

2021 Nursing Annual Report



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Dear Nursing Family,

As we reflect back on 2021, the word resiliency keeps popping up as one of the themes of the year. In so many remarkable ways, our caregivers demonstrated again and again that resiliency is a foundational element of who we are as the Mission family and who we are as people.

One of the most inspiring examples of resiliency is the legacy and dedication of the Sisters of St. Joseph of Orange. Through faith, foresight and flexibility, these courageous women religious created a legacy of service to the poor and vulnerable. We see many similarities in the way our Mission family, especially our nurses, approach their vital role in caring for our community.

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

- In 2021, we earned our fourth Magnet® designation from the American Nurses Credentialing Center. Only 8% of hospitals in the U.S. achieve this designation and it is one of the most prestigious distinctions a health care organization can receive.
- Following a three-day triennial survey, we achieved re-accreditation from The Joint Commission for our hospital and behavioral health programs.
- We also earned The Joint Commission's Gold Seal of Approval® for Sepsis Certification, a reflection of our steadfast commitment to provide safe, high-quality patient care.
- The American Heart Association/American Stroke Association honored us with the Get With the Guidelines® – Stroke Gold Plus Honor Roll Elite Plus Award, which recognizes our commitment to adhere to target measures and provide prompt intervention.
- We were recognized with the Women's Choice Award for America's Best Hospitals for Heart Care, Orthopedics, Cancer Care, Stroke Care and Outpatient Experience. Only the top 10% of hospitals receive this prestigious distinction.
- Providence Mission Hospital was honored once again with the Maternity Honor Roll Award. Only 124 hospitals were recognized for their ability to meet or surpass the statewide target aimed at reducing births via C-section for first time mothers with low-risk pregnancies.

- We also received accreditation from the National Accreditation Program for Breast Centers (NAPBC). This prestigious designation is only awarded to centers that are committed to providing the best possible care to patients with diseases of the breast.
- Newsweek named Providence Mission Hospital as one of the World's Best Hospitals in 2021 and the No. 1 hospital in South Orange County.
- Providence Mission Hospital was also named by Newsweek as one of America's Best Maternity Hospitals. Out of thousands of hospitals evaluated, Mission is among an elite group of only 161 hospitals across the country to receive the highest five ribbon distinction.
- U.S. News and World Report ranked us as the No. 1 hospital in South Orange County and No. 12 in the state of California.
- Healthgrades® recognized Providence Mission Hospital as a Five-Star Recipient in these critical areas:
 - Treatment of Heart Attack (2021)
 - Treatment of Heart Failure (2018–2021)
 - Hip Fracture Treatment (2020–2021)
 - Cranial Neurosurgery (2018–2021)
 - Treatment of Stroke (2017–2021)
 - Treatment of Pneumonia (2007–2021)
 - Colorectal Surgery (2019–2021)
 - Treatment of Bowel Obstruction (2021)
 - Treatment of Sepsis (2007–2021)
- Healthgrades® also named Providence Mission Hospital as one of the Top 5% of hospitals in the nation for Cranial Neurosurgery (2018–2021) and distinguished us with the Cranial Neurosurgery Excellence Award™ (2018–2021).

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 faces the global pandemic with inspiring bravery, but also demonstrates 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





Nurse Magnet Recognition 2021

Providence Mission Hospital received our first Magnet designation in 2012, our second designation in 2017 and our third designation in 2021. Only eight percent of hospitals nationwide have achieved Magnet designation. We are proud of our Magnet culture that values excellence in patient outcomes, nurse work environment and interdisciplinary collaboration.

Health care organizations that achieve Magnet designation empower their nurses to reach their true potential, with a detailed roadmap to advance nursing excellence. Earning Magnet status demonstrates to the community that Providence Mission Hospital recognizes the invaluable potential of nurses to lead change and provide excellence in patient care.

To maintain our Magnet status Providence Mission Hospital was able to show the following:

1. Approximately 1000 nurses at Mission Hospital/Mission Laguna Beach
2. 83% BSN or higher degree, 4% increase for 2021 exceeded IOM 80% by end of 2020
3. 60% Professional Certification Rate, Achieved goal overall 1% increase from prior year
4. Modern Practice/EBP
 - Magnet Third Designation Document completion submitted June 2021/Virtual Site Visit October 27–29, 2021
 - Ongoing revisions Covid 19 Response/protocols/pandemic contingency staffing models
 - RN Clinical Ladder and Shared Governance 55+ active nurses on the clinical ladder MV/LB
 - Patient & Family Education Video in partnership with The Wellness Network
 - Transitioned SDCU into procedural location and expanded Pavilion Tele Sepsis Unit and increase telemetry ACLS competencies and monitored beds
 - Transition into Practice program for residents and fellows to support decreasing first year RN Turnover.
Transition into Practice program became PTAP Certified September 2021.

Coordinating Council Accomplishments 2021

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

2021 ANNUAL GOALS, PROGRESS AND RESULTS

1. Coordinating council will work to continue to standardize charters, accomplishment reporting, attendance and pulse check tracking through 2021 with templates and feedback from the council.

- Charters were distributed as templates and uploaded into the coordinating council team file. All charters reviewed for relevance and goals for council.
- Template developed and distributed for reporting of accomplishments for CNO presentation and Nursing Annual Report.
- Attendance entered in a common excel sheet with formulas to calculate attendance for each council and coordinating council.
- Pulse checks entered in a common Excel spread sheet and reviewed each meeting for follow-up.

2. Coordination Council will develop evidence-based recommendations from Benner (2001) for the managers to utilize to support the growth, engagement, and retention of the nurses on the units.

- Presentation presented to the group on Benner’s model in August 2021.
- Follow-up literature review completed uncovered a framework for finding joy in the workplace from the Institute for Healthcare Improvement.
- Currently, Benner is focusing on the newly graduated nurses coming into practice and not progressing nurses from novice to expert.

3. 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 June and November Coordinating Council meeting.

- 53 pulse check presented to Coordinating council with 42 completed to date (79% resolved pulse checks).
- February 2020 unresolved pulse check on COWS education addressed by Arianna Barnes with video education that will be assigned on HealthStream.
- Eight pulse check from October/November pulse checks will continue to be followed into 2022 in addition to two regarding uniform color and RN logo and Shared Governance website for staff.

4. Coordinating council will identify two co-chairs to assume roles beginning in 2022 with mentorship from one of the current chairs.

Marti Luebke and Cathy Nolte-Slupik are the new co-chairs and are currently being mentored by Arianna Barnes.

PULSE CHECK ACCOMPLISHMENTS

- Short orientation period for Float Pool RNs resolved to having more complete onboarding process (Identified February 2020 and no additional issues identified May 2021)
- No hand hygiene available for patients while in bed lead to availability of individual hand sanitizers bottles (Identified November 2020 and product available May 2021)
- Epic and IT issues related to long log-in times at start of shift and inappropriate training available (Identified March 2021 and resolved May 2021)
- Access requests for TEAMS call in number (Identified June 2021 and resolved July 2021)
- Scanners not working (Identified September 2021 and resolved October 2021)
- Supply shortages and back orders (Identified September and resolved October 2021)

OTHER ACCOMPLISHMENTS AND NOTABLE EVENTS BY COUNCIL:

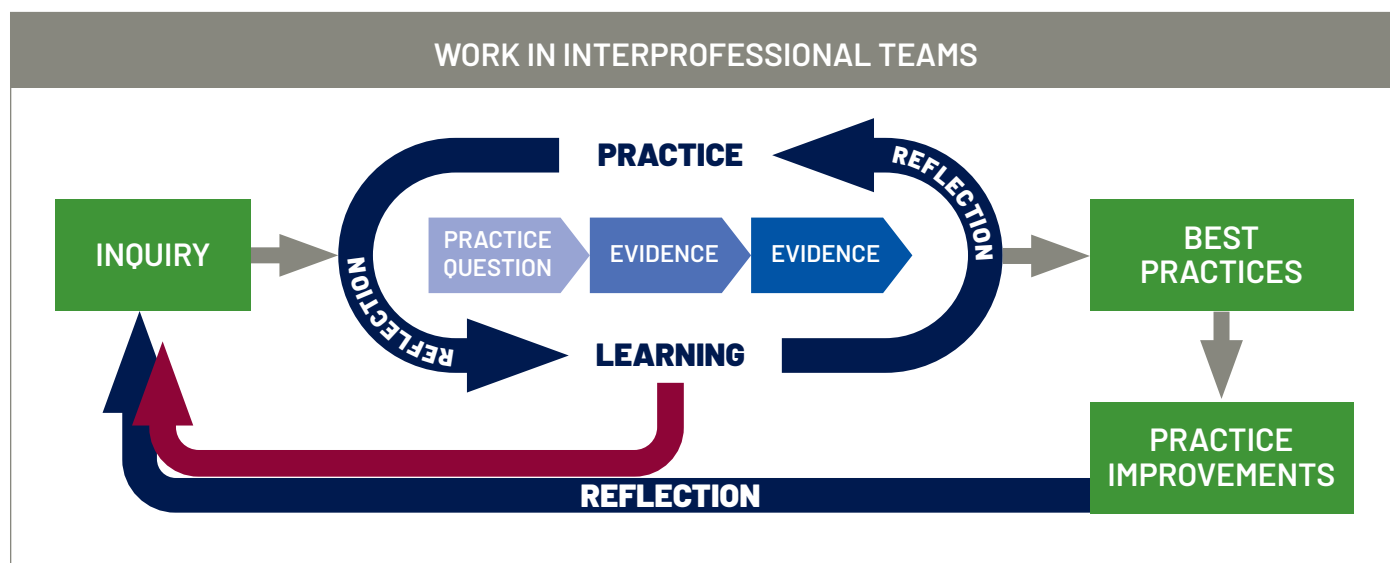
- Supporting Magnet redesignation events and interviews

Research Council Accomplishments 2021

PURPOSE AND SPECIFIC AIMS

The purpose of the nursing research council is to be the voice of scientific nursing practice and promote professional nurses' unique contributions in a culture of inquiry. The Council bridges the gap between Scientific Evidence and Clinical Practice to improve Patient Outcomes and increase Nursing Knowledge. Responsibilities include supporting, evaluating, and reviewing dissemination and publication of project and study results while facilitating compliance of nursing research with Human Subjects Protection requirements.

We do this using evidence-based practice utilizing the **Johns Hopkins EBP Model**:



RECENT IRB NURSING RESEARCH STUDIES DISSEMINATED

Anne Lawson, RN, DnP | "Educating Critical Care Nurses on Advance Directives"

Lara Hart, RN, DnP | "Increasing Civility and Retention in the Perioperative Area"

Liz Stock, RN, DnP | "Increasing Nurse Knowledge of non-convulsive status epilepticus and improve time to EEG Monitoring and Detection of seizures in Hospitalized Patients"

Christine Gurney, MSN, RN | "Implementation of Childbirth-Specific Patient-Reported Outcome Measures in the Hospital Setting"

Annabelle Braun, RN, DnP | "Implications of the American Heart Association's Target: Stroke to Improve Stroke Treatment Time"

Amy Langdale, BSN, RN | "Evaluation of an Educational Intervention to Improve Disaster Preparedness of Mission Hospital Nurses"

Maryam Kakavand, MBA, RN | "Sleep Assessment in the Hospitalized Acute Rehabilitation Patient"

Quality Council Accomplishments 2021

ANNUAL GOALS AND ACCOMPLISHMENTS

1. Bedside Medication Scanning Compliance was at 94.8% of all medications scanned and 95.6% of patients scanned. Improvements achieved by identifying and addressing challenges including incompatible barcodes, dysfunctional scanners and process issues.
2. Learning Performance Improvement Fundamentals from PI department.
3. Application of Performance Improvement Concepts.
4. Council Initial Focus on Patient Experience and hardwiring Caring Reliably tools.

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 2Q CY21</small>
Falls with Injury	16/18 units
Hospital Acquired Pressure Ulcers > Stage II	9/12 units
CAUTI – Catheter Associated Urinary Tract Infection	9/11 units
CLABSI – Central Line Associated Blood Stream Infection	10/12 units
PLUS Two NEW Ambulatory Nurse Sensitive Indicators	
Left Without Being Seen (LWBS) in ED MV, ED LB	2/2 units
Falls with Injury	7/8 units

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

House Wide Practice Council Accomplishments 2021

ANNUAL GOALS AND ACCOMPLISHMENTS

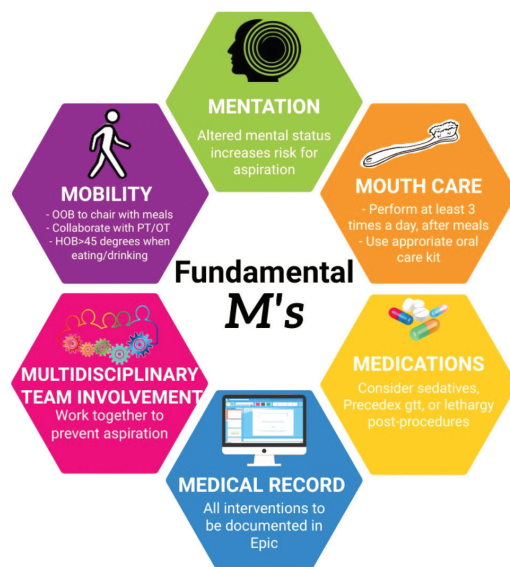
1. Reduction of Non-Ventilatory Hospital Acquired Pneumonia

GOAL

Reduction of Non-Ventilatory Hospital Acquired Pneumonia on Cartel/Definitive Step-down Unit (DSU)

- Created a standardized workflow/standardization of oral care
- Create and provide education for staff to assess risk and interventions to prevent aspiration pneumonia
- Obtained pre-trial data by interviewing patients and evaluating current practice to identify gaps
- Performed needs assessment to staff (RN, PCT, Cope Health Scholars, RCP, PT/OT)
- Pilot/Trial on DSU/Cartel which started in November 2021
- Vendor support with product education at beginning of trial on DSU/Cartel
- Pulse checks with live audits to assess for compliance and identify gaps in workflow

ASPIRATION PREVENTION



TARGET

Currently conducting trial in DSU/Cartel with goal to launch house-wide in 2022.

2. 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.

TARGET

With the EPIC EMR conversion, pharmacy can identify high-risk patients to obtain medication history.

PULSE CHECK ACCOMPLISHMENTS

- Implemented a process for non-ambulatory patients to perform hand hygiene. Identified concerns back in 2020, implemented individual bottle of hand hygiene to patients, provided education to staff regarding use in May 2021.
- Epic policies/conversion identified in March. Escalated concerns to coordinating council. Provided additional resources to members to disseminate to staff. Provided an Epic training session for our members during April meeting.
- Concern with PICC vs Midline Education Flyers. Confusion on dual lumen vs dual port. Flyer updated. (Identified in March and resolved by next council meeting in April)
- Concern when the transport ACLS RN is not available, who is responsible to transport patient. Policy updated to reflect concern/workflow. (Identified in March. Resolved in 7/2021)
- Scanners not working (Identified in March/September). Escalated to safety huddle. Issue resolved on local level by October.
- Heparin medication errors (Identified/Discussed in April/May/June/September/October/November). Have been working with education council and pharmacy to identify gaps to resolve issue. Heparin audit tool developed in September and given to council to perform live audit in October. Live Heparin audit currently being done.
- Control substance lockbox/port-less tubing not being use in March. Escalated to CICU/SICU managers and central supply. Identified issue with CICU manager, shared education with council in April meeting. Requested CS to stock port-less tubing next to lockbox to increase awareness and use. (Resolved in April)
- Epic training sessions at Mariners Church (April/May). Escalated to Jennifer Cord. No issues identified in June.
- CIWA order set (June/August/October). Collaborating with BEAM and providers in developing order set and providing education to staff on current order set available and concerns surrounding those order sets. CIWA order set currently being reviewed for optimization.
- Certain medications not appearing in pyxis. Ordering medication during different phases of care identified of potential cause. Education provided to council regarding phase of care and what that means. (Identified in August. Education provided in September.)
- Releasing orders from ED/outpatient setting to in-patient/Observation. (June/August) Currently under review.
- Concern with new potassium replacements with Epic implementation. (August/October) Practice Alert, education and replacement concentration modified to decrease nurse workload. See Practice Alert below that went out in November.

- Concern with new blunt needles identified in September. New Practice Alert sent out later in September. No future concerns identified.
- No policy in place for urinary retention with removing Foley catheters. Updated policy. (March)

OTHER ACCOMPLISHMENTS AND NOTABLE EVENTS BY COUNCIL

- Identifying gaps in Heparin/Anti-Xa protocol. Currently doing live heparin audits.
- Supporting Magnet redesignation events and interviews
- Monthly report outs from Pharmacy and Infection Prevention

GUIDELINES/WORKFLOW REVIEWED

- MH Surgical Crisis Checklist (March)
- Glycemic Control (March)
- Standardization of bathing (June/August)
- Central Line workflow (August)
- CIWA order set (In progress)
- Blood cultures (August)
- Magnet Prep (September/October)
- IV tubing change
- Blood Cultures (August with Dr. Bailey)

Clinical Practice Alert

Utilizing correct Needle for Drawing up Medication

USE: Blunt needle with Filter

DO NOT USE: Sharp, no filter

- Utilize the proper product with blunt needle and filter (not pink cap)
- Do not utilize the hypodermic needle — as it does not have a filter and is sharp (white cap)
- Blunt needle → less potential for needle sticks
- Filter → prevents injection of sediments
 - Incident of rubber stopper in syringe after utilizing the hypodermic needle

Providence
Rhodes Hospital

Clinical Practice Alert

New Potassium Concentration for Infusion via Peripheral Line (20 mEq/ 100 mL)

What has changed?

Switch to KCL 20 mEq/100 mL bags for peripheral IV administration

Why the change?

- Switching to the KCL 20 mEq/100 mL bags will reduce the number of bags the nurse needs to administer for potassium replacement

How does this affect you?

- Pharmacy will provide premix potassium infusion bags of 20 mEq/100 mL (accessible through Pwnix Medstations)
- Infuse potassium infusion via Y-site with IV maintenance fluids when feasible to reduce risk for phlebitis
- Infuse potassium via a large bore vein when feasible to reduce risk for phlebitis
- Obtain order from provider to infuse at slower infusion rate if irritation reported
- Less concentrated KCl 10 mEq/100 mL premix bags will remain as a back up for intubated/phlebitis refractory to above measures

CLINICAL PRACTICE ALERTS

PRACTICE ALERT

August 2021
Providence
Rhodes Hospital

STANDARDIZATION OF IV TUBING LABELING

Situation: IV tubing labeling practices are not consistent across all nursing units.

Background: The CLARIS PI team has updated the tubing change policy per 2021 Infusion Nurses Society (INS) standards:

- Cytotoxic IV tubing change frequency will be standardized to twice per week, every Tuesday and Saturday (instead of Q 36 hours)
- All other tubing will require a "white label" with the date the tubing is scheduled to be changed and the tubing change frequency per the below:

Tubing labels should include Day / Date to be changed including RN initials and time it was initiated/hung.

Line Type	Tubing Change Frequency	Labeling Requirements
Central Line	Change every 7 days	Label with date and time of change, RN initials, and time.
Peripheral Line	Change every 7 days	Label with date and time of change, RN initials, and time.
Arterial Line	Change every 7 days	Label with date and time of change, RN initials, and time.
Spinal Line	Change every 7 days	Label with date and time of change, RN initials, and time.
Other Lines	Change every 7 days	Label with date and time of change, RN initials, and time.

ALL OTHER TUBING should have a WHITE LABEL with the date and time the tubing is due to be changed!

QUESTIONS? Contact: Jill Donatikon, MSN RN-CCRN at jill.donatikon@providence.com

PRACTICE ALERTS

NEW STANDARD WORK & PRODUCT ALERT

On any given day, in 11 hospitalized patients requires a healthcare-associated infection. Transient bacteria can be picked up from patient environment or on surfaces. Proper patient hand hygiene reduces bacteria on patient's hands, serving as an effective way for preventing healthcare-associated infections. In order to decrease healthcare-associated infections, attention is needed on improving hand hygiene alongside our patients.

Actions to reduce healthcare-associated infections:

- Educate patient on the importance of hand hygiene to reduce infection risk.
- Provide hand hygiene products for patient's easy accessibility.
- Remind patients to perform hand hygiene before eating and taking medications.
- Clean and disinfect highly touched surfaces (e.g., bedside table or bedpan) daily.
- Prepare medications on a clean surface.
- Encourage and assist patients with hand hygiene after using the toilet, bedpan, or bedpan.
- Assist patients with poor dexterity or cognitive difficulties to perform hand hygiene.
- Hand wash with soap and water for 15-20 seconds or sanitize hands on all surfaces and rub until dry.
- Be a role model for patients and perform effective hand hygiene!

Please verify with nurse if hand sanitizers are appropriate for the patient. Patients who SHOULD NOT receive a bottle of hand sanitizer:

- Alcohol abuse (currently on a trial period)
- Altered mental status including confusion, agitation, & delirium
- Social and/or psychiatric hold

PRODUCT ALERTS

Nurse Heparin Protocol Audit

We will use this form as a real time audit of our Heparin protocols.

Hi, Jennifer! When you submit this form, the owner will see your name and email address.

* Required

1. *

Please input date (MM/DD/YYYY)

2. What unit are you auditing? *

ICU

DSU/CareM

JWest

PROTOCOL ALERTS



Clinical Informatics Council Accomplishments 2021

ACCOMPLISHMENTS

In the months leading up to the Epic go-live (May 2021), the Clinical Informatics Council (CIC) members realized there was a need for additional unit-specific education in regard to Epic documentation. CIC members discussed holding educational sessions that would be tailored to different specialties, and an education plan was developed by Tessa Canal, Savita Bhogle, and Mary Kay Bader, specifically for the critical care and medical-surgical nursing units. In addition to creating a new SBAP form for nursing handoff that was shared with all of the units, Tessa, Savita and other CIC members developed educational binders for each department. The CIC felt this additional training and support helped to better prepare the nurses for the Epic transition. This was an accomplishment for our council, especially in the midst of the challenges that the COVID pandemic presented.

ANNUAL GOALS FOR 2022

1. Enhance collaborative practice and promote a culture of safety through utilization and optimization of the Epic EHR software. Council members run monthly data reports for Bedside Medication Verification scan rates for each nursing unit. This data is reported to Quality.
2. Council members to provide peer support for Epic and report any suggestions for changes or optimization to the council. Clinical Informatics representative to attend council meetings to facilitate SBARs that may be submitted for optimization requests.
3. Council members to attend at least 80% of meetings.

Leadership Council Accomplishments 2021

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 of hire. 2021 presented us with many challenges on completing this goal since most units canceled meetings for nine months and house wide meetings were canceled for three months. Our council has identified approximately 25% of new hires have attended a unit or house wide council meeting.

2. Engagement/Retention

Increase nursing engagement in Shared Governance (SG) from 38% (2020) to 50% in 2021. As noted above, due to COVID, meetings were very limited this year and most units were presented with staffing shortages limiting attendance and engagement. It was determined that completing a survey for 2021 was not necessary since the prior surveys had identified our priorities. However, without a survey the specific percentage regarding engagement was not obtained.

- Evidence Based research was conducted on increasing engagement and therefore retention. Findings show when employees find their work meaningful they are more likely to be engaged and retention is increased.
- Ideas were presented to Coordinating Council and Jennifer Cord. Specific action plans are being formulated and subsequent goals were identified based on those findings and will be rolled into 2022 goals for council.

3. Awareness

Increase awareness of Shared Governance from 85% to 90% based on the survey. Two goals outlined for 2021 of hosting an informational table at Nurses week and participating in SG informational meeting.

- Due to COVID the Leadership Committee was unable to host an informational table at Nurse's Week nor participate in the Shared Governance information meeting for unit chairs, managers and directors.
- The Council conducted a survey late 2020 and shared information with Coordinating Council early 2021. The Survey highlighted that RN's were aware of Shared Governance and felt Councils are beneficial to patient outcomes and satisfaction, but many do not participate due to lack of time.

4. Information Dissemination

Information Dissemination: In an effort to improve accessibility to all Shared Governance Council activities the NLC developed two plans of actions:

- Shared Governance Boards will be prominently displayed and updated in the units including activities, projects and goals. 80% of units to update by July 2021 and 95% by December 2021. Approximately 95% of units have updated their Shared Governance Boards and continue to keep information up to date. Units embraced the Mission Driven theme for Magnet and have incorporated that into their boards as well.
- The goal of developing a website for all staff to have accessibility to Shared Governance meeting minutes, projects, etc. had been identified as a long-term project and continues to be a focus of this council for 2022.

PULSE CHECK ACCOMPLISHMENTS

- **Epic rollout** – clarification regarding charges. All units were confused as to what should be charged. Coordinated with all councils through the Coordinating council and resolved. Epic cheat sheets created on all units.
- RN burnout at all time high due to COVID and Epic rollout. Sharing of ideas and plan for leadership council reps to take back ideas to roll out to unit. Suggestions to acknowledge efforts, unit based activities as appropriate (i.e walks, lunches, provide bonding outside of hospital, pictures of team members on wall, etc.).

OTHER ACCOMPLISHMENTS AND NOTABLE EVENTS BY COUNCIL

- Assisted with Magnet re-designation by ensuring Shared Governance boards were updated with current information and Magnet Cars theme.
- Leadership Chair acted as a Magnet escort by setting up TEAMS calls, keeping meetings on track and providing information as needed.



House Wide Education Council Accomplishments 2021

ANNUAL GOALS AND ACCOMPLISHMENTS

1. Bachelor of Science Nursing (BSN) Rate

House Wide Education Council (HWEC) met the 2021 goal of maintaining a BSN rate greater than or equal to 80%. Providence Mission Hospital is currently at 83%. Support for this is provided by tuition reimbursement, Valant Women Scholarships, access to school of nursing affiliations and support by nursing administration with flexible hours and preceptorships.

2. Professional Nursing Certification Rate

HWEC met the strategic goals of maintaining a nursing certification rate greater than 51%. Providence Mission Hospital's nursing certification rate is at 52% for a second year in a row. Support for this includes a certification bonus and offering certification review courses online and in person locally. Chemical Dependency HWEC representative Tracy Cook BSN, RN, CARN developed study group sessions and celebrated each nurse who passed their Certified Addiction Registered Nurse (CARN) certification with a group walk along the coast in Laguna Beach.

3. Transition in Practice (TIP) Program

On September 27, 2021, Providence Mission Hospital Nurse Residency Program was accredited with distinction, as a Practice Transition Program by the American Nurses Credentialing Center's Commission on Accreditation.

The TIP program consists of New Graduate RNs and experienced RNs transitioning to a new clinical specialty. Three cohorts occurred this year with a total of hired 167 TIP RNs in 2021. The outcome of Providence Mission Hospital TIP program in 2021 is the First Year New Graduate RN Turnover for Providence Mission Hospital was only 4% compared to National average of 25%.



In August 2021, HWEC launched the Nursing Education & Resources SharePoint site for nursing staff. This intranet SharePoint site is a one-stop-shop where staff can gather valuable information and resources on education programs and opportunities. The Nursing Education and Resource Site includes sections on RN Professional Development, Nursing Shared Governance information & meeting minutes, Nursing Resource (Pain fast facts, Wound, Ostomy & Skin resources and Clinical Practice Alerts), Life Support Training, CE Unlimited, Student Training, HealthStream information, Library Resources, Upcoming Conferences and Classes. Additional resources include Transition into Practice (TIPS), Preceptor Program, Clinical Ladder, Tuition Reimbursement, Certification Policy, Referral Program and Advance Degrees.

Going to one location to gather education and resource information is a benefit for nursing staff looking for professional development and career advancement.

The Professional Education Department worked together with the HWEC to come up with ideas and topics to highlight on this site. HWEC also provided valuable feedback on site navigation enhancements and suggestions on graphics to make the site more user friendly and visually appealing. Additionally, HWEC played a prominent role in championing this site by putting up flyers in their respective units and promoting this site in meetings and emails. From the launch in August 2021 through end of year 2021 there were 465 unique visitors and 2,100 total site visits!

4. Implement Donna Write Competency Model

Donna Wright is a nursing theorist who developed the Donna Wright Competency Model. Providence Mission Hospital implemented this Competency Model in nursing during 2021. This is a new approach for identifying and completing annual competency assessments (former REC days). Based on the concept that competency is not assessed just to meet regulatory requirements, this model ensures that nurses are giving the best possible care to our patients. This model utilizes the employee-centered verification process, whereby the employee has choices from a selection of verification methods.

5. Patient & Family Educational Video Library

HWEC strongly supports providing education to our patients and their families on their disease process, medications and how to care for themselves at home using the video library. This video platform by The Wellness Network provides patients with over 1800 educational videos along with printable resources from disease prevention and treatment to patient safety and long-term disease management. Videos can be used throughout the patient's stay from inpatient to, discharge to home and are available in both English and Spanish. Access is easy through missionhospital.healthclips.com or a QR Code that is available in all patient rooms.





BEAM Accomplishments 2021

The Behavioral Evaluation and addiction management (BEAM) team is a group of nurses who are specialized in behavioral de-escalation and addiction management. This group of nurse's focus include the high-risk addition, and behavioral and CIWA patients with a focus on medication management to prevent code greys and workplace violence. The BEAM nurses proactively identify and manage patients who would benefit from a nurse trained in addiction management.

ANNUAL GOALS AND ACCOMPLISHMENTS

1. We had 22 in-Patient Clinical Decision Unit (CDU) Admits CY 2021.
2. There was an increase in high Clinical Institute Withdrawal Assessment (CIWA) post-Epic implementation.
3. There was a decrease in workplace violence incidents with the rate dropping from 1.17 in CY 20 to .88 CY 21. The BEAM team published a major article in the American Nurse Journal highlighting their recent work and success in reducing the incidents of hospital workplace violence here at Providence Mission Hospital.

LIFE AT WORK

BEAM: The behavioral evaluation and addiction management team

Shining a light to reduce hospital workplace violence

By Dawna Nadeau, RN, ML, CNA, K, Chae Duah, PhD, RN, Denise Figueira, MSN, RN, CANS, and Jill Davidson, MSN, RN, CNA, CCRP

Workplace violence isn't just a scary thought; it's a reality. In 2019, the Bureau of Labor Statistics reported that 1.7 million workers were injured or made ill by workplace violence. The American Nurses Association has been a vocal advocate for workplace violence prevention. The BEAM team at Providence Mission Hospital is committed to reducing workplace violence through education, training, and support. This article highlights the team's efforts to reduce workplace violence incidents and improve patient care.

BEAM Spotlight on solutions

The BEAM team proactively identifies and manages patients with behavioral health needs. This includes patients with substance use disorders, mental health issues, and those at risk of workplace violence. The team provides a safe and supportive environment for these patients, ensuring they receive the care they need. Key solutions include:

- **Identify patients at risk:** The team uses various tools and assessments to identify patients who may be at risk of workplace violence or have behavioral health needs.
- **Provide a safe environment:** The team ensures that all patients receive care in a safe and supportive environment.
- **Collaborate with other teams:** The team works closely with other healthcare professionals to provide comprehensive care.

Take steps to decrease workplace violence and improve care

Workplace violence is a significant concern for healthcare professionals. The BEAM team has implemented several strategies to reduce workplace violence and improve patient care. These include:

- **Identify patients at risk:** The team uses various tools and assessments to identify patients who may be at risk of workplace violence.
- **Provide a safe environment:** The team ensures that all patients receive care in a safe and supportive environment.
- **Collaborate with other teams:** The team works closely with other healthcare professionals to provide comprehensive care.

Ad INDEX

Annual Report on Advertising in the Healthcare Industry

Advertising Revenue	\$1.2B
Print Advertising Revenue	\$1.0B
Digital Advertising Revenue	\$0.2B
Print Advertising Growth	+5%
Digital Advertising Growth	+15%

For advertising and marketing information, contact us at 1-800-368-6273.



2021 Nurses Week Awards

QUALITY AWARD | SEPSIS TEAM

The Sepsis Nurse Team at Providence Mission Hospital has deep roots and dedication to saving lives and making a difference in our community. Sepsis has long been addressed at Mission Hospital since the early 2000's by Kirsten Springer and Dr. James Keany during its infancy stages. Eventually, the program grew and the first Sepsis Coordinator to spearhead a formal program was Berto Muniz, who started this program in 2015 alongside Cherie Fox. Berto formed a team of expert nurses who were specially trained to care for sepsis patients and worked in conjunction with the Rapid Response Nurses to care for this specific population. Sepsis patients can quickly and precipitously decline and require timely quality care as it is a medical emergency. Creating this dedicated Sepsis Nurse Team was an invaluable piece of sepsis care at Mission Hospital. Since the inception of the Sepsis Team, Lanise Hurley officially took over the role as Sepsis Clinical Coordinator and Elaine Ahn joined the team as Sepsis Coordinator in late 2019.

The dedicated Sepsis Nurse Team responded to Code Sepsis cases, consulted with nurses and physicians to provide quality sepsis treatment, improved patient outcomes by ensuring patients receive timely and accurate sepsis care, increased efforts to achieve top percentile in CMS SEP-1 Sepsis Bundle Compliance guidelines, and generated traction for house-wide awareness in sepsis care. The Sepsis Nurse Team worked conjointly with the Rapid Response Team and were huge advocates for not only excellent patient care but also providing additional educational resource to nurses throughout the hospital.

When Jennifer Cord joined Mission as CNO, she and the other executive team members identified the opportunity for a unit that was able to address the needs of sepsis patients who required focused sepsis care with telemetry monitoring. Staff from Mission Hospital visited our sister ministry at St. Jude's to learn from the dedicated Med-Surg-Tele unit they had created. As a result, the Pavilion Telemetry-Sepsis Unit (PTSU) was officially formed and the unit had its official inaugural opening in September 2018, led by Nurse Manager Stefanie Ferguson and now Executive Director Cherie Fox. As time progressed, nurses at PTSU developed expertise sepsis knowledge and became subject-matter experts. In turn, PTSU gained the respect of physicians and fellow colleagues as they had continued to significantly make positive impacts on sepsis performance measures, patient outcomes, including life-saving endeavors. As proponents of sepsis awareness, the PTSU team also piloted sepsis education for the community, oftentimes engaging with the community alongside Mission Hospital's Stroke Program.

In 2019 the Sepsis Program decided to officially pursue certification from The Joint Commission (TJC) Disease-Specific Care Certification in Sepsis. This certification specializing in sepsis has not yet been achieved by any ministry in the entire Providence 51-hospital system. To achieve this goal, house-wide efforts were implemented by amplifying the already established multi-disciplinary approach by engaging various departments including, but not limited to, the following: Physicians, Care Management, Therapy Team, Spiritual Care, Palliative Care, Quality, Infectious Disease, Laboratory, Pharmacy, EMS, etc. The Joint Commission surveyor reviewed various units, hospital staff, interviewed a patient and explored closed medical charts to review if appropriate sepsis care was provided. After the investigation, a formal evaluation was received where we received “No Findings”, which is a difficult feat to achieve as it indicates that there were no outstanding patient safety issues that were found. The surveyor celebrated our recognition and recognized that “the nurses at Mission Hospital are the heart and soul of this Sepsis Program.” Mission Hospital received the excellent distinction of receiving TJC Certification in Sepsis in December 2020. Our facility became 1 of 73 hospitals nationwide (out of 6,300+ hospitals) and the first acute-care hospital in Orange County, California receiving this Sepsis Certification. Most importantly, Mission Hospital became the first hospital in the entire Providence ministry to receive this accolade and are now leading the way by encouraging other Providence ministries to pursue this distinction.

As the Nursing Quality Council, we could not be prouder to honor the entire Sepsis Nurse Team, including the leadership, physicians, nurses, technicians, with our Nurses’ Week Award. You are a prime model of our organization’s value of excellence and have changed lives in our entire community. You make a difference every day and we are so proud and grateful!

EDUCATION AWARD | KENNA STONE, MSN, RN, ONC, CMSRN

Kenna Stone is continuously educating about joint replacements and large bone fractures. She educates staff, patients and even physicians. Kenna is the Orthopedic Coordinator and spends most of her job educating. She provides excellent pre and post-operative education to our joint replacement patients. She also is constantly educating our staff that care for these patients and even puts out orthopedic notes each week with helpful information for the staff regarding the best practices in joint replacement care. Kenna chairs the Total Joint Replacement Committee and organizes education for the committee on a variety of subjects including pain management, best practices in medication management, CMS standards, preoperative nutrition, physical therapy and many others. Kenna sees almost every total joint replacement patient in the hospital or in PACU before they go home and continues educating. Kenna’s advocacy for patients and staff is manifest through her excellence in providing education. There is no doubt that our joint replacement program is so successful because of Kenna’s dedication to educating our patients and staff. For all these reasons, Kenna Stone was selected as the 2021 recipient of the Education award.

LEADERSHIP AWARD | DALE GOODE BSN, RN, TCRN

Dale Goode has been an exemplary leader at Mission for the past 20 years and has assumed numerous leadership roles during his tenure and continually inspires everyone he encounters with his dedication for improving Mission Hospital. Dale embodies all of Mission Hospital’s values in his every interaction with patients, staff, physicians, and visitors. He has a positive attitude and provides excellent care at the hospital bedside as his notable background in the ED/ICU has built a strong foundation of knowledge which serves as a resource to all. Dale has recently joined the trauma team, but has a wealth of knowledge from being a charge nurse in the ED, Rapid Response, and has taken the lead regarding Code Hemorrhage. Dale was one of the original members of the Rapid Response Team as he recognized the need hospital wide. Dale has continued to grow his knowledge by becoming a certified Trauma Care RN (TCRN) as well as become a certified Advanced Trauma Care (ATCN) Instructor. Dale’s commitment to his education and knowledge brings best practice to the bedside including his leadership that sets him apart. These qualities have brought peace and comfort to all those he serves including patients and co-workers. Dale is also a Clinical III RN who gives 100% with all he does.

PRACTICE AWARD | KRISTICA KOLYOUTHAPONG PHARMD, BCPS

Kristica Kolyouthapong graduated from UCSD with a double major in human development and general biological sciences in 2009. With her understudies complete, Kristica had a desire to be in the medical field. Her interest in how medications work in various disease states, wanting to help people manage chronic illness and in acute care settings led her to a pharmacy program at UCSF. Kristica completed this program in 2015. After graduation, she finished a residency at Fountain Valley Regional Hospital. Kristica joined the Mission family in 2016 as a clinical pharmacist. In June of 2020, Kristica was appointed the Medication Safety Specialist. Kristica collaborates with nursing to correct processes ensuing patient safety when administering medications. She enjoys both being at the bedside and being part of the administrative team to ensure safe medication administration. One of the aspects of her role is to analyze the performance of medication processes and lead redesign efforts to mitigate drug-related outcomes that may cause harm. She has been involved in many initiatives surrounding medication administration including controlled substance lock boxes, insulin administration, and heparin infusion management. She also mentors students and colleagues to develop professionally and achieve their personal goals.

Kristica has been an integral member of the practice council for over two years successfully, creating a connection between pharmacy and nursing to ensure the overall team is working toward the goal of patient safety. She has bridged the gap between pharmacy and nursing. Kristica helps the nurse understand some of the safety concerns surrounding medication administration and communicates process concerns back to pharmacy. Last year, one of the council's goals was to implement a process of notifying pharmacy with patients taking high-risk medications, such as anti-coagulation and transplant medications, on admission to ensure they are correctly ordered to prevent patient harm from missed or wrong doses. Kristica helped the council work through the needs of pharmacy while allowing input from the nursing council to develop a process for notification and monitoring through Meditech. At each of the monthly meetings, Kristica shares real-time medication safety concerns, collaborates to help prevent/reduce errors, and discusses process improvements surrounding medication administration.

Kristica makes a significant impact on patient safety at Providence Mission Hospital and has been a vital member of house wide practice council because of her passion, mentorship, teaching, and evidence-based practice. It is with great pleasure we present Kristica Kolyouthapong with the 2021 Nurses' Week Award for Practice.

PRECEPTOR AWARD | DANI MULVANA BSN, RN, CPAN, CAPA

Dani Mulvana has been nominated by the Housewide Education Council as the Excellence in Preceptorship Award winner for 2021. This honor is awarded to the preceptor who has gone above and beyond to support new nurses using Married State Preceptor Model.

Dani graduated from Azusa Pacific University in 2014. She began her career here at Providence Mission Hospital in the SICU on the night shift. Dani transferred to PACU in 2016 and quickly became a valuable member of the PACU team. Dani became a preceptor in 2019 and has skillfully, confidently, and patiently precepted our PACU TIP RNs as they transition into the PACU.

Dani has exemplified Married State Preceptor Model. The PACU RNs that nominated her had this to say:

- **Michelle Husted MSN, RN** – Dani immediately made me feel like a welcomed and valued member of the PACU team. She consistently supported me while fostering independence and confidence throughout my training. She allowed me opportunities to problem solve on my own while simultaneously offering supportive guidance when I needed it. Throughout my orientation, Dani was wonderful in recognizing learning opportunities for me. She consistently provided helpful and constructive feedback. One of Dani's many strengths as a preceptor is that she is approachable and has guided my learning by being open to questions and easy to communicate with.

- **Jenna Jorgeson BSN, RN** – I have had the pleasure of knowing Dani for a few years. She has a great attitude and is very caring. She made me feel very comfortable when I was new to PACU. She always answered my questions with a smile and I never felt like I was alone.

Together with the PACU RNs, PeriOp Leadership, Housewide Education Council and Jennifer Cord, CNO, we are honored to recognize Dani Mulvana with the “Excellence in Preceptorship” award.

PARTNER IN CARE AWARD | STERILE PROCESSING DEPARTMENT

Sterile Processing is the foundation of the hospital. It supports many of our specialty areas and nursing units. The team’s support during the COVID pandemic was instrumental in caring for our staff and patients. Their ability to rapidly adapt practices to support nursing included reprocessing of N95 respirators. Working with Infection Prevention, they developed the process, workflow and education required for nursing to ensure staff had the appropriate PPE during an extreme national shortage. During the crisis the sterile processing technicians picked up 8,068 and processed 7,741 N95 masks. As the crisis continued the health system selected to outsource the reprocessing of the masks. The quality was subpar and nursing staff requested that the Sterile Processing Technicians take the process back. They happily did this to ensure staff safety and satisfaction. This team who services our procedural areas were able to make a significant contribution to the nursing departments caring for the most vulnerable population. They did this with a grateful heart to be able to make a difference for our staff.

PARTNER IN CARE AWARD | JACOB HARBIN

Jacob Harbin started his patient care technician (PCT) career here at Providence Mission Hospital in 2020 during the height of COVID. His compassion, dedication, and work ethic were clear from the beginning. Jacob’s attitude and willingness to help anyone is evident by the fact he was even nominated by a PCT that works for another unit. Jacob helped another PCT feel at ease being on a COVID unit, while supporting this PCT take care of a patient. The PCT was impressed by Jacob’s positive demeanor that helped make the patient comfortable, and by his ability to remain calm and compassionate with patient’s who needed more support.

Jacob’s peers enjoy working with him as he exemplifies our promise of “know me, care for me, ease my way.” They know that they will have a great shift as he eases their way with the workload – he is a true partner. Additionally, they feel that each patient is cared for not only their physical needs, but equally as well on their personal needs. When rounding on patients and families, they always point out Jacob as a caregiver who has gone above and beyond on their care. Jacob can always be found out on the unit helping his patients, helping his co-workers, or asking what he can do to help.

PARTNER IN CARE AWARD | SERGIO BARRANCO MUNIZ

Sergio Barranco Muniz has worked for Providence Mission Hospital for over 10 years, starting as a Nurse Assistant/PCT, and then transitioning to the role of Mental Health Worker at Providence Mission Hospital Laguna Beach on the Behavioral Health Unit, where he has worked for the past 6 years. Sergio was nominated for this award because of his tireless work ethic and dedication to service. He demonstrates all of our core values and is well respected by his peers and colleagues. He has a pleasant, can-do attitude, he’s a great team player, and an advocate for patient safety. Sergio is skilled at de-escalating patients on BHU, and once served as a translator for a Spanish speaking patient who was in crisis and needed verbal intervention/ de-escalation. Sergio’s presence calmed the patient, who stated he felt safe on the unit knowing that Sergio was close by and could understand his needs. BHU is lucky to have such an outstanding Mental Health Worker on our team and, because of this, we are thrilled to honor Sergio and present him with the Partner in Care Award for 2021.

Innovation Award

JILL BRUBAKER BSN, RN, PHN

Jill Brubaker, Clinical Nurse in Labor and Delivery and the Foundation, is the very deserving recipient of the Nurse's week award for Innovation. Jill exemplifies all our core values of excellence, compassion, integrity, justice and dignity and this was perfectly demonstrated through Jill's efforts and commitment to our patients and caregivers during the COVID-19 pandemic.

As the pandemic evolved, the health system and entire healthcare industry was realizing the difficulties in obtaining sufficient supplies of personal protective equipment. In March 2020, Jill received an email from our health system with a video that described how staff in Seattle, Washington were making their own face shields. Fearing that a shortage of PPE could also be anticipated at Providence Mission Hospital, Jill reached out to hospital leadership and discovered the plan to create PPE kits for every caregiver, but there was a critical shortage of face shields.

Jill reached out to family, friends and the local community who rose up in support to meet the need, securing a manufacturing space, forming a team of volunteers and creating a website to collect donations for supplies.

Working with manufacturing templates and collaborating with Providence Mission Hospital's Infection preventionists, Jill ensured the faceshields met caregiver needs and infection prevention recommendations. In addition, Jill ensured infection protection controls were met to protect the team of dedicated family and friends, who worked in shifts, to produce over 2300 faceshields in the first 2 days, enabling all Providence Mission Hospital caregivers to be quickly provided with their own PPE kit.

Jill also collaborated with Dr. William Akrawi, Medical Director of Surgical Services and helped to design, manufacture and donate 15 negative air pressure intubation boxes and in addition, produced and donated a much-needed supply of MaxAir face shields as well as 25 Dover PAPR hoods

Jill's committed and dedicated team worked tirelessly for weeks led by her passion, enthusiasm and energy to provide essential equipment that was not only a much appreciated and needed resource at Providence Mission Hospital, but they continued providing for other hospitals in the community, nursing homes, hospice providers, clinical and health providers for the homeless and as of April 2020, Jill's team had produced over 22,000 face shields.

As a result of the fundraising efforts, Jill also donated funds toward the purchase of Providence Mission Hospital's in-house COVID-19 testing equipment, improving our capacity to test patients for COVID-19.

Jill is so deserving of this Nurses Week award for Innovation, as she recognized a need and rose to address the challenge through her phenomenal efforts in pulling together volunteers, supplies and donations using creative and innovative ways to provide essential protective equipment that improved the safety and well-being of our caregivers and patients and extended to our community too.



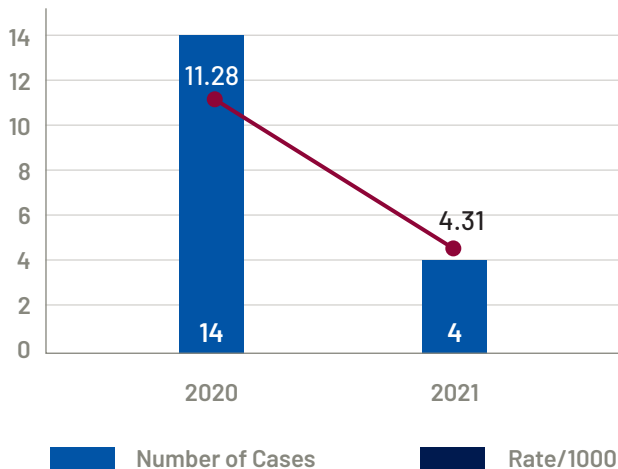
Providence Mission Hospital's Sepsis Team

Sepsis

Our nursing coordinated multidisciplinary Sepsis Program continues to grow and be recognized for our outstanding care and processes. We are proud to have received the Joint Commission Gold Seal of Approval® in Disease-Specific care and represent the first of any Providence Hospital to achieve this recognition for Sepsis. The Gold Seal is a symbol of quality that reflects upon our commitment to providing excellent sepsis care to our patients and our community.



PSI-13 Cases And Rate/1000

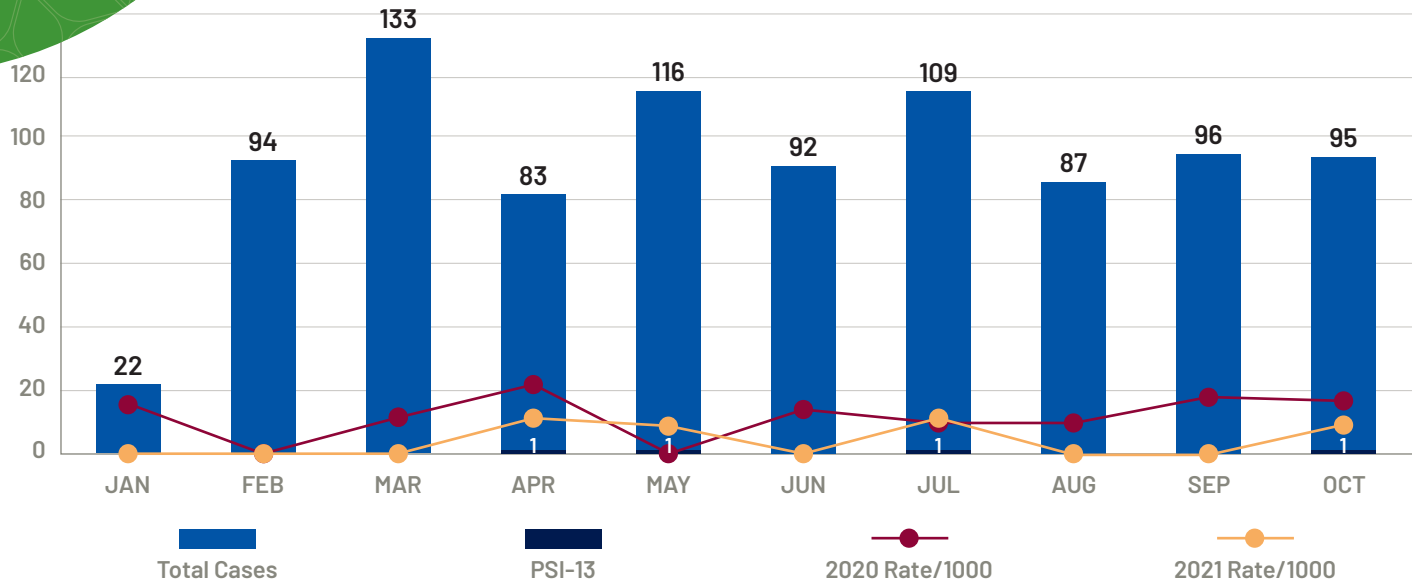


Our hard work and passion for our septic patients saves lives. A core metric for the Sepsis program is Mortality Observed/Expected (O/E). This statistic looks at all the septic patients that we see and compares how many patients were lost to how many losses would be expected based on acuity. A number lower than 1 indicates patient lives that were saved by our superior care team. In 2021, Providence Mission Hospital had the lowest sepsis Mortality O/E in the Providence SoCal region at 0.88 indicating that for every 100 expected losses, we saved 12 patient lives. We have received 5-Star recognition from Health Grades™ for both our Sepsis Mortality In-Hospital and Sepsis Mortality within 30 days.

Fig. 3: Healthgrades Critical Care Excellence Award – Sepsis

Our goal to reduce the number of cases where sepsis occurs following an elective surgical procedure in 2021, these cases had been increasing annually. Through direct communication with each surgeon and Morbidity and Mortality meeting case reviews, there was a clear decrease in the number of cases of this complication.

PS-13: Post-op Sepsis Rate/1000 for CY2021



Despite restrictions in community events, we found ways to creatively engage with and educate our community at the OSO Fit Virtual 5K run and meeting with OC EMS to discuss identifying sepsis in the field.

We also hosted the highly successful Sepsis Symposium for all the Southern California region Providence hospitals. The Symposium was hybrid in-person and available via-Teams. It incorporated diverse lectures and speakers, covering a variety of sepsis-related topics to enhance and improve learner competency and performance, with the goal of improving patient-centered care. Topics included the pathophysiology of Sepsis, Sepsis Mimics, Management of Maternal Sepsis, Sepsis & COVID-19, Palliative intervention and our Joint Commission certification journey.

Stroke Care

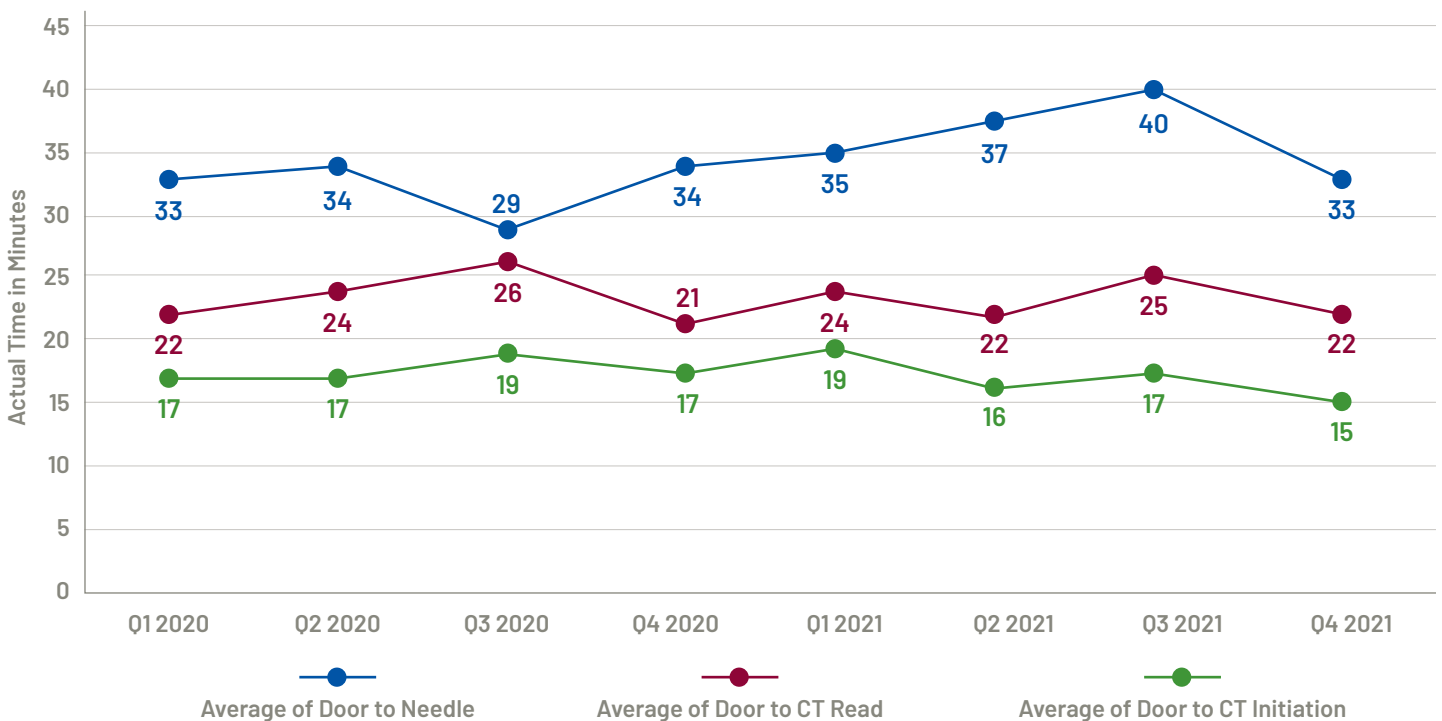
A stroke is a life changing event, and our mission is to deliver the highest-level patient center care safely and fast! We have an excellent multi-disciplinary team and believe that our level of community and hospital integrated programs will only allow us to continue to push our mission forward.

WE DO IT FAST

Our team has been working diligently to reduce our time to stroke treatment by focusing on expedited imaging. The graph below depicts a decline in obtaining a CT scan. These workflow changes correlate with the decrease to thrombolytic treatment because TIME IS BRAIN.

Door to CT Impact

Door to Needle in Relation to Door to CT Initiation and CT Read



WE DO IT SAFELY

- Providence Mission Hospital has earned recognition for 2021 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. This is our third time receiving this award!
- Mission Hospital has also earned recognition for the 2021 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

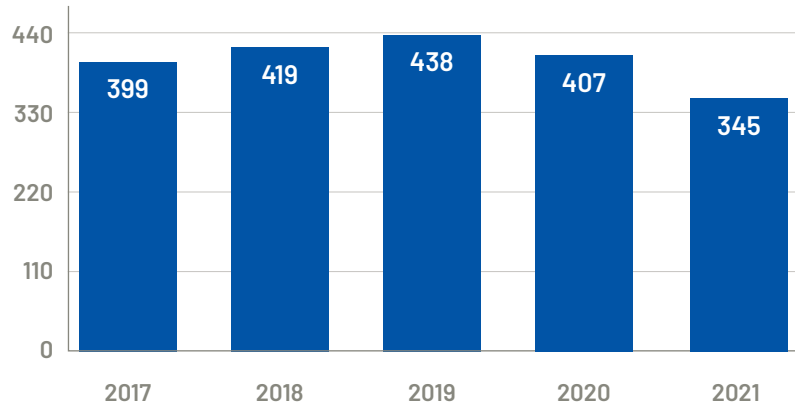
Meets standards for
Comprehensive Stroke Center



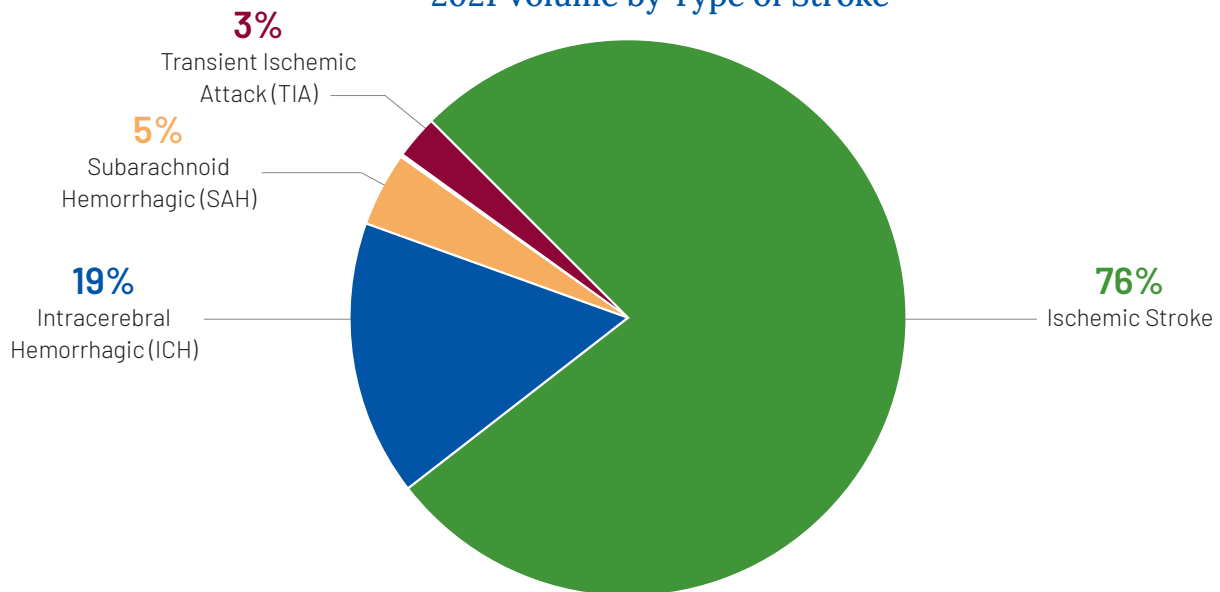
WE DO IT OFTEN

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



2021 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." To remain connected to our stroke patients, we were finally able to offer in-person stroke support group meetings! Our survivors and families were grateful to be able to come together again for 2021.



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 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"**

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.



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