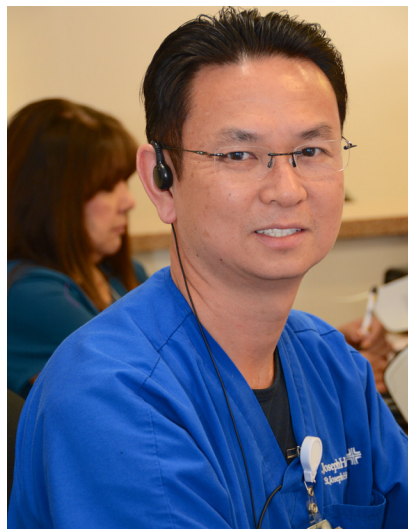


Nursing Annual Report 2017



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AN INTRODUCTION FROM OUR CHIEF NURSING OFFICER

As I reflect on the past year, I can't help but be proud of the improvements and accomplishments achieved in 2017 by our nurses in the midst of great change and challenge. I had the great privilege of working with a team of caregivers across Providence St. Joseph Health to find the right words to describe our continuing mission — together.

“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 expanded values of compassion, dignity, justice, excellence and integrity will serve as guideposts along our journey.

What does St. Joseph Hospital (SJO) nursing look like in 2017? Our RN turnover is slightly higher than past years, with retirements, relocations and expanded opportunities for advanced practice roles across the community. Our RN tenure remains strong, with our average time in the RN role at 11.5 years, despite hiring 80+ new graduate RNs into our nursing ranks. Nursing leaders continue to return to school and hold themselves accountable to learning, growing and modeling the way. 75 percent of our nurse leaders have graduate degrees and 90 percent hold national certification. Our clinical nurses are following their lead, with 75 percent having a BSN or graduate degree. 60 percent of our clinical nurses hold a national certification. Our focus on developing and supporting a top performing workforce, both personally and professionally, is helping us establish the strong nursing expertise infrastructure needed for innovative practice and top decile performance.

Our RN engagement scores outperform the national average in all seven categories by a large margin. Nursing research is alive and well, with 13 studies in process. This past year, SJO had nine research/EBP studies published in nursing peer reviewed journals. Nurses continue to take advantage of clinical ladder opportunities. We currently have 56 Clinical Nurse IIIs and 14 Clinical Nurse IVs. These clinical experts, along with our nursing leaders, educators and APNs, gave 27 podium and poster presentations at local, state, national and international professional meetings, with Irvine, Calif. being the closest and Japan the farthest. Dissemination of our good work remains a high priority.

We have continued to do well in lowering sepsis mortality, with our 24-hour sepsis nurse and focus on early identification. We have decreased Catheter Associated Blood Stream Infection (CLABSI) rates by 75 percent in the past 18 months by implementing our Vascular Access Team of nurses. We have reduced Catheter Associated Urinary Tract Infection (CAUTI) rates by 50 percent. We also implemented an Enhanced Recovery program for our surgical patients in an effort to decrease post-operative narcotic use and facilitate healing.

Our patient experience scores place us in the top quartile, which tells us that our patients appreciate the care, competence and compassionate presence our nurses provide. Recently, a grateful patient wrote the following:

“While you may not remember me, I do remember you. Every day that I was a patient in your care, I watched you and the energy, professionalism and intensity of your work. I felt proud that St. Joseph Hospital has such an energetic, skilled and incredible staff. Your calm and efficient professionalism quieted my soul each day. Although I was a patient, you treated me first as a PERSON. I saw you work as a team. You made me feel safe. It was a privilege to watch you heal others with warmth and compassion.”

With much gratitude to all who had a hand in this important work.

Katie Skelton, RN, MBA, NEA-BC
Chief Nursing Officer and Vice President of Patient Care Services

MISSION

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

VISION

Health for a better world.

VALUES

Compassion

Jesus taught and healed with compassion for all.

Matthew 4:24

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

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

Through our healing presence, we accompany those who suffer.

Dignity

All people have been created in the image of God.

Genesis 1:27

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

We respect the inherent dignity and worth of every individual.

We recognize each interaction as a sacred encounter.

Justice

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

Micah 6:8

We foster a culture that promotes unity and reconciliation.

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

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

Excellence

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

Col 3:23

We set the highest standards for ourselves and our ministries.

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

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

Integrity

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

1 John 3:18

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

We speak truthfully and courageously with generosity and respect.

We pursue authenticity with humility and simplicity.

PROMISE

“Know me, care for me, ease my way.”

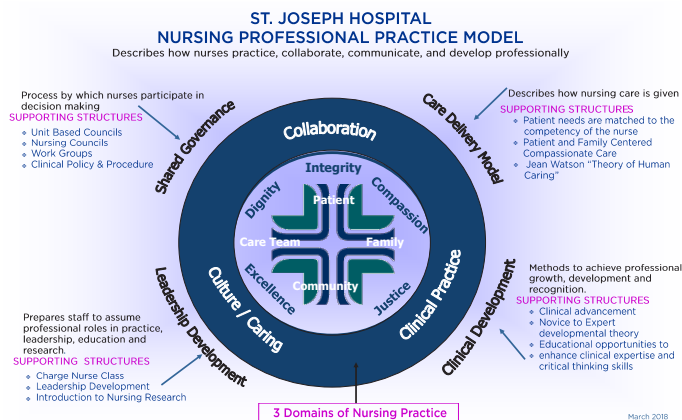


NURSING PHILOSOPHY

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

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

Professional Practice Model



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

MAGNET® DESIGNATION

What is Magnet®?

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

Our Magnet® Redesignation Process

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

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

We have started collecting evidence for our fourth redesignation, which began in June 2016 and ends Dec. 31, 2019. This required data shows how we exemplify the five components of the Magnet® Model. The evidence will be submitted on May 1, 2020.

Average Magnet® Hospital Characteristics

Average Magnet® Hospital Characteristics	2014 SJO	2015 SJO	2016 SJO	2017 SJO	2017 Magnet Hospitals Average April 2017	Dec 2017 SJO
Clinical Nurse Turnover Percent	6%	10%	7.3%	7.0%	11.06%	8.0%
Average Length of Employment of RN's (Years)	11	11	12	12.16	10.30	11.5 ↑
Percentage of RN Decision Makers with Graduate Degrees	48%	52%	50%	68%	50.63%	75% ↑
Percentage of RN Decision Makers Certified by a Nationally-Recognized Organization	92%	94%	97%	97.5%	62.12%	89.5% ↑
Percentage of Clinical Nurses Certified by a Nationally-Recognized Organization	49%	44%	45%	51%	36.50%	59.71% ↑
Clinical Nurse (other than APN) Education						
Associate Degree, Nursing:	38%	35%	27%	29%	31.15%	23% ↓
Diploma:	5%	4%	3%	2%	5.26%	2% ↓
Bachelor/University Degree, Nursing:	51%	54%	62%	60%	59.42%	62% ↑
Master/Graduate Degree, Nursing:	6%	7%	8%	9%	4.16%	13% ↑

TRANSFORMATIONAL LEADERSHIP

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

Nursing Strategic Plan

The Nursing Strategic Plan spanned Fiscal Year 2014–2017. The plan supported St. Joseph Hospital's overall strategic plan and flowed directly from the following three outcome goals:

- Perfect Care
- Sacred Encounters
- Healthiest Communities

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

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

Leadership Development Program

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

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

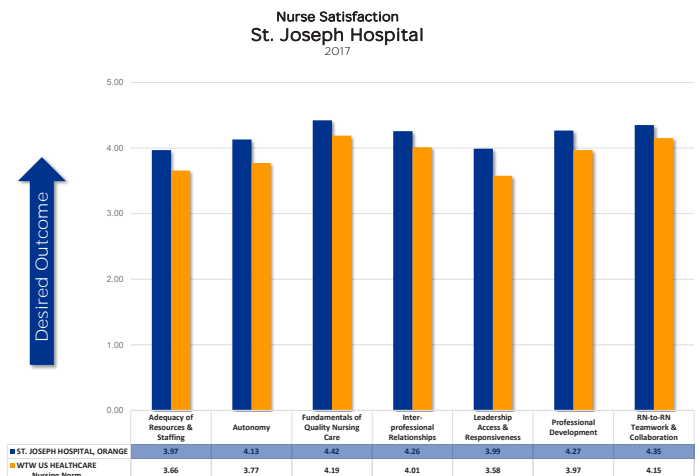
2017 Essentials of Nurse Management Orientation (ENMO) Coaches and Participants

Current ENMO cohorts started in March 2017 and will complete in September 2018.

- **Rob Garcia, MSN, RN, CMSRN — Coach**
 - Denise Boyd, BSN, RN, OCN (Infusion Center/Oncology)
 - Anabelle Santillana, MSN, RN, CMSRN (Observation Unit)
 - Sang Sun Le, MSN, RN, CAPA (Main Pre-Op)
 - Francis Nuguid, BSN, RN, CDN (Renal Center)
 - Norina Aquino, BSN, RN, PCCN (Pulmonary Renal)
 - Diana Quing, MSN, RN, CNOR (Main Operating Room)
 - Mandy Cosio, BSN, RN, ONC (Orthopedics)
- **Susan Parke, DNP, NP, FNP-BC, CPHQ, CIC — Coach**
 - Tara Robinson, BSN, RN, OCN (Oncology)
 - Nick Basich, BSN, RN, CCRN (Cardio-Vascular Interventional Lab)
 - Andrea Toledo, BSN, RNC-OB (Labor & Delivery)
 - Connie Landayan, BSN, RN-BC (General Surgery)
 - Khue Petelo, BSN, RN, PCCN (Definitive Step Down Unit)
 - Victoria Randazzo, PhD, RN, CCRN (Cardiovascular Short Stay Unit)
- **Christine Phipps, BSN, MBA, RN, CNOR — Coach**
 - Jennifer Alderson, BSN, RN, SCRN (Medical Telemetry)
 - Katrina Munoz, BSN, RN (Mother Baby Unit)
 - David Ochoa, BSN, RN, CMSRN (Float Pool)
 - Julie Paine, BSN, RN, CEN (Emergency Care Center)
 - Liberty Luriz, BSN, RN-BC (Behavioral Health)

NURSING ENGAGEMENT

Results from the October 2017 Willis Towers Watson (WTW) Employee Engagement survey responses are represented in the table below. St. Joseph Hospital outperformed in all seven categories compared to the national benchmark.



WTW = Willis Tower Watson Employee Engagement

STRUCTURAL EMPOWERMENT

Nursing Awards and Recognition

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

2017 Nursing Awards and Recognitions:

- **Patti Aube, MSN, RN-BC, NE-BC** – Association of California Nurse Leaders - Best Practice in Education, February 2017
- **Kim Rossillo, RN, MSN, PCCN-K**, Medical Telemetry Unit – Quiet Time and Medication Communication - PRC Excellence in Health Care Silver Award March 2017
- **Patient Experience Fellows Program, PRC** Excellence in Health Care – Gold Award March 2017
- **Dawn Nagel, BSN, RN** - CNN Article and The Orange County Register: “New War on Sepsis,” June 2017

2017 Nurse Week Award Recipients:

Structural Empowerment

Stacey Ferrante, MSN, RN, OCN
Jennifer Sturm, BSN, RN, CCRN

New Knowledge and Innovations

Joan Aquino, BSN, RN, CCRN

Transformational Leadership

Jessica Laske, MSN, RNC-OB

Exemplary Professional Practice

Cecille Lamorena, BSN, RN, CCRN

Nursing Excellence

Jennifer Alderson, AD, RN, SCRNI
Nita Patel, AD, RN

NA Excellence

Eduardo Lucano
Keisha Gardner

2017 Values in Action Awards:

Dignity

August Maggio, BSN, RN, PCCN, SCRNI

Excellence

Darcie Peterson, MSN, RN, FNP

Justice

Pamela Koot, BSN, RN, CNN

2017 Foundation Sponsored Scholarships:

Madeline Colette Seeds

- Paz Munoz, BSN, RN, CCRN - Mental Health FNP
CSU Long Beach

Alice Paone

- Sakura Norling, ADN, RN, PCCN – BSN University
Texas Arlington
- Diane Dahl, ADN, RN – BSN West Coast University
- Sundy Ali, ADN, RN – MSN West Coast University
- Melissa Sosebee, ADN, RN – MSN West Coast
University

Thomas Dorsey

- Danielle Jones, BSN, RN - Acute Care FNP Walden
University

Irene Morris Miller

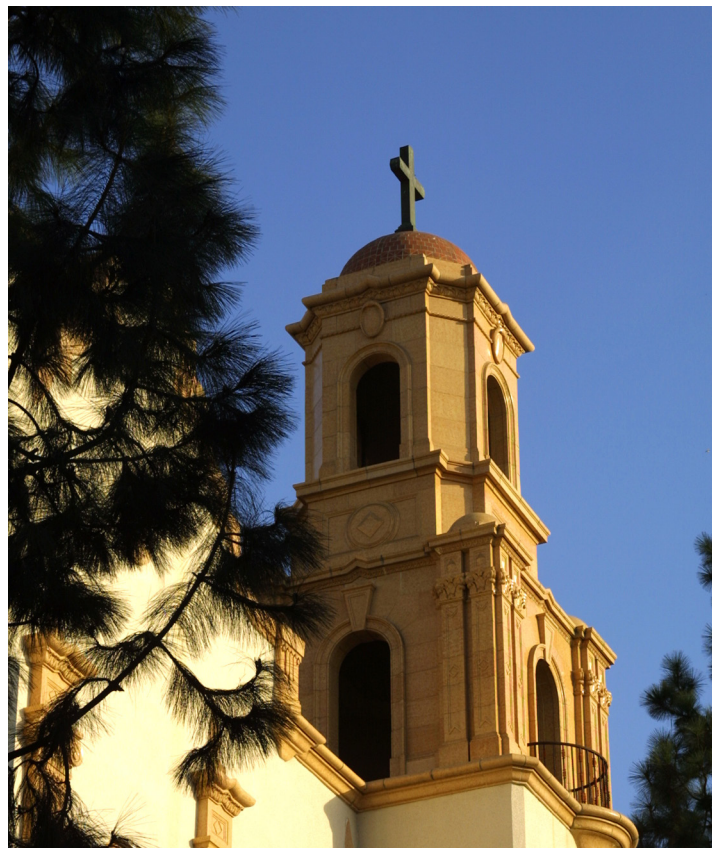
- Marian Jordan, ADN, RN – BSN Chamberlain
University

Dominick Gentile

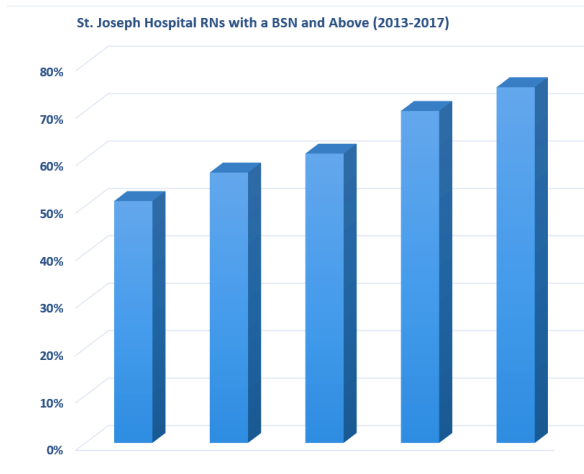
- Jeoung Kang, MSN, RN - Adult Geriatric FNP CSU
Fullerton

Sister Frances Dunn

- Ernesto Miguel Rosado-Pianda, ADN, RN - BSN
Vanguard University

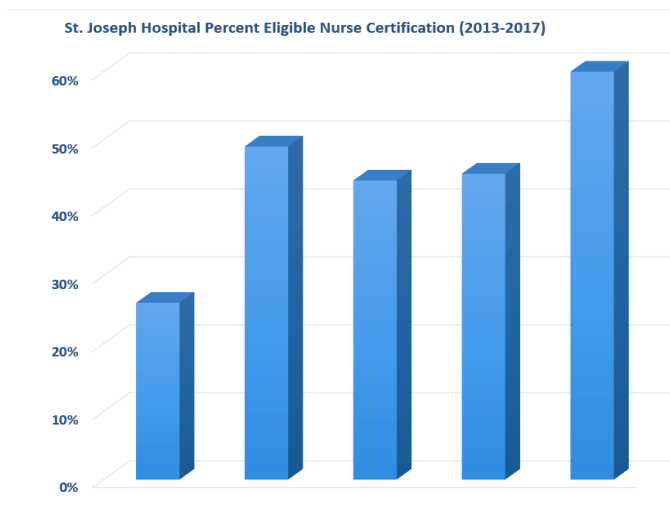


St. Joseph Hospital RNs with a BSN and Above



2013	2014	2015	2016	2017
51%	57%	61%	70%	75%

St. Joseph Hospital Percent Eligible Nurse Certification



2013	2014	2015	2016	2017
26%	49%	44%	45%	60%



2017 Nursing Council and Work Groups Accomplishments

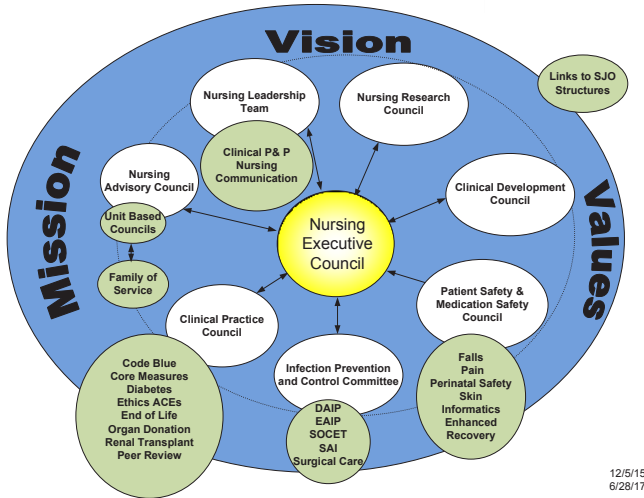
Council/ Work Group	Accomplishments
Clinical Policy and Procedures	<ol style="list-style-type: none"> Members reviewed articles and developed a Table of Evidence (TOE) for policies requiring review. Implemented practice change: All new and current policies for review are required to have a TOE completed prior to presenting. Policies that contain standard work are now hyperlinked within the policy.
Nursing Communication	<ol style="list-style-type: none"> Monthly Newsletter audience expanded to SJO all. Improved nursing presence on website. Revised shared governance pages on Nursing Center of Excellence site.
Nursing Research Council	<ol style="list-style-type: none"> Annual Evidence-Based Practice Conference "Empowering Nurses to Care for Challenging Patients" attended by 95 caregivers. 13 nursing research studies in process. Nine nursing research/EBP studies published in peer reviewed journals. Three new research proposals.
Clinical Development Council	<ol style="list-style-type: none"> Clinical Advancement of 56 RNs at CN III and 14 RNs at CN IV. Created process for stub year advancement and realigned applications for 2019 with new Fiscal Year.
Falls	<ol style="list-style-type: none"> Monitoring and assessing fall assessments/interventions house-wide. Ongoing safe patient handling education provided. Lift Team partnered with Medical Telemetry in fall re-education efforts.
Pain	<ol style="list-style-type: none"> Continued implementation of pain range orders. Initial pain range order audit shows a decrease in the use of IV meds. Pain reassessment documentation continues to improve.
Perinatal Safety	<ol style="list-style-type: none"> Triton System implemented in LDRs and in ORs for improved quantification of blood loss. Implemented Code Red Blood Cell stickers resulting in faster turnaround of blood products and labs. Created IV iron order set for inpatient and infusion center.
Skin	<ol style="list-style-type: none"> Developed and implemented standard of care when incontinence of stool or urine is identified. Created a poster that traveled around to the nursing units to capture key points related to skin and implemented a new prevention cleanser for patients with Incontinence Associated Dermatitis.
Informatics	<ol style="list-style-type: none"> Redesigned and implemented a new downtime checklist. Updated access to hospital map and directions for public use on Internet and Staffhub. Redesigned and implemented patient belongings tool for ECC.

Enhanced Recovery	<ol style="list-style-type: none"> 1. Created an Enhanced Recovery Pathway for colorectal surgery. 2. Implemented a pre-habilitation program for elective colorectal surgery patients. 3. Added non-narcotic pain medications to surgery intake form to help lower post-op narcotic use.
Device Associated Infection	<ol style="list-style-type: none"> 1. Implemented "Surestep" insertion kits for indwelling urinary catheters and central line dressing changes to support aseptic practice consistency and device-associated infection prevention. 2. Revised urinary catheter insertion guidelines using the "Buddy Checklist," pre-insertion and every shift peri-care with CHG soap/water and removal protocol. 3. Expanded Vascular Access Team coverage to seven days/week.
Environment Associated Infection	<ol style="list-style-type: none"> 1. Expanded use of the Xenex machines in all ORs, CVOR, CVIL, L&D, Endoscopy and all C-Diff Isolation rooms. 2. Overall reduction of MRSA and VRE Hospital Acquired Infections.
Surgical Care	<ol style="list-style-type: none"> 1. Educated caregivers on new standardized procedure for mechanical VTE prophylaxis. 2. Updated the Inpatient Surgery book. 3. Standardized dirty-clean process for colorectal surgeries.
Surgery Associated Infections	<ol style="list-style-type: none"> 1. Expanded CHG bathing practices in CV pre-op to include all patients. 2. Temperature monitoring processes for surgical and post-op patients were evaluated with additional warming blankets added.
Code Blue	<ol style="list-style-type: none"> 1. Expanded code blue dashboard to include specifics about ACLS events leading up to code blue that can be opportunities for improvement. 2. Proactive high risk MET rounding and MEWS scoring implemented to decrease code blue events outside the critical care areas. 3. Updated code cart supply lists and audited monthly until 100 percent compliance in stock.
Core Measure AMI	<ol style="list-style-type: none"> 1. Facilitated process for hospitalists taking cardiac patients as attending physicians. 2. Standard work developed for after-hour transportation of patients from Emergency Care Center to CVIL. 3. Provided feedback to enhance the Discharge Checklist to facilitate ordering of cardiac rehab for AMI patients.
Core Measure Stroke	<ol style="list-style-type: none"> 1. Successfully received TJC re-accreditation as a stroke receiving center. 2. Continued to educate caregivers with weekly stroke rounds, quizzes and self-learn module.
Core Measure Readmissions	<ol style="list-style-type: none"> 1. Implemented the role of a Heart Failure Nurse Navigator. 2. Expanded Discharge Pharmacist to seven days a week. 3. Collaborated with a local Skilled Nursing Facility to develop a cardiac unit to facilitate heart failure patients' discharge directly to this location.
Core Measure Sepsis	<ol style="list-style-type: none"> 1. Went live with sepsis app that assists the sepsis RN to track patients in real time. 2. Collaborated with the Ohio Hospital Association, New York Hospital Association, and the California Hospital Association and its Hospital Quality Institute sharing our best practices for Sepsis. 3. Sepsis RN Program was published in <i>OC Register</i>, <i>California Healthline</i>, and <i>CNN</i> for our sepsis outcomes.
Core Measure Heart Failure	<ol style="list-style-type: none"> 1. Heart Failure Outpatient program started July 2017. 2. Heart Failure Standard Work and Discharge guidelines/checklist implemented on Telemetry units. 3. Heart Failure Teach-Back intervention re-education was done with Telemetry units, DSU/SDU to improve utilization and documentation.
Diabetes	<ol style="list-style-type: none"> 1. Diabetes Update Class provided in May and November. 2. Collaborated with Point of Care Testing and Clinical Education to train Nova Stat Strip (in-house glucometers) super users for various nursing units.
Ethics ACEs	<ol style="list-style-type: none"> 1. Continue to support frontline caregivers when faced with ethical situations. 2. Identifying opportunities for further work group collaboration.
End of Life	<ol style="list-style-type: none"> 1. Developed and initiated first End of Life Care Fair for caregivers and the community. 2. Completed implementation of the use of the "My Garden" tool for end of life patients. 3. Highlighted End of Life topics through our End of Life Newsletter.
Organ Donation	<ol style="list-style-type: none"> 1. Educated MICU and other key units regarding clinical triggers of brain death and when to notify One Legacy. 2. Created awareness of policy for patients that do not have anyone for decision making. 3. Increased awareness and focus on tissue donation and organ donation dashboards.
Renal Transplant	<ol style="list-style-type: none"> 1. Hosted Rose Dedication Ceremony to honor donor families and thank them for their decision to donate. 2. Provided resources to 63 patients with a history of solid organ transplant that were not transplanted at SJO. 3. Team members participated in the Annual Donate Life Run/Walk.
Peer Review	<ol style="list-style-type: none"> 1. Established multidisciplinary nursing Peer Review team. 2. Designed, developed and implemented Peer Review tools. 3. Reviewed four cases and able to identify opportunities for policy change, communication and education. 4. Identified need to update and enhance the leaving AMA process to include patient's decision.
Cardiovascular	<ol style="list-style-type: none"> 1. Expanded Critical Care CV team to a hospital Heart and Vascular CV team with membership from various disciplines and physicians. 2. Updated the CV resource book that's includes order sets for viewing. 3. Implemented CV education cart for ICU and Medical Telemetry units.
Nursing Advisory Council	<ol style="list-style-type: none"> 1. Reviewed care planning process and determined it was reasonable to expect a nursing care plan to be launched by the bedside RN within 4 hours of admission and they would have 24 hours to document on it. 2. Reviewed policy on dress code and holiday scrub attire and decided to limit holiday scrubs to 1 week at Christmas so family and patients can use colors to determine care providers. 3. Revision and approval of NAC Charter. 4. Implemented day and night shift input sessions on scheduling and weekend call-in policy.

Nursing Shared Governance Structure

In June 2017, based on clinical nurse feedback and organizational changes, the following updates were made to the Nursing Shared Governance Structure:

- Added Enhanced Recovery Work Group
- Added Organ Donation Work Group
- Added Renal Transplant Work Group
- Added Enhanced Recovery Work Group
- Removed Continuum of Care Work Group
- Removed Critical Illness Work Group
- Removed Oncology Work Group



EXEMPLARY PROFESSIONAL PRACTICE

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

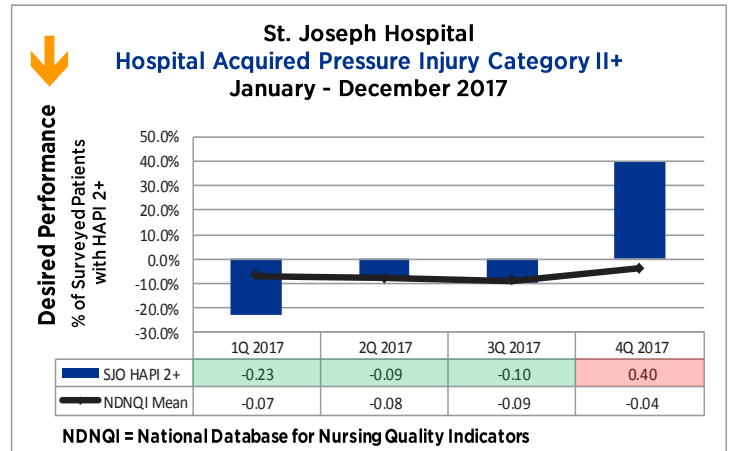
Nursing-Sensitive Indicators: Inpatient Units and Ambulatory Care

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

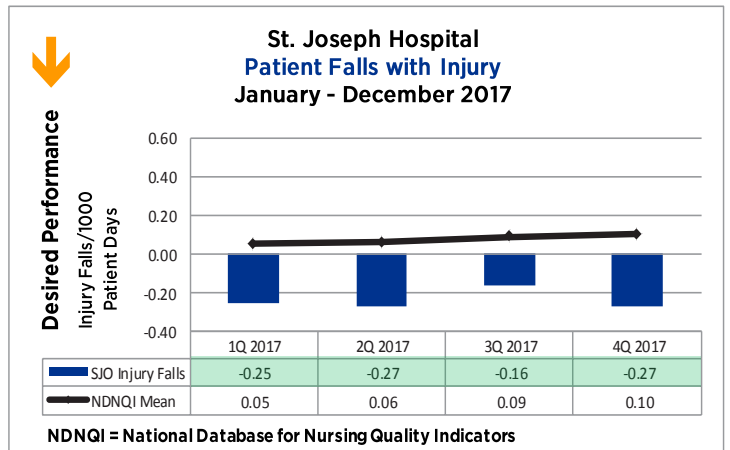
- **Inpatient Indicators**
 - Hospital Acquired Pressure Ulcers Stage 2 and Above
 - Patient Falls with Injury
 - Catheter Associated Urinary Tract Infections
 - Central Line Associated Blood Stream Infections
- **Ambulatory Indicators**
 - CT Contrast Reactions
 - Chronic Dialysis Adequacy

Inpatient Indicators

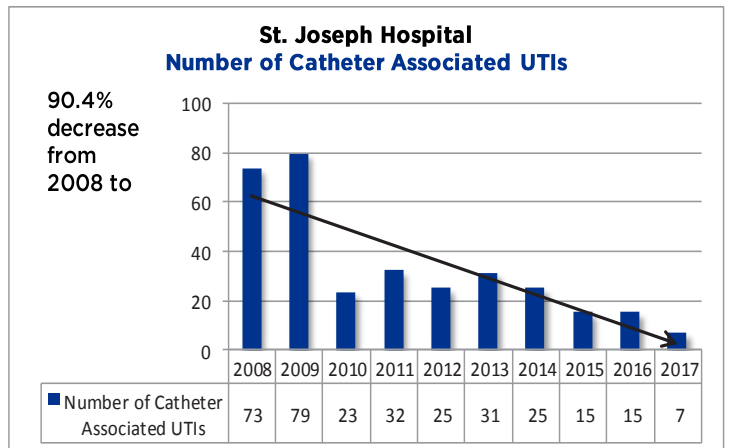
Hospital Acquired Pressure Injury Category II+



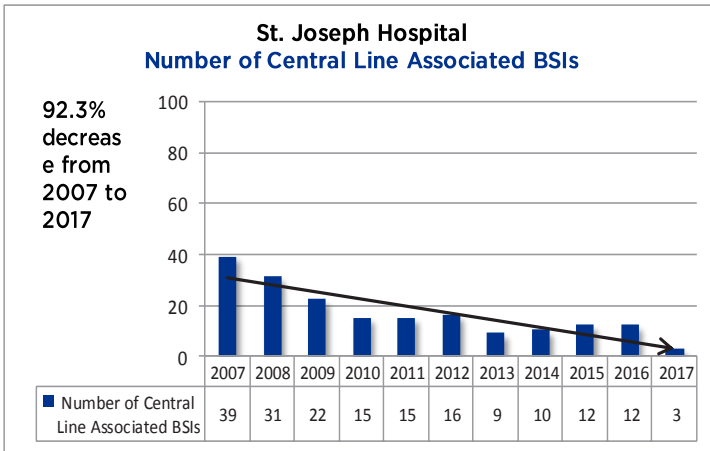
Patient Falls with Injury



Catheter Associated Urinary Tract Infections (CAUTI)

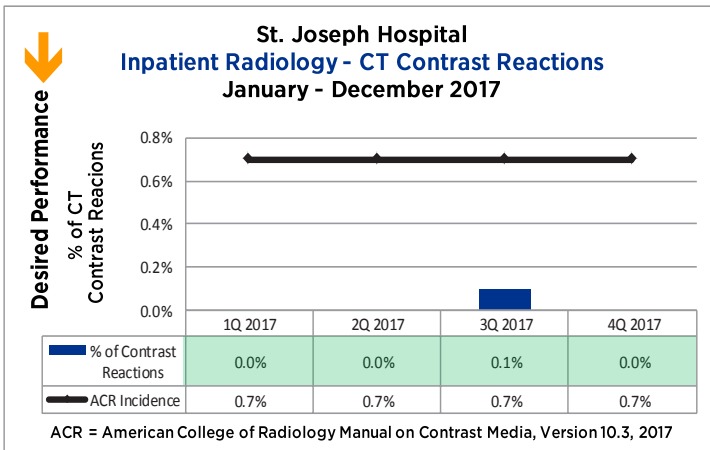


Central Line Associated Blood Stream Infections (CLABSI)

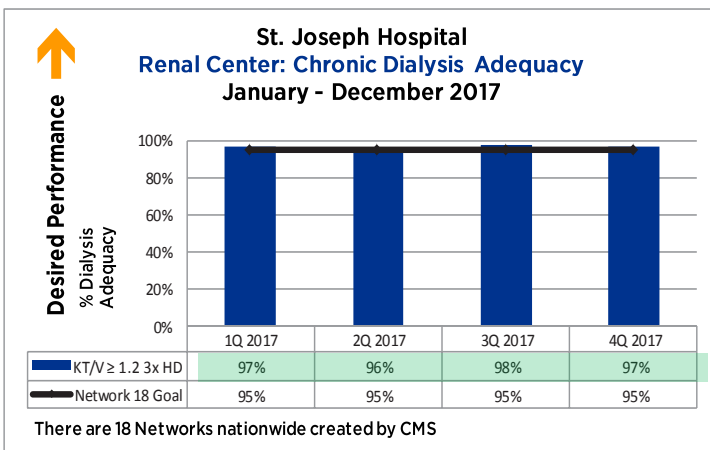


Ambulatory Indicators

CT Contrast Reactions



Chronic Dialysis Adequacy



Patient Satisfaction

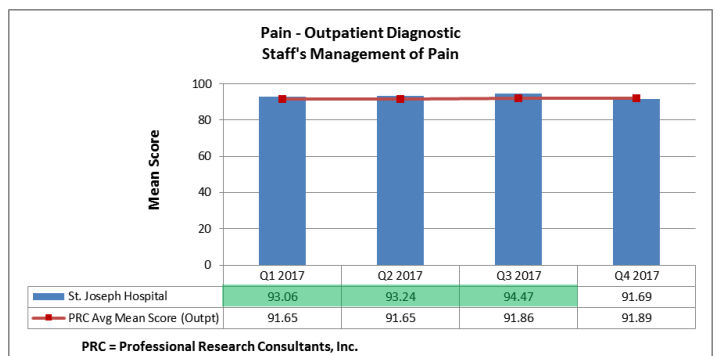
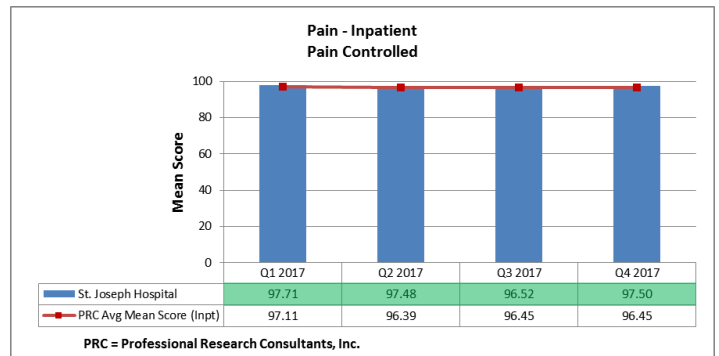
St. Joseph Hospital uses Professional Research Consultation (PRC) for tracking and evaluating the patient experience. The hospital also participates in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), a public reporting tool that assesses major areas of hospital performance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

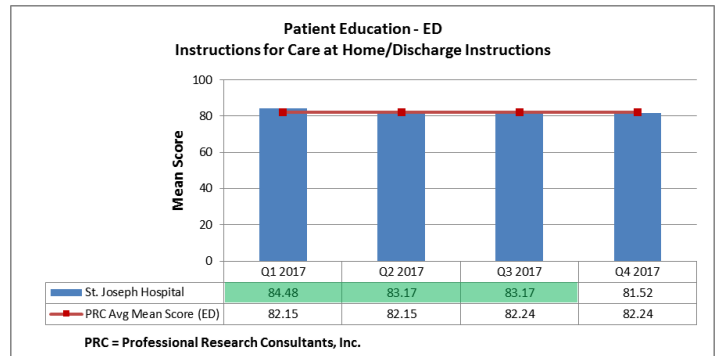
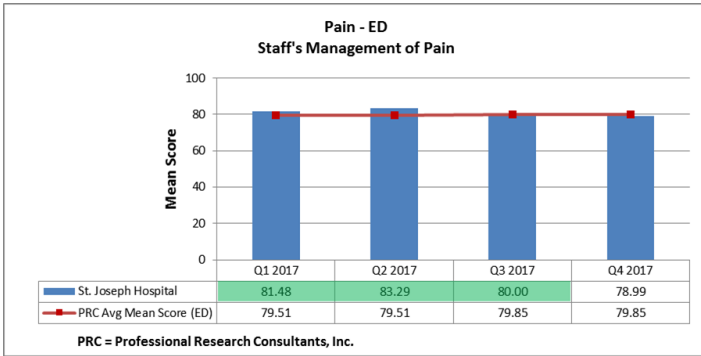
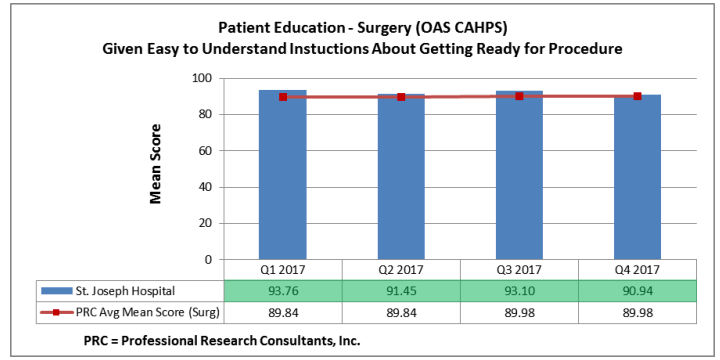
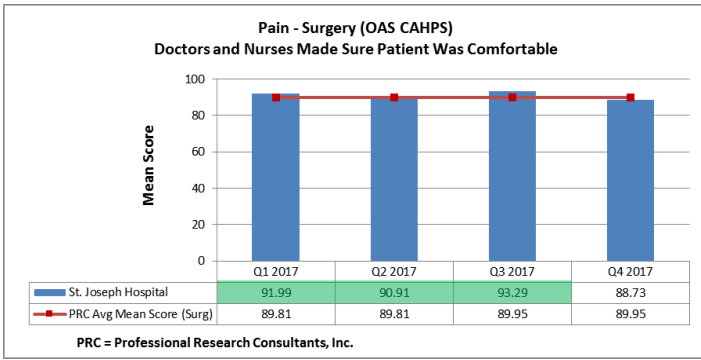
Patient satisfaction with nursing is compared to our PRC benchmark for questions related to the following:

- Pain
- Patient Education
- Responsiveness
- Courtesy and Respect

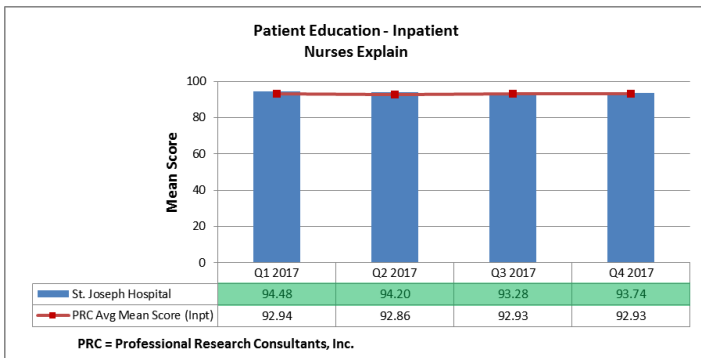
Overall patient satisfaction results are displayed quarterly over the past year.

Pain

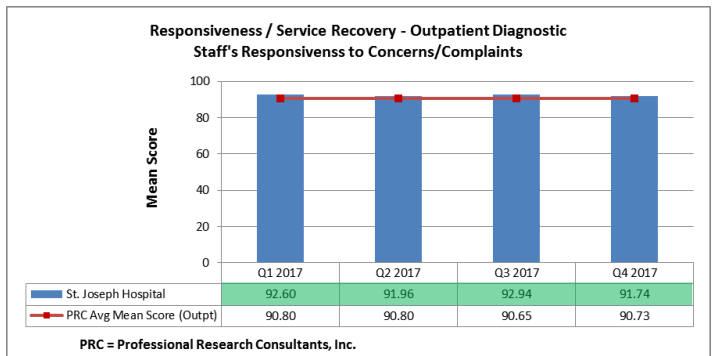
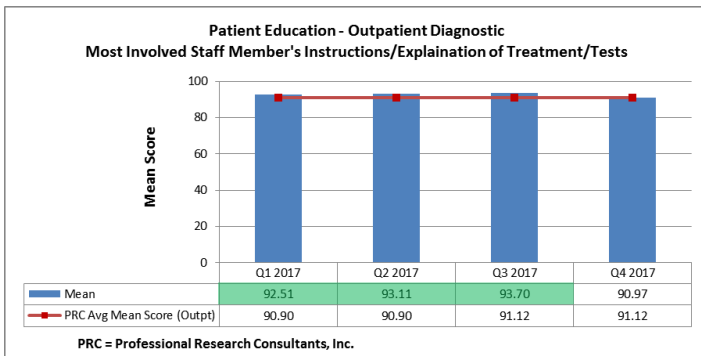
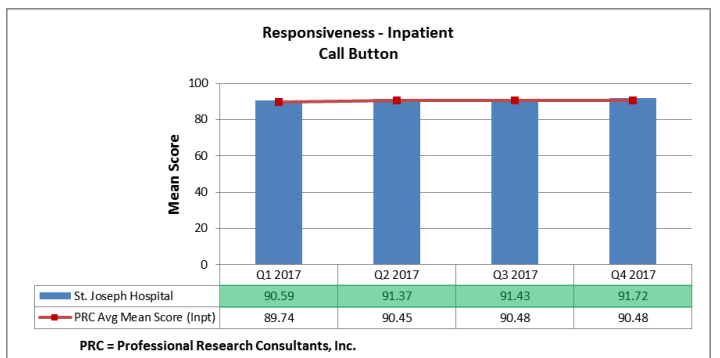


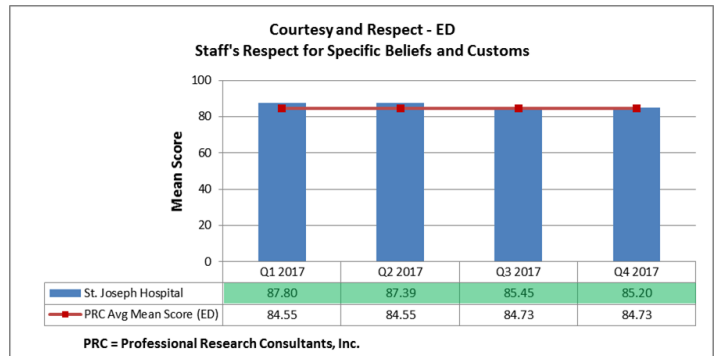
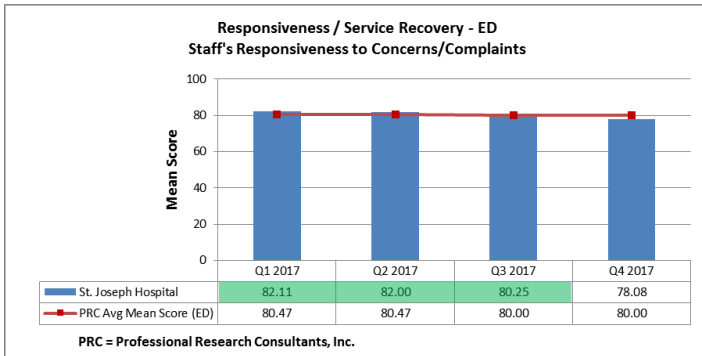
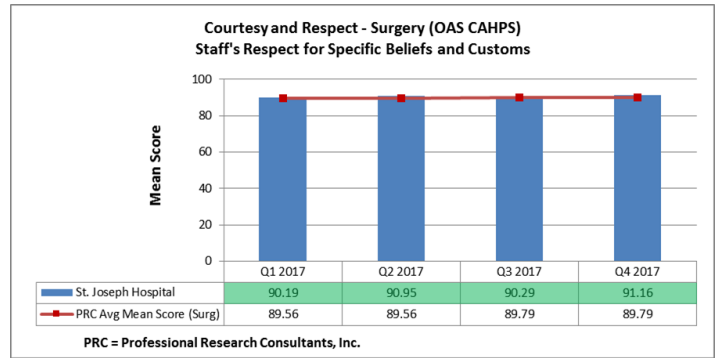
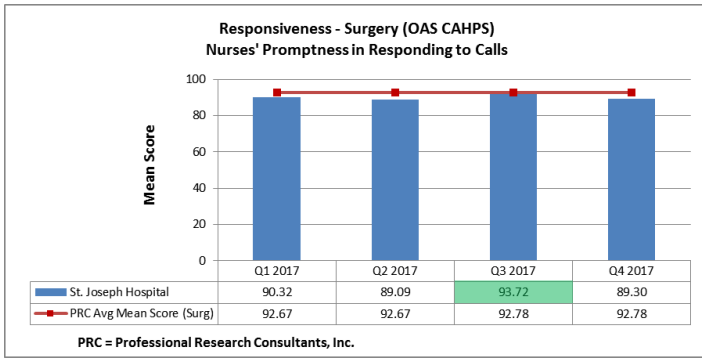


Patient Education

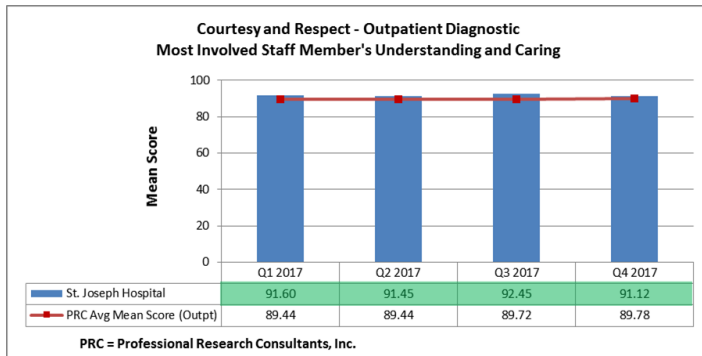
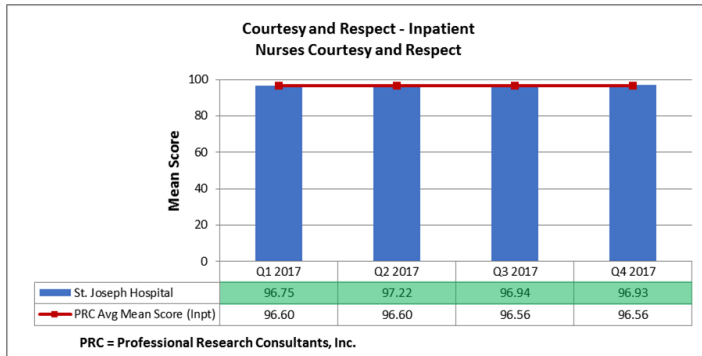


Responsiveness





Courtesy and Respect



NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

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

2017 Nursing Poster and Podium Presentations

	Date	Location	Conference Title	Poster or Podium	Title of Presentation	Presenter
1	February 2017	Anaheim, CA	ACNL 39th Annual Conference	Podium	Help Is On the Way- How Admit Discharge Nurses Impact Flow	Soudi Bogert, MSN, RN, CCRN
2	February 2017	Anaheim, CA	ACNL 39th Annual Conference	Podium	New Graduate Nurses- Floating Taken to a Different Level	Soudi Bogert, MSN, RN, CCRN
3	February 2017	Anaheim, CA	ACNL 39th Annual Conference	Poster	Patient Experience Nursing Fellows: Improving the Patient Experience by Engaging Bedside RNs	Kim Rossillo, MSN, RN, PCCN, and Gemma Seidl, MSN, RN
4	February 2017	Anaheim, CA	ACNL 39th Annual Conference	Poster	Quiet Time on a Telemetry Unit	Kim Rossillo, MSN, RN, PCCN
5	February 2017	Anaheim, CA	ACNL 39th Annual Conference	Poster	Community Stroke Education	Kim Rossillo, MSN, RN, PCCN
6	February 2017	Anaheim, CA	ACNL 39th Annual Conference	Poster	Wait I'm not a Psych Nurse: Is Your Emergency Department the Best Place to Care for Psychiatric Patients in Crisis?	Jeannine Loucks, MSN, RN-BC PMH
7	March 2017	Long Beach, CA	University of Missouri Division of Nephrology	Podium	Nursing Patients with Acute Kidney Injury in the Chronic Hemodialysis Unit: Clinical management How are they different from the Chronic Dialysis patient	Elaine Go, MSN, RN, FNP
8	April 2017	Boston, MA	AORN Congress	Poster	TARGET ZERO: Eliminating Surgical Site Infection with 0.05% CHG Jet Lavage Irrigation	Sharon Kleinheinz, MSN, RN, CNOR, and Karen Truitt, BSN, RN, CNOR
9	April 2017	Pomona, CA	27th Annual Perinatal Symposium	Poster	Changing Bath Procedures	Carol Suchy, MSN, RN, ILBC, and Alexandra Ehrgott, MSN, RN
10	June 2017	Lake Buena Vista, FL	2017 Transplant Nursing Symposium	Podium	Advantages and Disadvantages of Listing Non-Adherent Patients for Re-Transplantation	Wendy Escobedo, MSN, RN, CCTN
11	June 2017	Lake Buena Vista, FL	2017 Transplant Nursing Symposium	Podium	The Perfect CMS Survey: Fact or Fiction.	Wendy Escobedo, MSN, RN, CCTN
12	August 2017	Irvine, CA	United Ostomy Association of American	Podium	Peri-Stomal Complications	Darcie Petersen, ANP-BC, CWOCN-AP
13	September 2017	St. Louis, MO	ENA Emergency Nursing 2017 Conference	Podium	Violence Reduction: Early Medication by Nursing Using A Standardized Procedure	Elizabeth Winokur, PhD, RN, CEN, and Jeannine Loucks, MSN, RN-BC
14	September 2017	St. Louis, MO	ENA Emergency Nursing 2017 Conference	Poster	Accelerating Care Using A Standardized Protocol for Psychiatric Emergency Patients	Elizabeth Winokur, PhD, RN, CEN, and Jeannine Loucks, MSN, RN-BC

15	September 2017	St. Louis, MO	ENA Emergency Nursing 2017 Conference	Poster	Discharge Lounge Emergency Care Center	Dixie Stiles, MSN, RN, CEN, and Elizabeth Winokur, PhD, RN, CEN
16	September 2017	Montebello, CA	Providence St. Joseph Health Southern California Annual Nursing Research Conference	Poster	Changing Bath Procedures: Effects on Newborns	Carol Suchy, MSN, RN, ILCB, and Cyndi Morton, MSN, RN-BC
17	October 2017	Phoenix, AZ	APNA National Conference	Panel	Key Elements of Safe Environments: Safety and Violence Prevention	Jeannine Loucks, MSN, RN-BC PMH
18	October 2017	San Francisco, CA	23rd International Caritas Consortium	Podium	Caritas Education: Theory to Practice	Kim Rossillo, MSN, RN, PCCN
19	October 2017	San Francisco, CA	23rd International Caritas Consortium	Poster	Caritas Leadership: Watson's Theory of Human Caring applied to Leadership	Vivian Norman, MSN, RN, CCRN-K
20	October 2017	Houston, TX	2017 Magnet® Conference	Poster	Implementing Quiet Time on a Medical Telemetry Unit	August Maggio, BSN, RN, PCCN, SCRN
21	October 2017	Yokohama, Japan	2017 World Conference on Lung Cancer (WCLC)	Podium	Clinical Trials	Lavinia Dobrea, RN, MS, OCN
22	October 2017	Yokohama, Japan	2017 World Conference on Lung Cancer (WCLC)	Poster	Immunotherapy: Emergency Department Provider Needs Assessment Survey	Lavinia Dobrea, RN, MS, OCN, and Enza Esposito-Nguyen, RN, MSN, ANP-BC
23	October 2017	Ontario, CA	Southern California STTI Chapter Conference	Poster	Interdisciplinary Code Sepsis Response and Sepsis Nurse Initiatives	Cecille Lamorena, BSN, RN, CCRN
24	October 2017	Ontario, CA	Southern California STTI Chapter Conference	Poster	Evaluating Fall Tools for the Emergency Setting	Belinda Leos, MNS, RN, CEN, and Elizabeth Winokur, PhD, RN, CEN
25	October 2017	Ontario, CA	Southern California STTI Chapter Conference	Podium	Newborn Bath Changes	Carol Suchy, MSN, RN, ILLBC, and Cyndi Morton, MSN, RN-BC
26	October 2017	Santa Ana, CA	Orange County Breastfeeding Coalition Conference	Podium	Hypoglycemia in the Newborn and the use of Glucose Gel	Carol Suchy, MSN, RN, ILLBC, and Cyndi Morton, MSN, RN-BC
27	November 2017	San Diego, CA	ENA: Emergency Care on the Bay	Podium	Transgender Patients in the Hospital	Christine Marshall, MSN, RN, CEN



Articles Published by St. Joseph Hospital Nurses in Peer Reviewed Journals in 2017

1	Rutledge, D. N., Wickman, M. & Winokur, E. J. (in press). Instrument validation: Hospital nurse perceptions of meaning and joy in work. <i>Journal of Nursing Measurement</i> .
2	Alreshidi, B. G., & Winokur, E. J. (in press). Brugada Syndrome: A primer for nurse practitioners. <i>The Journal for Nurse Practitioners</i> . doi:10.1016/j.nurpra.2017.09.022
3	Nyeche, M. N., & Winokur, E. J. (2016). Caring for the Takotsubo Cardiomyopathy patient. <i>The Journal for Nurse Practitioners</i> , 13(9), 635-641. doi:10.1016/j.nurpra.2017.07.024
4	Suchy, C., Morton, C., Ramos, R. R., Ehrgott, A., Quental, M. M., Burrige, A. & Rutledge, D. N. (in press). Does changing newborn bath procedure alter newborn temperatures and exclusive breastfeeding? Neonatal Network®: <i>The Journal of Neonatal Nursing</i> .
5	Pallares, A., & Winokur, E. J. (2017). West Nile Encephalitis in the emergency department: Prevalence and recognition. <i>Journal of Emergency Nursing</i> , 43(6), 506-511 doi:10.1016/j.jen.2017.06.003
6	Bonner, D. & Winokur, E. J. (2017). The eyes have it: A review of Keratoconus, the nurse practitioner perspective. <i>The Journal for Nurse Practitioners</i> , 13(8), 532-537. doi:10.1016/j.nurpra.2017.05.016
7	Winokur, E. J., Loucks, J. S., & Raup, G. (in press). Use of a standardized procedure to improve behavioral health patient's care: A quality improvement initiative. <i>Journal of Emergency Nursing</i> . doi:10.1016/j.jen.2017.07.008
8	Edminston, C. E., Leaper, D., Spencer, M., Truitt, K., Fauerbach, L., Graham, D., & Johnson, D. B. (in press). Considering a new domain for antimicrobial stewardship: Topical antibiotics in the open surgical wound. <i>American Journal of Infection Control</i> . doi:10.1016/j.ajic.2017.04.012
9	Winokur, E. J., Loucks, J., Rutledge, D. N. (2017). Effects of concentrated psychiatric education on perceived competence to care for behavioral health patients. <i>Journal of Emergency Nursing</i> , 43(5), 419-425. doi:10.1016/j.jen.2017.02.002

Research Studies in Progress During 2017

1	Teaching Infant Massage to Fathers Following Hospital Births. Mother-Baby Unit and Mother-Baby Assessment Center. This study is measuring father-child bonding when fathers are taught to perform massage with their infant before discharge. Measurement of bonding will occur after discharge.
2	Chemotherapy Toxicity Risk Among Older Hospitalized Cancer Patients. Inpatient Oncology Unit. This study is utilizing a new tool to evaluate the risk factors that impacted a chemotherapy patient's unexpected hospitalization.
3	Valsalva Maneuver for Emergent Treatment of Supraventricular Tachycardia: Are We Using Best Practice? Emergency Care Center. This study will determine the methods used in the emergency care center to treat supraventricular tachycardia and compare those to current evidence-based practice.
4	Heart Failure Teach-Back. Heart Failure Clinic and Medical Telemetry Unit. This study which has just started phase II examines the effects of "teach-back" on knowledge acquisition and retention.
5	Caritas Education: Theory to Practice. This study, which is in phase II, examines the impact of experiential learning on perceived self-efficacy to deliver caring behaviors.
6	SBIRT-The implementation of Screening, Brief Intervention, And Referral to Treatment (SBIRT) in the Emergency Care Center. Utilizing a pre-test/post-test design, this study examined the effect of teaching SBIRT referral and motivational interviewing on Emergency Care Center nurses' knowledge of and competence with SBIRT screening on patients with risky alcohol and drug use. Changes to care were determined by review of the electronic health record. This study was part I of a planned two-part study.
7	Emergency Department Nurses' Competencies and Perceived Confidence in Caring for Patients with Autism Spectrum Disorder at St Joseph Hospital. This study utilized an educational intervention to measure nurses' knowledge and perceived self-efficacy to care for patients who have a diagnosis of Autism Spectrum Disorder. This study involved a pre-test/post-test design with knowledge acquisition and retention measured immediately and at 90 days.
8	Obstetric Early Warning System Trigger Tool – Nursing Research and Labor and Delivery. This project used focus groups to validate a literature-developed intrapartum trigger tool to improve patient surveillance and prompt recognition of physiological abnormalities, promote early intervention and collaboration with the delivering clinician.



9	Immunotherapy Side Effect Management in Lung Cancer Patients at St Joseph Hospital. The Center for Cancer Prevention and Treatment. This investigation examined the baseline knowledge of physicians, nurses, and other caregivers of oncology patients on immunotherapy. Pre-test/post-test design was used to examine the efficacy of an educational intervention. This is part one of a planned two-part study.
10	My Garden. End of Life Committee. This study evaluates the impact of the “My Garden” poster on providing emotional and social support at the end of life.
11	Implementing a Personal Comfort Menu to Reduce Patient Pain and Anxiety in an Observation Unit. This study investigates the effectiveness of a Personal Comfort Menu in managing pain and anxiety in patients with acute and chronic pain and post-operative pain.
12	Emergency Department Nurses ‘Competencies and Perceived Confidence in Caring for Patients Experiencing Obstetrical Loss at St Joseph Hospital. Emergency Care Center. This study assesses nurses’ knowledge about patients experiencing an obstetrical loss and seeks to determine if an educational poster board with rotating subtopics increases knowledge and perception of competence.
13	Falls Prevention Project. Medical Telemetry Unit. The goal of this project is to utilize information obtained from literature reviews, retrospective data analysis, observational studies, and patient and staff interviews to assist in a determination of the causes of falls on the telemetry unit and identify gaps in the current fall prevention protocol.

Research Studies Completed in 2017

1	Effects of Bath Delay on Infant Temperatures and Breastfeeding Status. Mother-Baby Unit. Implementation of evidence-based recommendations to delay first neonatal baths. This study measured the effects on stability of infant temperatures and exclusive breast feeding.
2	Chemotherapy Toxicity Risk Among Older Hospitalized Cancer Patients. Infusion Center. This study utilized a new tool to determine chemotherapy patients’ risk for falls, emergency department visits, and hospitalization.
3	Emergency Care Center Falls. This study compared the predictability of patient falls between the inpatient used Morse Falls Scales and the Memorial Emergency Department Falls Risk Assessment. Study results demonstrated that the Emergency Department tool had higher predictability in the emergency setting.
4	Workforce Engagement. Nursing. This study determined the impact of factors associated with workforce engagement factors (safety culture, exposure to unprofessional behaviors, occupational fatigue, job satisfaction and the newly developed Joy and Meaning in Work scale) and intention to leave the workplace.
5	The Effect of the ABCDEF Bundle on Incidence of Delirium in Critically Ill Patients. Critical Care. This study examined the effects of the ABCDE bundle on the prevention of delirium in critical care patients.

Research Proposals

These proposals have been submitted and are pending IRB approval.

1	Improving Well Being on a Medical Telemetry Unit. This proposal seeks to examine the effects of an eight-week intervention featuring stretching and health and wellness techniques on perceived stress, caregiver well-being and report of holistic coping strategies.
2	Code Compassion and Connecting Conversations. Nursing. This study will examine the efficacy of interventions provided during a “Code Compassion” and “Connecting Conversation” meetings in decreasing caregiver emotional suffering and promoting feelings of support for the individual caregiver and, as appropriate, the team.
3	Use of Aroma Oils with Geriatric Patients in an Acute Care Setting. Medical Telemetry Unit. This study will examine if the use of aroma oils decreases levels of anxiety and stress, and improves the patient’s psychosocial well-being in an acute care setting



2017 Evidenced-Based Practice and Quality Improvement Projects

1	Relevance of ESI and Treatment Interventions Influencing Wait Times in the Emergency Care Center. Emergency Care Center (ECC). This project evaluated the effects of nurse- initiated pharmacological and nonpharmacological symptom management on patient's acuity while in the ECC waiting room.
2	Identifying High Risk Patients Outside of the Intensive Care Unit Using an Early Warning System. Critical Care. This pilot project evaluated the effect of an Early Warning System (EWS) scoring system on identification of high risk patients outside of ICU. This project was the impetus for a larger project that will occur during 2018.0
3	Accelerating Care Using a Standardized Protocol for Psychiatric Emergency Patients. Emergency Care Center. This project evaluated the impact of a standardized procedure utilized for early medication of mental health patients. Outcomes demonstrated reduction of time to medication and associated decreases in restraint use. An article on this project was published in January 2018's Journal of Emergency Nursing.
4	Skin to Skin in the OR: "It's Great for our Families, but What About the Nurses?" Labor and Delivery. This process evaluated the effects of education to nurses on the percentage of patients receiving skin to skin and the documentation of care.
5	CIWA Implementation: Improving Care of at Risk Patients with Alcohol Dependence. DSU. This project evaluated the effects of nurse and hospitalist training, a protocol, and a detox order set on the early identification of patients withdrawing from alcohol. This project won a first place award for research for the Critical Care Nurses Association which will be awarded at the 2018 National Scientific Assembly Conference.
6	Combatting Malnutrition in the ICU through Early Identification and Intervention. Critical Care. This pilot project evaluated the efficacy of the current nutritional screening policy, including the adequacy of a screening tool. Nutritional status was compared with incidence of pressure ulcers. This project was the stimulus for new standardized procedure to ensure earlier enteral feeding of critical care patients which will be instituted in 2018.
7	Does Financial Education Improve Frontline Nursing Documentation? Emergency Care Center. This EBP project evaluated the effects of education regarding state and national financial and reimbursement regulations and documentation on nursing documentation.
8	What Effect Does a Mentoring Program have on the Achievement of Patient Satisfaction Scores? Inpatient Oncology. This project provided training to formal and informal department leaders to mentor new nurses on factors that influence patient satisfaction. Interventions lead to increases in targeted HCAHPS score.
9	Non-Invasive Plasma Volume Monitoring in Pediatric Dialysis. Chronic Dialysis. This project evaluated the effects of a new technology, Crit-Line Monitoring, to evaluate safe and effect fluid removal in pediatric hemodialysis patients.
10	Identifying Geriatric Polypharmacy at the Time of Discharge from the Emergency Care Center (ECC). Emergency Care Center. In this pilot project a nurse-pharmacist team evaluated geriatric patient's understanding of discharge instructions. Additionally, a medication-based fall assessment tool was applied to determine small, moderate, or large risk for falls. This project will be expanded in 2018 to include additionally fall assessments.
11	Evaluation of Nursing Perceptions and Interventions to Decrease Nulliparous Term Vertex (NTSV) Cesarean Section Rate. Labor and Delivery. Subsequent to nursing education, this project measured the impact of evidence-based interventions on delivery type among first time mothers.
12	Introduction of a Dedicated Mobility Aide Protocol on an Orthopedic Unit. Orthopedics. This project demonstrated the positive impact of early and consistent ambulation delivered by a mobility aide on length of stay, discharge disposition, and falls.
13	Improving Cardiac Care: A Nurse-Driven Initiative. CVIL. The aim was to decrease door to balloon (D2B) treatment time for myocardial Infarction patients regardless of patient arrival time. Project outcomes indicate that a nurse-identified, nurse-driven care delivery improvement process enhanced patient care.



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