

# Nursing Excellence

2025 Nursing Annual Report

# A Message from Our CNO

The Providence St. Jude nursing team is truly in a league of its own. While advancing your practice is nothing new, your most recent achievement is awe-inspiring... the medical center's first Magnet Recognition with Distinction. This honor is all yours- it reflects the incredible expertise and determination you bring to these halls every single day. By reaching this level, you have earned a reputation for providing superior and compassionate care that is second to none.

This designation is more than just a title. It represents your steadfast commitment to your patients and your colleagues. Magnet is one of many honors that demonstrate your exceptional work. From national quality awards patient safety and caregiver engagement, each accolade tells the story of a team that consistently goes above and beyond. These achievements affirm a simple truth: you set the standard for excellence.

Throughout the year, we celebrated milestones that speak to the strength and dedication of our team:

**Advancing Clinical Excellence:** From implementing evidence-based practices to improving patient outcomes across every unit.

- **Professional Growth:** Many of you pursued certifications, advanced degrees and leadership roles—investing in yourselves and in the future of nursing.
- **Collaboration and Innovation:** Together, we embraced new technologies and care models that enhance the patient experience and support our caregivers.



# A Message from Our CNO

But beyond the awards and accomplishments, what truly sets St. Jude apart is the spirit that fills our halls. It's the friendship, respect and teamwork that carry us through long days and trying moments. It's the way you show up for one another, celebrate each other's successes and create an environment where people feel valued and inspired. That spirit is impossible to measure, but it defines St. Jude nursing team more than anything else.

Moving forward, let's continue to build on this momentum. Our Magnet journey reminds us that excellence is not a destination but a continuous pursuit. Thank you for bringing your heart, your expertise and your resilience to every shift, every patient, every interaction.

It is truly a privilege to witness the heart you bring to this work. Every day is an opportunity to see this team's impact firsthand. Here's to continuing this journey and making a difference- together.

With sincere gratitude,

Julie Kim DNP, RN, NE-BC  
Chief Nursing Officer

# Our Foundation

## Mission

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

## Vision

Health for a better world

## Promise

Know me, care for me, ease my way

## Values

Compassion, Dignity, Justice, Excellence, Integrity



# Inspired by Our Heritage

For more than 165 years, Providence St. Jude's heritage has been rooted in the mission of the Sisters of Providence and the Sisters of St. Joseph of Orange, who journeyed west to care for those facing the hardships of a growing frontier. Their pioneering spirit—establishing schools, hospitals and essential social services—laid the foundation for a ministry devoted to serving all, especially the poor and vulnerable.

Today, Providence St. Jude continues this legacy of compassion, excellence and whole-person care, carrying forward the values first ignited by the founding Sisters generations ago.



# Our Professional Practice Model

## Center of Excellence

Our Professional Practice Model provides the structures and processes to empower every caregiver to be a leader.

The best patient outcomes come from interprofessional teamwork, ongoing professional development and a care-delivery model grounded in our core values—compassion, integrity, excellence, dignity and justice—working in harmony with our three domains of practice: collaboration, clinical practice and culture of caring.



# 2022-2025 Nursing Strategic Plan



## Strengthen the Core

Mission Driven Transformational Leadership



## Be Our Communities' Health Partner

Through Structural Empowerment



## Transform Our Future

Through Structural Empowerment

Hire and retain world class caregivers.
Deliver a simplified consumer patient journey with unforgettable compassion consistent with the mission.
Participate in initiatives which promote workplace diversity, equity and/or inclusion (DEI).
Provide safe, effective, evidence-based, person centered-care, with world class outcomes.
Promote and support a shared governance leadership structure.
Nurse leaders and clinical nurses collaborate and assess data to advocate for systems to support care goals or improve the nurse practice environment.
Promote, support and provide activities for nurses' well-being.
Cultivate and inspire caregiver experience where everyone feels included and can grow their career.
Leadership Development for all nurses focusing on Mentoring and Succession Planning.

Advance health equity and reduce disparities through advocacy and local, state, and national partnerships to promote health for a better world.
Support and strengthen clinical nurse(s) volunteering in our community.
Promote culturally sensitive and socially sensitive inclusive interactions to improve patient centered care.
Collaborate with patient(s), families, or both to improve patient experience and influence change in the organization.
Promote positive caring encounters between nursing and interprofessional partners.
Implement perioperative optimization initiative.
Realize annual contract labor and agency cost savings.

Advance nursing education via increased national professional certification (ANCC) and progressing nursing RN's earning BSN or higher nursing degree.
Engage direct care nurses in nurse retention activities.
Improve workplace safety outcome for nurses, specific to violence towards nurses in the workplace.
Maintain an infrastructure that supports the advancement of nursing research
Advance the use of technology in acute and ambulatory care settings.
Optimize care delivery models via creative practice strategies.
Expand and optimize patient placement center (PPC) through collaboration between PCC and IDNs (acute, medical groups, affiliated network).
Enhance action plans to maintain 5-Star CMS rating and ANCC Magnet Redesignation

# Award & Accolades



PROVIDENCE ST. JUDE

# AWARD WINNING CARE

Providence St. Jude Medical Center is proud to be recognized among the nation's best for clinical excellence, patient safety and compassionate care. From earning nursing's Magnet® with Distinction—placing us in the top 0.5 percent of hospitals nationwide—to being named one of America's 100 Best Hospitals in several specialties, our accolades reflect a relentless commitment to quality and superior outcomes. Celebrated by Modern Healthcare as a "Best Place to Work" for six consecutive years, we combine our award-winning team and care to set the standard for health and healing.



# Stroke Program

Providence St. Jude remains deeply committed to optimizing critical stroke treatment timelines, striving to exceed the American Heart Association's Get With The Guidelines targets—achieving door-to-needle times under 30 minutes and door-to-device times under 60 minutes for transfers and 90 minutes for direct admissions at least 50% of the time. In 2025, we surpassed these national benchmarks with DTN compliance at 71.4% and DTD compliance at 73.7%.

We conduct monthly reviews of all Tenecteplase (TNK) and Mechanical Endovascular Recanalization (MER) cases to assess trends, address inefficiencies and refine opportunities for improvement. This continuous evaluation strengthens our workflows and ensures rapid, coordinated, patient-centered care.

Our 2025 DTN and DTD performance reflects the success of our comprehensive stroke program and the dedication of our teams. As we continue to enhance our processes, we are committed to further elevating outcomes and setting new standards of excellence in stroke treatment.



# Sepsis Program

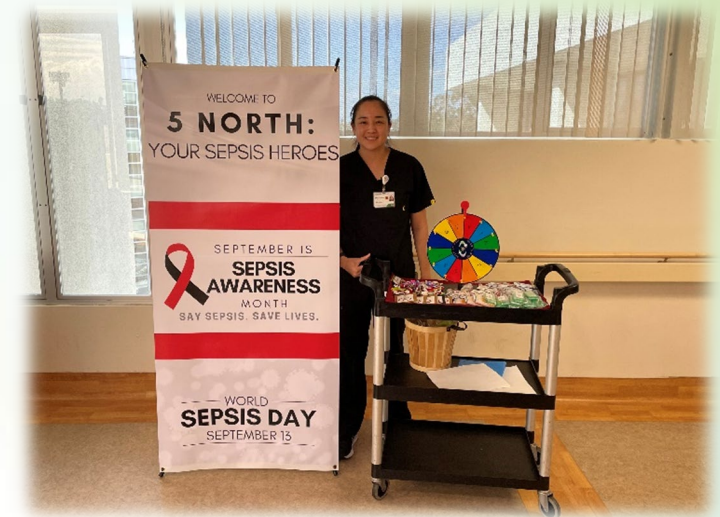
In the United States, one in three patients who die in the hospital had sepsis during their hospitalization. To strengthen outcomes, Providence launched a three-year sepsis mortality improvement plan focused on driving consistent, evidence-based care across all ministries.

At St. Jude, our goal was to reduce our sepsis mortality rate to 0.91 or lower. Multiple factors influence this metric, including bundle compliance, order set utilization and administration of antibiotics within one hour of hypotension.

Through a coordinated, systemwide effort—and the dedication of our caregivers—we successfully exceeded every metric, surpassing even the “outstanding” benchmark targets. As a result, we reduced our sepsis mortality rate to below 0.64, an achievement that highlights the exceptional, reliable care provided at St. Jude.

Building on this success, we have expanded our focus to include reducing readmissions by strengthening partnerships with local Skilled Nursing Facilities (SNFs). Our teams are providing targeted education to SNF staff to enhance early recognition of sepsis and reinforce preventive measures beyond the hospital walls.

To recognize and showcase the high standard of our sepsis care, we have applied for Sepsis Certification from The Joint Commission for next year—an important milestone that reflects our commitment to excellence, safety, and continuous improvement.





# Our Magnet<sup>®</sup> Journey

# Magnet® Site Visit

In April 2025, PSMC caregivers participated in a three-day Magnet® site visit led by Chief Nursing Officer Julie Kim, DNP, RN, NE-BC, and Magnet® Program Director Dawn Price, DNP, RN, NE-BC, RNC-OB, C-EFM. Throughout the visit, Magnet appraisers engaged with more than 415 clinical nurses and 151 non-nurses, experiencing firsthand the dedication, professionalism and compassion that define our ministry.

Across every department, appraisers were warmly welcomed by caregivers who proudly showcased their work, culture and commitment to excellence.

On the final day, the St. Jude Choir delivered a heartfelt performance to bid farewell to our Magnet appraisers. Their beautiful voices added that signature St. Jude touch—a meaningful and memorable way to close out an inspiring week.



# Magnet<sup>®</sup> with Distinction

In June 2025, PSJMC was awarded the prestigious Magnet<sup>®</sup> with Distinction recognition by the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program. This achievement is especially significant, as only two Providence ministries have ever earned this elevated level of distinction.

This honor places PSJMC among the top 10% of hospitals nationwide, one of just 642 hospitals to hold Magnet<sup>®</sup> status. Even more impressively, we now join the fewer than 1% of organizations across the country recognized with Magnet<sup>®</sup> with Distinction, representing the highest standard of nursing excellence.



# Magnet<sup>®</sup> ANCC Pathway & Conference

In October 2025, ten caregivers attended the ANCC Pathway & Magnet<sup>®</sup> Conference to be formally recognized and to celebrate our Magnet<sup>®</sup> with Distinction achievement. We are deeply grateful to the Providence St. Jude Memorial Foundation for generously supporting our attendance and making this meaningful experience possible.



# Magnet® Ambassadors

We appreciate our outstanding Magnet® Ambassadors for their dedication to sustaining and supporting our Magnet® culture.

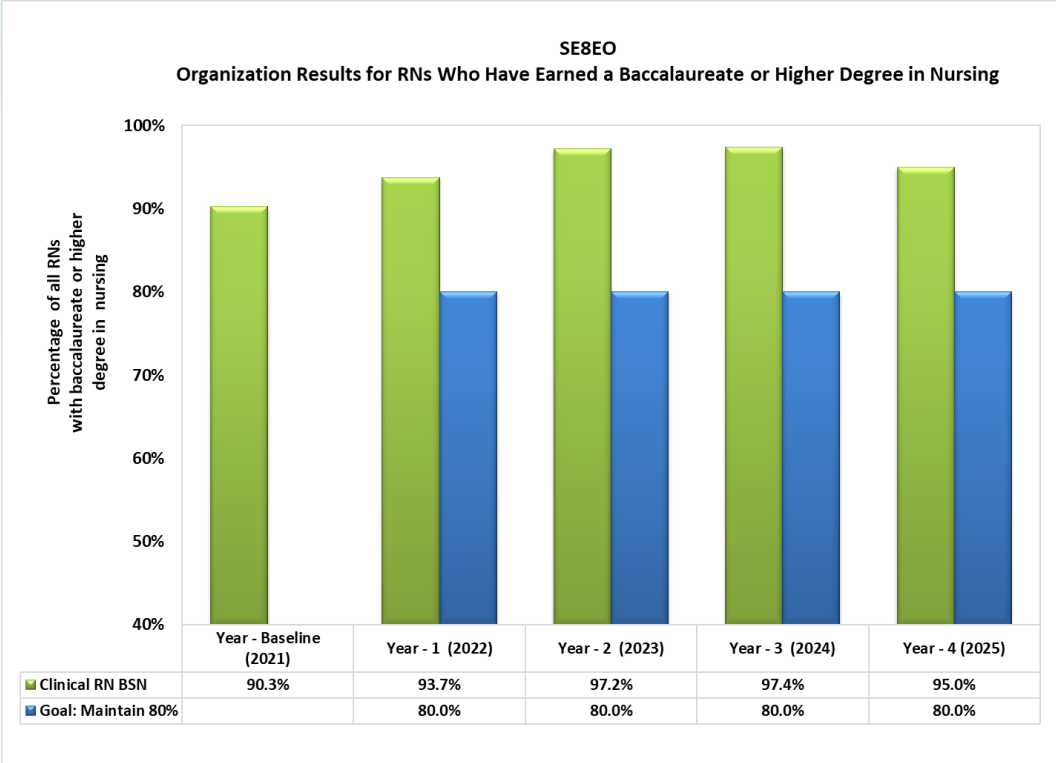


# Nursing Professional Development



# 2025 BSN Rate

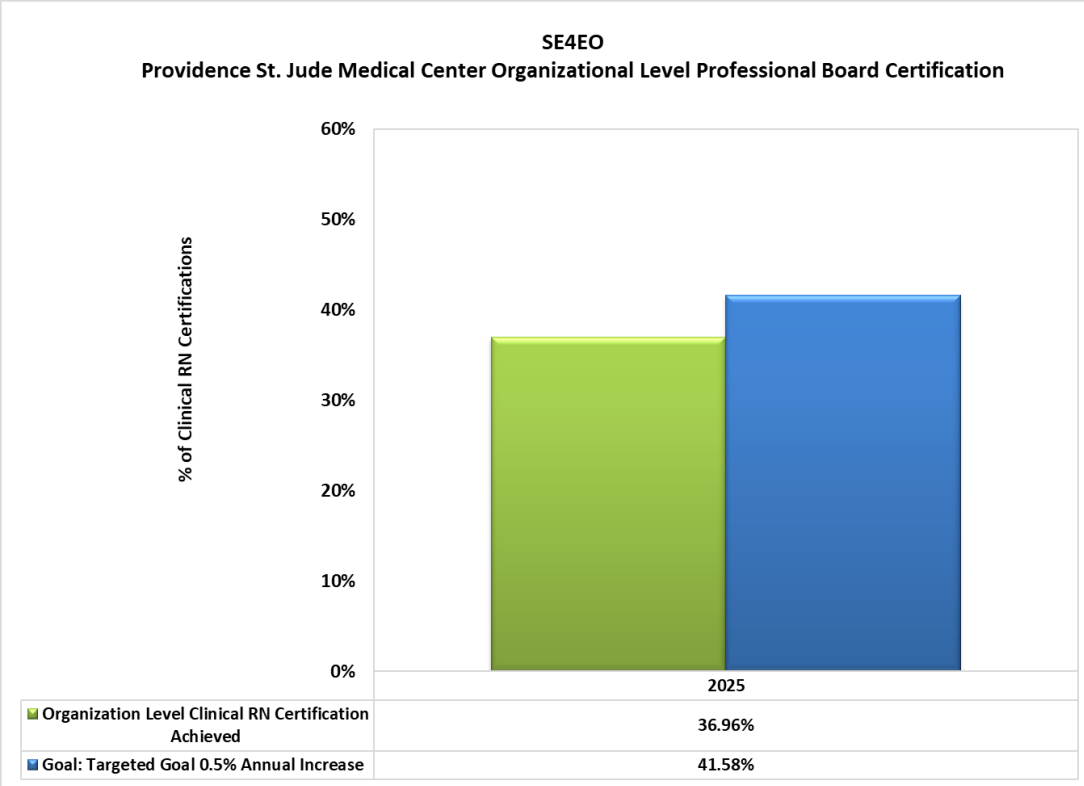
The implementation of a robust tuition reimbursement program, expanded scholarship opportunities and an accredited nurse residency program has strengthened our ability to build and sustain a highly skilled nursing workforce—one capable of supporting organizational growth, advancing evidence-based practice and delivering exceptional patient outcomes. PSJMC’s continued achievement of an 80% or higher BSN-prepared nursing rate was highlighted as an exemplar of nursing excellence.



# 2025 Professional Board Certification Rate

Professional certification is highly valued and actively encouraged at St. Jude. As a learning organization, specialty certification enables our nurses to demonstrate their expertise and dedication to the complex patient populations we serve. As we continue strengthening our culture of lifelong learning, certification remains an essential component of nurses' professional development and clinical excellence.

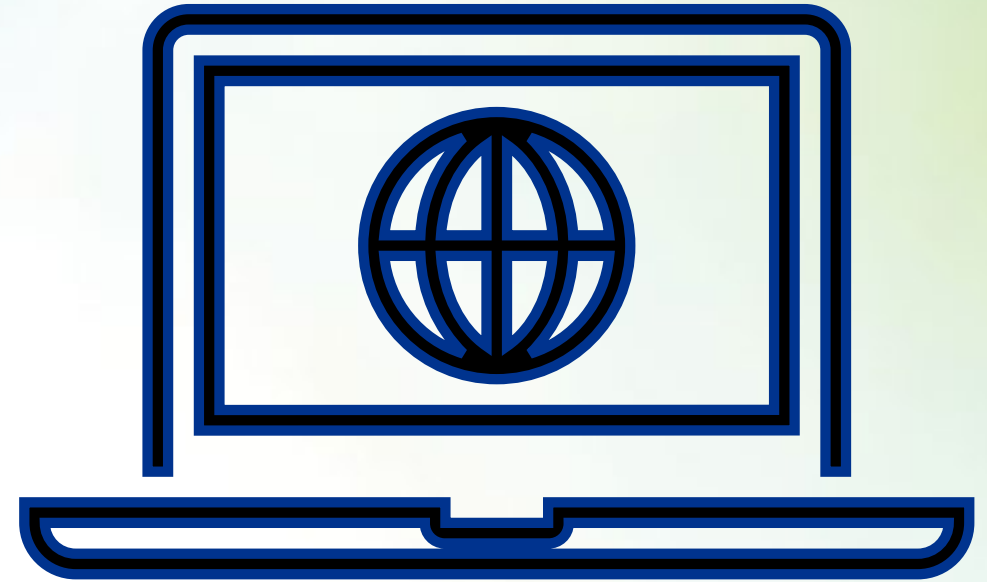
In 2025, our RN organizational professional board certification rate reached 36.96%, and we are committed to growing this achievement by 0.5% each year.



# 2025 Nursing Research

PSJMC participated in a multi-site research study, "Factors Associated with Missed Nursing Care: A Descriptive Correlational Study." Nurses routinely manage competing priorities, often requiring rapid reprioritization that can result in some aspects of care not being completed.

The purpose of the study is to identify which elements of nursing care are most frequently missed, understand the reasons behind these gaps, and examine the factors associated with missed care. A total of 117 PSJMC nurses participated, providing valuable insight that will help inform future practice improvements and support safe, high-quality patient care.

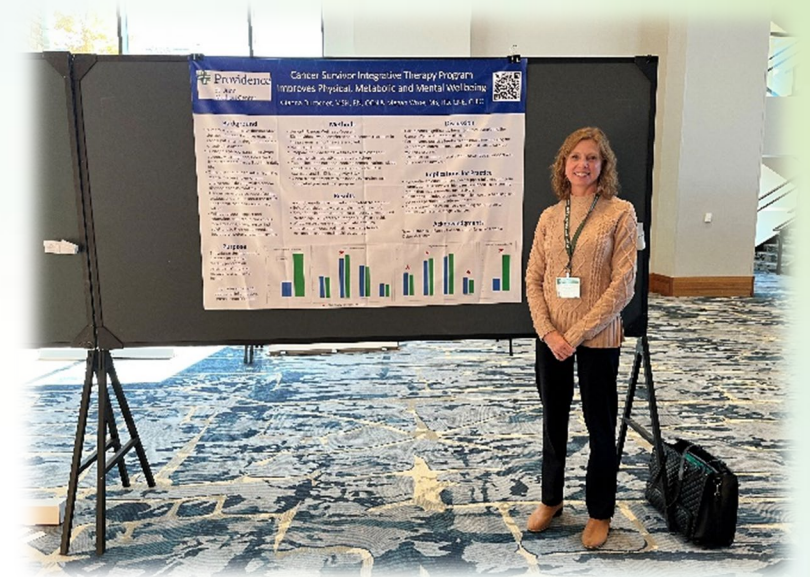


# 2025 Poster Presentation

Gianna Durocher, MSN, RN, OCN, presented her poster, “Cancer Survivor Integrative Therapy Program Improves Physical, Metabolic and Mental Wellbeing,” at the National Oncology Conference. The project highlights PSJMC’s innovative approach to supporting cancer survivors through a structured integrative therapy program designed to improve whole-person health.

Led through PSJMC Oncology Services, the initiative evaluates how coordinated mind-body practices, nutrition and metabolic support, and movement-based therapies can enhance strength, emotional resilience, and overall wellbeing for survivors. With two cohorts of data informing the outcomes, the project reflects a growing commitment to evidence-based integrative oncology and improving long-term survivorship quality.

Gianna’s work underscores PSJMC’s leadership in advancing person-centered cancer care—bringing forward research that elevates physical recovery, mental health and meaningful quality-of-life improvements for patients.



# 2025 Publication

**Authors:** Olivier, R., Skinner, C., Bloom, T., & Rutledge, D.

**Featured Study:** Using Chlorhexidine-Coated Dialysis Catheter Caps to Reduce Central Venous Dialysis Catheter Infection Rates: A Quality Improvement Project. *Critical Care Nurse*, 45(5), 53–62.

A recent quality-improvement project published in *Critical Care Nurse* highlights how the use of chlorhexidine-coated dialysis catheter caps can help reduce central venous dialysis catheter infection rates. These specialized caps provide continuous antimicrobial protection, offering an added safeguard against one of the most common and serious complications for dialysis patients: catheter-related bloodstream infections.

The authors describe how implementing this intervention within a dialysis population improved adherence to infection-prevention practices and supported safer, more reliable catheter care. While outcomes vary by setting, chlorhexidine-coated caps are increasingly recognized as an effective strategy for strengthening infection-control protocols and enhancing patient safety in both acute and chronic dialysis environments. [Full article.](#)



# 2025 Annual Symposiums

In the spirit of spreading knowledge, the following symposiums provided a venue to share evidence-based practice, disseminate the latest knowledge and build interprofessional collaboration.

- Parianesthesia Symposium, March 8, 2025
- Diabetes Symposium, May 3, 2025
- Digestive Health Symposium, September 13, 2025
- Orthopedic and Spine Symposium, October 18, 2025
- Stroke Symposium, November 7, 2025
- Pelvic Health Symposium, November 15, 2025



# Practice Transition Accreditation Program and NPD Fellowship PTAP Accreditation

In 2025, PSMC achieved redesignation by ANCC's Practice Transition Accreditation Program (PTAP) for our nurse residency and fellowship programs. PTAP utilizes evidence-based criteria to accredit programs that demonstrate excellence in transitioning nurses to practice settings.

In addition, congratulations to our Nursing Professional Development team who have achieved the impressive milestone of being part of the first ever successful NPD Fellowship PTAP Accreditation. St. Jude Medical Center was one of six Providence hospitals to participate. This extraordinary accomplishment highlights a steadfast commitment and devotion to excellence for Nursing Professional Development practitioners.



# Clinical Academy Café for Nurse Fellows

The Clinical Academy CAFÉ course supports the growth and confidence of nurses new to specialty practice by providing a comprehensive learning experience that includes online modules, guided activities, case studies, simulation and facilitated virtual classroom sessions.

Three cohorts that launched in 2024 successfully completed the fellowship program in 2025, strengthening our pipeline of highly prepared specialty-trained nurses.



# Clinical Nurse III and IV Recognition

The Clinical Advancement Council hosts an annual recognition/pinning event to recognize CNIII and CNIVs in their project development and achievement.

## **CN III**

Izzah Panganiban  
Brian Perez  
Chi Ichikawa  
Dana Morgan  
Erika Morgan  
Katrina Chen  
Rachel Finch  
Jennifer McNeill  
Jessica Mikolas  
Sheela Saviour  
Amanda Battles  
Haley Humes  
Jamie Coultier

## **CN III**

Emily Current  
Rachel Jepson  
Miles Ruiz  
Kelsey Knalson  
Becky Mifflin  
Chris Cruz  
Lindsey Umlauf  
Roxanne Campos  
Katherine Gibson  
Cindy Hwang  
Gina Kardashian  
Joann Viveros  
Gale Price

## **CN III**

Nooshin Jafari Nia  
Sara Carranza  
Tim Marshall  
Danae Piccoli  
Alexandria Soliz  
April Panozzo  
Rosanne Ricabo  
Cynthia Cole  
Brianna Rainwater  
Mollie Strand  
Jessica Tana  
Emily Teegarden

## **CNIV**

Erica Dickey  
Lee Villegas  
Erika Slupsky  
Ina Vysniauskene  
Danika Beal  
Tracy Glimpse  
Kim Glesser  
Suyen Wu  
Jennifer Lawson  
Marilyn Cabel  
Pimara Serrano

5NWT2



CCU



2 North



5 North



4NWT1



## Wound Care



## Maternal Newborn Service Line



## Infusion Center



## Surgical Services



## Endoscopy



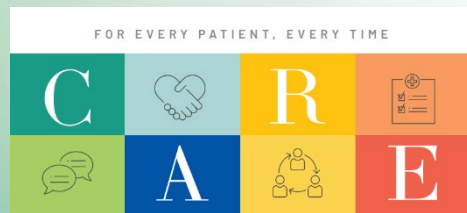
# Shared Governance



# Shared Governance Care Delivery Council (CDCC)

Our interprofessional Shared Governance CDCC Council, led by Chair Kristin Partida, RN and Co-Chair Illeana Bassoco-Barajas, RN, worked collaboratively throughout the year to enhance the patient experience. Through shared decision-making, the council launched the CARE Initiative, designed to support caregivers in delivering exceptional care for every patient, every time.

CARE – Communicate, Acknowledge, Respond and Evaluate – provides a consistent framework to ensure every patient feels cared for, seen and heard across all touchpoints of their journey.



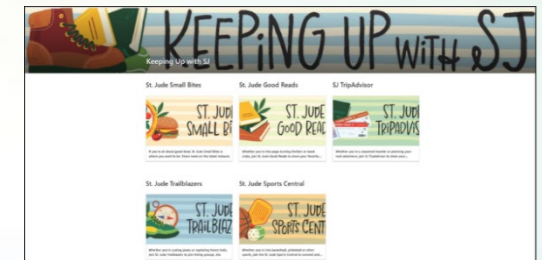
# Nurse Practice Council

The Nurse Practice Council developed a new Discharge Preparation Guide to support the timely and efficient discharge of patients. In collaboration with our Quality and Infection Prevention teams, the council also created essential Quick Tips and Practice Alerts, ensuring caregivers have clear, evidence-based resources to promote safe, streamlined and patient-centered transitions of care.



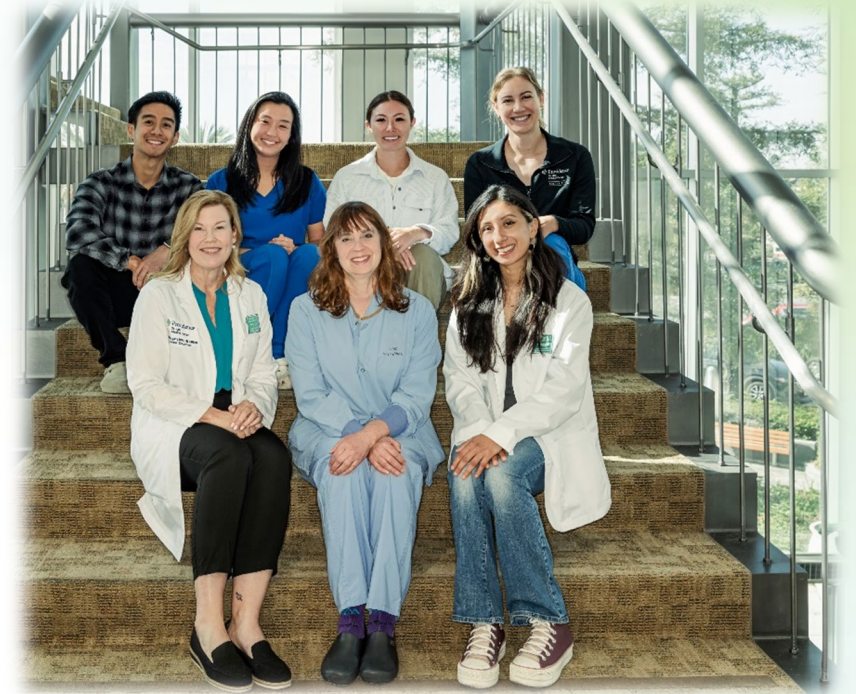
# Education & Professional Development Council

The Education & Professional Development Council advanced caregiver engagement this year by developing and implementing new strategies to strengthen connection and collaboration across the organization. One of their key achievements was launching a new internal blog, "Keeping Up with St. Jude," designed as a central hub where caregivers can access advice, share ideas, exchange best practices and connect with colleagues who share similar interests. This platform supports a thriving learning community and reinforces our culture of growth and professional support.



# Nurse Research Council

During Hospital Week, the Nurse Research Council hosted the annual Research, Evidence-Based Practice and Innovation Fair, drawing approximately 168 caregivers. Attendees engaged in hands-on learning through the mock research activity, "The Great Lemonade Experiment," and tested their knowledge in a lively round of Myth Busters Jeopardy. The event strengthened research literacy, sparked curiosity and reinforced our shared commitment to inquiry-driven, evidence-based care.



# Clinical Advancement Council

The Clinical Advancement Council (CAC) supports the professional growth and promotion of nurses pursuing Clinical Nurse III (CNIII) and Clinical Nurse IV (CNIV) roles. In 2025, the council completed a comprehensive review of Clinical Ladder applicant portfolios. This year also marked an exciting milestone, as Clinical Nurses from Wound Care, Fetal Diagnostics and Radiology participated in the Clinical Advancement Program for the very first time—further expanding opportunities for specialty-based professional development across the organization.



# Nursing Recognition



# Daisy Award

The DAISY Nurse Award is a nationally recognized program created by the DAISY Foundation and adopted at St. Jude in 2012 to honor nurses who provide extraordinary, compassionate care. The award was established by the family of Patrick Barnes as a heartfelt way to say “thank you” to the nurses who cared for him during his hospitalization—recognizing the super-human work nurses do every day.

Each quarter, the DAISY Committee selects a recipient based on the depth and detail of the nomination, exemplary clinical expertise and leadership, and the nurse’s ability to consistently deliver compassionate, patient-centered care that reflects our mission, vision and values. Awardees receive:

- An “Extraordinary Nurse” certificate
- A DAISY Award pin
- A hand-carved serpentine stone sculpture from Zimbabwe titled “A Healer’s Touch”
- A feature on the DAISY Foundation Spotlight webpage

This meaningful recognition continues to celebrate the dedication, skill and heart that our St. Jude nurses bring to every patient they serve.

## 2025 Daisy Recipients



Jennifer McNeill, RN



Kailey Boer, RN



Savanna Sanchez, RN

# Outstanding Preceptor Award

The Outstanding Preceptor Award recognizes nurse preceptors who exemplify accountability, clinical excellence, teamwork and a strong commitment to developing the next generation of nurses at St. Jude Medical Center.

Preceptors honored with this award are nominated by preceptees, co-workers, educators or leaders in appreciation of the meaningful impact they make through guidance, support and mentorship. Their dedication helps ensure that new nurses feel confident, prepared and connected as they grow in their practice.



Ina Vysniauskiene, RN



Rudy Calagday, RN



Ruby Felicilda, RN



Sylvia Trani, RN

# Sister Jane Francis Scholarship

For the first 30 years of St. Jude Medical Center's history, Sister Jane Frances Power, CSJ, served as administrator. Known for her straightforward leadership, determination and unwavering dedication, she earned the deep respect of the healthcare community throughout Southern California. Yet it was her remarkable skill and profound compassion that truly defined her legacy.

Sister Jane Frances' admiration for the hard work and devotion of our caregivers lives on through this scholarship, which honors and supports those who continue her mission—promoting exceptional care and outstanding outcomes for everyone who enters our doors.

## Award Recipients:



Tory Spencer, RN



Tessa Newman, RN



Christy Taminich, RN



Natalie Dickenson, RN



Dayna Parise, RN



Daniel Holland, RN

# Joy Jones Scholarship

In 2008, Joy Jones and her husband, Ted, established the Joy Jones Scholarship Fund to support the ongoing growth and professional development of St. Jude nurses. A long-time Fullerton resident, former nurse and dedicated volunteer at the annual St. Jude Walk Among the Stars event, Joy understands firsthand the importance of advanced education in a rapidly evolving clinical environment.

As new methods and technologies continue to transform patient care, Joy is committed to ensuring nurses have access to the best training possible. The scholarship provides up to \$500 per recipient, helping nurses pursue continuing education, specialized training and certification opportunities.

Joy envisions a nursing workforce that continually expands its skills, embraces innovation and applies new knowledge to enhance safety, quality and patient satisfaction.



Katrina Chen RN



Breena Fasold RN

# Cypress College

In December 2025, St. Jude proudly celebrated the graduation of our first Cypress College nursing cohort. St. Jude caregivers – (L-R) Rafael Ramirez (5N), Shirley Jia (Pathways), Dominique Ramos (Surgery), Jenia Lam (Pathways), and Dominick Martinez (ED) – were joined by Julie Kim, DNP, RN, Chief Nursing Officer, as they took part in the Cypress College Nursing Graduates' Pinning Ceremony.

The pinning ceremony is a cherished tradition that welcomes newly graduated nurses into the profession. It symbolizes their academic achievement, transition into clinical practice and the resilience and dedication they demonstrated throughout their education. We congratulate our graduates on this meaningful milestone and look forward to the impact they will make as they begin their nursing careers.



# Nursing Excellence:

Implementing  
Evidence Based Practice



# Maternal Newborn Division

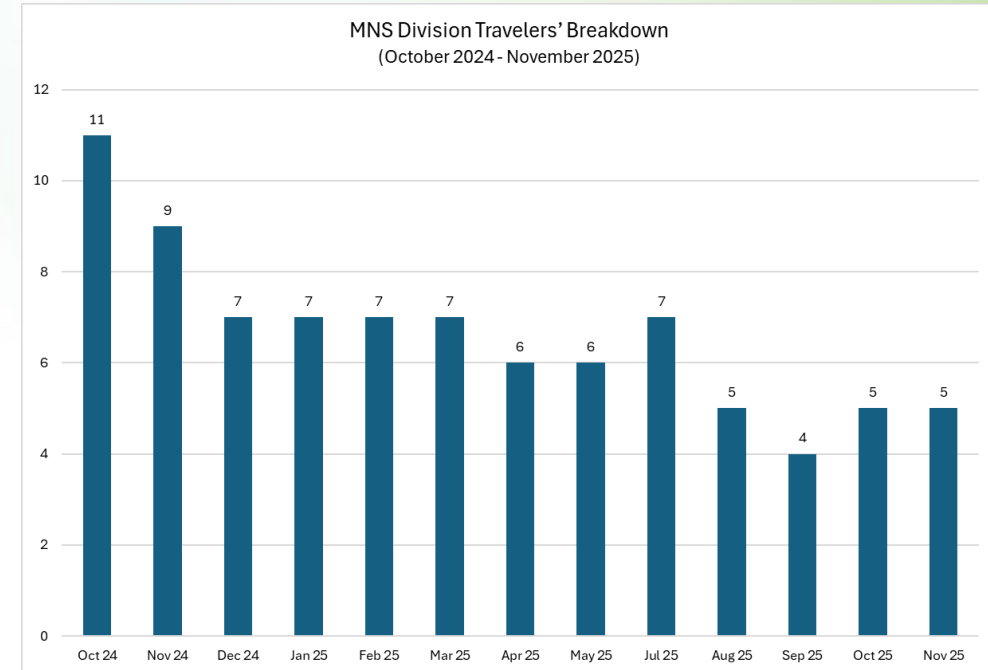


# Reduction in the use of Travel Nurses

The Maternal Newborn Services (MNS) Division set an ambitious goal to reduce reliance on traveler (registry) nurses by 50% by December 2025—and successfully surpassed it. To achieve this milestone, the division implemented a multi-pronged strategy:

- **Cross-Unit Flexibility:** Team members were trained to safely float across all three MNS units, increasing staffing flexibility and coverage.
- **Internal Staffing Solutions:** Open shifts were filled with internal caregivers and new hires, significantly reducing the need for external registry support.
- **Retention & Engagement Programs:** New initiatives focused on staff support, mentorship, recognition and rewards helped strengthen engagement and retention.

These targeted efforts resulted in a more than 50% reduction in registry nurse utilization, exceeding the original goal. Building on this momentum, the division aims for an additional 20–30% reduction in 2026. This achievement reflects MNS’s ongoing commitment to workforce stability, cost stewardship and consistent high-quality patient care.



# Post C-Section Surgical Site Infection (SSI) Reduction

In 2025, the Maternal Newborn Services (MNS) Division set a strategic goal to reduce the C-Section surgical site infection (SSI) rate by 2%. A key component of this initiative was strengthening patient education. To support optimal wound healing, patients received enhanced discharge packets that included easy-to-understand educational materials, necessary wound-care supplies and detailed guidance on their proper use.

This important work will continue to be a focus throughout 2026, as the division remains committed to improving surgical outcomes, empowering patients and promoting safe, effective post-partum recovery.



# OB Hospitalist Program

In 2025, the Maternal Newborn Services (MNS) Division, in partnership with the Heritage group, launched a new OB Hospitalist Program aimed at enhancing team performance and improving patient outcomes. The goal was to recruit and integrate 3–4 OB Hospitalists into the care team by December 2025. To achieve this, the division implemented several key actions:

- Collaboration with Heritage to design and successfully launch the program
- Clear role definition to ensure OB Hospitalists were seamlessly integrated within the multidisciplinary care team
- Establishment of interdisciplinary meetings and feedback loops to strengthen communication and coordination among nursing, anesthesia and support staff
- Ongoing performance monitoring through regular feedback sessions and review of key metrics to drive continuous improvement

As a result, three OB Hospitalists were hired, enabling daily two-provider coverage. This enhancement has reduced physician fatigue, improved patient care outcomes and increased morale among providers. Ongoing evaluation of performance indicators, along with feedback from staff and patients, will continue to guide program growth and refinement.

# Surgical Services Division



# AORN Center of Excellence

Providence St. Jude has been honored by the Association of periOperative Registered Nurses (AORN) as a Center of Excellence in Surgical Safety: Smoke Evacuation, receiving the prestigious Go Clear™ Award. This national recognition highlights our strong commitment to creating a safe, healthy surgical environment by eliminating the risks associated with surgical smoke.

Our surgical teams successfully completed AORN's comprehensive, evidence-based program and implemented advanced smoke-evacuation technologies to ensure a smoke-free operating environment wherever surgical smoke is generated.

We are proud to be recognized for our proactive approach to protecting the health and well-being of patients, surgeons, nurses and all members of the perioperative team. This achievement reflects St. Jude's continued dedication to excellence in surgical safety and high-quality patient care.



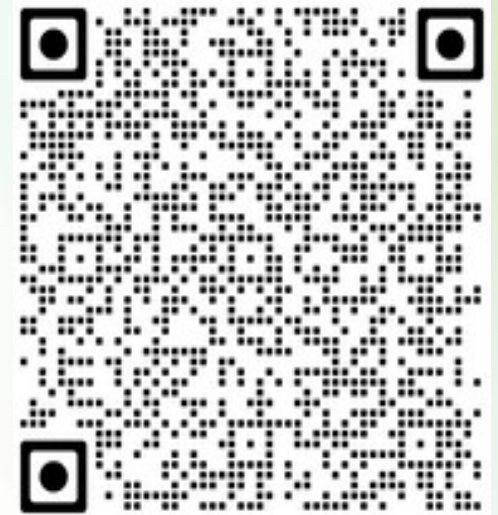
# Improving the Patient Experience

In 2025, the PACU team set a goal to improve the patient-experience score related to “discharge instructions and recovery expectations” by 5%, aiming to increase it from 86.64% to 91.64% by year’s end.

This initiative was led by Tara Amendola, CNIV, RN, who spearheaded the development and rollout of a comprehensive instructional discharge video covering key recovery topics such as pain management, nausea/vomiting, drowsiness, bleeding and other essential post-operative guidance. The video was implemented in both PACU and Pre-Op, creating a more consistent and accessible educational experience for patients.

Although the full 5% improvement target was not reached, the department achieved significant gains in patient education and overall experience, with steady progress noted from its launch in the 4<sup>th</sup> quarter.

Looking ahead to 2026, the PACU team remains committed to advancing patient-education quality. Efforts will focus on refining current strategies, identifying new opportunities for improvement and continuing to tailor resources to meet the evolving needs of our patients.



[Watch Video](#)

# First Case On Time Starts

In 2025, the Pre-Admission Testing (PAT) and Pre-Op departments focused on improving First Case On-Time Starts (FCOTS) to enhance operational efficiency, minimize delays and reduce unnecessary costs. The goal was to raise FCOTS above 75%, building on a 2024 baseline of 71.24%. To reach this target, the team implemented several key strategies:

- Strengthened collaboration between PAT and Pre-Op to proactively identify and resolve issues before they impacted surgical schedules.
- Introduced a Pre-Op Resource RN during morning shifts to help distribute workload and streamline patient preparation.
- Implemented structured debriefings with the OR team following any delay to uncover root causes and guide targeted improvements.

These efforts proved successful, with FCOTS improving to above 75% by the end of 2025.

Looking ahead, the team will continue its improvement work by addressing remaining delays—particularly those stemming from patient registration bottlenecks and limited escort availability in Admitting. Continued focus in these areas will help sustain progress and drive further operational excellence in 2026.



# Endoscopy



# Improving the Patient Experience

In 2025, the Endoscopy Department achieved a more than 6% increase in patient volume compared to the previous year—a reflection of both rising demand and the team's enhanced capacity to serve more patients effectively. To support this growth, the department implemented a series of patient-centered initiatives designed to improve comfort, communication and overall care quality.

Improved patient education played a central role, helping reduce anxiety and ensuring patients felt informed at every step of their journey—from initial office visits to the Pre-Admit Clinic and procedure day. Comfort-focused measures, including the use of local anesthetic for IV starts, AccuVein and IV ultrasound, and continued integration of Kind VR, further enhanced the experience and contributed to higher satisfaction.

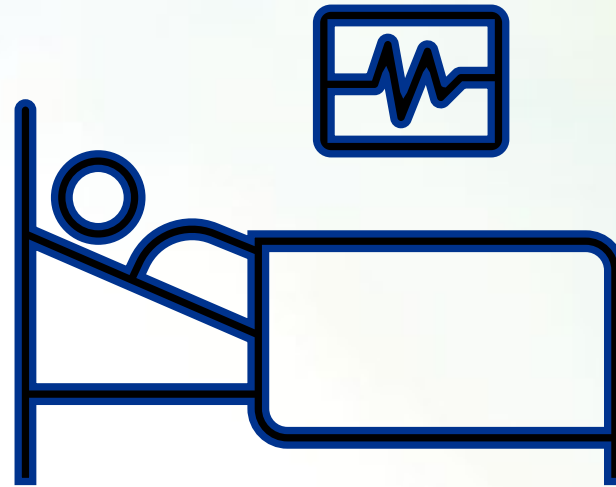
Operational improvements also supported the increased volume. Streamlined scheduling, additional late-afternoon front office coverage and close coordination with physician offices enabled smoother workflows and reduced wait times.

The department strengthened caregiver engagement by proactively sharing recovery instructions and incorporating patient feedback into staff discussions. Nurse-led Clinical Advancement and CDC initiatives—such as Bravo and Leap Frog—focused on workload management, caregiver well-being and continuous quality improvement. Ongoing staff education and competency programs ensured consistent delivery of high-quality care despite limited physical space.

Together, these efforts reflect the department's commitment to providing exceptional, patient-centered care while successfully navigating the challenges of increased demand.



# Critical Care Service Line



# 3North Improves the Patient Experience: Treat with Courtesy and Respect

In 2025, Khalid Altawarah, RN, MSN, PCCN, CNIV, advanced his ongoing initiative to improve communication between nursing staff and patients on 3 North PCCU. Building on his 2024 groundwork, Khalid set an ambitious goal: to raise Press Ganey patient-experience scores related to communication by 5%, increasing from 78.32% to 82.23% by October.

Central to his efforts was the “Talk to me, Listen to me, Know me, Care for me” (TLKC) framework. Khalid provided consistent in-service training focused on active listening, empathetic engagement and clear communication. He collaborated closely with nursing leadership and the Patient Experience team to reinforce best practices and ensure alignment across the unit.

Khalid’s dedication produced impressive results. Communication scores steadily improved throughout the year, ultimately reaching 98% in September. The emphasis on active listening and caregiver involvement strengthened patient interactions, fostered trust and contributed to significant gains in the unit’s overall patient-experience performance.

Through his collaborative, education-driven approach, Khalid helped elevate the standard of communication on 3 North PCCU, making a meaningful impact on the patient experience.



# 3North Hospital Acquired Pressure Injury Reduction Initiative: Stop the Pressure

In 2025, the 3N Cardiac Progressive Care team made reducing Hospital-Acquired Pressure Injuries (HAPI) a key performance improvement priority. The department set an ambitious goal to decrease the Stage II+ HAPI rate by 5%, aiming for a year-end target of 0.96.

To reach this goal, the team focused on strengthening consistency in patient transfers and wound-care protocols, increasing use of off-loading devices such as wedges and boots and overcoming common barriers like patient resistance to repositioning. Their strategy included proactive wound-care rounding, real-time education for nurses and CNAs and regular audits to ensure adherence to best practices.

Although the year began with a spike in HAPI cases in January, the team responded quickly with targeted interventions and reinforced accountability. Their efforts paid off: from June through October 2025, the unit recorded five consecutive months with zero new HAPI cases.

This sustained improvement reflects the team's strong collaboration, commitment to prevention and dedication to providing safe, high-quality patient care.



# ICU Decreases Average Length of Stay

The interprofessional ICU team set a key performance goal for 2025: to reduce the Average Length of Stay (ALOS) by 5%, lowering it from 3.19 days to 3.03 days by October. This work builds on strong evidence showing that implementing evidence-based care bundles for ventilated patients reduces complications and supports earlier liberation from mechanical ventilation.

Since adopting the ICU Liberation Bundle in 2023, the team has continued to strengthen bundle compliance and integrate additional components that support ALOS improvement. This year's priorities include:

- Delirium evaluation and management, including enhanced quiet hours to reduce ICU-associated delirium
- Consistent use of Spontaneous Awakening Trial/Spontaneous Breathing Trial (SAT/SBT) protocols to promote timely extubation
- A visual management board to increase transparency and accountability
- Reinforcement of daily multidisciplinary rounds (MDR) to support coordinated decision-making
- Streamlined documentation tips for pain, RASS, CAM-ICU and chair positioning to improve workflow and consistency

As of now, the year-to-date ALOS stands at 3.52 days, and the ICU team remains fully committed to driving progress toward their target. Continued focus on evidence-based practices, early mobility, delirium prevention and coordinated team communication will remain central to improving patient outcomes and length of stay throughout 2025.



# ICU Targeted Hospital Acquired Pressure Injury Prevention Initiative

Patients in critical care are especially vulnerable to skin complications due to factors such as comorbidities, use of vasoactive medications, nutritional challenges and limited mobility. To reduce ICU Hospital-Acquired Pressure Injury (HAPI) rates in 2025, the team implemented a series of targeted, evidence-based interventions:

- Specialized caregiver training on early identification, staging and documentation of pressure injuries
- Regular skin-assessment audits to ensure thorough evaluations and appropriate wound-care management
- Daily off-loading rounds, paired with real-time education for nurses and CNAs
- Implementation of Centroid technology to support consistent off-loading practices and EPIC-integrated documentation of patient turns
- Creation of a dedicated Skin Champion Team to provide continuous coaching, reinforce best practices and support unit-wide improvement efforts

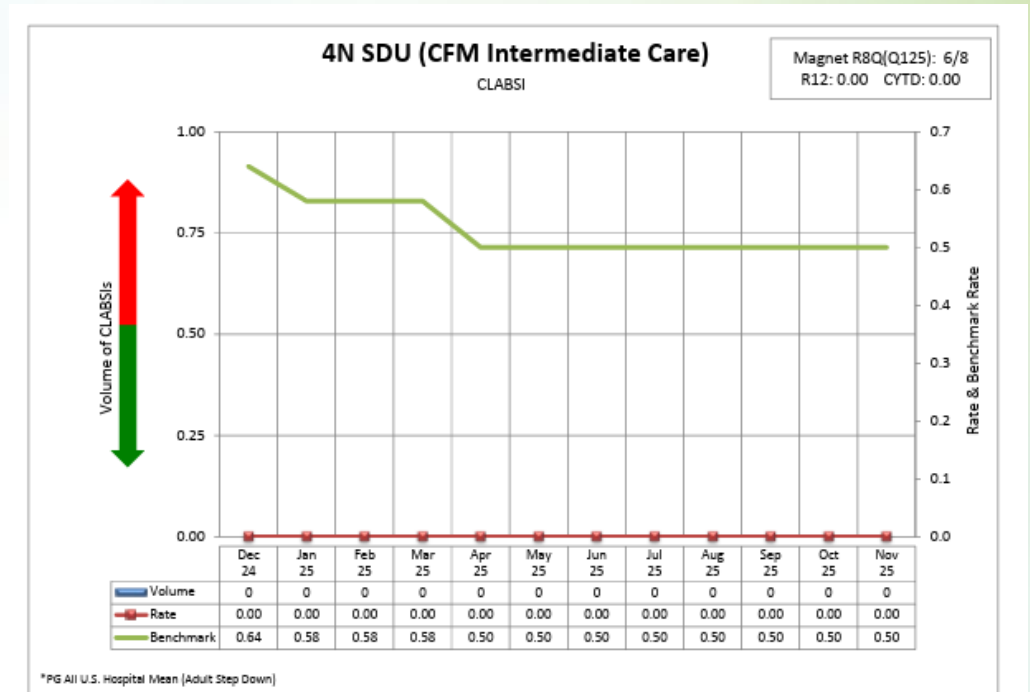
These coordinated interventions strengthen prevention practices, improve early detection and support safer outcomes for the ICU's most vulnerable patients.



# SDU Sustains 0 Central Line Associated Bloodstream Infection Rate

Since December 2024, the SDU team has successfully maintained a zero central line-associated bloodstream infection (CLABSI) rate, a milestone that underscores our unwavering commitment to patient safety and high-reliability care. This achievement not only keeps our CLABSI rate below the established benchmark but also reflects the department's adherence to best practices and proactive prevention strategies.

By consistently following evidence-based central line maintenance protocols, reinforcing ongoing caregiver education, and implementing proactive infection-prevention measures, the team has exceeded its departmental goals and strengthened overall patient outcomes. This sustained success highlights the dedication of our multidisciplinary caregivers and reinforces our collective pursuit of clinical excellence, quality improvement and safe, reliable patient care.

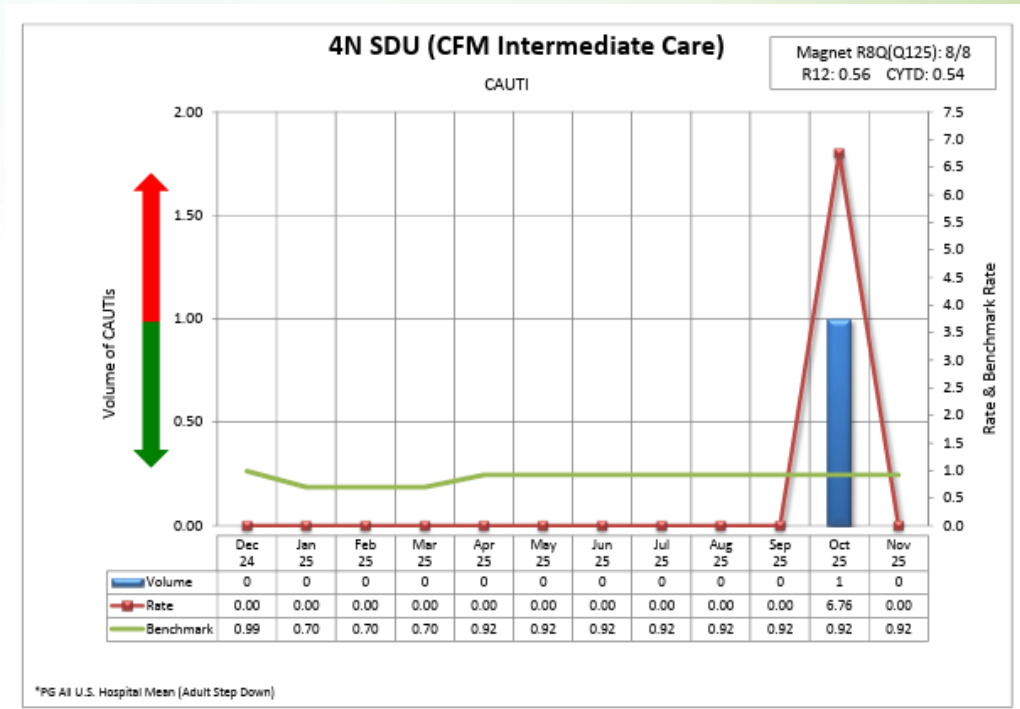


# SDU Decreases Catheter Associated Urinary Tract Infection Rate

Between December 2024 and September 2025, the 4N SDU team consistently maintained catheter-associated urinary tract infection (CAUTI) rates below the national benchmark, demonstrating exemplary adherence to infection-prevention standards. This sustained performance reflects the team's commitment to evidence-based practice, including strict compliance with insertion and maintenance bundles and ongoing caregiver education.

In October 2025, the unit experienced a brief increase in its CAUTI rate to 6.76, with one infection reported, surpassing the benchmark of 0.92. The team responded immediately by conducting a thorough case review and reinforcing existing protocols with focused, real-time education.

Thanks to this rapid, coordinated response, the unit returned to a zero CAUTI rate in November 2025, underscoring the team's dedication to patient safety, quality care and continuous improvement.



# Cardiovascular Service Line



# Cath Lab Implements Cutting Edge Technology

In 2025, the Cath Lab introduced histotripsy, an advanced, noninvasive ultrasonic tumor-ablation technology. This innovative procedure uses highly focused ultrasound waves to precisely destroy both malignant and benign liver tumors—often in a single outpatient session.

By bringing histotripsy to St. Jude, the organization positions itself at the forefront of cutting-edge tumor-care technology. While currently used for liver tumors, ongoing research points to promising future applications, further expanding its potential impact on patient care.

Watch video [here](#).



# 3-Star Society of Thoracic Surgeons Rating for Coronary Artery Bypass Graft (CABG) Surgery

St. Jude achieved a 3-star rating from the Society of Thoracic Surgeons (STS) for Coronary Artery Bypass Graft (CABG) surgery, an accomplishment that reflects the highest level of quality recognized by the STS. This rating serves as a national benchmark for cardiac surgery programs, measuring excellence in patient outcomes, safety and adherence to evidence-based best practices.

Earning a 3-star rating places St. Jude among the top 10% of hospitals nationwide, underscoring the exceptional skill, teamwork and commitment of the cardiac surgery program. This distinction highlights our continued dedication to delivering superior cardiac care and sets St. Jude apart as a leader in surgical excellence.



# Acute Care Service Line



# Pathways Team Fostering Professional Development

The Pathway Department at Providence St. Jude Medical Center plays a vital role in supporting the transition, development and long-term success of new graduate nurses. Through structured clinical residency programs, evidence-based practice projects, unit-specific education and robust departmental communication, the program helps nurses build confidence, competence and a strong professional foundation.

To foster community and continued learning, the department offers monthly Pathway meetings, encourages participation in interprofessional organizational committees and hosts department celebrations and professional development activities. Notably, 50% of Pathway nurses are now board-certified in Medical-Surgical Nursing, reflecting a strong commitment to specialty expertise and professional advancement.

In 2025, the program also supported ongoing clinical growth through participation in Nurse Fellowship opportunities, including Stepdown Unit (2 RNs), CCU (1 RN), Emergency Department (2 RNs).



# 2North Nationally Recognized Rehabilitation Program

In 2025, Providence St. Jude Medical Center earned CARF Accreditation (Commission on Accreditation of Rehabilitation Facilities), a prestigious distinction awarded only to programs that meet the highest standards of quality, safety and patient-centered care. Achieving this accreditation requires demonstrating exceptional performance across rigorous benchmarks and best-practice criteria.

Already recognized by U.S. News & World Report as one of the 50 Best Rehabilitation Programs in the Nation, this additional accreditation further underscores the superior expertise, dedication and compassionate care consistently delivered by our inpatient and outpatient rehabilitation teams. It stands as a testament to their unwavering commitment to helping patients achieve the best recovery outcomes possible.



# 5North Improves Responsiveness

In 2025, the 5N Sepsis Unit launched a focused initiative to improve patient experience by strengthening staff responsiveness, particularly around timely assistance with restroom needs. The program aimed to elevate patient satisfaction by emphasizing prompt call-light response, hourly rounding, iSurvey rounding and proactive toileting support.

To reinforce consistency, the team strengthened existing practices such as hourly rounding and transitioned leader rounding to an iSurvey-based approach to gather real-time insights. Caregivers also made a unit-wide pledge to respond to bathroom-related call lights within 10 minutes, a commitment that contributed to a measurable improvement in patient experience scores—from 52.60% to an average of 57.47% for this key survey question.

Weekly monitoring, coupled with ongoing adjustments based on patient feedback, helped ensure timely responsiveness remained a top priority. The program will continue into 2026 with updated goals aimed at further enhancing patient comfort, safety and overall care experience.



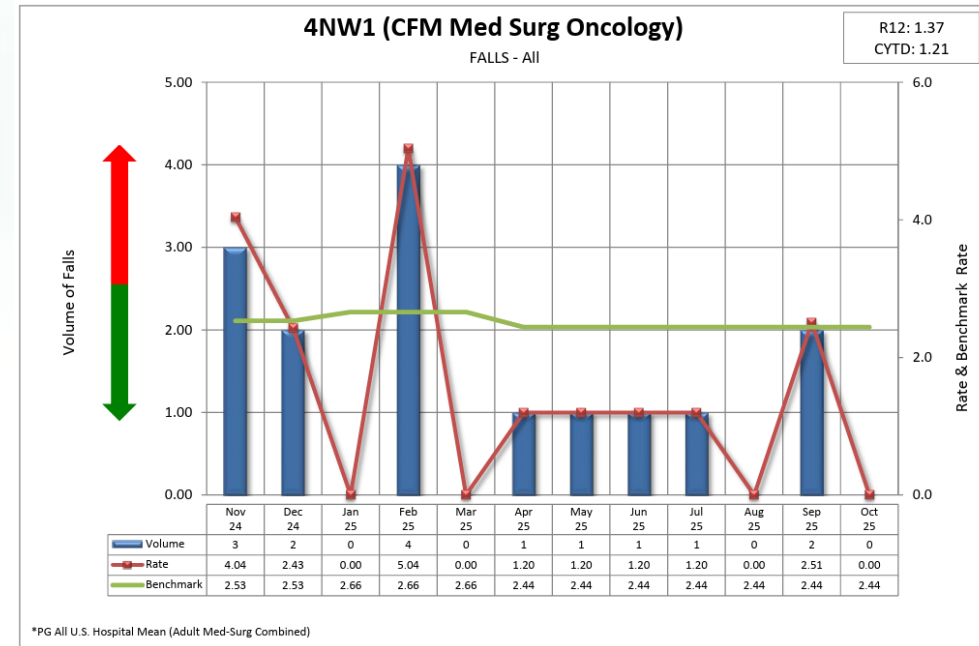
# 4NWT1 Decreases All Falls Rate

In 2025, the unit-based CDC committee on 4NW1 launched a comprehensive fall-prevention initiative aimed at reducing the unit's fall rate from 2.37% to 2.2% by December. Through strong collaboration and consistent use of an evidence-based fall bundle, the team surpassed this goal early—achieving a fall rate of 1.34% by October 2025. The initiative emphasized proactive strategies, including:

- Thorough mobility and fall-risk assessments
- Patient and family education to promote awareness and safety
- Visual cues—yellow wristbands, socks, and signage—to identify high-risk patients
- Staff responsiveness and patient engagement to maintain mobility and reduce complications associated with prolonged bed rest

To support consistency, the team developed fall bundle bags containing essential tools and a checklist for alarms, fall mats and required documentation. These bags were distributed upon patient admission and reinforced during staff meetings and huddles. Monthly audits helped maintain high levels of compliance.

Given its success, the fall-prevention model has now been permanently implemented on 4NW1, presented at leadership meetings and is being scaled to other inpatient units across the medical center. Beyond reducing falls, the project strengthened teamwork and improved overall patient satisfaction.



# 4NWT1 Improves “Quietness of the Hospital Environment”

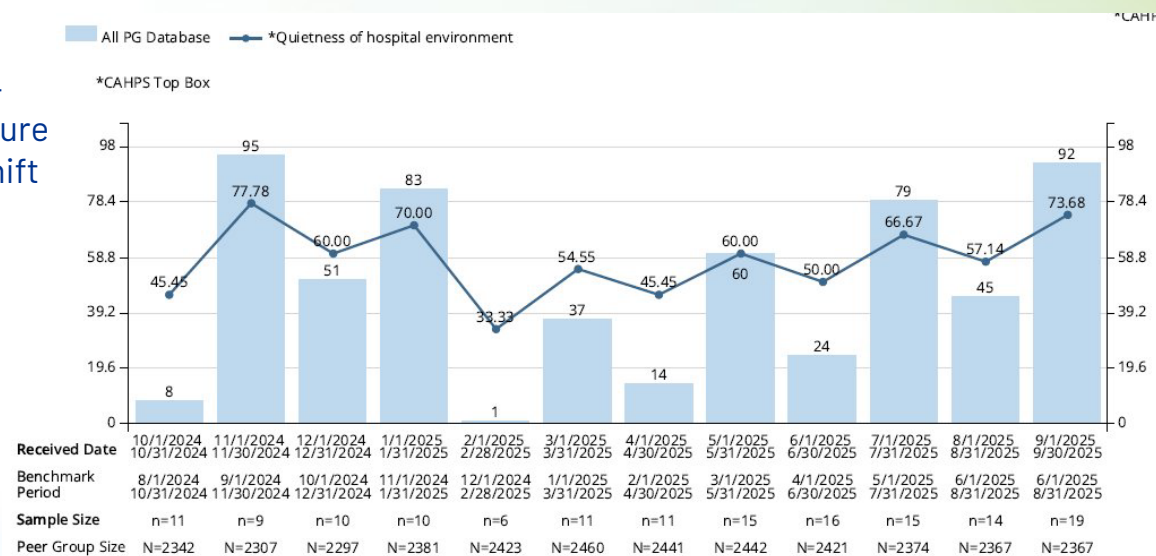
In 2025, Clinical Ladder IV Nurse Erika Slupsky, MSN, RN, led a Quality Improvement initiative focused on improving the HCAHPS “quietness of hospital environment” Top Box score on 4NW1. The team set a SMART goal to increase the score by 7%—from 52.27% to 55.93%—by October 2025.

To achieve this, Erika introduced several targeted strategies designed to create a more peaceful and rest-supportive environment for patients:

- **Sleep Menu & Visual Tools:** A laminated Sleep Menu with a magnet was added to each patient’s whiteboard to promote evening quiet routines and offer comfort options
- **Staff Education:** Erika conducted individualized in-services to reinforce quiet time protocols and encourage consistent use of the Sleep Menu
- **Patient & Family Engagement:** She actively participated in Patient Experience meetings and collaborated with the Patient Advisory Council, incorporating their insights to refine the approach

Enhancements to the Sleep Menu—such as chamomile tea and lavender patches—received particularly positive feedback from patients, families and staff. Unit culture also evolved, with caregivers adopting quieter hallway communication and day-shift teams emphasizing proactive support, including ordering home sleep aids and offering calming activities like crossword puzzles and fidget spinners.

These efforts contributed to a notable improvement in the unit’s quietness score and strengthened the overall patient experience. The initiative will continue into 2026 with updated goals to further advance comfort, restfulness and healing.



# 4NWT2 Improves Patient Outcomes

## 2025 Goals:



Unit #1 Goal: Reduce C.diff Infection Rate by 50% from 0.42 to 0.21 (MET: 0.13)



Unit #2 Goal: Improve Nurse/staff responsiveness from 58.36 to 64.0 (MET: 66.69)



CDC Goal: 4NW2 will improve Spine ALOS by 5% from 2.46 days to 2.34 days by November 2025 (MET: 1.83)



Clin III Goal: 4NW2 will reduce the rate of falls by 5% from 1.79 to 1.61 by October 2025 (MET: 1.13)

## Summary of Key Initiatives



### CDIFF Prevention

- Continuing "Scoop the Poop" awareness campaign
- Staff completed Donna Wright competency for CDIFF management
- Strengthened RN-CNA communication to ensure rapid response
- High-touch cleaning intensified for infection reduction
- Reinforced hand hygiene for staff and patients



### Staff Responsiveness

- End-of-shift rounding: RNs at 6am/6pm; CNAs at 5am/5pm
- "No Pass Zone" to ensure all call lights are answered
- Leader rounding to monitor concerns and reinforce expectations
- Commitment to timely resolution of patient issues
- Bedside handoff to improve safety and continuity



### Spine Length of Stay (LOS) Management

- Promoting early mobility and Every Body Moves (JH-HLM) practices
- Foley catheters removed by 6am to reduce infection and increase mobility
- Proactive pain management, especially prior to therapy
- Timely acquisition of DME equipment to prevent discharge delays
- Using off-the-shelf Breg braces to expedite therapy and discharge



### Fall Prevention

- Standard precautions: yellow socks, armbands, door signs, bed/chair alarms
- Patient education on call light use, alarms, and post-surgery safety
- CNA short run—support for high-acuity, fall-risk patients



# 5NWT1 Achieves 90<sup>th</sup> Percentile in Overall Patient Experience Rating

5NWT1 achieved an outstanding CYTD HCAHPS score of 84.07, placing the unit above the 90th percentile in overall patient experience. This reflects our sustained focus on elevating patient satisfaction and delivering exceptional care.

Our unit leaders also reached the highest iSurvey completion rates in the hospital. This is an accomplishment that highlights strong leadership, team engagement and accountability. In recognition of these efforts, the team has been honored multiple times with the Humdinger Award, an internal distinction celebrating exemplary patient care.



# 5NWT1 Nurses Earn Stroke Certified Registered Nurse (SCRN) Specialty Certification

In 2025, seven registered nurses from 5NWT1 earned their SCRN credential. Awarded by the American Board of Neuroscience Nursing (ABNN), the SCRN is a prestigious certification that recognizes advanced, specialized knowledge in stroke care.

This accomplishment reflects each nurse's commitment to excellence and validates their expertise in managing stroke patients across diverse clinical settings. Their achievement strengthens the unit's clinical capability and reinforces our commitment to delivering the highest standard of stroke care.



# 5NWT2 Improves “Staff Describes Medication Side Effects”

After reviewing Press Ganey patient satisfaction data, 5NWT2 identified an opportunity to improve the metric “staff describe new medicine side effects.” The team set a goal to increase the score by 10%—from 42.59% to 46.9%—by October 2025 through consistent use of the teach-back method.

Nurses incorporated a teach-back education sheet into medication administration, ensuring patients clearly understood potential side effects. By October 2025, the metric rose to 46.3%, reflecting an 8% improvement.

Teach-back-based education has since become a standard part of the medication administration process, helping strengthen communication, reinforce patient understanding and improve overall experience.

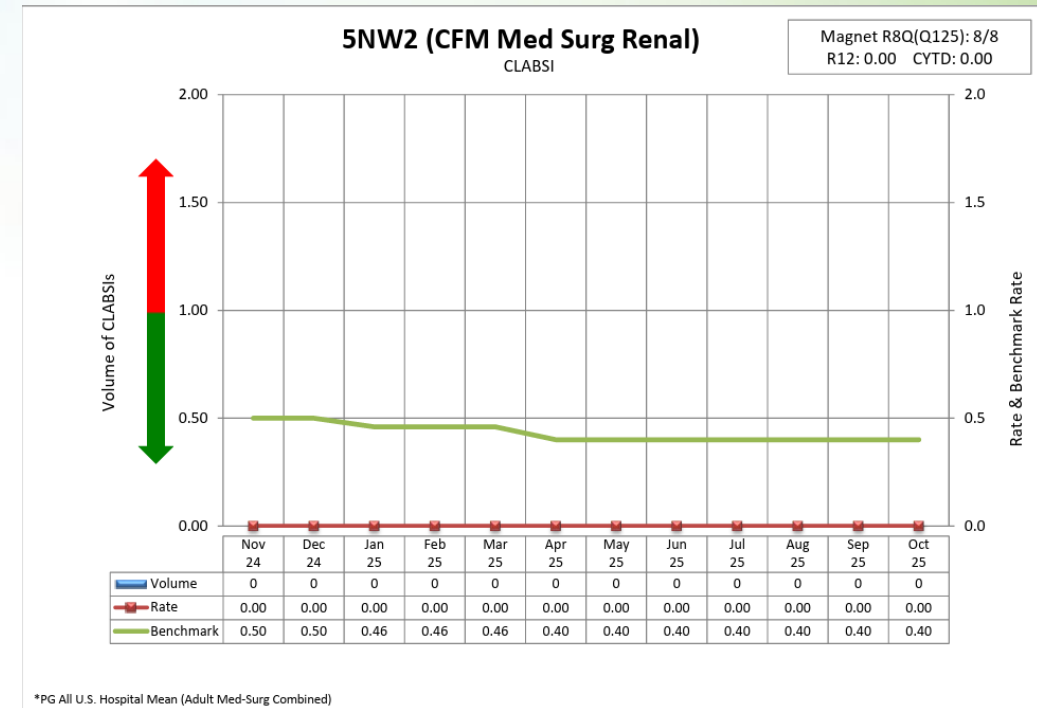


# 5NWT2 Sustains 0 Central Line Associated Bloodstream Infection Rate

Preventing Central Line-Associated Bloodstream Infections (CLABSI) remains a top priority on our unit. Since February 2023, strong collaboration with the Infection Prevention team and the adoption of targeted, evidence-based strategies have enabled us to maintain zero CLABSI cases. Key practices supporting this success include:

- Shift-by-shift paper audit tool to ensure bundle compliance
- Daily CHG baths for all patients with central lines
- Documenting clinical indication for every line
- Prompt removal of unnecessary lines per physician guidance
- Daily central-line duration tracking and reminders from Infection Prevention
- Daily hand-hygiene audits performed by the unit secretary or a volunteer

These consistent efforts help maintain a sterile environment, protect our patients and reinforce our commitment to safe, high-quality care.

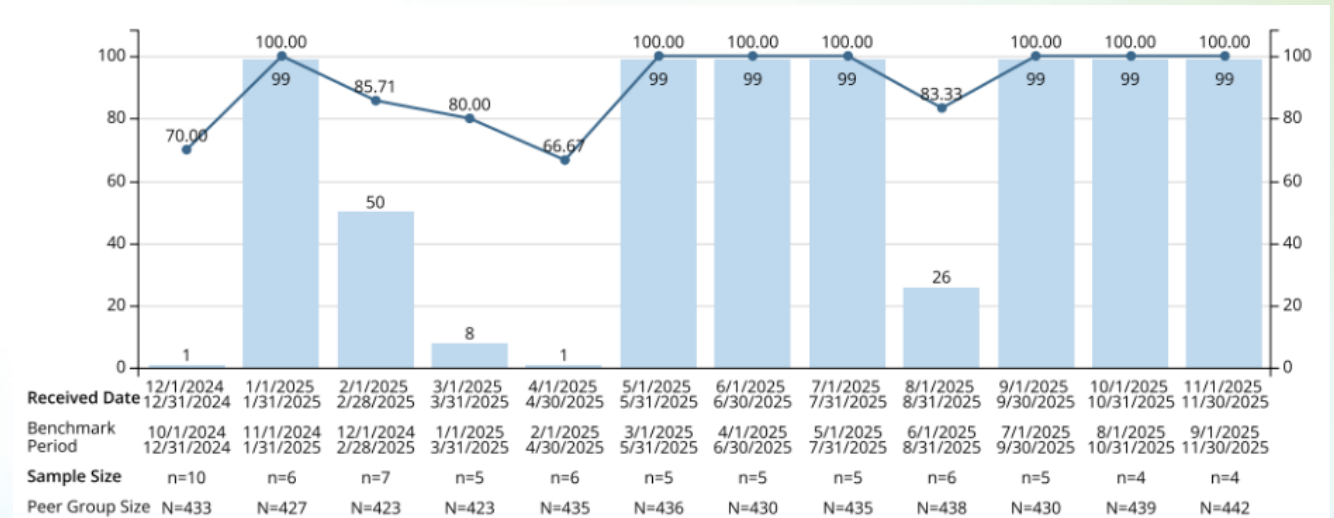


# Clinical Observation Unit (COU)

In 2025, the COU team launched a focused privacy-enhancement initiative aimed at raising the “concern for privacy” Top Box score from 79.41% to 83.38% by December. Despite challenges posed by the unit’s bay-and-curtain layout and an elderly population with hearing impairments, the team exceeded expectations—achieving a score of 84.92%. Key interventions included:

- Closing curtains proactively and using privacy-focused scripting (e.g., “I’m going to close the curtain for your privacy”)
- Lowering voice volume during sensitive conversations, including admission questions and SI screening
- Role-play and staff education during huddles and meetings to reinforce best practices
- Effectiveness was measured through patient feedback and Press Ganey privacy-related metrics, both of which showed marked improvement.

Due to the program’s success, these practices are now permanently integrated into COU workflow, enhancing patient trust, communication and overall satisfaction.



# Vascular Access Device (VAD) Team

Beginning in December 2024, the VAD Department partnered with the Education Department and Nursing Leadership to strengthen staff proficiency in ultrasound-guided IV insertion, a growing and high-demand clinical skill.

Previously, nurses attended a four-hour class, then completed competency validation later in their units—often with delays that reduced confidence and limited hands-on practice. In response, the curriculum was redesigned to provide both didactic instruction and real-time competency validation during the class itself in the preoperative setting.

Learners now complete three successful ultrasound-guided IV insertions under direct supervision of a VAD team member before earning validation. This updated approach created a more efficient, supportive learning environment and resulted in significantly higher satisfaction and readiness among participants. Program impact:

- Dec 2024–Mar 2025: 13 inpatient departments participated; 25 nurses completed the updated course
- Based on positive feedback, the program expanded to the Infusion Center, Imaging and additional roles
- To date: 90 nurses have completed training and competency validation
- Additional classes are planned for 2026 based on departmental needs

This initiative strengthened collaboration between VAD, Education and unit caregivers, expanded staff skill sets and created new educator opportunities for the VAD team.

# Oncology Service Line



# Improving Infusion Center Access and Efficiency with LeanTaaS iQueue

To improve access, reduce bottlenecks and create a smoother patient experience, oncology nursing and operations leaders partnered with schedulers, pharmacy and physicians to redesign how infusion appointments are managed across the day. Three years of data revealed recurring challenges: variable treatment lengths, limited chair availability and peak-time clustering that contributed to long waits and high staff stress.

To address these issues, the team implemented LeanTaaS iQueue, an AI-enabled scheduling platform that integrates with Epic to optimize chair utilization in real time. After presenting the proposal to executive leadership, LeanTaaS was adopted across Providence infusion centers, with St. Jude going live in March 2025 as part of the system-wide rollout. Early results include:

- Template compliance exceeded 90% shortly after go-live
- Patient volume increased by more than 10%—without adding staff or chairs
- October marked a record 3,265 encounters, yet:
  - Lobby wait times remained minimal
  - No daily chair shortages occurred
  - Nurses reported a smoother, more predictable flow throughout the day
- Check-in to chair time dropped to ~5 minutes, significantly enhancing the patient experience

Staff report reduced chaos during peak hours, improved coordination with pharmacy and stronger alignment between clinical and operational teams. Leadership is now leveraging LeanTaaS data to guide future growth and capacity planning.

The team will continue refining schedule templates, monitoring performance and sharing best practices across the service area. These improvements support better patient access, more efficient workflows and increased caregiver well-being.

# RN-Led Survivorship Clinic: Supporting the Transition Beyond Treatment

Launched in October 2025, the RN-Led Survivorship Clinic is a collaborative oncology nursing initiative designed to improve the transition from active treatment to survivorship for patients treated with curative intent. Many survivors report feeling uncertain after completing treatment—unsure about follow-up care, long-term side effects or how to maintain healthy routines.

To address this gap, oncology nurses developed an RN-driven model offering individualized education, symptom assessment, health-promotion guidance and care coordination, delivered both in person and through telehealth. Integrated closely with the oncology team, the clinic also focuses on closing preventive-care gaps and connecting survivors to needed resources.

During the initial Q3 2025 pilot, 30 referrals were received for breast cancer survivors. Between October 22 and November 7, 13 visits were scheduled—eight in person and four via telehealth—with visit lengths ranging from 45 minutes to two hours. This extended time allowed the Survivorship Oncology Nurse Navigator to review surveillance plans, address treatment-related concerns and set personalized wellness goals. In collaboration with physicians, survivors were referred for recommended services such as low-dose CT lung cancer screening, overdue Pap smears and dermatology skin exams for high-risk or genetically predisposed patients.

Feedback from both patients and providers has been overwhelmingly positive, underscoring the value of having a dedicated nurse guide this phase of care. Building on early success, the team will refine workflows, expand referral criteria and broaden the clinic in 2026, with the goal of making survivorship a standard, nurse-led component of the cancer care journey.

# Oncology Nursing Clinical Ladder Projects: Advancing Safety and Quality

In 2025, oncology nurses advanced quality and patient-centered care through Clinical Ladder and evidence-based practice projects, one of which focused on improving Press Ganey scores for “sensitivity to your needs.” Feedback revealed that patients undergoing long infusion treatments often experienced discomfort and anxiety, prompting the team to introduce new strategies to enhance the overall experience.

To address this, the team launched a comfort cart stocked with supportive items such as journaling materials, ChapStick, eye covers and aromatherapy sachets. A virtual reality headset was also added, offering immersive relaxation experiences to help patients manage stress during treatment. Early outcomes have been strong:

- Press Ganey Top Box score for “sensitivity to your needs” increased from 86.49% to 89.91% by October 2025
- Year-end goal: 91.49%
- Patients reported that small, proactive gestures made treatment sessions feel more personalized and comforting
- Nurses observed reduced patient anxiety and more meaningful interactions

Leadership sees the project as a scalable model for enhancing patient-centered care across the service area. The team will continue refining the comfort cart offerings, monitoring feedback and sharing best practices to sustain improvements in both patient satisfaction and caregiver engagement.