

# 2018

## NURSING ANNUAL REPORT



***Magnifying Nursing Excellence***





# The Providence Commitment

## THE 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 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. –Colossians 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.
  - We commit to compassionate, safe and reliable practices for the care of all.

## OUR VISION

*Health for a Better World*

## OUR PROMISE

*“Know me, care for me, ease my way.”*

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## From the Chief Nurse



**Carol Bensen**  
MSN, RN, CENP  
Chief Nursing Officer

It is with great pride that I share with you the 2018 St. Patrick Hospital Nurse Annual Report, where we will take a look at how nursing excellence was magnified throughout the year. St. Patrick Hospital's (SPH) reputation for exceptional patient care is significantly influenced by our talented, knowledgeable and dedicated nurses. Nursing is at the forefront of St. Pat's excellence.

At SPH, our team of 569 nurses, each with their own professional goals, ideas and strengths, work diligently each day to continue to improve the safety and quality of care delivery. It is through this commitment that SPH received our second Magnet recognition in October. Magnet recognition is for health care organizations who truly value nursing talent and commitment. Magnet recognition is steadfast proof of a hard-earned commitment to excellence in healthcare with contended nurses at its heart (ANCC).

In 2018, we continued to improve our outcomes and quality initiatives, and invest in the professional development of our caregivers. This annual report will highlight many of these achievements, such as:

- *Quality*: Magnet Re-designation
- *Safe*: Met Outstanding target for Hospital Acquired Infections
- *Safe*: Continued growth in moving towards a highly reliable organization
- *Effective*: Continued focus on improving Sepsis outcomes
- *Compassionate*: Excellent patient experience scores
- *Quality*: 5-Star CMS rating

These are just a few examples of the daily dedication by our nurses to continue to uphold our reputation of excellence and provide continued high quality care.

Each day I am reminded of the commitment to patient care and the compassion demonstrated by the nurses. Patients and families share their experiences and highlight the impact the nurses have had on their healing and their lives. I am blessed to be a part of this legacy nursing community. As you read through this year's report, I hope you will get a sense of the drive and compassion of St. Pat's nurses. It was an outstanding year, and I hope you will share my pride in St. Pat's nurses.

Sincerely,  
Carol Bensen, MSN, RN CENP

"We are what we repeatedly do. Excellence, then, is not an act, but a habit."

— Aristotle





# Nursing Leaders



**Joyce Dombrowski**  
MHA, BSN, RN, CPH  
Chief Executive,  
Providence Health & Services  
– Montana



**Carol Bensen**  
MSN, RN, CENP  
Chief Nursing Officer  
for Providence St. Patrick



**Janelle Huston**  
MSN, RN, CNE  
Chief Operating Officer,  
Providence Medical Group,  
MT Service Area



**Krissy Lowery**  
MS, BSN, RN, CEN  
Director, Surgical Services



**Samantha Hoogana**  
BSN, RN, CMSRN  
Dir. of Inpatient Nursing



**Carol Knieper**  
MSN, RN  
Reg. Director,  
Clinical Informatics



**Sarah Furtney-Cardy**  
BSN, RN, OCN  
Clinical Nurse Manager,  
Medical Oncology



**Andrea Kesler**  
BSN, RN, CMSRN  
Assistant Nurse Manager,  
Medical Oncology



**Angela Miller**  
BSN, RN, OCN  
Clinical Nurse Manager,  
Surgical/Pediatrics



**Erin Dougherty**  
BSN, RN, CMSRN  
Assistant Nurse Manager, Surgical/  
Pediatrics



**Erica Harapat**  
BSN, RN, CNML  
Clinical Nurse Manager,  
Cardiology/Respiratory



**Jessica James**  
BSN, RN, PCCN  
Assistant Nurse Manager,  
Cardiology/Respiratory



**Rochelle Schmauch**  
BSN, RN, CCRN-K  
Clinical Nurse Manager,  
Neuro Ortho



**Steven Walters**  
BSN, RN, CMSRN  
Assistant Nurse Manager,  
Neuro Ortho



**Dawn Rohrbach**  
BSN, RN, CCRN  
Clinical Nurse Manager, ICU



**Nicole Marks**  
MSN, RN, CCRN  
Assistant Nurse Manager, ICU



**Lance Somerfield**  
BSN, RN, CEN  
Clinical Nurse Manager, ED



**Tracy Hartzell**  
BSN, RNC-OB  
Clinical Nurse Manager, L&D



**Janet Jacobson-Glassy**  
BSN, RN, CVRN  
Clinical Nurse Manager,  
International Heart Institute,  
Anti-Coag Clinic



**Lindsay Dahlseid**  
MSN, RN, CVRN  
Clinical Nurse Manager, CVL



**Jeremy Williams**  
BSN, RN  
Clinical Nurse Manager,  
Neurobehavioral Medicine



**Cassie Moran**  
BSN, RN  
Assistant Nurse Manager,  
Neurobehavioral Medicine



**Kelly O'Brien**  
MSN, RN, CPAN  
Clinical Nurse Manager, OR



**Jenna Hendrickson**  
BSN, RN, CAPA  
Clinical Nurse Manager,  
Day Surgery /PACU



**Scott Lanser**  
MSN, RN, CCRN-K  
Clinical Nurse Manager,  
Endoscopy & Clinical Radiology



**Pam Estill**  
MSN, RN, CPHQ  
Nurse Manager, Quality



**Michelle Cole**  
BSN, RN, TCRN  
Manager, Trauma Services



**Anne Hoppie**  
MSN, RN, OCN  
Clinical Nurse Manager,  
OP Chemo



**Tamara Powers**  
MSN, RN, CIC, FAPIC  
Manager, Infection Prevention



**Danell Stengem**  
MSN, RN-BC, CNL  
Quality & Excellence Specialist

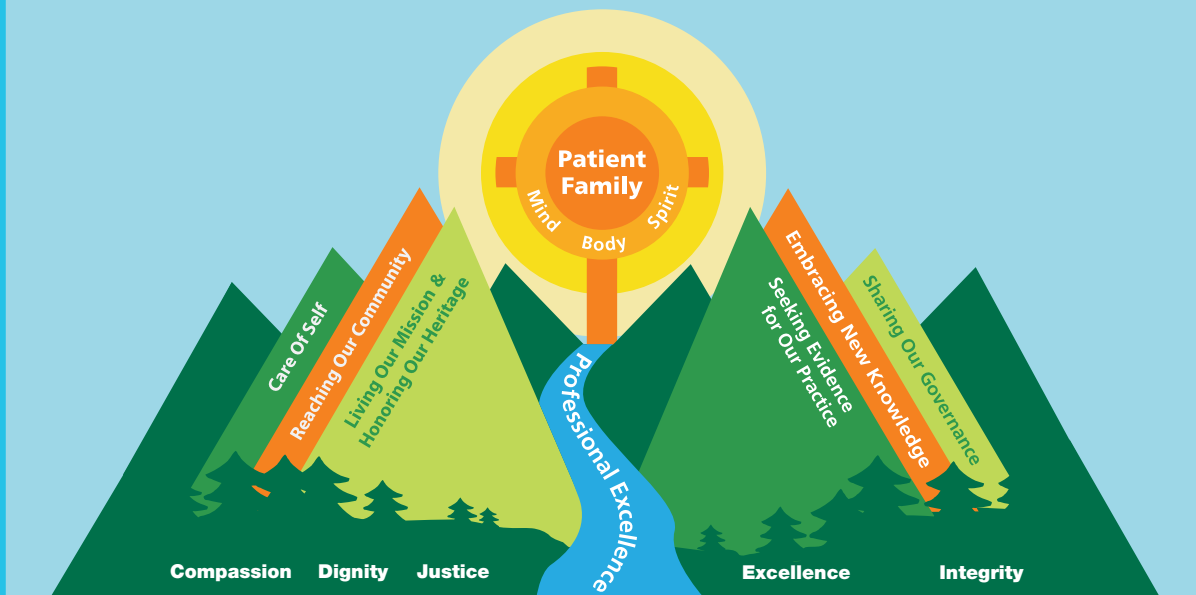
## Our **Professional Practice Model**

The St. Patrick Hospital Professional Practice Model (PPM) was designed to serve as a schematic depiction of how SPH nurses practice both the art and science of nursing. Our PPM incorporates several aspects of nursing practice, including patient care, communication, collaboration, professional development and caring for oneself.

The Providence values of Compassion, Dignity, Justice, Excellence, and Integrity are the foundation supporting nursing practice and the bedrock below the mountains. The mountains mirror the geography surrounding the Missoula valley. Each mountain formation represents a tenet that, when combined, form the overarching commitment to our profession. These tenets exemplify how we practice the art of nursing at SPH. The river flowing between the mountains represents professional excellence. Professional excellence at SPH embodies the constant and continuous current of knowledge needed to provide sustenance to advance the science of nursing.



# Professional Practice Model



## Living Our Mission & Honoring Our Heritage

<b>To our patients:</b>	We promise to know you, hear you, engage you in your care, keep you informed, find time for you, learn from you, teach you and heal you.
<b>To our staff:</b>	We promise to know you, hear you, engage you in patient care, keep you informed, find time for you, learn from you, teach you, support and empower you.
<b>As nurses, we believe:</b>	<ul style="list-style-type: none"> <li>• We can make a difference in the lives of our patients and their families by delivering compassionate, equitable nursing care.</li> <li>• Our role is to embrace the needs of the poor, vulnerable and disenfranchised in our local as well as global communities.</li> <li>• Our care system is dedicated to providing the appropriate level of care throughout the continuum of our patients needs.</li> <li>• We are inspired by the courage and compassion of Mother Joseph of the Sacred Heart and the other Sisters of Providence displayed when, in 1873, they began a ministry of education and healing from a simple dwelling in the Missoula Valley.</li> <li>• We honor the Sisters call to respond to the needs of the poor and vulnerable with the same extraordinary vision, creativity, skill and pioneering spirit that marked their work in the late 1800s.</li> <li>• We are committed to continuing the legacy of caring that is founded on compassion, faith, and empathy as was taught by the Sisters at the St. Patrick Hospital School of Nursing established in 1906.</li> </ul>

## Reaching Our Community

<b>As nurses, we believe:</b>	<ul style="list-style-type: none"> <li>• We are leaders in healthcare, and therefore we provide and support the partnerships that align our organization with regional entities to provide coordinated care honoring cultural diversity.</li> <li>• Our role is to work with patients, other healthcare disciplines and members of our community to determine the most appropriate care in the most appropriate setting.</li> <li>• We provide a healing environment that addresses the mind, body and spirit of our patients across the continuum through our integrated care processes.</li> <li>• We provide education to the public both independently and in partnership with our community organizations to positively impact the health of our community.</li> </ul>
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## Care of Self

<b>As nurses, we believe:</b>	<ul style="list-style-type: none"> <li>• We must pursue a commitment to our own well-being through making healthy choices personally and professionally to enhance safe, quality care to patients.</li> <li>• We are responsible for cultivating the skills of resiliency, stress management, change management, and self-maturation.</li> <li>• We are accountable to providing a supportive, caring, and professional environment to sustain ourselves and our peers.</li> </ul>
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## Seeking Evidence for Our Practice

<b>As nurses, we believe:</b>	<ul style="list-style-type: none"> <li>• Utilizing evidence to support and strengthen our practice is essential to achieving the quality of care we seek to provide to our patients.</li> <li>• Our profession has as its foundation the essentials of research, evaluation and translation of evidence into our clinical and operational processes.</li> <li>• Integrating evidence-based practice and research innovations into our profession enables us to provide high-quality, efficient care that improves our patient outcomes.</li> </ul>
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## Embracing New Knowledge

<b>As nurses, we believe:</b>	<ul style="list-style-type: none"> <li>• We must continually advance our knowledge and expertise in the field of nursing as it coincides with our goals of providing excellent care and improving patient outcomes.</li> <li>• In a system for rewarding nurses, through compensation and other non-monetary forms of recognition, who seek additional clinical expertise or advanced credentialing.</li> <li>• We are mentors who share our enthusiasm about professional nursing within the organization and the community.</li> <li>• Advanced practice nursing roles are essential in our organization as they support and enhance nursing care throughout the organization and the community.</li> </ul>
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## Sharing Our Governance

<i>"The decision-making process that places authority, responsibility, and accountability for patient care with the practicing nurse." (AONE Leadership Series 1996).</i>	
<b>As nurses, we believe:</b>	<ul style="list-style-type: none"> <li>• The role of Shared Governance in our organization allows all staff opportunities for formal, collaborative and coordinated problem solving within the practice of nursing.</li> <li>• The principles of Shared Governance are attractive to nurses from all levels because of the compelling, valued activities and experiences they provide.</li> <li>• Shared Governance functions as a method to communicate decisions and strategies to the nurse at the bedside.</li> <li>• The model continually evolves through a review of implemented changes and by seeking input from the staff nurses as to its success in relation to their daily work.</li> </ul>

# Shared Governance Focuses Upon a Healthful Practice Environment



Shared governance is a working model of participatory decision making in which nurses are organized to make decisions about clinical practice standards, quality improvement, staff and professional development, and research. This decision making structure places the authority, responsibility, and accountability for patient care with the nurse as a practicing clinician and gives them empowerment and control of their nursing practice.



## HIGHLIGHTS & ACCOMPLISHMENTS

### NIGHT SHIFT COUNCIL

- Assisted with decreasing noise levels at night.
- Recruited new members from more departments for our council.
- Created Facebook Page for better communication amongst council members.
- Brought Food Trucks at night to staff as a hot food option.
- Revisited and Improved Vocera communication between staff and Radiology with Rad Techs and CT Techs.
- Encouraged and reiterated the use of HRO tools at night.
- Initiated the use and availability of an Ethics Consult at night.
- Nursing Skills Fair was made available to Night shift staff thus improving job satisfaction for Night Shift Staff with regards to education.

### HEALTHFUL PRACTICE ENVIRONMENT ACCOMPLISHMENTS

- Implemented Leader Daisy Award
- Completed a gap analysis of AONE Principles and Practice of a Healthy Work Environment
- Awarded Innovation and Daisy Awards
- Magnet site prep
- Assisted in planning NERS sessions in preparation for Magnet Site visit
- Supported bedside caregivers in attending Magnet Conference
- ANA Code of Ethics write-ups in Positive Connections
- Approved the addition of a new Shared Governance Council- Stewardship/Green for Good
- Engaged managers in the EBP Bootcamp



**INTENSIVE CARE UNIT BASED COUNCIL ACCOMPLISHMENTS**

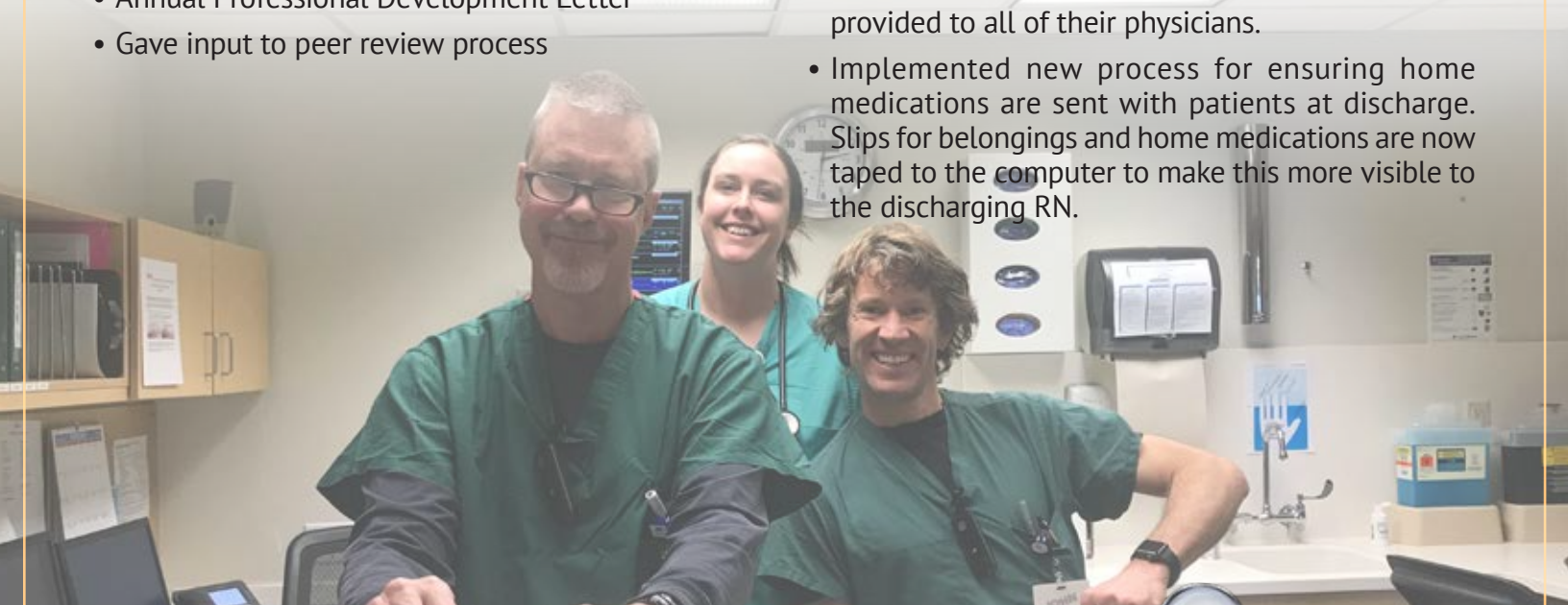
- More electrical outlets in rooms
- New white boards in all rooms
- Highlighted ICU protocols and algorithms, which included education talking points, monthly at safety huddles
- EPIC education points done at team meetings and CN meetings
- Tried new fall prevention kits
- Updated TIPS and TRICKS book for unit
- Picked 2018 Eileen Rouns Inspiration Award
- Tried mobility sheets to increases
- HRO Red-Yellow-Green board
- “Get to Know Me Sheets” for new hires
- Air Fresheners in utility closets
- New ICU signage

**PROFESSIONAL DEVELOPMENT COUNCIL**

- Organized Professional Development Week
- Education Fair presentation during Professional Development Week
- Preceptor Award – Beth Eldridge, BSN, RN, CMSRN
- ANA Nursing Code of Ethics write-up
- Annual Professional Development Letter
- Gave input to peer review process

**5NORTH UNIT BASED COUNCIL ACCOMPLISHMENTS**

- Worked with Karol Cady in wound care to roll out check-list for our patients who are at high risk for skin breakdown. By discussing this frequently and having nurses complete the check-list we are increasingly aware of patients who are at risk for skin breakdown and what interventions we should utilize to prevent hospital acquired pressure ulcers.
- We identified that we only had 10cc normal saline syringes stocked in our core. Worked with S&D to have the 5cc syringes stocked.
- Patients reported inconsistencies in our practice around accessing port-a-caths. Collaborated with cancer center staff on standardizing how we access port-a-caths. This education was rolled out in our October nursing skills fairs and during new hire orientation.
- Identified inconsistencies in placement of bio-patch for central lines. Education developed and provided to staff in July team meetings.
- Identified that there were delays in initiating chemotherapy on direct admissions from the cancer center because the physicians were not signing their orders before the patient transferred to 5North. This required either the RN or the pharmacist to call and inform the MD to sign the orders so that they could then be released. Issue was brought forth to the cancer center value stream and education was provided to all of their physicians.
- Implemented new process for ensuring home medications are sent with patients at discharge. Slips for belongings and home medications are now taped to the computer to make this more visible to the discharging RN.



## **5SOUTH UNIT BASED COUNCIL ACCOMPLISHMENTS**

- Created specific nursing guideline list for RNs floating to 5South
- Created poster for 2018 Skills Fairs
- Presented at Nursing Journal Club

## **2018 QUALITY & SAFETY COUNCIL ACCOMPLISHMENTS**

- Developed and refined a nursing quality dashboard for all inpatient and ambulatory care areas, presenting the dashboards in a format that is easy to comprehend and gives a quick visual of performance.
- Improved the understanding of quality measurement among clinical nurses at Providence St. Patrick Hospital in the use of the nursing quality dashboards based upon the ENDS to a MEANS study
- Supported the Nursing Research/EBP Council in the ENDS to a MEANS study
- Developed a process for implementing and tracking action plans for units underperforming national benchmarks in patient satisfaction, nurse-sensitive clinical indicators and RN satisfaction
- Developed a process for reporting nursing quality data during Quality & Safety Council meetings on a monthly basis
- Supported and participated in the Magnet Site Visit.
- Selected 8 winners for Providence St. Patrick Hospitals Quality Award
- Responded to the increase in the patient fall rate and patient fall with injury rate by creating an interdisciplinary Patient Falls Task Force for the Western Montana Service Area..
- Assisted in preparing nurse managers for TJC visit in regards to quality data
- Provided content on how nurses at SPH can participate in the ANA Code of Ethics: Provision 3 and how nurses at SPH practice nursing according to Provision 3

## **2018 CLINICAL PRACTICE COUNCIL ACCOMPLISHMENTS:**

### **Updated the following policies:**

- Pain Assessment and Management Policy and Procedure
- Autotransfusion policy
- Medical Coordination of Pediatric Patient Policy (combined 2 policies)
- Pediatric Postoperative Care
- Wound Care Assessment, Intervention, and Documentation Policy
- Inpatient Consult for Diabetes Education
- Fecal Management System
- Use of National Institutes of Health Stroke Scale
- Patient Controlled Analgesia
- Halo-Vest/Cervical Traction
- Pacemaker, temporary Transvenous/Epicardial Care & Management
- Femstop Compression Device
- Pressure Ulcer Prevention
- Noise Minimization Policy
- Restraint Use of Medical/Surgical Intervention
- Patient Assessment, Patients admitted to Hospice Status
- Blood Therapy Policy and Procedure: Adult
- Blood Therapy Policy and Procedure: Pediatric
- Removal of Arterial, Venous, & Radial Sheaths
- Patient Lifting/Transfer Policy and Procedure
- Care of a Radioactive Patient



**Reviewed/Implemented Change forms:**

- Patient Transport: worked with Volunteer Services to ensure that wheelchairs are available for transport and discharge.
- O2 extension tubing: worked on educating patient/staff on ensuring that fall risk implementation is performed on patients with O2 extension
- IV flush valves: Reeducated staff on how to use the different flush valves
- Titration Medication orders: Reviewed practices on medications that are titratable vs non titratable in inpatients
- Adenosine push/policy update
- Created a floor specific documentation flow sheet
- Sitter Limits: created workflow for sitter limits, outlined/addressed during bedboard
- Updated cardiac drips allowed on specific units
- Worked with RT to create a smoking cessation program
- Reviewed scope of practice for RN pulling chest drain
- Admission Process/Questions: Reviewed the necessity of different units asking similar questions
- Hypoglycemia Protocol for non-diabetics: worked with Diabetes Sub-Committee to create policy
- Diabetic Tray Notification: reinforced need for this
- Blood Consent Verification
- EVS laundering scrubs: only specific units
- O2 masks: open oxy masks causing injury, no change at this time
- Update Contact Information: Ensure patient family info on board and up to date in computer on admission
- Procedural I/O: Working with Radiology to create SBAR
- Post-procedure monitoring: Working with radiology to create pre-procedure checklist
- Notification of providers when patients off the floor: ICU RN to ensure nursing communication order present for primary team time hand-off occurs. Working with radiology to create pre-procedure checklist.
- Provider response to Med Team: Worked with nurses to ensure primary providers are notified.

**Write-ups**

- AONE Code of Ethics write-up





## THE RESEARCH AND EBP COUNCIL COMPLETED THE NURSING DASHBOARD STUDY.

This mixed methods quality improvement project included both interviews with nurses and interviews with many nurses across the hospital. The end product was easy to read, color-coded, unit-specific dashboards displaying quality outcomes data on a monthly basis.

The council held its inaugural EBP Bootcamp. Three groups (each representing 2 nursing units) addressed a problem or opportunity they had identified in their practice areas. They each developed a PICOT question, performed a literature review and developed an evidence-based practice change they then introduced. Each collected outcomes data before and after the change. All were successful, and yielded changes that were adopted in practice. Results from these studies can be seen in the Learning Center in the “Evidence on Display” poster presentation area.

Other accomplishments from 2018 include:

- Dashboard study redesign, and display redesign. Presented at WIN 2018.
- Journal Club, supported 8 in 2018, modified process to incorporate grading/evaluation of evidence.
- EBP Bootcamp
- Clinical Academy
- Lead and support EBP Bootcamp
- 2 editions of EBP Newsletter
- Establish mechanism to capture and disseminate UGF projects
- Complete 2017-2018 Study
- Develop 2018-2019 research studies
- Disseminate findings from studies (Journal Club, CON, PRNSS, External Conferences, Evidence on Display)
- Present posters at Western Institute of Nursing Conference
- Support St. Pat’s Evidence on Display Poster Display
- Support Site Visit for Magnet Recognition

## GREEN 4 GOOD (G4G)

G4G has been in place at St. Patrick since 2007. In 2018, a clinically focused Shared Governance Council was formed. Co-chaired by Sarah Johnson, 4S and Beth Schenk, nurse scientist, the council got off to an ambitious start.

- The council quickly identified several key focus areas for their work.
- Waste reduction and segregation
- Paper reduction
- Climate change education
- A pilot to eliminate or reduce use of disposable plastic spoons Linen reduction Communication
- Linen reduction
- Communication

Sarah Johnson and Caroline Deacy have launched a study to measure the Effects of a Linen Protocol on Linen Use Rates

Sarah Johnson, 4 south staff, and Food and Nutrition are piloting a method to replace plastic spoons with washable reusable metal spoons on nursing units.

The communications focus has resulted in improved unit dashboards, huddle messages, screen saver notes and a more focused monthly newsletter.

# 2018: First Annual Evidence-Based Practice Bootcamp

In the first annual EBP Bootcamp, managers and clinical nurses from six units conducted an EBP Project over an 8-month period. They each developed a clinical question, performed a literature review, put a new practice in place, and measured the results.

## MUSIC IN SURGICAL RECOVERY


**Music Therapy in Post Operative Patients: Does Music in the Immediate Post-Operative Phase Offer Patients Non-Pharmacological Benefits in Easing Pain and Anxiety.**  
Lisa Shaurette RN AS-N Jenna Hendrickson BSN, RN, CAPA

**Background**

- Does Music in the Immediate Post-Operative Phase Offer Patients Non-Pharmacological Benefits in Easing Pain and Anxiety.
- Literature from 4 different countries with varying styles of music administration.
- All report an increase in patient satisfaction, and a decrease in patient reported anxiety.
- Evidence supports instrumental music provided to patients in the immediate Post-Operative period report lower anxiety levels, lower pain levels, and higher satisfaction with their surgical stay, as well as a greater sense of well being.

**Purpose**

To pilot the evidence-based practice of providing music in post-operative recovery, to measure whether patients report less anxiety and pain.

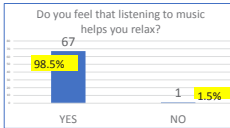


**Methods**

- Quantitative study with quasi-experimental design
- Participants:
  - Adults between ages 18 and 70
  - Outpatient procedures
  - Tuesdays, Thursdays, and Fridays
  - Excluded: patients with developmental delays, issues with communication, or those taking medications that could impair communication.
- Participants were given a verbal questionnaire during a pre operative phone call.
- They were reminded of the music in pre-op the day of surgery.
- Ambient instrumental music was played in the PACU.
- Participants were asked several follow up questions in the post operative discharge phase.
- Patient satisfaction survey responses were examined

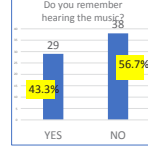
**From PRE Surgery Questions**

Do you feel that listening to music helps you relax?

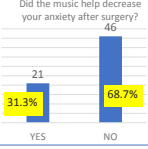


**From POST Surgery Questions**

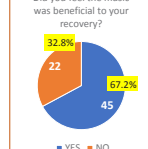
Do you remember hearing the music?



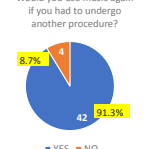
Did the music help decrease your anxiety after surgery?



Did you feel the music was beneficial to your recovery?



Would you use music again if you had to undergo another procedure?



**Discussion**

- Many patients had difficulty with either hearing or remembering the music in the PACU.
- Ambient music may be too diffuse for patients post operatively.
- Many of the research studies included use of personal listening devices with pre-set choices in music.
- Using personal earphones and pre-loaded listening devices may be more appropriate in the hectic PACU.
- Staff enjoyment of the music was an unintended consequence of the project, and maybe worth exploring

**References**

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Patients exposed to ambient music during the recovery phase in PACU reported that music helped decrease anxiety, and that they would like to use music if they needed surgery in the future

Tracy Hartzell, BSN, RNC-OB and Joey Lenaburg, BSN, RNC-OB

### Does music therapy in FMC Post Anesthesia Care reduce pain and anxiety?

**BACKGROUND**

- Assisting with pain and anxiety reduction is widely researched
- Much of the data implies that music therapy increases patient satisfaction score as well as reduces a perception of pain and anxiety
- Look at ways to help assist with pain reduction by means of non-pharmacological options

**PURPOSE**

- Does playing music in the Post Recovery Anesthesia Care Unit reduce pain and time from PACU admission to first administered narcotic while in Phase I Recovery?
- Provide music in the OB Post Anesthesia Care Unit (PACU) to mother's having undergone a scheduled Cesarean Section
- Evaluate the effectiveness of music in the PACU

**INTERVENTION**

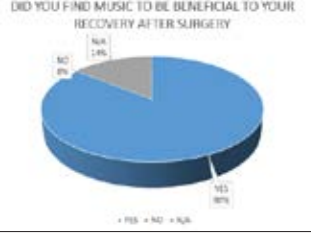
- Provide patient's a letter explaining the music therapy EBP project
- Provide music in the PACU time period to Cesarean Section patients
- Receive patient feedback on the effectiveness of music on reducing pain and anxiety
- Evaluate the patient response

**CHALLENGES WITH IMPLEMENTATION**

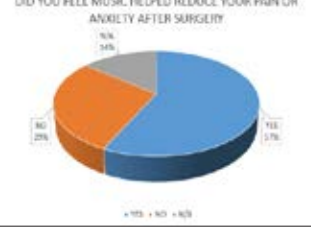
- There was a small sample size (n=7)
- One participant did not like the music choice and decided not to participate
- Finding a means of providing music to patients

**RESULTS AND OUTCOMES**

Did you find music to be beneficial to your recovery after surgery?



Did you feel music helped reduce your pain or anxiety after surgery?



**LESSONS LEARNED**

- The data we collected, while limited, was in alignment with widely publicized research
- Of the 6 patients sampled, all reported they felt the music benefited their recovery
- Not all patient's felt it reduced their pain or anxiety
- One patient did not like the music choices so opted out of the trial
- Utilizing a personalized approach may help enlist more patients to participate
- In order to measure data more meaningfully, enlist all Cesarean Section patient's in data collection

**IMPLICATIONS FOR PRACTICE**

- Patient's perceive music as helpful in the OB PACU, but not necessarily reduces their pain and anxiety
- Offer music to all post Cesarean Section patients in the OB PACU
- Provide patient options of music choices in the OB PACU

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Frederickson, A., Hellstrom, L., Nilsson, U. (2009). Patients' perception of music versus ordinary sound in a postanesthesia care unit: A randomized crossover trial. *Intensive and Critical Care Nursing*, 25(4): 208-213. [https://www.intensiveandcriticalcarenursing.com/article/S0964-3897\(09\)00029-9/abstract](https://www.intensiveandcriticalcarenursing.com/article/S0964-3897(09)00029-9/abstract)

Wakaya, N., Ustun, F., Sener, E., Keya, C., Ustun, Y., Koksal, E., Yocamanoglu, I., Ozkan, F. (2014). The effects of music, white noise, and ambient noise on sedation and anxiety in patients under spinal anesthesia during surgery. *Journal of PeriAnesthesia Nurses*, 29(5): 418-426. doi.org/10.1016/j.jopan.2014.05.008

## COMMUNICATION IN TRAUMA CARE

### TRAUMA PAUSE: EBP GROUP PROJECT

Melissa Leighty BSN, RN, CEN; Carol Reed BSN, RN, CCRN;  
Lance Somerfield BSN, RN, CEN; Dawn Rohrbach BSN, RN, CCRN-K

Missoula, Montana

#### Purpose

- Enhance nursing knowledge of evidence based practice model via collaboration between hospital units.
- Does a hands-off pause for EMS report during patient arrival improve trauma team efficiency?

#### Background

- Current approach to St. Patrick Hospital trauma patient arrivals vary in routine, accuracy, and organization, putting patients at risk and resulting in time being lost.

#### Goals

- Adhere to St. Patrick Hospital trauma team protocol for standardized assembly
- Improve efficiency & accuracy of trauma patient care
- Improve staff satisfaction with trauma team resuscitation

#### Assessment

- Literature review of emergency medical journals raised concerns about handovers
- Only 72.9% of key prehospital data was documented by a receiving level 1 academic trauma team.
- Poor handover more likely if staff attends to other tasks.
- "Inattention" cited as the primary cause of poor handover
- The Joint Commission reported communication failures resulted in \$1.7 billion in malpractice costs over 5 years

#### Intervention

- Policy revision to include "Hands Off, Eyes On" pause for 30-60 seconds for EMS report

#### Evaluation

ED Length of Stay (minutes)

Door to CT (minutes)

#### Next Steps

- Compliance to the Pause
- Physician, surgeon presence on arrival
- Mock trauma scenarios quarterly
- Orienting new hires for sustainability

#### References

- Shelton, D., Sindler, P. (2016) Availability of ambulance patient care reports in the emergency department. BMJ Quality Improvement Reports
- Carnez-Alix, Davis, Kimberley, Evans, Leigh. (2009) Information Loss in Emergency Medical Services Handover/Trauma Patients. Prehospital emergency care. 13(3):280-285
- Iedema R, Ball C, Daly R, et al Design and trial of a new ambulance-to-emergency department handover protocol "MIST-AMB" BMJ Qual Saf 2012;21:e27433
- Koh W, David MD, Taylor, Joseph, C. Knight, Andrew, Dene, Catherine E MacBean, Handover in the emergency department: Delicacies and adverse effects Emergency Medicine Australasia Volume 19, Issue 5
- K Wood, R Crouch, E Rowland, C Pope. Clinical handovers between prehospital and hospital staff: literature review Emerg Med J. 2014 - emj.bmj.com
- Christine Owen, Lynn Hemmings, Tony Brown. Lost in translation: Maximizing handover effectiveness between paramedics and receiving staff in the emergency department Emergency Medicine Australasia published: 31 May 2018

After instituting a 30-60 second pause during which ED staff listened to Pre-hospital report, staff saw shorter ED length of stay, and reported satisfaction among clinicians.

## AROMATHERAPY FOR MENTAL CLARITY

Sarah Furtney-Cardy BSN, RN, OCN; Erica Harapat BSN, RN, CNML

### Feeling Mental Exhaustion & Burnout? Sniff some Aromatherapy Oils!

Adoption of Use of Aromatherapy to Assist in Reduction of Feelings of Mental Exhaustion and Burnout in Bedside Caregivers in Medical Oncology and Cardiac Respiratory

#### BACKGROUND

- Nurse satisfaction scores indicated higher stress levels at work compared to national average
- Lit review suggests essential oils may decrease anxiety, improve mood and feelings of alertness

#### PURPOSE

- Adopt practice of using aromatherapy to decrease mental fatigue and burnout among staff
- Measure effect of aromatherapy oil on decreasing mental fatigue and burnout

#### METHODS

- 64 Clinical nurses, assistants on 2 med-surg units volunteered to participate
- Each answered a 0-10 item scale 3x per shift for 3 weeks total

0-3 = Feeling alert, fully focused, mentally sharp, feeling optimistic

4-7 = Mildly focusing, stilling attention, feeling neutral, or just going through the motions of the day

8-10 = Diminished attention, feelings of anger or resentment, disengagement

- Week 2 – participants sniffed essential oils a minimum of 3x/shift

#### RESULTS

Average Anxiety/Burnout Scores

Average anxiety/burnout scores were lower during week 2 (aromatherapy week) on both test units

Average Anxiety/Burnout Scores at Beginning, Middle, and End of Shift

Participants reported sustained lower scores of anxiety and burnout across the shift during week 2 (aromatherapy week) on both test units

Scores by Aromatherapy Scent (Unit B)

Preliminary results suggest some oils may have been more effective at reducing anxiety/burnout on test unit B

#### CONCLUSIONS

- Survey results indicate that use of aromatherapy oils is associated with a decrease in reported mental fatigue and burnout
- Data suggests certain oils were more effective than others

#### IMPLICATIONS FOR PRACTICE/ FURTHER RESEARCH

- Using oils for staff may be effective to reduce stress, with no identified risks and minimal cost
- Further study:
  - Compare effectiveness of different oils, using control groups
  - Study impacts over a longer period of time

#### REFERENCES

- Johnson, K., West, T., Diana, S., Todd, J., Haynes, B., Bernhardt, J., & Johnson, R. (2017). Use of Aromatherapy to Promote a Therapeutic Nurse Environment. *Intensive and Critical Care Nursing*, 40(2017) 18-25
- Allard, M. & Katerser, J. (2016). Using Essential Oils to Enhance Nursing Practice and for Self-Care. *AJN*, 116(2) 42-49
- Varney, E. & Buckle, J. (2013). Effect of Inhaled Essential Oils on Mental Exhaustion and Moderate Burnout: A Small Pilot Study. *The Journal of Alternative and Complementary Medicine*. 19(1) 69-71

The use of several aromatherapy scents among staff demonstrated lower anxiety and burnout scores during the testing period.

## Awards & Recognition

We recognize and celebrate our nursing caregivers and leaders throughout the year.

- **QUALITY AWARD** was awarded seven times in 2018 to individuals or departments who are identified as high performers in nursing quality
- **INNOVATION AWARD** is a quarterly award and is bestowed upon a person, group, or department that has an especially effective idea that changes structures, processes or outcomes in our care delivery
- **DAISY FOUNDATION AWARD** is a quarterly award that goes to a clinical nurse honoree who personifies our remarkable patient experience. Nominations come from patients, families and visitors
- **DAISY FOUNDATION NURSE LEADER AWARD** is a biannual award that goes to a nurse leader who role models extraordinary behavior, creates an environment of trust, compassion & mutual respect, and promotes & enhances the image of nursing
- **SPIRIT OF NURSING AWARD** is our annual award to the Nurse that embodies our vision to answer the call of every person we serve: Know me, care for me, easy my way. Nominations come from fellow staff
- **HEALTHCARE ASSISTANT (HCA) CARE GIVER AWARD** is our other annual award that goes to non-licensed staff that embodies our vision to answer the call of every person we serve: Know me, care for me, easy my way. Nominations come from fellow staff





## QUALITY AWARD

### FEB INFECTION PREVENTION

Infection Prevention for work done to decrease foley cath utilization

### MAR KATIE TROTTIER, BSN, RN, CPAN

Developed and educated to purposeful rounding in Day Surgery

### MAY 5NORTH - MEDICAL ONCOLOGY

Continued efforts to reduce the transmission of HAI

### JULY NEUROBEHAVIORAL MEDICINE

100% compliance by nurses for tobacco use screen, cessation counseling, and Quitline referrals.

### AUG ICU

Improvement in “instructions given in how to care for yourself at home” patient satisfactions cores

### SEPT 4SOUTH - ORTHO NEURO

Sustained improvement in patient satisfaction scores for “instructions given in how to care for yourself at home” and “promptness in response to call bell”

### NOV ICU

Improvements in processes and use of technology to decrease patient falls

## INNOVATION AWARDS

### Q1 5SOUTH - SURGICAL/PEDS

Development/implementation of a Surgical home pathway

### Q2 CORE FUNDAMENTALS (AS IMPLEMENTED BY SPH EDUCATORS)

Curriculum to provide a supportive cohort for Nurse Residents during their first year

### Q3 INPATIENT VALUE STREAM & DIABETES SUB-COMMITTEE

Development/implementation of processes to improve inpatient’s glucose levels

### Q4 REHABILITATION DEPT. & ORTHO VALUE STREAM

“Walker Closet” – to have walkers available to patients at discharge



NBMI Caregivers



ICU Caregivers



5North Caregivers

**DAISY AWARDS**

**Q1 4SOUTH**

Taylor Gress, BSN, RN

**Q2 5SOUTH**

Krista Clark, BSN, RN, CMSRN

**Q3 5NORTH**

Caroline Deacy, BSN, RN

**Q4 ICU**

Elliette Godecke, ADN, RN



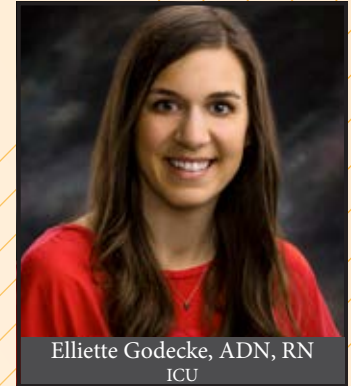
Taylor Gress, BSN, RN  
4 South - Neuro/Ortho



Krista Clark, BSN, RN, CMSRN  
5 South - Surgical/Peds



Caroline Deacy, BSN, RN  
5 North - Medical/Oncology



Elliette Godecke, ADN, RN  
ICU

**DAISY NURSE LEADER AWARDS**

**JUL FIRST STEP**

Mary Pat Hansen, MSN, RN, SANE-A



Mary Pat Hansen  
SNR, RN, SANE-A

*"Mary Pat Hansen, MSN, APRN is a nurse leader that the entire Providence system should be proud of. In her ~12 years working as a Sexual Assault Nurse Examiner (SANE) at First Step Resource Center, Mary Pat has been the true anchor of the program – internally, in the Missoula community, and in the state of Montana."*

*internally, in the Missoula community, and in the state of Montana."*

**NOV EMERGENCY DEPT.**

Lance Somerfeld, BSN, RN, CEN



Lance Somerfeld  
BSN, RN, CEN

*"Recently there was a tragic event that impacted the inter-disciplinary team in the Emergency Department. Throughout this difficult time Lance modeled strong leadership and worked to support his team in any way possible. Not only does he exemplify the traits of a Daisy Leader but he also lives the Mission of Providence by knowing his staff, caring for them, and looking to ease their way. Watching him lead his team through this not only makes me proud to work with*

*him but also provides an example of what a strong, compassionate and excellent leader is."*



## SPIRIT OF NURSING AWARD



### OUR 2018 SPIRIT OF NURSING RECIPIENT WAS

**ELIZABETH EVANGEL, BSN, RN** *Here are some comments that garnered her the award:*

*“Elizabeth truly loves the unlovable. Elizabeth cares for all her patients with great compassion. Even with the most difficult patients Elizabeth goes the extra mile to ensure they are comfortable and heard. Inmate, homeless or President of the United States, each individual she dares for receive her kindness, compassion and respect. “*

*“Elizabeth honors the heritage of the hospital by “loving the unlovable” and making them feel welcome and wanted. She reaches out to patients and finds common ground and is able to connect with them. She also is able to reach out to the community by sharing stories of her personal struggles/accomplishments and is able to ease patient’s suffering.”*

## HCA CARE GIVER AWARD



**HANNA FUNKE, 4SOUTH, CNA WAS AWARDED THE 2018 HCA CARE GIVER AWARD.** *These are some comments that led to this award:*

*“Hannah honors our heritage and lives the mission that the Sisters of Providence carried with them when they came West. Hannah, cares for each and every with the same level of care and respect. She takes the time to make sure our vulnerable patients have what they need to make their night more comfortable. She “eases their way” through the “little things” and I have never seen her balk at an unpleasant situation. She is calm, patient, and makes each patient feel like they are the only one she is caring for. While doing this, she embraces new knowledge. Rather than just going through the motions, she takes the time to ask intelligent and thoughtful questions. To learn the “why” behind the plan of care. Her depth of knowledge continues to grow and is mirrored in her level of care. She is detail oriented, despite the potential for compassion fatigue and generalized fatigue, she continues to perform at standard of excellence that the Sisters of Providence would be proud of.”*

## **Magnet** Redesignation



On October 18, 2018, the American Nurses Credentialing Center (ANCC) recognized Providence St. Patrick Hospital for the second time as a Magnet® hospital – the most prestigious designation honoring nursing services.

St. Patrick Hospital continues to be among the elite ranks of nearly 490 hospitals in the world to have achieved Magnet® designation. The four-year designation recognizes health care organizations for quality patient care, nursing excellence and innovations in the nursing practice.

For our nurses, Magnet designation is an external validation of our internal culture of excellence. Our focus is to continually create and sustain a nursing professional practice culture that has the best patient outcomes and the best work environment.

For patients and consumers, having a Magnet-designated hospital nearby means that when care is needed, they can expect a safe and quality experience every time. Consumers have come to rely on Magnet® designation as the ultimate credential for high quality nursing, according to ANCC.

Receiving the Magnet® designation truly exemplifies the ‘gold standard’ of nursing care. This designation shines a well-deserved spotlight on our dedicated nursing team – the individuals at the forefront of care delivery. Just as the program name implies, a Magnet-designated hospital is recognized for its “magnetic” nursing environment where nurses and clinical staff work collaboratively within a positive culture that supports new ideas and evidence-based work practices.

It takes everyone in our organization -- nurses and our colleagues-- to achieve Magnet® designation. We are so proud of St. Patrick Hospital for earning our second Magnet® designation.



# National Recognition

St. Patrick Hospital (SPH) earned a 5-Star overall rating of care for clinical quality through CMS Hospital Compare in both the first and second halves of 2018. The 5-Star rating represents top performance in the seven categories: mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging. Less than 7.5% of hospitals nationwide currently earn a 5-Star rating, and SPH is one of only two such hospitals in Montana for this reporting period.

The 5-Star ratings represent commitment by our providers and all caregivers to ensuring the best possible care for our patients. Learn more about these ratings at the [www.medicare.gov/hospitalcompare/search](http://www.medicare.gov/hospitalcompare/search)

For the 5th consecutive reporting period, St. Patrick Hospital received an “A” for patient safety from Leapfrog’s Hospital Safety Grade for its commitment to reducing errors, infections and accidents that can harm patients. SPH was one of only 832 hospitals nationwide, and one of only three Montana hospitals, to earn an “A” grade in 2018.

Grades are assigned using 28 measures of publicly available hospital safety data. According to Leah Binder, president and CEO of The Leapfrog Group, “Hospitals that earn top marks nationally in the Leapfrog Hospital Safety Grade have achieved the highest safety standards in the country.” Access the grade at [www.hospitalsafetygrade.com](http://www.hospitalsafetygrade.com).

**Beth Schenk**, PHD, MHI, RN-BC, FAAN was inducted as a fellow in the American Academy of Nursing in November 2018. Beth serves as Nurse Scientist and Sustainability Coordinator at St. Patrick and across our health system. She was nominated for fellowship based on her pioneering work to reduce healthcare-generated pollution, which she has pursued for almost 30 years.



## From the Academy:

*“The Academy is currently comprised of more than 2,500 nurse leaders in education, management, practice, policy, and research. Academy fellows include hospital and government administrators, college deans, and renowned scientific researchers. The Academy fellows, with the addition of this newest class, represent all 50 states, the District of Columbia, and 29 countries.*

*Fellow selection criteria include evidence of significant contributions to nursing and health care, and sponsorship by two current Academy fellows. Applicants are reviewed by a panel comprised of elected and appointed fellows, and selection is based, in part, on the extent the nominee’s nursing career has influenced health policies and the health and wellbeing of all.”*

At the time of Beth’s induction, there were 8 Fellows in Montana, and 3 in Providence St. Joseph Health.

**Congratulations to Beth for this important national recognition!**

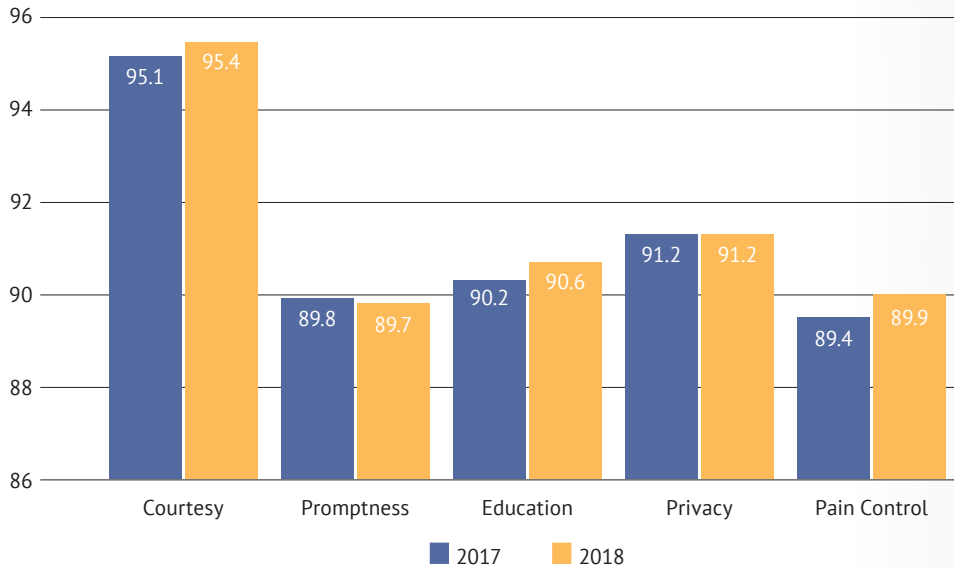
**P**rovidence St. Patrick Hospital received a “high performing” ranking from the U.S. News and World Report best hospital rankings for 2018. Scores are factor based such as survival, *patient safety*, and *nurse staffing*. Hospitals are ranked nationally in specialties from cancer to urology and rated in common procedures and conditions.



- High Performing Adult Specialty: Pulmonology
- High Performing in 3 Adult Procedures/ Conditions:
  - Aortic Valve Surgery
  - Hip Replacement
  - Knee Replacement

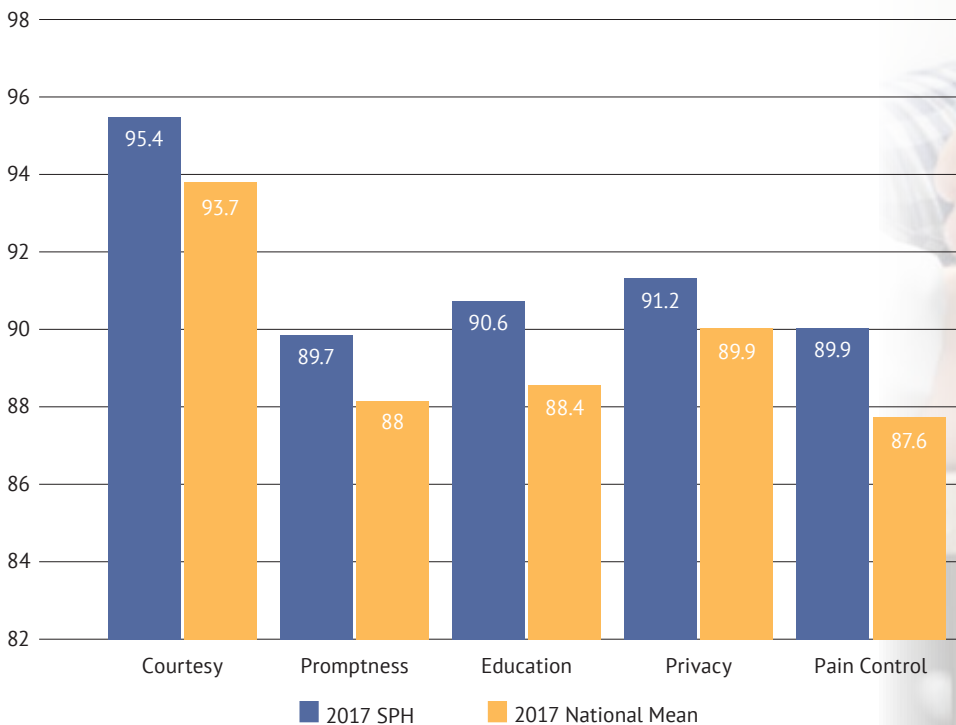
## NURSE SENSITIVE QUALITY INDICATORS (NSI QUALITY)

**2018 Patient Satisfaction**



In 2018, SPH Inpatient Units continued to improve nursing satisfaction scores, outperforming or equaling our high performance in 4 out of 5 categories compared to 2017.

**2018 Patient Satisfaction with Nursing Care**



SPH units outperformed the national mean in all five categories of nursing related patient satisfaction scores in 2018.

## INFECTION PREVENTION

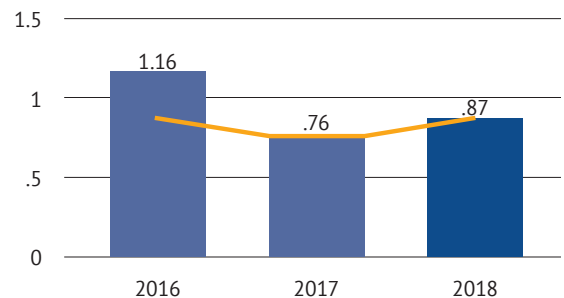
In 2018 SPH continued to participate in Providence System Collaborative Learning and Improvement Communities (CLIC) for CA-UTI, CLA-BSI and CDI.

### Catheter-Associated Urinary Tract Infection

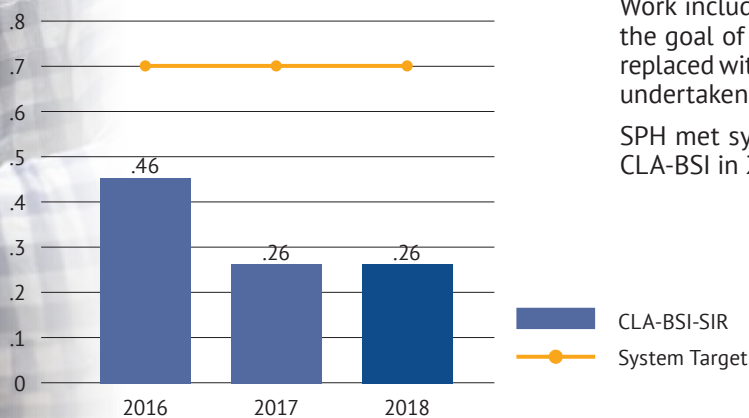
In 2018, SPH implemented Purewick, the new urinary management device (non-invasive female urinary collection device), with the goal of reducing indwelling urinary catheter days for female patients without retention. Purewick was well received by patients and nursing. Improvements to the intermittent catheter protocol, alternative product algorithm and updates to the nurse-driven removal protocol are under development for 2019 implementation.

We met system target (< 0.889) for CA-UTI SIR of 0.87. This represents four hospital onset CA-UTI's in 2018.

Hospital Wide CA-UTI SIR



Inpatient Nursing Units CLA-BSI SIR



### Central Line-Associated Blood Stream Infection

Work included education related to CHG bathing for all ICU patients with the goal of reducing risk for CLA-BSI and other HAIs. CHG Bio-Patch was replaced with Medline Aegis CHG- impregnated foam disc. This initiative was undertaken to reduce supply cost while reducing CLA-BSI risk for patients.

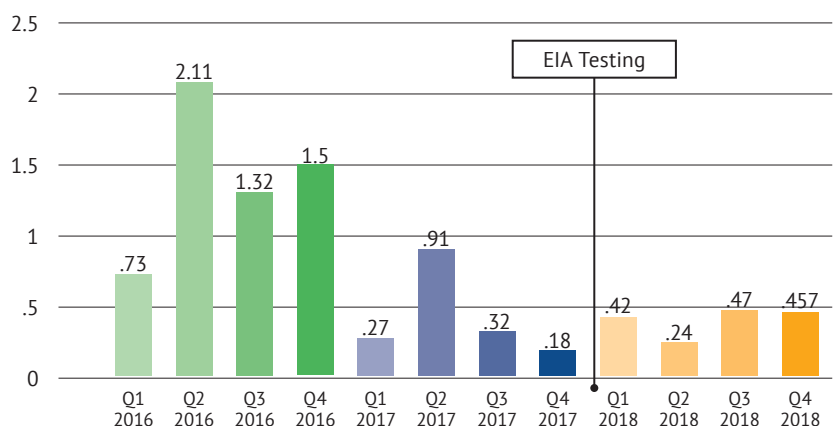
SPH met system target (< 0.696) with an SIR of 0.26 This represent one CLA-BSI in 2018.

### Clostridium Difficile Infection

During 2018, SPH's main focus was on implementation of a two-step testing methodology for CDI. The new test identifies CDI infection vs. colonization. Epic updates were implemented with the infection flag carrying over upon readmission within 90 days for a CDI positive patients so contact enteric precautions can be maintained if needed.

System target was < 0.856. SPH CDI SIR achieved was 0.4 for 2018. This represents 7 patients with hospital onset CDI during 2018 compared with 12 patient in 2017. This a 12% reduction from the previous year.

Hospital Onset CDI SIR

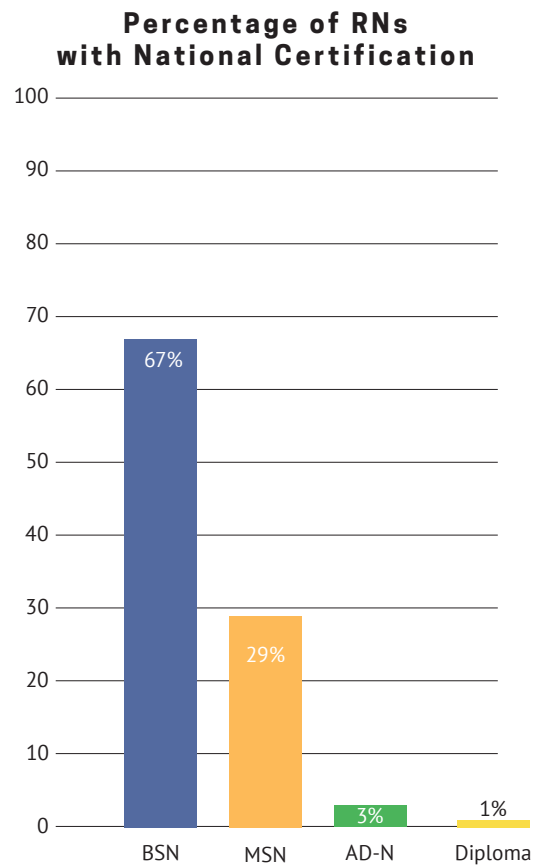
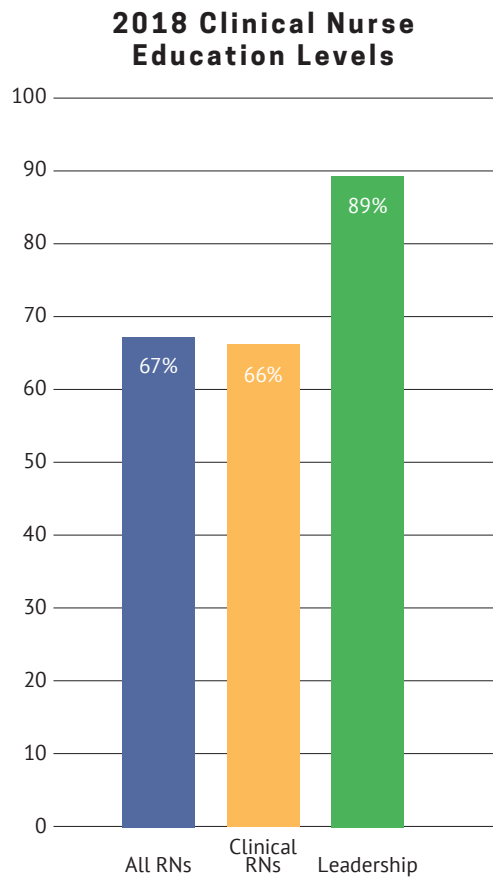


## EDUCATION & CERTIFICATIONS

SPH recognized that certification and the advancement of education are fundamental components of our goal to create a culture that inspires nurse's best work.

### We support this goal by providing:

- A higher wage to certified nurses
- Up to 20 CEUs for every nurse every year
- Certification study materials available in The Learning Center
- Tuition assistance
- Professional funds through our Foundation
- A personal thank you note to each certified nurse from the CNO
- RN-BSN completion program at the University of Providence





# CLINICAL ACADEMY

## PRECEPTOR

- 120 attended class in 2018
- Next class is January 17 with only 8 registered; 2 more classes scheduled in 2019 (June and November)
- New curriculum began in September 2018, based on Married State Preceptor Model
  - Pre-learning (via HealthStream) are essential as class is activity-based with minimal lecture
- Opportunity for Preceptor “Lunch and Learns” in 2019 utilizing activities from class

## CORE FUNDAMENTALS

- 24 residents graduated from CF in 2018
- EBP assignment in class 4 includes choice of 3 EPB projects (Evidence on the Fly, PICOT question & Literature Review, or Dissemination of Evidence) and report out at graduation (save the date for 3/20, 7/31, and 12/12!)
- CF to undergo curriculum changes in 2018; may reduce from 8 to 6 classes
  - Continue to be based on QSEN competencies (Patient Centered Care, Teamwork & Collaboration, EBP, Quality; Safety, Informatics)
- Surveyed managers and residents regarding scheduling of CF classes
  - Based on feedback, 2019 CF classes are scheduled midweek (Tues, Wed or Thurs); most are scheduled for 1230-1630



## MED SURG TRANSITION IN PRACTICE

*(for all Med/Surg nurse residents/fellows)*

- 27 residents/fellows graduated from MS TIP in 2018
- MS TIP changing in 2018 to be more consistent with the structure of other specialty curricula and also based on resident/fellow feedback
  - Approx 50% of the curriculum will be online format (Mosby’s Med/Surg Nursing Orientation)
  - Less classroom time; class time will be more activity-based versus lecture
- Survey of residents/fellows regarding scheduling of MS TIP classes
  - Large majority of residents/fellows prefer classes to be on day shift
- Tele portion of class (classes 1 & 2) will now be only for 4N
- ICU residents attend some MS TIP classes to avoid duplication with the Critical Care curriculum

## ORTHO/NEURO TRANSITION IN PRACTICE

*(for 4S nurse residents/fellows)*

- New in 2018; one-day class offered three sessions in 2018; includes lecture+ simulation
- 16 nurses participated in 2018; this includes residents, fellows and a few other 4S nurses
- Will continue in 2019, offering sessions as needed



**ONCOLOGY CLASS** (for SN nurse residents/fellows)

- New in 2018 using portions of the CA curriculum to create our own Oncology Class; online +lecture+simulation.
- 10 participants in the Oncology Class (including residents, fellows and a few other SN/Cancer Center nurses)
- Will continue tis in 2019, offering sessions as needed

**TELE TIP** (for 4N nurse residents/fellows)

- Previously had combined MS and TELE; now offering Tele as a separate curriculum
- Class condensed from two days to one day by removing online modules and having residents/fellows complete those prior to class; the first offering of the class with this new structure will be Jan 16
- Will continue in 2019, offering sessions as needed

Critical Care, ED, Periop, NICU, Perinatal curricula are also active on an as-needed basis. FMC Participated in Critical Care curriculum by educating SJMC nurses to perinatal curriculum. With all CA classes, learners submit feedback through evaluations; we have made several improvements based on learner feedback!

	<u>Q1</u> <u>2018</u>	<u>Q2</u> <u>2018</u>	<u>Q3</u> <u>2018</u>	<u>Q4</u> <u>2018</u>
# Preceptors (attended class) .....	57	41	22	Next class 1/17/19
# New Residents enrolled in Core Fundamentals .....	10	4	11	2
# Participants in Med Surg Curriculum .....	9	4	9	2
# Participants in ED Curriculum .....	0	2	1	0
# Participants in OR Curriculum .....	1	0	0	0
# Participants in Critical Care Curriculum .....	6	0	4	1
# Participants in L&D Curriculum .....	1	0	0	1
# Participants in Ortho Curriculum .....	Start April 2018	4	4	8
# Participants in Oncology Curriculum .....	Start Oct 2018	0	0	10
# Participants in NB Curriculum .....	Start 2018	0	0	NA

\* Remember: Providence received PTAP (Practice Transition Accreditation Program) designation with distinction in 2018!

## CAREGIVERS ASCEND HIGHER

We applaud the caregivers that elevated their practice by pursuing the next level of education.

St. Patrick Hospital supports higher education by offering tuition assistance and reduced tuition at the University of Providence in Great Falls.

**Angela Fowlkes**, BSN, RN

**Maria Kelly**, BSN, RN

**Molly Horton**, BSN, RN

**Teresa Roberts**, BSN, RN, CVRN

**Nichole Woods**, BSN, RN

**Sarah Johnson**, BSN, RN, CMSRN

**Cathleen Holgate**, BSN, RN-BC

**Rachel Clark**, BSN, RN, CMSRN

**Jennifer Sol**, BSN, RN

**Katie Trottier**, MSN, RN, CPAN

**Penny Bucher**, BSN, RN

**Tyler Gence**, BSN, RN, PMHN

**Amanda Holloron**, BSN, RN, CMSRN

**Leslie Kemmis**, BSN, RN

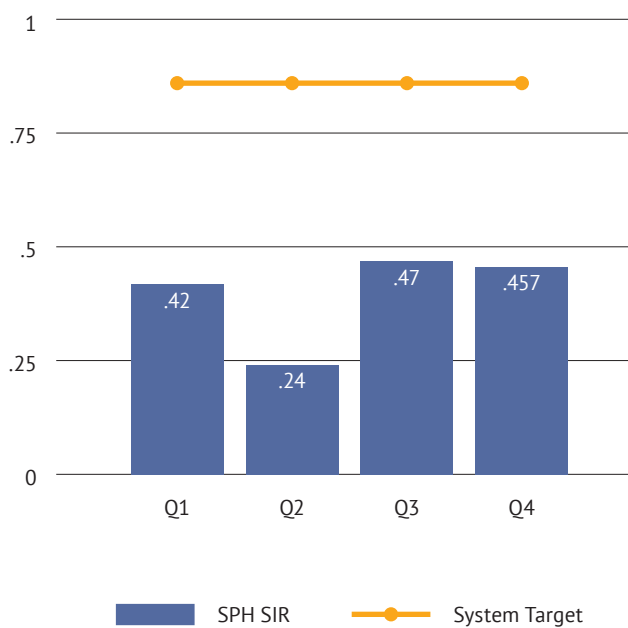
**Heather Martinez**, BSN, RN, CMSRN

**Heath Martinez**, BSN, RN, CMSRN



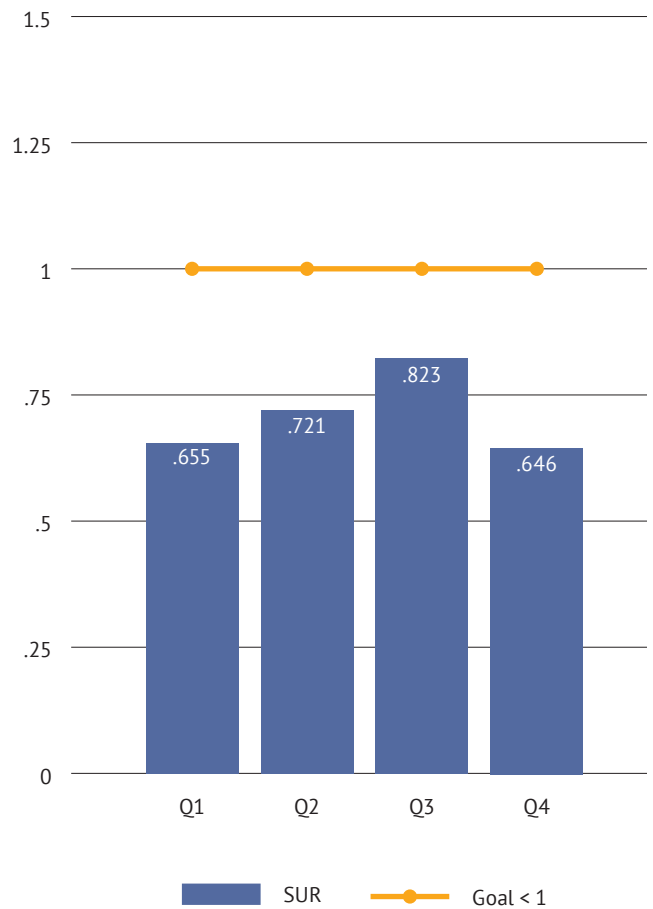
# Quality c.diff work 2018

**2018 Clostridium Difficile Infections**



In 2018, SPH nurses, SPH Infection Prevention and Process Improvement continued to work collaboratively to reduce our Standardized Infection Ratio (SIR) for Clostridium Difficile. We outperformed the System Target of 0.856 in all 4 quarters.

**2018 Inpatient Central Line SUR**



In 2018, SPH outperformed the Standardized Utilization Ratio (SUR) for Central Lines in all four quarters.

# High Points of 2018

## NURSING JOURNAL CLUB

Nursing Journal Club is where nurses share the latest nursing research and knowledge with co-workers/peers. Members of all shared governance and unit based councils are assigned a month to present.

Here are the our presenters and topics in 2018:

JANUARY	<b>Sarah Furtney-Cardy</b> , BSN, RN, OCN <i>on behalf of 5N UBC</i>	<b>Updates in Tube Feeding Care</b>
FEBRUARY	<b>Kelsey Auge</b> , BSN, RN, CMSRN <b>Rosemary Graham</b> , MS, RD, CNSC <b>Erica Ihde</b> , BSN, RN, CMSRN <b>Sara Keller</b> , BSN, RN, CMSRN <b>Holly Little</b> , RN, CMSRN <b>Sara Orton</b> , BSN, RN <i>Representing 5South Unit Based Council (UBC)</i>	<b>Evidence Based Care for Colorectal Surgery</b>
MARCH	<b>Wendy Harmsworth</b> , PhD, BSN, RN-BC <b>Cassie Moran</b> , BSN, RN <i>Representing NBMI UBC</i>	<b>Electroconvulsive Therapy</b>
APRIL	<b>Sara Blackwell</b> , BSN, RN, CCRN <b>Amanda Lindstrom</b> , BSN, RN, CCRN <b>Lauren Swanson</b> , BSN, RN, CPCN <i>Representing ICU Unit Based Council (UBC)</i>	<b>Serotonin Syndrome</b>
MAY	<b>Katie Trottier</b> , MSN, BSN <b>Minette Long</b> , BSN, RN, CNOR <i>Representing Surgical Services Council (UBC)</i>	<b>Improving Patient Satisfaction through Purposeful Rounding</b>
JUNE	<b>Beth Schenk</b> , PhD, MHI, RN-BC, FAAN <i>Representing Green 4 Good Council</i>	<b>Nurses' Climate Challenge</b>
SEPTEMBER	<b>Angela Gottwig</b> , RN <b>Janet "Jake" Jacobson-Glassy</b> , BSN, RN, CVRN <i>Representing IHI UBC</i>	<b>Telephone Follow-Up for MI Patients</b>
OCTOBER	<b>Meg Irvine</b> , BSN, RNC-OB <b>Leah Leitch</b> , BSN, RNC-OB <i>Representing FMC UBC</i>	<b>Topics in Perinatal Nursing</b>
NOVEMBER	<b>Wendy Harmsworth</b> , PhD, BSN, RN-BC <b>Sarah Johnson</b> , BA, RN-BC <i>Representing Green 4 Good Council</i>	<b>Topics in Nursing, the Environment, and Health</b>



## ANNIVERSARY MILESTONES

We recognized and celebrated our nurse caregivers, marking their years of service, on March 17 at the Annual Service Awards Banquet. Of special note we had two nurses celebrating 40 years of service with Providence.

### 40 YEARS

Donna Boyer  
Deborah Hays

### 35 YEARS

Julie Pennewill  
Laura Remington  
Phyllis Gagner

### 30 YEARS

Richard Miller  
Larry Peterman  
Beverly Williams  
Teri Zaharko

### 25 YEARS

Virginia Carroll  
Dena Fogel  
Leann Gooley  
Cherryol Kessler

Sarah Nurse  
Sandra Oostdyk  
Tamara Powers  
Tamera Reis

Dawn Rohrbach  
Peggy Scharberg-Chaffin  
Elizabeth Schenk  
Juli Yobst

### 20 YEARS

Terri Binder  
Gretchen Packard  
Dawn Smith

### 15 YEARS

Kelsey Auge  
Meagan Barnett  
Karol Cady  
Shane Cole

Michelle Cole  
Sara Keller  
Nicole Marks  
Ronda Melton

Harriet Mentzer  
Kara Monaco  
Leanna Ross  
Jennifer Simon

Connie Suarez-Hickey  
Heidi Swanson  
Lisa Walden  
Scott Willis  
Darin Wines

### 10 YEARS

Carolyn Bellamah  
Julie Cahoon  
Shannon Doherty  
Stephanie Dotson  
Jennifer Durilla

Kyle Evans  
Rosalind Giffin  
Michael Kohler  
Linda Longacre  
Rachel Madsen

Tina Malloy  
Christine Morman  
Heather Salois  
Molly Seitz  
Janice Sellers

Brenda Sorrell  
Mara Veale  
Erin Ward-Barney  
Danelle Whalen  
Anne Wright

Amy Wright  
Leslie Zahn

### 5 YEARS

Sarah Allegrucci  
Tina Barker  
Shawna Barrett  
Lisa Bennett  
Zachary Bridges  
Skylar Brown  
Bonnie Corbin  
Jeremy Crooks  
Bethany Eldridge  
Marcus Granger

Dawn Hammermeister  
Wendy Harmsworth  
Tracy Hartzell  
Melanie Hayes  
Sasha Heaney  
Megan Hensley  
Stephanie Hewitt  
Kelly Hiday  
Maureen Hoffmann  
Amanda Holloron

Debora Hunter  
Jessica James  
Lizette Johnson  
Virginia Kosman  
Alla Lemeza  
Jenny Lorenzo  
Katy Lovelace  
Kristin Lowery  
Elizabeth Lynn  
Amber Mading

Alissa Monaco  
Deanna Montgomery  
Sarah Morigeau  
Shena Oneill  
Maria Panique  
Lynn Pauly  
Kristy Pelletier  
Grace Perry  
Susan Rothermel  
Kristin Scarborough

Mandee Shaffer  
Abby Stensland  
Melissa Turk  
Heidi Waits  
Mary Wickes  
Amy Williams  
Alan Wyland

## USING EVIDENCE: MUSIC THERAPY IN POST-OPERATIVE PATIENTS

Lisa Shaurette, RN and Jenna Hendrickson, BSN, RN from PACU collaborated together on an Evidence Based Project that focused on music in the immediate post-operative phase and if it offers patients non-pharmacological benefits in easing pain and anxiety. A literature review was performed and results from various studies found evidence to support providing music to patients in the immediate Post-Operative period. The studies found an increase in patient satisfaction and a decrease in patient reported anxiety.

The PACU music therapy method was a quantitative study with quasi-experimental design. Music in the PACU was implemented by utilizing overhead ambient instrumental music. The music trial included all patients in PACU for 6 weeks, but only adults and outpatient procedure patients were asked to fill out a post op survey. The results of the trial included a total of 67 patients who agreed to take a post op survey. Of the 67 total patients, 57% of patients reported they did not remember hearing music, 31% of patients reported that the music helped reduce their anxiety after surgery, 33% of patients felt music was beneficial to their recovery process, and 67% of patients reported that they would use music again in future surgeries. Two patients specifically reported their positive satisfaction with music in the PACU on a Press Ganey Survey. PACU and ancillary caregivers reported an increase in work satisfaction during the music trial, which was an unintended positive consequence of the project.

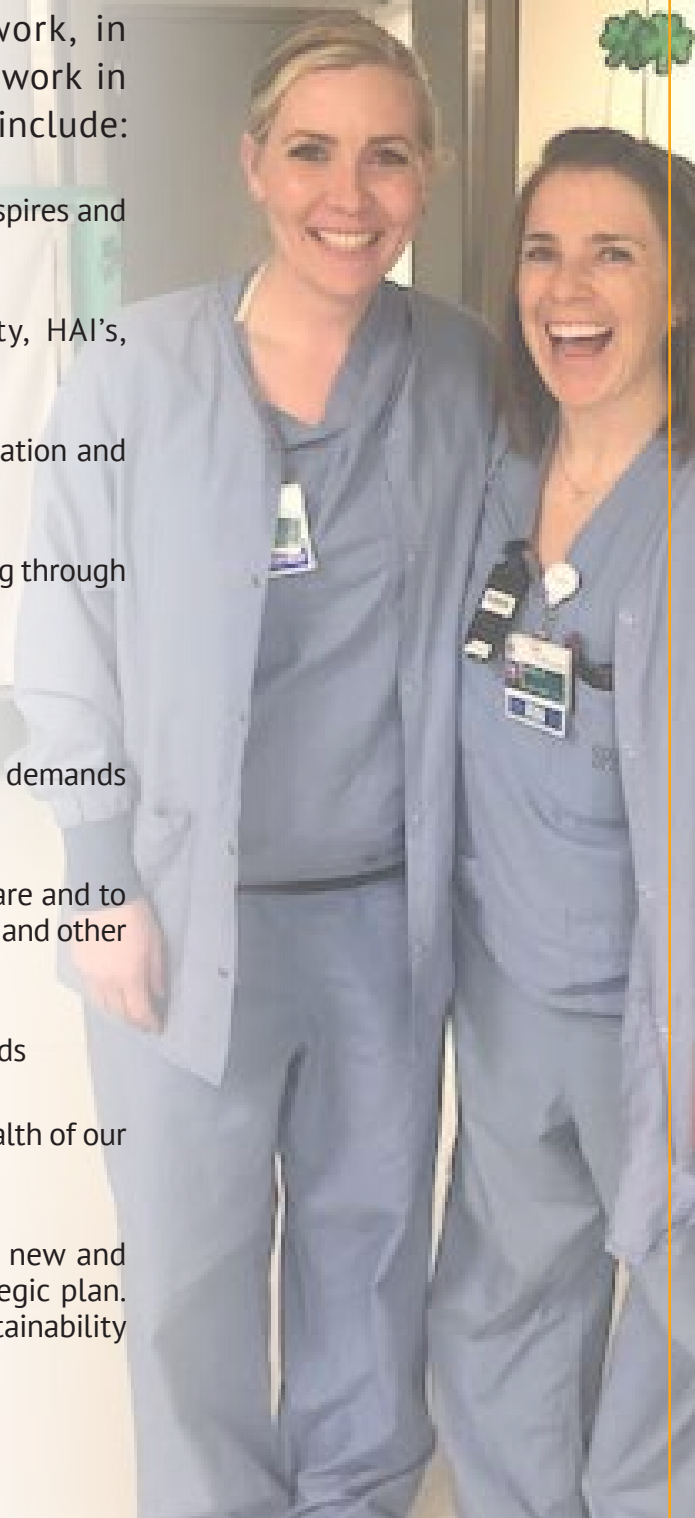
# Looking Ahead

## WHAT IS OUR FOCUS IN NURSING FOR 2019?

The Caring Reliably Quality and Safety Framework, in addition to our strategic plan, helps to guide our work in 2019. A few areas of focus from our Strategic Plan include:

- Create a work experience and culture that attracts, retains, inspires and develops caregivers
- Provide high quality care: Reduction of sepsis mortality, HAI's, readmissions, falls with injury
- Continuation of the journey towards a highly reliable organization and reduction in patient harm
- Enhance nurse participation in nursing practice decision making through shared governance
- Improve health outcomes for mothers and babies
- Improve response to the mental health urgent and emergent demands in our community
- Nurses leverage technology to optimize safer and effective care and to improve communication and education with patients, providers and other members of the healthcare team
- Effective workforce planning and develop to meet future needs
- Collaboration with our community partners to improve the health of our community

These initiatives help to define our individual contribution to new and improved ways of care delivery and link our work to the strategic plan. Each one of us plays a part in the forward movement and sustainability of St. Patrick Hospital



## About Us

**Providence St. Patrick Hospital** is the oldest, operating ministry founded by the Sisters of Providence that is currently in existence today. Begun in 1873 in response to a need to care for the poor of Missoula County it began in an abandoned building on the banks of the Clark Fork River with the ingenuity and determination of three Sisters of Providence. Today, the hospital (still located on the same site) continues to reach out to meet the needs of the community, with a special intention of serving the poor and vulnerable. St. Patrick Hospital is a 253 licensed bed ministry serving western Montana and beyond. We are a Magnet-designated ministry, a Level II Trauma Center, and an Accredited Stroke Center.

St. Patrick Hospital provides superior care, expressed through our Mission of revealing God's love to all. Our services include cardiology and cardiothoracic surgery, trauma and emergency services, neurobehavioral medicine, neurology and neurosurgery, oncology, orthopedics, general surgery, weight loss and bariatric surgery. The hospital also offers wellness programs such as diabetes, wound care, and comprehensive laboratory and diagnostic imaging services.

**Our Core Values** of Compassion, Dignity, Justice, Excellence, and Integrity **guide the work of our caregivers.**

**Our nurses live the practice model and care delivery model that they designed.**



St. Patrick Hospital has been an **ANCC Magnet® Recognized Hospital** since 2013.

Scan to visit us online!



[Montana.Providence.Org/hospitals/st-patrick/for-health-care-professionals/nurses/](https://Montana.Providence.Org/hospitals/st-patrick/for-health-care-professionals/nurses/)