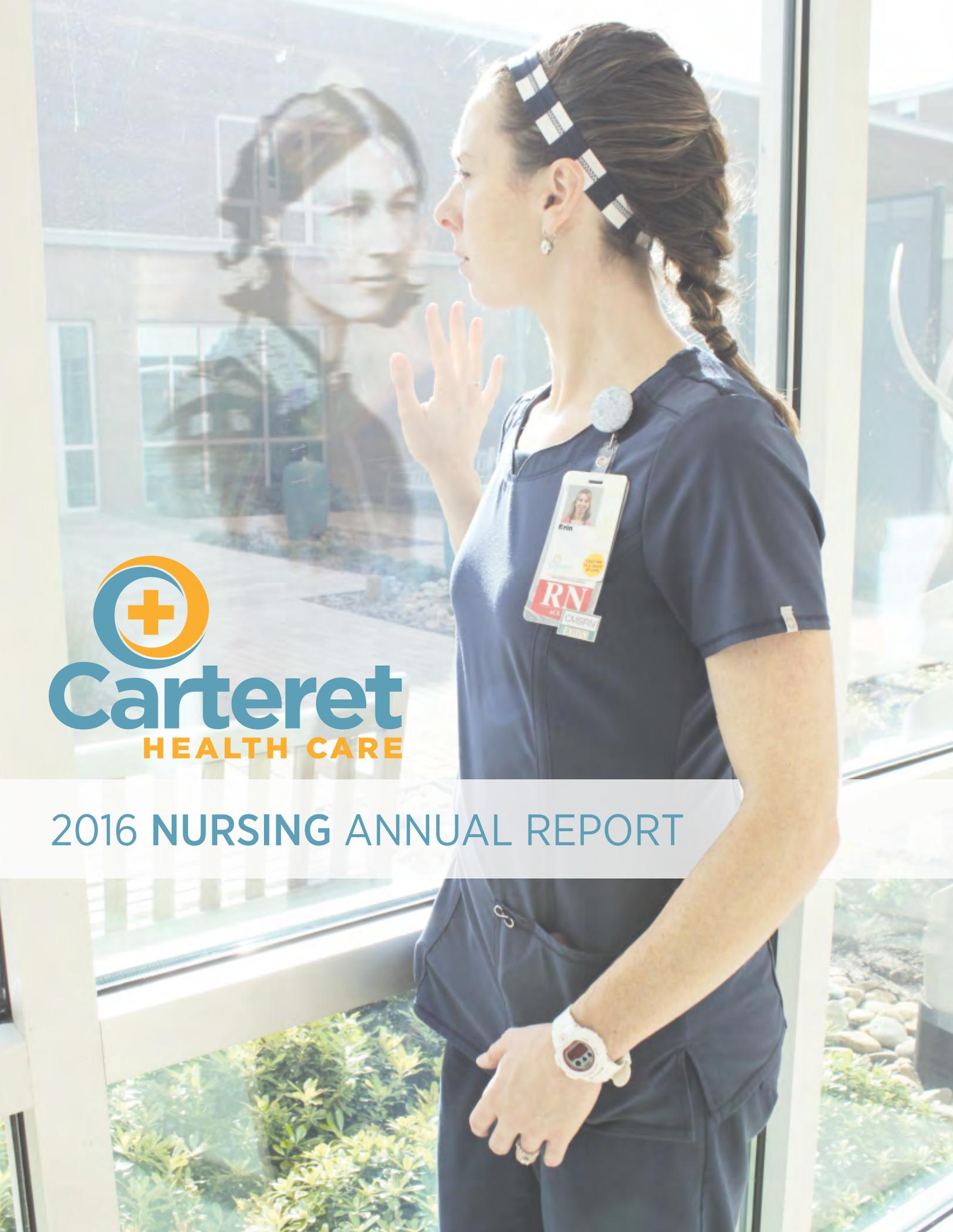




2016 NURSING ANNUAL REPORT





A Message from Cindy Jones Vice President, Patient Care Services

This has been a very exciting year for the nursing team of Carteret Health Care! I would like to congratulate our entire nursing team for all their accomplishments and am proud to present the 2016 Nursing Annual Report.

The 2016 Nursing Annual Report is a reflection of all the hard work by our team over the past twelve months. As you review the successes captured in the Annual Report, please take a moment to reflect on what the nursing team of Carteret Health Care means to you.

In 2016, our goals centered around the Patient and Family Experience, Patient Care Quality and Safety, Nursing Clinical and Leadership Excellence, Staff Engagement and Finance and Growth. With the highest level of service excellence as our ultimate goal, we made tremendous improvements in patient flow as well as the patient experience. We fortified and enhanced our inclusiveness with the certified nursing assistants, who are critical members of the nursing team. We also made investments in our team by promoting process improvement through Work Groups and LEAN.

As we cared for the tiniest of patients to the frailest of patients, our steadfast commitment to safety and quality never wavered. Whether inside the hospital walls or out in our community, nursing staff touched the lives of thousands of people.

As you review our annual report, I know you will feel the same level of pride in our work and with each other as I do. Please feel free to share this Annual Report with your friends and members of our community. It is a joy and honor to work alongside such special people and be a part of the nursing team of Carteret Health Care. I am truly blessed to work with such a dedicated, committed and compassionate team. Thank you.

Sincerely,

Cindy Jones, MBA, MHA, BSN, RN, NE-BC, FACHE

And a Special Thank You...

I would like to extend a special thank you to Tara Anderson, MSN, RN, NE-BC, Director of Medical, Surgical, and Orthopedics and Valerie Roe, RN, Clinical Leader of Medical, Surgical, and Orthopedics for their leadership in the development of the 2016 Nursing Annual Report. Serving as Editors-in-Chief, they were thoughtful in the content and design of this report. They inspire me with their creative spirit and dedication to highlighting the entire nursing team. Thank you for the many hours you worked to produce the first Carteret Health Care Nursing Annual Report. You have done a great job!

2016 **NURSING**
ANNUAL REPORT

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Editors-in-Chief

Tara Anderson
MSN, RN, NE-BC
Valerie Roe
RN, CMSRN



Nursing Strategic Plan

PURPOSE: To support achievement of the CHC FY16 Strategic Plan through significant contribution by the nursing staff members

PATIENT and FAMILY EXPERIENCE

PATIENT CARE QUALITY and SAFETY

GOALS

- Improve patient and family experience with nursing care and services
- Support Navigating to Excellence (N2E) Patient Experience Team
- 24 hour/Patient follow up phone calls
- Meaningful/complete discharge planning (on admission)
- Follow up with family/patient experiencing Code, Rapid Response, Condition H

GOALS

- Provide unit level information about clinical quality indicator trends (National Database for Nursing Quality Indicators)
- Reduce falls with injury to below national average for similar size hospitals
- Reduce Readmissions with Care Transition programs
- Enhance current Falls Team membership, increase goals and resources
- Improve collaboration between RNs and MDs for high quality safe patient care
- Offer teambuilding sessions to RNs and CNAs in developing strong patient care communications

STRATEGIES

- Hardwire Scripting
 - Onstage/Offstage
 - WOW Factor
- Recognize staff and teams with exceptional patient /family services and share stories at start of meetings
- Follow-up on all complaints within 24 hours or next business day and develop process for identification of consistent themes (CMS Requirement)
- Round on 100% of inpatients consistently
- Hire to Fit
- Complete Discharge Phone Calls
- Getting back to basic nursing concepts
- Increase Clinical Leader and Nurse knowledge and skills for improved purposeful rounding
- Increase education on service recovery

STRATEGIES

- Debrief after each fall and mislabeled specimen
- Engage staff regarding current unit trends for clinical indicators in National Database of Nursing Quality Indicators (NDNQI) and continue to develop improvement strategies
- Communicate MD-RN conflict resolution
- Determine specific NDNQI indicators and engage staff regarding current trends/improvements for those specific indicators
- Ensure metric matches for tracking/trending
- Continue/enhance VP PCS and VPMA collaboration regarding MD-RN communications/ expectations, mutual respect and conflict resolution mechanisms

METRIC/OUTCOME

- Reduce falls
- Reduce readmissions with Care Transition Program to 8%
- Continue debriefs, but remove as continuous metric – spot check
- 100% review of patient events every week and closed out within 7 days or action taken with event review team
- Fewer extreme RN or MD complaints regarding communication escalated to Med Exec and VPs
- RNs and MDs report improving culture of collaboration between RNs and MDs

METRIC/OUTCOME

- Improvement on HCAHPS -1% per inpatient nursing unit on items impacted by nursing care
- ED-Improve Press Ganey ED overall mean score 87.3

GOALS

- Provide ongoing leadership development coaching for Directors, Clinical Leaders and Master Preceptors
- Review and update nursing clinical policies, protocols, and procedures for evidence and organized in a review cycle and signed by VP of Patient Care Services
- Increase all nursing staff knowledge regarding the use of evidence in nursing practice
- All RNs and LPNs will practice within the scope of the state practice act
- Increase the number of staff with a BSN or higher and increase number of staff with a professional certification
- Support nursing staff career coaching/succession planning

STRATEGIES

- Recognize all staff with education and certification advancements
- Partner with East Carolina University and UNC at Wilmington to increase BSN enrollment
- Promote knowledge of tuition reimbursement policy for advanced nursing degrees
- Inventory current nursing clinical policies, protocols, and procedures. Identify gaps and initiate new processes as needed to complement interdisciplinary processes, including online accessibility to all staff.
- Review state practice acts with RNs and LPNs regarding accountability for their practice in the state's practice act and make practice changes as necessary
- Offer structured opportunities with senior nursing leadership to enhance understanding of advanced nursing roles i.e.-nurse educator, nurse executive, IT nurse, nurse clinical expert

METRIC/OUTCOME

- Current nursing clinical policies, protocols, and procedures will be centralized in the administrative manual and online for staff. This will be evidenced-based and signed by the VP of Patient Care Services by the end of FY17
- 100% of Nurse Executives will have a BSN by end of FY 20
- 100% of Nurse Executives will have a professional certification by the end of FY17
- 40% of RN's will have a BSN by end of FY2020 (Current state 30%)

GOALS

- Increase frontline staff engagement by 2% in N2E, Councils (PEC, CPC/Quality, CNA QI)
- Increase frontline staff engagement by 2% in nursing shared decision making
- Increase engagement among CNAs
- Leadership growth among DONs and Clinical Leaders
- Increase engagement amongst OR attendants
- 100% completion of leadership training by nurse leaders within 18 months
- Development of shared decision model

STRATEGIES

- Consistent frontline staff nurse attendance in a shared governance meeting
- Consistent CNAs attendance at CNA Quality Improvement Meetings and minutes circulated
- Consistent leadership attendance at new Nursing Leadership Forum
- Schedule conducive to staff attendance/ prescheduled
- Define purposes of teams
- Communication of information back to individual department

METRIC/OUTCOMES

- CNA Quality Improvement meeting attendance >85%
- Staff nurse meeting attendance in N2E, PEC, and CPC >85%
- Leadership attendance at Nursing Leadership Forum >85%
- 100% Nursing staff represented on clinical and operational interdisciplinary teams



The secret to getting ahead is getting started. The secret of getting started is breaking your complex overwhelming tasks into manageable tasks, and then starting on the first one.

— Mark Twain



GOALS

- Reduce RN turnover and associated cost
- Reduce CNA turnover and associated cost
- Meet FY17 budget
- Explore productivity and acuity system
- Enhance Kronos partnership
- Enhance/Re-develop NRP
- Clearly ID and Review Direct vs. Indirect Worked Hours
- Align with National Benchmark for Non-productive FTE%
- Align with Suggested Benchmarking from Sentara
- Ensure schedules are released on time.

STRATEGIES

- Review CNA turnover quarterly in nursing forum
- Directors budget review YTD monthly with VP Nursing
- Review budgets with VP Nursing and CFO as needed
- Enhance/add OR attendants to ACE program
- Re-Survey CNA for work environment
- Implement no mandatory OT
- Explore nursing fatigue policy
- Educate on bucket clock in/out
- Review/revise model of care
- Comparable RN pay review

METRIC/OUTCOMES

- CNA Turnover reduction post ACE program
- Reduce RN turnover to 10%
- Budget % Metrics

“

Nursing is an art, and if it is made to be an art, it requires an exclusive devotion as hard as a preparation, as any painters or any sculptors work. ”

— Florence Nightingale



Nursing Shared Governance Model

Shared Decision Making is a collaborative governance structure that will allow nurses of all disciplines to have an active voice in the necessary and vital changes that occur throughout the organization. Shared Decision Making is all about empowering nursing professionals to make decisions about the work they do.

NURSE EXECUTIVE COUNCIL

NURSING CLINICAL EVIDENCE BASED PRACTICE COUNCIL

COORDINATING COUNCIL

*The Coordinating Council is made up of council chairs, Lean and N2E Facilitators. Co-Chairs will attend, but not hold membership.

PROFESSIONAL EXCELLENCE COUNCIL

JANUARY Council Fair

MARCH 1st Application Deadline
VP/Director reviews applications

MARCH-APRIL

- Shared Decision Making Team Reviews Applications
- Decisions Made about Council Membership and Individuals Notified

MAY

- Formal Announcement of Council Members made During Nurses Week
- Orientation Day for All Councils

*** MONTHLY MEETING DAY
SECOND THURSDAY**
(EXCEPTION JUNE 15)

Inaugural Year Membership runs from JUNE 2017 - SEPTEMBER 2018
Membership thereafter aligns with CHC Fiscal Year

Monthly Newsletter will be sent on THIRD TUESDAY

CARTERET HEALTH CARE

Patient and Family Experience

LABOR AND DELIVERY Cuddle Cot

Fetal demise, unfortunately, is something that occurs within a labor and delivery unit, and the impact on the families is devastating. The time shared with their baby is extremely emotional and valuable in the grieving process. Through research, Labor and Delivery nursing staff discovered a Cuddle Cot campaign that promoted this piece of equipment that serves as a cooling unit to delay the deterioration process, therefore allowing parents to spend more time with their baby. Staff started a Go-Fund-Me campaign via Facebook and sent multiple invites out seeking donations to purchase this piece of equipment. Funding came in from multiple states and from Carteret Health Care employees. A total of \$1600 was raised in four weeks. The Labor and Delivery Department presented the research and money raised to the Carteret Health Care Foundation. The Foundation agreed to provide the remaining funds to purchase this equipment. Carteret Health Care is only the fourth hospital in North Carolina to possess a Cuddle Cot. We now provide a more caring, compassionate and dignified bereavement process when such an unexpected, devastating loss occurs.



LABOR AND DELIVERY WOW Factor

In August 2015 Carteret Health Care opened its doors to the newest addition to our facility. With a whole new make over we wanted to also add our own personal touch, something that would make our patients remember this life changing experience; with much conversation and collaboration the "WOW" factor was birthed (no pun intended- well maybe a little). As part of a nation-wide effort to encourage and support breastfeeding, hospitals which desired to earn the recognition for this designation were expected to eliminate the gifting of formula (including the diaper bag, provided by the formula companies) as discharge gifts which are advertised all over the "mommy market" (magazines, OB offices, internet, etc.). Parents would ask for these gifts with the expectation that they were available. Together our team decided on a different gift: newborn shirts designed with our new hospital logo which also reads "Life begins at Carteret Health Care"; Pampers "baby friendly" gift boxes; cards designed with the sweet saying "such a small miracle in such a little child" with infant's footprints placed on them, with a message of gratitude for choosing us and signatures of the staff. To add even more "WOW" to the equation, chimes were installed; when babies are born, a button is pressed and a lullaby is played throughout the whole facility celebrating this new life. As a final touch we replaced the "celebration dinners" once provided, with a celebration basket to include fresh fruit, snacks and a bottle of celebratory grape juice. Our families seem to appreciate our efforts in helping to make this a memorable event as evidenced by their consistent recognition during daily rounding, the "Hot Comments" submitted via patient satisfaction surveys, and a 20% increase in our HCAHPS scores in comparison pre and post implementation.



WEIGHT LOSS SURGERY CENTER 12 Months of Weight Loss Motivation

Each month CHC nursing offered a Bariatric Support group facilitated by the Bariatric Clinical Coordinator. The coordinator provided an annual calendar of events with topics identified by bariatric patient participation and feedback. Some examples of the topics were exercise, diet, physiological changes/expectations, cooking with recipes, and surgical support. The coordinator/staff invited guest speakers to host each interactive session that related to bariatric patients' needs. Patients enjoyed spending time together, sharing stories, and learning valuable information provided by our support group leaders.

WEIGHT LOSS SURGERY CENTER

Believe and Succeed Glow Walk

In May of 2016 CHC celebrated weight loss with our patients, their families and friends at the "Believe and Succeed" annual walk at our local high school football field. This year's event was a glow walk. It was attended by over 250 people. Local businesses joined in the fun with booths promoting their products. Businesses provided baskets for a raffle. Nursing staff donated their time for the event by putting glow attire together for attendees, manning the smoothie bar, jump houses, corn hole, sound system, filling the 200 glow bottles that lined the track and participating in Zumba. It was a two hour fun filled night.



WEIGHT LOSS SURGERY CENTER Annual Fashion Show Celebration

September 2016 was the 9th annual Weight Loss Fashion Show Celebration at the Morehead City Civic Center. We celebrated over 2100 lbs of weight loss with 22 models. Nursing staff provided support with decorating our "Under the Sea" theme and many hours of food preparation catering for the event. This year over 400 people attended. We had a wide variety of ancillary staff joining the nursing staff to provide the support needed for such a large event. The affair gave the staff an opportunity to see the patient's weight loss success over the past year. It is definitely a mind blowing event.



END OF YEAR REPORT

Joint and Spine

We are a Joint Commission Center of EXCELLENCE! The Certificate of Distinction was awarded to Carteret Health Care Joint and Spine Center in May 2015 by The Joint Commission. We were recognized for our excellent management and care of the patient populations with hip and/or knee replacement. This is the sixth year in a row that we have been recognized! Of note, an application was submitted to the Joint Commission this year to obtain Disease Specific Certification for our Spine program.

Weekly Pre-op Joint Education classes are offered to patients who are scheduled for total hip, total knee, bilateral knees and makoplasty surgery. The classes are instructed by the Clinical Joint Coordinator and are held in MR1 on the first floor of the hospital. The location of the classes has been chosen for the convenience of the patient and their limited ability for ambulation.

Quarterly, a Reunion Brunch is hosted by Nursing for all the Joint and Spine patients from the past three months. Patients and their family members enjoy seeing the nursing staff that cared for them while in the hospital and nursing staff enjoy seeing the progress their patients have made.

Monthly, an orthopedic lecture is held for the community. These lectures are informative and an excellent way for future patients to tour the Joint and Spine Center and meet with the nursing staff.

Yearly, Nursing hosts a "Joint Achievement Walk" for all of our past patients. The walk is held at West Carteret High School. It is a fun day for all with a half mile walk around the track, a catered lunch and door prizes. Proceeds from this event are donated to the Broad Street Clinic by the Joint Nurses.

OPERATION WALK is done on a yearly basis. The surgeons and nursing staff donate their time and expertise to a patient who does not have the resources to have a much needed joint replacement. The entire visit to the hospital and rehabilitation service is provided to the patient free of charge.

New this year: re-freezable ice packs. This is a HUGE improvement from what was used in the past as there are no cords and no spills from ice and water – therefore reducing the risk of falls for the patient. Also, every hip and bilateral knee patient receives a "hip kit". The kit assists patients with their simple tasks such as reaching a dropped item with ease.

Multidisciplinary Partnership to Provide Patients with Exceptional Care!



In May of 2015 the Joint Commission granted the Joint and Spine Center disease specific certification!



A reunion brunch is held quarterly. Invited are all patients from the previous three months and their guest. Several of our patients had wonderful things to say about their joint and spine experience.

"Fantastic rehab team, much thanks to Richard Smith"

"The staff did a terrific job of helping us through a time of uncertainty and we were amazed at how well coordinated the program is"

"Excellent care from everyone."

"I liked all the education that was provided"

"From the beginning to the end I was given all the information I needed to alleviate my fears."

"Excellent communication between patient, nurse and doctor. A positive program"

"All of the staff were very helpful and encouraging"

"Great people who love their jobs and their patients"

NEW ICE PACKS

These ice packs provide many benefits for the patient.



The ice pack conforms better to the joint than the previous cold therapy.

The patient is not connected to any tubing, so the risk of falling has been reduced.



6TH ANNUAL

TOTAL JOINT and SPINE ACHIEVEMENT WALK

NEW ROOM

NEW GROUP THERAPY ROOM!

Hip and Knee Patients have Group Therapy together which provides support and comradery.



Total Hip Arthroplasty or Bilateral Knee Arthroplasty Patients are given a "HIP KIT" to assist them with ADL's.



How are we doing?

Each orthopedic patient receives a program specific satisfaction questionnaire upon discharge from the hospital.

CARTERET HEALTH CARE

Patient Care Quality and Safety



Day Surgery

Day Surgery staff are dedicated to providing optimal continuity of care and demonstrates this by completing 100% of call backs for all patients discharged from the same day surgery department. This phone call not only checks on the progress of patients after surgery but it reassures our patients that Carteret Health Care is concerned with their well being and positive outcomes for each and every patient. This standardized process gives patients the opportunity to ask questions and get support and encouragement to make a successful recovery. Quality care is a priority for our organization and for our patients. This communication pathway has allowed us to reach out to our patients and their families effectively.



Behavioral Health Action Team Education

Opportunities to provide required education for competency validation to manage the care of our behavioral health population occurred more frequently to meet our target goals for current staff. Completion of the behavioral health education program within six months of hire became our CHC goal.

Physical safety classes, previously held quarterly, were increased in frequency to meet goals. From February until September 30th eleven Non-Violent Crisis Intervention classes were held meriting a total of 197 staff taught, including nursing, respiratory, public safety officers and laboratory personnel.

Environment of Care Orientation classes were streamlined in content, decreasing class time from four hours to two, and also offered at increased numbers with a focus at capturing times when staff were already here for another mandatory class or meeting (i.e.N2E). A total of twenty-three classes were held from February through September 30th that allowed an additional 145 staff to complete this competency.

Didactic education was assigned on-line and became part of the components of the orientation curriculum. While compliance with completion has been successful, based on feedback we have identified this component is an area needing improvement and we are researching other venues that will provide population specific education to meet our needs.

All inpatient staff were required to complete competencies by September 30th; ED had a target of May 30th, 2016. Accomplishments are:

Components	Inpatient	ED
BH Didactic	96%	100%
Non-Violent Crisis	81%	100%
CEU Orientation	76%	98%
Overall % Completed	65%	98%

Infection Prevention and Safety Members (TIPS)

In 2016, over 50 Team for Infection Prevention and Safety (TIPS) members represent all departments in Carteret Health Care. These dedicated employees are essential to the Infection Prevention, Safety, Employee Health, and Allwell Departments for reporting important data such as safety, hand hygiene, PPE and lift equipment compliance. Training was provided this past year on entering the TIPS data in MIDAS. This surveillance software allows the opportunity to create reports and graphs from the entered data in real time thus allowing us to address issues captured and reported in a more timely manner.

International Infection Prevention Week

International Infection Prevention Week is celebrated annually in October. This past year, the TIPS members were successful in obtaining over 600 signatures of employees, volunteers and physicians for the Infection Prevention and Safety Pledge.

Carteret Health Care Hand Hygiene Compliance 2016

The Surgical Services Department including: O.R., Anesthesia, Day Surgery and 3rd Surgical, Joint and Spine staff groups were recognized May 5, 2016 World Hand Hygiene Day for their success in sustaining an outstanding hand hygiene compliance rate of greater than 90% for eighteen months.

FY 2016, Carteret Health Care's Nurses, Physicians and Ancillary staff averaged a monthly compliance rate of 98%.



Infection prevention starts with me.

I will strive to protect my patients and myself from infections and foster a culture of safety.

I pledge to:

- Identify my patients before I provide care
- Clean my hands at all the appropriate times
- Be open to a patient or visitor asking if I have cleaned my hands
- Encourage my colleagues and patients to clean their hands
- Use gloves and other personal protective equipment the right way
- Talk to my patients and answer their questions about their care
- Get an annual flu shot and other necessary vaccines and encourage my patients to do the same
- Stay home if I feel sick
- Help prevent antibiotic resistance by understanding when antibiotics are needed and when they are not
- Know and follow standard and isolation precaution guidelines
- Identify the infection preventionists in my facility and ask how I can assist them in preventing infections
- Keep both my patients' environment and my attire clean
- Practice safe injection practices

I promise to set an example for my colleagues by taking the right steps to prevent infections to keep my patients safe.

Together, we can and will prevent infections.



The Arrival Holding Unit

In December of 2016 Carteret Health Care launched an Arrival Holding Unit with aims to reduce Emergency Department wait times by moving patients to a holding area where their admission process can begin while their bed is being prepared on the appropriate unit. Staff and patients have voiced satisfaction with this new throughput project.



New Staffing Model and Responder® 5 Technology

Launch Move to New Patient Tower at North Carolina Hospital

“Our intent is to treat our patients exactly as we would treat our own family,” said Tara Anderson, Director of Medical, Surgical and Orthopedics units at Carteret Health Care in North Carolina.

That was the hospital’s goal as it prepared for a move into a new patient tower in 2015. Concurrent with that move, nursing leadership set benchmarks for a new staff model and prepared for the use of advanced technologies to improve staff efficiencies and coverage. Most importantly, these solutions helped drive improvement in patient satisfaction.

A year into use of the new tower and related staff processes, Carteret Health Care has reaped the benefits of this managed change, with Responder® 5 driving improvements in the direction the hospital desired – to elevate satisfaction between departments, among staff, and with their patients.

“Responder® has helped us to dramatically improve our patient satisfaction while giving nursing a bigger voice in delivering that improved care,” Anderson states.

TOP BOX OUTCOMES

Following implementation and use of Responder 5 solutions, Carteret Health Care’s “Top Box” results from Press Ganey surveys were soon trending upward.

On the question “Did you get call button help as soon as you needed it?”, for example, response ratings jumped dramatically from 42% to 77.1% during the quarter that the move to the new tower and staffing changes occurred.

“This was a huge improvement in an area that we can attribute directly to the use of Responder 5 and our move into the new patient tower,” Anderson pointed out.



EFFICIENT STAFF MODELING

Carteret’s blueprint for change included multiple dynamics. First, Carteret Health Care leadership knew that greater productivity was needed. Staffing models were adjusted by nursing leadership several months prior to moving into the new patient tower. This allowed the hospital to minimize overtime and address productivity by filling vacancies and shifting staff where most needed.

“This model improved satisfaction levels to a certain degree,” Tara Anderson noted, “but nursing leadership knew that the technology identified for the new patient tower could further support and enhance the staffing model enacted prior to the move.” Carteret Health Care placed Rauland Responder 5 at the heart of the new technologies and systems being introduced for managing patient needs and critical communications.

“Having the same workflow across units using Responder 5 has really helped improve our team dynamics.”

Eric LaRoque, RN, Med/PCU, Carteret Health Care

Case Study

Responder 5 Benefits

Improvements at Carteret Health Care following use of Responder 5 include:

- Increased staff satisfaction
- Improved RN/CNA communication
- Increased patient satisfaction
- Increased ability to adjust to constant staffing changes
- Increased staff safety
- Reduced alarm fatigue
- Reduced steps, calls, wasted effort
- Reduced noise
- Reduced/ bridged the gaps in communication

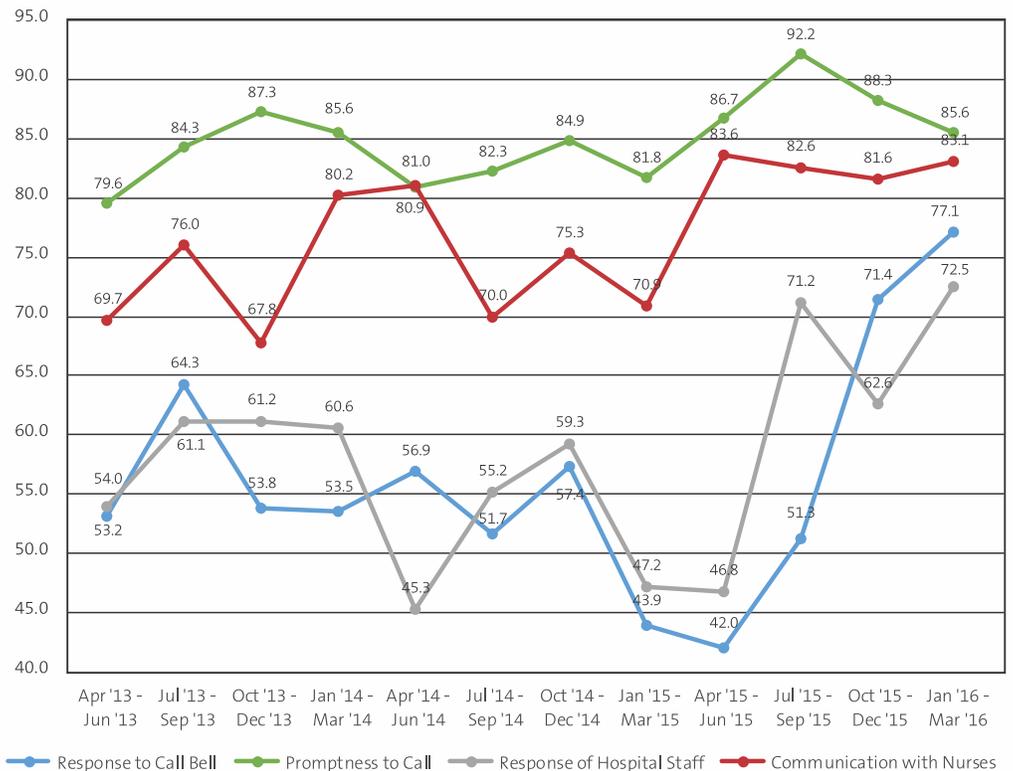
Responder 5 Solutions at Carteret Health Care

- ADT Interface
- PC Console
- Staff Assignment
- Reports Manager
- Staff Terminal
- Audio Bath Stations
- Telephony Interface with Cisco phones

“Responder has helped us dramatically improve our patient satisfaction while giving nursing a bigger voice in delivering that improved care.”

Tara Anderson, Director of Medical, Surgical and Orthopedics, Carteret Health Care

Press Ganey Mean Trends: HCAHPS Scores of Inpatient 2nd Med Unit



PATIENT PERSPECTIVE

“Patients, of course, were a major consideration in the decision to implement Responder 5 solutions,” Anderson said, “due to the hospital’s desire to give patients a greater voice in their care.”

“With the introduction of Responder’s audio bath station, for example, we could give the patient a voice, and add a different level of call at the same time. That helps staff identify the difference between “I am finished in the bathroom, and I need some help,” versus a true bathroom emergency,” Anderson said. These different levels of alerts, along with direct voice communication using mobile phones, have helped Carteret reduce alarm fatigue caused by non-emergent alarms. Moderate to low-risk fall patients have gained greater patient privacy and autonomy because of the technology.

LEADERSHIP AND TRACKING

For the future, nursing leaders look forward to increasing its use of Responder’s Reports Manager. Having one reporting database for all units will support the hospital’s shared governance goals. “This will quickly give us the ability to routinely review aggregate and individual response times among units, investigate patient complaints, and monitor achievements toward goals,” Anderson said.

Improvement is a continual process in a high performing organization. Having the right tools to maintain this course of action has allowed Carteret Health Care to manage many changes in their journey of improvements, Carteret Health Care will continue to rely on Responder 5 as an important tool to aid in ongoing change management, Anderson said.

Just Culture

Just culture refers to a values-supportive model of shared accountability. It's a culture that holds organizations accountable for the systems they design and for how they respond to staff behaviors fairly and justly.

CHC Nursing Division has made a commitment to create a Just Culture by:

- **Creating a culture of fair and open communication about events of all types.** We know that staff will make mistakes and systems will fail. We talk about it.
- **Creating a learning culture.** We are driven to learn from our mistakes so we are relentless about capturing data about events and performance. We encourage staff to report events as well as near misses to support the learning. We also expect all Leaders to become proficient in the use of the just culture algorithms and to teach new staff about the culture.
- **Designing safe systems.** We look for failure points ahead of time and redesign systems based on event reporting.
- **Managing behavioral choices.** We console unintended mistakes. We coach staff away from unintended risk in choices and punish the rare choice that is reckless and knowingly dangerous. We apply the just culture algorithm to clinical and relationship behaviors.



People make errors, which lead to accidents. Accidents lead to deaths. The standard solution is to blame the people involved. If we find out who made the errors and punish them, we solve the problem, right? Wrong. The problem is seldom the fault of an individual; it is the fault of the system. Change the people without changing the system and the problems will continue.



– Don Norman, Author
“Design of Every Day Things”

S **SITUATION**
Lack of standard format for patient assignments on Med / Surg level of care resulting in increase up to 7:1 nurse / patient ratios, poor communication among peers, and below benchmark patient satisfaction scores.

B **BACKGROUND**
 ❶ Nurse to patient ratios up to 7:1
 ❷ CNA to CNA report / handoff
 ❸ RN to RN report / handoff
 ❹ CNA received delegated tasks from 1-3 RNs

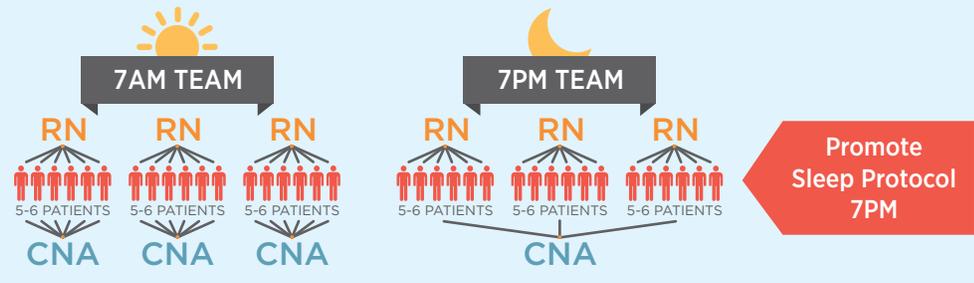
A **ASSESSMENT**
 ❶ Patient care needs delayed or reassigned to next shift.
 ❷ Disconnect with peers
 ❸ Extended call bell / bed alarm time frames
 ❹ Unable to routinely meet hourly rounding expectations
 ❺ Patient care needs not met in a timely manner
 ❻ Poor RN to CNA relationships
 ❼ Frequent patient complaints
 ❽ Generalized high anxiety morale of staff

R **RECOMMENDATION**
 ❶ Alter and trial alternative staffing configuration with current positions to improve safety, patient and staff satisfaction, timely delivery of care and CNA / RN relationships.
 ❷ 7 am Nurse / CNA partnerships were developed to care for 5-6 patients while delivering all ADL's and changed vital sign times to limit routine vital signs taken on night shift.
 ❸ Sleep protocol promoted on 7 pm with minimal interruptions.
 ❹ Decreased to one support staff for nights while keeping 5-6:1 ratios for RNs.

2015 Med/Surg Staff Model Impacts Patient Satisfaction

- ✓ Decreased Staff Patient Ratios
- ✓ Improved Safety
- ✓ Improved Patient and Staff Satisfaction
- ✓ Decreased Turnover
- ✓ Improved CNA / RN Relationship
- ✓ More Timely Care Needs: Hourly Rounds, ADLs, Call Bell Response

Patient Satisfaction Survey Scores



CHC Medical Center received recognition for the following Get With The Guidelines® in 2016:



The American Heart Association recognize this hospital for achieving 85% or higher compliance with all Get With The Guidelines® - Heart Failure Achievement Measures and 75% or higher compliance with four or more Get With The Guidelines® - Heart Failure Quality Measures for two or more consecutive years and for documentation of all three Target: Heart FailureSM care components for 50% or more of eligible patients with heart failure discharged from the hospital to improve quality of patient care and outcomes.



The American Heart Association and American Stroke Association recognize this hospital for achieving 85% or higher compliance with all Get With The Guidelines® - Stroke Achievement Measures and 75% or higher compliance with five or more Get With The Guidelines® - Stroke Quality Measures for one calendar year and achieving Time to Thrombolytic Therapy ≤ 60 minutes 50% or more of applicable acute ischemic stroke patients to improve quality of patient care and outcomes.



The American Heart Association and American Stroke Association recognize this hospital for achieving 85% or higher compliance with all Get With The Guidelines® - AFIB Achievement Measures for one calendar year to improve quality of patient care and outcomes.



The American Heart Association and American Stroke Association recognize this hospital for achieving 85% or higher compliance with all Get With The Guidelines® - Resuscitation Achievement Measures for one calendar year to improve quality of patient care and outcomes.



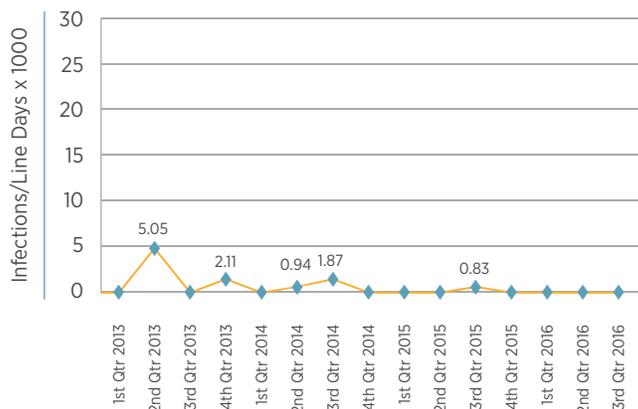
Peripherally Inserted Central Line Catheters

CHC Leads the Way in Effective Line Care & Maintenance

Carteret Health Care has an active Peripherally Inserted Central Line Catheters (PICC) line team that is headed by the Special Procedures Nurses in the Radiology Department. This team serves as a resource to all nursing units for patient vascular access needs. Patients are screened upon admission for their vascular access needs and the Radiology Department is notified when a PICC line is indicated. In 2015 over 600 Peripheral Inserted Central Line Catheters were placed.

PICC line infections rates are monitored closely by our Infection Control Team and to our credit there have been no documented PICC Line related infections at CHC since 2014 (see graph)

Central Line Associated Blood Stream Infection Rates



PICC line care and maintenance has been a priority at CHC over the past year. To meet our goals the CHC - PICC Team continues to work closely with all members of ancillary and nursing staff. The following accomplishments have been achieved by ongoing unit and individual education that has had a positive impact on PICC line outcomes as evidenced by:

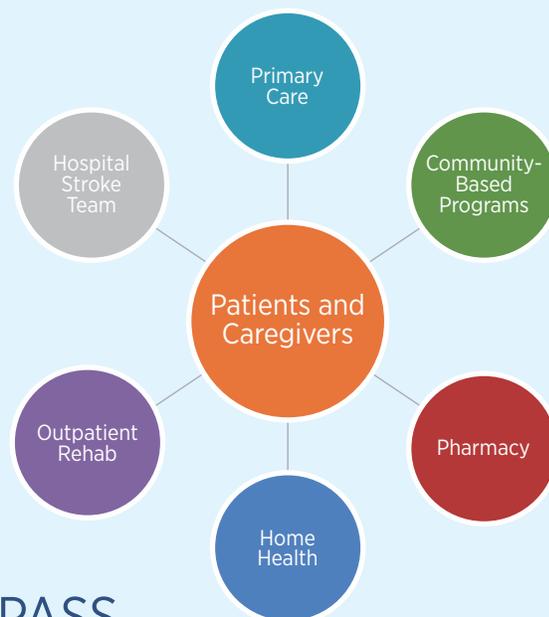
- Patient screening to select appropriate vascular access device
- Proper selection of the appropriate size PICC line / number of ports
- Effective patient education when line is inserted
- 15 second “Scrub the Hub” prior to accessing PICC line ports by all staff
- Use of peripheral veins for routine lab draws
- Proper securement of PICC lines to prevent/minimize migration / loss of line
- Early intervention to maintain line patency

CHC Telehealth and Care Transition Programs

The Care Transitions and Telehealth programs have achieved exciting milestones in 2015 and 2016. The team has added one full time position due to rapidly increasing patient volumes both in the hospital and community settings. Starting August 1, 2016, we began participation in the COMPASS Stroke Research program, introducing a Nurse Practitioner and nurse to perform stroke home visits and targeted follow-up post-discharge. We are among a small cohort of hospitals in North Carolina participating in the intervention group in the first year of this study. In the telehealth program, the census has increased from 40 to 75 patients annually; the servicing categories were broadened to include all moderate risk readmission patients, and the readmission rate maintained an average of less than 3%. Care Transitions nurses have established a process to complete bedside surveys of 30 days readmission patients to assess the patient’s perspective of the reason for readmission. They also assisted in the implementation of a new readmission risk assessment in which bedside primary nurses establish real time patient needs and concerns. Policies and procedures have been revised to encompass a greater number of patients to qualify for Care Transitions and Telehealth services.

Our department participated in all Carteret Health Care health fairs, including the Carteret Health Care Hospital Week fair and the Mount Pilgrim Health Fair, to offer a snapshot of our programs to the community. Education is provided, on request, to community groups regarding chronic health conditions and self management of those conditions. Our nurses have also increased collaboration with home health agencies for a continuum of care for patients after discharge to ensure all appropriate service needs for patients are met in the home.

Resource Networks for Effective Referrals and Intervention Implementation



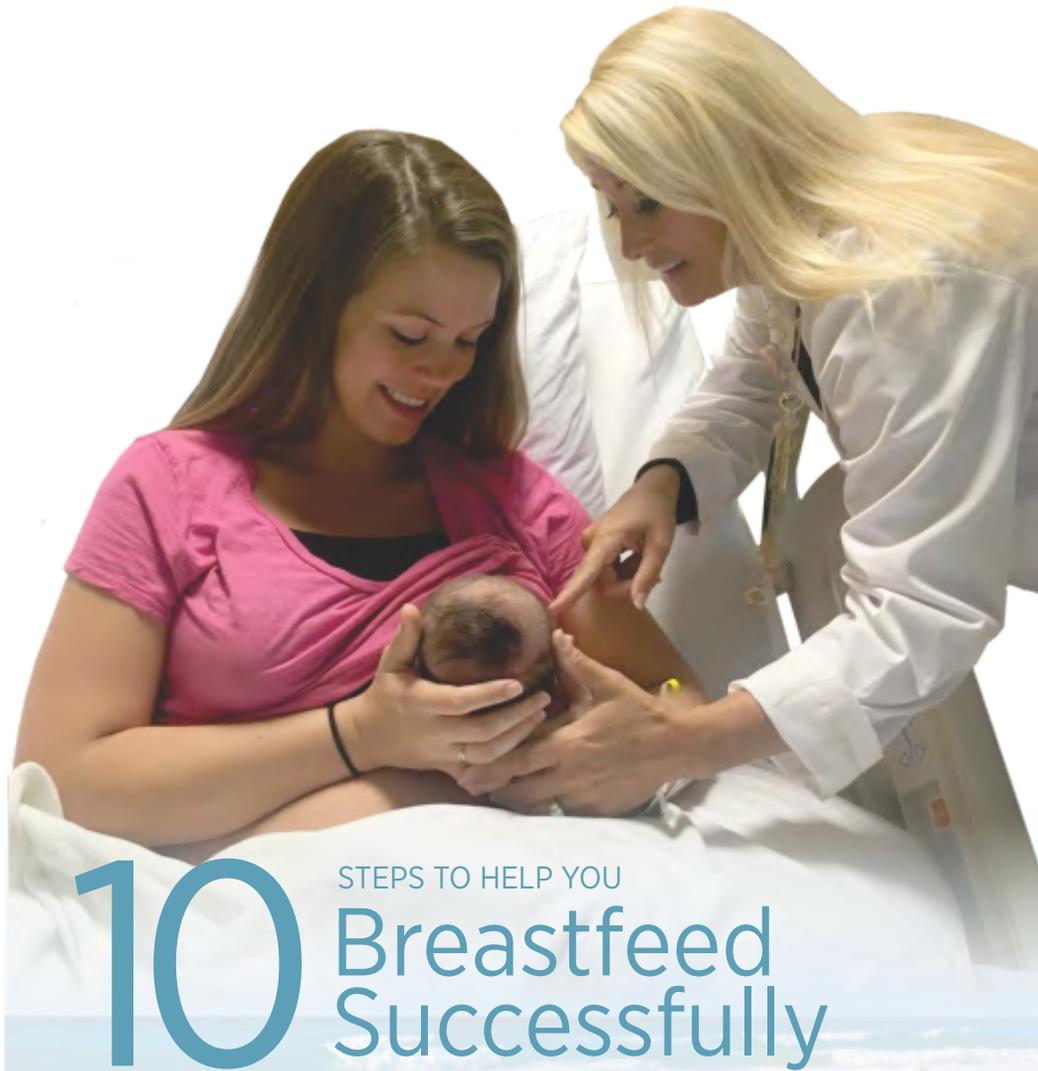
COMPASS
COMPREHENSIVE POST-ACUTE STROKE SERVICES

LABOR AND DELIVERY

Ten Steps to Successful Breastfeeding Initiative

We here at Carteret Health Care have something to be proud of: we strive for excellence and we prove it. The North Carolina Breastfeeding Friendly Designation initiative has been developed to recognize maternity centers that have taken steps to promote, protect and support breastfeeding in their organization. It's a five star system that for every two steps achieved, one star is awarded.

For the past several years, Maternal Child Health has been working towards this goal of obtaining the North Carolina Breastfeeding Designation by putting processes in place to foster an optimal environment to enhance the birthing experience and educate moms on the benefits of breastfeeding contact. We now provide skin-to-skin immediately after deliveries and more recently, selected staff have become ACLS certified and recover our cesarean section moms in our OB PACU-to facilitate skin-to-skin. In August 2015, we opened our new mother/baby unit providing care as a family unit. By October 2016, all of our staff, including our physicians, completed additional breastfeeding training to better assist our families. We submitted our application in October 2016. Carteret Health Care achieved three stars and have been officially designated a Breastfeeding Friendly Center. Maternal Child Health is committed to improving the health of the mother-baby dyad. By achieving the Breastfeeding Friendly Designation, we will increase patient satisfaction, help improve breastfeeding initiation, duration and exclusivity which contributed to the overall health of the child.



10 STEPS TO HELP YOU Breastfeed Successfully

- 1 Carteret Health Care has a written breastfeeding policy that is routinely communicated to all health care staff.
- 2 All Maternal Child Health Care staff have been trained in the skills necessary to assist you with breastfeeding.
- 3 We inform all pregnant women about the benefits and management of breastfeeding.
- 4 We help mothers initiate breastfeeding within one hour of birth.
- 5 We show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
- 6 We give newborn infants no food or drink other than breast milk, unless medically indicated.
- 7 We encourage rooming-in, allowing mothers and infants to remain together 24 hours a day.
- 8 We encourage breastfeeding on demand.
- 9 We give no artificial teats or pacifiers to breastfeeding infants.
- 10 We support breastfeeding support groups and refer mothers to them on discharge from the hospital.

RAPID IMPROVEMENT EVENT

Falls Prevention

Every year in the United States, hundreds of thousands of patients fall in hospitals, with 30-50% resulting in injury. Injured patients require additional treatment and sometimes prolonged hospital stays. Falls with serious injury are consistently among the Top Ten sentinel events reported to the Joint Commission's Sentinel Event database, with 63% of these falls resulting in death. Falls/Slips events rank fourth highest of CHC's actual patient events.

A Rapid Improvement Event (RIE) studied falls prevention best practices. In April 2016, falls team members discovered a safety concern in the inpatient areas involving broken equipment. 25% of the observed beds had broken bed functions related to bed alarms. More than half were in use.

The falls RIE team came together in conjunction with the falls team to review and update the falls policy, implement current best practice related to falls, and assess safety measures to aid in reducing inpatient falls. A Failure Mode & Effect Analysis (FMEA) was also being completed by this team. Inpatient directors have been working with biomedical services and a bed project team to determine the need for a repair and/or replacement plan for current beds greater than ten years old.

Risk management requested the team develop a Healthcare Failure Mode & Effect Analysis (HFMEA) as a proactive risk assessment to help identify potential failures. Four major steps were identified:

- Assessments and Reassessment of fall risk
- Strategies and Interventions
- Handoffs
- Post fall documentation

We developed a new HFMEA, revised the Patient Safety - Falls Prevention Policy, researched and selected updated falls assessment tools. We built a visual falls indicator for the ED tracker board, developed an outline for an education plan, developed a plan for Meditech updates and developed a plan for Midas for entering of events.

Staff Injury Prevention

We monitor all events for employees and keep a running count of the serious safety events for our employees. It has been over a year since our last serious safety employee event. Our last serious safety event was reviewed among department Directors involved and a new process was put into place ensuring a more safe practice for staff and patients. Staff and clinical leaders provide feedback to their directors as well as to employee health with regards to safety. One recent e-mail led to additional stand-aids being purchased in five clinical areas. We also added a new Medline Turn and Repositioning System to assist our staff in moving patients and minimize use of draw sheets. Ceiling lifts have been installed in many of the patient rooms in CCU, PCU and Second Medical. Preceptors are utilized to share knowledge and use of safety equipment with new staff. Here's a Great Catch — staff caught in the act of safety!

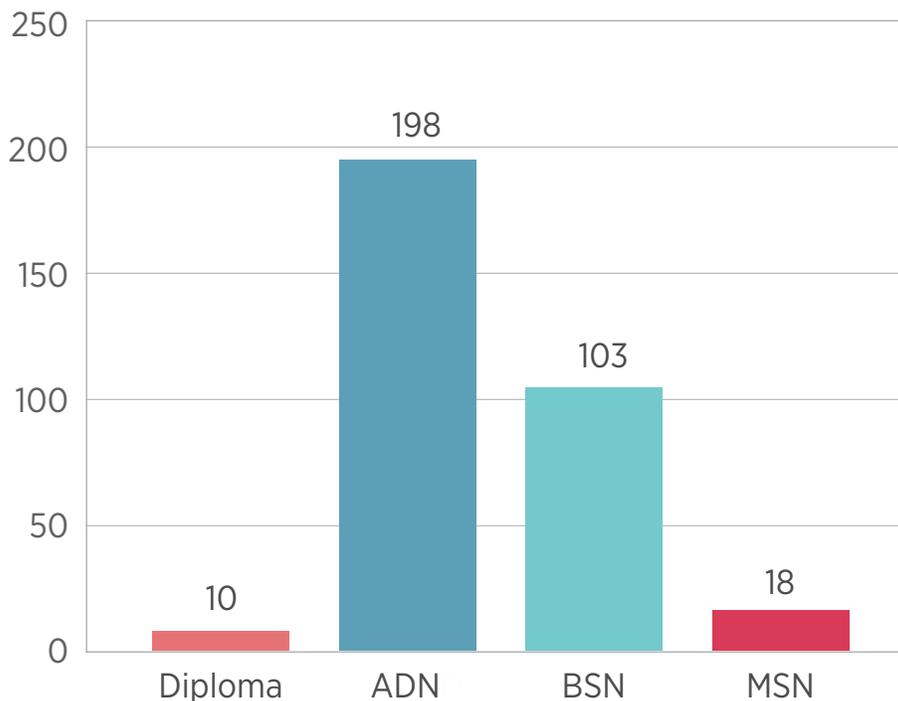
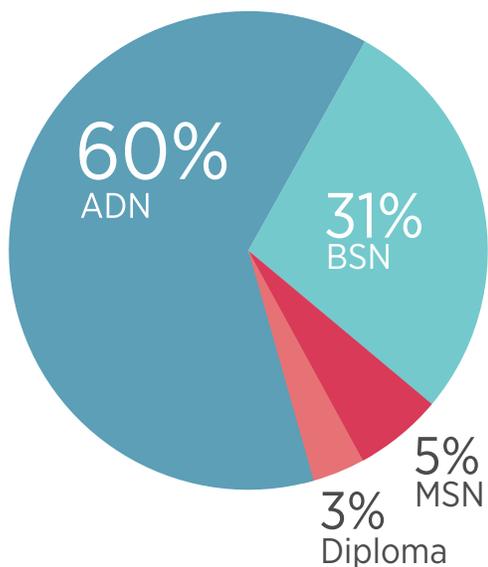


CARTERET HEALTH CARE

Nursing Clinical and Leadership Excellence

Nursing Degree Achievements

329 Total Registered Nurses



Nurse Residency Program

The nurse residency program is six months long and broken into three phases. This includes a transition period, a unit specific orientation, and a mentored independent practice component. At completion these nurses may then apply for their desired open position throughout the organization. This year we increased from two to four enrollment periods to allow for a steady complement of new nurses into the departments throughout the year.



Total program participants since 2010

79

In 2016 residents with a retention rate of 91%

11

CHC Challenges

- ✓ High Nursing Turnover in first 2 Years
- ✓ Reality Shock
- ✓ Complex Care
- ✓ Technological Environment
- ✓ Recurring Nursing Shortage

CHC Goals

- Improved patient outcomes by
- ✓ Increased recruitment and retention
 - ✓ Earlier development of critical thinking
 - ✓ Resource management for easy implementation of evidenced-based practice
 - ✓ Promoting professionalism and teamwork across disciplines

Our Outcomes

- ✓ Better self-reporting of errors
 - ✓ Better use of safety practices
 - ✓ Better retention
 - ✓ Less work stress
 - ✓ Better job satisfaction
- CHC Residency retention rate has DOUBLED over the last 5 years
 - 37% of Residents are practicing in an advanced role at CHC
 - Recognized frequently at safety huddles
 - Overall, has helped decrease lateral violence
 - Modeled and improved the on-boarding process for all nursing staff

Nurse Residency Program

CHC Nurse Residency Program is committed to the nursing philosophy that the health of our community in Carteret County is at the heart of the care we provide to our patients. For this reason, our nurse residency program is structured not only to help the new graduate to transition into professional clinical practice, but also to understand the entire patient care experience, which enhances the ability to coordinate care across the continuum for every patient, every time, at the right time.

1 8-week Transition to Practice period

Residents identify their desires and participate in activities to identify strengths so that an individualized learning plan can be developed. Residents are rotated during this time to various patient care departments to observe and analyze how nurses in those areas apply the nursing process to their practice, as well as to develop a sense of empathy for the patient. The focus is on making a transition in critical thought processes from that of a student to that of a registered nurse. Alternative Clinical Experiences (ACEs) are scheduled in other hospital departments as determined by the learning plan. Residents meet together every other week to review critical nursing concepts and discuss lessons learned.

2 8-week Nursing Orientation period to an inpatient acute care patient assignment

A preceptor is assigned to assist the nurse resident in the completion and documentation of required competencies. The focus is on developing the organization and prioritization skills necessary to coordinate care for a group of patients.

3 12-week Independent Practice period in an inpatient acute care patient area

No longer under the direct supervision of a preceptor, a mentor is assigned to continue fostering the growth of the novice nurse. The focus during this time is to develop a solid foundation that will prepare the nurse resident for a lifetime of excellent nursing professional practice. Upon successful completion, the nurse resident will be eligible to apply and transfer to any open nursing position in the facility, including specialty areas.



Transition to Practice
ENGAGING • EXPERIENCING • EMPOWERING

“The best thing that I have gained with the nurse residency is the connection with the staff.” — Eric

“Although there is still not a week that goes by that I’m not learning something new, I feel like I was more equipped with time management, practical skills, and use of information systems than some of my more experienced co-workers.” — Teresa

“I loved the residency program, I thought that it was very helpful in my practice. As a new nurse, starting out gradually is much safer and provides the patient with better care holistically.” — Katie



Carteret Health Care Nurse Directors, Regulatory and Education Teams

Left to Right: Edna Taylor, RN, Sherry King, RN, Debbie Matthews, RN, Sonjia Garner, RN, Betsy Lane, RN, Phyllis Renfrow, RN, Robin Hills, RN, Robin Mobley, RN, Leeann Grissom, RN, Cindy Jones, RN, Cindy Rose, RN, Tonya Fluellen, RN, Liz Moore, RN, Tara Anderson, RN, Susan Hastings, RN

Recognizing Our Certified Nurses

Thank you for your dedication to nursing excellence!

CRITICAL CARE

Amy Nator RN, CCRN Critical Care Registered Nurse
Harry Rutherford RN, CCRN Critical Care Registered Nurse
Heather Siebert RN, CMSRN Certified Medical-Surgical Registered Nurse
Deb Shubick RN, CCRN Critical Care Registered Nurse

PROGRESSIVE CARE

Mary Holt RN, RN-C, PCCN Medical-Surgical Certification,
Progressive Care Certified Nurse
Carolyn Hutchinson RN, PCCN Progressive Care Certified Nurse
Michelle Lasky RN, PCCN Progressive Care Certified Nurse
Lesley Taylor RN, PCCN Progressive Care Certified Nurse

MEDICAL-SURGICAL ORTHOPEDICS

Kelly Burton RN, CMSRN, ONCRN Certified Medical-Surgical Registered
Nurse, Orthopedic Nurse Certified Registered Nurse
Erin Gull RN, CMSRN Certified Medical-Surgical Registered Nurse
Jo Henderson RN, CMSRN Certified Medical-Surgical Registered Nurse
Jennifer Joyner RN, CMSRN Certified Medical-Surgical Registered Nurse
Ramie Martin RN, CMSRN Certified Medical-Surgical Registered Nurse
Michele Parker RN, CMSRN Certified Medical-Surgical Registered Nurse
Valerie Roe RN, CMSRN Certified Medical-Surgical Registered Nurse
Beth Spivey RN, CMSRN Certified Medical-Surgical Registered Nurse

EDUCATION

Sonjia Garner RN, CPAN Certified Post Anesthesia Nurse
Edna Taylor RN, RNC Inpatient Obstetrics Certification

MATERNAL-CHILD HEALTH

Monica Alexander RN, RNC Inpatient Obstetrics Certification
Marg Darby RN, RNC Electronic Fetal Monitoring Certification
Nina Gaskill RN, RNC Certified School Nurse
Kayla Kaufman RN, CMSRN Certified Medical-Surgical Registered Nurse
Mary Patton RN, RNC Inpatient Obstetrics Certification
Janet Prosser RN, RNC Inpatient Obstetrics Certification
Tish Prosser RN, LCCE Lamaze Certification Childbirth Educator
Kim Roberts RN, RNC International Board Certified Lactation Consultant
Michelle Wade RN, RNC Inpatient Obstetrics Certification

HOME HEALTH and HOSPICE

Marie Cheek RN, CMSRN Certified Medical-Surgical Registered Nurse

POST ANESTHESIA CARE

Sue Moser RN, CAPA Certified Ambulatory Perianesthesia Nurse
Leslie Morris RN, CMSRN Certified Medical Surgical Registered Nurse
Kay Tosto RN, RN-BC Board Certified Medical Surgical Nurse

EMERGENCY DEPARTMENT

Angela Cooke RN, CEN Certified Emergency Nurse
Scott Flowers RN, CEN Certified Emergency Nurse
Deana Glasgow RN, CEN Certified Emergency Nurse
Gail Gillis RN, MSRN-C Medical Surgical Registered Nurse Certified
Susan Hastings RN, CEN Certified Emergency Nurse
Claudia Lind RN, BC-SANE-A Board Certified Sexual Assault Nurse
Examiner Adult and Adolescent
Aryn Nolan RN, CEN Certified Emergency Nurse
Lori Oregon RN, CEN Certified Emergency Nurse
Teresa Schray RN, VA-BC Vascular Access Board Certified
Dixie Stewart RN, MSRN-C Medical Surgical Registered Nurse Certified
Carolyn Waters RN, CEN Certified Emergency Nurse

SURGICAL SERVICES

Mary Baldwin RN, CNOR Certified Nurse Operating Room, Certified Laser Safety
Heather Douthit RN, CNOR Certified Nurse Operating Room
Mary Ann Gillikin RN, CNOR Certified Nurse Operating Room
Patti Riehl RN, CNOR Certified Nurse Operating Room

RAAB CLINIC

Luis Badillo RN, OCN Oncology Certified Nurse
Rosemary Conely RN, OCN Oncology Certified Nurse
Debra Dingee RN, OCN Oncology Certified Nurse
Tara Dyer RN, OCN Oncology Certified Nurse
Linda Fonville RN, OCN Oncology Certified Nurse
Melissa Hamilton RN, OCN Oncology Certified Nurse

WOUND CARE

Katie Orr RN, WOCN Wound Ostomy Continence Nurse

PATIENT FAMILY SERVICES and QUALITY

Angel Chamberlin RN, RN-BC Board Certified Case Management
Beth Thrower RN, RNC Inpatient Obstetrics Certification
Lynn Trimpey RN, CMSRN Certified Medical-Surgical Registered Nurse
Peggy Ulrich RN, CDE Certified Diabetic Educator

ALLWELL

Martha Kenworthy RN, CD, ACNS-BC Certified Diabetic Education, Adult
Clinical Nurse Specialist Board Certified

NURSING LEADERSHIP

Tara Anderson RN, NE-BC Nurse Executive Board Certified
Cindy Jones RN, NE-BC Nurse Executive Board Certified
Betsy Lane RN, CDE Certified Diabetic Educator
Robin Mobley RN, RNC Low Risk Neonatal Certification
Liz Moore RN, RN-BC, CNOR Board Certified Case Management, Certified
Nurse Operating Room

Congratulations to our newest certified nurses

Tonya Fluellen, MSN, RN, NE-BC, Sherry King RN, NE-BC, Kelly Browning RN, CBN,
 Laura Ray BSN, RN, CMSRN, Allison Stebner, RN, ONC and Tonya Dixon, RN, CNML

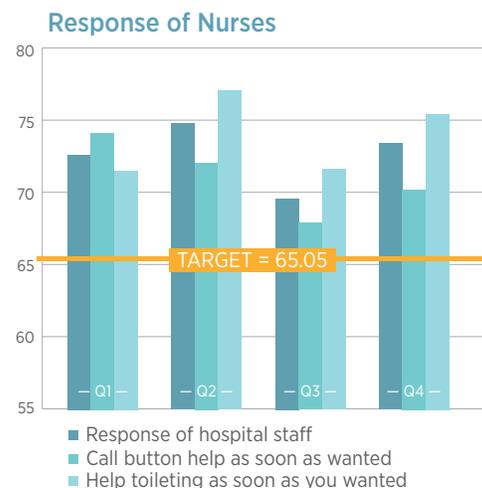
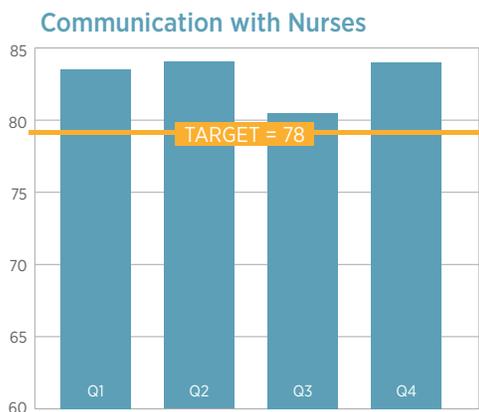
HCAHPS

Hospital Consumer Assessment of Healthcare Providers and Systems

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a patient satisfaction survey required by CMS (Centers for Medicare and Medicaid Services) for all inpatient hospitals in the United States. These survey questions allow patients to give a perceptual score to various specific questions related to the care they received while hospitalized. Each specific question has an established benchmark for all hospitals to seek to achieve. Several of these HCAHPS questions are very nursing specific.

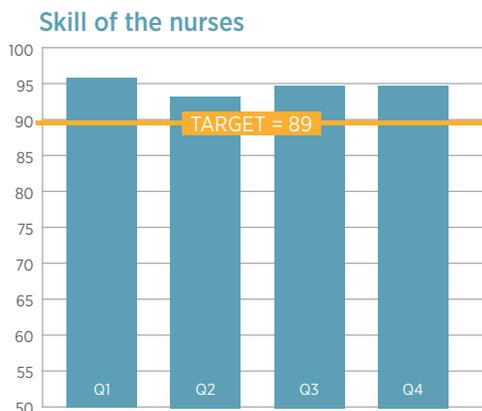
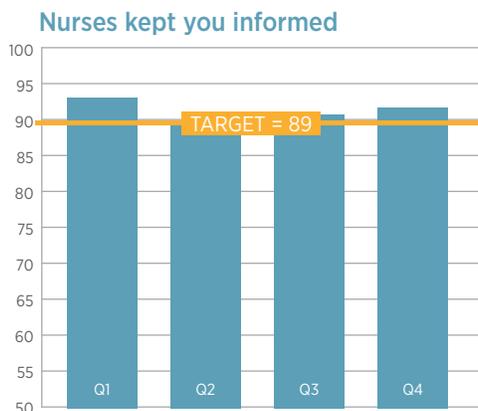
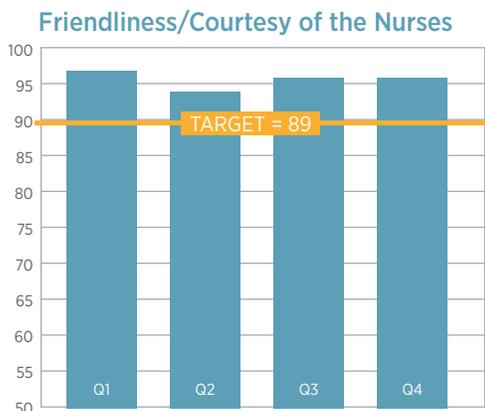
Our nursing goal at Carteret Health Care is to exceed these benchmarks established by CMS. Below are graphs that show how the nursing staff at Carteret Health Care have surpassed the established benchmark goals in the categories of communication with patients, treating patients with courtesy and respect, and response of nurses during the 2016 fiscal year. As you can see, these graphs show a very favorable perception from our patients related to these questions. Although our achievements are above the benchmark currently, we plan to reach even higher levels next year!

HCAHPS FY15/16



PRESS GANEY FY15/16

Press Ganey is the survey vendor that Carteret Health Care utilizes to collect and submit publically reported scores. Along with collecting feedback related to the HCAHPS questions, Press Ganey sends separate surveys to patients to assess the patient's perception of the level of friendliness and courtesy toward patients, perception of how well nurses were perceived to keep patients informed and the perceived level of skill of the nurse. As demonstrated in the graphs below, the nursing staff predominately exceed established benchmarks. Carteret Health Care nurses make the organization proud!



CHC Recognizes Nursing Excellence

Carteret Health Care recognizes nursing excellence twice per year: in October for the Mildred Clapsadl Award; and May for the Georgia Lewis Award. The Clapsadl & Lewis Nursing Excellence Awards are open to all clinical RNs and LPNs at Carteret Health Care who have a minimum of three consecutive years of employment and a minimum of 1000 hours worked each of these years.



Cathy Bittner, RN was awarded the 2016 Lewis Excellence Award

Cathy Bittner, RN of Carteret Health Care's Second Medical and 3rd Surgical departments received the Lewis Excellence Award during National Nurses Week and Hospital Week. Named in honor of Georgia Lewis, RN, the award recognizes the special impact and importance of nursing on patient care.

Cindy Jones, Vice President of Patient Care Services, presented the Nursing Excellence Award to Ms. Bittner in front of her clinical peers along with members of her family. Ms. Jones congratulated her and shared, "She was selected because she is a true model of a nurse leading the way. Ms. Bittner is compassionate, careful, observant and confident in her clinical care."

The Lewis Award is named in honor of Miss Georgia Lewis who was a staff nurse at the original, downtown Morehead City Hospital. She worked in all patient care areas including the Emergency Room, Medical, Surgical, and Obstetrics – her special love. When Carteret General Hospital, the former name of Carteret Health Care, opened its doors in 1967, Miss Georgia was a member of the original hospital staff. Her diverse skills were continually used in multiple areas of the Hospital, but she expanded her critical thinking skills in the house supervisor role, a position she held until her retirement in March 1991. She served as a mentor for staff, peers, and physicians – always proud to represent the Department of Nursing.

Katherine Long, BSN, RN, Mastor Preceptor was awarded the 2016 Clapsadl Award for Excellence in Nursing

Katherine Long, RN in Carteret Health Care's Critical Care Unit was awarded the 2016 Clapsadl Award during the October Patient Care Conference. Named in honor of Mildred Clapsadl, RN, the award recognizes the impact and importance of nursing on patient care.

Ms. Long was one of many nominated from over 300 nurses, RNs and LPNs at Carteret Health Care.

Cindy Jones, VP of Patient Care Services presented the award to Ms. Long and shared, "Katherine is a compassionate soul who handles any situation thrown at her with great composure. Her composure and leadership provides a sense of security and inspiration for her co-workers and patients."

Katherine is also a Master Preceptor Pioneer (pictured below on the far right).

Master Preceptor Program

This program was developed to help with the onboarding and continued education of staff in the inpatient areas. The Master Preceptor began by participating in the interview process for Transition to Practice Program. Soon the Master Preceptors began facilitation of initial and ongoing annual competency validation, as well as identifying educational needs of the staff. In 2016 they began with all new hire orientation and were instrumental in the competency fair validation. They also helped to develop and present education and simulation opportunities. Quickly, this was identified as a huge success with the plans to extend to other nursing areas, as well as individual preceptor development.



FORENSIC NURSE EXAMINER PROGRAM

Sexual Assault Nurse Examiner (SANE) Accomplishments

24/7 call program

One SANE nurse of our team was tendered as an expert witness for the courts and testified multiple time over the past year.

One of our SANE nurses teaches regularly at the University of North Carolina School of Nursing SANE trainings. She volunteers her time with no payment for her services.

We are members of:

Carteret County Sexual Assault Response team (SART). The SART team consists of representatives from the District Attorney's Office, law enforcement, Child Protective Services, Rape Crisis, The U.S. Department of Defense Sexual Assault Prevention and Response Office, Juvenile Services and CHC SANE nurses.

Marine Corps Air Station (MCAS) Cherry Point SART team, which consists of the Commanding Officer and Sergeant Major of MCAS.

Sexual Assault Forensic Examiners for Cherry Point, which includes representatives of the Judge Advocate General, Uniformed Victims' Advocates, the Naval Criminal Investigative Services, the Provost Marshal's Office, Rape Crisis, law enforcement from surrounding counties, District Attorney's Offices from Craven and Carteret Counties, Marine Family Services, the Sexual Assault Prevention and Response Office, and area chaplains.

We attend conferences:

Presented at and attended the Southern Regional Area Health Education Centers 2nd Annual Forensic Nurse Conference in Fayetteville in December, 2016

Presented at and attended the North Carolina Chapter of the International Association of Forensic Nurses Conference in Atlantic Beach in August, 2016.

Volunteering time at the CC Nursing program once a year to speak to students about SANE nursing	Held quarterly SANE staff meetings
Teaching Classes regarding DV and SA at the College for LE	We established new MOU with MCAS/DoD
Updated SANE guidelines and policies	We sent two SANE's to the Peds SANE training in October
Wrote SANE job description	We trained three new SANE nurses over the past year, still actively recruiting
Actively involved in DV team and one SANE nurse was asked to speak at Community event "Take a stand against domestic violence."	Actively involved with the Clothesline project in the County

Last but not least serving patients and victims of Sexual Assault, Domestic Violence, Child Abuse, Elder Abuse and other violent crimes.



CARTERET HEALTH CARE

Staff Engagement

Bright Ideas

Numerous contemporary regulatory and societal challenges to health care are causing fundamental changes in how hospitals across the country perform. **Constantly seeking excellence, our talented nurses and nursing assistants at Carteret Health Care are among our best resources in identifying ways we can improve the care we give our patients.** To this end, nurses and CNAs at CHC are frequent contributors to the “Bright Ideas” electronic mailbox. Bright Ideas provides a forum for all staff to submit process and performance improvement suggestions. While not all suggestions can be adopted, all are considered and discussed. Many nursing-generated ideas have been implemented this year. Here is a partial list of suggestions submitted through Bright Ideas by nursing staff that have recently been implemented:

- Relocation of hand sanitizers in patient rooms to give staff and visitors quick and easy access to appropriate hand hygiene tools
- Provision of sugar-free nutrition items on inpatient floors for bariatric patients
- Relocation of hinges on bathroom doors in patient rooms, to allow easier access for patients with limited mobility
- Establishment of a process for physicians to put holds on patient medications that could cause delays in radiologic tests, sometimes increasing a patient’s length of stay
- Creation of bedside signs for pediatric patients that can facilitate administration of life-saving medications in cases of emergency

These and many other ideas generated by CHC nursing staff have helped make improvements for patients and staff at Carteret Health Care.

Professional Excellence Council’s Mission Statement

To inspire, develop, and support leadership and professionalism in all levels of patient care at Carteret Health Care.

There are several ways in which the PEC works in order to accomplish this mission. First, we encourage continued and advanced education through honoring staff certifications at patient care conferences and at an annual breakfast celebration. In addition, we recognize two staff members each year that have gone above and beyond by awarding them the Lewis and Clapsadl awards each May and October respectively. Second, we promote ACE (Achieving Clinical Excellence) participation by hosting ACE workshops where staff are given guidance with their ACE notebooks. Later, we review the notebooks to ensure all leadership/professional requirements have been met. Third, we provide education on the shared governance model and plan to participate in the first annual shared governance fair in 2017. Fourth, we honor our nurses and CNAs professional hard work by recognizing them for a week in May and June respectively. Last, we research old and new standards of care by reviewing journal articles.

In this upcoming year we are planning to dedicate more time into this research by supporting a quarterly journal club. In addition we plan to support the Just Culture movement by creating an environment for nurse peer review.



N2E | Navigating to Excellence CHC's Operating Model

Navigating to Excellence (N2E) is Carteret Health Care's operating model for continual performance improvement. In its simplest form, an operating model dictates where and how the critical work gets done across an organization. It serves as the vital link between a written strategy and the actual front line delivery on that strategy. CHC's most significant strategy is to uphold the hospital's mission statement, "quality healthcare provided with exceptional compassion and respect." We promote N2E's philosophy under a framework of 5 guiding principles:

**+ Accountability + Quality + Strategy
+ Communications + Growth**

All hospitals, including Carteret Health Care are facing tremendous pressure to improve safety and quality while simultaneously reducing costs. At CHC we understand that even the best laid improvement plan cannot bring about sustainable, genuine change without staff engagement. N2E taps into the ideas of "experts" – our staff! **We have talented, smart, and creative staff in every department at Carteret Health Care, and to meet our challenges we value the contributions of each and every employee.** N2E operates under the philosophy that those closest to the work understand and recognize the best solutions to organizational challenges. The N2E process generates meaningful communication and idea flow from all employees, but within a structure that supports directed performance targets and goals. N2E brings all levels of staff together to improve patient care as efficiently and effectively as possible as we continually transform the culture of our organization. The N2E model provides all staff an opportunity to be engaged in creating not only a hospital that provides outstanding patient care, but also an exceptional place to work.

Rapid Improvement Events for FY 2016

Fiscal Year October 1, 2015 through September 30, 2016 was an exciting year for nursing at Carteret Health Care.

Nursing staff have contributed to multiple improvement projects that have impacted all areas of the organization. Rapid Improvement Events are projects that bring multi-disciplines together to streamline processes that impact patients. Frontline nursing staff, Directors, Pharmacists, and Physicians meet for a week to discuss processes that may need improving, develop solutions, trial the solutions, and by end of week implement these new processes for better outcomes for our patients. There have been multiple RIEs throughout the year. All of the projects had Nursing staff involvement, input, and implementation. We believe these projects help to provide better outcomes for our patients.

A few of the RIE Projects this year:

- Construction RIE-Maternal Child Health Creation of C-Section Room
- Improve the Discharge Process
- Outpatient in an inpatient bed
- PEAT: Improve the Patient Experience
- Raab Scheduling and Process
- Surgical Services---Onboarding
- PACU in Maternal Child Health
- Clinical Observation Unit
- Falls
- Emergency Department Sepsis Alert
- Cardiac Catheterization Lab
- Inpatient Sepsis Alert
- Discharge Value Steam Analysis
- Intake
- Heparin RIE
- Reducing Patient Readmissions
- Admission Holding Unit



CNA ACE Council

This multi-departmental team was designed to look at the work environment of our unlicensed personnel. The group's focus was on RN to NA relationships, and standardizing the hand off process across all departments. Another beneficial result of this collaboration resulted in the creation of two new programs. First, a biannual ACE program day that allows current Clinical Ladder participants to mentor others on how to prepare their ACE portfolio and explain the certification process. Second, a CNA retreat was developed with an emphasis on closed loop communication, utilization of available technology, and the importance of their role in providing outstanding patient care.

RAPID IMPROVEMENT EVENT

Cancer Center Improving Patient Flow

The cancer center scheduling of all patient types / procedures / treatments needed to be optimized in order to improve patient safety, patient flow, patient/employee satisfaction, and coordination of care.

The cancer center revised the scheduling dictionary to include new provider schedules, new appointment types, reduce over-booking and manage patient flow and resources. They made a future commitment to get rid of the “Black Book”! In the laboratory, they revised the operating hours, and patient appointments to include personnel in coordination of drawing port labs. There was also re-education of laboratory staff regarding the “flagging” and processing of STAT tests and to begin tracking turnaround time for certain tests. Improved communication via zip-it phones, created education packet for communication tools and revised status boards. The status boards are now displayed via monitor in the nursing station and pharmacy. They are easier to view nurses assigned, rooms and patient status. The laboratory staff assisted in coordination of port lab communication. The cancer center staff collected and evaluated data regarding patient flow/resources.



RAPID IMPROVEMENT EVENT

Care Transitions: Intake

An inconsistent and inefficient intake process, may cause delays in treatment, multiple hand-offs and unsafe transitions of care. This could lead to poor patient outcomes, increased readmissions, lowered patient satisfaction scores and decreased staff satisfaction with an increase in turnover and a potential for decreased reimbursement.

Our solution started with updating status board for patients which increased speed of admission, increased patient satisfaction and improved communication among staff. We continued with streamlining the admission process by adding height to the triage assessment, created an alert for weight discrepancies, removed a hard stop for weight in triage, and created standard work for height and weight collection and documentation which decreased medication delays and provided more accurate medication doses.



Care for one that's **love**.
Care for hundreds that's **nursing**.

RAPID IMPROVEMENT EVENT

Implementation of Dedicated Clinical Observation Unit

The Clinical Observation Unit (COU) began as a project in September 2015 and was completed mid 2016. The unit was staffed with a four to one patient ratio (one CNA and the RN) to provide intermediate level of care. The COU is driving discharges to move patients rapidly through their observation stay to keep beds open to promote ED throughout, and to keep costs associated with stay to a minimum.

Achieving Clinical Excellence Program

ACE LEVEL II Christine Falls, PCU, Jerri Osborne, Surgical Services, Matthew Turner, Surgical Services

ACE LEVEL III Kelley Burton, Third Joint Center, Heather Douthit, Surgical Services, Bonnie Gillikin, Emergency Department, Tiffany Helbert, Third Surgical, April Husenita, Coleman Radiation, Jennifer Joyner, Transitional Care, Lisa King, PACU, Patty Riehl, Surgical Services, Erin M. Smith, Third Surgical, Denise Young, Emergency Department, Angela Smith, Second Medical, Katie Dixon, CCU, Ashley Manuel, Surgical Services, Sherri Rose, Pediatrics, Linda Harris, Surgical Services, Brooke Fulcher, Third Joint Center, Angela Inman, Third Surgical

ACE LEVEL IV Susan Darden, Imaging Center, Erin Gull, Third Joint Center, Karen Gurney, Surgical Services, Michelle Laskey, Cath Lab, Claudia Lind, Nursing Resource Pool, Katherine Long, PCU, Sheila Martin, Emergency Department, Leslie Morris, PACU, Brenda Sue Moser, Surgical Services, Allison Stebner, Third Joint Center, Lesley Taylor, PCU, Katie Odham-Ashwell, Surgical Services, Rene Turner, MCH, Gail Gillis, Emergency Department, Tonya Dixon, Second Medical, Valerie Roe, Third Surgical, Nicole Hall, Second Medical, Pam Smith, Third Surgical, Jo Henderson, Second Medical, Kelly Browning, Third Surgical, Michelle Wade, MCH, Kara Stuart, Second Medical, Georgia O'Neal, Special Procedures, Katie Odham-Ashwell, Surgical Services



Capnography | End Tidal CO2 Monitoring

Dedicated to providing safe, high quality care for our patients

SITUATION

SEPT 15 2014.
Rapid Response on post operative patient with PCA, history of OSA Narcan was required

BACKGROUND

- Since MAY 2012, we have had multiple events of post operative patients with PCAs with diagnosed / undiagnosed OSA
- The Joint Commission issued a Sentinel Event Alert "Safe Use of Opioids in hospitals", AUG 8, 2012
- Data collected
- APR -MAY 2013 - Daily average high risk opioids usage 15
- Pre Op patients screened APR 29, 2013 - MAY 13, 2013 and identified OSA risk with PCA-4

ASSESSMENT

- Lack of equipment to monitor ETCO2
- Lack of consistent screening process for obstructive sleep apnea (OSA)
- Inadequate reassessment by physicians, nursing, pharmacy and respiratory therapist

RECOMMENDATION

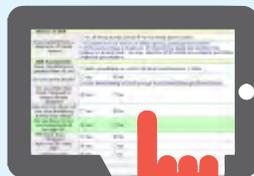
- Implement Stop Bang Assessment on all patients to identify potential undiagnosed sleep apnea patients - Completed
- Implement house wide capnography monitoring - Pending OCT 29, 2014
- Request Senior Administration and Board to release funds to purchase equipment - Completed

IMPLEMENTATION

- 16 MP5SC Monitors Portable
- 9 MP5 Upgrades - PACU/ENDO/DSY
- 2 MP5 - Special Procedure
- 40 Patient Guardian Software
- Modified Early Warning Score

Stop Bang Assessment

This allowed for early identification of patients at risk for sleep apnea



Modified Early Warning System (MEWS)

MEWS CRITERIA (excludes comfort care)							
	3	2	1	0	1	2	3
Heart Rate	<= 40	41-50	51-100	101-110	101-110	101-110	111-130
Systolic BP	<= 70	71-80	81-100	101-160	161-200	161-200	201-220
Respiratory Rate	<= 8	9-11	12-13	14-20	21-25	21-25	25-30
Temp	<= 95	95.1-96.8	96.9-97.4	97.5-100.4	100.5-101.3	100.5-101.3	101.4-102.9
O2 Sat	<= 88	89-90	91-93	94-100			
LOC		lethargic	sleep easily responds	alert	responds to voice / restlessness	responds to voice / restlessness	responds to pain / new confusion / new agitation
ETCO2				30-45	46-55	56-60	>= 60

MEWS ACTION ALGORITHM | Adult Inpatients and Observation Patients

<= 2 : NORMAL
Continue Routine Monitoring

3 to 4 : OBSERVE
Repeat Vital Signs & Calculate MEWS in 1 hour
Consider Notifying Physicians
For scores of 3 in a single category, consider RRT

5 to 6 : WARNING
Repeat vital signs & calculate MEWS a minimum of every 30 min until improved.
Notify Physician & Clinical Leader. Consider RRT and/or request transfer to higher level of care

>= 7 : URGENT
Call RRT
Notify Physician and Patient Family
Continuous Monitoring



RAPID IMPROVEMENT EVENT

Surgical Services Onboarding

Statistics show 90% of employees that decide to leave make that decision in the first year. Nurse turnover within the first year can cost as much as \$75,000 per exiting nurse.

Our new hire onboarding process was unorganized, inefficient, unsafe and unwelcoming. This led to increased turnover which resulted in frustration for all staff, overworked employees, poor return on investment, decreased patient satisfaction and poor public image.



We created a new orientation process for surgical services which includes an orientation checklist and schedule created as a reference tool, welcome letter, welcome gift and patient journeys. We also helped update the proposal for Master Preceptor Program and Clinical Educator to include incentives for preceptors, allow time to teach and time to learn, and to include preceptors for a variety of shifts.

Along with an orientation plan, we completed education plan review for new hires with updated checklists and simulation plan for surgical services roles.

We also put in place “Crucial Conversations” class to improve communication within the department.

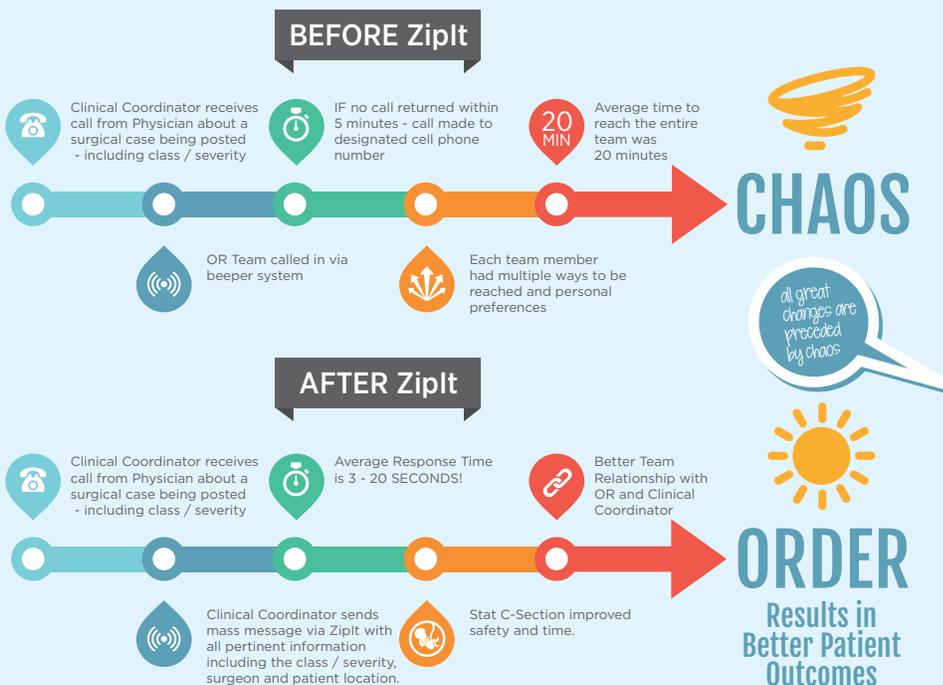
S **SITUATION**
 OR call in process was very time consuming for the Clinical Coordinators. The process made it nearly impossible to meet the required 20 minute call back time. The CC process for calling in the OR call team consisted of paging every member of the call team, waiting on a return call from each member - which included giving all pertinent information pertaining to the surgical case.

B **BACKGROUND**
 The OR call team consists of the Anesthesiologist, CRNA, the Circulator, a Scrub Tech and another RN / Tech. The Clinical Coordinator would be notified of an OR case being posted and would then start the procedure of calling in the OR call team.

A **ASSESSMENT**
 The OR call in process was identified as being very time consuming for the Clinical Coordinator, cumbersome and overall not meeting the requirements for our patients and the clinical situations

R **RECOMMENDATION**
 The communication team recommended that the process be changed and streamlined to use a paging system that would allow the clinical coordinators to send one message to the entire team with all of the required information that would be needed to start the OR case.

Surgical Services OR CALL IN PROCESS



CARTERET HEALTH CARE

Finance and Growth

END OF YEAR REPORT

Weight Loss Surgery Center

2016 was an exciting year for CHC in Bariatrics. We celebrated our advancement from a designated Band Center to an Accredited Comprehensive Center through the American Society for Metabolic and Bariatric Surgery. This was quite a great endeavor for all departments throughout our organization to meet the necessary standards by the American College of Surgeons. A bariatric equipment room was created that identified specialty equipment with weight limits. In addition to the equipment room, manuals are now available online for staff. The creation of protocols and pathways of care, educational material for patients, and staff inservices allow nursing the necessary resources for optimal care of the bariatric patient.

Comprehensive Bariatric Center

CHC fulfilled the requirement of being a designated Comprehensive Bariatric Center in 2016. This advancement now allows CHC to apply for Blue Cross Blue Shield Blue Distinction and will expand Bariatric Services to an increased population in our community. Nursing staff are working diligently to meet the standards of care required to apply for this application.

Quality metabolic & bariatric care

Proud to be an accredited metabolic & bariatric surgical center.
Honored to serve our community.



This center has demonstrated an uncompromising commitment to quality that has earned the confidence, respect, and trust of patients making a lifetime commitment to healthier living.

**IMPROVING HEALTH.
TRANSFORMING LIVES.**



CARTERET HEALTH CARE

Highlights from the CHC Balanced Scorecard 2016

* Performance Award Metric
** Case Mix Adjusted

Pillars	Initiatives	10.1.13 to 9.30.14	10.1.14 to 9.30.15	Target	Stretch	10.1.15 to 9.30.16
Safety Provide a Safety First Environment and Pursue Zero Events of Harm	Reduce Serious Safety Event Rate and # of Events*	0/0	0.14/1	0.15/1	0/0	0.15/1
	Increase Great Catch Reporting	553 70.2% increase from prior year	673 22% increase from prior year	740 10% increase	774 15% increase	1010
Quality Committed to Ongoing Quality Improvement and Safe Patient Care that Distinguishes Carteret Health Care	Reduce Readmission Rate Overall All Cause	13.38 April-Sept 2013	10.20%	Internal 10% Overall 15%	Internal 9% Overall 14%	Internal 9.38% (10/15-9/16) Overall 14.6% (4/15-6/15)
	Reduce HAI/HAC Rates (CAUTI)	4.0 (1/12-12/13)	2.18%	≤4	≤3.8	4.0%
	Reduce HAI/HAC Rates (CLABSI)	4.0 (1/12-12/13)	0.20%	≤3.2	≤3	0.00%
Service Excellence Committed to Exceeding the Expectations of our Customers	Top Quartile Patient Satisfaction Scores					
	HCAHPS Overall Top Box Score Inpatient*	66	68.4	70.2	70.5	73.7
Growth/Vision Carteret Health Care Strives to be the Best Choice Hospital by Expanding to Meet Community Needs	Complete Cath Project	N/A	N/A	Within Budget and Timeline - 7/16		Completed
	NC Breastfeeding Friendly	N/A	N/A	To be completed by year end		Completed

FOUNDATION

Compassionate Assistance

Carteret Health Care strives to be the best at care, compassion, and commitment not only for patients but also for staff. In doing so, the Compassionate Assistance committee has initiated a program to provide financial assistance to support staff who have temporary financial hardships beyond their control. The goal is to relieve some of the burden staff members face when serious tragic events happen.

The fund is supported through the generosity of staff giving and other resources. The first donations made to establish the fund were given in honor of CHC's 2016 Faces of Compassion.

While the assistance provided is considered a grant and no repayment is expected, the fund will only continue through generous donations from our co-workers.

Applications for assistance are available from the Foundation, Human Resources, or on the Foundation MyNet page. All applications are confidential and only the information provided regarding the situation will be shared with the committee.

RAPID IMPROVEMENT EVENT

Implementation of OB PACU

To enhance our patient/family experience and to promote best practice, the Maternal Child Health (MCH) department implemented OB PACU care. This care included the recovery time that once required the separation of the mother/baby duo. Our new practice facilitates skin-to-skin which promotes bonding and early breastfeeding, assists in the regulation of the newborn's vital signs to include blood sugar, and aids in pain management and lessening anxiety postoperatively. In order to recover our own c-sections on Post Partum we first held a Rapid Improvement Event (RIE) which included the MCH and PACU staff, Obstetricians, Anesthesiologists, and managers from each department. The purpose of this RIE was to determine all that was required for MCH nurses to manage a successful OB PACU including education, process changes, and patient/staff flow. In collaboration with the primary PACU, extensive orientation and ACLS were completed for all MCH nurses. MCH has made a successful transition in recovering our c-section moms. This has promoted positive bonding between the mother and infant during the recovery period after surgery, as well as breastfeeding as soon as possible to coincide with being a Mother-Baby friendly unit. We have heard nothing but positive feedback from our patients and families regarding their experience of the OB PACU!



Practicing Skin-to-Skin



RAPID IMPROVEMENT EVENT

Cardiac Catheterization Lab

Opened mid-July 2016 for inpatients and late July for outpatients. Diagnostic procedures are scheduled in the mornings and interventional procedures in the afternoons. In 2016 the CHC cath lab far exceeded predicted volumes.

CARTERET HEALTH CARE

Community

CANCER CENTER

Networking to Improve Cancer Survivorship Care in Our Community

Carteret Health Care has proudly served our community with cancer transition services since 2011. Our nurses network with cancer care providers across North Carolina to improve cancer survivorship care in Carteret County. In July 2015, members of the CHC Cancer Center team joined with nurses, social workers and therapists from across the state for intense practical training hosted by UNC Comprehensive Cancer Support Program (CCSP) and The Duke Endowment N.C. Cancer Survivorship Provider Action Network (NC-CSPAN). The goal is to spread the development and utilization of cancer transitions/survivorship programs across the state and to improve patient access to such programs in hopes of promoting support and wellness among cancer survivors. Nursing and Social Services Navigators from the CHC Cancer Center met with cancer care providers from Western, Central and Eastern NC creating a network of experience and expertise and sharing ideas to promote, enrich and sustain currently implemented cancer transition/survivorship programs in our communities.

CHC Cancer Center joins approximately 20 other cancer care facilities across the state that provide quality survivorship programs to their patients transitioning from active treatment to post-treatment “survivorship”. Cancer Transitions: Moving Beyond Treatment is a 4 week, community-based program developed by the Cancer Support Community and LIVESTRONG. The program covers the benefits of exercise, nutrition, emotional support, and medical management. CHC Cancer Center staff facilitates each weekly two and a half hour session, providing opportunity for participants to hear presentations from experts, engage in group discussion, and directly address the emotional and social hurdles they face during the transition period following treatment.





CANCER CENTER

Support Groups

At the Cancer Center at Carteret Health Care, community outreach is enriched by a partnership with a supportive multidisciplinary team of care providers. A nurse navigator in addition to social workers and dieticians engage patients as well as survivors in monthly support group meetings. Our support groups involve both the patient and their caregiver encouraging patient-family centered care. Through nursing navigation, our patients are helped to better understand their cancer diagnosis and manage their lives throughout treatment and recovery. It's also through the support groups that the patient is encouraged to seek emotional support as they progress through treatment. On the last Tuesday of every month, BluSail Art Gallery in Morehead City hosts the Cancer Center patients and their families for Art Therapy. This is an event that is funded by Keli Wagner Lady Angler Tournament Foundation and led by Cancer Center nurses and staff that volunteer their time to help patients cope with the many emotions that are brought on by a cancer diagnosis.

Broad Street Clinic

Several CHC nurses and other staff volunteer at the Broad Street Clinic. Some of the things they do for our community members in this environment is collect vital signs, current medication lists, reason for visit, and blood sugars as well as perform education on compliance, behavior modifications or disease processes. These nurses work collectively with our community volunteer physicians. The time dedicated to the clinic is outside of scheduled work time, and is giving back to the community for the under/uninsured population to help others live healthier lives.

CANCER CENTER

Cancer Screenings

The Cancer Center in conjunction with the Carteret County Health Department provided a skin cancer screening in May and a breast cancer screening in October. These screenings are facilitated by our Nurse Practitioner in partnership with the Health Department, and our very own Cancer Center nursing staff. Cancer experts provided patient education about cancer risk factors and screening guidelines for breast and skin cancer.

In 2015, cancer was the 2nd leading cause of death in Carteret County according to the State of the County Health Report. This outreach program that is open to the community also serves as a form of primary prevention to reduce the incidence of cancer as well as provide the educational tools/resources needed for patients and their caregivers to move forward with cancer prevention.



CANCER CENTER

UNC Comprehensive Cancer Center Partnership

In partnership with UNC Lineberger Comprehensive Cancer Center, since 2012 we are able to offer bi-monthly educational webinars that are open to the community, our patients, and their caregivers. The Cancer Center at Carteret Health Care is one of many regional sites that provide this service to the community through the telehealth program with UNC Lineberger.

In addition to this, our patients and their caregivers are given the opportunity to gain a better understanding about their cancer diagnosis from a nationally accredited Cancer Center, as well as a different perspective. Through Nurse Navigation, members of our community are able to access comprehensive webinars and educational tools provided by our affiliation with UNC Lineberger Comprehensive Cancer Center.



UNC
LINEBERGER

UNC CANCER NETWORK



Perinatal Loss and Bereavement Support Group

The Perinatal Loss and Bereavement Support group consisting of labor and delivery staff works year-round to reach out to families who suffer the loss of a fetus, stillborn, or neonate. This offering of support is conducted through phone calls, contacts through social media, private messaging, and emails and culminates with an annual celebratory gathering to honor the lives of the most innocent citizens that were too beautiful for earth. The ceremony is held at the New Bern Street Public Beach Access on Atlantic Beach on October 15th of every year, which is also the National Awareness Day for Pregnancy and Infant Loss. A small service is performed, poems are read, blessings are provided, music is played, and those that wish to speak about their loss may do so. Biodegradable helium balloons are provided to all in attendance and are released in unison as the sun is setting over the ocean in remembrance of precious babies. As an unknown author once quoted “while some babies are learning to walk, others are learning to fly”. This in essence represents the balloons that are released that float into the sky for as far as you can see; it is a very powerful yet calming experience. It portrays the possibility the message of love and feelings of loss make their way to the intended angel that was too beautiful for earth.

“

A life may last just for a moment, but memory can make that moment last forever

— Unknown

”

Home Health and Hospice

This fiscal year has been a year of transition and accomplishments for the Home Health and Hospice nursing staff. Two nurses have completed certifications. Marie Cheek, RN is a certified Med-Surg Nurse. Renee Ellis completed an Infection Control SPICE certification, and now serves as the departments Infection Control expert.

The nursing team worked together this past year with a Navigating to Excellence project related to decreasing readmissions. The team formed a committee to streamline the admission process in Home Health. They completed a checklist, as well as a standardized admission process. The collaboration on this was a great success.

The nurses also identified two diagnoses that had a higher number of readmissions. The team developed a pneumonia/COPD audit tool. They also encouraged their co-workers to refer these patients for telehealth services.

The most significant event this year has been the integration of Home Health and Hospice departments with the Care Transitions department. This has opened up a new avenue for patients to receive services that will be beneficial to them and will potentially decrease unnecessary readmissions.

The majority of the Home Health and Hospice nurses also completed a transition from laptop documentation to documenting on iPads with connectivity for the department's web based software. This has increased their efficiency and has given better access to the details of their patient encounters.

Diabetes Learning Center

The Carteret Health Care Diabetes Learning Center is an outpatient department of the hospital that provides ongoing education and support for people in our community that live with Diabetes. We have recently received American Diabetes Association (ADA) recognition for the quality diabetes self-management education that we provide to the community as a multidisciplinary program. We receive referrals from many different sources including the inpatient departments of the hospital, dietitians, Allwell, Wound Clinic, community physicians, the Health Department, Broad Street Clinic and patients who self-refer. We see clients that are newly diagnosed with diabetes, have pre diabetes or gestational diabetes, or may have had diabetes for many years. In 2016, we had 418 referrals for diabetes education.

Because we are passionate about helping to bring awareness regarding the importance of diabetes management, we work hard to get out into the community by holding health screenings throughout the year, including the community health fair during Hospital Week. Every August we take part in the Mt. Pilgrim Health Fair. In November, which is Diabetes Awareness month, we provide community glucose screenings and offer presentations for county employees at the Leon Mann Center. We hold a monthly Managing Diabetes Support Group which is a safe environment for people to share their journey and struggles about living with diabetes. Future goals include the initiation of a Diabetes Prevention Program for the community, attainment of the Certified Diabetes Educator (CDE) certification for all staff members at the Learning Center and marketing to local physicians.



In 2016,
we had
418
referrals for
diabetes
education!

RAPID IMPROVEMENT EVENT

Nursing Information Technology Report



IT Clinical Analysts include:
 Kim Maples, RN
 Angela Best, RN
 Belinda Codella, Lab Specialist
 Bobbie Brooks, RN
 Nina Miller, RN

Major changes relative to processes/documentation for the following initiatives:

Sepsis RIE	OBS Unit RIE	Post Partum C-section Recovery Room RIE
Intake RIE	Cath Lab RIE	Oncology Clinic Scheduling/Orders RIE
Falls Risk RIE	Admissions RIE	

New Functionality

- InQuickER implementation which allows the patient to wait at home for a non-emergency ER visit.
- Ability to download into the EHR vital signs from the mobile vital signs machines which increased efficiencies and transcription error reduction.
- Allergy interaction checking at the time of nursing medication administration.
- Public tracker board for locating MCH patients from the lobby.
- Creatinine, Urine Pregnancy and ACT Point of Care lab tests.

Improved Documentation/Safety

- Added procedure specific guidelines/prerequisites to radiology orders like table weight limits or diet restrictions to ensure patients meet those restrictions before ordering.
- Improved Handoff of Valuables via documentation changes for patient transfers and discharges.
- Standardized medication nonadministration processes and reason codes.
- Applied Smoking Cessation education process/documentation changes.
- Obtained patient's preferred pharmacy information as part of e-prescribing.
- Implemented cosignature of narcotic infusions on eMAR to improve safe administration and handoff.
- Developed daily % weight change from birth for newborns for improved monitoring.
- Improved heel stick blood collections through documentation changes.
- Improved the newborn summary documentation and then transferred that information to the provider's documentation for consistency.
- Added level of care and discharge indicator to the bed board and nursing status boards to accurately charge and improve patient throughput.
- Created Status Board specific for C.N.A.'s to improve patient handoffs.
- Set up the electronic scanning of breast milk to improve patient safety.
- Created electronic Newborn and Epidural Protocols decreasing medication overrides and standardizing care.
- Improved the communication of notifications for Breast Feeding Consults.
- Created seamless electronic notifications to the Nuclear Medication Staff when orders are placed after hours.
- Assisted housekeeping with electronic notifications of dirty rooms to improve patient throughput.

Certifications

- Added documentation changes relative to Bariatric, Spine and Joint Center certifications.
- Improved PRN pain medication reassessment documentation based upon The Joint Commission (TJC) survey.
- Developed an electronic Survivorship Care Plan for the oncology clinic.
- Added Center of Excellence documentation to Standard of Care (SOC).

Paper Reduction

- Electronic transmission of prescriptions in ED.
- Nursery Log is now electronic.
- Newborn paper forms like the Holister forms are now electronic.
- L&D EMTALA log will be electronic this year.
- Oncology clinic charges transitioned from paper to electronic.
- Newborn Immunization Records sent electronically to the state.
- The most up to date versions of order sets are stored on MYNET. Keeping paper outdated forms in offices or in departments is discouraged.



Looking for Nursing Staff?

Carteret Health Care bedside nurses wear **navy blue** and our CNAs wear **ceil blue**. You never know where you may discover a nurse at Carteret Health Care. Check out our under cover nurses in their casual clothes.





3500 ARENDELL STREET
MOREHEAD CITY, NC

2016 NURSING ANNUAL REPORT

