

Nursing Annual Report

PROVIDENCE HOLY CROSS MEDICAL CENTER 2021



WE DID IT!!!
FOURTH CONSECUTIVE
MAGNET DESIGNATION!!
2021 - 2025

Jodi Hein, DNP, MHA, RN, NEA-BC

Chief Nursing Officer

PHCMC Departments and Services

- 24 hour Trauma Center/Emergency
- Cancer services
- Cardiovascular services
- Digestive disorders
- Maternity services
- Medical surgical services
- Neonatal intensive care unit
- Neurosciences and Comprehensive Stroke
- Orthopedics
- Palliative Care
- Rehabilitation
- Sepsis Unit
- Subacute care

Hospital Stats (2021)

- Founded: 1961
- Employees: 2373
- Medical Staff: 717
- Licensed beds: 377
- Births: deliveries- 3554
- Admissions: 25,896
- Average daily census: 280
- ED visits: 108,101
- Inpatient surgeries: 4,313
- Outpatient surgeries: 1930

A Special Reflection

Jody Spector, Director of Patient Relations

Like a house, it is simply wall and shelter until the family fills it with love to make it a home.

Providence Holy Cross is just another building in the community, until you go inside and meet the caregivers that provide excellent care and service.

We are a house to the sick and injured, we are a place where people come to get healed. But they are scared, frightened, and it is our *Providence Promise* to know them care for them and ease their way that makes us a safe, caring place to receive care.

We are where the stroke robbed a vibrant woman of her speech, and we are the caregivers who provide time sensitive care to restore her deficit.

We are the birth of a baby to the happy young couple so eager to become parents of a happy healthy infant.

But we are also the tragic news that there was nothing more we could do.

We are the caregivers who are never sure what may happen, yet we are always prepared and will always give our very best.

We hug, and we cry, we celebrate and we mourn with our community, with the families, with each other, always serving with compassion, dignity, justice excellence and integrity.

We are all part of this wonderful healthcare ministry, a community of caregivers.

We are more than a building, we are the people that serve with commitment, compassion and highly reliable care. We are *Providence Holy Cross*.



A message from our CNO

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Jodi Hein, DNP, RN, MHA, NEA-BC

Letter to PHCMC Nursing Caregivers,

Providence Holy Cross Nurses and Certified Nurse Assistants showed incredible stamina, dedication, and commitment to our patients and ministry in 2021. It felt a lot like 2020, being attacked by the COVID-19 virus, however, the surge in 2021 was even worse. Only this time we knew what we were doing and had our Covid-19 treatment and practices hard wired.

We continued to show great resilience as we powered through short staffing, caregiver illness, caregiver family illnesses, severe exhaustion, and feelings of hopelessness. We cared for up to 197 COVID-19 patients at a time, 51 of those in ICU, while relying on >90 travelers for help while many of our own nurses were sick from COVID. When the vaccine was made available, we vaccinated nearly 20,000 caregivers and community members.

Most of our work life was just getting through the shift and making it home to collapse. Most of our “normal” work life was overshadowed by the pandemic, thus, leaving little time for unit-based councils, shared governance, education (other than COVID), and camaraderie outside of the workplace. However, that being said, we managed to not only make it through 6 surveys in 2021, we ACED all 6 surveys. UNBELIEVABLE WORK provided by our nursing and ancillary staff. I am not sure any other ministry could claim those same accomplishments in the middle of a pandemic, proving we are the best of the best!

We were successful in our 4th designation for Magnet! Only 5% of hospitals are Magnet designated and, of those, only 2% have reached 4 consecutive designations!! We are very grateful for our nursing colleagues that work tirelessly to help us attain this status. Our nurses continue to provide the highest quality of care based on the latest evidence-based research findings. Our nurses are active in clinical research, having published articles in peer reviewed nursing journals, as well as participate in the Providence research day, attending seminars and providing podium and poster presentations.

I look forward to 2022 with hope that we will experience an easing of the pandemic and the return to a more normalized workday. Our focus will be learning in a group setting by holding and participating in table top meetings (less virtual) and just being more present with all of you.

Please take some time for yourself to reflect on how meaningful your work is to our patients and how important it has been, especially, during this pandemic. We will survive and we will move forward. I am so proud to work amongst the best nurses in the nation. Thank you for all that you do every day!

Summary of Surveys 2021

1. MAGNET REDESIGNATION— Our “Soar to 4”... what an accomplishment. The ANCC appraisers could not have been more impressed with the engagement, dedication, and loyalty our nursing staff have for our ministry. They were also very impressed with the amount of research we conduct and the number of publications we have had. This 4th designation puts us in the top 2% of all Magnet hospitals that have achieved their 4th consecutive designation!! Many thanks for the commitment of our shared governance councils...WE DID IT...ON TO STRIVE FOR 5!!

2. THE JOINT COMMISSION—We achieved the best in Providence for the small number of deficiencies received with a total of 14! Most hospitals receive 30-50 deficiencies. The only deficiency for nursing was a pain level reassessment. Other than that, we did awesome! Thank you!

3. CARF (ACUTE REHAB) - Acute Rehab is surveyed every 3 years by the Commission on Accreditation of Rehabilitation Facilities (CARF). The success of our recent CARF survey is because of the collaboration and cohesiveness of nursing, physical therapy, occupational therapy, speech therapy, recreational therapy, case management and other stakeholders with Dr. Lupo (Medical Director) that help promote the quality, value, and optimal outcomes of our patients.

4. SUB-ACUTE UNIT—Subacute is being surveyed annually for CMS recertification. In 2019, the survey results were better in comparison with the CA and National average. Due to COVID-19 infections that started in 2020, SAU is being surveyed every 6-8 weeks for infection control compliance. This ensures that all the guidelines from CDC, CDPH, and LAC DPH are implemented and no deficiencies noted.

5. STROKE—We are currently a Primary Plus Stroke center providing multiple treatment options for patients suffering strokes. The volume of Acute Stroke Patients we serve has increased 180% since January 2021. The surveyors found our program to be exceptional. They repeatedly praised our Holy Cross Teamwork and enthusiasm. They had special praise for Judy Bravo, our Stroke Nurse, and Dr. Mirchandani, our Stroke Medical Director. They found we had a few opportunities to improve our documentation and had some suggestions as to how we can strengthen our Stroke Rounds. Overall they commended our program acknowledging the teamwork by Nursing, Ancillary Personnel, Physicians, and Senior Leadership.

6. TRAUMA- The American College of Surgeons Committee on Trauma reviewed the PHCMC Trauma Program in April 2021 and found no criteria deficiencies. Noted strengths of the program include the rigorous performance improvement and patient safety program, the quality of the trauma surgeons and nurse practitioners, and the trauma prevention program. Areas to focus going forward include the nursing education for the ED, ICU and PACU staff. To address this, the “Moore on Trauma” quarterly education program as been developed and the Trauma Nursing Core Course (TNCC) is offered at PHCMC twice yearly.

Nursing Strategic Plan



We will deliver outstanding, affordable health care, housing, education and other essential services to our patients and communities. We seek to create a place where caregivers are fulfilled and inspired to carry on the Mission.


Create a work experience where caregivers are developed, fulfilled and inspired to carry on the Mission	Achieve top quartile performance in caregiver engagement and first-year turnover; improve Mission engagement by 16% and double formation engagement rates
1. Deliver safe, compassionate, high-value health care	1. Achieve top quartile health outcomes
2. Make PSJH the provider partner of choice in all our communities	2. Achieve top quartile provider engagement
3. Steward our resources to improve operational earnings	3. Grow operating EBIDA to 10.1%
4. Foster community commitment to our Mission via philanthropy	4. Double philanthropy production to \$360M per year

Strategic Element	Potential Tactics and/or Metrics
Steer all PSJH nursing as the industry standard for of compassionate, personalized and ethical care	Improve Care experience for patient/caregiver (Metrics: System based) Capture the voice of the patient PHCMC – <ol style="list-style-type: none"> 1. Integrate Nursing representation in the family / patient council to develop practices based on patient needs. 2. Improve Nursing Communication to 50% on HCAHPS results. This percentage is a collaboration of Courtesy and Respect, Nurses listen carefully, and Nurses explain in a way you understand. 3. Integrate AIDET in all aspects of the ministry

	<ol style="list-style-type: none"> 4. Implement Cipher Health Rounding tool to encourage all leader rounding to address patient experience issues real time. 5. Nurse navigators
Integrate nursing and interprofessional teams in shared leadership and decision-making at all organizational levels.	Move beyond formal shared governance to engage staff in planning and shared decision making Ensure nursing has active and assertive engagement at regional and system-level planning and decision-making meetings PHCMC- <ol style="list-style-type: none"> 1. Nominate staff bedside nurses to attend and participate in the annual CNO conference for the Nursing Institute’s strategic planning session.
Invest in professional growth and development of the nursing workforce	Create a strategic partnership with HR to examine the desires of our workforce and the needs of the organization. Promote the BSN requirement. PHCMC – <ol style="list-style-type: none"> 1. Revise the Clinical Ladder program to encourage staff development and education. 2. Staff with ADN degrees will sign a contract and commit to earning BSNs within 5 years with a goal of 85% BSN staff attained. 3. Implement the new grad/fellow TIPS to the maximum efficiency for PHCMC - PHCMC- Turnover = or < 16%- 1st year nursing 4. Invest in the nursing education and specialty certification with tuition reimbursement and foundation educational funds.
Deliver best nursing clinical care, clinical collaboration, evidence-based practice, and culture of inquiry and innovation	Move toward a more unified, replicable PSJH nursing practice model; grounded in evidence and current <u>best known</u> ways. Benchmark clinical productivity analytics and other tools to measure performance. PHCMC- <ol style="list-style-type: none"> 1. Revise policy process to ensure revisions are done timely, updated using the latest evidence-based findings, and references within 5 years.


<p>Ensure a culture of high-reliability and zero harm</p>	<ol style="list-style-type: none"> 2. Adapt Lippincott Nursing for Procedures and revise policies, as needed, to reflect this change (Lippincott is constantly updated with current practice changes). 3. Adapt the Operations Advisor productivity tool developed using benchmarked standards. <p>Fully implement a balanced scorecard dashboard for nursing, focused on the IHI Quadruple Aim</p> <p>PHCMC-</p> <ol style="list-style-type: none"> 1. Ensure we meet our clinical quality goals in CAUTI, CLBSI, SSI, C-diff. to ensure safe patient care. 2. Implement evidence-based practices for HAPI prevention. <p>Enhance and standardize the position description for the role of clinical nurse manager Create a PSJH model for nursing peer feedback</p> <p>PHCMC-</p> <ol style="list-style-type: none"> 1. PHCMC uses the “On Role” peer feedback program and nursing leaders will help staff develop meaningful goals based on results. 2. Use a standardized Nurse Manager job description 3. New Nurse Managers will attend the Regional Nurse Manager program to understand leader competency and expectations.
<p>Every eligible facility/ministry is in active pursuit of a nursing excellence designation (such as <i>Magnet®</i> or <i>Pathway to Excellence®</i> designation)</p>	<p>Inventory and report excellence designation status and performed, make recommendations to the CNOC accordingly.</p> <p>PHCMC –</p> <ol style="list-style-type: none"> 1. Currently Magnet Designated 2. Re-designation scheduled for 2021- with application and documents submitted February 2021. 3. Consider ED Lantern award designation.

We will be our communities’ health partner, aiming for physical, spiritual and emotional well-being. We seek to ease the way of our neighbors in their journey to good life.

 <p>BE OUR COMMUNITIES' HEALTH PARTNER</p>	<ol style="list-style-type: none"> 1. Transform care and improve population health outcomes, especially for the poor and vulnerable 	<ol style="list-style-type: none"> 1. Provide value-based care: Attain top quartile performance in ambulatory care across all populations; improve patient access, <u>connectivity</u> and navigation to the most appropriate site of care
	<ol style="list-style-type: none"> 2. Lead the way in improving our nation’s mental and emotional well-being 	<ol style="list-style-type: none"> 2. Identify & improve the most critical mental health & wellness community priorities, to be defined in 2018
	<ol style="list-style-type: none"> 3. Extend our commitment to whole person care for people at every age and stage of life 	<ol style="list-style-type: none"> 3. Achieve 2% year-over-year increases in awareness of patient goals, values & beliefs for care via advance directives
	<ol style="list-style-type: none"> 4. Engage with partners in addressing the social determinants of health, with a focus on education, <u>housing</u> and the environment 	<ol style="list-style-type: none"> 4. Identify & improve the top community health need in every region, to be defined in 2018
	<ol style="list-style-type: none"> 5. Be the preferred health partner for those we serve 	<ol style="list-style-type: none"> 5. Enroll 1 million users of consumer / patient engagement platforms (Circle, <u>Xealth</u>, etc.)

	Strategic Element	Potential Tactics and/or Metrics
Nursing Accountability	Enable all nurses to practice to their full legal scope and competency: at the top of their license in all care settings	Offer ARNP Fellowship programs through the Clinical Academy (acute and ambulatory/primary care) in every PSJH state, by end of 2021 Add to annual employee engagement survey a question about practicing at top of license

	<p>Measure and report number of ARNPs working in independent roles in acute and ambulatory</p> <p>Pursuit proven models of care to support top of license practice for all caregivers</p> <p>Formalize partnerships with physicians and medical staff offices to support credentialing that allows all providers to practice at the top of their license</p> <p>PHCMC –</p> <ol style="list-style-type: none"> 1. Utilization of ARNPs will increase to include intensivists, oncology, palliative care, neurology, hospitalist, etc. 2. Certified wound care nurses to expand scope and practice using standardized procedures. 3. RNs expand scope with the increased use of medical staff approved standardized procedures. 4. Nurse navigators to assist with health care management
Position nurses in interdisciplinary teams to assure effective care and transition management in all care setting—to improve acute and chronic care outcomes	<p>Identify and add training to current nurse leader development programs on roles of nurses in interdisciplinary teams</p> <p>PHCMC-</p> <ol style="list-style-type: none"> 1. Nurses will participate in interdisciplinary rounds for all levels of nursing care to assist in transition of care for patients and work collaboratively with all staff and physicians to decrease length of stay and improve patient outcomes 2. Nurses are part of the Clinical Practice Council which consists of ancillary clinical representatives as well as nursing. <u>Mutual agreement</u> and approval for interdisciplinary clinical practice. 3. Avoidable ED visits with improved education upon discharge, post d/c phone calls to assess appointment status, meds, status post hospitalization, navigator at infusion clinic to assist oncology patients
Assure that patients experience whole-person care, with unwavering focus on value and sustainability	Provide value-based care: Attain top quartile performance in ambulatory care across all populations; improve patient access, connectivity, and navigation to the most appropriate site of care.

We will respond to the signs of the times, pursuing new opportunities that transform our services. We seek to expand and sustain our Mission.		
	1. Diversify sources of earnings to ensure sustainability of the ministry	1. Earn 20-40% (TBD) EBIDA via incremental diversified revenue sources
	2. Digitally enable, simplify, and personalize the health experience	2. Deliver 2.3 million digitally enabled patient interactions annually (online scheduling, telehealth, etc.)
	3. Create an integrated scientific wellness, clinical research and genomics program that is nationally recognized for breakthrough advances	3. Grow to 500 early phase & investigator-initiated studies and 1,100 publications
	4. Utilize insights and value from data to drive strategic transformation	4. Approach and outcomes for data goal to be defined in 2018
	5. Activate the voice and presence of PSJH nationally to improve health	5. Increase awareness of the PSJH Mission & Vision among key influencers by 50%
Nursing Accountability	Strategic Element	Potential Tactics and/or Metrics
	Develop nurse leaders as mission-driven, focused on the IHI Quadruple Aim, and delivering improved population health	<p>All nurse managers will have dashboard templates with IHI Quadruple Aim (available by 4/30/19)</p> <p>Nurse leaders will complete mission formation</p> <p>Nurse leaders will complete role-based development programs</p> <p>PHCMC-</p> <ol style="list-style-type: none"> 1. All nurse leaders to begin mission formation after 6 months in the nurse manager role – 2. All nurse managers to complete Regional level Nurse Manager program
	Assure strategic workforce planning informs PSJH talent strategies and care models.	Complete future workforce planning (restart workforce planning group)

		<p>Train nurse leaders to use data to inform short term hiring cadence</p> <p>PHCMC –</p> <ol style="list-style-type: none"> Nursing reps from PHCMC specialties are involved in clinical excellence councils at the regional level to ensure care models are consistent and based on EBP and research.
	<p>Leverage technology to optimize safe and effective care across the continuum, improve communication, and ease documentation burden</p>	<p>Epic platform is a consistent documentation tool used throughout the continuum</p> <p>Redesign optimization to focus on easing electronic burden</p> <p>Validate essential documentation</p> <p>Implement a unified communication strategy on a single device</p> <p>PHCMC-</p> <ol style="list-style-type: none"> Implement Secure Chat physician/nurse communication platform in 2020 to enhance communication and patient care. New Alaris IV smart pumps to be implemented in 2020 to ensure patient safety with medication guardrails, barcoding, and documentation ease with EHR.
	<p>Create strategy and specific solutions to nurse burnout prevention, and enhanced of wellness, in partnership with through nursing research (clinical scholarship)</p>	<p>Training in trauma-informed care and clinician suicide prevention</p> <p>PHCMC-</p> <ol style="list-style-type: none"> Nurse burnout initiatives to be implemented in 2019 and 2020 to address national issue of burnout amongst nurses. Regional program also being developed to collaborate with hospitals. PHCMC goal is to have a physician/nurse burnout prevention program by 2021. “Zen Garden” in development for 2020 Encourage the use of Choose Well program, EAP, Chaplain services
		<ol style="list-style-type: none"> Night shift focus- and increase awareness of services and incentives.
	<p>Aligned with Community Partnership, activate a strategic nursing advocacy agenda at the state and federal level to advance population and nursing workforce health.</p>	<p>Train nursing leaders and representatives to be effective in legislative advocacy and working with government affairs department</p>

Our Nursing Vision



Providence Holy Cross' delivery of care delineates the nurses' authority and accountability for clinical decision-making and outcomes. The care delivery system is integrated with the professional practice model and promotes continuous, consistent, efficient, and accountable nursing care. The care delivery system is adapted to regulatory considerations and describes the context of care, the manner in which care is delivered, the skill set required, and expected outcomes of care.

Our interprofessional healthcare professionals collaborate to provide patient-and family-centered care. Delivering quality care within and across settings utilizing high reliability tones, tools, and behaviors.

Nursing Professional Practice Model



The Professional Practice Model is grounded in the Mission, Vision, and Values of the organization (represented on the perimeter and interior of the PPM), centered on Patient- and Family-Centered Care, and grounded in two complimentary Nursing theories, Watson's human caring theory and Benner's novice- to-expert theory. The PPM contains 5 main domains listed on each petal:

- *Quality and Excellence in Nursing Care*
 - *Professional Development & Advancement*
 - *Interprofessional Collaboration*
 - *Evidence-Based Practice*
 - *Shared Leadership and Empowerment*
-

Patient- and Family- Centered Care is our approach to planning, delivering, and evaluating the health care we deliver. It is grounded in mutually beneficial partnerships among health care providers, patients, and families. As nurses at Providence our focus is on the physical, environmental, and psycho-spiritual and sociocultural comfort of our patients and their families. Nursing care is the science of caring based on interpersonal relationships. Nursing care is complementary to medical curing, and is aimed at providing faith and hope.

Our Mission, Values, Vision and Promise



Our Mission. As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.



Compassion. We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.



Dignity. We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.



Justice. We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources, and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.



Excellence. We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe and reliable practices for the care of all.



Integrity. We hold ourselves accountable to do the right thing for the right reasons. We speak truthfully and courageously with generosity and respect. We pursue authenticity with humility and simplicity.

Our Vision

Health for a Better World

Our Promise

Know me, care for me, ease my way.

Nursing Excellence

Nursing and our interprofessional teams served side-by-side caring for our community during the COVID pandemic, bringing compassion to the bedside daily while still applying rapidly changing evidence-based practice. The nurses demonstrated flexibility, discovery, innovation, and discipline, and continually strived to maintain a culture of excellence. Thank you for being family to our patients and connecting them to family through technology at a time like no other and when most needed.

QUALITY 

THANK YOU, SHERRI MENDELSON!!

I want to thank Sherri for her relentless, and I mean relentless, pursuit of Magnet stories. Sherri never gave up a moment to absorb information on an event or process improvement that may be useful as a Magnet story. She will go after it like a determined nurse on a mission and won't stop until she has what she needs. We all know when Sherri is in a meeting as she always has questions when something triggers her Magnet "powers." I guess that's why they call it Magnet as she is "pulled" in a way you cannot imagine!! BUT, this is what it takes to be a successful Magnet Director who leads us to a successful Magnet survey...4 times!! Sherri, you guided us well and WE DID IT!!! Sherri, you also mentored MANY nurses for their research projects and are the reason why ANCC was SO impressed by the number, and quality, of research projects. We all thank you so much for your many years with PHCMC directing our Magnet and Nursing Research programs!!

In addition, Sherri has been instrumental in building our Daisy nurse recognition program. Sherri has developed a relationship with the family that started the Daisy Program, in memory of their son, and has been a dedicated advocate of this program and nurse recognition! Sherri has given out numerous Daisy awards since she started managing the program.

Although Sherri is stepping down from Magnet and Daisy, she will still be with us for research, for which we are grateful! Sherri, on behalf of ALL nursing caregivers, THANK YOU!!

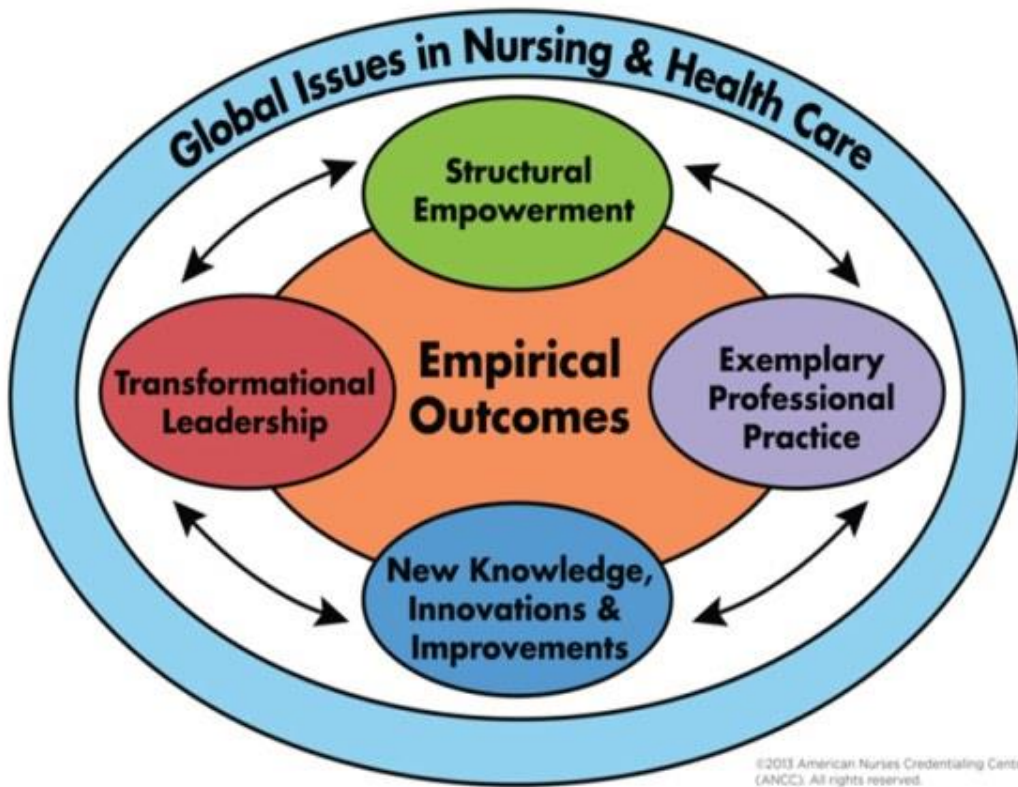


Sherrri preparing for a Daisy celebration!



Sherrri celebrating our 4th Magnet designation!

Our Magnet Journey to Excellence



Transformational Leadership



The Journey to Magnet and Magnet re-designation begins with Transformational Leadership.

A transformational culture is formed and evolves through trust, transparency, and strong relationships. Transformational leaders help foster an environment of professional growth so nurses can lead change from any position. Nursing leaders must transform their organization's values, beliefs and behaviors through visibility, communication, empowerment, and mutual respect. Transformational leaders multiply and leverage the capabilities of caregivers and inspire growth.

A key component of Transformational Leadership is strategic planning. This requires vision, influence, clinical knowledge and strong expertise relating to professional nursing practice. As a Magnet Designated organization, Providence Holy Cross embodies transformational leadership, shared decision making, and exemplary professional practices as nurses strive to improve patient outcomes and enhance the patient experience.

Nursing Leadership 2021

Nurse Executive Team:

Chief Nursing Officer - JODI HEIN, DNP, RN, MHA, NEA-BC

Executive Director Peri-Operative and Oncology Services -TANYA HAIGHT, DNP, MSN, RN, OCN, NEA-BC

Executive Director of Acute and Post-Acute Services - KELLY GALBO, MSN, MBA, RN

Executive Director of Critical Care and Emergency Services - ELIZABETH CHOW, DC, MSN, RN, CCRN

Executive Director of Maternal Child Services -BEVERLY HOLLAND, DNP, RN, MBA, NEA-BC

Director of Emergency Services - CONNIE RICHEY, BSN, MSN(c), RN, CEN

Director of Post-Acute Services -ANGIE TORRES, DNP, RN

Director of Surgical Services - MISSY BLACKSTOCK, MSN, RN

Director of SDS, PACU, GI Lab, Cardiology, and Neurology - KELLY PAGEL, MSN, RN

Director of Clinical Education and Professional Development - MICHELE BOUCHER, DNP, MSN, RN-BC, NEA-BC

Director of Nursing Research, Magnet, and Professional Role Development - SHERRI MENDELSON, PHD, RNC, CNS, IBCLC

Director of Case Management - ERWIN MACATULA, MSN, RN

Nursing Management and Operations:

Manager of Nursing Admin, Monitor Techs, Tele sitters, and Float Pool - Patricia Cook, MSN, RN, PCCN

Manager Critical Care - Penny MacDonald, MSN(c), BSN, RN, CCRN

Manager of 3 South Progressive Care Unit - EDGAR RAMIREZ, MSN, RN, CCRN

Manager Emergency Department - LIZETTE CUVIN, MSN, RN, NEA-BC, CEN

Manager of 2AB Ortho Med/Surg and 3C Pulmonary Tele - HEINRICH HUERTO, MSN, RN, OCN, CMSRN

Manager of 2S Med/Surg and Tele, 4S Telemetry, 2S Sepsis Unit - WILLIAM LIM, MSN, RN, PCCN, CMSRN

Manager of 3A/ 3B Neuro Tele, Wound Care - Ana Bantug, BSN, RN

Manager of Oncology 2D, Infusion Center - MICHELLE TABAR, MSN, RN, OCN

Manager of Mother Baby, Lactation Program, Welcome Baby, and Childbirth Education - PATRICIA BURKHOLDER, BSN, RNC-MNN, C-ONQS

Manager of Labor & Delivery, Outpatient, and Antepartum- ERIKA GUIDARDO, BSN, RN, RNC-OB, CEFM

Manager of NICU and HRIF Clinic - SUSAN EGAMI, MSN, RNC-NIC, IBCLC

Manager Operating Room - JINAE CROUCH, MSN, RN, CNOR

Manager Sub-Acute Unit and In-patient Rehab - LANI COLLINS, MSN, RN

Manager Trauma Program - Melanie Crowley, MSN, RN, CEN, TCRN

Manager Case Management - Mila Ferrer, BSN, RN, ACM

Sepsis Program Coordinator - LAURA GERONGA, BSN, RN

Stroke Program Manager - JUDY BRAVO, BSN, RN

CNO's Strategic Response to COVID



TL4-Provide one example, with supporting evidence, of the CNO's leadership that led to a strategic organizational change.

Note: Organizational change must be inclusive of nursing and other departments.

Narrative

- Describe the CNO's leadership that led to a strategic organizational change:
- Describe nursing and other departments included in the strategic organizational change:
- Describe the strategic organizational change:

Example: CNO Leadership: Strategic Organization Wide Change COVID Task Force and Pandemic Surge Plan

Our Providence Holy Cross Medical Center (PHCMC) Chief Nursing Officer (CNO), Dr. Jodi Hein, DNP, MHA, RN, NEA-BC, a member of PHCMC Senior Leadership Team (SLT), was on the frontline for all decisions regarding the Covid-19 pandemic. Her strategic leadership and representation of Nursing allowed our organization-wide interprofessional team to practice safely and to know that our ministry was proactive to protect their health and that of their families.

CNO's Play Book

CNO Dr. Hein's leadership leading to strategic organizational change included the development of PHCMC's **COVID Task Force** and **Pandemic Surge Plan**. When addressing the COVID surge that affects patient flow, there are many facets to the strategy to be effective. When planning for this very infectious patient surge, protecting the safety of our staff and providers is of highest concern and necessitated the implementation of a **COVID Play Book**. *Evidence TL4.1 March 3, 2020 CNO Dr. Hein's COVID Pandemic Crisis Play Book with her notes*

Elements of the CNO's **Play Book** that were part of the strategic change process included constant reassessment of personal protective equipment (PPE), level of care, staffing, nurse competency, equipment, nursing workstations, storage availability, bathroom availability, and the creation of hot and warm zones. In addition, Dr. Hein strategically communicated pertinent clinical practice information organization wide.

CNO's Role on COVID Task Force

The discussions around facilitating and organizing the organizational changes required Dr. Hein's participation in a strategic leadership role during daily **COVID Task Force** and Operational Task Force meetings, participation in daily SLT meetings and communication with our Providence Southern California Region CNO, Syl Trepanier, DNP, RN, CENP, FAAN, Regional Director of the Nursing Institute, Jan Keller-Unger, PhD, MS, RN, CENP, and Troy Larkin, PhD, RN, Executive Director Nursing Outcomes and Education, Providence Nursing Institute. Dr. Hein's expertise and strategy served a vital role at the interprofessional **COVID Task Force** meetings. *Evidence TL4.2 April 1, 2020 Interprofessional COVID Task Force Agenda, Minutes, and Roster*

CNO's Pandemic Surge Plan and Communication Methods

The organization-wide change led by Dr. Hein included implementation of the red, yellow, and green Zones to provide maximum safety and protection from exposure to our caregivers, patients, and visitors. Zone planning meetings included representatives from all disciplines: Nursing, Infection Control, Medicine, Respiratory Therapy, Pharmacy, Quality, Environmental Services, Facilities Management, Spiritual Care, Supply Chain, Caregiver Health, Regional Disaster Preparedness, Public Relations, and Senior Leadership.

Dr. Hein's participation in daily Safety Huddles and departmental rounds offered presence to nursing and ancillary staff during a difficult time and served as venues to spread vital information across the organization. Changes are still ongoing and require Dr. Hein's strategic leadership and constant communication on the following topics.

- Evolving Surge Plan
- Staffing issues and cross-training nurses
- Visitor Guide changes
- Pharmacy change of practice entering medication rooms, changing out meds in crash carts that have been in hot Zones

- Practice Alerts to identify and instruct staff on changes in practice
- EPIC screening practice alert
- Use of PPE
- Providing Scrubs to staff
- Frequent Emails to staff to ease caregiver stress

- Daily huddle updates
- Temperature screening stations
- Construction of the Covid screening tents – general population and OB- separate tents
- Clinical Practice Alerts **Evidence TL4.3 March 25, 2020 CNO Clinical Practice Alert Communication**

Strategic Communication Methods Message the CNO's Organization-Wide Changes

Lessons have been learned from this pandemic. One lesson was understanding that we could only practice to the best of our ability with the information and science available at any given time. For the first 6 weeks of the pandemic, our **COVID Task Force** and operational task forces met daily, 7 days per week, to stay on top of the latest research findings. Changing practice, sometimes daily, was an on-going challenge for the entire team. Dr. Hein sent out frequent communications to nursing leadership and all nurses to ensure nurse well-being was addressed. As nurses comprise the largest group of caregivers at PHCMC, these communications were vital to ensuring that the most current

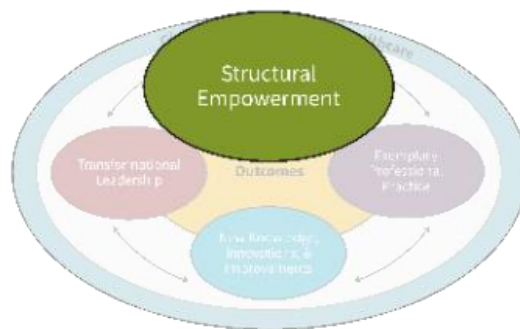
clinical information and resources were available. **Evidence TL4.4 CNO's April Clinical Practice Alert to Nursing**

In the beginning of the pandemic, staff fear was one of the greatest challenges. As the CNO and ancillary leadership worked through designing new processes, clinical and operational, spreading new information, and infusing our interprofessional staff and physicians with emotional support, it did not seem to be enough. Staff needed hard facts regarding care delivery, current research, the latest treatments, and continuous infection control training. Being able to explain to staff that we had a well thought out **Pandemic Surge Plan** and patient care plans, based on current literature and findings, with the ultimate goal of mitigating staff risk, gained trust from all of our caregivers that the leadership was preparing and planning to the best of our ability to keep everyone safe.

Dr. Hein's ongoing leadership includes daily interprofessional Safety Huddles and rounds with our COO, Patty Mayberry, MSN, RN which provides access to leadership for our caregivers during a difficult time. Dr. Hein sends out frequent communications to leadership and all nurses and staff. As nurses comprise the largest group of caregivers, clinical communications are vital to ensuring the most current evidence-based information is available in the form of Clinical Practice Alerts. **Evidence TL4.5 CNO Message to Nursing Staff and attachment-Clinical Practice Alert**

A collaboration of strategic effort from all disciplines in the hospital, led by our CNO Dr. Hein, resulted in the **COVID Task Force** members effectively and successfully implementing the **Pandemic Surge Plan**, while delivering clear and frequent communication to all caregivers.

Structural Empowerment



Shared Governance

Our shared governance structure enables shared decision-making within the nursing department to ensure that our nurses participate in decision-making and action planning for best patient outcomes and the best nursing work environment. The councils normally meet monthly. However, 2021 was met with pandemic challenges preventing councils from meeting routinely. The councils and chairs are as follows:

Nursing UBC Coordinating Council

Purpose: Promote and drive coordination of Unit based councils

Chair / Co-Chair: Nikki DeLaCruz / Tanya Hartley

Nursing Quality Improvement and Safety Council

Purpose: Improve the quality of patient care utilizing nurse sensitive indicators and quality data

Chair / Co-Chair: Julie Masson / Melissa Barnes

Nursing Satisfaction, Recruitment, Retention Council

Purpose: Identify nursing satisfaction gaps and develop methods to improve and increase retention

Chair / Co-Chair: Mary Taylor / Cynthia Funakoshi

Nursing Professional Practice Council

Purpose: Promote evidence-based nursing practice to provide the highest quality of care and outcomes

Chair / Co-Chair: Gloria Perea

Nursing Research Council

Purpose: Promote nursing research and clinical scholarship knowledge and participation

Chair / Co-Chair: Ingrid Blose / Kathy Dibene

Nursing Magnet Council

Purpose: Promote Magnet standards and identify stories for the Magnet re-designation documents

Chair / Co-Chair: Sherri Mendelson / Jennelyn Flores

Nursing Leadership Council

Purpose: Coordinate the nursing shared governance councils to ensure goals are set and met

Chair / Co-Chair: Gloria Perea / Patricia Cook

Nursing Professional Development

The Magnet journey exemplifies nurses' commitment to lifelong learning, promotes role development, academic achievement and career advancement. Providence Holy Cross nurses enrich their communities by providing education, service, and support in many areas. Our ministry values the contribution each nurse makes for the benefit of patients and families, physicians, staff and the organization. To support nurses advanced education endeavors, multiple scholarship opportunities exist for nurses. The Transition into Practice Program engages expert nurse preceptors empowering them to educate and train residents

and fellows. Through this mentoring new nurses and nurses entering new areas of practice advance in practice to improve patient outcomes.

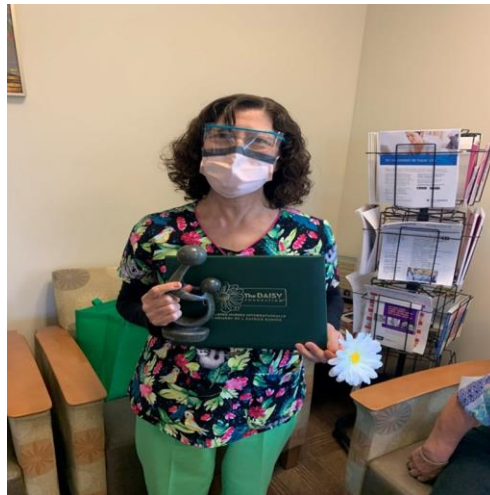
The DAISY Award



The DAISY Foundation was established in 1999 by the family of J. Patrick Barnes, who died at the age of 33. The DAISY award was established in Pat's memory to recognize extraordinary nurses everywhere who make an enormous difference in the lives of so many people by the super-human work they do every day.

*Providence Holy Cross Medical Center is proud to be a **DAISY Award** Partner, recognizing extraordinary nurses with this special honor. DAISY Award honorees personify the Providence mission - as expressions of God's healing love, witnesses through the ministry of Jesus, we are steadfast in serving all –especially those who are poor and vulnerable. Providence nurses demonstrate excellence through their clinical expertise and extraordinary compassionate care.*

2020 and 2021 DAISY Award Recipients



Dary Hult, RN, Infusion Center 2020 Honoree



Ashley Tojong, Alvin Arceo, Cari Pilpott, Oncology 2020 Honorees



Eunice Bowers, RN, 2 AB Ortho Med-Surg 2020 Honoree



Breann Chapman, RN, 2 AB Ortho Med-Surg 2020 Honoree



Brittany MacLearn, RN, Labor and Delivery 2021 Honoree



Jennifer Ralston, RN, Emergency Department 2021 Honoree



Liezl Macias, RN, Post Partum, Maternal Child Services 2021 Honoree

Mission Spirit Awards



Cari Philipott, 2021 Honoree

Cari graduated as an RN in 1992 from Mount San Antonio Junior College and graduated in 1997 with her BSN from Cal State Long Beach. She is following her mother Melba's footsteps, who served in World War II as a naval nurse. Cari started her career at Cedars-Sinai and worked in the Hematology/Oncology/Bone Marrow Transplant units. She was hired at Providence Holy Cross in 2018. Cari lives out our Mission and our Core Values of Compassion, Dignity, Justice, Excellence, and Integrity and it pleases us to honor Cari with the Mission Spirit Award.

Sly Peña, 2021 Honoree

Sly completed his Associate Degree in Nursing at Mount Saint Mary's and began his career at Huntington Memorial as a staff RN on the step-down unit and then progressed to serve as a Relief Resource RN. Sly came to work at Providence Holy Cross on the advice of a friend who spoke highly of the culture and has served in the Progressive Care Unit since his arrival in March of 2016. Sly has served as Charge Nurse since mid-2020 and is referred to as a great friend, a great leader, and as someone who exemplifies what a charge nurse should be. Sly checks every box and it pleases us to honor him with the Mission Spirit Award.



Exemplary Professional Practice

Exemplary Professional Practice is one of the Magnet model components of nursing care at Providence Holy Cross Medical Centers, and it's through this that our nursing care is elevated. PHCMC nurses are motivated to provide the highest quality patient and family-centered care through exceptional professional practice. The nurses are driven by the principles of autonomous practice and are encouraged to exercise clinical judgement to advocate for their patient's unique needs, with the goal of providing extraordinary care within the context of an interprofessional, collaborative healthcare team. It's through continuous quality improvement and empowered professional nurses that units strive to outperform national nurse-sensitive benchmarks and reach nursing's highest potential.

Providence St. Joseph Health PHCMC 4th Magnet Designation Document Submission 2021 Providence Holy Cross Medical Center

EP3

Provide one example, with supporting evidence, of nurse(s) partnering with patient(s), families, or both to influence change in the organization.

Narrative

- Describe how nurse(s) partner with patient(s) and/or families:
- Describe a change in the organization influenced by nurse(s) partnering with patient(s) and/or families:

Example: Honor Walk

Nurses at PHCMC partner with patients and families every day to provide optimal care, to develop a plan of care and to educate patients and families to support the continuum of care. Hospitals across the country, in partnership with the United Network for Organ Sharing and their local Organ Procurement Organizations (OPOs), have begun a simple ritual for honoring organ donors, supporting their families, and helping all of us find meaning in the midst of tragedy.

When the decision has been made to donate organs, the donor is moved from the intensive care unit (ICU) to the operating room (OR). That journey, short as it may be, can be emotionally-laden for the loved ones of the patient and caregivers. After discussion with the family and consent of the patient's surrogate decision-maker, our caregivers are invited to line the hallways of that final journey, standing in solidarity with the patient's loved ones and one another.

The **Honor Walk** process is a tribute done with respect, honor and gratitude to the donor and their family for giving the gift of life. It is such a precious moment for not only the donor family, but for the hospital staff as well. The **Honor Walk** idea has been put into practice at several hospitals across the country.

Partnering to Bring the Honor Walk to PHCMC Patients and Families

At PHCMC, this came to light through our Spiritual Care department, specifically Anne Dauchy and Sam Scriven. Both Mr. Scriven and Ms. Dauchy heard of the process through our representative from One Legacy, Lena Saleh, and watched a video of an Honor Walk held at another hospital. They felt it so greatly exemplified our PHCMC mission statement and core values that they wanted to make it an integral part of the care that we provide our donor patients and their families. Yes, the Honor Walk originated with the Spiritual Care Department, but the nursing staff had already been discussing how this could take place in the future at Holy Cross to honor the patient and the family of the patient. Some of the nursing staff had gotten feedback from families on their need for support during this difficult time.

Evidence EP3.1 List of Participants in Creation and Implementation of the Honor Walk

20 of 114

First Honor Walk and Partnering with families and One Legacy.

Evidence EP3.2 Honor Walk Authorization Form**Evidence EP3.3 Email Communication from ICU nurse Kathy A. Cadden, RN, MSN, CNS, CCRN to Organ Procurement Organization (OPO) about bringing the experience to Holy Cross**

Spiritual Care partnered with the House Supervisor, Cerine Paul, BSN, RN, the OR nurses, and Security to draft a script for the operator (PBX staff) to make an announcement of when it would take place and put the practice into motion and to provide education to each unit in the hospital for the staff about what an Honor Walk was and its importance to family and staff. When it is time to transfer the patient from ICU to the OR for organ procurement, the operators make the announcement overhead. The walls lining the corridor from ICU to the double doors of OR are lined with staff from ICU and all over the hospital.

The First Honor Walk

After the initial Honor Walk, many staff expressed how healing it was for them and how grateful they were to be a part of this event – tragically sad but also rewarding in knowing that this individual will be helping so many others to live. On the first **Honor Walk** on 4/27/19, Nursing Supervisor Ms. Paul had known the family and thought that they would be open to and appreciate an Honor Walk. At this point, One Legacy was already managing the patient's care. Ms. Paul discussed the Honor walk with One Legacy who approached the family and asked them if they would like the hospital to organize an Honor Walk which they agreed. At that point, Ms. Paul organized with Mr. Scriven, and Chaplain Jen Rider to see how to pull this together on short notice as the patient was going to the OR that same evening.

Evidence EP3.4 Honor Walk April 2019

One Legacy family liaison's do an amazing job caring for the organ donor families. As they manage all information about organ donation, it was appropriate for them to discuss this option with the family. While chaplains or RNs could have had this discussion, we are separate from any discussion about organ donation and would not have had exposure to the family's thoughts and feelings about organ donation. From her own interactions, Ms. Paul thought that this specific family would appreciate it, but she also wanted to discuss this with One Legacy since they would have had further information about the family and how each family member responded to the idea of organ donation. There are times when family members disagree about organ donation even though they proceed with it. In this case, an Honor Walk may be a more sensitive subject.

Ms. Paul communicated with the patient's family, ICU Charge, bedside RN, House Supervisor, all Charge RN's from each unit, PBX and security. She created a plan for the Chaplain to have PBX call a CODE HONOR thirty minutes prior to the event. Thirty minutes appears to be the general

consensus from each unit in regards to the amount of time needed prior to participating. Security was present at the one public entrance during the Honor Walk to keep people from walking through. There was an awesome turnout of staff. Everyone on night shift is humbled and honored to participate. Each unit wanted to be present and work out a way for people on their units to participate. Donor cases can be highly emotionally charged, having an Honor Walk can provide closure not only to family but hospital staff.

We have since worked on the process to fine tune it and rename it to a more positive name. It was originally called Code Honor but our Donor Council members felt that the term Code implied something negative. The council decided to rename the process to Honor Walk. We have conducted 5 or more Honor Walks since that original event. At each one the corridor has been filled with staff and family members and patient's friends, so much so, that people have spilled over into the ICU corridor leading to the specific Pavilion door that the patient exits through.

Evidence EP3.5 Honor Walk May 2019

In one Honor Walk, the event was postponed by half an hour or so to avoid the evening change of shift because it would prevent some staff, who felt it important to participate, from attending. This change in the organization's practice with organ donors, through partnership between the nurses and families has had a significant impact on our staff as well as the patients' families at this difficult time in their lives.

As a result of the intimate partnership with our One Legacy representatives, Holy Cross nurses had a direct influence on implementation of the new Honor Walk event. These RNs closely partnered with Spiritual Care, Security, and indirectly with families through One Legacy representatives to forge a legacy of a ceremonial honor event for families and to commemorate the donor.

Evidence

- Provide evidence of partnership between nurse(s) and patient(s) and/or families:
- Provide evidence of change that occurred in the organization due to influence of partnership between nurse(s) and patient(s) and/or families:

New Knowledge and Innovations



Our Providence Holy Cross nurses are called to be leaders and to advance the profession of nursing through the pursuit of new knowledge, innovations, and improvements. Our nurses under the transformational leadership of CNO Jodi Hein, are inspired to initiate evidence-based practices, embark on research projects, generate new knowledge, implement cutting-edge technology, and work toward impactful advancements in the practice of nursing. Our nurses thrive under this invigorating culture of curiosity and visionary thinking to transform practice and the nursing profession, making a difference in patient's lives, the surrounding community, and health for a better world.



•Published research articles - for June 2021 -

1. Nursing for Women's Health

"Quiet Time to Increase Breastfeeding Rates and Enhance Women's Hospital Experiences in the Post-Partum Period" - Christen Lawrie, Martha Highfield, and Sherri Mendelson

2. Clinical Journal of Oncology Nursing

"Beyond the Chemotherapy Certificate: Building a Knowledge Base Virtually for Oncology Nursing Practice Across a Health System" - Julianne Luttrell, Sarah Sumner- Emylee Ricafrente, Marlon Garzo Saria

PHCMC- published nursing research

Best Research Awards

Podium Winner

Do Compassion Rounds Improve Professional Quality of Life for Nurses



Deepti Bhatnagar & Dr. Martha Highfield
Providence Holy Cross; Mission Hills, CA

1 - Published nursing research

PHCMC 4th Magnet Designation Document Submission 2021

NK7EOb

Provide one example, with supporting evidence, of an improved outcome associated with, clinical nurse involvement with the design or redesign of work flow in an ambulatory setting. Outcome data must be submitted in the form of a graph and data table.

Problem

- In narrative format describe the problem that you worked to improve. Include the following:
 - **What:** Pre-intervention outcome problem with the design or redesign of work flow in the ambulatory setting and the data that drove the goal initiative and improved the outcome.
 - **How:** The problem was identified and how it was associated with clinical nurse involvement with the design or redesign of work flow in the ambulatory setting.
 - **When and Where:** The timeframe and location where the problem was identified (must have occurred within the forty-eight months prior to documentation submission).

*Note: Two examples are required: one example **must** be from the ambulatory care setting, if applicable.*

Example b: Ambulatory ED example: Stroke Pit Stop

Problem

The American Stroke Association (ASA) has set targets for certified stroke centers achieving door to IV thrombolytic within 60 minutes.

- Evidence shows for each 15-minute reduction in delay, an estimated 4% improvement is realized in clinical outcomes and it is estimated that for every 30-minute delay in time to revascularization, there is a 10% decrease in the likelihood of a good outcome from endovascular treatment.

However, many barriers interfere with a hospital's ability to attain a reduction both in clinical decision making and treatment times. Immediately upon arrival of a patient with suspected stroke, PHCMC clinical nurses and physicians in the Emergency Department (ED) conduct an initial evaluation. Code Stroke patients are evaluated for IV thrombolytic candidacy through rapid CT imaging and tasks are simultaneously completed by physicians, nurses, and ancillary staff leading to meeting the goal of reducing time to treatment with IV thrombolytic.

Data was analyzed for March-May of 2019 which suggested opportunities for improvement in ED stroke care. March 2019 revealed that 0% of patient received IV thrombolytic with 60 minutes; April was 0% as well; May data showed an improvement with 100% of patients receiving IV thrombolytic within 60 minutes. This inconsistency demonstrated a strong need for a workflow redesign.

Goal statement
State the goal that is the desired improved outcome in the design or redesign of work environment (Must include nurse involvement):



- It must be clear that the outcome problem is associated with clinical nurse involvement with the design or redesign of work flow in the ambulatory setting.
- Identify the location of where the data was collected.
- Identify the outcome measure that aligns with the goal to demonstrate the improved outcome (e.g., errors, incidents, satisfaction, clinical indicator).
Note: Data must be presented as a rate.
- Increase the percentage of ED stroke patients who receive IV thrombolytic within 60 minutes, as recommended by the ASA.

Michelle Zager, MSN, RN, SCRNI	Nursing	Stroke Coordinator	Stroke Program
Missy Blackstock, MSN, RN	Nursing	Director	Cardiac Cath Lab
Alexandria Cervantes Fernandez	Radiology	Manager	Radiology
Suzanne Silva, MSN, RN, CEN	Nursing	Director	Emergency Department
Andrea Cammarota	Spiritual Care	Chaplain	Spiritual Care
Kelly Galbo, MSN, RN	Nursing	Director	Float Pool; House Supervisors
Brian Katz	Radiology	Radiology Tech	Radiology
Susan Cassling, RN, CEN	Nursing	Clinical Educator	Emergency Department
Kendra Holzman, RN	Nursing		Emergency Department
Chrissy Michael Neumeister, BSN, RN, ENPC	Nursing	Clinical Nurse	Emergency Department
Reid Brackin, MD	Medicine	Emergency Physician	Emergency Department
Elidia Garcia	PBX	Manager	PBX
Linda (Connie) Richey, BSN, RN, ENPC	Nursing	Clinical Nurse Assistant Manager	Emergency Department
Krista Zone, BSN, RN, CEN	Nursing	Clinical Nurse Assistant Manager	Emergency Department
Jacqueline Siddens, MSN, CEN, ENPC	Nursing	Clinical Nurse Assistant Manager	Emergency Department
Neha Mirchandani, MD	Medicine	Neurologist	Medical Staff
Lindsey Frischmann, DO	Medicine	Neurologist	Medical Staff
Naomi Leland, MSN, RN, CEN, TCRN	Nursing	Clinical Educator	Clinical Education
Jiwon Kim, PharmD	Pharmacy	Director	Pharmacy
Mark Barglowski	Pharmacy	Director	Laboratory
Ana Escobar	Laboratory	Lab Tech	Laboratory
Alex Ward, BSN, RN	Nursing	Clinical Nurse	Emergency Department

Marichris Aldaba, BSN, RN	Nursing	Clinical Nurse	Emergency Department
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Description of the Intervention

- o In narrative format describe the following:
 - o **What:** Activities associated with clinical nurse involvement with the design or redesign of work flow in the ambulatory setting.
 - o **What:** Action(s) that had an impact on the problem and resulted in the achievement of the outcome
 - o **When and Where:**
 - Timeline of date(s) when the intervention(s) took place
 - All data (pre-intervention and post-intervention) must occur within the forty-eight months prior to written documentation submission
 - Where the intervention(s) occurred (e.g., unit, department, product line, organization).

Description of the Interventions

June - July 2019

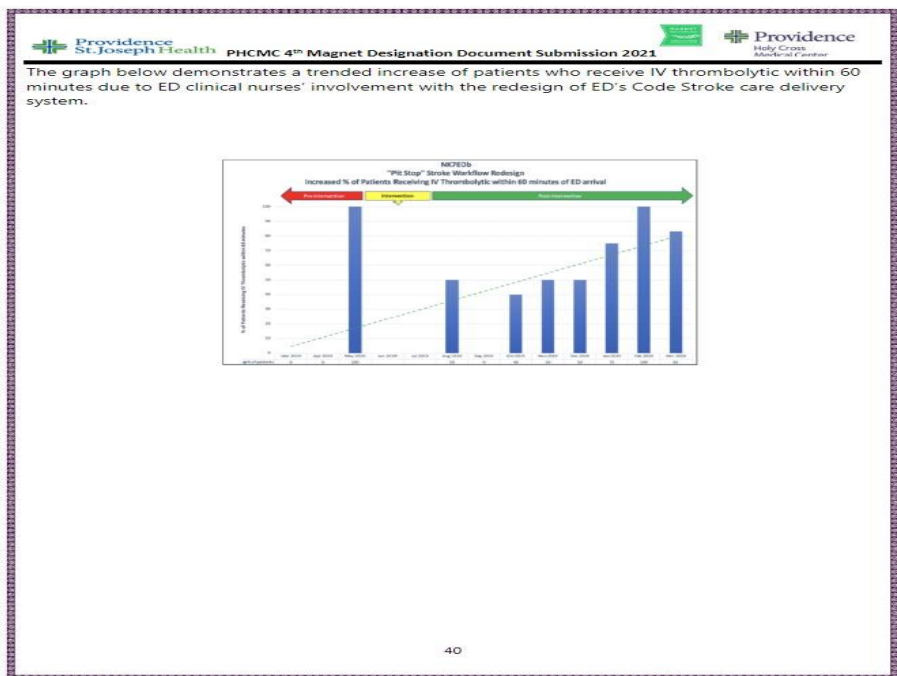
A Brigham and Women’s Hospital study revealed a key finding was that nearly every step in the stroke care process was completed before the next began, when in fact many could be done in parallel, much like a race car being worked on during a “Pit Stop”.

- Based on the learnings about this practice of a “Pit Stop” from Brigham and Women’s Hospital and others, an ED workflow redesign using a Stroke “Pit Stop” protocol was adopted initiated at PHCMC in **June 2019**.

The steps of the ED stroke flow redesign included:

- “Pit Stop” location identified: Code stroke patients are evaluated for IV thrombolytic candidacy through rapid CT imaging and tasks are simultaneously completed by physicians, nurses, and ancillary staff leading to meeting a goal for CT within 15 minutes of arrival in the ED.
- “Pit Stop” buy-in was initially low as ED clinical nurses resisted the location of the “Pit Stop” which was in a hallway with low lighting and outside the main ED with an environment, they were unfamiliar with.
 - o Lighting was improved in the hallway by replacing lights and adding a stand-alone light.
 -
 - o ED clinical nurses wanted to have the new “Pit Stop” located in the main ED.

- Code Stroke alert process revised: ED staff suggested changes to the activation process. Clinical nurses and physicians had input and recommendations for the new activation process. A new overhead page and an email alert was rolled out.
- Patients would no longer be cared for in the main ED but taken to the newly designated "Pit Stop" area.
- Roles were re-defined for MDs, RNs, EMTs, Radiology, Pharmacy, and Spiritual Care during the Code Stroke.
- Walk in and EMS arrivals both needed to have the same process. Walk in patients often lingered in triage, taking 10-20 minutes to get in front of the ED provider.
- The clinical nurse triage process was redesigned to assessing and identifying possible signs and symptoms of stroke and moving the patient immediately to the "Pit Stop" for rapid MD evaluation, vital signs, point of care glucose testing, then rapid transport to imaging.
- Feedback from the In-house neurology physicians and Stroke Nurse Coordinator in real time helped to achieve buy-in with the workflow change.
- ED clinical nurses determined what equipment they needed to feel comfortable in the new space. This included acquiring a heart monitor, a computer on wheels for documentation, weighable gurney, point of care glucose testing, IV access supplies, and a chair for family members.
- All ED staff committed to responding immediately at the "Pit Stop."
- New RN Role Created:
 - - A new ED clinical nurse role of "Stroke Nurse" was created. These clinical nurses had a high interest in success of the stroke program at Holy Cross. The "Stroke Nurse" is not given a patient assignment and is responsible to respond immediately to the pit stop.
- Real time follow up with the stroke nurse coordinator, Michelle Zager, MSN, RN, SCRNP, enables the Stroke Nurse and all clinical nurses to voice concerns, identify barriers, and propose solutions with the goal of increasing the percentage of patients who receive IV thrombolytic within 60 minutes.
- Monthly, ED MDs, leadership and clinical nurses review the procedures and IV thrombolytic times to ensure ongoing success.



Stroke -Pg. 5

Meeting the Needs of Our Community

Nursing and caregivers routinely participate in a wide range of community events, such as the Relay-for-Life, Heart and Stroke Walk, and CPR clinic to the community. Although COVID prevented traditional walks in 2020 the teams continued fundraising virtually to support important causes. Nursing's community efforts included pandemic support by providing vaccinations, important safety reminders, and serving our community during the tragic pandemic.



New Black Hawk medical transport serving Holy Cross and our community...Our nurses checking out the bird!!

Melissa Carter
Elizabeth Chow
Connie Richey



AWARDS AND RECOGNITIONS

PRAYING FOR OUR HERO



EDGAR RAMIREZ
YOU ARE IN OUR THOUGHTS AND WE PRAY
FOR YOUR SAFE RETURN!



Edgar Ramirez, Manager, 3S, PCU

USA– Air Force—Deployed to Kabul, Afghanistan, August 18th, 2021

To assist with the evacuation of U.S. troops and citizens

Please keep Edgar and his family in your thoughts and prayers for a safe return.

**Edgar did return safely to us and his family after some terrifying evacuations from Kabul, one while their plane was being fired upon! Edgar went on 6 missions in 1 day moving civilians and injured. We were so grateful to get him home safe and sound.*



Our Acute Rehab Department celebrating their success on the great outcome of their CARF Survey.

Acute Rehab is surveyed every 3 years by Commission on Accreditation of Rehabilitation Facilities (CARF).



**Grand Rounds—Emergency Department
Pediatric Case Study**

**Presented By: Jennifer Lindskog, RN, MSN, CEN,
CPEN**

Jennifer presented our first ever Nursing Grand Rounds of a very challenging ED pediatric case. Jennifer presented via the TEAMS platform and did a beautiful job presenting the complicated case, review of treatments, outcomes, research, and learnings.



Christian was honored by the System Providence Nursing Institute as a **"Healthcare Hero"** for Critical Care. Out of 500 nominees, Christian was one of 15 nurses honored!! We are so proud of his achievement and of representing Holy Cross!!

2021 Nursing Awards
Category: Emergency & Critical Care

Christian Diance
ICU Nurse
Providence Holy Cross Medical Center

10 years as a nurse
6 years at Providence



"Christian dedicates his practice to make it a little bit better, one patient at a time."



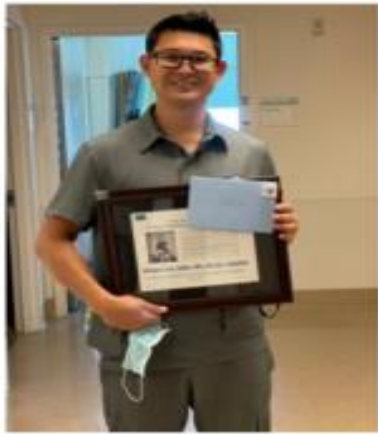
*Cecile Salvador - 4S
Nightingale Clinical*



*Esperanza Sanchez - ICU
Nightingale Clinical*



*Angie Torres - Director Sub-Acute
Acute Rehab - Nightingale - Leadership*



William Lim - Manager - 4S / 2S
Nightingale – Leadership



Amanda Reyes – Emergency
Knowledge and Strength



Rachel Beltran Del Rio - ICU
Knowledge and Strength



Emylee Ricafrente, Education
Mentoring



Jane Kim, PCU
Mentoring



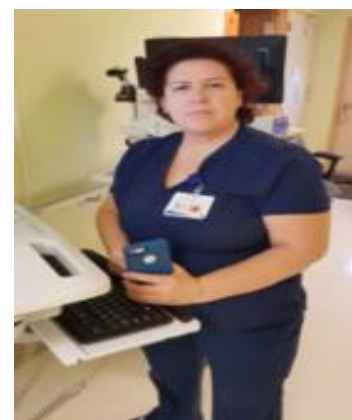
Edeliza Rosales, 3AB
Team Spirit



Frances Bayona, 4S
Team Spirit



Karoline Panes, Float Pool
Compassion



Maria Ruan, Sub-Acute
Compassion



**The Joint
Commission**



**American Heart
Association**

**American Stroke
Association**

CERTIFICATION

Meets standards for

Comprehensive Stroke Center

