2009-2010 Nursing Achievements

Table of Contents

2009-2010 Nursing Achievements Cover ................................................................. 1
Our Nurses Practice the Art and Science of Nursing .............................................. 2
Magnet Designation Triggers Congratulations ...................................................... 3
Above and Beyond Magnet Status is our Exemplars .............................................. 4
   What Is an Exemplar? ......................................................................................... 4
Exemplar Recognition ............................................................................................ 5
Nursing Supports Leadership Development .......................................................... 6
   Building On Our Leadership: Developing Exemplars ...................................... 6
   New Opportunities! ............................................................................................ 6
Supporting Additional Nursing Education ............................................................. 7
   Utilize Exemplary Advanced Education Opportunities .................................... 7
   Other Opportunities! ......................................................................................... 7
Service to the Community ...................................................................................... 8
   Exemplar Opportunities and Recognition ......................................................... 8
   Other Opportunities! ............................................................................................ 8
Workplace Safety for Nurses .................................................................................. 9
Affiliations with Schools of Nursing, Consortums, or Community Outreach Programs ........................................................................................................... 10
   Exemplary Nursing Affiliations Reach Community ........................................... 10
   Opportunities .................................................................................................... 10
Above and Beyond Magnet Status is Improving Deficiencies ......................... 11
Pilot Site for Peer Review ...................................................................................... 12
How Do You Get Fall Data to Start Falling? ......................................................... 13
Strengthening Governance .................................................................................. 14
Growing Research and Evidence-based Practice ................................................. 15
   Research and Evidence-based Practice Resources .......................................... 15
Do It For Yourself and Your Patient: Certifications and Advanced Education Levels ................................................................................................................. 16
Measuring Quality Outcomes: Clinical Reliability Index Goal Met .................... 17
Magnet Expects Press Ganey Scores to Exceed the National Benchmark .......... 18
   2009 Nursing Executive Summary Dashboard ............................................... 18
In Our Hands: Providence Nursing Identity is our Heritage and Future .......... 19
   Providence St. Peter Hospital Nursing Vision ............................................... 19
Back Cover ............................................................................................................ 20
2009-2010 Nursing Achievements

In Our Hands
Providence Nursing Identity
is our Heritage and Future

Sarah Boyles, RN, BSN, CPAN, Post Anesthesia Care Unit
Looking back this past year, what shines above and beyond the accomplishments of individual nurses, unit-based councils, nursing councils and nursing driven projects, is a guiding theme that these achievements reflect the reason Providence St. Peter Hospital achieved Magnet® status. Our nurses’ accomplishments radiate from them each day as they practice the art and science of nursing. Our nursing identity firmly rests within our nurses’ hands.

We joined the ranks of the top four percent of hospitals in the nation by earning the coveted Magnet recognition from the American Nurses Credentialing Center® on the centennial year of the death of the foundress of nursing – Florence Nightingale. The Magnet Recognition Program® recognizes the top health care organizations in the nation and around the globe for providing nursing excellence. Only two other hospitals in Washington State are recognized at this prestigious level.

Nurses developed our case for achieving Magnet status over the past six years, including a rigorous evaluation of nursing sensitive data, practices and nursing-driven projects to ensure they benchmark against the highest in the nation.

Our nurses excelled at showing Magnet appraisers a glimpse of nursing at Providence during a three-day site visit from the American Nurses Credentialing Center. The Magnet surveyors interviewed patients, hospital staff and community partners to assess the exceptional quality of nursing care delivered by Providence nurses. This achievement book captures just a glimpse of our nursing identity at Providence St. Peter Hospital.
Magnet Designation Triggers

Congratulations

The official designation came in the form of a phone call from the American Nurses Credentialing Center on January 28, 2010 to a crowded room of Magnet champions and nursing leadership. Magnet champions carried the news to their peers prior to a house-wide page by Connie Huber, RN, BSN, MBA, FACHE, Vice President of Operations/Chief Nursing Officer. The announcement of designation not only triggered congratulations from within our own Providence ministries and our community partners, but also hospitals from across the nation and even the far reaches of Beirut Medical Center, Beirut, Lebanon.

“It is a privilege to represent our 877 nurses at PSPIH. Everyday they touch the hearts of our patients and our community with their skill and caring. And now their work is being recognized at a national level.”

Connie Huber, RN, BSN, MBA, FACHE
Vice President of Operations / Chief Nursing Officer
Above and Beyond

Magnet Status is our Exemplars

Attaining the most prestigious designation in the nursing field is an honor that took our nurses’ hard work, dedication and determination to address 188 components in a written narrative, data submission and an intensive three-day site review. What is less known, is the American Nurses Credentialing Center, at their discretion, can bestow exemplars in addition to Magnet status. Nursing at Providence St. Peter Hospital received five exemplars. What is an exemplar?

What is an Exemplar?

O ur Professional Development Council has given voice to our hospital’s definition of an exemplar through our Professional Development portfolio where several activities require a written exemplar. An exemplar is a significant clinical example or narrative description of an incident, which serves as a model of excellence in nursing practice. An incident in which you feel your intervention really made a difference in a patient outcome, or interdisciplinary collaboration, an incident that you think captures the quintessence of what nursing is all about. Simply put, an exemplar is “the best of the best” as it serves as a model for others to reflect or incorporate.

“I attribute my success to this – I never gave or took any excuse.”

Florence Nightingale
The following five Magnet components were recognized by the American Nurses Credentialing Center as exemplary. Chronicling the quality and depth of each of these exemplars through this achievement book provides our nurses a way to reflect. This self-reflection process enhances the art and science of our nursing identity. The exemplars were awarded not for one particular example, but for the quality and depth our strong nursing identity demonstrates in these areas. The exemplars covered here are examples to provide insight for our nurses to consider how they fit into contributing to our collective Providence nursing identity.

**PSPH:**

- Supports leadership development, performance management, mentoring activities and succession planning for nurses.
- Sets expectations and supports nurses at all levels who seek additional formal nursing education.
- Supports and recognizes the participation of nurses at all levels in service to the community.
- Has structures and processes in place and used by the organization to improve workplace safety for nurses.
- Has affiliations with schools of nursing, consortiums, or community outreach programs.
Nursing Supports

Leadership Development

Leadership in nursing is not defined by position or title. Leadership is a nurse precepting a new nurse or taking the role of charge nurse, to the Chief Nursing Officer advocating on behalf of nursing within the organization. Both are equally valued. Leadership is defined by the value of the nurse’s capacity to contribute to the organization.

A multitude of leadership opportunities are in place for nursing participation at all levels in the organization. Connie Huber, Vice President of Operations/Chief Nursing Officer ensures each year events focusing around leadership are available to equip nurses with the capacity to be leaders. One example is creating time allotted for managers, directors and educators to participate in Leadership Development Institute sessions, mission retreats and succession planning. Managers, directors and educators attend these programs to learn methods and tools to support their staff. And, in 2009 direct care staff attended Charge Nurse Meetings, preceptor programs, mentor programs, Crucial Conversation classes and Heritage Tours to grow their leadership skills.
Supporting Additional Nursing Education

The Nursing Strategic Plan calls for 50 percent of registered nurses to be prepared at the Bachelor of Science in Nursing level by 2014. Our BSN rates for 2009 ranged from 33-35 percent on a quarterly basis. We believe our new Magnet status will help close this gap in two ways. First, there has been an increase in the number of nurses holding an advanced degree applying for positions. Second, staff continue to utilize our continuing education opportunities. In 2009, 35 nurses were enrolled in the on-site BSN program with a graduation date in 2011. The program is a partnership PSPH forged with the University of Washington-Tacoma to provide on-site formal education.

Utilize Exemplary Advanced Education Opportunities

- University of Washington-Tacoma BSN Program
- Tuition assistance
- Nurses in school or possess a BSN receive points for the Professional Development Program

Other Opportunities!

- University of Great Falls Montana online BSN Program
- Units receive points for their BSN percentage for the Distinguished Unit Award

Suzanne Upfield, RN, Intermediate Care Unit and Research and Evidence-based Practice Council member, cleans a patient’s incision to prevent infection. As a student in the on-site BSN program, she is following the hospital’s Research and Evidence-based Practice Algorithm. Based on her successful EBP group project on “Improving Wound Care for Open Hearts” to reduce surgical site infections, Upfield is now applying to the Washington Internal Review Board for a research study.
The call to serve the poor and vulnerable is deeply rooted in our organization’s heritage and our vision affirms expectations of service to the community. Nurses participate in service to their community in all manners. From collecting powdered milk for children, donating socks for a men’s homeless shelter to walking in the Thurston County Relay for Life. What is special is nurses often seek ways to use their skill and expertise as a nurse in their volunteer activities.

Family Birth Center nurses were the core volunteers for the 2009 H1N1 Free clinics held December 4-8, 2009 at the Olympia Union Gospel Mission. The project was nursing driven with nurses outside the Family Birth Center also volunteering. As the only volunteers licensed to screen and give injections, this was a unique opportunity for nurses to vaccinate 290 uninsured and homeless people at high risk for getting the H1N1 flu. When the Center for Disease Control supplies were accidentally returned, the PSPH Pharmacy and Employee Health and Wellness departments helped pull together needed supplies at the last minute. Family Birth Center nurses also provided the clinic with more than 300 “flu kits” (containing tissue, Tylenol and hand wash), donated water bottles and personal hygiene items.
Workplace Safety for Nurses

A culture of safety is imbedded at Providence St. Peter Hospital. Employee Health and Wellness has a full-time employee dedicated to ergonomic analysis and education. Karla Meyer, RN, BSN, fills this role with a passion to give back to other nurses by helping integrate ergonomic skills into their practice. Keeping the nurse safe and healthy directly keeps the patient safe. Nurses have become more empowered since Meyer has begun her role in 2007 and have options in the way to move the patient. Our high level of safety creates a bond of trust in the nurse patient relationship.

Meyers has a special ergonomic insight during her daily rounds to observe nurses practicing their care to keep their patients safe. Looking back on 2009, Meyers is proud of the Employee Health and Wellness’ focus on bariatric safe patient handling through a bariatric Accelerated Clinical Transformation (ACT) Grant for the Providence system. The grant has facilitated education, nursing working with other disciplines to create a bariatric protocol and hiring a bariatric clinical educator.

Karla Meyer, RN, BSN, works with Med-Renal Unit nurses, Heather Lindsey, RN, and Angie Hansen, RN, BSN, providing real-time education and coaching on patient lifts. Meyer is available to nurses through her daily rounds to answer questions or assist in patient turning or lifts.
Exemplary Nursing
Affiliations Reach
Community

- New Market Skills Center
- South Puget Sound Community College
- University of Washington-Tacoma
- Maternal Child Health Education

Opportunities

- Volunteer to teach a skills lab
- Provide presentations
- Serve as a Job Shadow Mentor

Affiliations with Schools of Nursing, Consortiums, or Community Outreach Programs

Affiliations with schools of nursing, consortiums and community outreach programs are often a symbiotic relationship meant to close the nursing shortage gap. One partnership is with the New Market Skills Center Professional Medical Program. Students complete all course work, participate in a 50-hour clinical internship, are eligible to become Washington State Nursing Assistant Certified and earn up to 23 college credits. The 2009 partnership had 50 students in the program with 43 passing their certified nursing assistant exam and 43 enrolling in a nursing program. The program is one step on the pathway to foster youth in the community to enter health care fields.

A position that can be most uniquely filled by a nurse, in recognition of the high demand of nursing instructors to teach the next generation of nurses, Providence St. Peter Hospital employs Linda Wilder, RN, CNOR, and Judy Burchett, RN, MSN, as clinical instructors to teach the program as part of this partnership.

Judy Burchett, RN, MSN (front) and Linda Wilder, RN, CNOR (back), PSPH Clinical Instructors at New Market Skills Center, teach a class of medical program students.
Above and Beyond

Magnet Status is Improving Deficiencies

The magnet site visit provided an opportunity for an external review of our organization which showed us what we might not be aware of or reaffirms gaps we have already identified.

Magnet reported two ways to improve:

- Nurses at all levels should routinely use self-appraisal performance review and peer review, including annual goal setting, for the assurance of competence and professional development.

- Nursing sensitive indicator data for falls aggregated at the organization or unit level should outperform the benchmark statistic of the national data base used.

In addition, we have identified the following areas that nurses (through charge nurse meetings, nursing retreats or other nursing forums) would like to show improvement:

- Strengthening shared governance
- Research and Evidence-based Practice including publishing
- Increasing certification and education level of staff

“We were none who were discontented with what they have, the world would never reach anything better.”

Florence Nightingale

In Our Hands
We discovered nurses at all levels do not routinely use self-appraisal performance review and peer review, including annual goal setting, for the assurance of competence and professional development.

To close this gap, the Professional Development Council accepted an invitation from Department of Health Nursing Commission to serve as the pilot site for the new state-wide competency assessment project for licensure renewal. The Professional Development Council, the Nursing Commission and the Surgical Acute Unit representatives developed the peer review and self-reflection documents. Council members developed the documents by gathering staff and clinical manager feedback along with completing a review of other hospitals’ peer review documents. The pilot documents are incorporated into the nurse’s annual review to create a structure to foster consistent implementation.

The council created a pre-test and post-test to measure the impact of the pilot project. Upon pilot completion, the council will publish their work in collaboration with the Washington Department of Health Nursing Commission to share with other Washington hospitals. The decision to move from the pilot phase and expand to other units will be decided by the council and managers based on the outcome of the pilot.

The Peer Review Pilot provides the opportunity for nurses to engage both the Nursing Practice Professional Practice Model and the Patient Care Delivery Model.
Despite the very noteworthy efforts at improving fall rates, which Magnet commended us on, our fall rates aggregated at PSPH still do not outperform the benchmark statistic of our national database.

Fall prevention is an issue across the nation with no easy solution. We focused on building the foundation for fall prevention through education in 2009. The Fall Prevention Team became its own separate committee from the Patient Safety Committee to facilitate a change in practice.

The Fall Team created tools to facilitate this practice change. A Fall Fair, an education roll-out on new policy was held, highlighting the practice of screening patients for falls and a new assessment for completion in electronic documentation, along with a paradigm shift in determining who is at risk for falls. The creation of a Fall Intervention Algorithm identifies potential fall prevention interventions, and identifies patients who are at risk for serious injury if they do fall, with specific interventions mandatory to protect the vulnerable elderly patients. Data indicates protection of the most vulnerable patients was accomplished in 2009 by no falls with moderate or greater injury after the education roll out.

The 2010 goal is to expand unit-specific education developed by the unit-based councils as to why specific populations have different risk factors for falling, what they are, and a process for educating our patients and staff to prevent falls.

How Do You Get Fall Data to Start Falling?

Julie Ellis, RN, BSN, Surgical Short Stay Unit, served as the main lead for the Fall Team in organizing the Fall Fair for employee education on fall prevention.

Julie Ellis, RN, BSN, Surgical Short Stay Unit, works with Carol O’Hare, RN, BSN, Med-Renal Unit, on new fall prevention techniques.
Strengthening
Shared Governance

Shared governance is sharing decision-making responsibilities. Direct care nurses are involved in formal and temporary committees when patient care decisions are made such as the Nurse Staffing Committee or Root Cause Analysis (RCA) Committee. The next step is to forge stronger unit-based and nursing council structures to enable nurses to more actively participate in organizational decision-making to create shared governance.

The Professional Development Council selected Dr. Gregory Crow, EdD, RN to speak at the 2010 Nursing Congress on shared governance. A road map for strengthening council structures will be developed based on principles presented by Dr. Crow.

If you are not already a member, we encourage you to join a nursing council or your unit-based council. Each council will be assessed for the following to implement shared governance principles:

- Defined common purpose
- Shared responsibility among all members
- Open, trusting communication and relationships
- Individual and group empowerment
- Ability to make decisions
- Outcomes

Dodie Ness, RN, Family Birth Center, completes patient education with a new mom. Ness is a member of the Family Birth Center’s unit-based council “Customer Service Improvement,” or CSI, whose goal is to increase patient satisfaction. Patients are the impetus for change. Together staff, managers and educators develop programs like the Family Birth Center’s discharge video or the “Hello Baby” patient education book.
A culture of nursing research and evidence-based practice to achieve optimal patient outcomes aligns with our Magnet status. To maintain our designation, we must develop and foster this culture. Nurses have mastered evidence-based practice implementation and are moving into research.

Magnet hospitals are known for ensuring top patient outcomes by embracing, utilizing and conducting nursing research. PSPH is the only Magnet hospital in Washington that is not affiliated with a teaching university where research is a norm. Because research is only introduced during basic nursing undergraduate education, it creates a challenge for many nurses. The goal is for nurses, unit-based councils or nursing councils is to conduct research with the same competency they exhibit in evidence-based practice (EBP). The next step to then generate new knowledge by doing our own nursing research and share through publication.

What is the Difference?
EBP is a problem-solving approach which involves the conscientious use of the current best evidence to make a decision about patient care. EBP can solve day-to-day clinical issues, questions or problems.

Research is the systematic investigation to answer one specific question. This includes research development, testing and evaluation designed to develop new, or contribute to, generalized knowledge.

“To understand God’s thoughts one must study statistics... the measure of his purpose.”

Florence Nightingale

---

Research and Evidence-based Practice Resources

- Linda Montgomery, RN, BSN, MN, Evidence-based Practice Mentor
- Research and Evidence-based Practice Council
- Mary Ann Kovarik, RN, BSN, Clinical Research Coordinator
- Nursing Research and Evidence-based Practice Algorithm
- “How Do Studies Enter PSPH?” Algorithm
- Mosby Consult and Mosby Nursing Skills
- Isaac Huffman, Clinical Librarian

The Emergency Center is focused on starting research. Gillian Spencer-Schadt, RN, Research and Evidence-based Practice Council member, recruits Jessica Sandstrom, RN, to join the Emergency Center’s research project on hypothermia in trauma patients.
Do It for Yourself and Your Patient: Certifications and Advanced Education Levels

Approximately 22 percent of PSPH nurses (192) are certified. Certification is an affirmation of knowledge and experience in a specialized skill-set. We believe more staff hold certifications that are not being recognized. Any nurse regardless of position or number of certifications can bring a copy of the certification to Human Resources for inclusion for recognition purposes. The Nursing Strategic Plan calls for 50 percent of nurses to hold nationally recognized nursing certifications by 2014.

Education levels for Bachelor of Science in Nursing (BSN) currently are at 35 percent. The Nursing Strategic Plan calls for 50 percent of registered nurses to be prepared at the BSN level by 2014.

Certification and Advanced Education is Rewarding and Results in:
- Personal growth
- Professional accountability to stay current with national standards
- Improvement of patient care
- For eligible recognized certification, a $1 per hour stipend
- Certification is mandatory for Professional Development Program (PDP) eligibility and BSN students or staff can earn PDP points. Successful applicants receive a $3,000 bonus at the Leader level or a $4,000 bonus at the Researcher level.
Measuring Quality Outcomes

Clinical Reliability Index Goal Met

The PSPH Clinical Reliability Index is a Providence System metrics measuring our core quality indicators falling under four major categories: Heart Attack, Heart Failure, Pneumonia and the Surgical Care Improvement Project. PSPH met the 2009 goal right at 92 percent.

**Infection Control Goals**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce overall surgical site infection rates for inpatients</td>
<td>1%</td>
</tr>
<tr>
<td>Meet Department of Health Requirements for ventilator associated pneumonia reporting</td>
<td>Report 1 Reported</td>
</tr>
<tr>
<td>Prevent transmission of Vancomycin Resistant Enterococci in hospital</td>
<td>Less than 0.96</td>
</tr>
</tbody>
</table>

Progressive Care Unit nurses work at the nurses’ station: (Left to right) Kathleen Crossen, RN; Sharen Clay, RN; Katrina Metcalf, RN, BSN; and Neyse Zmudka, RN.

“I think one’s feelings waste themselves in words; they ought all to be distilled into actions which bring results.” – Florence Nightingale
Magnet Expects Press Ganey Scores to Exceed the National Benchmark

Providence St. Peter Hospital submits quarterly data to Press Ganey, a national data base company, along with more than 10,000 other health care organizations. The data is produced by responses from patients answering surveys after discharge, enabling PSPH to measure against other hospitals and improve quality of care. Providence St. Peter Hospital ended 2009 by meeting or exceeding the national benchmark for the national mean on five of the nine questions in the nursing category.

<table>
<thead>
<tr>
<th>Nurses Questions</th>
<th>PSPH Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendliness/courtesy of the nurses</td>
<td>91.8</td>
<td>91.8</td>
</tr>
<tr>
<td>Nurses’ attitude toward my requests</td>
<td>89.5</td>
<td>89.0</td>
</tr>
<tr>
<td>Skill of the nurses</td>
<td>90.7</td>
<td>90.7</td>
</tr>
<tr>
<td>Amount of time to bond with your baby</td>
<td>94.5</td>
<td>92.9</td>
</tr>
<tr>
<td>Nurses educate me regarding my condition/care</td>
<td>85.4</td>
<td>84.3</td>
</tr>
</tbody>
</table>

2009 Nursing Executive Summary Dashboard

The following categories are quality indicators whose scores met or exceeded the goal for every 2009 quarter.

<table>
<thead>
<tr>
<th>2009</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of two patient identifiers</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
<td>98%</td>
<td>95%</td>
</tr>
<tr>
<td>Allergy bands present</td>
<td>97%</td>
<td>96%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Allergy bands accurate</td>
<td>97%</td>
<td>99%</td>
<td>95%</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Likelihood of recommending hospital</td>
<td>76th</td>
<td>80th</td>
<td>77th</td>
<td>76th</td>
<td>75th</td>
</tr>
</tbody>
</table>

Lizz Todd, RN, Neuro Unit, performs a stroke assessment. All Neuro Unit nurses hold a National Institute of Health Stroke Screening Certification as a part of our designation as a Stroke Center.
In Our Hands

Providence Nursing Identity is our Heritage and Future

As Providence nurses we are committed to the good work of the Sisters of Providence and to serve their mission. Each of us has been called to bring compassionate care to those in need, especially the poor and vulnerable.

Our nursing excellence will continue to blossom as we move into the future and draw strength from the unity of our nurses as People of Providence - deeply rooted in our history – with a deep sense of belonging and caring for our patients.

Take forward with you the words of Florence Nightingale to reflect on our accomplishments and opportunities as you care for your patients,

“When I am no longer even a memory, just a name, I hope my voice perpetuates the great work of my life.”

Providence St. Peter Hospital Nursing Vision

Guided by the core values of the Providence Health & Services, the community of nurses of St. Peter Hospital provide exceptional nursing care, top-rated patient satisfaction and excellent clinical outcomes in a healing, nurturing, and collaborative environment – for nursing is Sacred Work on Holy Ground.
“Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter’s or sculptor’s work; for what is having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God’s spirit? It is one of the fine arts: I had almost said, the finest of fine arts.”

Florence Nightingale