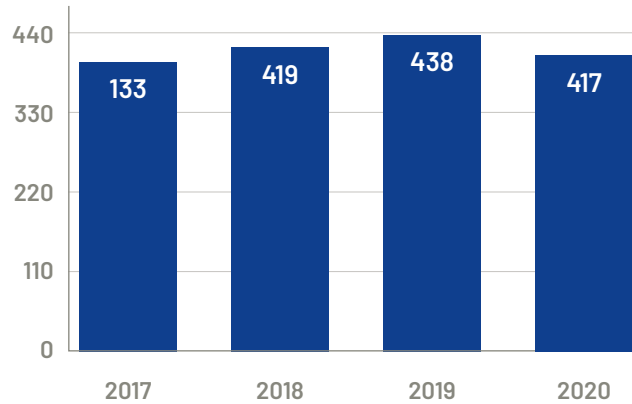
Meets standards for
Comprehensive Stroke Center



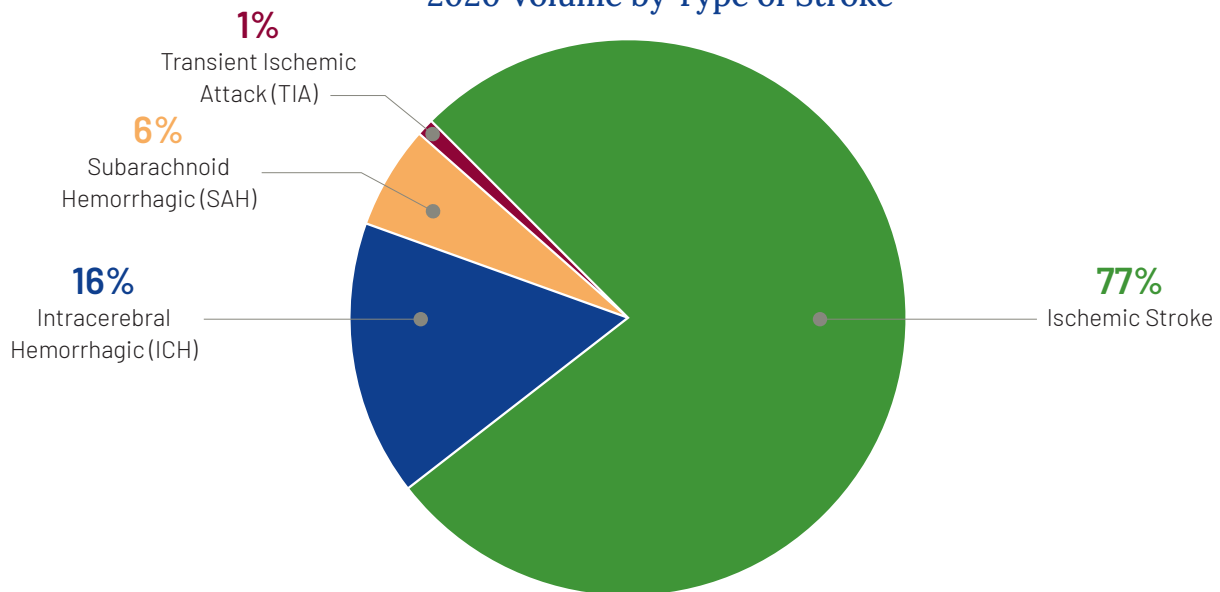
WE DO IT OFTEN

The following graphs demonstrate the volumes of patients evaluated for stroke. A sub-set of these patients were diagnosed with stroke (ischemic or hemorrhagic). Providence Mission Hospital's Stroke program has seen a consistent increase in patient volume over the past three years.

Annual Total Stroke Volume



2020 Volume by Type of Stroke



STROKE SUPPORT: AFTER HOSPITAL

After discharge from the hospital, the most difficult part of stroke recovery is re-entering "normal life." In order to remain connected to our stroke patients, we have implemented a "patients first" engagement platform, called Twistle. This automated patient communication software allows our stroke team to personalize direct outpatient follow-up regarding medication compliance, stroke risk factors, patient satisfaction and outcomes.

Our Values



COMPASSION

Jesus taught and healed with compassion for all.

– **Matthew 4:24**



DIGNITY

All people have been created in the image of God.

– **Genesis 1:27**



JUSTICE

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

– **Micah 6:8**



EXCELLENCE

Whatever you do, work at it with all your heart.

– **Colossians 3:23**



INTEGRITY

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

– **1 John 3:18**



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