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Dear Nurses,

Nurses are at the heart and soul of patient care at SSM Health St. Clare Hospital. Every day our nurses utilize their skills to treat patients who truly depend upon their help. But it’s not just our nurse’s clinical skills our patients need. They look to our team for emotional healing as well.

It’s so easy to find. It’s everywhere at SSM Health St. Clare Hospital. I see it in the way our nurses talk to patients, offer a healing hug and stand side-by-side with each other, supporting each other, lifting each other up. I am inspired by the dedication, passion and commitment I witness as I round, attend award ceremonies and read letters of patient satisfaction. I am honored to be part of such a highly engaged team and I am committed to maintaining a work environment where nurses thrive and aspirations can be achieved.

I am honored to be part of a team so committed to delivering cutting-edge treatment and exceptional care. It’s a commitment, backed by evidence-based practice, that guides us as we continually adapt to the ever-changing and increasingly complex health care landscape. Together we endeavor to enhance our practice and transform health care for the future.

I thank you for choosing to practice at SSM Health St. Clare and I will continue to serve you on our journey to excellence.

Wayne Laramie
Wayne Laramie | Vice President Nursing
SSM Health St. Clare Hospital
SSM Health Mission, Vision and Values

Mission

Through our exceptional health care services, we reveal the healing presence of God.

Vision

Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically and socially marginalized, will experience improved health in mind, body, spirit and environment within the financial limits of the system.

Values

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<tr>
<th>Respect</th>
<th>We respect life at all stages and promote the dignity and well-being of every person.</th>
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<td>Compassion</td>
<td>We reveal the healing presence of God through compassionate care focused on the fullness of the person.</td>
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<td>Excellence</td>
<td>We provide exceptional care and service through employees and physicians dedicated to our Mission.</td>
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<tr>
<td>Community</td>
<td>We cultivate relationships that inspire service and promote justice in our organization and throughout our communities, with special concern for the poor and marginalized.</td>
</tr>
<tr>
<td>Stewardship</td>
<td>We use our financial, human and natural resources responsibly and care for the environment.</td>
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1. Transformational Leadership

Hand Hygiene

Hand hygiene is the primary way for health care workers to decrease cross-contamination between health care workers and patients. Performing hand hygiene requires continuous focus and awareness for the medical staff providing care to the patients. SSM Health St. Clare Hospital experienced 16 documented Methicillin-Resistant Staphylococcus aureus (MRSA) health care acquired transmissions in 2016. The rate of transmission for 2016 in Quarter one was three hospital acquired transmissions, in Quarter two was two hospital acquired transmissions, and in Quarter three was six hospital acquired transmissions. These patient events led to a review and a needs assessment completed by the infection prevention department including Ronnie Paur, RN.

SSM Health Mission and Values lead us to ensure we are doing the right thing for the right patient at the right time. This is as important in hand hygiene as it is in medication passes, time outs and discharges. The strategic plan of SSM Health is divided into four areas of focus including Growth, Exceptional Experience, Exceptional Value and Exceptional People. The Exceptional Experience goal is to improve the health of defined populations and improve the patient experience. SSM Health St. Clare strives to perform as a highly reliable organization and a focus on hospital acquired conditions as was defined in the 2015 – 2017 Strategic and Operational Priorities leading to impact the nursing strategic plan focus on infection prevention and education to staff.

The goal was to decrease the number of MRSA transmissions occurring at SSM Health St. Clare.

In January 2017, a team gathered together to review the shared information from the infection prevention department gap assessment and develop a plan for SSM Health St. Clare. The team made up of the Administrative Director of Nursing Operations, Risk and Quality departments, and infection prevention. The plan was developed to complete house-wide education for initial training through the education department and have a check-back method a short time after to support the habits and provide feedback of needed practice changes. Once the team developed the plan, education consultants were included and a plan was created to train all staff and all leaders throughout February and March 2017 for initial training.

![Graph showing decrease in MRSA transmissions after intervention](image-url)
On March 7, 2017, all leaders were trained by our education department to understand the new process and changes occurring with hand hygiene.

A refresher webinar was hosted by Alisyn Beffa, RN, administrative director of nursing operations to all leaders prior to the initial training sessions that occurred April 12, 2017, lasting through May 5, 2017.

The validation phase was conducted in an inpatient room that was set up with the same equipment used in the daily routine of providing care to the patients. To continue the practice changes post-validation, champion cards were used. These cards allowed peers to validate and provide feedback to each other on the practices of hand hygiene and care area cleaning.

Patient safety is one of the highest priorities for SSM Health nurses and by actively changing our hand hygiene practices at SSM Health St. Clare, we have demonstrated a decreased MRSA transition rate for our facility. Living our mission to provide exceptional care and reducing the likelihood of developing a hospital acquired condition allows nurses at SSM Health St. Clare to continue focusing on personalized relationships with our patients and families.

Human Trafficking

Wayne Laramie, Chief Nursing Officer (CNO) at SSM Health St. Clare, has the authority and responsibility for nursing and designated patient care services and he is accountable for the clinical practice of nursing within the organization’s operations. The role ensures the development, implementation and evaluation of policies, programs and services. He assures they are consistent with the mission, philosophy, goals and objectives of the SSM Health System.

The CNO works efficiently as a team member in a dynamic executive environment where collegiality, subsidiary and sharing responsibility is required and highly valued within a matrix organization. He promotes teamwork within and across the system by maintaining positive and productive relationships while utilizing practical problem-solving skills. He also works to encourage the development of institutional education and research policies and programs.

Human Trafficking, according to the Federal Bureau of Investigation, is the third largest criminal activity in the world, and is a form of human slavery. While the statistics are hard to track, Missouri is often noted to be somewhere between the 15th and 20th largest state that encounters this criminal activity. Usually the victims are entering health care facilities without support or the help they may need.

The retiring CEO of SSM Health, Bill Thompson, attended a presentation in 2016 on the rising concerns surrounding human trafficking in the United States. He questioned whether SSM Health had a strategy to assist with identifying and saving these victims of human and sex trafficking.

Wayne Laramie, RN, Chief Nursing Officer at SSM Health St. Clare, created a human trafficking work plan in July 2016 with team members from SSM Health St Clare Emergency Department and SSM Health Cardinal Glennon Emergency Department.

The team discussed SSM Health’s sexual assault nurse examiner program and human trafficking together. The sexual assault nurses are connected to human trafficking as many of the victims have the potential to be involved in sex trafficking. The team assessed the knowledge of the emergency department clinical nurses and staff members. The team also identified educational opportunities for the nursing leaders and physicians within the emergency department as a step to closing the knowledge gap and they made plans to expand educational opportunities in the future.
Wayne Laramie, RN, CNO, made the decision to expand the human trafficking team in March 2017. Wayne has experience with emergency services within SSM Health as the Regional Coordinator and understands the emergency environment. Wayne’s decision to expand the team was to allow for more extensive collaboration as the team continued to complete the objections of education and awareness for clinical staff working with multiple departments.

The steering team continued the work of assessment of the knowledge of clinical providers within the areas that are most likely to encounter victims of human trafficking. It was expanded outside of the emergency departments to include urgent cares, social services and medical group providers. Wayne asked the team to create a pre-test to identify the current state and help guide the work of the team. The pre-test was conducted in the summer of 2017 with over 150 clinical nurses participating throughout the SSM Health system, and the results identified a large gap of knowledge regarding human trafficking for most clinicians and support departments in the acute care setting as well as the medical group setting.

Wayne conducted monthly Skype meetings to focus on development and long-term support that led to education and a plan for implementation. The education plan was submitted to the system education department in the first quarter of 2018. In addition to the education plan, the team developed and Wayne approved an algorithm for assessing and referring a potential victim of human trafficking to social services and local support services. Raising awareness of the need for this system-wide initiative was achieved through involving legislative members, law enforcement, sexual assault experts, physicians and nursing leaders.

Wayne identified the need for education sessions on human trafficking and partnered with women’s services at SSM Health St Clare to host an event for Dr. Ann DiMaio to speak on human trafficking. This occurred on August 29, 2017, at SSM Health St Clare. In addition to this presentation, learning through our online education system (LMS) was selected to ensure education was extended to as many groups as possible. This LMS module used the information gathered from the pre-test that took place in the summer of 2017 as guidance for development.

The Chief Nursing Officer at SSM Health St. Clare is highly involved in making decisions at the System, Regional and Hospital level, leveraging his leadership skills to ensure he is a strategic partner in many roles. The St. Louis region has many highways with many SSM Health facilities that can support a patient with many health care needs. Wayne Laramie, CNO, understands the complex health care environments and works daily to be collaborative and a partner in organizational decision making.
2. Structural Empowerment

Nurse Residency Program

Created in 2010, the Future’s Academy at SSM Health provided new graduate nurses with an individualized orientation model in the clinical setting and extensive classroom curriculum tailored to his or her learning needs. The overview provided early in the hiring process to applicants, reviewed the program and roles within it (Nurse Residency Charter). Topics of instruction helped prepare a novice nurse to care for patients in acute settings. The didactic education included assessment and intervention. Each course utilized SSM Health policies and protocols for managing disease processes while incorporating critical thinking and effective decision-making skills related to clinical judgement. The didactic experience also allowed time for hands-on practice of applicable technology/equipment.

Course topics addressed a variety of disease management scenarios including cardiac, renal, neurological and respiratory, while incorporating techniques and tips for prioritization, critical thinking and delegation. The program supported participants through weekly classes as well as regular opportunities to share experiences with peers. The program ranged from six to nine weeks taking into account the needs of the specialty track.

Since 2010, additional campus-based elements had been added to the Future’s program. At SSM Health St. Clare, a “Meet and Greet” with managers and leaders gave the Future’s nurses an opportunity to speak to leaders from around the facility; skills days were added to the curriculum at the request of former Future’s program graduates; and a mentoring program was set up to help Future’s program graduates have a listening ear as new challenges arose.

In April, 2016, the decision to explore replacing the Future’s Program with a New Nurse Residency Program was first explored. In September, 2017, a new Nurse Residency Program replaced the Future’s Academy. As a result of feedback from prior programs, and in an attempt for SSM Health to move towards more consistent practices across different hospitals and markets, the Nursing Steering Team looked at best practices and current practices within SSM Health, as well as in the literature to identify how the new program would be structured. A Graduate Nurse from each region within SSM Health provided feedback to the team on what they liked about the Future’s program and what they would like to see changed in the Nurse Residency Program. Preceptors and operations leaders from each region were also invited to give feedback on what was lacking in the Future’s program and for suggestions for how to improve the Nurse Residency Program. With this information and following the standards of the ANCC Practice Transition Accreditation Program, the Nursing Steering Team determined the goals of the new nurse residency program to include:

- Develop confidence in the ability to deliver safe care.
- Increase retention of new graduates
- GNs demonstrate accountability to continuous learning

An example of how the new program improves on the old is in the length of the program. The Future’s program was for nurses who had not yet worked as a nurse since graduating. However, recent trends in hiring indicate a need for a program which helps very new nurses – less than 6 months experience working as a nurse, as well as new graduates.

To ensure SSM Health is meeting the needs of the nursing staff and preparing them to the ever changing health care environment, our program transitioned to a residency model. The new nurse
residency program lasts twelve months and continues to incorporate the Mission and Values of SSM Health. In addition, an expansive review and integration of SSM Health Nursing Professional Model is used. Our model supports creating a culture of excellence and setting performance expectations that define the SSM Health nurse. To accommodate continued development and support after the introduction to patient care is complete, more expansive topics are covered. Critical thinking, science of safety, evidence based practice modules, CQI bootcamp, inter-professional teamwork and collaboration and professional development are added topics to the curriculum. The twelve month residency concludes with a graduation ceremony.

To evaluate the effectiveness of the new program, the following metrics are used:

- Participant successful completion
- Residents in leadership roles after completion. Track career advancement - Preceptor, Clinical Support Nurse, Team Leader, Director
- Request reports annually from HRIS for years 1-5
- Academic progression of new residents/number that return to school to advance degree

The new nurses are asked to complete the Casey Fink Survey three times during the residency program, initially, at six months and at competition of the program. The survey asks about comfort with skills performance, stress, job satisfaction, job difficulties, and support. The information received from these surveys will help determine changes which can be made to the Nurse Residency Program. In addition to the survey, the team leaders round on the new graduates and their preceptors to obtain subjective informal feedback in real time.

Guided by the Onboard Exceptional Human Resources Hiring Program from SSM Health, qualified individual candidates for the Nurse Residency Program are interviewed by the hiring team leader. If the team leader finds the candidate to be a good fit for the team, a peer interview and tour of the unit follows, with an opportunity for peer to peer interaction. After a review of the candidate’s commitment to the Mission and Values of SSM Health and patients, a decision is made to offer that candidate a graduate position in the Nurse Residency Program.

Allison Hacay is the newest Clinical Support Nurse on the Medical Surgical unit at SSM Health St. Clare (February, 2017).

During the summer of 2013, Allison spent eight weeks as a student nurse intern (SNI), on the same unit. During those eight weeks, Allison evaluated whether this was the hospital and the unit she wanted to begin her career while the unit evaluated whether Allison was a
good fit for the team. Both were a match and Allison stayed on after the SNI role in a Clinical Partner 2 (CP2) role while completing nursing school. In June, 2014, Allison applied for and was accepted to the Future’s Academy. She completed the eight week orientation and began her full-time nursing position on the Medical Surgical unit at SSM Health St. Clare. Allison was a quick learner and transitioned from the night shift to the very busy day shift. By May 2015, Allison was a Preceptor (Clinical Coach and Instructor) for other Future’s nurses. Allison was able to use what she had learned both while in Future’s and since graduating to help make the new graduates’ experience meaningful and educational. March 2017, Allison became the newest CSN on the floor.

Allison anticipates the new Nurse Residency program will be even better. She stated that new graduates have many new roles to learn and succeed in - learning the expectation of the organization, their new nursing role, all the while studying for NCLEX exam. Allison supports a transition to a one year program explaining new nurses to become more involved in the team work on the unit as well as more safety conscious.

Allison is an excellent example of how through the new graduate program, Future’s Academy, SSM Health St. Clare successfully facilitates effective transition of new graduate nurses into the nurse practice environment.

SSM Health St. Clare Hospital, through SSM Health, facilitates the effective transition of registered nurses and new graduate nurses into the work environment. The program supporting this transition changes as the needs of those nurses entering the workforce change. This is evidenced by the successful use of the Future’s Academy and the transition to the Nurse Residency Program.

Preceptor Development

Preceptors are the first relationships formed on a unit when a new hire begins their career at SSM Health St. Clare Hospital. This role is well respected as the first informal leader they work beside and provides a positive relationship that molds the new hire. That being said, the role comes with a large amount of responsibility that leads to preceptor turnover and preceptors feeling unprepared for this role. A preceptor feedback survey was sent out in March 2017 seeking input from current preceptors and new hires at SSM Health St. Clare. A summarized PowerPoint from the feedback survey revealed 40% of preceptors felt adequately prepared and 60% felt well prepared to be a preceptor. With a goal of moving more preceptors to feeling well prepared, SSM Health St. Clare developed an ongoing preceptor development program with educational based materials to support the current and newly trained preceptors. This new program is used in conjunction with the existing preceptor development class that educates new preceptors and provides a knowledge base to orientate new hires.

Demonstrate example of structures and processes:

The preceptor development program began as a unit-based program developed and supported by each individual unit. To help ensure all preceptors received a similar base of knowledge, a preceptor class was developed. This class is taught by education consultants from across SSM Health in St. Louis and attended by new preceptors. The education consultants work with nurse leaders, nurse managers and preceptors to provide unit specific educational support to the new hire or transfer during their orientation. This class helped prepare new preceptors, however many preceptors expressed a desire for ongoing development and education to decrease burnout and increase effectiveness in the orientation of new staff.
On March 20, 2017, a team consisting of Amber Wood RN, MSN, System Director Clinical Education; Alisyn Beffa RN, BSN, Administrative Director of Nursing Operations; Amy Farr RN, MSN, Director of Nursing Excellence and Professional Development and Crystal Dilworth Jackson RN,MSN, Clinical Education Consultant gathered to discuss the current preceptor program. The first meeting consisted of reviewing themes in literature, preceptor survey results and beginning to brainstorm ideas for a new preceptor program. Over the course of several meetings, a decision was made to host the first development workshop on June 16, 2017. This workshop would focus on defining the role of the preceptor and discuss how to deal with crucial conversations.

The workshop was hosted through nursing and education and the presenters were current preceptors along with education consultants. Nursing leaders and nursing directors invited current preceptors to participate in the workshop. A flyer was created for them to use within their units a total of 24 clinical nurses attended, five from SSM Health St. Clare Hospital. Learning objectives were set to increase knowledge of the role of the preceptor and demonstrate effective techniques for providing feedback to those they precept. All 24 clinical nurses responded yes to both learning objectives as evidenced in the Preceptor development workshop evaluation.

After a successful first educational activity for preceptor development, the steering team presented an SBAR formatted communication tool to the Regional Chief Nursing Officers group to update them and share the future plan. The CNO group approved the continued work of the group. The preceptor development program consisted of scheduled round table discussions, additional workshops, in addition to continuing with the traditional preceptor development course offered for new preceptors to the organization.

A second workshop was hosted December 5, 2017, with a total of 15 clinical nurses participating, nine of those from SSM Health St. Clare. Feedback similar to the first workshop was received, further solidifying the importance of this program to help existing preceptors enhance their skill set.

Supporting and educating the first person within the organization to lead our new hires is vital to success of the new hire, the unit and the organization. Hearing the voices of our preceptors regarding their educational needs and acting on their feedback enables us to provide additional support and new educational opportunities.
Exemplary Professional Practice

3. Safe Patient Handling

At SSM Health St. Clare Hospital - Fenton, the Safe Patient Handling and Movement Program is the workplace safety strategy to ensure patients are cared for safely while maintaining a safe work environment for employees. The safety strategy and program oversight is achieved through a multi-faceted approach.

The Environment of Care Committee directly or through the Employee Safety Committee will provide oversight and evaluate program statistics, outcome measures and changes implemented to improve the overall effectiveness of the program.

Each hospital within SSM Health has a multidisciplinary Safe Patient Handling Team that implements and monitors the Safe Patient Handling and Movement Program. More than half of the team are non-managerial direct care staff performing patient care movement and handling activities. Of the direct care staff, the majority are clinical nurses.

Annual evaluation of the program utilizes outcome measures including but not limited to employee and patient injuries, lost work days, workers’ compensation claims and changes made based on program evaluation.

The clinical staff on the Safe Patient Handling Team assess high-risk patient handling tasks to determine the safest way to accomplish them. This continual evaluation of workplace safety for nursing improves safety for both staff and patients. Equipment, aids and safe patient handling techniques are reviewed and implemented to prevent manual lifting, transferring and repositioning of all or most of a patient’s weight except when absolutely necessary such as an emergency or otherwise exceptional circumstances.

The goal of the Safe Patient Handling Team is to reduce the number of nurse’s strain or lifting or pushing/pulling injuries by having the right equipment to perform patient handling tasks in the safest manner.

The Safe Patient Handling Team was formed at SSM Health St. Clare in January 2015. The original team consisted of a few clinical nurses, a transport aid and a physical therapy supervisor. To assist the team with evaluation of equipment aids, the hospital partnered with AR Johuntley to review the workplace environment for appropriate patient handling equipment. AR Johuntley presented an equipment strategy for areas with insufficient equipment. In the fall of 2015, a vendor fair was held so employees could look at and evaluate the different equipment available. In May 2016 the Safe Patient Handling Team assessed the use of the available equipment throughout the hospital. They found that while portable Hoyer lifts were available in many patient rooms, they were not being utilized to their fullest potential. The following month clinical staff were re-educated on the use of the ceiling lifts. Additionally, the practice of using draw sheets and cloth pads to pull patients up in bed changed to using a “Maxi Slide” to easily transfer and move a patient. In December 2016, the hospital purchased Sara Steddy devices to make it easier to get patients in and out of bed to the chair.
All of these changes were based on the initial Patient Handling Equipment strategy. Yet, at the Safe Patient Handling Team continued to review the outcome measures for employee injuries was not decreasing. In April 2017 the team membership changed to include a nursing leader as co-chair of the team. The team was re-invigorated and the focus became not just the direct patient care environment, but all areas where a clinical nurse may transfer or move a patient. The team moved its focus from not just looking at what additional products could be purchased to focusing on the employee injury reports to try to isolate any common causes.

These team members would then take what they had learned back to their individual units to teach others what they had learned. One common denominator discovered was that employees were getting strain injuries from assisting patients in and out of cars. Patients would come from outside facilities without medical providers accompanying them and not be able to get in and out of the car to get services for which they came to SSM Health St. Clare. Further review revealed the majority of the transfers in to a private vehicle were related to a specific nursing home. This nursing home would send the administrator in his personal vehicle to pick up the patients. The vehicle utilized was high off the ground. Therefore, the team worked with the nursing home via case management when patients were picked up at discharge, a more readily accessible vehicle is used.

Because clinical nurses are included in the evaluation of workplace safety, we have been able to better use the equipment we have and utilize new equipment and improve the safety of our staff when it comes to strains due to lifting, pushing and pulling.
CLABSI Prevention

Clinical nurses in the Intermediate Care Unit (IMCU) at SSM Health St. Clare Hospital worked through a patient safety concern related to the 2017 national patient safety goal NPSG.07.04.01 (use proven guidelines to prevent infection of the blood from central lines). In January 2017, the IMCU had a patient who developed a Central Line Associated Bloodstream Infection (CLABSI). This was very upsetting to the clinical nurses in the IMCU as they had not experienced a CLABSI since March of 2016. Shari Morgan-Please, RN, clinical nurse and Infection Prevention (IP) champion completed root cause analysis on this CLABSI in February 2017. Her review of the documentation in the patient’s chart revealed the clinical nurses followed current practices and procedures related to central line assessment and care.

Shari shared the results from her chart review to the Unit Practice Council (UPC) in February 2017, and together they conducted an updated gap analysis for compliance with the CLABSI work plan based on national patient safety goals.

SSM Health St. Clare Hospital has created work plans related to infection prevention practices. The work plans are evidence-based plans and practices that centered on prevention and improvement related to patient safety goals. The 3 IMCU CLABSI work plan includes bathing patients with a chlorhexidine preparation daily, avoiding the use of femoral veins for access in obese adult patients when the catheter is placed under planned and controlled conditions, and avoiding antimicrobial ointments for hemodialysis catheter insertion sites.

Shari had identified that the January 2017 CLABSI originated from the patient’s dialysis catheter that had been placed in the femoral vein. The UPC also noted that the previous CLABSI that occurred in March 2016 had also been a dialysis catheter. The current dressing being used for dialysis sites was a BIOPATCH, which contained chlorhexidine gluconate (CHG), but it was not transparent, so the insertion site could not be assessed. The clinical nurses reviewed their current practices and wanted to enhance their ability to complete assessments to prevent future bloodstream infections. They inquired about other options that might be available that would allow them to visualize the site. In researching what other options might be possible, the clinical nurses learned of a CHG dressing that was transparent and available in a larger size. The team proposed they transition their practice to incorporate the new dressing, to the larger, transparent, CHG-impregnated dressing.

The goal of the IMCU team was to reduce the number of CLABSI in this dialysis patient population.

In March 2017, Donna Robinson, RN, Nurse Leader for the IMCU, took the IMCU’s Unit Practice Council plan to improve the patient safety goal of preventing bloodstream infections to Dr. Pherez, Infection Control Medical Director, as well as Veronica Paur, RN, Infection Preventionist at SSM Health St. Clare. Donna presented the dressing change practice change and the literature about this product supporting the transition to a transparent dressing. The dressing being transparent allows for continuous visual inspection of the catheter site. Dr. Pherez and Veronica Paur, RN, both agreed to
this evidence-based practice change and supported to have all dialysis catheters at SSM Health St. Clare utilize this new dressing in place of the BIOPATCH dressing. The new product was purchased and placed into practice in March 2017.

Clinical nurses in the Intermediate Care Unit (IMCU) were involved in several activities that addressed the national patient safety goal related to NPSG.07.04.01 (use proven guidelines to prevent infection of the blood from central lines) including reviewing of their work plan and advocating for a new dressing. Because of their direct involvement, they were acutely aware that reducing the risk of health care-associated infections. Their consistent involvement in conducting root cause analysis and using evidence-based practice allowed them to formulate a plan for improvement.

Since the IMCU has adopted this new process of using the larger, transparent CHG dressings on all dialysis catheters, the IMCU has had zero CLABSIs.

In 2Q-2017, this process was recognized as a best practice at the St. Louis Regional Dialysis Meeting, and since then has become standard practice for all dialysis catheters in the SSM Health St. Louis adult hospitals.
4. New Knowledge, Innovation and Improvements

**NK EBP and Research**

As it has in the past, the role of clinical nurse continues to grow and evolve. Part of that evolution is the implementation and adoption of Evidence-Based Practice (EBP) and nursing research. Whether it is the desire to improve internal metrics and outcomes, to learn and share new knowledge, or both, a strong nursing EBP and research program can help nurse-driven outcomes and improve patient care. While it is important to know how to do one’s job, it is also important to know and understand why. This culture of professional inquiry is invaluable in the clinical setting and to nurses both as individuals and as a profession.

Somewhat novice to EBP and nursing research, SSM Health St. Clare sought to develop a foundation and curriculum to help guide nurses on this path. After beginning her role as the Neurosciences Research Nurse the previous year, Casey Lairmore MBA, RN, expanded her role as Clinical Research Nurse during the summer of 2017 to help develop EBP and nursing research at SSM Health St. Clare. Casey developed and chaired Evidence-Based Nurse Research Council (EBNRC) at SSM Health St. Clare, leading its first meeting June 29, 2017. Members of the EBNRC include clinical nurses, specialty nurses, Advanced Practice Nurses (APN’s) and clinical service area staff (infection prevention, diabetes management, dialysis, STEMI coordinators, etc.) employed by SSM Health St. Clare Hospital. Other non-nursing representatives are added on an ad-hoc basis. That first meeting served to develop a council charter, council goals and meeting schedule. SSM Health’s system practice council had adopted the Johns Hopkins EBP model as a framework for nurses. As such, SSM Health St. Clare was able to provide this online education free of charge to any interested nurse, whether members of the EBNRC or not. In addition to this training, Casey also helped all those interested in obtaining CITI training (Collaborative Institutional Training Initiative) which is education on research ethics and compliance required before any staff can participate in research.

SSM Health St. Clare, as carried out by the EBNRC, aimed to provide opportunities for nurses to understand EBP and nursing research concepts and recognize the application of these concepts in practice as evidence by implementing three projects by the end of 2017.

While meeting monthly after its start in June 2017, Casey and the EBNRC continued to garner education on EBP, research and to develop project ideas. The Johns Hopkins EBP model was enculturated throughout the facility by allowing EBNRC members to obtain this training and then share it with their peers—encouraging them to complete this training as well. In order to foster professional inquiry throughout the hospital and help guide nursing staff toward improved outcomes, an education curriculum was developed in November 2017. This curriculum was to serve as a foundation for education offered to any clinical nurse interested in carrying out an EBP or nursing research project. Education offered tools, resources and mentors with knowledge and experience surrounding EBP and research. The premise was for clinical nurses to come with an idea or question that would then be constructed into either an EBP or nursing research project through drafting of a clinical question and/or hypothesis, completion of a literature search and development of a project.

The internal goal of implementing three EBP and/or research projects by the end of 2017 was realized through the Emergency Department’s *Ultrasound Guided Peripheral IV Insertion* EBP project, the Intensive Care Unit’s *Implementation of Quiet Hours to Impact Confusion Assessment Method (CAM) Scores* nursing research project, the Cardiac Unit’s *Nurse Driven Telemetry Monitoring Discontinuation Algorithm* EBP project, *Eat Less, Exercise More: Sounds Easy, So Why Is It So Hard?* EBP project.
conducted by Laurie Klipfel, diabetes educator, and Implementing Immediate, Uninterrupted Skin-to-Skin Contact after Birth project conducted on Family Birth Place. In addition to these projects started during 2017, other current projects include Distraction Via the Use of Doll Therapy and Activity Blankets to Prevent Falls in Dementia or Confused Patients, research project taking place on 5 North, and Personal Arthroplasty Liaison (PAL) Lanyard Program Retrospective Chart Review Study, research project taking place on 2 North.

Further, a better understanding of EBP and nursing research concepts among clinical nurses at SSM Health St. Clare has developed over the past year. There is a culture of professional inquiry and desire to drive nursing practice through EBP and research among clinical nursing staff. It is expected this culture will continue to drive positive changes including allowing nurses to guide their own practice and improve outcomes.

**NK Code Sepsis**

Within the Emergency Department (ED) at SSM Health St. Clare Hospital it was identified that patients arriving with the diagnosis of sepsis, severe sepsis or septic shock experienced variable levels of care along with missing key interventions throughout the designated time to provide care. Reviewing the workflows and outcomes from April 2017 until May 2017 related to sepsis diagnoses, the ED ranged from 25% to 27.3% completion of the designated care of the Severe Sepsis and Sepsis Shock Bundle.

The goal of this innovative team was to improve the quality of care provided to patients with sepsis diagnoses by providing all elements of the three hour care bundle in order to decrease the sepsis mortality index.

A Rapid Improvement Event (RIE) was hosted and led by clinical nurses at the ED in July 2017 to create an innovative workflow to improve quality of care for patients diagnosed with sepsis. Staff members from throughout SSM Health St. Clare, including clinical nurses from the ED and inpatient areas, were gathered for a week-long event. During this event, staff created a reason for action statement, goal states along with descriptions of the gap that prevent them from meeting the goal guiding them to find the root cause of the concerns.

Education was created to enhance the ED clinical nurses’ knowledge base and other clinical staff in recognizing sepsis, severe sepsis, septic shock and treating it appropriately. Using the definition created by Centers for Medicare and Medicaid (CMS), the team created a sepsis badge tool to be used in support of the decision making timeframe for the clinical nurses to refer. Teamwork was the focus within the department by developing criteria for when to call a “code sepsis” and send a page for support during this time critical intervention period. The roles and workflow for each team member who were to respond was also defined. This provided each person responding a purpose and actions to contribute to the patient’s outcome when sepsis is identified.

Communication was the focus surrounding the development of a smart phrase function within the electric health care record notes. This provides documentation of what has been completed and what remains to be completed within the three hour bundle order set treatment plan and nursing interventions for patients with the diagnosis of severe sepsis. This produced a higher quality of handoff for the clinical care providers, thus improving the quality of care for the patient.

Experiments were conducted during the period of June 20 - 30, 2017, by members of the improvement team. The team worked with clinical nurses working in the ED that week who were caring for patients admitted with the potential diagnosis of sepsis, septic shock or severe septic shock to ensure the innovative ideas increased the quality of care being provided as measured through the increased use of the three hour bundle treatment plan.
This team also provided education to the ED staff, including clinical nurses. This education included signs and symptoms of severe sepsis and septic shock. The team created a sepsis tool for all ED caregivers to use to help identify severe sepsis, the communication tool and the standard workflow to be used for each person that plays a role in the code sepsis. These tools were refined during the experimental phase, using learned knowledge to make it easier for clinical staff to use and, in turn, make supportive decisions.

During the trial, the three hour bundle treatment plan data continued to be monitored showing an improvement in designated care completed within three hours of diagnosis as follows: 78.6% in August 2017, 50% in September 2017, and 42.9% in October 2017. This exceeded the pre-intervention range of 25-27.3%

This improved utilization of the three hour care plan and treatment interventions also directly impacts the mortality index for sepsis patients. The mortality index for patients admitted with a sepsis diagnosis link to the use of the three hour sepsis care plan is reported on a two month lag. The mortality index for patients discharged in May of 2017 was 1.04 with a goal of 0.95 for SSM Health St. Clare Hospital. The post-intervention time frame of August 2017 revealed using the bundled treatment plan and the innovated "code sepsis" decreased the mortality index to 0.87.

Innovation led by clinical nurses and utilization of the innovated “code sepsis” directly impacts patient outcomes by creating a workflow for clinical nurses to use and thus improve the completion of the three hour treatment plan for patients with sepsis, severe sepsis and septic shock. Utilizing this process, created by clinical nurses, has supported a decrease in the mortality index for this patient population. Working together during the “code sepsis” supports the care delivery model of relationship-based care and allows patients to be cared for in the quickest and most personalized manner.
### 5. 2017 Nursing Clinical Outcomes

#### Nurse Practice Environment Survey

<table>
<thead>
<tr>
<th>Benchmarks*</th>
<th>2015</th>
<th>2017</th>
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</thead>
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<td>Quality of Care</td>
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<td>✓</td>
</tr>
<tr>
<td>Nurse Manager Ability, Leadership and Support of Nurses</td>
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<td>✓</td>
</tr>
<tr>
<td>Autonomy of Nurses</td>
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<td>✓</td>
</tr>
<tr>
<td>Staffing and Resource Adequacy</td>
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<td>✓</td>
</tr>
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</table>

*Outperformed mean of comparable hospitals*
Nursing Workforce Overview

6. Nursing Workforce Overview

**Nursing Demographics**

- 42% of total workforce are NURSES
- 46% with greater than 10 years’ experience

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
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<tbody>
<tr>
<td>&lt;30</td>
<td>25%</td>
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<tr>
<td>30-40</td>
<td>34%</td>
</tr>
<tr>
<td>&gt;40</td>
<td>41%</td>
</tr>
</tbody>
</table>

**Statistics**

- Average Daily Census: 135
- Total Patient Admissions: 10,910
- Total Babies Born: 1,144
- Total Surgeries: 6,353
- Total Emergency Department Visits: 42,806
SSM Health St. Clare Hospital Nursing Quality Indicators

Benchmarking against the NDNQI hospital comparison groups, SSM Health St. Clare Hospital has clinically superior outcomes in key clinical areas.

<table>
<thead>
<tr>
<th>Benchmarks</th>
<th>2 N</th>
<th>3 ICU</th>
<th>3 IMCU</th>
<th>4 N/S</th>
<th>5 N</th>
<th>5 S</th>
<th>FBP</th>
<th>Cardiology</th>
<th>Cath Lab</th>
<th>ED</th>
</tr>
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<tr>
<td>Falls with Injury</td>
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<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Percent HAPU 2+</td>
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</tr>
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</tr>
<tr>
<td>CAUTI</td>
<td>✓</td>
<td>✗</td>
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<td>✓</td>
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<td>✓</td>
<td>✓</td>
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</tr>
</tbody>
</table>
Evidence-Based Practice
ED US Guided IV Placement

The impact of Evidence-Based Practice (EBP) has echoed across nursing practice, education and science. The call for evidence-based quality improvement underscores the need for redesigning care that is effective, safe and efficient. Nurses from SSM Health St. Clare Hospital have responded to launch initiatives focusing on the convergence of knowledge, quality and new functions in nursing practice. Preparing nurses and empowering them to use their knowledge to drive practice changes also provides evidence-based practice an avenue to stay relevant and thriving within the workflows throughout the organizations. Clinical nurses often identify issues being voiced by the patient that may not be captured through more formal processes, such as patient experience.

In the Emergency Department at SSM Health St. Clare Hospital, it was identified by clinical nurses that intravenous (IV) catheter sticks continue to be a patient dissatisfier, particularly when the RN needed to attempt access more than once. Limitations to intravenous access can be related to the physiological makeup of the patient, among other factors. While the physiological factors preventing IV access vary from patient to patient, the dissatisfaction for both the nurse and the patient is a prevalent theme. Hearing these concerns from the staff and patients, two nurses from the department embarked on an evidence-based practice project. This workshop is a three-week course, meeting one day a week to learn and utilize the John Hopkins Model. The John Hopkins Nursing Evidence-Based Practice Model is a powerful problem-solving approach to clinical decision-making inclusive of a literature synthesis.

John Siesener, RN, and Mary Gardner, RN, clinical nurses from SSM Health St. Clare Hospital Emergency Room, participated in the workshop that started April 6, 2017. They began this session interested in learning more about IV insertion and the opportunities to enhance this practice for the Emergency Room at SSM Health St. Clare. Their goal was to gather ideas and collaborate with other clinical nurses in the department to review options to improve IV sticks, such as evidence to support double tourniquet technique for hard IV sticks and using ultrasound to insert.

Through a literature search, research articles were found and critically appraised to find the best supporting evidence to provide the information needed to create a practice change. The literature review for this project focused on IV insertion supported by ultrasound usage for the clinical nurses. A PICO question was created asking: When compared to visualization and palpation, does ultrasound guided venous cannulation improve success rate and quality of IV insertion in patients admitted to the Emergency Department?

After completing their evidence-based practice review, John and Mary shared their findings supporting the clinical nurse using the ultrasound machine for IV access, through a poster presentation at the evidence-based practice fair in July 2017. At the conclusion of their project, they approached leadership to support the purchase of an ultrasound machine to take transition this project into practice.

In July 2017, April Hawk, RN, nurse leader, submitted the request to purchase an ultrasound machine for the Emergency Department to be used for IV sticks. During the July 2017 unit practice council meeting, the team discussed new business of the ultrasound machine and education to support this practice change. Training started on July 21, 2017, supported by the representative of the product and Sally Merkel, clinical nurse, vascular access nurse at SSM Health St. Clare Hospital. The practice of using ultrasound to assist in IV sticks was new to the organization as clinical nurses had not been trained formally nor validated for competency outside of the vascular access role.
A validation expectation was set requiring five validations to occur through a peer to peer method to demonstrate an understanding of the education provided. This expectation was decided and supported by the Unit Practice Council of the Emergency Department. In conjunction with the validation, John Siesener, RN, reached out to the auxiliary to purchase a practice arm to be used in the educational setting. This request was funded and fluently began to enhance the patient experience utilizing the new resources and skills taught.

Understanding the concerns and dissatisfaction of both patients and coworkers, two clinical nurses took on the task of searching the evidence for best practices regarding difficulty IV sticks. After reviewing the evidence, they facilitated a new practice change of ultrasound-guided IV insertion in the Emergency Room at SSM Health St. Clare Hospital. With the evidence and energy to share their message, a new practice was established that supports nurses in exploring areas of opportunities within their work area.

### Telemetry Discontinuation

Recognizing the growing concern surrounding the availability of telemetry capable inpatient hospital beds, clinical nursing staff from 4 North Cardiac set out to create a Nurse-Driven Telemetry Discontinuation Algorithm. Jeannie Hall-Crochunis, RN, Byron Heilig, RN, and Holly Zweifel, RN, began by completing a literature search on the topic which revealed not only is the lack of telemetry monitors a common concern, but that the overuse of telemetry monitoring can lead to higher health care costs, unnecessary testing and longer patient stays. By utilizing existing hospital policies along with American Heart Associate (AHA) guidelines, a safe and efficient nurse driven protocol was created for safe discontinuation of telemetry monitoring.

Once the literature search was complete and all articles appraised using the Johns Hopkins Evidence-Based Practice method, the team developed an algorithm to submit to the Medical Executive Committee (MEC) for approval. This algorithm was approved and supported by MEC. Because 4 North Cardiac has specific telemetry boxes for each inpatient bed due to the needs of the patient population of this unit, the 4 North team who developed the

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### Telemetry Discontinuation Algorithm

**After 24 hours from placement of telemetry monitor or immediately after a code status change to dnr/comfort measures only**

(Based on AHA guidelines and current SSM Health policy)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>ACS/Chest pain</td>
<td>YES</td>
</tr>
<tr>
<td>Acute CVA/TIA</td>
<td></td>
</tr>
<tr>
<td>Critical electrolyte imbalance</td>
<td></td>
</tr>
<tr>
<td>Acute CHF</td>
<td></td>
</tr>
<tr>
<td>Acute/new onset arrhythmia (AFib RVR, VT, VFib, Brady/Tachy, 2nd degree or 3rd degree AV Block, SVT)?</td>
<td>NO</td>
</tr>
<tr>
<td>Unstable rhythm in previous 24 hours?</td>
<td>YES</td>
</tr>
<tr>
<td>Troponin &gt;0.015 in a set of 3 troponins (For ACS/Chest pain)?</td>
<td>YES</td>
</tr>
<tr>
<td>Requiring IV antihypertensives, antiarrhythmics, electrolyte replacement, benzodiazepine?</td>
<td>YES</td>
</tr>
<tr>
<td>Loading doses of Sotalol, Tikosyn, Flecanide?</td>
<td>YES</td>
</tr>
<tr>
<td>Hemodynamically unstable (SBP &lt;95)?</td>
<td>YES</td>
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**Telemetry Discontinuation**
Delirium is a preventable medical condition and a symptom of acute brain dysfunction, which can have both short-term and long-term adverse effects on a patient’s level of function. Recent studies show delirium occurs in 60-80% of critically ill patients that require mechanical ventilation and 20 - 50% of critically ill patients that do not require mechanical ventilation. By assessing for delirium using the confusion assessment method (CAM) ICU assessment tool, nursing documentation data from May - December 2016 revealed an average of 38.3% of the ICU patient population at SSM Health St. Clare Hospital had positive confusion assessment method (CAM) scores. This peaked in August 2016 at 47.5%. Delirium has a profound negative impact on morbidity and mortality rates and can directly impact patient outcomes. This can potentially be exacerbated by an open visitation policy which may interrupt sleep/wake cycles and cause cognitive and physiological disturbances leading to delirium. The ICU at SSM Health St. Clare Hospital had an open visitation policy, allowing unrestricted visiting (both in number of visitors allowed and time of day) to all patients. Demonstrating our Mission in action, the ICU is dedicated to providing a restorative environment in order to promote rest, healing and best possible outcomes.

The team’s goal was to show implementation quiet hours in the ICU will decrease the percentage of positive Confusion Assessment Method (CAM) scores in ICU patients.

Clinical Support Nurse (CSN) Lauren Brown MSN, RN, first met with the ICU nurse manager Pat McCracken, MSN, RN, and nurse leader, Donna Robinson, MBA, RN, in January 2017 to explain the situation and background of the identified correlation of delirium and positive confusion assessment method (CAM) scores in the ICU. When explaining the assessment of the problem, she asked for their support in providing education to the nursing staff on delirium and use of the CAM-ICU assessment tool, with the recommendation of implementing quiet hours. With the support of ICU nursing leadership, Lauren Brown collaborated with Dr. El-Oshar, Medical Director of the ICU, to first educate nursing staff on delirium and proper documentation. Lauren then solicited nurse partners in Chrissy Hodges BSN, RN, clinical nurse and Lynn Badalamenti MSN, RN, clinical nurse to assist on the project.

Once education to nursing staff was complete, the ICU nursing team obtained approval from SSM Health St. Louis IRB in March 2017 to move forward with the implementation of quiet hours in the ICU. The process of quiet hours was shared with physicians and ICU staff prior to implementation.
Further, each patient admitted to the ICU, as well as their family and visitors, were educated on the quiet time process. The Quiet Time pilot started on June 1, 2017, with quiet hours occurring from 2 pm to 4 pm during the day and from midnight to 4 am during the night shift as these periods are aligned with the natural fall in circadian rhythms. This process allowed for each patient to receive an optimal amount of uninterrupted sleep, while maintaining their right to have one advocate at the bedside for comfort and support. It was established before quiet time began that nurses would attend to any care needs necessary to ensure a period of uninterrupted rest. When quiet time began, a one-on-one announcement was made to each patient and their visitors, the unit doors were closed to reveal Quiet Time signage, lights were dimmed, window shades were closed, patient TVs were turned off and hallway noise levels decreased to promote a low-stimulus environment. Nurses reminded each other to keep the noise level down when it began to increase as well as advocated for the rescheduling of non-emergent tests to minimize all sources of noise on the unit. Attending and consulting physicians were permitted to round on their patients during this time to prevent the disruption of workflow; however, staff minimized non-emergent interventions using his/her nursing judgement. Data on CAM positive days continued to be tracked using the ICU scorecard as it had been prior to the implementation of quiet hours. Data analysis from June 1, 2017 to August 1, 2017 revealed an opportunity for reeducation on the documentation process. Nursing staff were reeducated on delirium and documentation using the CAM-ICU assessment tool from June 1, 2017 through August 1, 2017. Data analysis during this time showed an expected increase in CAM positive days despite implementation of quiet hours because of an increased accuracy in nursing assessment and documentation. After this expected uptick, data analysis showed a decrease in CAM positive days correlating with the implementation of quiet hours in the ICU.

As a result of the Quiet Time practice change, led by Lauren Brown, RN, with support of nursing leader Donna Robinson, the percentage of positive CAM scores decreased from a peak of 47.5% prior to the implementation of quiet hours to 20% after implementation.
Community Support

Over the course of 2017, staff of SSM Health St. Clare have provided over 7,000 hours to the communities we serve. This was done by providing support at smoking cessation courses, providing resources and information at various health fairs, affiliating with EMS and nursing education programs in the area and even first aid at local schools during football games.

- 300 Pill boxes given out as smoking cessation at local health fair
- Precepting of local EMS students
- Smoking cessation course offered to community
- Preceptorship for local nursing schools
- Rockwood Jr. High School Football First Aid

Publications

Joanne C. Langan, PhD, RN, CNE, of SSM Health St. Clare Hospital, was part of a group of nurses who helped develop and write two articles published in the April/June 2017 issue of Nursing Administration Quarterly: “Progress on a Call to Action: Nurses as Leaders in Disaster Preparedness and Response” and “Education for Developing and Sustaining a Health Care Workforce for Disaster Readiness”.
Degrees Earned

Cynthia Aubuchon - BSN
Constance "Angel" Bailey - BSN
Elaine Dye - BSN
Jessica Fink - BSN
Selamawit Geleta - BSN
Emily Hoven - BSN
Amber McCallister - BSN
Kayse Nichols - BSN
Shantelle O'Fallon - BSN
Joseph Pilger - BSN
Aldijana Sacic - BSN
Lauren Schroder - BSN
Brittany Schulte - BSN
Heather Spurgeon - BSN
Mary Stryhal - BSN
Lisa Wilson - BSN

Nursing Accomplishments

Action Planning for Increasing BSN rate for nursing

<table>
<thead>
<tr>
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<tr>
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<td>NLNL Scholarship - Tuition</td>
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Nursing Accomplishments

Professional Presentations
Annual Nursing Symposium

Eat Less, Exercise More: Sounds Easy, So Why Is It So Hard
L. Klipfel RN, MSN, ANP-BC, CDE, WCC

Implementing Immediate, Uninterrupted Skin-to-Skin Contact After Birth
Jennifer Gravert RN and T. Kaminski, RN

Certifications 2017
Alisyn Beffa - NE, BC
Kathryn Bushart - CMSRN
Debra Callahan - RNC, OB
Kerrie Conroy - NE, BC
Colleen Eisenbarger - CRNFA
Amy Farr - NE, BC
Stacey Freshman - CEN
April Hawk - NE, BC
Donna Robinson - NE, BC, CCRN-K
Professional Organizations

Alisyn Beffa - ANA, MONL
Maureen Bell - AANN, AHA/ASA
Kerrie Conroy - ANA, MONA, CONL
Amy Farr - ANA, MONL
April Hawk - ENA, CONL, MONL
Michelle Hudson - AWHONN, MONL
Betty Kaup - ANA, MONL

Laurie Klipfel - AADE
Casey Lairmore - ANA, MONA
Lin Neff - ILCA
Ronnie Paul - APIC
Donna Robinson - AACN, ANA, CONL, MONL
Yvonne Smith - AWHONN, MONL
Julie Webb - AADE

Honors and Awards

Hester Davis Award

For their hard work and diligence surrounding falls in the hospital setting, Angie Filipiak (left), team leader of 5 North at SSM Health St. Clare Hospital, and Joe Pilger (right), Clinical Support Nurse on 5 North, received the Hester Davis Clinical Effectiveness Award presented at the 2017 Nursing Symposium. Angie and Joe are pictured here with Dr. Hester.

2017 Nursing Achievement Awards
Nursing Accomplishments

Honors and Awards

Rookie of the Year
Malia Bishop, RN, 5 South

Nursing Practice and Professionalism
Megan Tornatore, RN, 4 South

Nursing Leadership and Mentoring
Cari Wehmeyer, RN, 2 North

Spirit of Nursing
Carleen Murray, RN, 5 North

Great Catches
Phaedra Boyd - 2 North
Carmen Choate - FBP
Kim Cronin - FBP
Amy Dalba - FBP
Robert Dodd - OR
Elaina Dye - 2 North
Natasha Freeman - FBP
Sherri Godbout - FBP
Kristen Goulden - ED
Allison Hacay - 5 North
Chris Hertel - FBP
Michelle Hudson - FBP
Erica Indelicato - 5 North
Tara Kaminski - FBP
Susan Krupa - FBP
Chrissy Larrigan - 5 North
Brittany Seper - 5 North
Corinne Slinger - ICU
Rebecca Strickland - 2 North
Amy Theiss - FBP
Emily Whitaker - 5 North
Beth Wilman - FBP
Julie Wimmer - 4 South

Daisy Award Winners

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<th>Unit</th>
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<td>Jill Sutter</td>
<td>FBP</td>
<td>July</td>
<td>Linda Berry</td>
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<td>February</td>
<td>Michelle Daniels</td>
<td>2 North</td>
<td>August</td>
<td>Jennifer Braciszewski</td>
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<td>March</td>
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<td>3 IMCU</td>
<td>September</td>
<td>Lauren Li</td>
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<td>April</td>
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<td>Erica Indelicato</td>
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<td>Erica Crowley</td>
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<tr>
<td>June</td>
<td>Oksana Williams</td>
<td>3 ICU</td>
<td>December</td>
<td>Aldijana Sacic</td>
<td>5 North</td>
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</tbody>
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Nursing Department Exceptional Award Recipients

Exceptional Patient Care Individual: Jill Dunard, Team Leader 4 South Neuro/4 N Cardiac

Jill became aware of a delicate matter involving a patient with a significant eating disorder. Jill researched services available to the patient and found the perfect solution, but it was SSM Health’s Pediatric Eating Disorder Unit and the patient was no longer a minor. Jill knew this was the answer though and worked with experts from the unit to create a care plan for her. It established ground rules for admission and treatment while ensuring an emotional well being for the patient. Jill had numerous conversations with the patient and the patient’s mother, all with a compassionate focus geared toward the well being of the patient and her recovery needs. On any given day during her stay at SSM Health St. Clare, Jill could be found taking the patient outside in a wheelchair for fresh air and solace. Jill was called to the patient’s room for assistance with redirection, all with discreet kindness and compassion. The patient became compliant with treatment; however, we knew that her long-term care needs exceeded the capacity with the SSM Health St. Clare team. Jill kept this patient in the center of her plans daily until a safe discharge was created, allowing her to go to the next level of care.

Exceptional Patient Care Team: Code Sepsis

This outstanding team was tasked with creating a process to improve the care for patients with severe sepsis and septic shock in the Emergency Department. Through best practices with SSM Health St. Joseph Hospital - St. Charles, the team successfully generated tools to help staff increase their knowledge regarding sepsis. Since completion of this RIE, SSM Health St. Clare has activated more than 350 Code Sepsis, ultimately providing the most effective and timely care to those patients.

Team members include: Kala Joos, Kaley White, Becca Shelton, Jeff Borho, Chris Carter, Cathy French, Jen Haffer, Chrissy Hodges and Laura Johnson.

Exceptional Commitment Individual: Emily Gross 5 South CSN

Emily is always a bright, shining example of what it means to provide exceptional care to patients as well as being engaged with her team. Throughout many changes during the past year, she has always found the positive. Emily leads by example each time she works, whether it be when she is the CSN or a primary care giver for the day. Emily does not let others dictate her day and is successful in remaining positive in light of whatever process change may be ahead. SSM Health St. Clare Hospital has been using Champion Cards as part of the professional practice model and Emily volunteered...
to be the “champion” of this. These cards are used to encourage nurses to practice the professional practice model. She has developed a spreadsheet to make it easier for staff to be better advocates for their patients by holding one another accountable. We need more “Emilys” in the world! She lives out our Mission and Values every day.

Exceptional Commitment Team: 5 North

5 North is committed to being a successful nursing unit at SSM Health St. Clare Hospital. They take full ownership of patient satisfaction, patient outcomes and are fully engaged in helping the team and hospital achieve the department and hospital goals. They advocate for their patients by stopping the line and have been recognized with multiple Great Catch Awards.

- NDNQI – 5 North’s outcomes for 2017 were consistently better than the mean.
- Employee engagement scores from the 2017 NDNQ/RN survey were among the highest in the hospital and only had one area below the mean score.
- 5 North CSN Joseph Pilger and Angie Filipak, Team Leader, started the Hospital Multi-Disciplinary Fall Team.
- Patient Satisfaction has improved considerably from 63% in 2015 to 78.8% in 2017.
- Productivity has gone from 99.1% in 2016 to 100.6% in 2017.
- 0 CAUTIs for 2017
- 0 Falls with Harm in 2017
- 0 First year RN turnover in 2017
- 0 HAPU in 2017
- 0 CLABSI in 2017

Exceptional Financial Performance and Growth Individual:
Maureen Deutman, Certified Wound Care Nurse

Maureen’s documentation of pressure ulcers/deep tissue injuries is superior to any of the other wound care nurses within SSM Health. Maureen’s documentation allows the department to query physicians for pressure ulcers present on admission. Not only does she protect the hospital from possible hospital-acquired conditions which helps protect finances, but her documentation many times allows for the ability to increase hospital reimbursement by asking the physician for a stage III or IV pressure ulcer, which can add thousands of dollars to reimbursement. Maureen is truly SSM Health’s Mission in motion! She is a blessing to SSM Health St. Clare Hospital.
Exceptional Financial Performance and Growth Team: Fall Team

The multi-disciplinary fall team was started in January of 2017. Since its creation, the team has created standard work for fall prevention at SSM Health St. Clare Hospital including having gait belts in all patient rooms, along with fall alarms on all post-op patient beds for the first 24 hours after surgery. Fall mats were also rolled out. After finding a flaw in the bariatric beds being used at SSM Health St. Clare, the Fall Team advocated for new, safer beds which have been put in place. The Fall Team continues to keep the momentum going, celebrating the team with Great Catch awards when a staff member prevents a fall with harm by having all fall prevention interventions in place. They have also partnered with the Hester Davis Foundation to differentiate falls on the monthly fall cross to show good catch falls with a yellow mark instead of red. SSM Health St. Clare is below the benchmark for falls and has seen significant improvement in falls. There have been ZERO falls with harm for 24 months!

Team members’ include: Joseph Pilger, Angie Filipiak, Holly Zweifel, Nicole Weissenborn, Ann Janson, Adrienne Mann, Leslie Mizner, Renee Berry, Kala Joos, Roger England, Tanya Daugherty, Julie Graham, Tyson Lotz, Teresa Power and Janel Rhea.

Mission in Motion: Angie Filipiak Team Leader 5 North

Angie is an angel among us. Her gentle spirit, her compassion towards others and her ability to make everyone around her feel appreciated is a true gift from God. She has always been looked at as a stellar nurse and Team Leader at SSM Health St. Clare, but there was something that happened this summer that really set her apart. She had a terminally ill patient on her floor that she would visit with each morning. One conversation in particular stood out because the patient was sharing some things she would like to do before she died. She mentioned that she was a huge St. Louis Cardinals baseball fan and always wanted to throw out the first pitch at a game. Angie responded “consider it done” and by coincidence had just won a chance to do exactly that and she was selflessly giving it away.

Leapfrog

The Fall 2017 Leapfrog Hospital Safety Grades have been released and SSM Health St. Clare Hospital has once again received an ‘A’ grade for patient safety. The hospital also received an ‘A’ in the spring. “Congratulations to all of you,” says Ellis Hawkins, President of SSM Health St. Clare Hospital. “We have an amazing team at SSM Health St. Clare! I appreciate all you do, and you deserve credit for this impressive score,” he says.

If you would like to read more about the safety scores and see how other health care facilities scored, visit this link: hospitalsafetygrade.org/
**Nursing Accomplishments**

**NLNL Scholarships 2020**

A total of $25,000 over the Spring and Fall distribution:

- Cynthia Aubuchon
- Constance “Angel” Bailey
- Elaine Dye
- Selamawit Geleta
- Emily Hoven
- Kristan Lorey
- Amber McCallister
- Kayse Nichol
- Shantelle O’Fallon
- Joseph Pilger
- Lauren Schroder
- Brittany Schulte
- Heather Spurgeon
- Mary Stryhal
- Lisa Wilson

8. Nursing Councils

**Shared Governance Structure**
## Nursing Strategic Plan 2017

### SSM Health St. Clare Hospital Nursing Strategic Plan

<table>
<thead>
<tr>
<th>Strategic Direction</th>
<th>Actionable Items to meet Organization Goal</th>
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</table>
| **Advanced Practice Nurses**  
To be present in the organization | • Identify roles/need  
• Engage an APN to design/define  
• Benchmarking  
• Career mapping/pathway  
• Clinical Nurse Specialist role, need |
| **Evidence-Based Practice**  
To be integrated and incorporated into daily work | • Training for staff on John Hopkins Model used at SSM Health  
• Access to resources explored and education provided to staff  
• Sharing session/poster presentations to share EBP projects completed |
| **Prevention Health**  
Present in interactions with staff and patients allowing technology and integration to occur at multiple levels. | • Emerging technology  
• Getting the education to the patients in the community  
• Integrate into community, events - compensation  
• Effective strategies to teach patients and nursing on how to teach and why  
• Prevention health for staff as well  
• Discovery what it will take to get to prevention health  
• Mental health stigma to get to the healthy mental state  
• Degree of self-efficacy |
| **Community Resources**  
To support nursing involvement and support value of community | • Identify partnerships in the community  
• Assess current partnerships  
• Identify partnerships in the community  
• Gap review including cost/benefit analysis for populations served |
Strategic Direction for Nursing

Professional Nursing Practice at SSM Health creates an innovative environment for the achievement of exceptional outcomes while advancing and contributing to the profession. We partner with patients, families, providers and each other, using practices that are restorative, supportive and promotive in nature.

SSM Health is the preferred partner for care across the health continuum.

Our Mission: Through our exceptional health care services, we reveal the healing presence of God.

Sacred Trust

Our Values: Compassion • Respect • Excellence • Stewardship • Community

Shared Leadership • Relationship-Based Care

EXCEPTIONAL Experience • People • Value

I am a leader
I am an advocate
I am a professional
I am an SSM Health Nurse
I am a partner
I am accountable

Patient and Family

Our Values: Compassion • Respect • Excellence • Stewardship • Community

Patient and Family

Sacred Trust

I am an SSM Health Nurse

St. Clare Hospital

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