

# NURSING ANNUAL REPORT

## FY 2016



*Building relationships by listening to your concerns and taking appropriate action.*

**RESPECT**

*Connecting compassionately by understanding and focusing on your needs and making them my priority.*

**CARE**

**I Promise**

**COMPETENCE**

*Being reliable by sharing my talents, compassion and bringing comfort to all.*

**JOY**

*Showing recognition by honoring your individuality and serving you in the manner of St. Francis.*



**HSHS**  
**St. Anthony's**  
**Memorial Hospital**

# NURSES PROMISE TO MAKE A DIFFERENCE

~ EVERY PATIENT | EVERY TIME ~



# NURSING 2015: A YEAR IN REFLECTION

Over the past year, our organization has embarked on the I Promise commitment. Led by our CEO Theresa Rutherford, we commit to make a difference at each and every interaction we have on a daily basis. In addition to our I Promise commitment, our nursing colleagues have made the commitment of “Reflection.” Reflection is the process of exercising a review of your own thoughts and actions with discernment about the decisions that create positive outcomes. Nurses practice critical thinking skills every day and “reflection” of these skills is a constant way to learn about how to improve and identify new ways to accomplish tasks as well as learn from our mistakes. A front line nurse’s reflective voice has much power to impact the care of our patients and their families.

Shared governance and Unit Based Councils have expanded our ability to change our culture by expanding the voice of nurses throughout the building. Whether that be in one department or in conjunction with several departments, our continued efforts to improve patient care have been evident through the expansion of performance improvement projects and safety initiatives. Through the use of simple technology, we have accomplished real time self-reflection utilizing videotape to improve the effectiveness of rounding and bed side shift report. All of these gave opportunity to better our performance both clinically and personally.

As we move into the accomplishments in the coming pages, I look back on our journey and how we have risen as a team through self-reflection and everyday discernment. Your commitment continues to carry forward our mission by changing unintended consequences into continuous performance improvement that reaches those we care for.

It is my honor to serve you as Chief Nursing Officer and work together on our performance and commitment to our patients and this community.



Kelly Sager RN, BS, MHA  
Chief Nursing Officer





# NURSING TAKES NEW STEPS TOWARD NURSING EXCELLENCE WITH SHARED GOVERNANCE

St. Anthony's shared governance structure has been in place since August 2012. Unit Based Councils are the core structure for nursing shared governance. They provide a critical forum to give all direct-care nurses an opportunity to participate in shared decisional processes and outcomes specific to the needs and activities of the unit.

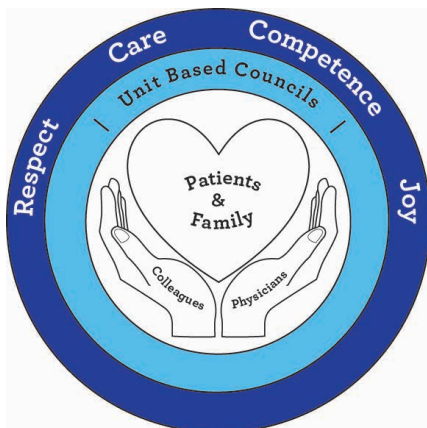
The Management Council supports the organizational structure of unit-based shared decision making. The Management Council meets frequently and consists of Unit Based Council chairs, nursing directors and managers. The Management Council and Unit Based Councils have been instrumental in advancing the professional practice of nurses at St. Anthony's.

## UNIT BASED COUNCIL CHAIRS:

Ashley Davis | Women's Wellness  
 Cindy Einhorn | Wound Care  
 Carol Gapsis | Pastoral Care  
 Sarah Geen | Physical Rehabilitation  
 Rachel Hall | Radiology  
 Laura Koester | Guest Services  
 Nichole Locke | Diagnostic Centers/Convenient Care  
 Ashley Martin/Kate Weber | Cardiology  
 Sara Mathis | Intensive Care Unit  
 Adrian Nowitzke | Surgical Services  
 Sarah Schumacher | Emergency Department  
 Beth Spannagel | Home Care  
 Kim Sparling | Women & Children's Care  
 Jackie Wright | Registration  
 Shannon Wright | Quality Assurance  
 Tara Wright | Medical/Surgical

The Management Council is led by Angela Kelly.

*There are 90 colleagues currently serving on a Unit Based Council!!*



*Emergency Dept UBC -- Sarah Schumacher, Chair*



*Medical/Surgical UBC -- Tara Wright, Chair*



*Women's Wellness UBC -- Ashley Davis, Chair*



*Surgical Services UBC -- Adrian Nowitzke, Chair*



*Women & Children's Care UBC -- Kim Sparling, Chair*

# CULTURE OF SAFETY RESULTS DRIVE AN IMPROVED HAND-OFF PROCESS IN PATIENT CARE

SBAR is a tool used to frame hand-off conversations that require immediate attention and action. It clarifies what information should be communicated among members of the team and how it should be communicated. It develops teamwork and fosters a culture of patient safety. The tool consists of standardized prompt questions within four sections, to ensure that staff is sharing concise and focused information. It allows staff to communicate assertively and effectively, reducing the need for repetition. The tool helps staff anticipate the information needed by colleagues and encourages assessment skills. Using SBAR prompts staff to formulate information with the right level of detail.

Use of the acuity tool in conjunction with the SBAR form ensures patient safety and valuable communication among staff.

This year the patient acuity tool was developed due to an identified need to continually plan staffing based not only on the number of patients but their acuity level as well.

The intervention applies an acuity "score" to each patient, a score of "1" being an independent patient with little to no needs from the nurse versus a score of "19" being the highest possible acuity level according to the intervention.

The intervention is to be charted on admission and at 0300, 1100, 1900 and as needed. A patient's acuity score can and will change throughout their hospital stay. The Acuity Report prints at 0400, 1200, and 2000. It is timed this way so the Charge Nurse has the most updated information for staffing huddles which occur at 0430, 1230, and 2030.

The acuity score is taken into account when making patient assignments. The patient load for nursing will not change but the way patients are assigned may be adjusted based on acuity levels.

**Acuity Tool**

☐ Level 0 ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4

Level 0= Up ad lib, VS Q Shift

Level 1= Q4hr monitoring, (Vital Signs, Neuro checks, Blood Glucose monitoring, I & O), Foley, Minimal assist of 1, Bedside Procedures performed 2Xs/Shift (Suctioning, Dressing Changes)

Level 2= Post Procedural/Surgical Routine Post op Vital signs, I&O, Neuro Checks and Dermatomes, PICC/Central Line blood draws 2X/shift, NG, Incontinent (Continuous, Incentive Spirometry), Bolus Tube Feeding, Tube Feeding Care, Telemetry, Assist with ADLs (Partial Care, Assist with Bath, Set up meals)

Level 3= Total Care, Bedside Treatment taking 15-30 min (Trach Care, Ostomy care, Drain care), Wound/Skin care or complex positioning (requires assist of 2, CPM device), C-Spine Precautions, Traction, Isolation, Feeder, CBI, Fall Precautions (History of Falls, Hendrich score of less than 5)

Level 4= Acute BiPap, Vent, Bedside Treatment taking more than 30 min (Physician assisted procedure, Dressing change, LP at bedside, Bone marrow), High Fall Risk (5 or greater Hendrich score, Frequent interactions more than 1 X /hr for safety, Temp Pacemaker, CVP monitoring every 1-2 hours)

Complicated Procedures/Activities

**S** Situation/Chief Complaint: \_\_\_\_\_

Arrived from: Home NH Assisted Living Other \_\_\_\_\_

Code Status: Full IL DNR Written DNR \_\_\_\_\_

Allergies: \_\_\_\_\_

Isolation/Other precautions: \_\_\_\_\_

Tic Sheet: MI PN Sepsis SCIP CHF TIA DVT/PE COPD \_\_\_\_\_

Language other than English: \_\_\_\_\_

Other important information: \_\_\_\_\_

**B** Pertinent Health History: \_\_\_\_\_

Home Meds: With Patient See NH Sheet Other: \_\_\_\_\_

Cardiac Enzymes: Time: \_\_\_\_\_ Result: \_\_\_\_\_ Next draw due: \_\_\_\_\_

Significant Abnormal Labs: \_\_\_\_\_

Significant Abnormal Imaging: \_\_\_\_\_

Critical Values: \_\_\_\_\_

Other important background information: \_\_\_\_\_ MD Notified? Yes No

**A** Mental Status: A/OX3 Confused Drowsy Combative Unresponsive

Initial VS: BP / T P R SPO2 \_\_\_\_\_

Current VS: BP / T P R SPO2 \_\_\_\_\_

Abnormal Assessment Findings: \_\_\_\_\_

CBG: \_\_\_\_\_

Medical Equipment: NG Tube Foley Chest Tube Restraints CPAP/BiPAP \_\_\_\_\_

Swallowing difficulties? Yes No \_\_\_\_\_

Fall risk? Yes No \_\_\_\_\_ Social Issues? \_\_\_\_\_

IV Site: \_\_\_\_\_

Pain on arrival \_\_\_\_\_ Current pain level \_\_\_\_\_

Last pain medication given \_\_\_\_\_

Other medications given \_\_\_\_\_

O2: \_\_\_\_\_

Telemetry: \_\_\_\_\_

Wounds/Open Areas: \_\_\_\_\_

Recommendations based on nursing judgment: \_\_\_\_\_

Need for assist on arrival to floor? \_\_\_\_\_

Pending labs/treatments: \_\_\_\_\_

Any other important information: \_\_\_\_\_

**R**



# EDUCATION AND RESEARCH

## EMMI

Emmi is a communications partner focused on patient education. Emmi's multimedia programs are a series of animated, online programs that walk patients through important information about a health topic, condition or procedure.

Emmi offers a variety of education-based articles that cover topics such as pre-surgical preparation, chronic condition management, medication and much more. Plain language is used to ensure information is easy to understand and retain. Emmi programs and articles are designed to supplement information patients receive during their office visits or hospital stays. Emmi articles have been proven to:

- Reduce the amount of time staff spends answering questions
- Add value to existing educational resources
- Improve customer service and patient satisfaction
- Increase quality of care
- Promote patient safety and mitigate malpractice risk

The first Emmi program was issued through Surgical Services in November 2014. There has been a steady growth in the number of programs issued from 139 programs in December 2014, to 2,069 programs issued in July 2015. As of December 2015, St. Anthony's has issued 13,715 programs to our patients. 1,825 programs have been started and 1,399 programs completed with a current 90 day start rate of 23%.

## BEDSIDE SHIFT REPORT

This year, ICU standardized bedside shift reports by creating a document that passes from one shift to the next. The evidence-based practice of doing shift reports at the bedside provides for streamlined and timely communication. The shift report form is filled out by the nurse who admits the patient then each nurse who cares for that patient documents any significant events. Use of the new report touches on four main areas: Improving communication, safety of the patients, improving patient satisfaction, and saving time.

Nursing staff has noted increased efficiency from shift-to-shift and during leader rounds. Patients and families comment on how much they like bedside shift report and inclusion in their care. Other nursing units have also taken the initiative to implement a modified version of this form.

## CCRN CERTIFICATION

CCRN certification is one of the specialty credentials that can be achieved by a nurse in the field of acute and critical care. CCRN recognizes advanced knowledge and clinical expertise in the care of acutely and critically ill patients and their families. CCRN certification signals that a nurse has been acknowledged by peers as being among the very best in acute/critical care nursing.

Tracy Wollin, RN, MSN, recently attained Acute/Critical Care Nursing (CCRN) certification from The American Association of Critical-Care Nurses (AACN) certification corporation. She successfully completed the nationally-recognized exam for nurses who provide direct bedside care to acutely and/or critically ill patients.



# EDUCATION AND RESEARCH

## EDUCATION CENTER

Every year the Education Center at St. Anthony's offers a variety of continued education classes. The purpose of these classes is to provide education on evidence-based principles that colleagues can apply to their practice here at St. Anthony's.

In 2015, six different classes (in addition to life support classes) were offered. A total of 473 CE credits were given to 412 attendees. This number is second only to St. John's for hospitals in our system.

Since July 2015, classes that provided continuing education included:

## SEPSIS EDUCATION

A total of 151 colleagues working on the inpatient nursing units, OB, the Emergency Department and ICU attended this education.



## CLOSTRIDIUM DIFFICILE

This class was offered as part of the Readmission Collaborative to our local physician offices and also to our own colleagues.

## TIME-OUT PROCESS

One hundred ninety-two (192) colleagues attended education on an improved time-out process. The time-out process ensures patient safety during invasive procedures.

Future CE offerings will include Safe Patient Handling, Wound and Skin Care and other items as needs are identified.

## LIFE SUPPORT

Continuing Education is provided for the life support classes offered at St. Anthony's. BLS, ACLS and PALS classes are offered at the cost of the life support card only for colleagues and for a small fee for others. In July, August, September, and October we provided BLS recertification to 84 people, ACLS certification to 41 people and PALS certification to 25 people.

## STUDENTS

St. Anthony's continues to host many groups of students for their clinical experience. We receive nursing students from Lakeland, Olney and Lakeview Colleges of Nursing and serve as a clinical site for both RNs and LPNs. In the Fall 2015 semester eight separate groups of students did clinicals on our Med/Surg, ICU, and ED units for a total of 73 nursing students. In addition to nursing students we provide a great clinical experience for the local high schools Health Occupations class. Student groups and instructors comment about the positive experience they have based on the acceptance and assistance by our colleagues on the nursing units.

In addition to being a clinical site for nursing programs in the area, St. Anthony's colleagues also serve on the advisory committees for Illinois Eastern Community Colleges – OCC Nursing Programs, Lake Land College Nursing Programs, and Eastern Illinois University's BSN Completion Program.

*"The character of the nurse is as important as the knowledge they possess."*

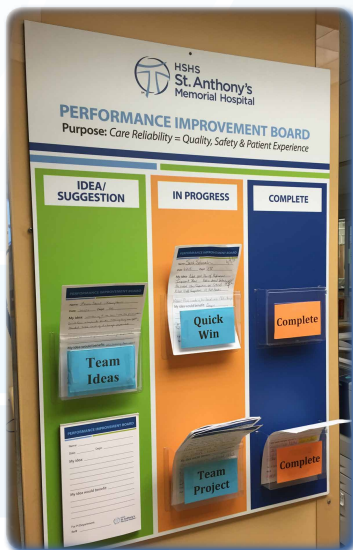
*—Carolyn Jarvis*



# TEAMWORK

## PERFORMANCE IMPROVEMENT BOARDS

Performance improvement boards were added in all nursing areas and other departments within the hospital. Colleagues have the opportunity and are encouraged to offer suggestions and solutions for process/performance improvement.

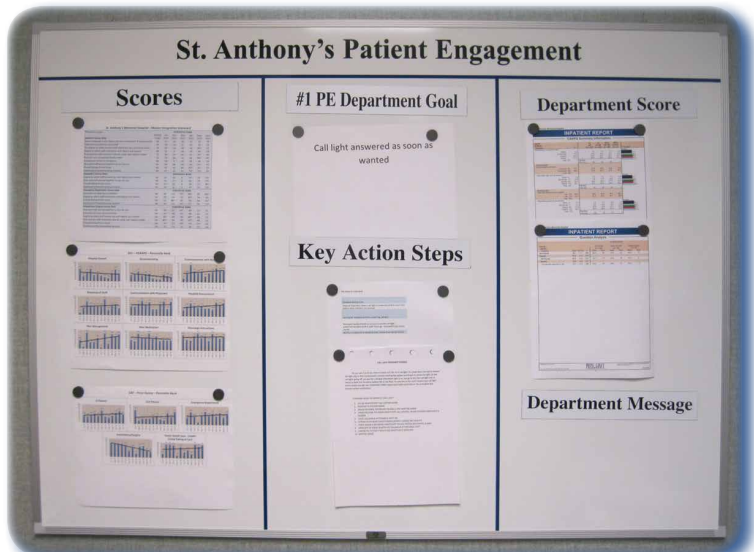


## DAILY SAFETY HUDDLES

Daily safety huddles are held for managerial colleagues, charge nurses and facilitators representing every department within the hospital. Topics discussed are census, hands at the bedside, patient acuity, high risk patients, safety and security concerns, observation status, and productivity. In addition, elements of colleague engagement are addressed including lessons learned, good catches, and topic of the day. Safety huddles are held four times throughout the day. Those attending safety huddles then report back to their department at a daily department huddle. Daily safety huddle information can be accessed by all colleagues and physicians by using the Huddle Report icon on any hospital computer desktop.

## COMMUNICATION BOARDS

All areas of the hospital implemented standard communication boards. All boards are posted with HCAHPS scores and department patient engagement goal information so that all colleagues review the same information.



## WOUND CARE

Healogics, Inc., St. Anthony's partner in wound care management, recently presented the Wound Healing Center staff with the "TEAM" award. The award recognized the team's collaborative efforts in wound care. A second award, the "ACE" award, was presented to Jeremiah Roberts, LPN, Hyperbaric Oxygen Therapy Safety Director, for attitude, character, and enthusiasm.

Tory Buhnerkempe, RN, and Patsy Lilly, RN, from the hospital's Wound Healing Center, achieved Certified Wound Care Associate designation from the American Board of Wound Management (ABWM).

Recently Patsy Lilly was named as one of seven nationwide finalists of the Healogics "Mary Cook Nurse of the Year Award" and winner of this award in the Midwest region. The award is named after Mary Cook, RN, who was a wound care pioneer and employee of Healogics. It is annually awarded to a dedicated, skilled, and compassionate Nurse Manager whose commitment to the patient and improvement in wound care is at the forefront of everything they do.

Congratulations to our exceptional Wound Healing Center team!







## WOMEN AND CHILDREN'S

This year Women and Children's Department staff have focused on ways to elevate the experience, quality and safety of the patients they serve.

Department staff is working to achieve Baby Friendly accreditation. This global program is a comprehensive, detailed and thorough journey toward excellence in providing evidence-based maternity care with the goal of achieving optimal infant feeding outcomes and mother/baby bonding.

The Unit Based Council developed standard work that contributes to the consistency and safety of all patients, physicians, and staff. Nurses continue hourly rounding, bedside reporting, and shift-to-shift huddles; these endeavors contribute to increased communication among team members which leaves patients feeling more involved and satisfied with their care.

Some of the department's accomplishments this year include naming of a department Facilitator and the addition of two Certified Lactation Counselors.

- Alison Stephens was promoted to the Facilitator position. Alison had been a staff nurse in Women and Children's since 2007. In her new role Alison supports and assists the Director of Women's Services. She will focus on education of the department, standardization of work, and collaboration between staff and physicians.
- Recently two additional nurses achieved certification as Certified Lactation Counselors (CLC) bringing the number of nurses with this certification to eight. This certification signifies the nurse has demonstrated the necessary skills, knowledge, and attitude to provide breastfeeding counseling and management support to families.

## DEPARTMENT FOCUS

### PHARMACY – ANTIBIOTIC TIME-OUT



This year, our partners in Pharmacy implemented an Antibiotic Time-Out process. This process optimizes antimicrobial stewardship by ensuring the appropriateness of antibiotic usage for broad spectrum antibiotics that are continued 72 hours after the initial order.

Through our Antibiotic Time-Out process and in conjunction with our IV to PO process we have been able to de-escalate 132 broad spectrum antibiotics, discontinue 31 antibiotics, and have seen increased physician modification of antibiotics. Thus far we have conducted 418 time-outs and have only 7 recommendations rejected.

Jill Sandschafer, pharmacy student at St. Anthony's, completed a Capstone project on the impact of pharmacy-driven antibiotic time-outs. The project entails review of house-wide broad-spectrum antibiotic use in aim to determine if our current time-out process has impacted antibiotic use. One of the goals of the time-out procedure is to decrease total days of therapy. Jill's project allows us to see exactly where we stand and will show what opportunities we have to make improvements.





## MEDICAL-SURGICAL

To promote the thread of communication from the daily safety huddle, shift huddles begin 15 minutes prior to the hour of shift change. A standard huddle sheet was developed with scripting, with the expectation that the off-going charge nurse will lead the huddle. The standardized unit communication board is a vital source of information for all care providers to have a snapshot of activities occurring on the unit. During shift huddles, elements are reviewed and updated as needed and then shared at the daily safety huddle. Elements from the previous daily safety huddle are then shared with the staff on the nursing unit. Topics include colleague engagement, lessons learned, good catches, and topic of the day. By bringing the information full circle, colleagues and physicians receive information in a consistent and timely manner. Topic of the day is communicated for 7 days to ensure all care providers receive this vital information.

One hundred eighteen nursing colleagues attended Bedside Report Video Sessions. Nurses getting bedside reports were videotaped and then the video was reviewed with the colleague. The experience enabled colleagues to see how they interacted not only with the oncoming nurse but also with the patient and family allowing them to identify ways to improve their practice as well as areas of excellence.

This year Med/Surg made the change to a standardized shift report. The benefits of this reporting tool allows nurses to communicate in a more concise manner, ensuring that all details

of the patient's reason for this visit, past medical and surgical history, as well as other pertinent elements are communicated from shift-to-shift. The standardized shift report allows time to focus on changes that occurred during the past shift or identify elements that are pending. As success was identified in the continuity of nursing standard report, CNA team members recognized value and requested assistance in developing a standard approach to the CNA report. During the Charge Nurse Standardization Project charge nurse reports were changed to match that of the nurse shift report.

The Medical, Surgical and Orthopedic Care Units have been working to standardize processes among the three units with the Charge Nurse Standardization Project. Weekly meetings are held to identify key areas and opportunity for change. Department communication boards, huddle information forms, daily process differences, daily assignment sheets, the on call and low census processes and logs, and development of a SBAR charge report were identified as top priorities for standardization.

Another initiative identified by the Charge Nurse Standardization Project was to standardize unit communication boards. The boards on all Med/Surg units shared the same content, but the way it was displayed was different, making it difficult to understand for colleagues who floated from one unit to another as well as physicians who reviewed the board on different units. The charge nurses pulled information from all units and developed a key which includes color coding, as to how all boards will be filled out, this allows colleagues and physicians to understand the communication board and identify safety concerns easily.

Med/Surg implemented a new patient satisfaction project that is being trialed on the Medical Care floor. The purpose of the project is to help caregivers connect with their patients. The "Getting to Know You" poster project allows patients to share non-clinical information about their lives to "introduce" themselves to their caregivers. Posters are given to the patient or family at admission. Once completed, the "Getting to Know You" poster is placed on the bedside table, where all caregivers will see it.

*"Save a life, you're a hero.  
Save 100 lives, you're a nurse."  
—Anonymous*







## SURGICAL SERVICES

In December 2015, St. Anthony's was awarded certification in Orthopedic Center of Excellence for Total Hips, Total Knees, and Total Shoulders. Colleagues from Surgical Services, Ortho Care, Physical Therapy, Pharmacy, and Quality serve on this team. Each of these departments played a huge role in this certification process.

In 2015, a new Unit Based Council was created. This Unit Based Council encompasses frontline colleagues from every Surgical Services department. One of their biggest projects has been work on the OR Performance Improvement team. This team has worked hand in hand with the OR Executive Committee to create more efficiencies in the OR and streamline work processes. They have also put together an IV start guideline for the OR, monthly celebrations in Surgical Services, and have created efficiencies in all of the Surgical Services departments.

Three colleagues were trained in LEAN processes. Sara Thoele, Stacey Hoene, and Stacie Bierman went through training and completed a large project in their areas of expertise. Sara Thoele's project streamlined materials in the OR, Stacey Hoene's project created standard of work through preadmissions and pre-op in chart preparation, and Stacie Bierman worked on scheduling efficiencies in Pain Management.

CRNA week was celebrated in January 2016. St. Anthony's believes that CRNAs are an integral part of our hospital team and thank them for all the work that they do, not only in the OR but around the hospital as well.



Surgery Cases

down to

**1.5%**

Starts after 5 pm

Reduction in ED to OR

down

**23%**

Surgery Cycle Time

Pain Management

**10** min

Cycle Time Improvement





## HSHS HOME CARE AND HOSPICE SOUTHERN ILLINOIS

As the health care industry continues to look at opportunities to capture population health management, post-acute care services are drawing more attention. Comprehensive patient centered care models like home health, hospice, and palliative care programs have proven to benefit the patient and the communities they serve.

At St. Anthony's and in the Southern Illinois Division, this has been demonstrated over the past year by continuing to expand and grow our post-acute services. HSHS Home Care and Hospice Southern Illinois serves 27 counties, nearly one quarter of the State of Illinois.

This past year has been yet another milestone for the agency. In May 2015, HSHS Home Care officially opened their second location in St. Elizabeth's Hospital in Belleville. This location has facilitated the ongoing collaboration among the Sister hospitals in the Southern Illinois Division and our continued growth. Last year, Home Care provided care to 1,954 patients, making 42,428 visits, and driving over 940,000 miles.

HSHS Hospice services have also continued to develop across the Southern Illinois Division. As of December 2015, Hospice services are in all 4 ministries and surrounding communities. HSHS Hospice provided care to 192 patients and their loved ones. In addition, they offer an extensive bereavement program with a variety of community support for bereaved loved ones due to various losses, not just Hospice patients.

One of the strategic goals for the HSHS system was for each ministry to develop and provide inpatient palliative care services. With the assistance of HSHS Home Care and Hospice Southern Illinois, we have met this goal for all 4 hospitals in addition to offering a comprehensive outpatient program. A goal for this upcoming year is to establish guidelines and implement Advance Practice Nurses to the multidisciplinary team.

HSHS Home Care Southern Illinois continues to partner with St. Anthony's to identify at-risk patients for the transitional care program. This program has expanded to all 4 ministries to assist with overall population health management. Last year, the transitional care program served 1,359 patients assisting them in managing their acute diseases.

Growth continues to be our theme! While we continue to grow the number of patients we serve, we couldn't do it without the additional members to our great team! Last year we had 77 colleagues. This year, we have 138 colleagues extending our mission and delivering Our Promise into our communities!





## CASE MANAGEMENT

The Case Management Department underwent several exciting changes in the past year. In July 2015, Allscripts documentation software was implemented. This software allows staff to be more efficient by moving to an almost entirely paperless process. Allscripts is integrated with Meditech and allows Case Managers to complete discharge planning assessments and utilization reviews from one platform.

Last fall the Case Management Standardization project began, as part of that project the Case Management Steering Committee was formed. The committee includes members from all HSHS Hospitals and is led by Kerin Draak, Director of ICD-10 Implementation at HSHS. Dr. Jennings, CMO and Carolyn Myers, RN, Manager of Case Management, serve on the committee locally. The committee is tasked to provide oversight and guidance regarding the creation of standardized reporting structures, processes and workflows for the Case Management Department (Discharge Planning and Utilization Review).

In September 2015, case management staff began to address discharge planning and utilization review as two separate roles. This enables staff to focus on regulatory compliance issues as well as discharge planning needs of the patients. In January 2016, Case Management moved from using Interqual (a tool used to review appropriateness of admission vs. observation) to MCG. MCG is a new software tool being used by review staff to determine financial classifications (inpatient, observation or ambulatory), monitor care progression, length of stay and discharge planning.

## INTENSIVE CARE UNIT

The ICU has centered a great deal of focus this year on staff development and education.

An interactive web-based certification program called MedEd e-learning was introduced in August to assist nursing staff to prepare for Critical Care Registered Nurse (CCRN) certification. Tracy Wollin, RN was the first ICU colleague to complete training and pass the certification exam. The department's goal is for all nurses to complete the certification training online and for ten nurses to achieve CCRN certification by the summer of 2016. Colleagues have been encouraged by Tracy Wollin's success in gaining her certification! Classes have been scheduled for colleagues to receive training as a group.

Monthly education has been implemented at each staff meeting. In February, staff completed a skills day that included cardiovascular topics. A recent revamp of the nurse orientation

binder and onboarding process led to the successful orientation of 3 RNs with 2 additional recent hires still on orientation. With the recent addition to St. Anthony's Prairie Cardiology Consultants, ICU will soon be implementing Tikosyn and Sotalol titration. Significant education is planned surrounding these medications and patient safety during titration.

Changes were recently made to the décor and entrance in ICU. The entrance to ICU was changed to enhance traffic flow into the unit, increase patient security and privacy, and decrease noise. New pictures were hung inside the unit and within patient rooms in order to streamline décor between the ICU and inpatient units. Current communication boards are being replaced to include additional information as well as create a common theme between units.

## EMERGENCY DEPARTMENT

The Emergency Department's leadership and Unit Based Council continue to focus work around improving patient experience and staff education. Efforts are being made to keep patients informed about their care during their stay. ED trialed updated communication boards to include areas that address tests ordered and the patient's plan of care.

The onboarding process and orientation binder for new colleagues were improved to ensure success in onboarding nurses to their new roles. This process change ensures nurses have the knowledge and tools necessary to successfully complete orientation to the Emergency Department.

Other education opportunities completed by staff this year include training on the Prairie stat heart program, EKG and cardiac medication training, procedural sedation education, and Trauma Nurse Core Curriculum (TNCC) certification classes. All current Emergency Department RNs are certified in PALS and ACLS and they will all be TNCC certified by July 2016.

The Emergency Department's Unit Based Council is working on improvement of the triage process with possible changes to the triage area layout. The Unit Based Council has also implemented two skills days in the past year for RNs and techs including rapid infuser training, chest tube set-up, phlebotomy boot-camp, and various other didactic sessions. Skills days ensure consistency in education throughout the department on tasks performed in the Emergency Department setting.

The Emergency Department continues their work on LEAN projects to implement changes for streamlined processes that impact overall length of stay. One LEAN initiative this year was standardization of supplies through 6S and KanBan projects. A Kamishibai board was implemented to help ensure compliance in regulatory areas. Introduction of a new process improvement board gives ED staff means to make continued process improvement suggestions.





# SHARING OUR STORY OF EXCELLENCE

## JOINT REPLACEMENT PROGRAM CERTIFICATIONS FROM THE JOINT COMMISSION

HSHS St. Anthony's earned The Joint Commission's Gold Seal of Approval® for Joint Replacement Program Certifications. The Gold Seal of Approval® is a symbol of quality that reflects an organization's commitment to providing safe and effective patient care. The certifications encompass our total knee, total hip and total shoulder replacement surgery services.

During a rigorous on-site review in December 2015, a Joint Commission expert evaluated compliance with national disease-specific care standards as well as with joint replacement-specific requirements. Clinical practice guidelines and performance measures were also assessed. The review examined pre-surgical preparation, surgical care, and post-surgical recovery and rehabilitation.

Established in 2002 and awarded for a two-year period, The Joint Commission's Disease-Specific Care Certification evaluates clinical programs across the continuum of care and addresses three core areas:

- Compliance with consensus-based national standards;
- Effective use of evidence-based clinical practice guidelines to manage and optimize care; and
- An organized approach to performance measurement and improvement activities.



## ILPEX

One element of our performance improvement journey was our application this year to ILPEX. ILPEX (Illinois Performance Excellence) is Illinois' application of the nationally-recognized Baldrige criteria. (The Baldrige Criteria is used by various organizations and institutions as a framework for performance management, assessment, and excellence, offering an organization-wide perspective that optimizes an entire system rather than just focusing on pockets of excellence.)

Following our application, St. Anthony's was granted a site visit. A team of eight examiners met with multiple leaders for a week in October. In addition, they toured the facility and talked with front line colleagues on all shifts.

The purpose of the site visit was to validate the steps we reported in the ILPEX application to enhance services for our customers.

In December 2015, Illinois Performance Excellence announced St. Anthony's as a recipient of the 2015 Bronze Award for "Commitment to Excellence".

Recipients of the ILPEX Bronze Award are organizations that demonstrate earnest efforts to adopt and apply continuous improvement principles by following the Baldrige Criteria for Performance Excellence. Being honored by Illinois Performance Excellence is an example of the continuous efforts toward quality improvement at St. Anthony's. It is also seen in our movement towards becoming an Orthopedic Center of Excellence, enhancing patient safety and experience, and increasing engagement with colleagues and Medical Staff.



## MINDY DOSSEY RECEIVES CNA OF THE YEAR AWARD

Mindy Dossey, CNA, Medical/Surgical Care, was named the CNA (Certified Nurse Assistant) of the Year at the Fall CNA Workshop held at Olney Central College. The award is presented by the Southern Illinois CNA Educators' Association and the Southern Illinois University of Carbondale Nurse Aide Testing.

The CNA who receives this award excels in professionalism, competence, compassion, reliability and trustworthiness. Mindy has 15 years of experience working as a CNA for St. Anthony's.





# CELEBRATING NURSES FY 2016



# ST. ANTHONY'S NURSING VISION:

*Enhancing the delivery  
of patient care with  
competency, quality and excellence.*



HSBS  
**St. Anthony's**  
Memorial Hospital

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