Table of Contents

Message from the CNO 2
Hospital Demographics 3
A Tribute to St. Joseph Nurses 4
Shared Leadership 5
Transformational Leadership 6
Reducing 30-Day Re-admission rates for AMI 7
Structural Empowerment 8
Exemplary Professional Practice 11
New Knowledge Innovations & Improvements 14
Certified Nurses 16
Clinician 3 & Clinician 4 17
Colleagues,

It is with great pleasure that we present our 2014 St. Joseph Medical Center Nursing Annual Report. A strong commitment to advocacy, leadership, compassion, high-quality patient care, and the overall nursing profession exemplifies how the nursing staff performs at our hospital. These traits were demonstrated during our Magnet® site visit earlier this year which resulted in our receiving our third Magnet re-designation. The Magnet appraisers praised our team for the collaboration of all professions to ensure patient safety, the full integration of our mission within the organization, the strong leadership of the CNO and CEO, and strong nursing engagement throughout the hospital.

Healthcare delivery and knowledge is in an ever-changing, fluid state and the key to ensuring patient safety is to remain abreast of current findings and successes. Learning and instilling successes from other organizations and literature helps to create a safe environment for all we serve, which Magnet supports. Achieving a Magnet designation demonstrates the continuing effort of nurses and signifies the importance of Magnet within an organization.

This report highlights the extraordinary work of our nurses and the impact they have made to our patients and their work environment.

Deb Ohnoutka
BSN, MHA, NEA-BC, RN
Chief Nursing Officer
St. Joseph Medical Center
St. Joseph Medical Center

St. Joseph is a 310-bed facility providing a wide range of acute care and outpatient services, from a 24-hour Emergency Department to state-of-the-art cardiovascular care.

St. Joseph has earned the Magnet® designation from The American Nurses Credentialing Center for excellence in nursing services. The Stroke Center at St. Joseph has earned the American Heart Association/American Stroke Association’s Get with the Guidelines® - Gold Plus Quality Achievement Award. The Breast Center is a nationally recognized leader in breast MRI biopsy. The accredited Chest Pain Center utilizes the industry’s best practices in cardiac care services to ensure patients get the treatment they need during the critical early stages of a heart attack.

| Licensed Beds | 310 |
| Inpatient Admissions | 9,938 |
| Patient Days | 45,115 |
| Average Length of Stay | 4.6 days |
| Outpatient Visits | 97,664 |
| Number of Surgeries | 4,979 |
| Emergency Room Visits | 31,819 |
| CMI | 1.61 |

**Number Employed:**
- RNs | 459 |
- PCAs (UAPs) | 78 |
- Total Employees | 1126 |
- RNs with BSN or Higher | 74% |
- RNs with certification | 25% |
A museum dedicated to the nursing profession opened at St. Joseph Medical Center on November 12, 2014. The opening was celebrated with a small ceremony. The museum project began over six years ago. As the museum progressed, project updates were sent to more than 450 members of the community. The purpose of the museum is to display the historical contributions nurses have made to patrons of St. Joseph and to exhibit the evolution of the nursing profession since St. Joseph was first opened by the Sisters of St. Joseph of Carondelet. The museum was funded through various retired and working nurses of St. Joseph; however, Mr. Richard D. Rees (widower of a previous patron) was the primary contributor.
Structure Providing Professional Growth

Having a strong shared leadership structure is essential for professional growth and staff engagement. The shared leadership councils must include staff from all areas of the hospital to ensure collaboration for best practice and optimal outcomes. Horizontal decision-making groups are an accountability-based professional organizational structure in which the practicing professional shares authority, responsibility and accountability for patient care and the work environment. During the most recent Magnet® site visit, the appraisers expressed the importance of representation from multiple areas within the hospital on appropriate shared leadership council groups.

St. Joseph Medical Center has dedicated one week each year to recruiting members for various shared leadership councils. Stations are set up at different times and places throughout the week to encourage participation with the councils. Members of the retention council volunteer their time to help with recruiting. The last two days of recruiting are spent in the parking lot asking other professionals to join councils as they walk into work. As a result, St. Joseph has experienced a 5 percent increase in membership.

<table>
<thead>
<tr>
<th>Council Name</th>
<th>Number of Representatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinating Council</td>
<td>16</td>
</tr>
<tr>
<td>Clinical Informatics</td>
<td>24</td>
</tr>
<tr>
<td>Practice Council</td>
<td>27</td>
</tr>
<tr>
<td>Professional Development Council</td>
<td>20</td>
</tr>
<tr>
<td>Research Council</td>
<td>15</td>
</tr>
<tr>
<td>Retention Council</td>
<td>32</td>
</tr>
<tr>
<td>Staffing and Finance Effectiveness</td>
<td>21</td>
</tr>
<tr>
<td>Unit Practice Council</td>
<td>Varies by unit</td>
</tr>
</tbody>
</table>
Nurses as Leaders

In 2010, the Institute of Medicine presented a report entitled, “Future of Nursing: Leading Change, Advancing Health”, that provided eight evidence-based recommendations to improve healthcare by examining the future of nursing. These eight recommendations claim nurses, as the largest employed profession in healthcare, have an opportunity to influence healthcare outcomes and can make an impact by acting as leaders in various forums. Empowering nurses at all levels to act as leaders is at the heart of the transformational leadership paradigm.

Deb Ohnoutka, CNO, provides opportunities and empowers nurses at all levels to engage in leadership experiences. She is actively involved with the Missouri Action Coalition and took four clinical nurses with her to the Missouri Action Coalition Summit in Jefferson City. During the summit, nurses gained a rich knowledge of challenges facing the nursing profession and barriers to practicing to the fullest extent of their education. The nurses were tasked to work on leadership projects that they were able to apply in the clinical setting and present their projects in various forums.

References:
With healthcare costs on the rise, a nationwide push to decrease costs has made healthcare providers and administrators rethink how to best provide optimal healthcare while decreasing cost. St. Joseph Medical Center developed a multidisciplinary team called Healthy Transitions to help decrease 30-day readmissions for congestive heart failure (CHF) patients. The team developed and implemented multiple strategies to decrease 30-day readmissions for the CHF patient and later expanded their efforts to include acute myocardial infarction (AMI) patients.

The AMI Healthy Transitions team is led by Judy Switzer, BSN, RN, inpatient personal heart advocate. Judy analyzes all patient troponin levels >0.6 throughout the hospital and begins the process after she has determined the patient has experienced an AMI. The elements that have led to the success of the program are listed to the right.

Interventions:
- Patient and patient family members are provided with written (binder of documents) and verbal education.
- Judy ensures patient is discharged with the following medications: ASA, beta blocker, statin (LDL >100); ACE or ARB (EF <40%), complying with core measure requirements.
- Patient’s nurse and Judy provide a comprehensive discharge education and plan for discharge, which is initiated at the time the patient is diagnosed.
- Two nurses perform medication reconciliation before discharge.
- Follow-up doctor appointments and cardiac rehabilitation initial appointment (orientation) are made prior to discharge (10-14 days after discharge).
- Pertinent medical and demographic information is faxed to the nearest cardiac rehabilitation facility, per patient choice, prior to first patient appointment.
- Continual collaboration with case managers occurs.
- Judy performs a follow-up phone call (1-3 days after discharge).
  - Clarifies current medications.
  - Reminds patient and/or patient family about follow-up appointments.
Honoring Our Nurses

Every year during Nurses’ Week, the St. Joseph Retention Council organizes, plans, and participates in a full week of activities including dessert deliveries to the night shift by the CNO, distribution of gifts from the nurse manager, “White Wednesdays”, “Quarter Century Club” recognition dinner and a nursing awards ceremony. The nursing awards ceremony is filled with energy and excitement used to honor nurses and team members who demonstrate excellence. Nurses are recognized for their contributions to the profession, their team and excellent patient care. The ceremony recognizing nurses is also shared with physicians and other professional teams within the organization. The categories for the nursing awards include two scholarship awards for novice nurses (practicing less than one year), two nurse residency awards (for those involved in the program), three RN excellence awards, rookie of the year award, two preceptor/coach/mentor awards, humanitarian/service award, two patient care associate/tech awards (for unlicensed assistive personnel), two unit secretary awards, nursing team of the year, interdisciplinary team of the year, nurse manager of the year, and two physicians of the year.

Nominations for the awards open in early April, responses are collated and distributed to a team representing all levels of nursing. The award recipients are chosen based on the number and content of the comments received from those whom nominated the candidate. This ceremony is an excellent opportunity to openly and publicly demonstrate the value of nursing and the support they receive from other disciplines in the hospital.
Nurses Week Award Winners

Janet Reese Education Scholarship Award
Paula Zapolnik (Float Pool)

Adam Baker New Graduate Scholarship Award
Amanda Summers (Oncology Unit)

Versant Subject Matter Expert
Kathy Gutteridge (IV Infusion)

Versant Preceptor of the Year
Sonia John (Med/Surg Unit)

RN Nursing Excellence Awards:
Chris Coddington (OR)
Nick Kromnacker (IV therapy)
Vonny Reed (ICU)

Rookie of the Year Award:
Amber Bowers (Surgical Unit)

Preceptor/ Coach/ Mentor Awards:
Joette Cusumano Baker (Med/Surg Unit)
Nancy Walrafen (Oncology Unit)

Humanitarian/ Service Award:
Anne Marie Gaynier (Emergency Dept.)

Patient Care Associate/ PCT/ Tech Awards:
Shawn Long – ED Tech (Emergency Department)
Rita Patel-Alspach – Surgical Tech (OR)

Unit Secretary Awards:
Sheila Harper (Med/Surg Unit)
Colleen States (Surgical Unit)

2014 Team of the Year
3 West (Medical/Surgical Unit)

2014 Interdisciplinary Team of the Year
Security

2014 Manager of the Year Award
Candy Quillin (Outpatient Services)

2014 Physicians of the Year
Kari Farris, DO (Obstetrician)
Karen Johnson, DO (Hospitalist)
Bringing the FON to Life: Integrating a Nurse Residency Program into Practice

The Future of Nursing Report, released by the Institute of Medicine in 2010, provided eight evidence-based recommendations with the purpose of producing an "action-oriented blueprint for the future of nursing". One of the recommendations included instituting a nurse residency program for new graduates. The program aims to transition new graduate registered nurses into the clinical setting over a period of time, while the new nurses gain competencies and enhance their clinical reasoning skills. St. Joseph Medical Center assessed existing nurse residency programs that offered the most comprehensive, reliable, and valid package that enables a smooth transition from the new graduate nurse to an advanced beginner stage. The Versant® residency program fit the St. Joseph culture and met the criteria needed to meet our goals of retaining new graduate nurses.

The first cohort of the RN residency program began in February, 2013. This cohort had 12 new nurse graduates with each graduate paired with one preceptor throughout their 18-week orientation. During their orientation period, the resident program incorporated a weekly two-day, eight-hour didactic training and two days of clinical orientation. Toward the end of the orientation period, they were able to choose their mentor who would be a long-standing mentor and resource to them using a method similar to “speed dating”. Each of the available mentors was questioned by each of the residents and the residents chose their mentors based on their personalities and fit.

The program has been very successful. The new nurse turnover rate has decreased dramatically and new nurses have a rich experience during their orientation period. Data are continually being assessed to evaluate the success of the program and the results are astounding.
Exemplary Professional Practice

It Takes a Village
– Interprofessional Team Decreases Falls

Background:
• There were a total 105 falls in 2012 at St. Joseph Medical Center
• Only 48 percent of all falls at St. Joseph in 2012 scored high enough to implement the falls protocol
• There were 18 falls with injury at St. Joseph
• Of these falls, two were deemed serious safety events
• Total cost to St. Joseph related to the falls with injury was nearly a half million dollars in legal fees.

Intervention:
Education was delivered in, February, 2013, to all nursing, physical therapy, and volunteer staff.
• Generally Accepted Performance Standards (GAPS) signed by care staff (checklist)
• Protocol Checklist to be followed on all in-patients
• Inserted a falls assessment field to allow RNs to use clinical judgment
• Falls Prevention agreement signed by all patients upon admission
• Standardized color for patients identified at HIGH Risk:
  ■ YELLOW for booties, wrist band and all signs, stickers, and magnets
• Debriefing after a fall to be completed before the end of shift
• Elimination of Ambien >5mg after 22:00.

Committee Members:
• Nurse Managers
• Staff RNs
• Plant Services
• Respiratory Therapy
• Pharmacy
• Chief Medical Officer
• Physical Therapy
• EVS
• Workman’s Compensation

St. Joseph experienced a 15 percent decrease in falls during the first year of implementation. Efforts remain to keep fall rates low and increase patient safety at the organization.

Results:
• Total falls in 2013 were 97
• Fall rate decreased by 15 percent
• Patient falls deemed “at risk” increased to 81.4 percent.
Improving RN Satisfaction

The National Database of Nursing Quality Indicators® (NDNQI) states the RN Satisfaction Survey is a validated tool that aids hospital leaders in “identifying needs of the RN staff, improve the work environment, and enhance retention and recruitment” (2014). In the past few years, the nursing leaders at St. Joseph Medical Center have chosen to use the Practice Environment Scale offered by NDNQI to conduct the RN satisfaction survey. The 2008 Magnet® application manual required hospitals to outperform the mean at the hospital level, unit population, or on a majority of units at the unit level.

The results of the 2012 RN satisfaction survey indicated St. Joseph outperformed the mean in 11 of the 21 units; however, did not outperform at the hospital level. These results were shared with the CNO, Nurse Managers, Nursing Directors, and Magnet Champions. In units that did not outperform the mean in at least three of the categories, managers and staff were asked to create an action plan with tactics to improve the work environment. Nurse managers added staff requested content to their monthly staff meetings, more education about Shared Leadership groups was delivered, new equipment was purchased in areas of the hospital, and nurse managers rounded on staff and patients. Shortly before beginning the 2013 survey time, results from the 2012 were again shared with all nursing staff and participation in the survey was highly encouraged.

The results of the 2013 survey indicated a dramatic improvement. At the hospital level in 2012, St. Jospeh outperformed in two of the five categories. In 2013, St. Joseph outperformed in four of the five categories at the hospital level. The improvement came as a result of directly engaging nurses in the decision-making process, having increased manager visibility, and sharing the previous year’s results.
Improving RN Satisfaction continued

### Job Enjoyment Results

<table>
<thead>
<tr>
<th>Year</th>
<th>Job Enjoyment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>58.65</td>
</tr>
<tr>
<td>2012</td>
<td>54.91</td>
</tr>
<tr>
<td>2013</td>
<td>59.45</td>
</tr>
</tbody>
</table>

New CNO Started June 2011

### RN Satisfaction 2012 & 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN - MD Interactions</td>
<td>3.10</td>
<td>3.27</td>
</tr>
<tr>
<td>Staffing and Resource Adequacy</td>
<td>2.65</td>
<td>2.77</td>
</tr>
<tr>
<td>Mgr Leadership, Ability, and Skills</td>
<td>2.85</td>
<td>3.13</td>
</tr>
<tr>
<td>Nrsng Foundations for Quality of Care</td>
<td>3.03</td>
<td>3.15</td>
</tr>
<tr>
<td>RN Participation in Hospital Affairs</td>
<td>2.90</td>
<td>3.07</td>
</tr>
</tbody>
</table>
School of Nursing Poster Fair

In efforts to promote nursing research with local schools of nursing, St. Joseph Medical Center’s nursing research council hosted its inaugural school of nursing poster fair. St. Joseph invited a few nursing students from Avila University’s School of Nursing. Three students from the School of Nursing presented their posters to nursing staff during their lunch time. The nursing students took their semester project and presented in the form of a poster presentation which allowed them to learn and demonstrate the research process, including their PICO (population, intervention, comparison, outcomes) question in the poster.

The titles for each poster were “Yoga: Mind, Body, and Soul”, “Lost in Translation”, and “Donor Milk vs. Formula.” The poster entitled, “Yoga: Mind, Body, and Soul” described the many positive effects of yoga on the body, mind, and spirit. The student included the physiological effects yoga plays on the body. “Lost in Translation” examined the communication barriers when caring for patients whose primary language is not English. “Donor Milk vs Formula” stated donor milk, although not widely practiced, is a better alternative to formula.

The poster fair prompted the nursing research team to explore expanding the fair to include additional schools of nursing. The next poster fair is scheduled for the spring semester and will include four other schools of nursing.
Impact of Computerized Charting for Nurses

Background
Computerized charting has become an inevitable component of hospital nursing practice and is included in Meaningful Use for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program (HITECH Act, 2009). Nurses influence compliance with Meaningful Use by meeting two of the 15 core objectives from Stage 1, maintaining a current medication list and maintaining a list of medication allergies. As other stages of Meaningful Use roll out, nurses will increase their influence on various outcomes related to EHR documentation.

Purpose
The purpose of this study was to determine a baseline measure of nurses’ perceptions of the impact on patient care, as it relates to charting, using a DOS-based computer charting system and the time used for specific charting practices (initial assessment, reassessment, and medication administration (including patient/family education).

Methods
A descriptive study design was used to assess nurses’ perceptions of the current electronic charting system for computerized charting. A non-mandatory survey was sent out via Survey Monkey to all nurses who perform patient care charting at St. Joseph. Survey responses were completely anonymous. Data were calculated using the Survey Monkey data analysis function. There were nine survey items using a 5-point Likert-scale ranking and seven questions with individualized answers, including open-ended questions for qualitative analysis. The goal was to obtain a sample of 100 nurses.

Results
There were 137 participants included in the survey responses with some missing data. The results including main highlights from the survey and time study are presented below (1-5 scale, 1=lowest; 5=highest).

Implications
Barcode Medication Verification (BMV) has been fully implemented and “smart pumps” will soon be integrated into practice. After the “smart pumps” have been fully implemented and users are comfortable with the process, another observational study will be performed to measure differences in time used to administer medication and assess any improvements. Medication errors will be an additional metric used to assess improvements.

### Item Average Score

<table>
<thead>
<tr>
<th>Item</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The current electronic charting system does not influence our workload.</td>
<td>1.96</td>
</tr>
<tr>
<td>Overall, I am satisfied with the current charting system.</td>
<td>2.12</td>
</tr>
<tr>
<td>Navigation of the electronic health record is efficient.</td>
<td>2.15</td>
</tr>
<tr>
<td>Patient care is enhanced by using the electronic health record documentation.</td>
<td>3.27</td>
</tr>
</tbody>
</table>

*1-5 scale 1=strongly disagree; 5=strongly agree*

### Charting Type Average Time (min)

<table>
<thead>
<tr>
<th>Charting Type</th>
<th>Average Time (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment</td>
<td>4.9</td>
</tr>
<tr>
<td>Re-Assessment (focused)</td>
<td>3.9</td>
</tr>
<tr>
<td>Med. Administration</td>
<td>10.1</td>
</tr>
</tbody>
</table>
Certified Nurses

Certified Nurses Day

Each year we celebrate our certified nurses by honoring them with their name on a plaque hung on their unit, a rose, and a banquet. Members of the senior team recognize and thank them for their commitment to delivering great patient care.

Data Quality
- Sarah Hoyt, CCDS
- Viki Maclean, CCDS
- Kathleen Daniels, CCDS

Diabetes
- Kathleen Daniels, CCDS
- Catherine Parkhurst, CDE
- Nancy Mack, CDE

Educators
- Val Dame, RN-BC
- Lisa Guthrie, CNSRN
- Cheryl Dickey, CRN
- Karen Schremp, CRN

ER
- Laurie Schulz, CEN
- Lonnie Raining, CEN
- Courtney Whipple, CEN
- Aaron Mills, CEN
- Connie Marker, CEN

Float Pool/IV Team
- Dana McReynolds, CRN
- John (“JD”) Melech, CRN
- Debra Hinkle, CRN
- Cynthia Rutherford-Fishman, CRN

GI Lab
- Pam Stuart, CRGN
- Cindy Dean, CRGN
- Connie Teig, CRGN
- Lisa Minter, CRGN

Healthy Beginnings
- Susan Dana, IBCLC, LCCE, RNC
- Ali Worthington, IBCLC
- Kim Danaher, IBCLC
- Jill Voth, IBCLC

Interventional Radiology
- Julie Suppenbach, RCNB
- Patty Vada, CRN
- Melissa Randolph, IRN

L&D
- Marilyn Kreimer, RCN
- Ginni Steele, RCN
- Mary Reinkemeyer, RCN-QB

Mother Baby
- Carrie Heyboer, RNC-MNN

OR
- Louann Huffman, CNOR
- Dolores Blanks, CNOR
- Tami Betz, CNOR
- Mary Thun, CNOR

Outpatient Infusion
- Kathy Gutteridge, OCN
- Judy Daehling, OCN

PACU
- Teresa Kearney, CPAN
- Mariene Roether, CAPA
- Janet Woulfe, CAPA
- Rebecca Doane, CPAN

Pain Clinic
- Mandy Hocker, CNS-Adult Health
- Terry Brown, RNC

Performance Improvement
- Paige Woodring, CPHRM

Preadmissions
- Linda Fisher, ORTHO

Professional Practice
- Jamie Myers, AOCNS

Stroke Center
- Nissa Fisher, CCRN
## Clinician 3 & Clinician 4

**Clinician 3**
- Kelly J. Argubright
- Nicole L. Avery
- Margaret H. Beck
- Christine A. Blurton
- Deanna L. Briant
- Rebecca M. Brown
- Terry L. Brown
- Natalie S. Camacho
- Beverly J. Carnelia
- Jennifer A. Culross
- Joette L. Cusumano
- Mary Danser
- Cynthia K. Dean
- Lindsey M. Decker
- Stephanie H. Dembricki
- Ruth A. Dempsey
- Linda M. Fisher
- Pamela J. George
- Amanda L. Hocker
- Louann Huffman
- Paula C. Ising
- Sonia L. John
- Ashley N. Kastler
- Kristina L. Manning
- Helen J. Maupin
- Mary Beth Mecca
- Kimberly A. Mills
- Lisa D. Minter
- Anne R. Naulty
- Teresa A. Pettet
- Melissa D. Randolph
- Dana L. Reed
- Vonny J. Reed
- Kim Elisabeth Reger
- Mary C. Reinkemeyer
- Jacki L. Richardson
- Craig M. Rowe
- Michelle J. Scheffler
- Sally L. Schneider
- Chelsea E. Shupe
- Carlene S. Sowle
- Pamela S. Stuart
- Julie A. Suppenbach
- Annie N. Tamayo
- Connie Teig
- Catherine J. Thomas
- Vicki J. Townsley
- Sr. Margaret Vincent
- Shirley Wittebort
- Michelle C. Youngdoff
- Tamela S. Betz
- Mary K. Bloom
- Donita K. Crow
- Editha C. Deguzman
- Deborah C. Goodwin
- Kathleen Gutteridge
- Janice A. Huffman
- Susan S. Ling
- Nancy C. Mack
- Kristina L. Nelson
- Catherine D. Parkhurst
- Deborah Stewart
- Patricia M. Voda

**Clinician 4**
- Donita K. Crow
- Editha C. Deguzman
- Deborah C. Goodwin
- Kathleen Gutteridge
- Janice A. Huffman
- Susan S. Ling
- Nancy C. Mack
- Kristina L. Nelson
- Catherine D. Parkhurst
- Deborah Stewart
- Patricia M. Voda
- Donita K. Crow
- Editha C. Deguzman
- Deborah C. Goodwin
- Kathleen Gutteridge
- Janice A. Huffman
- Susan S. Ling
- Nancy C. Mack
- Kristina L. Nelson
- Catherine D. Parkhurst
- Deborah Stewart
- Patricia M. Voda