

2023 Nursing Annual Report

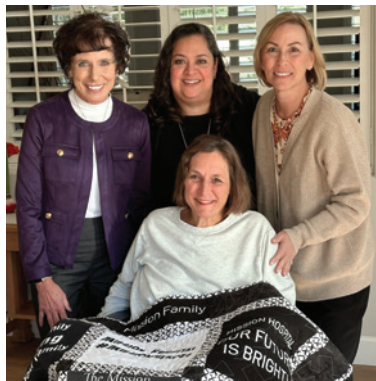




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Dear Nursing Family,

As we reflect on the past year, we are filled with pride by the remarkable ways in which our nurses continue to impact the lives of our patients, their families, and colleagues. Your dedication reminds us of the devotion of the Sisters of St. Joseph of Orange and the Sisters of Providence. Through *faith*, *foresight* and *flexibility*, these courageous women religious created a legacy of service to the poor and vulnerable. It is inspiring to see you follow in the footsteps of our dear Sisters to care for our community when they need us most.

This annual report is a tribute to your dedication and commitment. Join us in celebrating our many accomplishments:

- **Newsweek 2023 World’s Best Hospital** — No. 1 hospital in South Orange County for the sixth consecutive year. Ranked No. 18 in California and No. 124 in the U.S.
- **Newsweek 2023 Best Maternity Hospital** — Highest possible score of five ribbons. One of only 24 hospitals in California and the only Providence hospital in California to be recognized at this level.
- **U.S. News & World Report** — No. 1 in South Orange County, No. 9 in the LA/OC region, No. 16 in California. Orthopedic program ranked No. 23 in the U.S.
- **U.S. News & World Report Best Hospital for Maternity Care** — Only hospital serving South Orange County and the coastal communities to receive this distinction.
- **Becker’s Hospital Review** — Top 50 orthopedic and 81 cardiac surgery programs in the U.S. (according to Healthgrades) and the only top cardiac program in Orange County.
- **Cal Hospital Compare 2023 Opioid Care Honor Roll Program** — Superior Performance and Most Improved for Medicated Assisted Treatment (MAT).
- **American Heart Association** — Gold Plus Get With The Guidelines®-Stroke Quality Achievement Award.

- **Healthgrades Cardiac Surgery Excellence Award** — Top 10% in the nation for cardiac surgery and a five-star recipient for coronary bypass surgery.
- **The Society of Thoracic Surgeons** — Distinguished three-star rating for isolated coronary artery bypass grafting (CABG) procedures.
- **2024 Women’s Choice Awards** — Breast care, cancer care, heart care, mammogram imaging, minimally invasive surgery, obstetrics, outpatient experience, stroke, and women’s services.

This list represents just a few of the many recognitions we received, thanks to your passion and devotion.

Thank you for truly following in the footsteps of our dear Sisters and for serving as expressions of God’s healing love.



Seth R. Teigen, FACHE
Chief Executive



Jennifer Cord, RN, MBA, DNP, NE-BC
Chief Nursing Officer

OUR TENETS: THE PROVIDENCE NURSE

With every life we touch, we affect more than one individual, strengthening our communities and making the future brighter. Our work creates a better, healthier world for all people, especially those who are poor and vulnerable.



FELLOWSHIPS AND RESIDENCIES FOR ALL

We believe that all nurses should have access to a residency program when transitioning into practice and to a fellowship program when transitioning into specialty. We offer an accredited evidence-based residency program to all newly graduated nurses who choose to practice at Providence.



PROFESSIONAL DEVELOPMENT

As nurses we understand the importance of life-long learning and encourage continuous professional development. We support you in each stage of your career, from residency or practice to specialty or fellowship to management and leadership roles.



ADVANCED PRACTICE

Advanced practice is vital to our mission of Health for a Better World. At Providence, we value the contributions of advanced practice registered nurses, nurse midwives, certified registered nurse anesthetists, clinical nurse specialists and physician assistants.



COMPASSIONATE CARE

Providence nurses strive to make every encounter sacred. We approach every interaction with compassion, taking the time to know our patients and easing their way through the healing process.



ENGAGEMENT

We believe that all nurses should have an opportunity to influence their practice. We support and promote a shared leadership structure that gives nurses a voice on their practice.



INCLUSIVE CARE

We are an inclusive workforce that champions diversity of thought, experience, culture and beliefs. We cherish our core values of compassion, dignity, justice and integrity. For example, bullying is a pervasive issue that has been observed in nursing schools and in practice settings. It is destructive to nurses and organizations. At Providence, we do not tolerate bullying behaviors, condescending attitudes, destructive resentments or backstabbing.



Advanced Practice Nursing Council (APN) Accomplishments

2023 ANNUAL GOALS, PROGRESS AND RESULTS

1. Support RN certification advancement at Providence Mission Hospital by providing review courses or access to review courses in two specialties annually.

- Support and dissemination of certification resources through the Providence online system library resources. (i.e., CCRN, PCCN, CEN, Medsurg)
- Support and dissemination of the review courses that were purchased by professional education. (MedEd discounted certification review courses)

2. Support the promotion of qualified CNIII and CNIV annually.

- Mentoring/coaching 27 nurses on their clinical ladder journey and completing quality improvement or evidenced -based projects.

3. Support Magnet re-designation with EBP projects and research, collecting statistics, and writing two sources of evidence each annually.

- APN designed, wrote and edited many Magnet sources of evidence.
- APN assisted with preparing for the fourth Magnet recertification.
- APN facilitated/led evidenced-based practice, quality improvement, and research projects. (i.e., Delirium prevention and management in the non-ICU, Pupillometer Study, PERT-QIP, Mobility program, COVID-19 management updates, Narcotic sedation weaning, Blood pressure managing in intercranial hemorrhage, Code Hemorrhage update, Naloxone Program at Saddleback Community College)

4. Support Shared Governance councils and members by providing education and mentoring annually.

- House Wide Practice Council
- Research Council
- House Wide Education
- Clinical Informatics Council
- House Wide Quality
- Coordinating Council

OTHER ACCOMPLISHMENTS AND NOTABLE EVENTS BY APN COUNCIL

- Expanded Advanced Practice Council council to include Nurse Navigators and Nurse Practitioners
- Initiated a every other month class that supports Advanced Practice Education.
- Provide advanced disease education and advanced clinical competency education for Critical Care
- Hospital Acquired Infection Performance Improvement Committee
- Chair of VTE-PI team
- Co-chair Providence Cardiopulmonary Clinical Decision Team
- Providence Nursing Products Council
- Providence Renal Clinical Decision Team
- Chair Pain Committee
- Chair Restraint Committee
- Chair Skin Committee
- Co-chair Resuscitation Committee
- Support Interdisciplinary Practice Council
- Support Health System Institutional Review Board
- Policy and Procedure Committee



Research Council Accomplishments

2023 ANNUAL GOALS, PROGRESS AND RESULTS

1. Provided a forum for internal MSN/DNP dissemination and scholarly presentations of nursing research and quality improvement.

- Presented at American Association of Critical Care Nurses National Teaching Institute and Critical Care Exposition.
- **Teresa Wavra DNP, RN, CCRN** — *Implementation of a clinical decision algorithm to improve fluid resuscitation in sepsis.*
- **Mary Kay Bader MSN, RN, CCRN, SCRn, CNRN** — *EBP approach to managing post-cardiac arrest.*

2. Mentored nurses to formulate research questions, design study proposals, and conduct research.

2023 Research studies:

- **Jill Donaldson RN MSN CNS CMRN, Site PI** — *OnRole Clinician Instrument Reliability Testing:*
- **Teresa Wavra DNP, RN, CCRN PI and Jill Carrington, MSN, RN, CCRN Clinical Nurse IV Co-PI** — *Timing of Neurologic Pupil index assessment in the comatose out of hospital cardiac arrest patient undergoing target temperature management.*

3. Support of nursing evidence-based projects in 2023.

- **Mary Kay Bader** — Pupillometry
- **Mary Kay Bader** — Code Hemorrhage Update
- **June Melford** — Delirium Prevention and Management in Non-ICU Units
- **Mary Kay Bader** — Blood Pressure Management in Intracranial Hemorrhage
- **June Melford** — Mobility Programs in the Non-CIU Units

- **Jill Donaldson and Tanya Piazza** — Pulmonary Embolism Response Team
- **Jill Donaldson and Deanne Niedziela** — Medication-assisted Treatment (MAT) for ER patients with Opioid Use Disorder
- **Tanya Piazza** — Cardiac: Get with the Guidelines
- **Mary Kay Bader** — Narcotic Sedation Weaning
- **Mary Kay Bader** — Blood Pressure Management in ICH
- **June Melford** — Foley-free ED
- **Mary Kay Bader** — Code Hemorrhage Update
- **Teresa Wavra** — Cardiogenic Shock Algorithm Update
- **Teresa Wavra** — Right-sided Percutaneous Extracorporeal Support (Impella)



Quality Council Accomplishments

2023 ANNUAL GOALS, PROGRESS AND RESULTS

1. Nurse Sensitive Indicators

Magnet Requirement: Inpatient units must outperform on Nurse Sensitive Indicator benchmarks for falls with injury, hospital acquired pressure injuries stage 2 and above, CAUTI, and CLABSI, the majority of eight quarters. Also, three ambulatory nurse sensitive indicators will outperform the benchmark the majority of eight quarters.

Nurse Sensitive Indicator (NSI) Scorecards

| NURSE SENSITIVE INDICATORS* | NUMBER OF UNITS OUTPERFORMING NATIONAL BENCHMARK† | NATIONAL BENCHMARK |
|---|---|---|
| Falls with injury | 8/13 Units | NDNQI <small>(National Database of Nurse Quality Indicators)</small> |
| Hospital Acquired Pressure Ulcers >Stage II | 11/12 Units | NDNQI |
| CAUTI – Catheter Associated Urinary Tract Infection | 9/12 Units | NDNQI |
| CLABSI – Central Line Associated Blood Stream Infection | 10/12 Units | NDNQI |
| PLUS, Three Ambulatory Nurse Sensitive Indicators | | |
| Left Without Being Seen (LWBS) in ED MV, ED LB | 2/2 Units | NDNQI |
| Falls with injury | 10/12 Units | NDNQI |
| Door to Thrombolytics (ED MV) | 8/8 Quarters | AHA/ASA |

*NSIs are measures that reflect the structure, process, and outcomes of nursing care.

†For 5 or more quarters over 2 years 2Q CY23

2. Unit Level Action Teams

- Units identified at least one metric to work on related to a nurse sensitive indicators, Patient Experience or Department goals. Currently 18 units are working on projects and seven units have completed QAPI plans.



3. Medication Bar Code Compliance

- Leapfrog Goal:** increase or maintain medication bar code compliance scanning rates > 95% inpatient and > 85% Emergency Department.
- Meeting this goal for Leapfrog submission this year.

| | | | |
|----------------------|---------------|------------|-----|
| ACUTE CARE | MISSION VIEJO | MEDICATION | 98% |
| | | PATIENT | 98% |
| | LAGUNA BEACH | MEDICATION | 98% |
| | | PATIENT | 99% |
| EMERGENCY DEPARTMENT | MISSION VIEJO | MEDICATION | 89% |
| | | MEDICATION | 90% |
| | LAGUNA BEACH | PATIENT | 84% |
| | | MEDICATION | 84% |

Leadership Council Accomplishments

2023 ANNUAL GOALS AND ACCOMPLISHMENTS

1. Goal: Increase Engagement with Shared Governance

Tactic: As a part of new hire orientation, nurses will be responsible for attending a Shared Governance meeting in their first year of hire. A goal of at least 60% of new hires should attend the meeting.

In Process: • Sixty percent attendance was not met and will continue to remain an area of focus for 2024. This goal to attend a shared governance meeting has been communicated to the managers and directors and at the preceptor and mentor trainings. In addition, a practice of pre-scheduling meetings on the TIPS nurses' new hire schedule.

• The TIPS training programs along with their preceptor and mentor are educating nurses on the importance of participating in Shared Governance, showing the nurse they have a voice in their practice, also encouraging them to attend a meeting with them.

Tactic: Increase attendance at House Wide Shared Governance meetings to 80%.

In Process: House Wide Council attendance varied by council but on average was approximately 65% and will continue to be an area of focus for next year. Will follow up with all nurse managers to ensure council members attend and if unable to attend to find a replacement.

Tactic: Unit Shared Governance Boards will be displayed prominently and updated in all units with 95% compliance by December 2023.

Met: All units currently have Shared Governance Boards on their units.

Tactic: To create and host an informational table at the hospital BBQ.

Met: Shared Governance had a table and representation at both Laguna Beach and Mission Viejo campuses at our hospital wide BBQ. Flyers games, and gifts for people who stopped by. Awareness spread amongst all ancillary departments on Shared Governance rolling out to their areas and creating excitement to participate.

Tactic: Work in coordination with Education Council to include a Shared Governance informational brochure and survival items in a new hire welcome bag.

Met: Informational brochure and welcome bags were created and distributed at all new hire trainings starting in June. They are well received by new hires and managers have been able to add unit specific items in the bags as well.

2. Goal: Increase Nurse Retention

Tactic: Increase retention of Providence Mission Hospital RN's to less than 20% turnover, working in coordination with Leadership team and Coordinating Council by identifying strategic opportunities to improve employee retention and provide input for action plan.

Met:

- Nursing Leadership along with member of shared governance met during multiple nursing strategic planning meeting to give input.
- The most recent turnover percentage is 18.9% and will continue to be a strong area of focus for 2024 with all councils playing an active role in retention.

Tactic: Establish a formal recognition program on all units to increase team bonding with a minimum of two outings/activities per year.

Met: All nursing units are doing some type of team building events and many are fine tuning their employee recognition programs. Some examples of this are Employee of the Month, Baby showers, Happy Hours and hikes.

Tactic: Nursing Leadership Council has changed its name to Leadership of Healthy Work Environment.

Met: Plan to use the ANCC Healthy Work Environment Standards to improve nurse retention.



Coordinating Council Accomplishments

2023 ANNUAL GOALS, PROGRESS AND RESULTS

- 1. Coordinating Council works to standardize shared governance charters, accomplishment reports, attendance, and pulse check tracking.

TARGET MET

- 2. Coordinating Council will develop and present a Shared Governance Education Day to potential and current nurse leaders to invigorate and expand participating in Share Governance.

TARGET MET

Shared Governance structure and accomplishments were shared with all ancillary leaders who plan to join nursing to work on house wide projects in 2024.

- 3. Coordinating council tracks pulse checks from all shared governance council and designate to appropriate council/ person or escalates concerns through the chain of command..

TARGET MET

PULSE CHECK ACCOMPLISHMENTS

- Floating policy was reviewed and updated based on concerns from units that were brought through Leadership Councils and others.
- Clinical Informatics Council was restarted after hearing a desire from units to address problems with EPIC documentation.
- Pharmacy and Pyxis issues were another area of concern and brought through the councils to address; A new Pyxis platform was rolled out creating issues with missing medication, and restocking. This issue was resolved with nursing leadership and House Wide Practice Council assistance.

House Wide Education Council Accomplishments

2023 ANNUAL GOALS, PROGRESS AND RESULTS

1. Patient Education Videos

House Wide Education Council (HWEC) exceeded the goal to increase the use of the Wellness Network Patient Education video library by 5%.

GOAL MET

- 2023 usage increased by 5%.
- The content is made available to patients and families before, during and after their hospital stay using QR codes on the patient whiteboards and with bookmarks that have links with URL and QR code access on mobile devices. Specific patient populations have customized video lists that get assigned to them to view before admission or discharge.

2. Nursing Certification and Higher Nursing Education

HWEC supports overall Nursing Professional Board Certification by providing certification information via the Providence Mission Hospital Education & Resource SharePoint, promoting use of Med ED review courses and System Library Resources that house certification review course materials. Information on affiliated schools and support for higher level of education is also on the Mission Hospital Education & Resource SharePoint.

3. Nursing Education and Resource SharePoint Site

Mission Hospital Education & Resource SharePoint site is a ONE-STOP SHOP for professional development, educational resources and classes/conferences, information on certification, shared governance minutes and reference tools for clinical practice along with linking to regional/health system online platforms.

- **Quick Links** — This feature was added on the home page for staff to easily navigate important pages and resources.
- **Nursing Career Development Pathways** — This page helps assisting caregivers in finding the right next step in their careers. This section includes resources such as mentorship and an interactive chat with a Career Concierge.
- **Clinical Ladder Page** — This page provides information on professional advancement program for RNs. It recognizes and rewards bedside nurses for excellence in clinical nursing practice. This page has received over 269 views since its launch in late 2022 and throughout 2023.
- **Resuscitation Quality Improvement** — This page provides staff with information on the new RQI program. This section includes an overview, resources on the program’s locations, reasons for the transition, FAQs, and the science and research behind RQI. This page has received over 512 views since its launch in late 2022 and throughout 2023.

4. Transition in Practice Program


HWEC supports the Transition in Practice (TIP) Program by providing input to overall program design and implementation at Providence Mission Hospital. To help address our nurse staffing challenges, Mission Hospital hired 147 of TIP RNs in 2023.

5. Education Champion

Expanded role of HWEC Unit representatives to act as Education Champions who are supporting the bedside staff by ensuring open communication, act as super-users and collaborate with the Clinical Educators. Unit representatives ensure that the bedside staff are up to date on the monthly clinical practice alerts, in-services, HealthStream modules and other education initiatives from house wide shared governance councils and committees.


6. Mentor Program

House Wide Education Council has embarked on a new evidenced based project to increase the retention of the first year TIP nurse by developing a Mentor Program. Using the Johns Hopkins Nursing Evidenced-Based Model, this group has developed the PICO questions, reviewed the literature and is putting recommendations together to translate into practice in 2024.




Career and Educational Support


Nursing Career Pathways Resource Site - Consultative Service
[Nursing Career Pathways - Home \(sharepoint.com\)](#)
Exploring career opportunities?
Advancing?
New specialty?




Guild – Education Benefit
[Providence - Education Benefit | Guild \(guildeducation.com\)](#)
Returning to school?
Attending a conference?
Attending a certification review course?
Renewing a certification?
And MORE!



Providence Library Services
[System Library Services | Providence](#)
Journals
Medication References
Procedural References and Guides
eBooks
Research



CE Unlimited – Available on Healthstream!
Free CE's and Certification Prep for MANY specialties!



CE Unlimited
Unlimited Access to Education

Categories

- Specialty/Care Setting (2558)
- Disciplines (2553)
- Accreditation Body (2402)
- Cert Prep (94)

Reach out to your Education Department for Questions!



House Wide Practice Council Accomplishments

2023 ANNUAL GOALS, PROGRESS AND RESULTS

1. Goal: Provide feedback for improving EPIC assessment and documentation practices.

- Determined specific areas of improvement in documentation strategies.
- Education on nursing notes from EPIC flowsheet.
- Education on Macros to standardized frequent charting.
- Demonstration of significant event notes in EPIC.
- Demonstration of Adult PCS notifications and needed documentation for critical notifications.

TARGET MET

Clinical Informatics Council was brought back up as a shared governance council to improve assessment and documentation in EPIC.

2. Goal: Assess current documentation of Highest Level of Mobility, determine barriers to initiating mobility and create and distribute education, create standardized workflow to increase patient mobility.

- Created a mobility audit list on EPIC for quick assessment of audit elements.
- Reviewed current policies and procedures on patient mobility.
- Created education with mobility audit on how to where to document Highest Level of Mobility
- Subgroup created to determine next steps and potential education topics.
- Created survey to identify barriers to mobility for determining specific educational needs.
- Plan for additional mobility champions – plan additional training on how to use the safe patient handling equipment and encourage its use on each units identify barriers to using this equipment.

TARGET – CONTINUE AS 2024 GOAL

- Address educational areas identified to reduce the barriers to mobilizing our patients.
- Develop sustainment program.

3. Guidelines/Workflow Reviewed:

- Reviewed Delirium Prevention and Management in NON-ICU Patients (February)
- Acuity Patient Classification System Review (April)
- ED Guidelines for Indwelling Catheter Placement in ED reviewed (April)
- RN C. Difficile Guideline Algorithm Reviewed (April)
- IV Cardiac Medications for 3E and 3W Reviewed (May)
- Reviewed Standard of Care for IV Diltiazem and Amiodarone for MST Units (September)
- CAUTI Prevention Update (June)
- IV Labeling Practice Alert Review (August)
- New Controlled Substance Discrepancy Resolution Form Reviewed (October)



Clinical Informatics Council Accomplishments

2023 ANNUAL GOALS, PROGRESS AND RESULTS

1. Goal: Reestablish the Clinical Informatics Council with support from Regional Clinical Informatics

- As a result of the 2022/2023 Nursing Strategic Planning Sessions, challenges with documentation in EPIC was identified by staff as one of the top four opportunities to improve nursing satisfaction. Jennifer Cord, Chief Nursing Officer (CNO), requested the reformation of Clinical Informatics Council (CIC) as it had been inactivated in 2019. The importance of reestablishing the CIC focused on providing a forum for nurses to have a voice in their practice, explore nursing documentation, and provide input and processes for technology introduced into the nursing work environment.
- Mary Kay Bader, APN mentor, with Margie Padilla Clinical Informatics Nurse lead who volunteered to serve as the Informatics Liaison from the regional informatics group, sent out a call for staff representatives for this council in May 2023 and the first meeting was held June 30, 2023. Currently there are 37 members including co-chairs/mentors.
- Accomplishments for the last six months included:
 - Reviewed Shared Governance Structures and Processes
 - Created a SharePoint site for the CIC (MH Clinical Informatics Council)
 - Introduced Pulse Checks which gathers information from front line staff on issues related to documentation in EPIC and informatics.
 - Conducted a formal survey of staff to obtain direct input from nurses.
 - Developed a Charter for CIC.
 - Elected two staff nurses as the co-chairs (Melissa Lopez BSN RN CEN Emergency Department and Melissa Krispin BSN RN CCRN, CICU).

2. Ongoing goals have been established including:

- Conduct an Audit on documentation challenges and learning needs related to EPIC.
- Identify key themes for documentation improvements in EPIC from staff surveys (specific unit-based floor sheets).
- Developed quicknote phrases or smart phrases to ease documentation.
- Develop Standard work that is based on unit needs to assist staff with documentation.
- Propose educational initiatives to assist staff with documentation.
- The group has commenced work on establishing Downtime Boxes on each nursing clinical area.



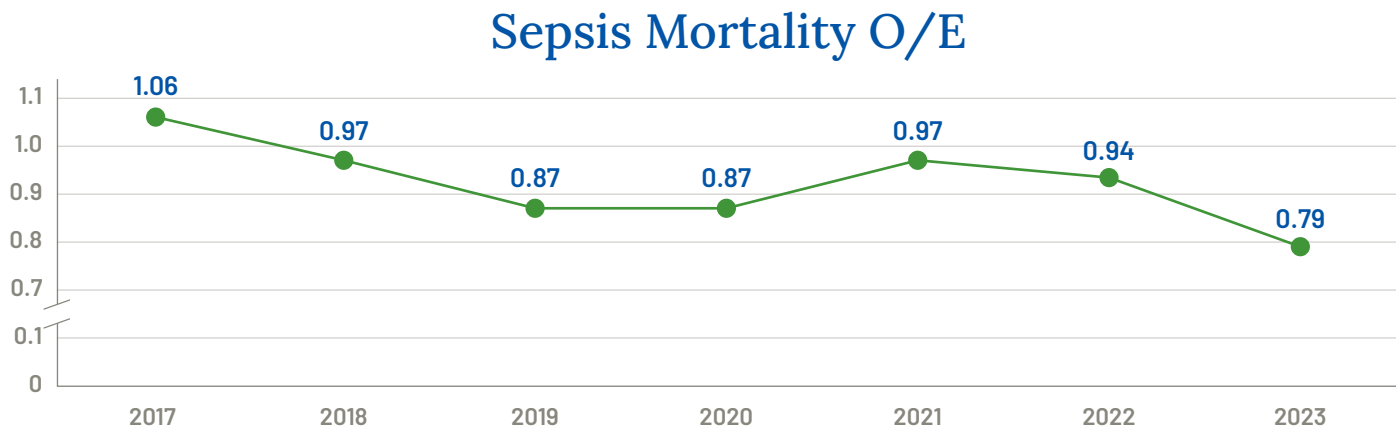
TEAM Accomplishments 2023

Sepsis Program

Our nursing coordinated multidisciplinary Sepsis Program continues to grow and be recognized for our outstanding care and processes.

A core metric for the Sepsis program is Mortality Observed/Expected (O/E). This statistic looks at septic patients and compares how many patients were lost to how many losses would be expected based on acuity. A number lower than 1 indicates patient lives that were saved by our care team. In 2022, our Sepsis Mortality was at our goal of 0.94. With a new goal of 0.93 in 2023, we have lowered our Mortality O/E to 0.79 through 10/31/23.

This represents that for every 100 sepsis expected mortalities, 21 lives are saved at our hospitals.



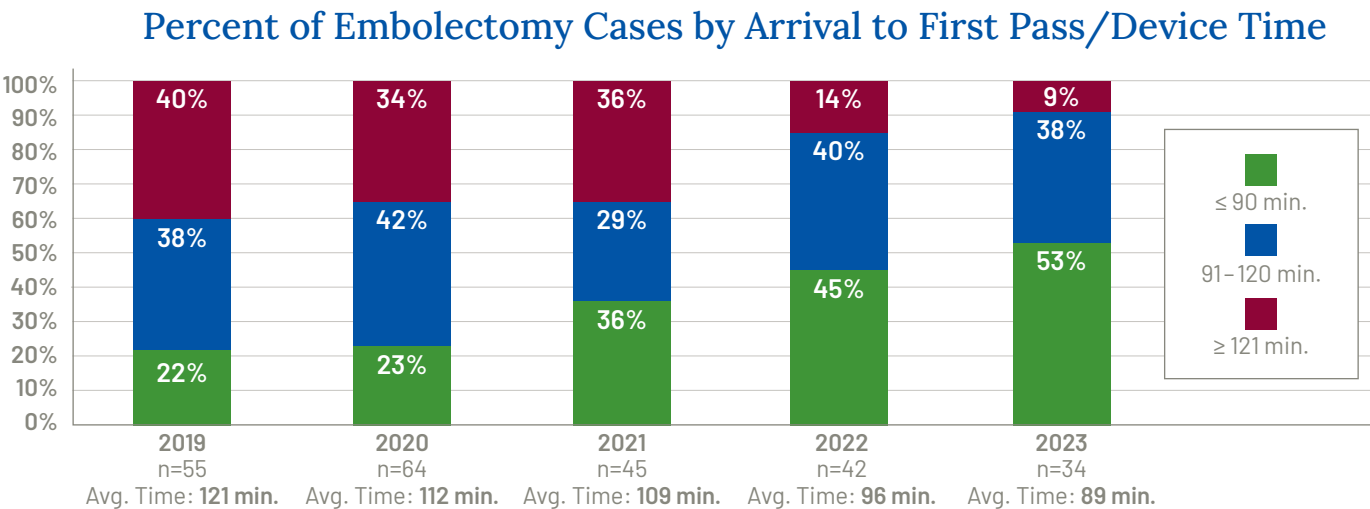
TEAM Accomplishments 2023

Stroke Program

Providence Mission Hospital has earned the 2023 American Heart Association/American Stroke Association Get With the Guidelines Target: Stroke Honor Roll-Elite Plus, Target: Stroke Honor Roll Advanced Therapy, and Target: Stroke Honor Roll Type 2 Diabetes:

- Door-to-needle therapy within 45 minutes in 75 percent or more of acute ischemic stroke patients treated with IV alteplase AND
- Door-to-device times (arrival to first pass of thrombectomy device) in 50% or more of eligible acute ischemic stroke patients within 90 minutes.
- This is the fourth consecutive year that we have achieved this award.

Providence Mission Hospital has also earned recognition for the 2022 American Heart Association/American Stroke Association Get with the Guidelines-Stroke Gold Elite plus Award. This recognizes performance of 24 consecutive months with stroke specific compliance measures (arrive by 2 hours, treat by 3 hours, early anti-thrombotics, VTE prophylaxis, anticoagulation if atrial fibrillation, smoking cessation and statin therapy).



The growth in percentage of patients that have achieved the benchmark goal of door-to-device time in less than 90 minutes. This is the first time our team has successfully achieved our goal of achieving this door time in 50% or more of our eligible patients undergoing embolectomy.

TEAM Accomplishments 2023

Behavioral Evaluation Addiction Management (BEAM)

The Behavioral Evaluation and Addiction Management Team (BEAM) consists expert addiction certified registered nurses. BEAM nurses are trained in motivational interviewing, and in turn, provide daily real-time education and role modeling for bedside staff. These expert nurses are available to consult on any patient even days a week and proactively round on all inpatient units and the ED, assessing every patient identified as at risk for opioid and alcohol use disorder. BEAM nurses coach nurses and providers and make individualized patient care recommendations for treatment.



2,716 patient encounters year-to-date.



Average 246.9 encounters per month.



94.9% of patients have symptom improvement.

TEAM Accomplishments 2023

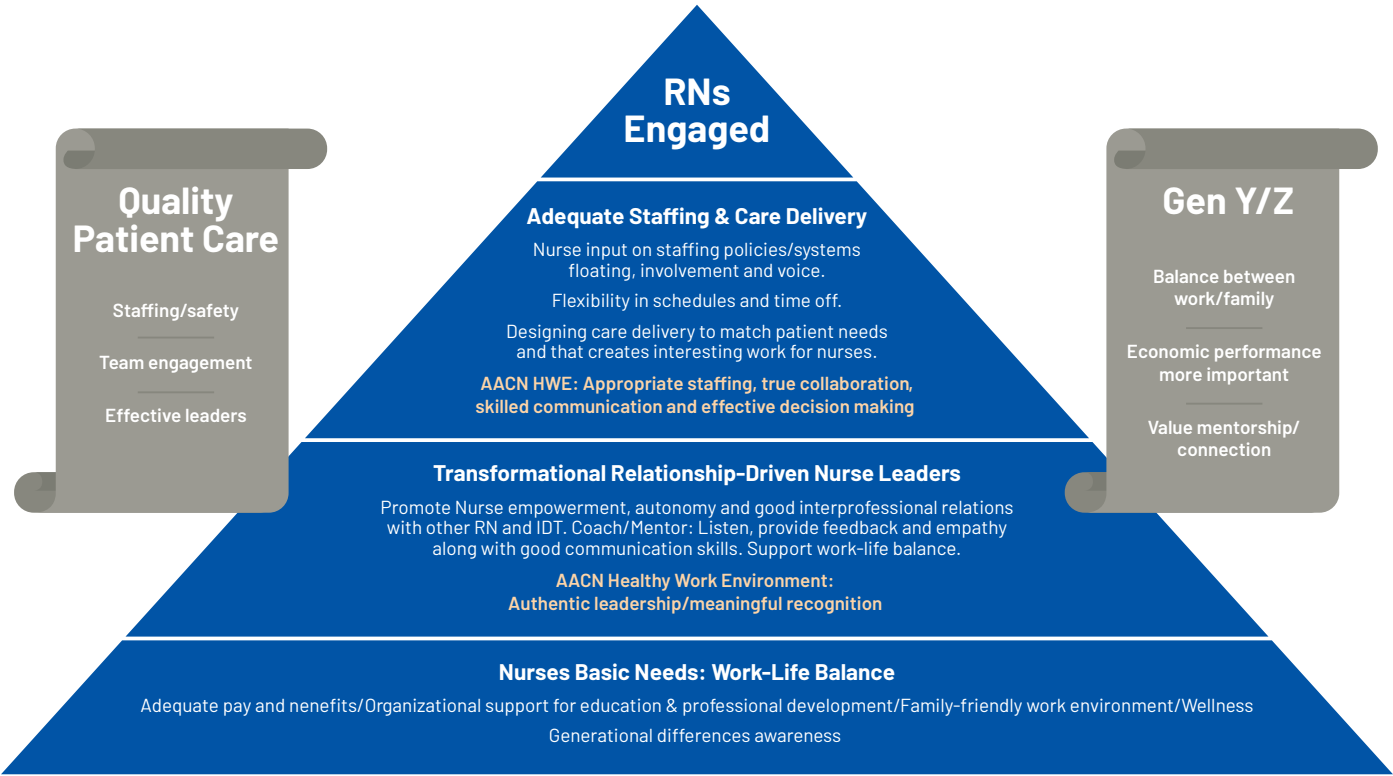
RN Turnover

At Nursing Strategic meetings in 2022 – 2023, Jennifer Cord, CNO, led sessions with nursing leadership and bedside nurses on how to improve Nurse Retention. Nursing Directors and APN used an evidence-based approach, developed four PICO questions, and reviewed 32 articles on nurse satisfaction, retention, leadership and generational differences

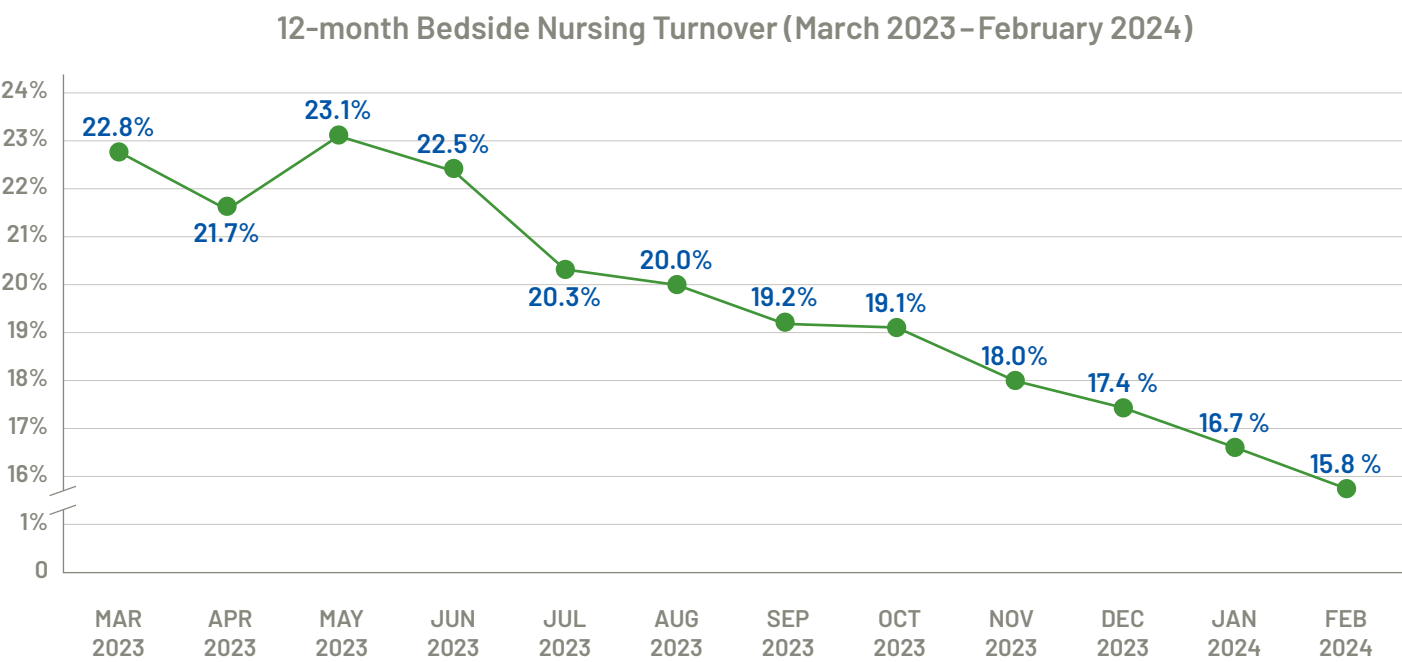
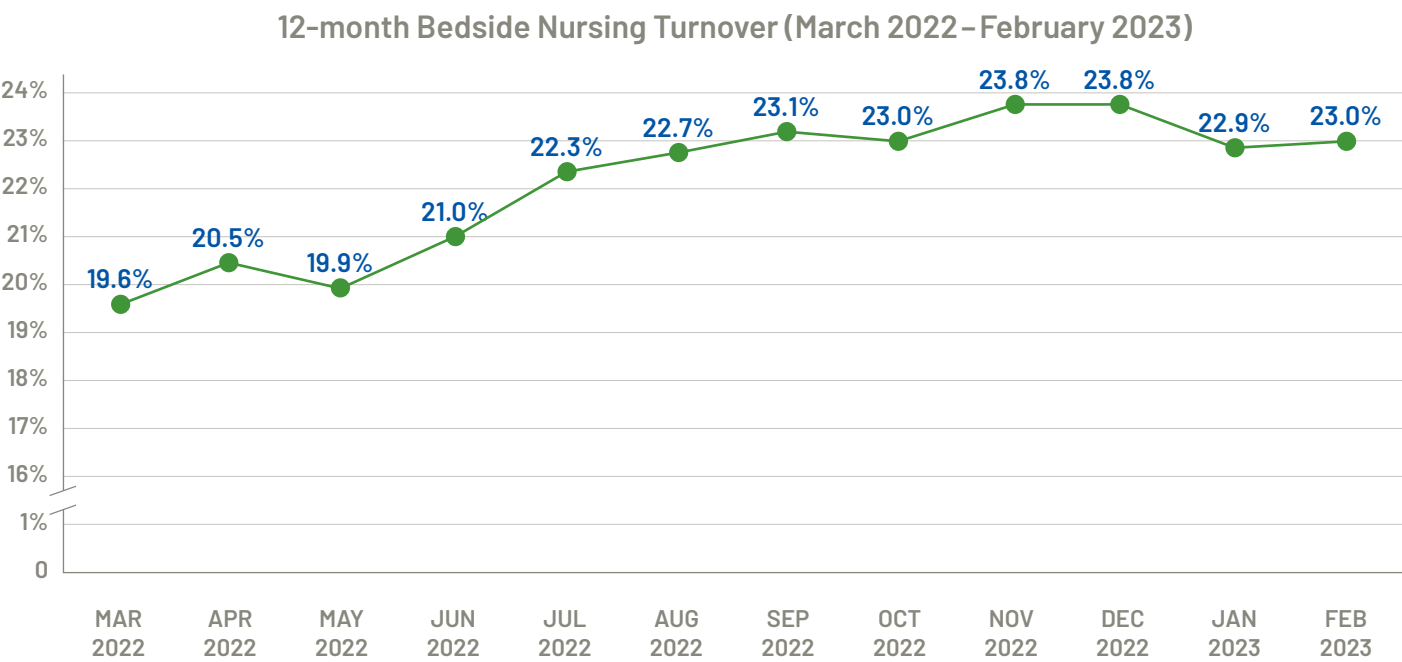
Three groups rotated through open dialogue sessions: Caring for self and others (work-life balance, wellness), Caring for Unit and Organization (Healthy Work Environment), and Caring for the Patient and Practice Model (Care Delivery). This generated 13 major themes and 120 suggestions from the bedside nurses. The staff voted on the following top four priorities for 2023, which the CNO addressed and has resulted in a significant reduction in bedside RN turnover:

- 1. Resources to help reduce staff burden
- 2. Competitive pay/benefits
- 3. EMR documentation burden and strategies to reduce amount of documentation.
- 4. Work Schedules and flexibility in staffing.

LITERATURE-BASED STRATEGIES FOR NURSE RETENTION



March 2022 – February 2024 Bedside Nursing Turnover



Hospital-Acquired Infections: CDIFF

Project/Initiative:
Clostridioides difficile (C. difficile) Taskforce to Reduce Hospital-Onset C. difficile Infections.

- Team Members:**
- Infection Prevention (IP)
 - Nursing
 - Infection Prevention Team Registered Nurses (IPTRNs)
 - Environmental Services
 - Quality
 - Pharmacy

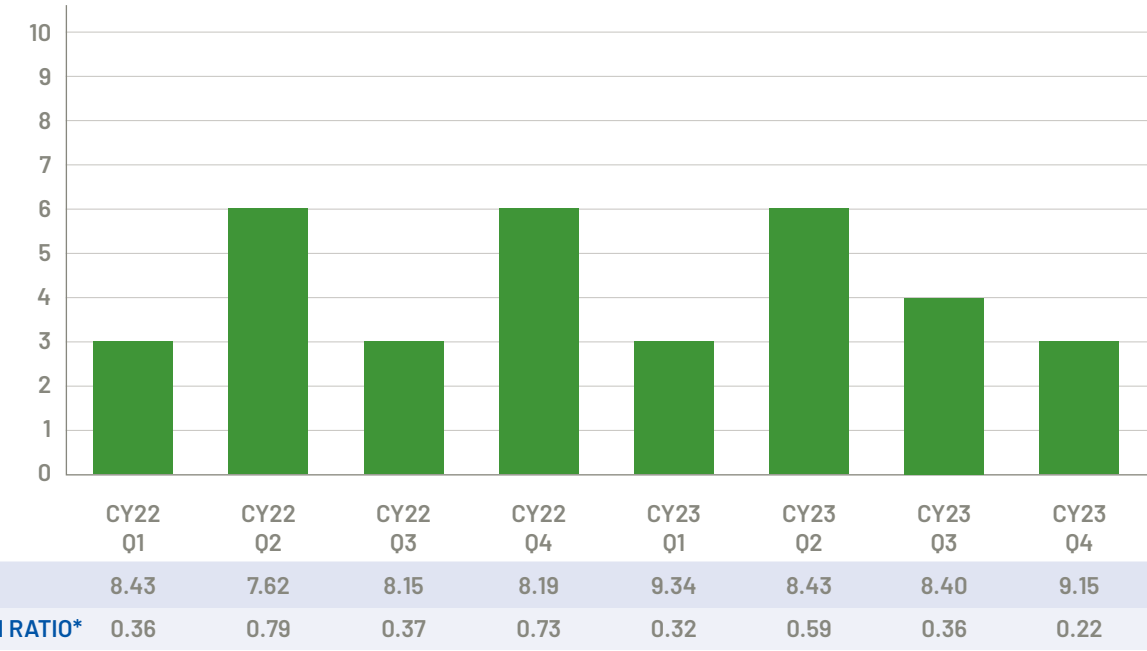
Problem:
A multidisciplinary taskforce was created in July 2023 by the Infection Prevention (IP) department in response to a marked increase in the number of hospital-onset Clostridioides difficile infections (CDI) at both the Mission Viejo and Laguna Beach campuses of Providence Mission Hospital.

At the time the taskforce was created, nine cases of HO-CDI were observed at Mission Viejo and two cases at Laguna Beach. Mission Viejo had the same number of cases at this time in the previous year (18 cases total for 2022). Laguna Beach observed a marked increase, which had 0 cases of HO-CDI in 2022.

2022–2023 C. difficile Infections — Mission Viejo

GOALS:
#CDI: 14
SIR: 1.0

CY23 YTD
#CDI: 16
SIR*: 0.420

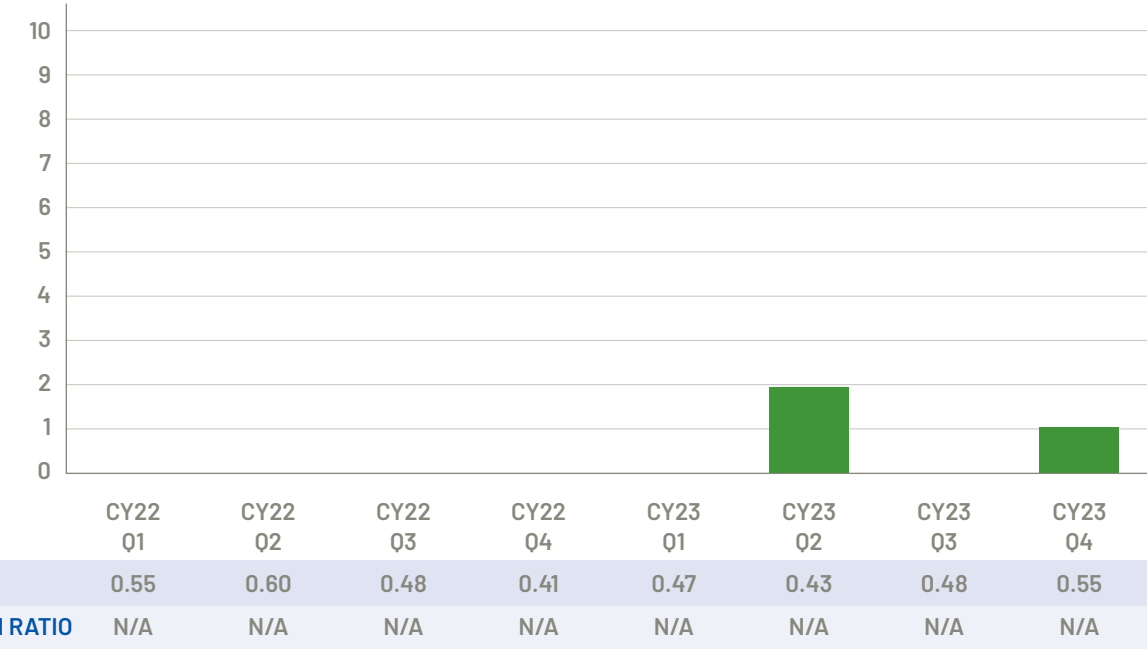


*ARU not counted in SIR

2022–2023 C. difficile Infections — Laguna Beach

GOALS:
#CDI: 14
SIR: 1.0

CY23 YTD
#CDI: 3
SIR: 1.557

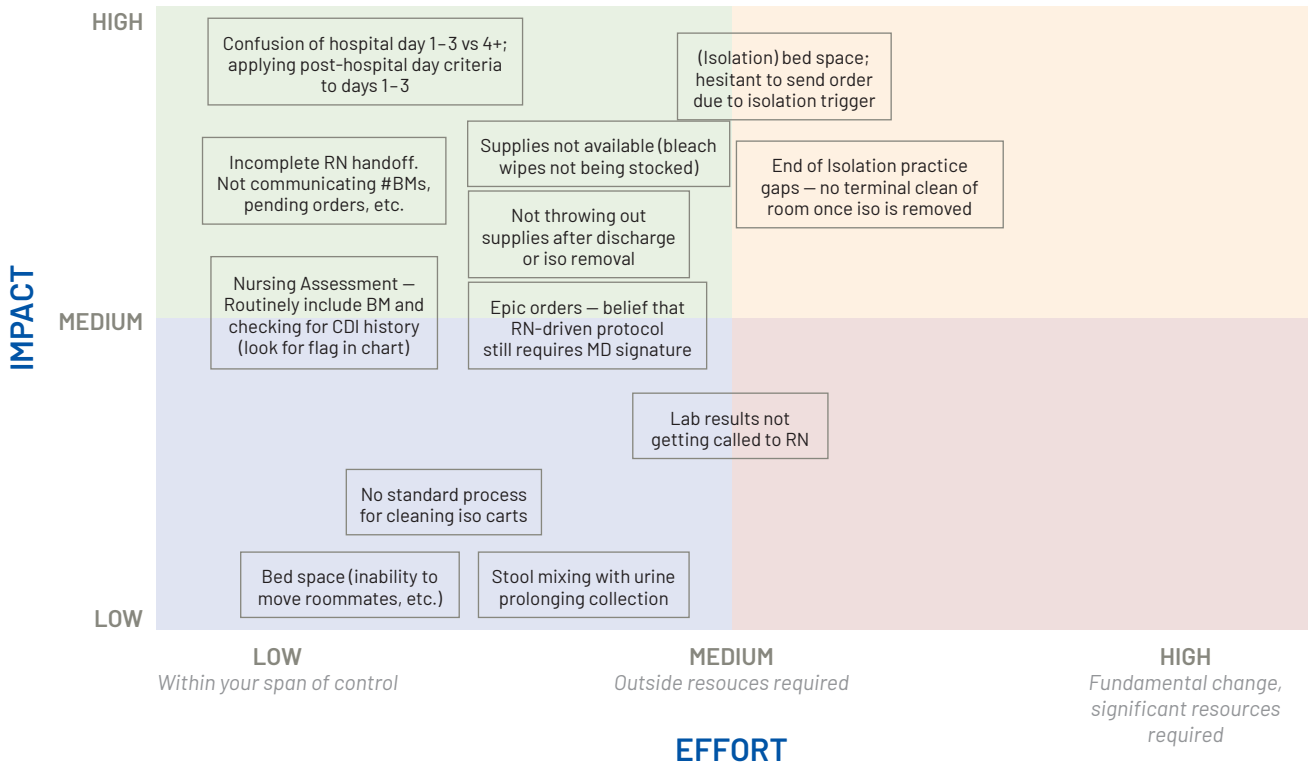


Discovery:

The ideal and desired outcome was less than 14 HO-CDI cases across both Mission Viejo and Laguna Beach campuses in 2023.

A drill down was completed to preliminarily identify opportunities for improvement in the remainder of 2023. After a process map was reviewed, an impact effort matrix was created in collaboration with Nursing and Quality departments, which identified the following issues: confusion surrounding how hospital days dictate community versus hospital-onset, persistent belief that RN-driven protocols require a provider signature, incomplete RN handoff pertaining to C. difficile, incomplete nursing assessment pertaining to C. difficile, lack of bed space required to isolate rule-out C. difficile patients, lack of bed space to move roommates of rule-out C. difficile patients, lack of supply availability on unit (e.g., bleach wipes), lack of proper disposal of supplies after patient discharge or isolation discontinuation, gaps in terminal cleaning process after isolation discontinuation, lack of existing process for cleaning isolation supply carts, gaps in communication between bedside nursing and laboratory regarding test results, and challenges in collecting adequate stool samples to send for testing.

Group Exercise: Impact Effort Matrix



Solution:

The taskforce held its first meeting in July 2023 (i.e., beginning of CY23 Q3) and began implementing HO-C. difficile reduction strategies immediately. Mission Viejo had 7 cases of HO-C. difficile total in the second half of CY23, a 22.2% reduction compared to the first half of CY23. Cases decreased over time, with 4 cases identified in CY23 Q3 and 3 cases identified in CY23 Q4. Laguna Beach had 1 case of HO-C. difficile in the second half of CY23, a 50% reduction compared to the first half of CY23.

Advance:

The IP department continues to closely monitor the number of HO-C. difficile cases on both campuses of Mission Hospital and routinely assesses for opportunities of improvement.

To note, there were no HO-CDI cases January 2024 and surveillance will continue.

Nurse Week 2023 Award Winners

EDUCATION AWARD

Maya Bowe, BSN, RN, PCCN, GERO-BC, Colleen Sakamoto, BSN, RN, MEDSURG-BC, Manal Hamze, MSN, RN, CMSRN, PCCN | Delirium EBP Team

Maya, Colleen, and Manal worked as a team with their manager and APN to develop an evidenced based guideline on how to prevent and manage the patient with delirium. They read over 80 articles, to develop a policy and reference tool that addresses:

- Why and how to use the Confusion Assessment Method (CAM) tool for delirium identification
- Identification of medical causes of delirium so they those causes can be eliminated. Proactive treatment of pain, and bowel and bladder issues.
- Development of non-pharmacological interventions that address orientation, mobility, vision/hearing impairment and altered sleep wake cycle and mental stimulation.
- The education sessions were innovative using simulation, interactive game strategy, knowledge surveys along with didactic sessions. One activity was a virtual Dementia room. Both RNs and PCTs were asked to don glasses that simulate eye conditions of old age such a macular degeneration and cataract. Hearing loss with ear plugs, Arthritis was simulated with fingers tapes with popcorn and popcorn places in shoes. Then the staff were asked to do our activities in a dimly lit room with background noise in place. The debriefing highlighted the difficulties our elderly patients have along with the added burden of being scared and confused which these patients experience.
- The second simulation was on medication reconciliation and education of discharge medication using the Pill Drill — a creative Dr. Seuss inspired activity.
- The PCTs had a Kahoot's game to answer specific question on how to care for their patients who are confused and how to keep their patients safe.
- A Pre-Survey & Post-Survey of RN knowledge and confidence with caring for the delirious patients assessed the effectiveness of this educational intervention. The post-survey highlighted that this education significantly improved the knowledge and confidence of the TSU staff to effectively care for these vulnerable patients.

LEADERSHIP AWARD

Rebecca Na, MSN, RN, CMSRN

Rebecca is a transformational leader. If there is a concern of any kind, she is quickly active to help us solve it. She is always present, available and responsive, she brings her lap top and provides advice, addresses email requests, phone calls for clarification and help with patients. She inspires and empowers our team by encouraging us all to grow in professionally such as advancing on the clinical ladder, advance degrees, certification, charge nurse role and encourages active participation in shared governance councils. Rebecca is a great organizer and works with staff to develop an efficient flow for the unit. She expects all staff to provide exceptional clinical care and patient service. She loves to have fun with the team, by encouraging birthday celebrations, baby showers, BBQ's, work anniversaries and other team building activities such as a jogging marathon. Rebecca is a role model to staff. The staff comment “we often say WWBD (What Would Becky Do!). We are lucky to have Becky as a leader.”

PRACTICE AWARD

Heparin Taskforce

House-wide Practice Council identified concerns regarding continuous intravenous drip Heparin administration since the implementation of Epic in May of 2021. A multidisciplinary team was created to develop guidelines to improve compliance, as well as develop strategies and education to bridge gaps identified to improve quality care for these patients. The Heparin Task Force included the collaboration of nursing, lab, pharmacy, physicians, and the Quality Improvement Department. Through extensive audits, gaps were identified in the administration process including obtaining and documentation of accurate weights, timely specimen collection and processing, correct and timely titrations, and dual nursing sign-off during administration and rate adjustments. The Heparin Task Force worked to develop education on dual sign-off for nursing, created a communication/hand-off tool, modified conflicting information within heparin guidelines, created a plan for standardization for documentation of weights in patients receiving IV Heparin therapy, and conducted audits for compliance measurements. This was a large, multi-disciplinary process improvement project improving the safety of our patients. In September the decision to move to a pharmacy driven protocol and education to address this new process was developed and implemented. The Pharmacy driven heparin protocol went live November 1, 2022. This will provide centralized oversight and improved patient outcomes.

Members of the Heparin Task force include:

- **Nursing Co-leaders:** Jennifer Hatzman, RN, BSN, CCRN; Brittany Theisen, RN, BSN, PCCN
- **Pharmacy Co-Leaders:** Zoo Hwang, PharmD; Kristica Kolyouthapong, PharmD, BCPS
- **Nursing:** Cherie Fox, Executive Director Acute Care, RN, MSN, CCRN-K; Jill Donaldson, RN, CNS; Hana Andersen, RN, BSN; Eva Boratyn, RN, BSN, ONC, CMSRN; Ashlyann Heschke, RN, BSN; Ivan Molina, RN, BSN; Sheela Mostafa, RN, BSN, ONC, CMSRN; Polly Quicano Stratford, RN, BSN, CMSRN
- **Quality:** Angie Chang; Elaine Ahn, RN, MSN
- **Pharmacy:** Nehal Patel, PharmD
- **Physician:** Dr. James Price, Dr. Amir Asifuddin
- **Lab:** Dharm Patel, Lisa Giarraputo, Director Clinical Laboratory
- **Clinical Informatics:** Cindy Crosthwaite, Tuan Pham

QUALITY AWARD

Palliative Care Team

Palliative care is an approach to healthcare that focuses on improving the quality of life of individuals with life-limiting illnesses by addressing their physical, emotional, spiritual, and social needs. One key metric for assessing the effectiveness of palliative care services is the percentage of eligible patients who are identified and receive the service. Providence Mission Hospital launched a comprehensive initiative aimed at increasing the utilization of palliative care services. These initiatives included staff training and education, developing a process for screening and referrals, and integrating other services to engage patients and families to make informed decisions about their care. The results were impressive – within a year, the percentage of eligible patients who received palliative care services increased from 4.8% to 7.9%.

This team is approachable, dependable, collaborative and most of all supportive of all caregivers and patients. They take the time to meet each patient and family where they are with empathy and compassion, while often offering out of the box creative solutions to clinical care. They continue to come back during the hospital stay to assess, change care as need and to be a comforting presence to our patients during some of the most difficult times in their lives. When working with the team they are always willing to listen, educate and are open to the opinion of the nurse assigned to the patient. Each of them offers a different approach and skill which we are thankful for every day we work with them.

PRECEPTOR AWARD

Juan Carlo Piccio “Carlo”, BSN, RN

Recovery Nurse, Juan Carlo Piccio, was nominated by Brian Wiechman for the 2023 “Excellence in Preceptorship” Award. This honor is awarded to the preceptor who goes above and beyond to support new nurses using the Married State Preceptor Model.

Carlo is dedicated to the nursing profession and continues to provide excellent learning experiences for the PACU nurses he mentors. Carlo’s preceptees describe him as a positive influence and role model, who connects well with patients and inspires professional performance. When precepting, Carlo demonstrates an abundance of patience and kindness resulting in a learning environment that is calm and supportive. Carlo exudes passion in sharing his knowledge and invests time in explaining things comprehensively and in a way that is understandable to the learner. Carlo strives toward excellence, and often reaches out to subject matter experts or other resources to provide meaningful information and detail to support the learning process.

Carlo makes his colleagues feel at ease when they work with him with his relatable and easy-going nature. Carlo is hardworking, collaborative, and leads with quiet strength that brings out the best in the team.

Together, we are honored to recognize Juan Carlo Piccio with the 2023 “Excellence in Preceptorship” award. Congratulations Juan Carlo!

INNOVATION AWARD

Post Cardiac Arrest Care and the ICU Liberation Evidence based projects

There are two evidenced based projects that are being recognized: 1) Post Cardiac Arrest EBP and 2) ICU liberation EBP project that have improved patient outcomes.

Post Cardiac Arrest Comprehensive Multidisciplinary Protocol: On Jan 1, 2022, the Joint Commission / AHA published new performance standards that went into effect to strengthen post cardiac resuscitation care processes in hospitals. The revised standards are intended to reduce unnecessary variations in practice and encourage hospitals to adopt a more proactive and responsive approach to resuscitation and post cardiac resuscitation care to maximize patient survival with the best possible neurological outcomes. 32 members of an interdisciplinary team of nursing, physicians, respiratory

therapy, and nutrition met. Using the Johns Hopkins Nursing EBP model 23 PICO questions were developed, and 170 sources of evidence were assigned for the clinical nurses and interdisciplinary team to review and place findings in evidence-based tables. Nurses presented their summaries to small interdisciplinary teams where consensus was achieved amongst the members. These recommendations were presented to the entire team with agreement amongst all members were achieved. The result was a Comprehensive Evidenced Based Multidisciplinary Post Cardiac Arrest Care Protocol that uses a systems approach to care including major sections addressing the first 120 minutes of care, ICU management, Neuroprognostication and two Bundles of Care. Education to clinical staff was provided and improved patient outcomes are monitored by the Resuscitation committee monthly.

Providence Mission Hospital’s multidisciplinary ICU team had completed an extensive review and revision of the ICU Liberation Clinical Guideline in 2021. The Providence SoCal Region developed an initiative in January 2022 to further define implementation strategies to improve compliance with the ICU liberation initiative. A large interdisciplinary team of Mission Hospital ICU nurses, physicians, respiratory therapists, pharmacist, and physical/occupation/speech therapists met and worked on improving compliance with the initiative. Work commences on standardizing the Spontaneous Awakening and Spontaneous Breathing Trials in the ventilated patients. Also, work on the limited use of sedation agents and implementing aggressive mobility interventions were done. Process improvement included improvement in Multidisciplinary rounds, EPIC bundle compliance, and caregiver education. The patient outcomes are an improvement in the Spontaneous awaking trials compliance from 18% to 50.5% and Spontaneous breathing trials from 32% to 70.7%. thereby decreasing length of time, a patient is on a ventilator and overall length of stay. Overall improvement in ICU liberation bundle compliance was evident on review of completed documentation in the ICU liberation flowsheet. When analyzing the data incorporating ventilator and mortality data, Mission Hospital leads the Southern Division with the highest compliance in 2023.

PARTNER IN CARE AWARD

Adrian Parrilla, Endoscopy Technician

Adrian is a great team player, dependable and always extends himself beyond and above for his patients and our department. Adrian always makes sure the unit is running smoothly and creates a calming environment for all outpatients with his smile. He always steps in when and where needed. In one day, he can step in as endo tech, receptionist, transporter, and patient flow master. Adrian has gone above and beyond his endo tech/unit coordinator role. He is organized, efficient and keeps timely patient care as his top priority. He is amazing and we are so blessed to have him supporting us as our “Partner in Care Extraordinaire.” We could not function without Adrian!

PARTNER IN CARE AWARD

Christopher Villa Fana, PCT

Chris is relatively new to Providence Mission Hospital. He has immersed himself in our goals and mission to care for others and ease their way. I have received daily compliments and L.O.V.E. cards from his peers, nurses and most importantly his patients. He always has a positive attitude and goes above and beyond when caring for his patients. Chris answers all call lights, not just his own. He is an excellent team player and is vital in ensuring our patients are well cared for and helps ensure our call light scores remain above average. Patients rave about their experience with Chris as their PCT, and consistently say he is above and beyond and the best they have experienced. He just has that special something! We are very lucky to have Chris work on 3 West and for Mission Hospital as he really does exemplify all our core values in all he does. Chris is working on prerequisites for nursing school.

PARTNER IN CARE AWARD

Demetric Willoughby, Mental Health worker

Demetric is an exceptional Mental Health worker (MHW). Demetric has been a valuable member of our team, consistently demonstrating a positive attitude and dedication to his role. His outstanding qualities as a team player, good steward of unit resources, and ability to use verbal de-escalation techniques without compromising patient dignity, make him an indispensable asset to our organization. He has a natural ability to connect with patients, and his compassionate approach is admirable. His communication skills with our team are exceptional. Demetric goes above and beyond to support our unit goals, always ensuring safety of those entrusted to his care. We're so blessed to have Demetric at Mission!



2023 Values in Action Award Winners



DIGNITY
Susan Huff, Lead Associate Caregiver Health RN

Susan is often described as a nurse’s nurse, a role she embraces with humility and joyfulness. Her commitment to clinical excellence informs the way she supports caregivers, whether they are new to the organization, completing their annual mandatory vaccinations or dealing with an illness. Susan is legendary for her unique way of instantly calming caregivers who have had accidental exposures, and you have not had a “flu shot experience” until you have had one from Susan.



EXCELLENCE
Margaret (Marti) Luebke, RN, Acute Care

Marti is a highly engaged unit leader who exemplifies our core values on a daily basis. Her love for the obstetrics team and our patients is evident by her ongoing commitment to excellence, and her passion to bring continuous improvements to the unit. Marti has introduced numerous improvement projects that focus on enhanced training and safety. That’s just who Marti is — she sees opportunities.

Highlight of 2023 Clinical Ladder Projects

CODE WHITE Margaret “Marti” Luebke BSN, RNC, LE, MPH

This clinical ladder project in Women and Infants was designed to reduce the number and severity of Code Whites. Staff received training in the proper steps for neonatal resuscitation (MRSOPA), had consistently quarterly mock Code White drills, training on documentation and the crash carts were organized and updated. This resulted in a decrease from 20 Code Whites and transfer to higher level of care to CHOC NICU to only five in 2023.

CODE HEMORRHAGE Amy Langdale BSN, RN, CCRN and Jeff Bunditsatheon, BSN, RN, CEN, TCRN

In January 2022, the American Red Cross announced that the U.S. was facing the worst blood shortage crisis in over a decade and proper utilization of blood products is essential to be able to give this life saving intervention. Jeff and Amy have been gathering data on every Code Hemorrhage activation since 2022. They divided this project into two groups: inpatient and outpatient activations. Both found that GI bleeds are approximately 50% of the population. Jeff and Amy educated the Trauma, Critical Care Nurses, RRT/Sepsis and Emergency Department nurses on early recognition of a patient who is bleeding and activation of the Code Hemorrhage call plus the components of the Massive Transfusion Protocol. The overall survival rates have improved from 2022 to 2023. Inpatient overall survival increased from 46% to 59% and if the patient was taken to the OR/IR their survival improved from 46% to 71%. In the Emergency/Trauma departments the overall survival improved from 57% to 75% and if the patient was taken to the OR/IR the survival rate improved from 60% to 79%.

ALARIS GUARDRAIL COMPLIANCE IN THE LCI INFUSION DEPARTMENT Diane Flores, BSN, RN, OCN

LCI Infusion Center averages 2600 infusion per month. The Alaris guardrail compliance was averaging 69%. This quality improvement project was designed to identify the barriers to achieve a 95% guardrail compliance rate. Compliance with smart pump technology is critical in preventing medication errors up to 80%. Diane found that there were nurses who did not know how or why to use the guardrail settings since they did not previously work in acute care setting. Fifteen drugs were not programmed or available in the Alaris guardrail library for the nurse to select. The drugs were ordered in the EMR

differently from how they can be programmed in the pump and some IV bags had multiple combination of drugs in a single bag, so the nurse did not know what to select from the pump library. The LCI nursing staff communicated with Diane using EPIC secure chat when they identified barriers, then she worked with pharmacy to update the library and the Alaris pump representative to address all the learning needs of the nursing staff. Compliance improved from 69% to 95%.

NON-PHARMACOLOGICAL PAIN MANAGEMENT INTERVENTIONS IN THE ONCOLOGY PATIENT Angela Jones, BSN, RN, OCN, CMSRN; Jessica Carpenter, MSN, RN, CMSRN and Candice Myers, BSN, RN, CMSRN

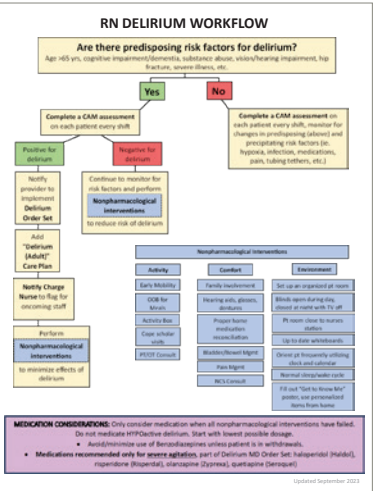
This evidence-based project was to investigate non-pharmacological pain management options available for the nurse to use with the oncology patient. Pain is one of the most common and distressing symptoms for patients with cancer.

The evidence was reviewed on aromatherapy, guided imagery, progressive muscle relaxation, thermotherapy, cryotherapy, and virtual reality. There was significant evidence that these modalities work to decrease pain and improve quality of life and are easily integrated into the practice of the nurse. The clinical ladder nurses developed a patient brochure with all these pain management modalities explained and made available via QR codes. They investigated and bought a virtual reality headset wthat include apps with over 30 hours of guided imagery, progressive relaxation, and games. Staff education and a process for signing the VR headset out to patients was developed.



DELIRIUM PREVENTION AND MANAGEMENT Maya Bowe BSN, RN, PCCN, GERO-BC; Colleen Sakamoto BSN, RN, CMSRN and Manal Hamze MSN, RN, CMSRN, PCCN

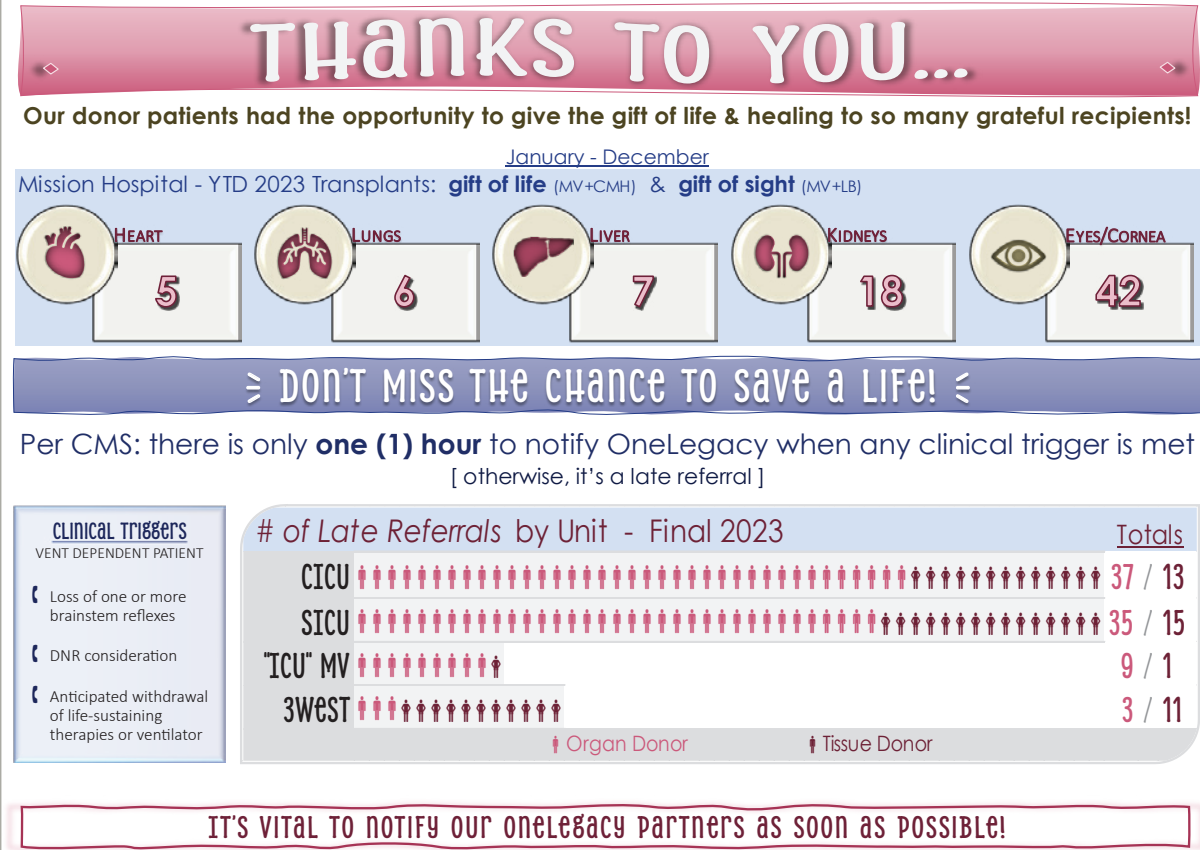
This evidenced-based project to develop a delirium prevention and management program for the medical surgical telemetry units developed into a quality improvement project to get this delirium program house wide. This evidenced-based nursing protocol focuses on orientation, non-pharmacological intervention like sleep hygiene and early mobilization also results in reduction in falls, use of restraints, medications and sitters. They created HealthStream modules for the nurse and for the PCT, created standard work for the bedside nurse, PCT and Charge Nurse. Worked with Clinical Informatics to develop an Epic report to allow for CAM audits for delirium identification and quick implementation of interventions. These nurses also created staff reference tools that are available on the units in a binder and electronically on the Providence Mission Hospital Education and Resource SharePoint site. The TSU fall rate decreased by 50% and the use of CAM increased from less than 10% to greater than 90%.



IMPROVING TIMELY ORGAN DONOR REFERRAL RATES

Danielle Shaw, BSN, RN, CCRN

This quality improvement project was aimed to maintain compliance with new CMS requirements that required timely organ donor referrals to One Legacy using new criteria. Danielle developed staff education via HealthStream, huddle announcements, Clinical Practice Alerts, New Hire orientation and 1:1 with staff. She streamlined the process to assist nurses at the bedside with the information that One Legacy needs to contact the families. Compliance increased from 34% to 52%. This quality improvement project resulted in 36 Gift of Life (lives saved), 2325 Gifts of Healing (lived healed) and 42 Gifts of Sight (sight restored). Mission Hospital recovered five hearts, six lungs, seven livers, 18 kidneys, 13 pancreases in 2023.





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.

Our Vision

Health for a Better World

Our Values



COMPASSION

Jesus taught and healed with compassion for all.

— Matthew 4:24



DIGNITY

All people have been created in the image of God.

— Genesis 1:27



JUSTICE

Act with justice, love with kindness and walk humbly with your God.

— Micah 6:8



EXCELLENCE

Whatever you do, work at it with all your heart.

— Colossians 3:23



INTEGRITY

Let us love not merely with words or speech but with actions in truth.

— 1 John 3:18

Our Promise

"Know me, care for me, ease my way."

Our Nursing Vision

To be recognized as a leader in providing patient and family-centered nursing care by supporting a professional, values-based culture that demonstrates clinical excellence, fosters respect and delivers holistic care in a fiscally-responsible environment.





 **Providence**
Mission Hospital

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