

# Nursing Annual Report

2012



## An Introduction to the 2012 Nursing Annual Report



At a time in healthcare when one of the few constants is change, St. Jude Medical Center nurses have responded with commitment, growth and accomplishment. On our Journey to Excellence

we embraced the recommendations from the Institute of Medicine (IOM) report on the "Future of Nursing," exceeding our goals in key areas, such as increasing the number of nurses enrolled in BSN programs by 35 percent.

Evidence-based practice has become more the norm than the exception, allowing our nurses to create real improvements in a wide range of quality indicators. A Shared Governance structure is fully implemented with each Care Delivery Council (CDC), Nursing Practice Council and Clinical Advancement Council helping to achieve widespread participation and empowerment. Ultimately, the professionalism, collaboration and compassion demonstrated by our nurses has not only ensured the vitality and success of our core values, but created an exceptional work environment.

Linda Jenkins, RN, BSN, MBA, NEA-BC  
Vice President, Patient Care Services  
Chief Nursing Officer

## Journey to Excellence

Our Journey to Excellence is unique, but the framework for where we want to go and what we intend to accomplish is formed by the IOM report on nursing as well as the standards of Magnet recognition, the nation's highest honor for nursing excellence.

Throughout the year, over 30 Magnet ambassadors served as vocal advocates for shared decision-making, quality improvement, and sustained excellence. They collected stories of our successes and documentation of our improvement.

One of the many success stories that emerged from 2012 was the professional development of our nurses—an essential foundation for creating and sustaining excellence:

- 52 percent of our direct care nurses have BSN degrees (compared to the Magnet Hospital average of 49 percent)
- 6 percent of our direct care nurses have MSN degrees (compared to the Magnet Hospital average of 3.5 percent)
- Over 150 additional nurses are currently enrolled in BSN or MSN degrees programs
- Over 250 of our direct care nurses have national certifications in their specialty

By increasing their skills, knowledge and professional practice, our nurses are well-positioned to lead change and improve the health of their patients.



**Back row**, L-R: Linda Jenkins, RN, BSN, MBA, NEA-BC, Chief Nursing Officer; Joanne Bonnot, RN, MSN, NE-BC, Director, Surgical Services; and Jocelyn Liu, RN, MSN, CGRN, Manager, Endoscopy Services/Clinical Outpatient Unit. **Front row**, L-R: Endoscopy nurses Cheryl Hightower, RN, Jeannie Theel, RN, and Linda Holloway, RN. From March 2011 - January 2012, laptops were awarded to new BSN enrollees as an added incentive to tuition reimbursement.

## New Knowledge and Innovation

Through research and innovation, our nurses have made advances in improving care, the patient experience, and medical outcomes.

### Research Studies in Progress

- *The St. Jude Medical Center Innovation Unit: Going from Good to Great* - Tracey Larsen, RN, MSN
- *Mentoring Development Program, Phase II* - Mary Terrazas, RN, MSN
- *Interdisciplinary Education for Cancer Survivorship* - Gianna Laiola, RN, BSN & Danelle Johnston, RN, MSN
- *Team Crew Simulation Training, Nurse Advocacy, and Patient Harm Reduction in the OR* - Teresa Frey, RN, BSN
- *PreOp Hair Removal* - Lynda Gagnon, RN, MSN

### Published Articles Authored or Co-Authored by St. Jude Medical Center Nurses

- Johnston, D. Breast health education and cancer awareness: A community hospital embracing a different approach. *Journal of Navigation and Survivorship*, April 2012.
- Peled, H., Ramos, L., & Katz, M. (2012). Neuro excellence in the ICU: Another model for a Neuro-ICU. *ICU Director*, 5(3): 235-239.
- Rutledge, D., Wickman, M., Drake, D., Winokur, E., & Loucks, J. (2012) Instrument validation: Hospital nurse perceptions of their behavioral health care competency. *Journal of Advanced Nursing*, 68(12): 2756-2765.

### Articles Accepted for Publication but not yet Published, Authored or Co-Authored by St. Jude Medical Center Nurses

- Rutledge, D., Wickman, M., Cacciata, M., Loucks, J., & Drake, D. (In press). Hospital staff nurse perceptions of their competency to care for psychiatric patients. *Journal for Nurses in Staff Development*.
- Wickman, M., Drake, D., & Heilmann, H. (In press). Quality improvement methods and nursing hospital practices. *Journal of Nursing Management*.

### Additional Research Studies

Other completed research studies include:

- Cross-Cultural Communication Competence and Team Performance
- The Effectiveness of Simulation in Improving Teamwork and Collaboration
- Emergency Department Crowding
- Evaluation of Patient Acuity Tool on Mother Baby Unit
- The Effect of a Six Minute Minimum Colonoscopy Withdrawal Time Policy on Polyp Detection
- Effect of Simulation Training and Competency Evaluation on Nurse Confidence in Managing Autonomic Dysreflexia
- Retrospective Review of Radiofrequency Ablation for Barrett's Esophagus with Dysplasia
- Breast Cancer Nurse Navigator's Role in Facilitating Care Transitions in Cancer Survivorship
- Mentoring Development Program, Phase I
- Competencies of Non-Psychiatric Nurses Related to Care of Hospitalized Patients with Behavioral Health Issues
- Breast Health Education and Cancer Awareness: A Community Hospital Embracing a Novel Approach

### Podium/Poster Presentations

One podium and 12 poster presentations were presented at national conferences, allowing our nurses and other clinicians to not only share best practices and advance research, but earn recognition and professional growth.

## Exemplary Professional Practice

We're committed to offering Perfect Care to every patient we serve. To achieve that, we focus on improving existing processes as well as creating new ones based on best practices. As a result, our patient outcomes in key quality indicators continue to improve.

### Central Line Associated Blood Stream Infection Rate (CLABSI)

Chair: Claudia Severson, RN, BSN, Manager, Cath Lab, Interventional Radiology, Vascular Access



Despite high utilization of peripherally-inserted central lines, St. Jude Medical Center maintains a very low rate of central line infections. For more than a year, 4 West, 2 Main, 2 West, 2 North and 3 North have kept a CLABSI rate of zero.

- All nursing staff participated in education on prevention of CLABSI
- Began evidence-based practice of daily chlorhexidine baths for all patients with central lines
- Audits on dressing change practices improved compliance
- Evidence-based practice "Scrub the Hub" successfully piloted on 5 North

### Patient Falls

Chair: Mary Oliver, RN, BSN, CPHQ, Patient Safety Supervisor



The number of inpatient falls in 2012 decreased by 12.7 percent and the fall rate fell to 2.6, below the Collaborative Alliance for Nursing Outcomes benchmark rate of 2.75. There was also a 25 percent reduction in falls with any injury (from 48 to 36).

- Spread best practice of bedside rounding on high risk patients to anticipate bathroom needs as well as the use of recordable Posey Elite chair alerts
- Developed "Sweet Dreams" project from published best practice to encourage non-pharmaceutical interventions to promote sleep and reduce falls related to sleep medications. Collaborated with medical staff to promote use of lowest dose for initial order for any new sleep medications for patients 65 years of age or older
- Created standard work to assess patient's risk for injury and implement fall mat to reduce falls—piloted on Step Down Unit (severity 3-5) decreased from 5 to 4 (20 percent reduction)
- Inpatient fall with any injury (severity 2-5) rate (per 1,000 patient days) decreased from 0.67 to 0.53 (20.9 percent reduction)

### Catheter Associated UTI Rate (CAUTI)

Chair: Tami Crosser, RN, BSN, CCRN, Manager, Cardiac/Step-Down Unit



- Efforts to reduce the use of indwelling catheters as well as CAUTI rate have been highly successful; the use of indwelling catheters has remained below the National Health and Safety Network benchmark for 10 out of the last 12 months. 3 North has maintained a zero CAUTI rate for almost two years
- 3 North nurses lead the way in creating excellence and improvement. A staff education program and a partnership with the ED and CCU to have catheters removed prior to transfer has contributed to the unit's continuing zero infection rate

### Hospital Acquired Pressure Ulcers (HAPU)

Chair: Julie Kim, RN, BSN, CMSRN, Manager, Medical-Surgical Unit



A multidisciplinary skin care team continues to develop and refine processes and care, creating a 1.5 percent HAPU rate for 2012. Working toward a goal of zero HAPUs, the team includes nursing, rehabilitation therapies, nutrition services, respiratory therapy and clinical information services.

- Team shared best practice of "4 Eyes in 4 Hours" at National Pressure Ulcer Advisory Council conference
- Improvements were made to skin assessment process and criteria for getting certified wound and ostomy nurses involved
- Used simulation lab to educate nursing staff on management of the wound vac and collaborated with dietary services to look at nutritional needs for patients at risk for skin breakdown
- Training and utilization of "skin resource nurses" assisted bedside nurses in refining their skills in assessing skin and identifying ulcer's stage
- Several best practices developed at St. Jude, including pressure ulcer documentation tools and a Skin Resource Tool Kit—which outlines policies, standard work, equipment and products for HAPU prevention—were adopted at ministries throughout the health system

## Structural Empowerment

Over 300 St. Jude Medical Center nurses participate in hospital-wide and unit-based councils as significant contributors in shared decision-making and improvers of patient care.

### Shared Governance Accomplishments

#### Collaborative Practice Council

- Successful recruitment of eight hospital-wide shared governance councils
- Facilitated the formation and linkage of other councils
- Became an avenue for communication between frontline staff and leadership teams

#### Education Council

- Created a metrics reporting calendar to gauge the status of education programs, use and successes
- Implemented a Return from Leave of Absence Education Planning Tool
- Developed a website evaluation tool as part of the process of making free CEUs available to all disciplines
- Improved Direct Observation Competency process

#### Nursing Practice Council

- Launched DAISY Award recognition program
- Created Joy Jones Scholarship to support and recognize National Certification completion
- Created standard work for labeling of patient belongings
- Collaborated with Falls Committee to improve "Falls Risk" assessment and documentation

#### Research Council

- Gel nail recommendations researched and presented to Nursing Leadership, CPC and CDC. Final report communicated to nursing leadership for dress code policy revision
- Evidence-based hourly rounding recommendations developed and presented to nursing leadership for possible implementation
- Poster presentation at GI Lab Open House highlighted research results of two GI RNs, linking hospital research to specific GI services provided
- "Show Me the Evidence" poster presentation

## Service Line Accomplishments

### Maternal/Newborn Services

Director: Shari Kelly, RNC-OB, BSN



- Established inpatient breastfeeding workshops to provide education and support for new moms
- Created “Cuddle Time,” a three-hour period during the day, to allow moms and dads time to bond with their new baby free of interruptions
- Introduced a grief cart to help parents who have sustained a loss, containing everything from a camera to teas to help dry up milk production. A perinatal loss committee was formed to further improve the support and services offered
- Developed new interactive tool for patient discharge—called “Ticket to Discharge”—which allows patients to participate in setting goals and next steps

### Surgical Services

Director: Joanne Bonnot, RN, MSN, NE-BC



- Implemented evidence-based practices of SJH safety initiative—a recent audit revealed 95 percent compliance, making St. Jude the top performer ministry-wide. Additional safety steps include pre-op checklist and surgical admitting safety processes
- Began use of ePreop, designed to simplify and improve communication between surgical patients, physicians and staff. The software integrates Touchworks, Meditech and screening information to provide a seamless transfer of patient data, allowing the review of patient history and labs by the anesthesiologist to take place the day before surgery. Expected to reduce costs and cancellations
- Introduced new minimally-invasive technology for vaginal removal of uterine fibroids, replacing hysterectomies with outpatient procedures

### Cardio/Neuro & Emergency Services

Director: Laura Ramos, RN, BSN



- This service line grew to include several new departments, including the Emergency Department, 3 North Cardiac Telemetry/Step-Down Units, Rapid Response Team, VAD team, Radiology specialty nurses and critical transport RN team

- Emphasis on cross-training helped create strong synergy between departments and positively impact patient care. Eighty-six nurses cross-trained in new skills, including Cardiac Telemetry to Step-Down, ED to Rapid Response, Critical Care to ED, Radiology to VAD, Cath lab to Prep-Recovery, etc.
- Critical Care and Step Down units developed the Healing Hour, an evidence-based practice to reduce patient anxiety, promote recovery, and improve patient satisfaction. The CCU also sustained a Ventilator Associated Pneumonia (VAP) free environment
- As a designated Stroke Receiving Center and referral center for surrounding hospitals, the Cath Lab’s volumes continued to rise. The introduction of the biplane brought life-saving technology
- The ED continues to work towards improving patient flow through a house-wide collaboration to identify and respond to triggers based on ED census. These triggers will initiate a standardized response from the ED and other departments to improve patient flow, decrease wait times, enhance patient satisfaction, and mitigate barriers that may lead to diversion
- As acuity has risen, so have Code Strokes, Code Sepsis, etc. The Rapid Response Team worked with bedside staff and physicians throughout the hospital to enhance expertise and support quality outcomes

### Medical/Surgical Services

Director: Tracey Larsen, RN, MSN, NE-BC



- The Innovation Unit on 2 West continued to research new evidence-based practices for use within the Northwest Tower. Established with IRB approval, the surgical unit carefully monitors outcomes as it experiments with new staffing models, including 4:1 patient to nurse ratios, 8-hour shifts and pod assignments, as well as team rounding and touchscreen electronic communication system
- In 2 Main, the target length of stay for patients with ischemic strokes was achieved through improved clinical pathway. Admission and surgery wait time was decreased for elderly patients with fractured hips
- 4 West decreased the volume of sleeping medications administered, and subsequent patient falls, through the development and use of non-pharmacologic “Sweet Dreams” interventions and order set revisions. Also implemented “3 Minutes at the Bedside” protocol to improve patient perception of time spent with nurse

- 5 North reduced the number of days patients had urinary catheters, creating a 60 percent reduction in catheter related infections. Education on “GIP Hospice” was completed and patient-family centered program implemented. Developed “Chemo Safe” area in med room to improve safety by preventing interruptions during RN/RN double check process

## Education, Professional Development & Research Accomplishments

Director: Jill Johnson, RN, NP, MSN



The Education, Professional Development and Research Team continued to support the integration of SJMC Professional Practice Model into clinical practice.

- 103 events in the Simulation Lab for all nursing and ancillary departments

- 42 Clinical Nurse IIIs advanced in September along with our first ever Clinical Nurse IV, accomplishing nearly 130 outcome-driven initiatives in nursing services
- Increased literature searches through the electronic library resources by 27 percent to over 850 per month
- Added 26 events to celebrate excellence including:
  - Quarterly St. Jude Express events, featuring informational booths celebrating the achievements of all departments
  - Monthly interactive, educational Center of Excellence cart rounds with staff
  - Shared Governance Christmas Social and Clinical Advancement Social shared successes, as well as research and innovation celebrations during hospital and nurses week
  - Four DAISY Award recipients recognized

## ST. JUDE MEDICAL CENTER PROFESSIONAL PRACTICE MODEL

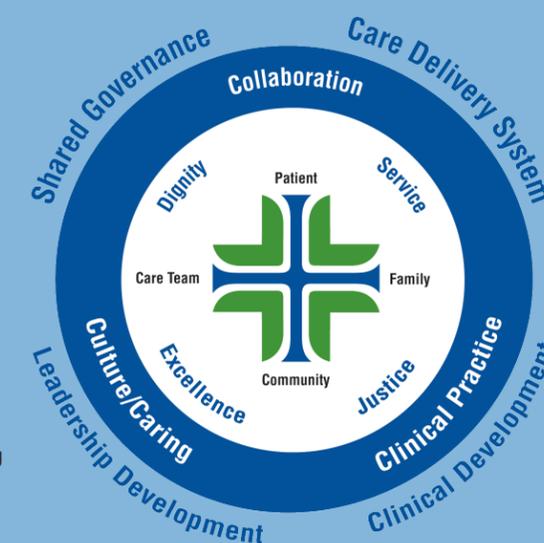
Describes how nurses practice, collaborate, communicate and develop professionally

### SHARED GOVERNANCE

Through shared decision-making, direct care providers guide and create continuous improvement for patient care.

### CLINICAL DEVELOPMENT

A culture of continuous learning promotes individual and team approaches to learning and performance validation, and dedicates resources to supporting professional growth.



### CARE DELIVERY SYSTEM

Individualized, patient and family-centered care supports Sacred Encounters, Perfect Care and Healthiest Communities.

### LEADERSHIP DEVELOPMENT

Because excellence requires competent leaders at the bedside, we promote leadership development opportunities for all clinicians.

