

2019

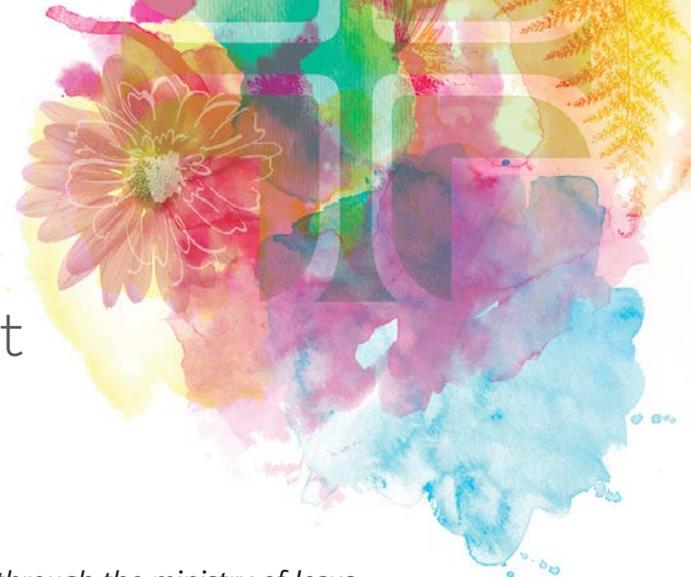
NURSING ANNUAL REPORT



Journey to 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.

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



In our continued Journey to Excellence, 2019 has been an incredible year of rapid changes to navigate at St. Patrick Hospital (SPH). Our exceptional nurses assisted in planning and implementing changes that help to improve the work environment and to improve quality of care. A few of the changes included new Alaris pumps, End Tidal CO2 monitors, medication waste system, falls reduction campaign, enhanced the video sitter program, opened 8 new beds on 5 South, and change in emergency code language. This does not include every new initiative but our nurses did this while continuing to provide high quality care.

Through shared governance, our caregiver safety team is developing strategies to address workplace violence. Our goal is to increase reporting and enhance education to improve caregiver and patient safety. We also monitored our quality metrics to continue to reduce HAPI, HAI, CLABSI, CAUTI and falls with injury, in addition to improving bedside medication scanning and pump programming.

Our Value Streams work with the multidisciplinary team to improve patient throughput, quality and satisfaction by partnering together to identify solutions and implement tactics to improve processes. This can help to reduce variations in practice, helping to improve the safety for our patients. SPH's reputation for exceptional patient care is significantly influenced by our talented, knowledgeable and dedicated nurses.

Nurses – our largest workforce – are leading the way in our excellence journey. Each with their own professional goals, ideas and strengths, our nurses work diligently each day to continue to improve the safety and quality of care delivery. In this past year we had seven bedside caregiving RN's participate in three research studies. We continue to foster a "Spirit of Inquiry" in order to advance nursing practice.

In 2019, 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:

- *Safe:* Met system targets for Cdiff, CAUTI, Surgical site infection for colon and hysterectomy
- *Safe:* Continued collaboration in moving towards a highly reliable organization
- *Seamless:* Met system targets for CABG and COPD
- *Effective:* Continued focus on improving Sepsis outcomes and reduce mortality
- *Compassionate:* Continued excellent patient experience scores, Nightingale tribute for nurses who have passed
- *Quality:* 5-Star CMS rating and US News and World Report, Top hospital in Montana, ranked for adult specialty, #1 regionally ranked in Montana, recognized as high performer in Abdominal Aortic Aneurysm repair, Hip and Knee replacement, American College of Surgeons Level 2 Trauma designation, Joint Commission Stroke Accreditation
- *Sustainability:* linen waste reduction, disposable spoon reduction, paper reduction

I would like to thank all of our nurses and recognize their dedication to their profession and to St. Patrick Hospital. I am very proud of our nurses who deliver the highest level of care possible to our patients and continue to advance nursing practice. Our exceptional nurses are what make us a Magnet hospital. It is my privilege to lead such a skilled and compassionate team. I hope you will share my pride as you read through our 2019 St. Patrick Hospital Nurse Annual Report that highlights our Journey to Excellence.

Sincerely,
Carol Bensen, MSN, RN, CENP

"It is not the strongest of the species that survives, nor the most intelligent that survives.

It is the one that is the most adaptable to change."

– CHARLES DARWIN

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



Jeremy Williams
BSN, RN
Director, Neurobehavioral
Medicine



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 Somerfeld
BSN, RN, CEN
Clinical Nurse Manager, ED



Robert Nelsen
BSN, RN, CCRN
Emergency Dept.
Assistant Nurse Manager



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



Leslie Kemmis
BSN, RN
Clinical Nurse Manager,
Neurobehavioral Medicine



Cassie Moran
BSN, RN
Assistant Nurse Manager,
Neurobehavioral Medicine



Stephanie Goble
BSN, RNC-OB
Clinical Nurse Manager,
Day Surgery/PACU



Jenna Hendrickson
BSN, RN, CAPA
Clinical Nurse Manager, OR



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

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.

SHARED GOVERNANCE ACCOMPLISHMENTS

Nurse Advisory Council

The Nurse Advisory Council (NAC) is the central council of all other Nursing Shared Governance Councils for St. Patrick Hospital.

Membership includes:

- Chairs of all Shared Governance Councils Chairpersons
- Nurse Excellence Champions
- Nursing Directors
- Magnet Program Director
- RN representatives from each UBC

NAC provides support for all other shared governance councils and assists with removing barriers they might encounter with professional nursing practice issues. Other duties and responsibilities include, defining, promoting and integrating standards of clinical nursing practice that are consistent with or exceed national, regional and community standards of practice

This council's responsibilities also include:

- assuring that all nursing practice standards are current & ethical
- evidence-based
- theoretically sound
- aligned with the Providence mission
- HPEC promotes rewarding and recognizing professionalism in nursing (i.e.: DAISY Award, BEE Award, Spirit of Nursing Award, and Innovation Awards)

Night Shift Council

- Food options for night shift staff
- Communal Potlucks (multi floor cooperation)
- Working on approval for keeping the lights off/low until night shift leaves to improve sleep for night shifters.
- Noise reduction efforts
- Safety concerns are being addressed by increased communication with security (security attends NSC)

Clinical Practice Council

This interdisciplinary Shared Governance Council reviews and updates inpatient nursing policies by:

- Ensuring all policies/procedures align with current nursing standards of care and current professional organizations standards of care
- Ensuring all policies/procedures are aligned with the most current and highest level of evidenced-based

practices or current research advances in nursing practice

- Reflecting interdisciplinary collaboration, as appropriate.

This council collaborates and problem solves upon specific issues within the clinical practice of nursing and interdisciplinary services at St. Patrick Hospital.

UPDATED POLICIES

- Chest Tube, Care and Management
- Pediatric Immunization Policy
- Continuous Subcutaneous Insulin Pumps
- Epidural / Intrathecal Infusions and Injections
- Inpatient Chest Pain
- Angiography/PTCA/Rotational Arthrorectomy/Stent Post Procedure Management
- Staffing Plan
- Combined Vocera Communication Policies
- Combined Education of Children Policy with Pediatric Admission Policy
- Blood Therapy Policy
- Patient Placement Policy of Hi O2 demands
- Intravenous Therapy
- Created Aromatherapy Policy
- Thrombocytopenia and Bleeding Precautions

CHANGE FORMS

- Created an SBAR for radiology transport to include I/O
- Updated drawing Heparin Xa off line draws
- Researched PIV lab draws- no evidence to support drawing off PIV as a standard of care
- Pulse-ox/alarm fatigue-only applying pulse oximetry to patients with orders.
- Definity administration- medication shakers now on floors.
- Dietary snacks now include carb count for coverage
- Educated staff for VS monitoring patients post procedure
- Ticket to ride printed with RN and HCA name when patient off floor for adequate provider notification
- Fall precautions implemented including bed alarms even with patients at bedside
- Radiology risk guidelines for ordering anticoags studies and labs prior to procedures updated and sent to medical staff.
- Jot sheets revamped
- Inpatient CLA-BSI with PIV, updated current policy

OTHER PROFESSIONAL INVOLVEMENT

- Nursing Contract Write-up: Knowledge, Skill, and Competence

- Presented at Nursing Journal Club 2019 Quality & Safety Council Accomplishments

This council reviews data related to:

- Nurse sensitive quality indicators
- Safety initiatives
- National Patient Safety Goals
- Workplace Safety
- Core Measures
- Patient satisfaction
- RN engagement results

Members of this council assign and monitor action plans to improve clinical quality and safety measures and metrics

This council makes recommendations that promote and maintain a nursing practice environment where the best practices in safety and quality are provided for patient care.

Workplace Safety & Falls Task Force report directly to the QSC.

- Selected 8 winners for the St. Patrick Hospital Quality Award
- Reviewed and presented at Nursing Journal Club twice in 2019
- Continue to support the ongoing work of the Falls Task Force
- Continue to report nursing quality data during Quality & Safety Council meetings on a monthly basis.
- Continue to maintain a process for implementing and tracking action plans for units underperforming national benchmarks in patient satisfaction, nurse-sensitive clinical indicators and RN Satisfaction
- Provided education about various quality measures and updates on metrics for public-facing quality awards

Research/Evidence Based Practice Council

The council's responsibilities include fostering evidence based nursing practice by providing information about clinical inquiry methods.

This council assists with the implementation of nursing research studies, evidence based practice studies &/or quality improvement studies at the hospital and unit level and provides mentoring, education and support of St. Patrick Hospitals' nurses in the clinical inquiry process.

Membership includes research experienced or interested representatives from all units and departments where nursing is practiced as well as selected nursing research fellows.

NURSING RESEARCH AND EBP COUNCIL ACCOMPLISHMENTS

• Research Scholars

- Sarah Johnson, BSN, BS, RN-BC; Caroline Deacy, BA, BSN, RN "Reducing Linen Use in Acute Care: A Nurse-Driven Policy"
- Angela Fowlkes, BSN, RN; Erin Ermels, BSN, RN, CPN; Brooke Krininger, MPH, BSN, RN "Patient Perceptions of the After-Visit Summary"

• 2019 EBP Bootcamp Completed

- Melissa Leighty, BSN, RN, CEN; Carol Reed, BSN, RN, CCRN; Lance Somerfield, BSN, RN, CEN; Dawn Rohrbach, BSN, RN, CCRN-K "Trauma Pause"
- Sarah Furtney-Cardy, BSN, RN, OCN; Erica Harapat, BSN, RN, CNML "Feeling Mental Exhaustion and Burnout? Sniff some Aromatherapy Oils!"
- Joey Lenaburg, BSN, RNC-OB; Tracy Hartzell, BSN, RNC-OB "Does Music Therapy in FMC Post-Anesthesia Care Reduce Pain and Anxiety?"
- Lisa Shaurette, RN; Jenna Hendrickson, BSN, RN, CAPA "Does Music in the Immediate Post-Operative Phase Offer Patients Non-pharmacological Benefits in Easing Pain and Anxiety?"

• Created process with Clinical Practice Council to grade evidence for level and quality

• Published two editions of the Research & EBP Newsletter

• Began revision of intranet pages for Research and Evidence-Based Practice

• Supported of Nursing Journal Club

• Use of Johns Hopkins tool to evaluate evidence at Nursing Journal Club

• Provided three lectures for Clinical Academy Core Fundamentals on Clinical Scholarship

DISSEMINATION:

• Nursing Video Research Symposium

- Q4, 2019: Michelle Leiby, BSN, RN, CPAN; Katie Trottier, MS, RN, CPAN "Aromatherapy for First-Line Treatment of Post-operative Nausea and Vomiting in the Post-Anesthetic Care Unit"

• Poster at Western Institute of Nursing Research Conference, San Diego, CA, April, 2019: Means to Ends Dashboard Study (authored by the SPH Nursing Research & EBP Council members)

• EBP Bootcamp Mini Symposium and Posters. Each Bootcamp participant shared findings from their project live at a mini-symposium in April 2019. Each poster is on display in the Learning Center.

• Evidence on Display: Scientific Posters hanging in The Learning Center



• Manuscripts

- **Johnson, S., Schenk, E.,** (2019) A Proposal: Nurse Sensitive Environmental Indicators. *Annual Review of Nursing Research*, 38.
- **Schenk, E.C.,** Cook, C., Demorest, S., and Burduli, E. (2019). CHANT: Climate, Health and Nursing Tool: Item development and exploratory factor analysis. *Annual Review of Nursing Research*, 38.
- **Schenk, E. C.** (2019). Environmental Stewardship in Nursing: Introducing the "WE ACT-PLEASE" Framework. *Creative nursing*, 25(3), 222-231.
- Demorest, S., Spengeman, S., **Schenk, E.,** Cook, C., & Weston, H. L. (2019). The Nurses Climate Challenge: A National Campaign to Engage 5,000 Health Professionals around Climate Change. *Creative nursing*, 25(3), 208-215.
- Travers, J., **Schenk, B.,** Rosa, W., Nicholas, P. (2019) Climate Change, Climate Justice, and a Call for Action. *Nursing Economic\$*.
- Cook, C., Demorest, S., **Schenk, E.** (2019) Nurses and Climate Action: Opportunities to lead national efforts. *American Journal of Nursing*, 119(4), 54-60.
- Rosa, B., Travers, J., **Schenk, E.,** & Nicholas, P. (2019) The Landscape of Climate Change and Health Consequences: Public Health Nursing and the United Nations Sustainable Development Goals Expand the Scope of Nursing. *Public Health Nursing*, 36(2), 107-108.
- **Schenk, E.** (2019) Addressing Climate Change; We Can't Afford Not To. Guest Editorial. *Nursing Economic\$*.
- **Schenk, E.,** Bryant, R., Van Son, C., Odom-Maryon, T. (2019). Developing an Intervention to Reduce Harm in Hospitalized Patients: Patients and Families in Research. *Journal of Nursing Care Quality*, 34(3), 273-278.
- **Schenk, E.,** Bryant, R., Van Son, C., Odom-Maryon, T. (2019). Perspectives on patient and family engagement with reduction in harm: the forgotten voice. *Journal of Nursing Care Quality*, 34(1), 73-79.

About the Nursing Research Scholar program:

In 2019 the Research/EBP Council supported 5 Nursing Research Scholars working on 2 studies. These 5 individuals responded to an application process and were selected based on their experience and interest. The first study was exploring patient perceptions of the discharge process and the after visit summary. The second study focused on reducing linen use in the inpatient setting by testing a nurse-driven linen use policy. Both groups were responsible for study protocol development, recruitment and data collection. Each are completing a summary of the study that will be shared with nursing staff in 2020.

Green for Good Council

This interdisciplinary council addresses environmental stewardship opportunities for improvement, explores options for addressing them and works collaboratively to implement them.

This council develops strategies for communicating effectively and provides education to other staff related to environmental stewardship.

COMMUNICATION:

- Monthly G4G Newsletter sent out to all Managers
- Monthly Dashboards
- Occasional G4G write-up in Positive Connections
- CNA skills Fair G4G booth
- Nursing Skills Fair G4G booth
- Established a monthly G4G Enthusiast e-mail list, first email will be in December
- Added members to G4G closed Facebook page
- Bi-Monthly Partner expert attendance at meetings to help build understanding and relationships between G4G council and other hospital departments

CLIMATE & ENERGY:

- 75% of Nurse's at SPH have been educated to the Nurse's Climate Challenge

SOURCE REDUCTION

- Plastic bags saved on units to be re-used by pharmacy, sending specimens to the lab, etc.
- Tourniquets stocked in day-surgery to help prevent over-use of IV start kits
- Hand sanitizer is no longer stocked in patient rooms to help prevent waste of this item as several were being thrown away; it is still available in the core on nursing units
- Plastic straws are now only available upon request in the cafeteria and the straws that are available are compostable
- Elimination of the use of gravity tubing in the OR, they now use pump tubing which can follow the patient from the OR to the floor, saving IV tubing

PAPER

- Restructuring of some forms in WFI to help eliminate waste
- Elimination of bladder scanner receipts
- Elimination of orphan line on document in OR
- Lamination of re-usable forms on several units to reduce printing of frequently used documents (ex. include Fall signs & stroke pictures)
- Increased awareness throughout hospital of paper reduction tips/tricks with consistent messaging

LINEN

- Increased awareness of linen use throughout hospital
- Surgical Services purchased reusable pillows to use with patients receiving blocks instead of using stacks of warm blankets saving the department up to \$11,000/year
- Linen utilization policy will be going live on inpatient units in January

SPOON TRIAL

- Plastic spoon usage decreased by 50% from last year after metal spoons were stocked semi-regularly on 4S
- Efforts were made to stock metal spoons daily on 4S to continue to decrease plastic spoon usage
- The success of this trial has made it possible to consider expanding metal spoon use to other units in early 2020

Unit Based Council

Unit Based Council's (UBCs) are comprised of caregivers who work on issues or improvements directly affecting their unit. Their accomplishments and barriers are shared monthly at the overarching Nurse Advisory Council.

UNIT BASED COUNCILS ACCOMPLISHMENTS

5SOUTH (SURGICAL/PEDIATRICS)

- 24 hour chart checks- Made a list of everything to check at midnight, orders, admit paper work, etc., Brought to value stream and other floors wanted to roll it out. Went to all UBC's then was implanted house wide.
- Charge report- Streamlined the important aspects of charge report to speed up handoff.
- Self-scheduling- Day shift implemented self-scheduling.
- Trach education for the rollout in January 2019- When Fowlkes came to St. Pats we realized a knowledge gap with his patients. Worked with RT, Leanna in education and made a education class for 5 south.
- Fowlkes education-Knowledge Gap in education related to his surgeries. Worked with Fowlkes and RT to educate staff.
- Missoula Surgical and assigning patients-Working with Danica about calling the correct MD. We are still continuing to find the best method of calling the correct MD.
- Paging MD's- Worked with multiple practice managers on working with the preferences on how the MD's want to be notified.
- Planning/Organization of Remodel- Many many information sessions working with staff on decisions with the remodels.

4SOUTH (NEURO/ORTHO)

- Started stocking bedside commode liners in patient room drawers
- Gathered money and bought gift cards to celebrate the new babies!!
- Helped create a working jot sheet
- Hosted family BBQ in August
- Started 4 South neighborhood library in conference room
- Organized and gathered gifts for Salvation Army Family – great participation!
- Helped organize and host unit Christmas party at Western Cider
- Secret Santa
- Staff birthday calendar

PROJECTS UNDERWAY

- Coffee machine for patient's families in 4th floor waiting room
- Nursing Journal Club presentation January 16 1200-1300 conference center #3. Please come see Hillary and Sarah's presentation
- Encouragement cards for new employees.
- Drain guides for neurosurgery patients
- Review of orientation binders
- Learn about acuity tool?
- Change meeting time to 0900, still first Tuesday of every month

THINGS TO WORK ON:

- Our unit needs people to teach and sign up for teaching Total Joint Class. This is well attended by our patients and helpful to their good outcomes.
- Provide peer to peer in the moment feedback.
- Less cell phone use at the nurses stations

PLANS FOR 2020 HIGHLIGHTS

- January 15, clean up breakroom and core. Take home or put in locker cups, etc
- February stroke conference table
- May graduation party
- Late June organize volunteer water passing out table for Missoula Marathon
- August BBQ
- December Secret Santa and Christmas Party

ANTI-COAGULATION CLINIC

- We implemented a program where we are handing out a knowledge test to new/existing patients asking basic anticoagulation medical questions. The patient completes the test. RNs go over test with patient to provide education regarding health/medication



changes and when a patient should contact our office regarding these changes.

- We have also started a pill box study that is ongoing. We've identified our patient population who have a time in therapeutic range (TTR) of less than 60%. We then screened these patients on whether or not they are currently using a pill box or not. We've recruited about 25 patients who have TTR less than 60% and were not using the pill box. They've agreed to be part of our study. We provided them with a pill box and are currently collecting data over the next 3 quarters to see if using a pill box will increase their TTRs.

INTENSIVE CARE UNIT UBC

- ICU TIPS and TRICKS BOOK-
 - CRRT
 - CRRT with citrate
 - Terminal extubation checklist
 - ICP Monitor set-up
- Monthly Education on Algorithms and Protocols-Falls, skin, health and wellness, sleep hygiene
- Staff acknowledgement-Birthday cards and treats each month
- Staff Bulletin board i.e. pet pictures, Christmas cards, bitmojis
- Staff education at team meetings and safety huddles
- Revised ICU Standards of Care, including Education for the month of October and a Health stream module
- New whiteboards for each room
- Moved unit snack bins from nurse pods to the core
- Glove mounts and sharps containers on walls by computers in room 350, 351, 352
- UBC bowling membership drive
- Collaborated with housekeeping to decrease the amount of towels and washcloths used by not stocking them in rooms once cleaned
- Moved from individuals having Vocera clips to attaching them to Voceras that will be handed over to next shift

INTERNATIONAL HEART INSTITUTE UBC

- Holiday Project – raised \$1730 to support Missoula Youth Homes (2nd year we have supported the program)
- Patient Care -Clinic waiting room :all providers now have a photo posted for our patients to be able to put a face to a name
- Patient Care – APPs now have large appt cards which describe their backgrounds and specialties
- Patient Care – Diagnosis specific literature is now placed in ea patient room (example What is afib and how does it affect me?)
- Process Improvement – Provider Order Queue had become quite large and a team was put together to review all outstanding orders and “scrub” mistakes

and orders which had been completed at an outside facility but not attached to the original order.

FAMILY MATERNITY CENTER UBC

- Created suggestion box for unit improvement input from all staff
- Better holiday schedule process for staff, big morale booster
- Created process and checklist for restocking triage room
- Triage tacklebox created for ED triages and labors to help improve efficiency and workflow
- Implemented unit collection of morning lab draws in effort to better accommodate rest periods for mothers who have been up all night
- Red vinyl materials to patient whiteboards to emphasize key safety concerns such as allergies and maternal blood types
- Implemented changes in process of admitting patients from triage room such as use of washable linens in triage to minimize waste during triage turnover, exchanging cups and gowns.
- Birthing ball stands to help laboring patients
- Diffuser and essential oils provided to patients to help with pain management, sleep and anxiety.
- Created new workflow for administering MMR vaccine to non-immune postpartum moms prior to discharge as many were getting missed.
- Communication letter for patients to provide education regarding private encounter – this is for patients who want visitor screening.
- Treasure box and crayons/coloring books on unit for sibling visits.
- Morale boosting project – “kindness” project; staff wrote appreciation notes to coworkers
- Article review to support implementation of concurrent and scheduled use of Tylenol and ibuprofen to decrease narcotic consumption.
- Recruited new members to include NICU nurse, scrub tech and secretary representation.
- Developed and implemented meeting agenda structure
- Provided staff education regarding appropriate use of recycling bins.
- Working on a way to provide a sleeping room for NICU staff when on call so they can be closer when emergencies arise.
- Beginning to review data regarding reducing perineal trauma during the second stage of labor; implementing best practice
- Implemented different methods of information rollout to staff

Research and Evidence Based Practice

Nurses Michelle Leiby, BSN, RN and Katie Trottier, MSN, RN attended the Magnet Conference in 2018. They returned convinced that they could improve patient outcomes with innovation. They conducted the evidence-based project of introducing aromatherapy for post-operative nausea and vomiting, demonstrating effectiveness, as shown above. This is a great example of bringing knowledge from a professional organization and putting it into practice.

Aromatherapy for First Line Treatment of Postoperative Nausea and Vomiting in the Post Anesthesia Care Unit

Michelle Leiby BSN, RN, CPAN & Katie Trottier MSN, RN, CPAN



Background

- Postoperative nausea and vomiting (PONV) is one of the most common postoperative complications affecting 20-30% of patients (Abib-Hajbaghery & Hosseini, 2015)
- PONV can lead to complications for patients besides the discomfort of nausea and vomiting, including dehydration, electrolyte balance changes, wound dehiscence, and aspiration (Hodge, McCarty, & Pierce, 2014)
- Standard of practice for treating patients with nausea in the Post Anesthesia Care Unit (PACU) was to give them a pharmaceutical treatment
- Pharmaceutical treatments also pose risks to patients because of their side effects, which include, fatigue, disorientation, dysrhythmias, hypotension, and restlessness (Abib-Hajbaghery & Hosseini, 2015)

Purpose

- Change our current practice to using Aromatherapy as a first line treatment for nausea & vomiting in the PACU and reducing the use of pharmacological antiemetic.

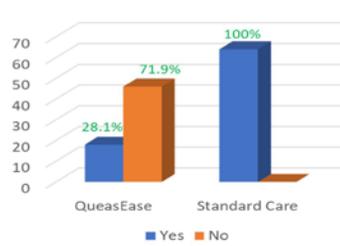
Methods

- Evidence Base Practice (EBP) change
- Trial of 64 Surgical patients who complained of nausea in the PACU
- Patients who complained of nausea and would rate their nausea on a scale from 0-4. Nausea would be reassessed 5 min after initiation of Aromatherapy and then every 15 min until discharge
 - 0 = no nausea
 - 1 = mild nausea
 - 2 = moderate nausea with vomiting
 - 3 = frequent vomiting
 - 4 = continuous vomiting
- The product QueasEASE was used for the aromatherapy treatment and patients would inhale the scents from the quick tab for a minimum of 5 min

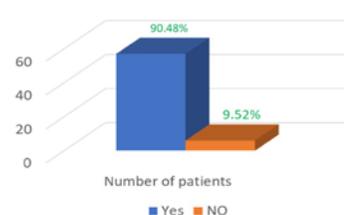
Results

- Use of antiemetic on complaint of nausea dropped from 100% (standard of care) to 28.1% with Aromatherapy
- 90.48% of patients found the Aromatherapy to be beneficial
- Patient Satisfaction with the treatment of their nausea was 92.3%
- A Nursing Guideline was created as the first step in practice change

Received Anti-Emetic



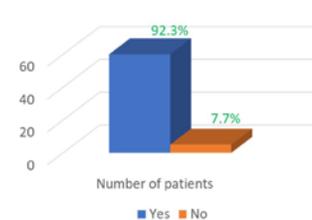
Patient felt QueasEASE was Beneficial



Discussion

- The study demonstrated the effectiveness of Aromatherapy as first line intervention with complaint of nausea
- Investigators will observe staff choices of Aromatherapy or antiemetic use over time to monitor sustainability of the project
- Limitations
 - Missing data from either misappropriated tabs from other departments using or staff failure to complete collection tool
 - Nausea Scale confusing

Patient Satisfaction with Nausea Treatment



References

- Adib-Hajbaghery, M. & Hosseini, F. S. (2015). Investigating the effects of inhaling ginger essence on post-nephrectomy nausea and vomiting. *Complementary Therapies in Medicine*, 23(6), 827-831. doi: 10.1016/j.ctim.2015.002
- Hodge, N., McCarthy, M. S., & Pierce, R. M. (2014). A prospective randomized study of the effectiveness of aromatherapy for relief of postoperative nausea and vomiting. *Journal of PeriAnesthesia*, 29(1), 5-11. doi: 10.1016/j.jopan.2012.12.004
- [QueasEase QuickTAB sales image]. Retrieved from <https://soothing-scents.com/product/quick-tab-medipack/>

TWO TEAMS OF NURSE RESEARCH SCHOLARS CONDUCTED STUDIES IN 2019.

Decreasing Linen Use in Acute Care: A Nurse-Driven Policy Sarah Johnson, BSN, BA, RN-BC; Caroline Deacy, BA, BSN, RN,

Patient Perceptions of the Discharge Process and After Visit Summary (AVS) at St. Patrick Hospital, Missoula, Montana Erin Ermels, BSN, RN, CPN; Angela Fowlkes, BSN, RN, DNP student; Brooke Krininger, BSN, RN, MPH, CPAN

NURSE-AUTHORED PUBLICATIONS:

Schenk, E., Bensen, C. (2019) Climate Change and Disasters: The World Needs Prepared Nurses. *Nursing Economic\$* 37(5), 218-230.

Schenk, E. C. (2019). Environmental Stewardship in Nursing: Introducing the "WE ACT-PLEASE" Framework. *Creative Nursing*, 25(3), 222-231.

Demorest, S., Spengeman, S., **Schenk, E.**, Cook, C., & Weston, H. L. (2019). The Nurses Climate Challenge: A National Campaign to Engage 5,000 Health Professionals Around Climate Change. *Creative Nursing*, 25(3), 208-215.

Travers, J., **Schenk, B.**, Rosa, W., Nicholas, P. (2019) Climate Change, Climate Justice, and a Call for Action. *Nursing Economic\$*.

Cook, C., Demorest, S., **Schenk, E.** (2019) Nurses and Climate Action: Opportunities to lead national efforts. *American Journal of Nursing*, 119(4), 54-60.

Rosa, B., Travers, J., **Schenk, E.**, & Nicholas, P.(2019)The Landscape of Climate Change and Health Consequences: Public Health Nursing and the United Nations Sustainable Development Goals Expand the Scope of Nursing. *Public Health Nursing*, 36(2), 107-108.

Schenk, E. (2019) Addressing Climate Change; We Can't Afford Not To. Guest Editorial. *Nursing Economic\$*.

Schenk, E., Bryant, R., Van Son, C., Odom-Maryon, T. (2019). Developing an Intervention to Reduce Harm in Hospitalized Patients: Patients and Families in Research. *Journal of Nursing Care Quality*, 34(3), 273-278.

Schenk, E., Bryant, R., Van Son, C., Odom-Maryon, T. (2019). Perspectives on patient and family engagement with reduction in harm: the forgotten voice. *Journal of Nursing Care Quality*, 34(1), 73-79.

Awards & Recognition

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

- **QUALITY AWARD** was awarded ten times in 2019 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
- **OUTSTANDING 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.

Green is a beautiful color...these units maintained Press Ganey scores above the national benchmark in all four areas of our patient satisfaction measures of Nurse friendliness/courtesy, Promptness in response to call, Instructions for care at home, and Pain Control:

- 4North
- Family Maternity Center
- 4South
- International Heart Institute

QUALITY AWARD

JAN 4SOUTH

For outperforming the mean for Patient Satisfaction scores in two different categories for 10 months in a row:

- Friendliness/courtesy of the nurses
- Promptness in responding to the call button

FEB 5SOUTH

For outperforming the mean for Patient Satisfaction scores in pain management for 5 months in a row

MAR EMERGENCY DEPARTMENT

For improvement in patient satisfaction scores in all 4 areas noted on unit specific dashboards for last 3 months

MAY 4NORTH

For outperforming the mean for Patient Satisfaction scores for promptness in responding to call light 12 months in a row

JUN ENDOSCOPY

For outperforming the mean for Patient Satisfaction scores for

- Info about delays – 5 months above the mean
- Discharge – 7 months above the mean
- Concern for comfort – 9 months above the mean

JUL FAMILY MATERNITY CENTER

For improvement in BSN rate to 79%

AUG INTERNATIONAL HEART INSTITUTE

For decrease in myocardial infarction readmissions

OCT EMERGENCY DEPARTMENT

For outperforming the mean for Patient Satisfaction scores for Friendliness/Courtesy of Nurses 10 months in a row

NOV INTENSIVE CARE UNIT

Zero C diff infection for 18 months

DEC 5SOUTH

No CAUTI since Oct 2017 – 24 months

INNOVATION AWARDS

Q1 DASHBOARD STUDY – BETH SCHENK AND DANELL STENGEM

In Living Color: Designing an Effective Nursing Quality Dashboard

Q2 EMERGENCY DEPARTMENT

Intentional handover

Q3 DAY SURGERY

Day Surgery: Laundry savings with using plastic blocks instead of multiple blankets for nerve block patients

Q4 DAY SURGERY

Twistle app for colo-rectal and ortho surgical patients



4S Caregivers



Endoscopy Caregivers



5South Caregivers

DAISY AWARDS

Q1 INTENSIVE CARE UNIT

Laura Kaufman, BSN, RN, CCRN

Q2 RESOURCE POOL

Lizette Johnson, BSN, RN, CMSRN

Q3 INTERNATIONAL HEART INSTITUTE

Zena Atkinson, RN

Q4 4SOUTH

Katie Peot, RN



“Laura is so special because she is such a caring and compassionate person. She has taken care of my dad as if he was her own. She explains everything she does and why she is doing it. She has comforted us many times when we were falling apart. She is the best nurse in the world. We love her so much. She has gone above and beyond the call of duty.”



“This was the 3rd hospital that my husband had been admitted to since June 2019. My husband was diagnosed with pancreatitis and the underlying cause was gall stones. We drove from Anaconda Community Hospital on 6/14. After going through Admissions and told that were on the 5th floor. We arrived to the door to our room and she was standing in front of our door smiling & introducing herself. She stated “we have been anticipating your arrival”. After driving 1 1/2 hours from Anaconda it was so very nice to have someone there for you and smiling. She was the pot of gold at the end of the rainbow for us. After the ordeal we have gone through it was so refreshing to see a smiling, pleasant and humorous nurse. She was always asking if we needed anything and also anticipating what we may need before having to ask. She treated him mind, body & soul.”



“My son had a stroke. Katie was so thorough and caring with him, taking the time to talk and visit with him while she worked. When she was in his room there was laughter. I highly recommend her as an individual with exceptional character and a positive attitude. She was attentive and I felt she truly cared. This kind of trait is actually quite rare and I value it highly. Going through such a scary situation as a stroke at age 28 is a lot for someone to process and having someone who is positive and uplifting is invaluable at this time. I can only do/say so much. It is of great help to have people who are surrounding him reinforce the positivity to help with a better mental and physical outcome. Some people naturally have it and others don't. They may try and pretend/fake it but you can tell. She is a natural!”



“On August 1st, 2019 I had a procedure for an abdominal aortic blockage. After my procedure, which already had me quiet anxious, I overheard an attending nurse say that my lungs weren't “sounding good” and sounding “weak”. It wasn't until the next day that I fully realized what had been said and I became extremely anxious and concerned. I am a long time smoker and my mother passed away after complications from treatment for lung cancer. I was still quite upset, so I called the IHI. I was referred to nurse Zena who returned my call within half an hour. In a calm, quiet voice, Zena explained the possible reasons for the comments and invited me to come in to see her first thing the next morning so she could listen to my lungs and we could talk.

She truly listened to me and took the time to address my concerns so I could go back to my life without the shadow of worry. The healing process is more than just stitches and band aids; it is treating the mind as well as the body and that's what Zena did for me. I feel that you are very fortunate to have someone like Zena working for your institution.”

DAISY NURSE LEADER AWARDS

JUN DAY SURGERY/PACU

Jenna Hendrickson, BSN, RN, CAPA



It's wonderful having a manager who cares so much about her staff. She has the ability to listen to all of our needs and encourages us to make and followed personal and professional goals. As a manager she usually is called into situations where she has to talk with patients after cancellations or delays and her down to earth approach and honesty helps these patients feel like their needs and concerns are not only heard but cared for. As a charge nurse I feel like I can always go to her for advice and direction. I

feel so lucky and privileged to have her as a leader and I am so glad that she has enough respect and trust in her staff that she doesn't feel like we have to be micromanaged. Her communication skills and leadership skills makes SPH DS the best job I have ever had.

DEC WOUND CARE

Karol Cady, BSN, RN, CWCN

As Lead Inpatient Wound Care RN, Karol is a key player in the care and outcomes of many of our patients. She is passionate about her work, and is constantly striving to learn more about the field, including earning her Wound Care certification this year. She serves as an excellent resource, and dedicates much time and energy to educating bedside RNs and CNAs about pressure injury prevention. She goes out of her way to write SuccessFactors recognitions when caregivers note risk factors for skin breakdown or place appropriate orders and consults, thereby positively reinforcing the behaviors that reduce harm for our patients and promote the safe and excellent care they deserve. Karol regularly goes above and beyond to advocate for patients and support caregivers; she exemplifies our mission and is an inspiration to all those lucky enough to work with her.

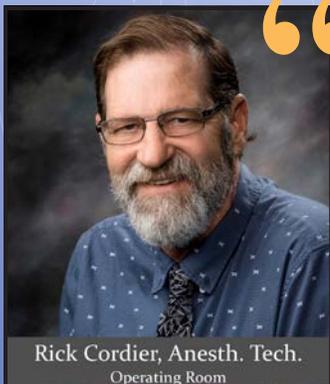
SPIRIT OF NURSING AWARD



OUR 2019 SPIRIT OF NURSING RECIPIENT WAS WANETTE FILEK, BSN, RN-BC
Here are some comments that garnered her the award:

My son had a stroke. Katie was so thorough and caring with him, taking the time to talk and visit with him while she worked. When she was in his room there was laughter. I highly recommend her as an individual with exceptional character and a positive attitude. She was attentive and I felt she truly cared. This kind of trait is actually quite rare and I value it highly. Going through such a scary situation as a stroke at age 28 is a lot for someone to process and having someone who is positive and uplifting is invaluable at this time. I can only do/say so much. It is of great help to have people who are surrounding him reinforce the positivity to help with a better mental and physical outcome. Some people naturally have it and others don't. They may try and pretend/fake it but you can tell. She is a natural!!"

2019 HCA CARE GIVER AWARD

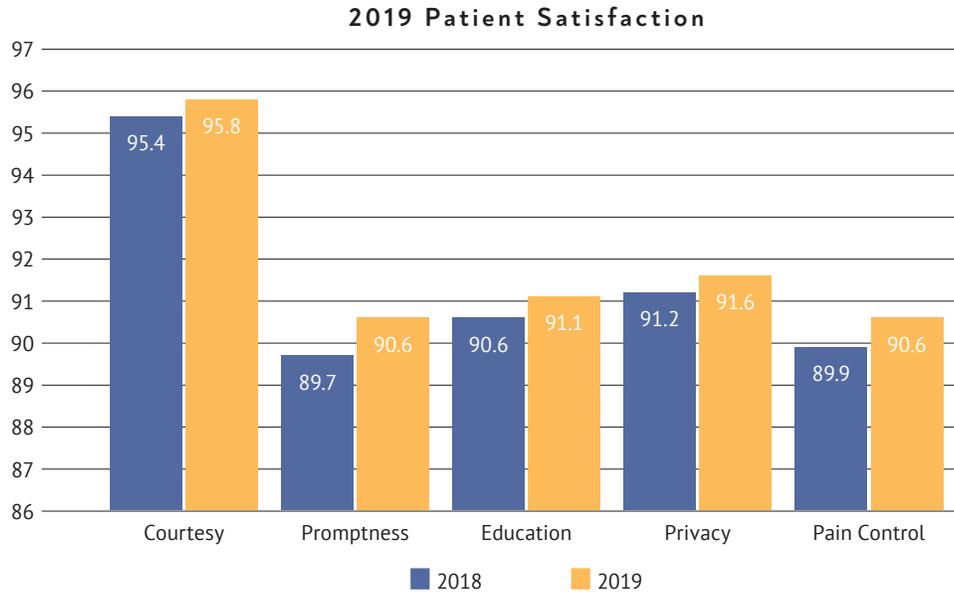


RICK CORDIER, OPERATING ROOM ANESTHESIA TECH WAS AWARDED THE 2019 HCA CARE GIVER AWARD. *These are some comments that led to this award:*

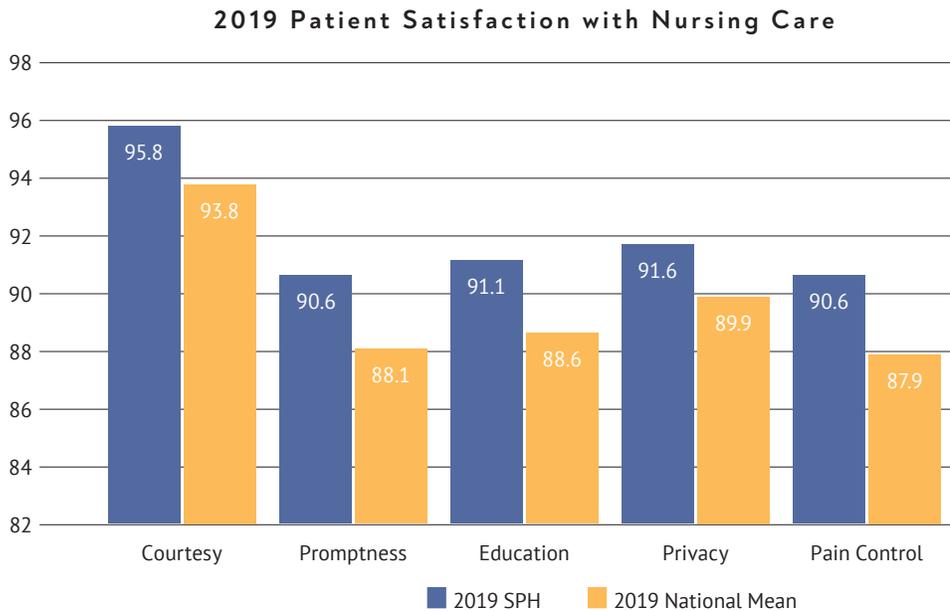
My son had a stroke. Katie was so thorough and caring with him, taking the time to talk and visit with him while she worked. When she was in his room there was laughter. I highly recommend her as an individual with exceptional character and a positive attitude. She was attentive and I felt she truly cared. This kind of trait is actually quite rare and I value it highly. Going through such a scary situation as a stroke at age 28 is a lot for someone to process and having someone who is positive and uplifting is invaluable at this time. I can only do/say so much. It is of great help to have people who are surrounding him reinforce the positivity to help with a better mental and physical outcome. Some people naturally have it and others don't. They may try and pretend/fake it but you can tell. She is a natural!!"

Nurse Sensitive Quality Indicators

In 2019, SPH Inpatient Units outperformed our already high performance in all 5 categories compared to 2018.



SPH units outperformed the national mean in all 5 categories of nursing related patient satisfaction scores in 2019.

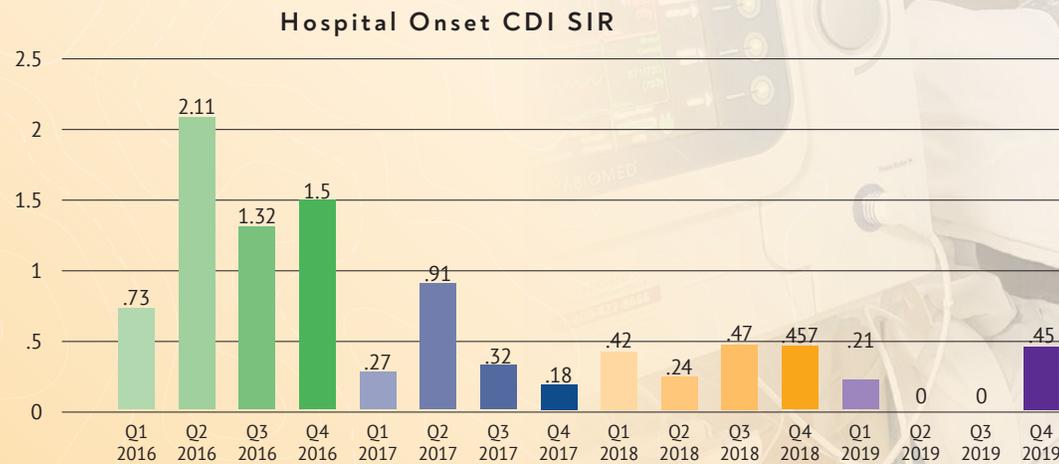
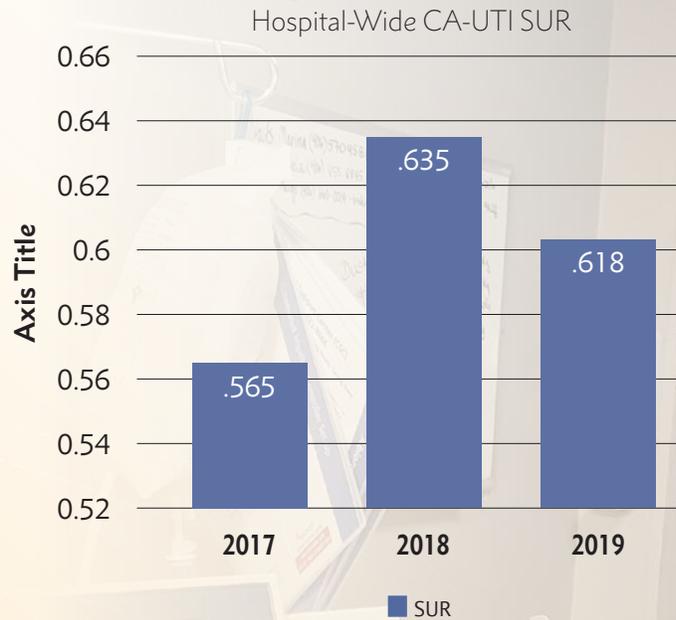


INFECTION PREVENTION

In 2019, SPH continued to participate in Providence System Collaborative Learning and Improvement Communities (CLIC) for CAUTI, CLA-BSI and CDI.

Catheter-Associated Urinary Tract Infection

In 2019, SPH focused on appropriate clinical use of indwelling urinary catheters and prompt removal when patient's clinical status changed and the urinary catheter was longer indicated. Once urinary catheters were discontinued, nursing used non-invasive urinary management strategies for those patients struggling with incontinence. As a result, in 2019, we decreased our standardized utilization ratio (SUR) from 0.635 to 0.618, a 3% reduction. We also exceeded CA-UTI system targets of ≤ 0.701 by 8% with an SIR of 0.664.



Clostridium Difficile Infection

In 2019, SPH continued to utilize a two-step methodology for CDI testing that identifies CDI infection vs. colonization. In addition, we continue to maintain appropriate use of hand hygiene, transmission-based precautions, and antimicrobial stewardship. SPH also continued focused environmental cleaning using a UV-C device and bleach disinfection after all know positive non-ICU CDI patient dismissals as well after every ICU patient regardless of the diagnosis.

System target was 0.70. SPH CDI SIR achieved was 0.17 for 2019. This represents 3 patients with hospital onset CDI during 2019 compared to 7 patients in 2018. This is a 58% reduction from the previous year.

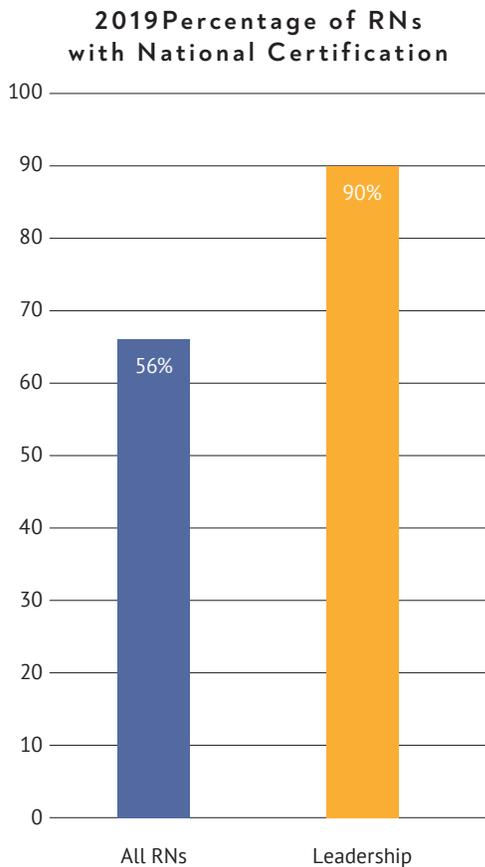
EDUCATION & CERTIFICATIONS

St. Patrick Hospital recognizes that certification and the advancement of education are fundamental components of our goal to create a culture that inspires nurse's best work.

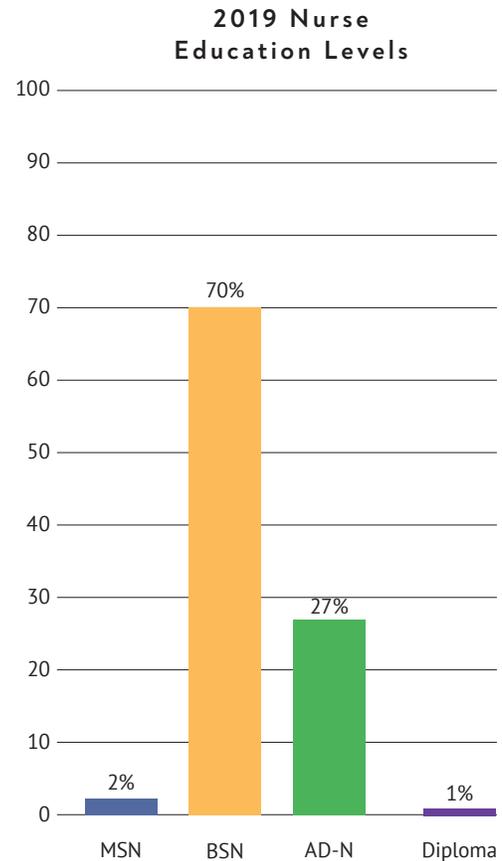
We support this goal by providing:

- A higher wage to certified nurses
- Up to 20 CEUs for every nurse every year
- Two CE programs annually
- Tuition assistance
- Professional development 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

54% of our clinical RNs are certified.



This percentage reflects total number of RNs vs. eligible to sit for certification



CLINICAL ACADEMY

PRECEPTOR

- 44 attended class in 2019
- Next class is February 12th with only 5 registered; 2 more classes scheduled in 2020 (July and November)
- Curriculum is based on Married State Preceptor Model
 - Pre-learnings (via HealthStream) are essential as class is activity-based with minimal lecture

CORE FUNDAMENTALS

- 23 residents graduated from CF in 2019
- EBP assignment in class 4 includes choice of 4 EBP activities (Evidence on the Fly, PICOT question & Literature Review, Dissemination of Evidence and Evidence in Policies) and report out at graduation (save the date for 3/25, 7/30, and 12/3!)
- CF is undergoing curriculum changes in 2020 and will reduce from 8 classes to 6.
 - Continue to be based on QSEN competencies (Patient Centered Care, Teamwork & Collaboration, EBP, Quality; Safety, Informatics)

MED SURG TRANSITION IN PRACTICE

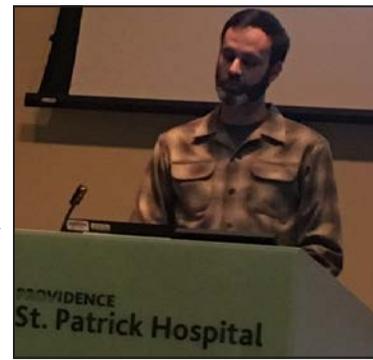
(for all Med/Surg nurse residents/fellows)

- 22 residents/fellows graduated from MS TIP in 2019
- Approx 50% of the curriculum is online (Mosby's Med/Surg Nursing Orientation)
- Class time is activity-based, with some lecture
- Each Med/Surg class includes a simulation activity; these are now being conducted in vacant patient rooms whenever possible to enhance the fidelity of the simulation experience
- 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)

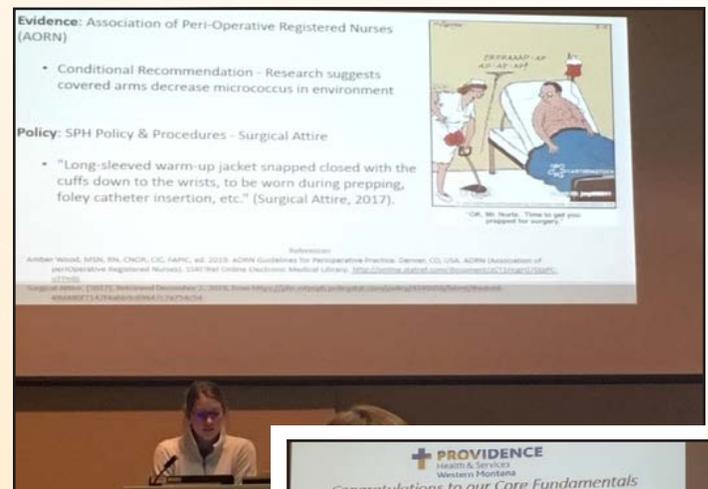
- One-day class offered one session in 2019; includes lecture+ simulation
- 5 nurses participated in 2019; this includes residents, fellows and a few other 4S nurses
- Will continue in 2020, offering sessions as needed



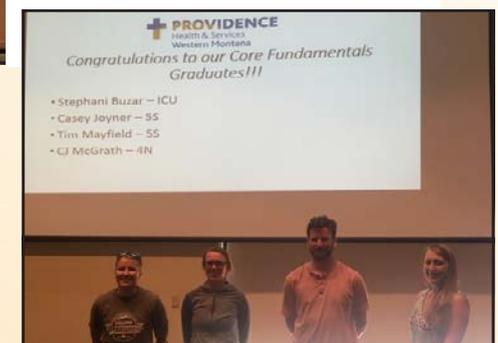
Julien Cellier



Back Row (Julien Cellier, Elisa Gutierrez, Brittany Heavlin, Erin O'Leary, Clayton Paddie, Emily Scott, Ian Truscott, Kara Wetzsteon)
Front Row (Cody Auck, Lauren Bolek, Kristi McGowan)



Kara Wetzsteon



Stephani Buzar, Casey Joyner, Tim Mayfield, CJ McGrath

ONCOLOGY CLASS (for SN nurse residents/fellows)

- Uses portions of the CA curriculum to create our own Oncology Class; online +lecture+ simulation.
- 8 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)

- 14 participants in the Telemetry TIP in 2019
- Residents complete online modules as pre-learning; class is activity based with focus on rhythm interpretation, patient assessment and management
- Will continue in 2020, offering sessions as needed

Critical Care, ED, Periop, NICU, Perinatal curricula are also active on an as-needed basis. With all CA classes, learners submit feedback through evaluations; we have made many improvements based on learner feedback!

	<u>Q1</u> <u>2019</u>	<u>Q2</u> <u>2019</u>	<u>Q3</u> <u>2019</u>	<u>Q4</u> <u>2019</u>
# Preceptors (attended class).....	9	16	No Class	19
# New Residents enrolled in Core Fundamentals	7	5	10	8
# Participants in Med Surg Curriculum	3	5	10	3
# Participants in ED Curriculum.....	0	2	0	0
# Participants in OR Curriculum	4	0	1	7
# Participants in Critical Care Curriculum	3	0	1	1
# Participants in L&D Curriculum	1	0	0	0
# Participants in Ortho Curriculum	0	5	0	0
# Participants in Oncology Curriculum	4	0	4	0
# Participants in NB Curriculum	8	0	0	6

* 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.

Brooke Krininger, MPH, BSN, RN, CAPA
Stephanie Goble, MSN, RNC
Heidi Waits, FNP
Cassidy Travis, BSN
Alexander Williams, BSN

Barbara McGee, AGACNP
Lauren Kingsford, BSN
Luke Jacobs, BSN
Julie Duncan, ADN
Shelly Belcourt, BSN

Larissa Karabensch, BSN
Becky Martin, BSN
Katie Murphy, BSN
Alex Williams, BSN
Andria Laird, BSN

Dana Cramer, BSN
David Allen, ADN
Aleena Stevens, ADN
Rachel Clark, BSN

High Points of 2019

ANNIVERSARY MILESTONES



40 YEARS

Virginia Bowe
Brenda Weber
Judy Larson
Wendy Allik

35 YEARS

Kip Robinson
Rick Cordier
Mary Rolston

30 YEARS

Cindy Bergeson
Jill Friede
Paul Gazzo
Roger Flatmo

25 YEARS

Beth Scalse
Julie Stahlberg
Michelle Leiby

20 YEARS

Jennifer Plant
Lynette Ogilvie
Russell Bye
John Smith
Wendy Rector

15 YEARS

Dana Hay
Anna Dirkes
Lerma Stine
Amy Van Cleave

Heather Martinez
Donna Fuller
Doreen Jenness
Kate Delhomme

Sharon Bingham
Jody Steele-Thomasson
Brandi Beierle
Kristin Toney

Shannon Fiebelkorn

10 YEARS

Meredith Turner
Elise Meierbachtol
Mary Weidow

Dana Cramer
Dawn Rauch
Dennis Pekny

Laura Hagan
Hannah Bradford
Tracy Roberts

Kathryn Foote
Hailey Hagan

5 YEARS

Jess Gosselin
Erica Harapat
Kathy Murphy
Sarah Johnson
Ildiko White
Rachel Brown
Jesse Cavalieri
Julie Duncan
Christen Pfeifer
Jake Yahrmatter

Nina Roberts
Lisa Billteen
Seth Boehner
Leah Graff
Rick Mcnelis
Theodore Morrison
Jen Young
Melissa Leighty
Blake Malley
Kayla Rasmussen

John Tompkins
Marissa Cale-
ro-Chavez
Jessica Marcinek
Amy Stuber
Shelby Roth
Stephani Buzar
Larry Goral
Kris Hawkinson
Sammy Priddy

Patricia Steinbruec-
ker
Leigh Torcoletti
Kallie Smith
Allison Staub
David Allen
Kate Marmorato
Alaiza Marie Orais
Christina Trudeau
Melanie Coyle

Bronwyn Eck
Jenna Hendricks
Carrie Scott
Tim Brown
Adrielle Massey
Cassie Moran
Gina Gollihugh

Sustainability

While it takes all of us, nursing caregivers have a large role in our sustainability efforts. At St. Patrick Hospital, Green4Good relies on collaborative decision-making among three groups in order to set sustainability goals, develop strategies, and track progress.

GREEN 4 GOOD SHARED GOVERNANCE COUNCIL

In 2018, the G4G Shared Governance Council was launched at St. Patrick to address environmental stewardship in clinical areas. Caregivers from across units have set goals to address Climate Change Education; Waste Diversion and Reduction; Linen Use Reduction; Spoons: Plastic to Metal; Paper Reduction; and Communication.

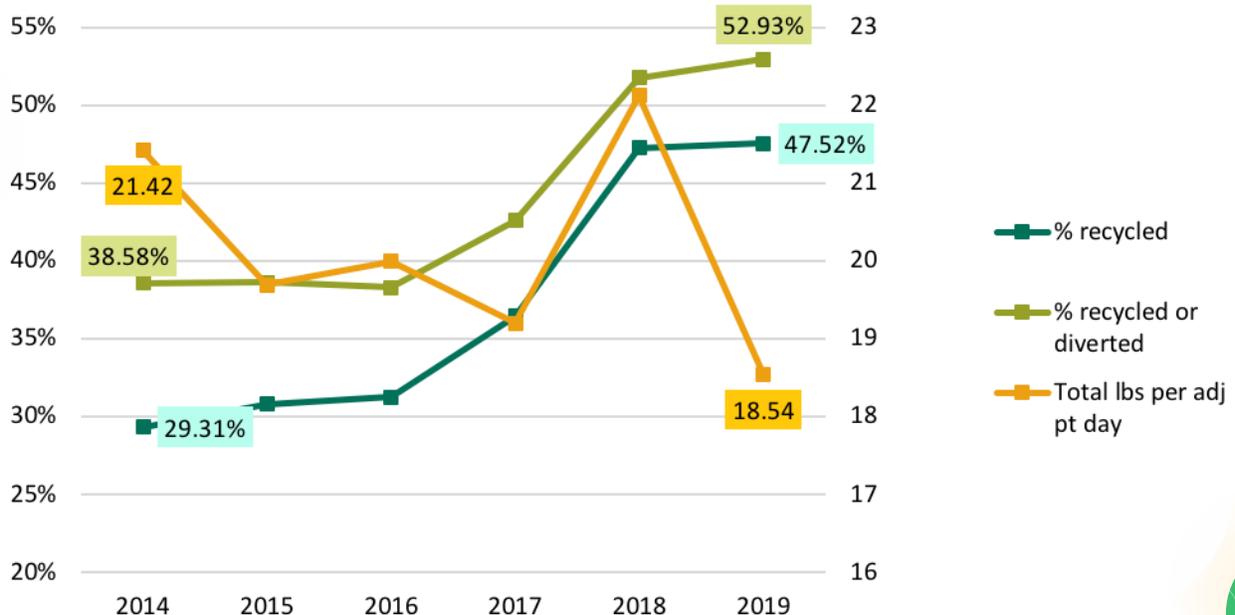
WAMES - WASHINGTON/MONTANA ENVIRONMENTAL STEWARDSHIP COUNCIL

Across the region, PSJH ministries came together to form the WA-MT Environmental Stewardship Council (WAMES). This Council collaborates to track: energy and water use, greenhouse gas emissions, waste, toxic chemicals, sustainable food, sustainable procurement, and engagement. It is co-led by Providence Montana's Beth Schenk and Southwest Washington's Geoff Glass.

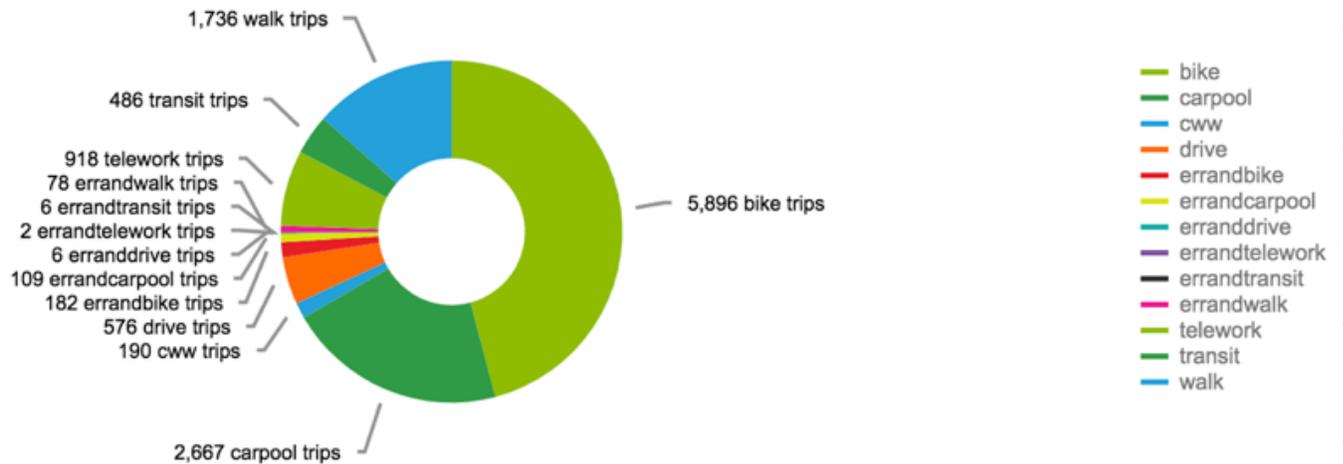
GREEN 4 GOOD CHAMPIONS

Represented by staff from St. Patrick Hospital, St. Joseph Medical Center, and Providence Medical Group-Montana, the G4G Champions have been meeting regularly for over ten years. They focus on communication strategies and engagement events, including Earth Week, River and Highway Clean Ups, Sustainable Commuting events and the Providence Garden Party.

St. Patrick Hospital Recycling and Diversion



Compost, Food Waste to Landfill, and Cost 2019

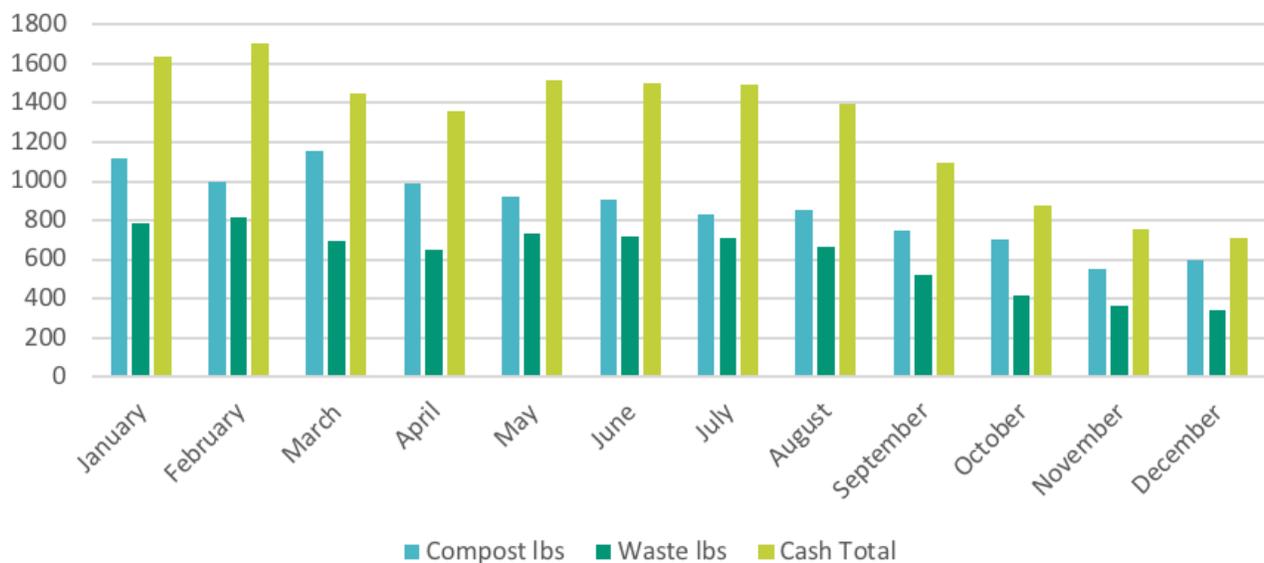


- **PAPER REDUCTION:** We saved 119 trees and 8,930 pounds of CO₂ from entering the atmosphere. Our goal was to decrease paper use by 7%; we exceeded our goal and saved nearly 389, 500 sheets.
- **METAL SPOONS:** In one inpatient unit we reduced disposable plastic spoon usage by 50% and saved over 3000 plastic spoons from going to landfill. **We are working to expand stocking metal spoons in all inpatients units in 2020, a potential savings of up to 70,000 spoons from going to the landfill.**
- **WASTE:** Each year, G4G, staff, and engaged caregivers recycle, divert, and reduce waste. In 2019, for the second time, over half of all waste was recycled or diverted from the landfill at 52.93%. I will be sending a graph to put w/this one
- **MEDICAL SUPPLY WASTE DIVERSION:** Diversion by means of donation through the Global Partnership program totaled 1,263.9 pounds. Donations of items, not accepted through Global Partnerships, to our local Animal Control totaled 1,178.5 pounds In total, our nursing staff were successful in diverting 2,442.4 pounds from landfill.
- **LINEN REDUCTION:** Sarah Johnson, RN and Sustainability Assistant, and Caroline Deacy, conducted a study to measure the impacts of a more environmentally friendly linen utilization policy. We decreased linen waste, and saved on costs, labor, water, and chemicals, while providing high quality care.

Sara Lahey, Day Surgery RN noticed that large stacks of bath blankets, our most heavy and expensive item to launder, were being used for only a few minutes. Alongside her manager she run a cost-analysis on the use of blankets vs. a reusable leg positioner. They purchased 2 leg positioners which will have a savings of \$11,250 annually in addition to significant chemical and water usage reductions.

- **GREENING THE OR:** We have been unable to send our high-quality blue wrap to be reprocessed into useable plastic. In an attempt to decrease our waste sent to landfill, one of our nurses took initiative and began sewing blue wrap into sleeping bags, bed rolls, and pillows to donate to those in need at The Poverello Center, our local homeless shelter.
- **LED LIGHTING CONVERSION:** Following recommendations from a facilities assessment conducted by the National Center For Appropriate Technology, the facilities team has converted over 85% of lightbulbs on campus to LED and set fresh air fans to only run when the air reaches a certain temperature, resulting in significant energy and cost savings annually.
- **KITCHEN COMPOST:** Our food service partner, Thomas Cuisine, decreased their food waste in 2019 by 37% and saved approximately \$100,000. They accomplished this by educating staff, tracking food waste, composting food scraps, and adjusting par levels in real time to decrease quantities of food prepared. I'll send a graph to use w/this one

Compost, Food Waste to Landfill, and Cost 2019



• **ANESTHESIA GAS EMISSIONS REDUCTION:**

In 2019 our anesthesia staff continued to address the GHG impacts of inhaled agents. They reduced the MTCO₂e from inhaled agents by 35.8%, saving almost \$22,000.

• **DEHP-FREE IV TUBING:** Using a system wide RFP and product evaluation, we were able to expand the use of DEHP-free IV tubing that was previously only used in neonatal areas and ensure that new tubing for all uses is DEHP free.

• **SUSTAINABLE COMMUTING:** In 2019 we started a Make Room for Patients Campaign urging our caregivers to choose another mode of transportation to work in order to free up parking spaces for patients

and their families. We partnered with Missoula in Motion and Mountain Line to hold a Transportation Expo to spread awareness of alternative modes of transportation in Missoula. We also hosted the Three Times Bus Challenge, challenging our caregivers to ride the bus three times before the end of 2019 and submit an email detailing their experience. We had 3 monthly winners in October, November, and December who were spotlighted for their efforts and were awarded prizes. Additionally, we urged caregivers to log their commutes on the Way To Go! App. In 2019 our caregivers logged 4,158 trips, travelled 20,838.26 miles and saved 10,395.89 lbs of CO₂ from entering the atmosphere.





Our 2019 Green4Good commitment was paper reduction. St. Patrick Hospital committed to a 7% reduction as measured by the amount of copy paper ordered. Caregivers came up with dozens of ideas to reduce paper, and it shows!

2019 Paper Reduction

We made substantial reductions in paper usage in 2019!

Wow!!

Site	Reduction Goal	2019 Reduction
St. Pat's	7%	7.3%
PMG	7%	10.5%
St. Joseph	20%	17.9%
Sheets of Paper reduced: 987,758 (119 trees)		

2018 Use
 2019 Goal
 2019 Actual



Our Montana Service Area 2019 Paper Reduction Project was a success!

We want to keep up our good work, discover new ways to save paper, and share what we have learned. In 2020, our G4G focus will shift to our "Make Room for Patients" effort to free up parking by leaving more cars at home. However we will provide quarterly paper purchasing reports so we can keep on our trajectory of using less paper, saving more trees, and sequestering more carbon.

Congratulations to all Providence Montana Caregivers for making these substantial reductions!

MTSPHG4G@providence.org

For additional paper use data, visit the [Green 4 Good Intranet Page](#) and click on the tree icon.

Looking Ahead

WHAT IS OUR FOCUS IN NURSING FOR 2020?

The Caring Reliably Quality and Safety Framework, in addition to our strategic plan, helps to guide our work in 2020. A few areas of focus from our Strategic Plan include:

- Create a work experience and culture that attracts, retains, inspires and develops caregivers: *develop and implement effective action plans to respond to caregiver feedback from our engagement survey.*
- Provide high quality care: *reduction in the following nurse sensitive indicators: HAI's, falls with injury, HAPI, CLABSI, and reduction of sepsis mortality and readmissions.*
- Continuation of the journey towards a highly reliable organization and reduction in patient harm: *increase reporting of near miss clinical events*
- Continued development of a safe and just culture: *increased reporting of workplace violence events, suicide risk workflow development*
- Enhance nurse participation in nursing practice shared decision making through shared governance: *Recruitment for councils in quarter 1/2020*
- Improve health outcomes for mothers and babies: *Implementation and review of Joint Commission new safety standards*
- Improve response to the mental health urgent and emergent demands in our community, *opening expanded ED space in January 2020 and expansion of adolescent inpatient care*
- 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: *Rover implementation in ED Orange Pod in January 2020, Alaris pump integration with EPIC in May 2020, EPIC upgrade in June 2020, workflow development for a Clinical Decision Unit*
- Effective workforce planning and develop to meet future needs: *Anticipatory hiring*
- Collaboration with our community partners to improve the health of our community: *Partnership Health Center, Povarello Center, Missoula Emergency Services, Missoula Aging services, just to name a few.*

These initiatives in addition to others, help to define our individual contribution to new and improved ways of care delivery and link our work to the strategic plan. Each caregiver contributes in the forward movement and sustainability of St. Patrick Hospital.

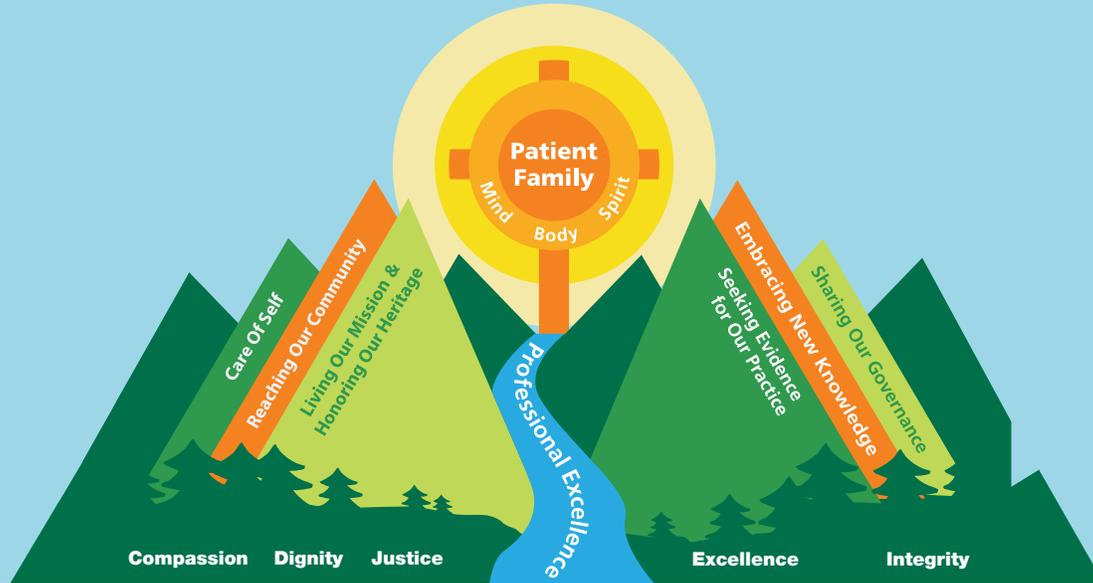
Our **Professional Practice Model**

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

To our patients:	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.
To our staff:	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.
As nurses, we believe:	<ul style="list-style-type: none"> • We can make a difference in the lives of our patients and their families by delivering compassionate, equitable nursing care. • Our role is to embrace the needs of the poor, vulnerable and disenfranchised in our local as well as global communities. • Our care system is dedicated to providing the appropriate level of care throughout the continuum of our patients needs. • 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. • 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. • 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.

Reaching Our Community

As nurses, we believe:	<ul style="list-style-type: none"> • 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. • 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. • We provide a healing environment that addresses the mind, body and spirit of our patients across the continuum through our integrated care processes. • We provide education to the public both independently and in partnership with our community organizations to positively impact the health of our community.
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Care of Self

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

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

As nurses, we believe:	<ul style="list-style-type: none"> • 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. • In a system for rewarding nurses, through compensation and other non-monetary forms of recognition, who seek additional clinical expertise or advanced credentialing. • We are mentors who share our enthusiasm about professional nursing within the organization and the community. • Advanced practice nursing roles are essential in our organization as they support and enhance nursing care throughout the organization and the community.
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Sharing Our Governance

"The decision-making process that places authority, responsibility, and accountability for patient care with the practicing nurse." (AONE Leadership Series 1996).

As nurses, we believe:	<ul style="list-style-type: none"> • The role of Shared Governance in our organization allows all staff opportunities for formal, collaborative and coordinated problem solving within the practice of nursing. • The principles of Shared Governance are attractive to nurses from all levels because of the compelling, valued activities and experiences they provide. • Shared Governance functions as a method to communicate decisions and strategies to the nurse at the bedside. • 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.
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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/