“This is what I told my family back in Pennsylvania—
“Only angels are allowed to work at St. Mary’s. They will be in my prayers forever.”

4E patient
St. Mary’s Hospital was the first in southwest Wisconsin to participate in the Magnet Recognition Program® and earn a Magnet designation in 2002. Including that first honor, our nurses have earned three consecutive Magnet designations from the American Nurses Credentialing Center. We are currently working toward a third re-designation. When successful, we will join an elite group of organizations worldwide. Magnet status signifies high-quality patient care and exceptional nursing excellence—exactly what you will find at St. Mary’s.

<table>
<thead>
<tr>
<th>Table of Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Letter From Our CNO</td>
<td>5</td>
</tr>
<tr>
<td>Transformational Leadership</td>
<td>6</td>
</tr>
<tr>
<td>Structural Empowerment</td>
<td>8</td>
</tr>
<tr>
<td>Exemplary Professional Practice</td>
<td>16</td>
</tr>
<tr>
<td>Nurse-Sensitive Clinical Indicators</td>
<td>20</td>
</tr>
<tr>
<td>New Knowledge, Innovations &amp; Improvements</td>
<td>22</td>
</tr>
<tr>
<td>2015 In Review</td>
<td>27</td>
</tr>
</tbody>
</table>
St. Mary’s nurses understand just how deeply their compassion and skilled care can touch lives. They also know how their very personal experiences as nurses can change their own.

Erin Vesperman is a case in point. As an experienced nurse in cardiac and emergency nursing, she knows the unexpected circumstances that her profession can present. One event in particular was the passing of Jeanne DeBraal, one of Erin’s patients that she had grown close with. The experience with Mrs. DeBraal and her family crystallized for Erin what it means to be a Magnet nurse.

Erin expressed her thoughts about her experience in a poem that echoes Edgar Allen Poe’s famous poem *The Raven*. It’s a mysterious and sad drama about losing a loved one, but the ending of her poem — unlike Poe’s — brings comfort. *(Read the poem on page 3.)*

Erin’s poem was featured in the art gallery of the 2015 National Magnet Conference in Atlanta. Her classic poetry and emotional images will forever speak to the character of the St. Mary’s nurse.

And as she left, for her I prayed ... For I’m a Magnet Nurse and so much more.

- Excerpt from Erin’s poem on page 3
Some things are beautifully enduring.

Lifetime memories, the spirit of a loved one, compassionate care that touches lives.

For the family of Jeanne and Robert DeBraal (pictured in 1957), St. Mary’s Hospital plays a lead role in all of these lasting impressions.

For them and countless patients and families throughout time, it is our privilege to serve ... forevermore.
The Magnet Nurse

A poem by Erin Vesperman, BSN, RN, PCCN

Once upon a midnight dreary,
While I pondered weak and weary,
Looking through the doctor’s orders
Wishing the shift was o’er
While I nodded, nearly falling,
Suddenly there came a calling
It’s my new patient and without stalling
I strode down the hall to answer
With a smile and nothing more.

At first she was up and walking,
But now she wasn’t talking
I scarce believe what I was reading
Hence I opened wide her door.
There she lay flaccid on the right,
Her eyes searching mine for some insight,
And I tried to ease her angst and fright,
With a touch of my hand and nothing more.

But this life was not meant to be,
For the person she was, was no longer free.
Her family made the decision they knew she would want
which rattled them down to their core.
We sat together sighing, crying,
Are we really talking about her dying?
We discussed all the options and without trying
I shared with them my soul forevermore.

We moved her to the stretcher full of cotton
I told her she would not be forgotten
And she grabbed my face with her hand and tried
to speak as she once had before.
Three heartbreaking sounds were made,
Tears were flowing unafraid,
And as she left, for her I prayed
For I’m a Magnet Nurse and so much more.

Erin presented a copy of this poem to Mr. DeBraal and his family on the year anniversary of his wife’s passing. The two remain close, both deeply impacted by the memory of Mrs. DeBraal and her everlasting kindness and love for all.
Dear Colleagues,

As I reflect on 2015 at St. Mary’s Hospital, transformational leadership continues to be an enormous part of health care at the national, regional and local scene. Transformation has become part of the fabric of our nursing professional practice and patient care. The realities of complex and challenging patients, shortened lengths of stay and reduced reimbursement are evenly matched with the dedication, compassion and expertise of the St. Mary’s nurse.

Development, blooming, cultivation and proliferation are all synonymous with growth—an apt description of the nurses at St. Mary’s Hospital. While we remain rooted in the longstanding mission—Through our exceptional health care services, we reveal the healing presence of God—2015 brought growth in many directions. The newly updated Nursing Professional Practice Model was a highlight of the year and depicts the new growth of a tree with branches defining the professional nurse as Integrator, Partner, Critical Thinker, Leader, Innovator, Advocate and Knowledge Worker upheld by the deep roots of St. Mary’s Values. The professional practice model is now proudly displayed throughout the hospital and is the anchor for professional practice and development. (Read the full story on page 17.)

Many patient care units continued the tree theme by displaying their entire nursing staff on the branches of a wall decal tree designed to show the strength, force, expertise and teamwork of all the staff across St. Mary’s. I delight to see patients and families stopping to point out a familiar face or a favorite team member.

2015 will remain a year of tremendous growth, both in terms of staff size and physical restructuring. Our patient experience scores, patient safety and quality outcomes and the ongoing clinical excellence have improved as St. Mary’s was recognized multiple times for awards and recognitions throughout the year. Thank you for your compassionate, continuous, courageous commitment to provide exceptional health care services. You are the heart of St. Mary’s … forevermore!

Sincerely,

Ginger Malone, MSN, RN, NE-BC
Vice President for Patient Care Services/Chief Nursing Officer

“Like the branches of a tree, our lives may grow in different directions yet our roots remain as one.”

Anonymous
In December 2015, Day Surgery was recognized as “Simply the Best” by attaining the highest average patient feedback scores for the previous three consecutive months on a national satisfaction survey. Some of the comments from patients during this recognition period included:

“The entire nursing staff is amazing and deserves lots of credit because their job is crucial to each patient.”

“I can’t say enough about how well the nurses treated me and my husband.”

“The nurses deserve so much credit. They are incredible.”
Better workflows and greater patient and family satisfaction resulted from changes to our management of pre-operative surgery patients.

Prior to 2015, patients scheduled for surgical procedures checked into the hospital and were admitted to the Surgery & Procedure Center (SPC). Patients often arrived with their loved ones and settled into the room together. Patients were then separated from their families and transferred from SPC to the pre-op holding area, where they would spend the bulk of their time waiting alone for surgery to begin, while receiving pre-op care. Unless specifically requested, family members did not routinely accompany patients from SPC to the pre-op holding area, causing a certain amount of angst for patients and families.

Staff hypothesized that a streamlined workflow for patients entering the hospital for scheduled surgeries would improve the patient and family experience by allowing patients to remain with their loved ones, as well as reduce the average wait time between hospital check-in and the start of surgery.

The answer was found in the creation of the new Day Surgery unit, which opened in July 2015. The workflows of the new unit allowed patients to remain with their loved ones until the time of surgery. Additionally, Day Surgery’s workflows have reduced patient wait times for the first surgical case of the day, creating greater operational efficiency.
Recognition of our top-notch nursing staff, both from patients and families as well as our own staff, comes in many forms. Whether through honoring a nursing staff member with a Guardian Angel award through St. Mary’s Foundation (the charitable arm of our hospital) or through the internationally recognized DAISY AwardTM, there can never be enough ways to say thank you to our hard-working staff!

2015 Nursing staff Guardian Angel recipients

Brooke Adams, RN
Mary Barefield, RN
Theresa Bartomeo, RN
Leah Bavery, RN
Derek Becker, RN
Mary Jo Bernstein, RN
Jillian Boddien, RN
Michaela Boddy, RN
Michelle Brenson, RN
Meghan Champion, RN
Aaren Christen, RN
Diane Clark, RN
Megan Clark, RN
Robin Claybrooks-Hollis, RN
Wendy Cody, RN
Amy Coffey, RN
Jessica Coursen, RN
Margaret Daase, RN
Kysa Douglas, RN
Katie Ellefson, RN
Kristine Engelberger, RN
Antonia Eshun, RN
Katie Falligant, CNA
Karen Flanagan, RN
Sarah Gage, RN
Adrienne Gasper, APNP
Cammie Gladem, CNA
Nancy Graham, RN
Daniel Hallback, RN
Heidi Hanson, RN
Tessa Harmel, RN
Kandace Harrison, RN
Lisa Hartung, RN
Alyssa Haure, RN
Mckenzie Havlik, CNA
Kathryn Heilman, RN
Amy Helt, RN
Michelle Hoffman, CNA

“The physician, nursing staff, check-in, everyone at every touch point, was just outstanding. I have tremendous trust and faith in St Mary’s.”

Short Stay Unit patient
Celeste Wilcox, BSN, RN, holds the hand of a 5SW patient as he shares with her the story of his life’s work.
2015 Nurse scholarship recipients

Six extraordinary St. Mary’s nurses received a scholarship at the level of $5,000 each:

CHRISTINE WIESE, 8 SW
Leona Grubb Nursing Scholarship

EDRISS DRAMMEH, 5 EAST
Dr. William and Alice Kopp Nursing Scholarship

MANDY JONES, 5 EAST
Jo Anne Verbest Wall, Marquette University School of Nursing 1951 Nursing Scholarship

MICHELE LONG, ES
Madison Emergency Physicians Scholarship

JONATHAN WILLIAMS, SSICU
Nurses Shaping the Future Scholarship

GHADA YOUSSEF, BIRTH SUITES
Sr. Mary Jean Ryan, FSM, Nursing Scholarship

In partnership with the Professional Nursing Development Council, St. Mary’s Foundation is proud to support nurses at St. Mary’s Hospital and St. Mary’s Care Center with scholarships to pursue further education. At the St. Mary’s Nursing Scholarship Award Presentation in the spring and fall, St. Mary’s nurses receive a scholarship at the level of $5,000 each. One of the awarded nurses shared in her application: “This scholarship would ease the burden of the cost of going to school while advancing my knowledge to become a more rounded nurse. … I have worked here for many years at St. Mary’s and look forward to many more, and growing with each year that I am an employee at St. Mary’s.” These scholarships were made possible by gifts from generous benefactors to St. Mary’s Foundation.
EDRIS DRAMMEH
“Edriss is sincere, caring, genuine and also made us laugh. He always explained what he was doing and answered all of our many questions. He really cared to get to know Grandma and our family as people rather than ‘just’ his patients.”

COURTNEY RIEKENA
“Courtney went the extra mile for me. I felt like I had her undivided attention, beginning with check-in, all the way through discharge. She was very compassionate, polite and friendly, and her care helped give a ‘spring to my step’ for recovery.”

CHARINA CONCON
“Of all the wonderful nurses on 4SW, Charina stood out! She gave professional, caring and compassionate nursing care. She did so many things to make sure I was as comfortable as possible, and this is why she is a true example of a fabulous nurse.”

ABBY HARRIS
“Abby was especially helpful and very patient with me. She is so kind and smart and went above and beyond for me. She has a true nursing spirit, which shows how much she really cares about me and all her patients.”

Touching lives ... evermore
ERICKA HANEY
“Ericka was so encouraging, kind and helpful during our twins’ stay in the NICU. She did such a wonderful job caring for our boys and for us. She is an exceptional nurse!”

MICHAELA THOMPSON
“Though my time in the hospital was a bit of a blur for me, I have no trouble remembering Michaela! She was attentive, concerned, professional and encouraging. Her sense of humor and always-present smile helped me make it through that difficult time.”

SCOTT ERICKSON & HANNAH INBODY
“Scott and Hannah accompanied their patient during her final journey/transition on her own terms and with dignity. They made it possible for her to ‘pass on’ outside in a beautiful garden, surrounded by family, and with the sun shining on her face. Scott also showed his orientee, Hannah, that a St. Mary’s nurse will always find a way to keep the patient and family at the center of everything we do.”

BETHANY MILLS
“Bethany took the time to sit with a patient for hours on end. She developed a rapport and was able to build trust when others couldn’t. Her care and keen assessment skills helped to calm down a very anxious patient during a busy shift.”

DAN MCMAHON
“Dan consistently goes above and beyond to care for his patients. He frequently works tirelessly with the whole St. Mary’s team to develop individualized discharge plans. He is a great patient advocate and is the quintessential DAISY Nurse!”
We applaud our nurses who have continued their professional development through specialty certification, which distinguishes them for nursing excellence and knowledge. Bravo!

RN specialty certification

Amy Ament, RNC-OB, C-EFM
Sherry Anderson, CNML
Donna Angerhofer, CPAN
Mary Augustine, PCCN
Jennifer Aumanstal, RNC-OB
Joan Bachhuber, CMSRN
Chris Baker, FACHE
Bonnie Ball, CCRN
Molly Bard, CWON
Lauren Batcher, CPN
Jennifer Bates, RNC-MNN, CLC
Nancy Bennett, RNC-OB
Mary Jo Bernstein, RNC-OB, CLC, CBEC
Melanie Betchey, IBCLC
Kim Biel, CLC
Denise Bishop, CEN, CPAN
Kami Boschke, RNC-OB
Julie Bosch, ANP-BC
Jody Britz, RNC-OB
Kristin Burgess, CMSRN
Jessica Burton, CEN
Jamie Buttnaer, CCRN, CLC
Bill Caldwell, CCRN
Laura Campbell, CNOR
Lisa Carda, CDE
Dana Carr, PCCN
Kerrie Chambers, CNOR, CNS-CP
Kalsang Choedron, CMSRN
Jennifer Christianson, PCCN
Jacqueline Christianson, CEN
Zainabou Cole, CMSRN
Jackie Conner, PCCN
Sara Conrad, PCCN
Felicia Cooper, RNC-OB
Bev Copoulos, CCRN, RN-BC
Jennie Corey, CCRN
Sara Cress, CNOR
Sharon Croft, CMSRN
Brigid Cummings, CCRN
Molly Daniels, CMSRN
Bonnie Deaver, CLC
Melissa Denner, CMSRN
Sarah Donnell, FNP-BC, PCCN
Rose Doucette, CMSRN
Catherine DuChateau, CCRN
David Dwyer, NE-BC
Katie Ellefson, PCCN
Len Elton, CEN
Kristine Engelberger, CLC
Sarah Engeseth, PCCN
Meaghan Evans-Belknap, CNM
Tiffany Fabick, CEN
Claire Feith, RN-BC
Brooke Fennerson, RNC-MNN, CLC
Julie Fincutte, PCCN
Jodi Fingerson, PCCN
Melissa Fisher, CEN
Karen Flanagan, CLC
Alycia Foelker, CMSRN
Tessa Franz, CEN
Jillian Frederick, CEN
Pam Freeman, CMSRN
Susan Furbey, PCCN
Adrienne Gasper, ANP-BC
Laurie Gauper, CWOCN
Sarah Gavigan, CLC
Delinda Gillham, RNC-OB
Jo Goffinet, CMSRN
Ashley Golden, RNC-MNN, CLC
Tracie Halvorsen, CCRN, CPAN
Stacey Hamre, RNC-NIC
Rachel Hanna, RNC-NIC
Lisa Hansen, RNC-MNN, CLC
Kathy Hanson, CMSRN
Erik Hanson, CEN
Renita Harden, CCRN
Rachel Hart, PCCN
Lisa Hartson, CLC
Susan Haynes, RNC-OB, CLC, CBEC
Kathryn Heilman, RNC-MNN
Debra Henry, CCRN
Heather Hess, CMSRN
Dawn Hesselman, CMSRN
Kathleen Heumann, CEN, SANE
Renee Hickman, CMSRN
Margaret Hicks, PCCN
Alexandra Hillman, CMSRN, ORN
Amanda Hopper, CEN
Diana Hovey, PCCN
Jean Humpal-Winter, PCCN
Alyssa Jelinek, RNC-NIC
Michelle Johnson, PCCN
Polly Karl-Wisdom, IBCLC
Kelly Kauders, CCRN
Alaina Key-Herbrand, CMSRN
Sarah Kleinbrook, RNC-OB
Mary Kohlman, CPN
Sonia Kraft, PCCN
Marjorie Krantz, CPST
Therese Kroll, RN-BC
Diana Kruchten, CEN
Pam Kubly, CCRN
Anna Kuehl, CMSRN
Kathleen Kuehl, RNC-OB, C-EFM
Jennifer Kukawica, CMSRN
Angela Kunze, CEN
Amy Kuptz, CEN
Andrea Kwong, RNC-OB
Paul Ladwig, CCRN
Alex LaMontagne, RN-BC
Corrine Lang, CMSRN
Donna Larson, IBCLC, C-EFM
Shelley Lathrop, CCRN
Claire Leback, PCCN
Mary Kay Leonard, NE-BC
Amanda Lewis, CMSRN
Jon Lewis, FACHE
Denise Lewis, CNRN
Tenzin Lhaze, CMSRN
Danielle Lima, OCN
Michele Long, CEN
Leslie Longley, CNOR
Mary Lowisz, GCNS-BC, PCCN
Tamara Loy, CMSRN
Victoria Maiers, CLC
Ginger Malone, NE-BC
Jean Mathews, CRNI
April Mau, PCCN
Emma McCarthy, CMSRN
Patrick McHenry, CCRN
Kathern McHugh, CPN
Dan McMahon, CDE
Tamara McNeal, CMSRN
Krisha McSherry, CMSRN
Theresa Mella, CCRN
Mark Meske, CEN
Beth Michel, CLC, RNC-MNN
Julie Miehe, COHN-S, CM
Kathryn Miller, CCRN
Bethany Mills, CMSRN
Amie Montsma-Riel, CLC
Mali Moore, CLC
Lori Mortensen, CPAN
Helen Mueller, PCCN
Caitlin Mussey, RNC-OB
Ken Nelson, NE-BC, CPHQ
Heather Olson, RNC-OB
Nancy O’Malley, CDE
Amber Opsahl, PCCN
Cynthia Oren, PCCN
Angela Otterson, CLC
Nancy Patrick, RNC-Inpatient OB, C-EFM
Kelly Pederson, CEN
Eliza Peters, CCRN
Dana Peterson, RNC-OB
Mary Phillips, RN-BC
Amy Plaza-Baji, PCCN
Chris Pray, CEN
Brenda Quick, RNC-NIC
Olga Quintanilla, RNC-OB
Jill Redding, CWOCN
Angel Rees, RNC-OB, C-EFM
Melissa Remiker, RNC-MNN, CPST
Denise Reno, CMSRN
Melinda Reppen, CIC
Amber Rickman, CEN
Lauren Rigby, RNC-OB
Donelle Rippe, RNC-MNN
Christina Rippl, PCCN
Jennifer Roberge, CLC
Ashley Rockett, PCCN
Theresa Rohner, CLC
Kyle Rommelfanger, CNOR
Natalie Sanders, CLC
Casey Schaalma, CMSRN
Bridge Schaffer, CNOR
Lyndsey Scheidell, CCRN
Anne Scher, CLC
Kristi Schmidt, CDE
Teresa Schmidt, RNC-MNN, CLC
Chantel Schneeberg, RNC-OB, CBEC
Nicole Schott, CMSRN
Nora Schreier, CMSRN
Olivia Schroeder, CHFN
Jessica Schroeder, PCCN
Jason Schultz, CNOR
Courtney Schwartz, RNC-MNN, CLC
Katie Schwinn, RNC-OB
Julie Semrow, PCCN
Rose Sergenian, IBCLC
Debra Severson, CMSRN
Courtney Showers, RN-BC
Rachel Shrader, RNC-OB, C-EFM
Amy Sinner, CMSRN
Lori Slattery, RNC-OB
Ellen Smith, CIC
Jamie Sokol, CEN
Robbie Sonnentag, CNML
Barbara Sorenson, CMSRN
Jennifer Soto, RN-BC
Monica Speperger, PCCN
Angela Staas, RN-BC
Kristie Statz, CCRN
Kristen Steivang, APN-BC
Kye Sterner, CMSRN
Christine Stocks, CMSRN
Becky Stowers, CMSRN
Arnie Strong, CLC
Shannon Sullivan, CCRN
Josh Taylor, RN-BC
Joy Thompson, RNC-OB
Marlow Tiosejo, CNRN
Deb Uschan, PCCN
Amanda Van Gorden, CMSRN
Susan Van Mell, PCCN
Annie Wang, CMSRN
Shua Vang, CLC
Eri Vesperman, PCCN
Elizabeth Voss, RNC-MNN
Kim Vye, OCN
Sue-hwa Wang, PCCN, CMSRN, ONC
Janet Wesol, RNC-OB, C-EFM
Mandi Wetter, CMSRN
Amanda Williams, PCCN
Joann Williams, RNC-OB, CLC
Christina Windus, CEN
Maika Xiong, CMSRN
Drolma Zhuoma, CMSRN
Laura Ziebarth, RNC-NIC
Susan Ziegler, CDE
Through Our Exceptional Health Care Services, We Reveal the Healing Presence of God.
New nursing professional practice model

As a Magnet-designated hospital, St. Mary’s is forever vigilant regarding continuous improvement. Some opportunities lie in routine processes, and some get to the core of our evolving organization.

Such is the case with a new nursing professional practice model. In 2014, Vice President for Patient Care Services/Chief Nursing Officer Ginger Malone requested a review of St. Mary’s 2010 nursing professional practice model. She wanted to know whether four years’ time had changed the model’s relevance to current-day nursing practices.

Malone met with clinical nurse representatives from each nursing unit who are focused on fostering a Magnet culture. These Magnet Unit Champions were asked to brainstorm three questions:

1) What are the four most important characteristics, behaviors, or values that make a St. Mary’s nurse extraordinary, exceptional and outstanding?
2) What key elements are essential to making St. Mary’s nursing organization “magnetic” and at the top of our game?
3) What specifically about your practice makes you the most proud to be a nurse?

Over two months, the brainstorms, followed by more focused thoughts, yielded evidence that, just as healthcare had changed so rapidly in four years’ time, so had the St. Mary’s nurse. A new practice model was needed to reflect those changes.

To begin, Staff Magnet Coordinator Olivia Schroeder met with unit-based councils and requested each to create its own depiction of what St. Mary’s new nursing professional practice model should be. Fifteen models were submitted, and all members of the nursing organization were then invited to vote for the one that best represents St. Mary’s nursing care.

After the polls closed and votes were tallied, Malone and Schroeder hosted hospital-wide nurse forums to review the top five most-voted models and seek additional input on what the final model should be. Consensus focused on the Resource Pool’s proposal, which featured a tree, deeply rooted in St. Mary’s values of compassion, respect, excellence, stewardship and community. Nurses said it further reflects our belief in the value of leadership, advocacy, patient safety and quality.

A polished and final version of the model was rolled out to every nurse and every nursing unit in June 2015. In addition, an oversize version of the new model adorns the underground walkway between the employee parking ramp and the hospital. In this way, staff members are reminded that—like the mighty oak—St. Mary’s will grow and bend as times change while staying true to its historic roots.
New falls risk assessment tool

To keep patients from falling and injuring themselves, St. Mary’s nurses had long used a homegrown falls assessment tool, which resulted from St. Mary’s participation in the Madison Patient Safety Collaborative several years ago.

In late autumn 2013, Clinical Nurse Specialist Mary Lowisz, MS, RN, GCNS-BC, was asked to help with fall prevention. She recognized the need for a new falls assessment tool to protect our patients and assist our nurses to accurately assess fall risk.

Please note, the absolute number of falls on these units was small, leading to a single fall with injury resulting in a very high rate of injury. For example, March of 2015, 75W had one fall and the patient was injured, resulting in a fall with injury rate of 100%.
A literature search of evidenced-based fall assessment tools demonstrated that most of the tools were developed and validated in prior decades when the acuity of hospitalized patients was very different from today. The search continued for an evidence-based tool that would accurately assess the current hospitalized population. The answer came via nurse researchers Amy Hester, PhD, RN, BC, and Dees Davis, BSN, RNC, who had published their Hester Davis Scale (HDS) in the fall of 2013.

The HDS is different from other fall risk screenings and assessments in several ways. First, it was developed and validated recently in multiple settings, thus meeting the requirement that it had to be tested at the level of acuity of current hospitalized patients. Second, it identifies modifiable fall risk factors, which allows for individualized nursing care plans based on a patient’s unique risk factors. The scale also stratifies the patient’s level of risk to fall, allowing the RN to create a plan and place the necessary resources to prevent falls and injury according to patient needs. Lastly, the HDS takes the guesswork out of identifying those at risk and assigns risk based on science.

In spring 2014, Lowisz worked with our nurses to plan a pilot project on the two units with the highest number of falls—a phenomenon likely due to the units’ unique patient populations (the Respiratory Care Unit [8SW] with often frail, older adult patients with multiple chronic comorbidities and the Neuroscience Center [7SW] with patients stricken with various neurological conditions that can result in impulsive behavior). The goal was to reduce their falls with injury after implementing the HDS.

In June 2015, the six-month Hester Davis pilot project was implemented. By the second quarter of the pilot, fall rates declined by 33 percent when compared to the same time period in 2014. By the conclusion of the pilot project in December 2015, falls with injury had declined by 62 percent for the six-month pilot compared to the six months prior to the start of the pilot.
The Hospital Standardized Score (HSS) represents a score, not a rate. The HSS illustrates where St. Mary’s Hospital ranks within our peer group, in this case, other teaching hospitals. Falls and Pressure Injuries are considered negative outcome indicators, so a negative score (below the line) is desirable. These charts indicate that St. Mary’s is performing better than our peer group at avoiding Injury Falls per 1000 Patient Days and Pressure Injury Prevalence Stage II or Above.
Clinical Performance Excellence Council

At the start of 2015, St. Mary’s launched a nursing council intended to provide a framework for designing and implementing innovative and creative solutions to maximize clinical outcomes. Members of this new council, the Clinical Performance Excellence Council (CPEC), meet monthly to receive education to promote process improvement skills, data literacy and statistical analysis acumen and receive project consultation from in-house experts. Representation on the group, sponsored by the Center for Professional Practice & Development, consists of RNs from each nursing unit, Clinical Nurse Specialists, and a nurse manager. Each staff nurse is responsible for creating and implementing an Evidence-Based Practice (EBP) project on their unit with the ultimate goal of increasing high-quality care in a fiscally responsible and sustainable manner.

A list of 2015 EBP projects follows.

2SW: Using DASA (Dynamic Appraisal of Situational Aggression) to predict risk of aggression

3SW: Using lavender aromatherapy to enhance the immediate post-operative experience

4SW: Using the ERAS (Enhanced Recovery After Surgery) protocol to improve surgical outcomes

4E: Minimizing the risk of femoral or radial bleeds and venous re-bleeds after invasive cardiac procedures

5E: Non-pharmacological interventions to decrease the incidence of delirium in older (>65) cardiothoracic surgical patients

MICU: Increasing registered nurses’ comfort with, and competency for, arterial line pulls

SSICU: Using the 10-10-10 protocol to increase the number of small bore feeding tubes that are placed post-pyloric at the bedside
They made me feel as if they really cared for me as a person and not just a patient. I can't say enough about these angels of mercy.

RNs and CNAs team together to ensure Rounding with Purpose is completed; RNs round with the moderate and high-risk patients on even hours and CNAs round on the odd hours. Additionally, for patients with moderate or high mobility scores on the HDS, a heightened focus is placed on early ambulation and physical therapy screening. Secondly, for patients with moderate or high scores in mental status and/or behavior on the HDS, a heightened focus is placed on continuous evaluation and re-evaluation of the patient’s neurological assessment due to the fluctuating nature in this patient population. Thirdly, for patients with moderate or high scores in safety on the HDS, rounding with purpose includes validation of signage, correct equipment in room (mats or low bed), and that bed or chair check alarms are on, if applicable. Finally, nurses document Rounding with Purpose in the patient’s electronic health record as a reflection of our proactive approach to patient safety.

ES: Increasing the percent of patients presenting with acute ischemic stroke who receive IV rt-TPA within 60 minutes of arrival

Resource Pool: Standardizing role expectations and practices for RNs working in the mobile role

Birth Suites: Using aromatherapy to reduce nausea, anxiety and/or pain associated with labor

Family Care Suites: Decreasing the number of capillary blood glucose determinations above 45 mg/dL

NICU: Use of warming packs, in addition to warming tables, to maintain neonatal normothermia during transport

Pediatrics: Implementing best practice to reduce pediatric IV infiltrations

PACU: Implementing a standardized, best practice orientation to increase quality of care and staff retention

Interventional Services: Reducing the incidence of unrecognized or delayed recognition of hematoma/re-bleeding through RN to RN bedside handoff

8SW: Using M Technique hand massage to decrease pain rating scores in older adults

7SW: “Rounding with Purpose” with patients who score at high risk to fall on the Hester Davis Scale (HDS) fall assessment tool

“Theys made me feel as if they really cared for me as a person and not just a patient. I can’t say enough about these angels of mercy.”

4SW patient
“Knowing we can trust the complete staff to give all care necessary is such a comfort and gives such peace of mind. This trust contributes to healing and recovery.”

5SW patient

Joan Ingells, CNA (left), discusses a patient with her 5 East colleague, Katie Ackerman, BSN, RN.
Nurses acquire new knowledge of an EBP model

In 2014, SSM Health, the parent company of St. Mary’s Hospital, was evaluating different nationally accepted Evidence-Based Practice (EBP) models to implement system-wide as the go-to resource for staff (non-nursing included). These models provide a user-friendly framework to apply when doing EBP projects, and their influence on autonomous clinical decision-making can be far-reaching. SSM Health considered popular models such as the Iowa Model and the ACE Star Model but ultimately agreed to the Johns Hopkins Nursing EBP Model.

In December 2014, a total of 655 licenses were purchased from Johns Hopkins Hospital/Johns Hopkins University for staff across the system to access online training modules. By purchasing this licensing agreement SSM Health and St. Mary’s are able to offer nurses resources that can have an impact on their practice, allowing them to make clinical judgments based on the evidence to support autonomous practice. Each member of the Clinical Performance Excellence Council has been trained to use the Johns Hopkins Nursing EBP model and have implemented the new knowledge in their ongoing projects. Other nurses outside of the CPEC have completed the training as well. St. Mary’s plans to purchase more licensing agreements as needed.
Pictured above is Bobbie Jo Gilden, a Short Stay Unit nurse.
## 2015 in review

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of inpatients</td>
<td>19,725</td>
</tr>
<tr>
<td>Total number of observation patients</td>
<td>3,018</td>
</tr>
<tr>
<td>Total number of births</td>
<td>3,229</td>
</tr>
<tr>
<td>Total number of ER visits (including the Sun Prairie Emergency Center)</td>
<td>48,747</td>
</tr>
<tr>
<td>Total number of surgeries</td>
<td>5,910 inpatient</td>
</tr>
<tr>
<td></td>
<td>3,757 outpatient</td>
</tr>
<tr>
<td>Total number of RNs</td>
<td>1,038</td>
</tr>
<tr>
<td>Total number of CNAs</td>
<td>343</td>
</tr>
<tr>
<td>Combined years of service by St. Mary’s nurses</td>
<td>10,664</td>
</tr>
<tr>
<td>BSN Rate</td>
<td>63%</td>
</tr>
<tr>
<td>Eligible RNs certified in a clinical specialty or advanced practice</td>
<td>37%</td>
</tr>
<tr>
<td>Number of nursing students who completed a clinical at St. Mary’s</td>
<td>611</td>
</tr>
<tr>
<td>Nursing staff guardian angel recipients</td>
<td>154</td>
</tr>
<tr>
<td>Number of nursing scholarships granted by St. Mary’s Foundation</td>
<td>6, totaling $30,000</td>
</tr>
<tr>
<td>Total number of volunteers (ages 14 to 95)</td>
<td>720</td>
</tr>
<tr>
<td>Total number of volunteers service hours</td>
<td>88,170</td>
</tr>
<tr>
<td>Total number of pet therapy volunteer dog teams</td>
<td>22</td>
</tr>
</tbody>
</table>
Pediatric nurse Erin Sonnentag, BSN, RN, comforts one of her patients through interactive play.
You have made a difference today ... and forevermore!
Quality care ... and so much more.