Leading the way to better health.

Nursing Annual Report
FY 2015
Transformational Leadership:

- Application submitted June 1, 2015.
- Steering and Steering Sub-Committees formed, and actively working to gather data, and write stories for submission by October 1, 2016.

Structural Empowerment:

- Our last 3 LPN’s completed school and received their degrees as Registered Nurses.
- 164 Nurses were hired in 2015.
- BSN and above prepared RNs increased from 47 in 2014 to 540 in 2015. This beat our goal of 55%, by reaching 58.9% of nurses with a higher degree in nursing.
- RNs certified in their areas of specialty increased from 56 in 2014 to 98 in 2015, beating our goal of 85 Certified RNs

Exemplary Professional Practice:

- Since inception of Daisy Awards we have presented 6 RN’s from Northlake and SL with this honor.
- The Employee of the Year in 2015 was Adel Baghdady, RN from Home Health.
- 13 Nursing Staff were nominated and elected as Employees of the Month in 2015.

New Knowledge and Innovation:

- Nursing Leadership had 5 Poster Presentations at numerous conferences in 2015, as well as 2 Podium Presentations.
- 15 Colleges and Universities with local and distant Schools of Nursing had Affiliate Agreements with Methodist Hospitals, Inc.

Empirical Nursing Outcome Measures:

- Patient Falls reduced by 58%
- 32% Reduction in CLABSI, CAUTI, Colon SSI, MRSA Bacteremia, and C-Diff. achieved.
- Improved Hospital Acquired Pressure Ulcers Stage II and above by 57% from 2014.
# Nursing Strategic Plan Accomplishments – FY2015

<table>
<thead>
<tr>
<th>Nursing Strategic Plan</th>
<th>Accomplishments to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 Strategic Plan Reviewed</td>
<td>✓ Completed with process review for key nursing outcomes and accomplishments</td>
</tr>
</tbody>
</table>
| Updated 2014 – 2017 Strategic Plan  
  • Goals set for Increase of BSN% of staffing  
  • Goals set for Increase Certification Rate | ✓ Achieved Goal of 55% BSNs -- 58.9% to date  
  ✓ Surpassed Goal of 84 for Certifications to 95 to date. |
| Transform the patient experience through Patient and Family Centered Care | ✓ Continue to reinforce the process for bedside shift report to include family in identifying care given, and discharge plans. |
| Submitted Application for MAGNET | ✓ June 1, 2015 document submitted |
| Implemented Best Practices in review of ALL nursing policies through evidence based research | ✓ All policies & Procedures must have evidence based research references, and submitted through Shared Governance for review and approval. |
| Implemented technology that enabled the point of care to improve clinical outcomes and make care delivery more efficient. | ✓ Capnography added to all procedural areas  
 ✓ Sim-manikins purchased for Competency testing of all RN Staff.  
 ✓ CPR Process – Web Based  
 ✓ Doppler Ultrasound, and Intra-vascular ECG confirming PICC placement for immediate use of central line. |
Strategic Planning

- The Nursing Strategic Plan is a broadly defined road map for creating Methodist Hospital’s desired future and the means to achieve it. Annual priorities are set by the Nursing Leadership, in alignment with system goals and objectives, including transformational goals for the future. With input from all levels of nursing, strategies and tactics are identified to achieve meaningful outcomes. Nursing shared governance councils and committees define action plans and carry out the strategic plan with guidance from and oversight by nurse executives at the hospital level.

2015 Strategic Imperatives are:

I. Market Leader in Quality Care

II. Culture of Safety

III. Professional Nursing Practice

IV. Excellent Patient, Customer and Physician Experience

V. Best Place to Work

VI. Stewardship

VII. Growth & Community Outreach
Nursing Philosophy

Nursing Mission:

“The Professional Nurse at Methodist Hospitals’ provides respectful and compassionate evidence-based care to our patients, families, and community.”

Nursing Vision:

“To be innovative caregivers committed to nursing excellence.”

The INURSE Values in which we provide care:

Integrity, Nursing Excellence, Unity, Respect, Scholar and Evidence-based Practice.

We believe that we provide exemplary nursing care to our patients, families, and community and we do this by providing care to “Every Patient, Every Day.”
Our nurses in action

Structural Empowerment
“......was like an angel – helping my husband get through his last days......helped me as much as it helped him......was a blessing to both of us.
(comment from a patient’s family letter)

Exemplary Nursing Practice
......stood out to us for not only her genuinely positive and compassionate attitude, but the ability to communicate the clinical knowledge to us in a way that we could understand and feel assured that our mother was in loving, capable hands.
(comment from a patient’s family letter)

Transformational Leadership
Professional Development Council
→ Finalized process of standardizing nursing uniforms, in effort to enhance role identification, and professionalism.
→ Rolled out Nursing Week Celebration with recognition of selected participants to be recognized.

Operations Council
→ Surgery checklist was revised and a TIP sheet detailing the revised checklist and OR status board was sent out to all nursing units, to help improve patients readiness for surgery.

Quality Council:
→ Serves as the peer review committee in addressing concerns with patient care and providing an avenue for improvement in process

Newly Opened Research Studies
• One Million Global Peripheral Intravenous Catheters – submitted 174 data sheets to international research study on care and maintenance of peripheral IV’s. (2015)
• The Effect of a Multifaceted Reminder Intervention on Nursing Documentation Completeness. (2015)
• Implementing an Inpatient Pain Diary. (2015)
• An Examination of Patient Satisfaction when Discharge Instructions are Provided Prior to Admission Using Retrospective Data analysis. (2015)
• The Effect of Intelligent Relationships on Patient Satisfaction with Nursing Care (July 2015)
• **Daisy Award Winners:**
Many healthcare facilities in nine countries are committed to honoring their nurses with the DAISY Award. This year Methodist Hospitals is proud to honor the following six nurses.

- LaTasha Lewis, RN, 5 West
- Clinton Chinn, RN, 4W3
- Patricia Bryan, RN, 2 West
- Becky Lackey, RN, Neuro ICU
- Valentine Sanchez, RN
- Michelle Jeffers, RN, 4W3

**NURSING EXCELLENCE AWARDS 2015:**
- Michael Drake, RN – Nurse Excellence, Radiology – Northlake Campus
- Cynthia Well-Rogers, RN – Nurse Excellence, Rehab – Southlake Campus
- Michael Williams, Tech, Outstanding Caregiver, ED – Northlake Campus
- Trasia Jones, CNA, Outstanding Caregiver, 4W3 – Southlake Campus

**EMPLOYEE of the YEAR, 2015:**
- Adel Baghdady RN, Home Health – Northlake

**EMPLOYEES of the MONTH:**

- **January, 2015** –
  - Tina Vaclavic, RN – Pediatrics
  - Linda Davis, HUP, 2W1

- **February, 2015** –
  - Christopher Bradley, Tech, ED
  - Debra Cole, RN – 5W2 IMCU

- **March, 2015** –
  - Gojko Blebic, RN, ED
  - Linda Hughes, LPN, Ortho Spine

- **April, 2015** –
  - Sherri Widemon, ED Tech

- **May, 2015** –
  - Tamika Banks, RN, 5 South

- **September, 2015,**
  - Cathi Vanderpool, RN, L&D

- **October, 2015** –
  - Yvonne Andros, RN, Ortho Spine
  - David Hartford, RN, Home Health - November, 2015,

- **December, 2015** –
  - Misty Buress L&D
  - Emily Nieto, RN, NNICU
2015 Educational Accomplishments

**2015 Poster Presentations:**

- Wiggins, Loretta RN, MSN, Manager Rehab Services, (2015) Presentation at AMPRA Conference, Nashville, TN. Integrating Rehabilitation Admissions for Better Outcomes (Patient receiving therapy 1st day of admission)
- Valentino, L. (2015), An examination of patient satisfaction scores when discharge instructions are provided prior to admission using retrospective data analysis. Poster session presented at Northwest Indiana Nursing Research Consortium, 23rd Annual Conference, Merrillville, IN
- Sarbenoff, J. (2015), Reducing Ventilator Association Pneumonia; A Two-Prong Approach. Poster Presentation presented at American Association of Critical Care Nurses National Teaching Institute, San Diego, CA

**2015 Presentation:**


**2015 Affiliate Agreements**

- 15 Colleges and Universities with local and distant Schools of Nursing

---

**LPN to RN ---**

**Congratulations to:**

- Kayonda Davis, RN – 4 West
- Keith Leigh RN - 3W3 Admission Unit
- Latoya Haggard RN – Case Management

**ADN to BSN:**

- Shawna Clemmons, RN 4W3
- Mahassine Benjellou, RN 5W2
- Sophiamma George, RN, 3W1
- Persis John, RN, 3W1
- Mary Hoffman, RN, Neuro Science

**BSN to MSN:**

- Christina Vlamos, RN, 4W1

---
Nursing Quality Outcome Measures

- 164 Nurses were hired in 2015

- House-wide rate of Primary Bacteremia was 0.03/100 pt. days, which represents a decrease by 9% from 2014.

- VAPs remained without incident in 2015.

- Bar Code Scanning of our Patients on administration of Medications met/beat target of 99.5% for FY 2015.

- Falls in Acute Care remained below target range of ≤ 3.58 for 10 out of 12 months in 2015.

- Falls in Rehab. Remained below target range of ≤ 5.0 for 10 out of 12 months in 2015.

- First Year Retention Rate was at 90.48%

- BSN and above prepared RNs increased from 47 in 2014 to 540 in 2015, reaching 58.9% of our nurses with a higher degree in nursing, beating our goal of 55%.

- RNs certified in their areas of specialty increased from 56 in 2014, to 98 in 2015. This beat our goal of 85.
<table>
<thead>
<tr>
<th>Nursing Initiative 2015</th>
<th>Outcome Measures - 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reduce the number of patient falls to show 40% reduction as measured by Quality Department.</td>
<td>• Patient Falls reduced by 58%</td>
</tr>
<tr>
<td>• Decrease the occurrences of CLABSI, CAUTI, Colon SSI, MRSA Bacteremia and C. Diff with a 30% reduction vs. baseline as measured by NHSN.</td>
<td>• 32% Reduction achieved.</td>
</tr>
<tr>
<td>• Reduce readmission rate by 10% for AMI, HF, PN, COPD and Total Hip Arthroplasty as measured by Premier.</td>
<td>• Readmission Rate decreased by 5% Missed goal.</td>
</tr>
<tr>
<td>• Reduce Employee turnover rate to 14% as measured annually.</td>
<td>• Turnover rate for 2015 21% - Missed goal.</td>
</tr>
<tr>
<td>• Maintain department operating expenses per unit to 100% as measured by Lawson budget reports.</td>
<td>• 97.15%. Missed Goal</td>
</tr>
<tr>
<td>• Improve the results to the threshold level in 8 of 8 domains for HCAHPS.</td>
<td>• 6 of 8 domains met threshold or better. Goal missed.</td>
</tr>
<tr>
<td>• Improve Hospital Acquired Pressure Ulcers, Stage II and above by 30% from 2014</td>
<td>• Improved Hospital Acquired Pressure Ulcers by 58% from 2014</td>
</tr>
<tr>
<td>• Increase Nursing Retention Rate to 90% for 2015</td>
<td>• Nursing Retention Rate for 2015 @ 78.69%. Missed Goal.</td>
</tr>
<tr>
<td>• Maintain Bar Code Scanning @ 99.5% or greater as measured by EPIC.</td>
<td>• Bar Code Scanning for medications achieved 99.5% with 100% Patient Scanning for 2015.</td>
</tr>
<tr>
<td>• Maintain Restraint Doc. / 24 hr. Order compliance @ 100% for 2015.</td>
<td>• Restraint Doc./Order Compliance @ 95.2% for 2015. Missed Goal</td>
</tr>
<tr>
<td>• Maintain Blood Transfusion Documentation @ 100% for 2015.</td>
<td>• Blood Transfusion Documentation remained at 100% for 2015.</td>
</tr>
<tr>
<td>• Maintain VAP/VAE @ ZERO as measured by NHSN.</td>
<td>• ZERO VAPS/VAEs in NL and SL ICU and SL Neuro ICU.</td>
</tr>
</tbody>
</table>
2016 Nursing Goals

• Reduce readmission rate by 10% for AMI, HF, PN, COPD, and Total Hip Arthroplasty as measured by Premier.

• Reduce Employee turnover rate to 14% as measured annually.

• Improve the results to threshold level in eight of eight domains for HCAHPS Survey.

• Increase Nursing Retention Rate to 90% for 2016.

• Attain and maintain Restraint 24 hour Order / Documentation @ 100% for 2016.

• Meet documentation submission to ANCC deadline for MAGNET

• Decrease in the occurrence of HACs, including CLABSI, CAUTI, Colon SSI, MRSA bacteremia, total abdominal hysterectomy and C-Dif measured by % reduction vs baseline by NHSN

• Achieve budgeted Med/Surg LOS of 5.54

• Decrease in the occurrence of Hospital Readmission rate to threshold level of performance for AMI, HF, PN, COPD, Stroke and Total Hip Arthroplasty and Total Knee Arthroplasty as measured by Pepper. 2016 TEMPLATE