

2024 Nursing Annual Report





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Dear Nursing Family,

As we reflect on the past year, our thoughts are filled with the many ways our nurses embrace our values of Compassion, Dignity, Justice, Excellence and Integrity and courageously walk in the footsteps of the Sisters of St. Joseph of Orange and the Sisters of Providence to provide exceptional care for our community.

This annual report is a celebration of our Mission nursing family and the many amazing accomplishments in 2024. We'd like to share a few of our favorite moments.

Successful surveys:

- National Accreditation Program for Breast Centers
- The Joint Commission Comprehensive Cardiac Center Certification
- The Joint Commission Gold Seal of Approval® for Sepsis Certification
- The Joint Commission Stroke Certification
- American College of Surgeons Trauma Program Re-verification

Launched new clinical programs:

- Single anesthesia biopsy and lobectomy program for lung nodules
- In-house dialysis program
- Multidisciplinary clinic in the Leonard Cancer Institute

Celebrated more accolades:

- Newsweek Best Hospitals and Rehabilitation Center
- U.S. News & World Report Best Hospitals
- American Heart Association's Gold Plus Get With The Guidelines®-Stroke Quality Achievement Award
- Opioid Care Honor Roll
- Various Women's Choice Award categories
- Center of Excellence by the California Ambulatory Surgery Association

Pioneered new procedures in collaboration with providers:

- First hospital in California to perform histotripsy – Dr. Kevin Burns
- First robotic deep brain stimulation – Dr. Alex Taghva
- First transoral robotic surgery – Dr. Quang Luu
- First pulsed field ablation – Dr. Jay Tiongson and Dr. Aseem Desai

Caregiver Concierge Program:

We launched this service to help caregivers with everything from getting their car washed, picking up dry cleaning, grocery shopping, event planning and returning online purchases.

Hosted events with Tom Cruise, Elvis Presley and Santa Claus:

Celebrities joined our Mission Week, Caregiver Service Award Dinner and rounded with Christmas cookies.

Gifted Mission swag

- Hawaiian themed t-shirt for the annual Caregiver BBQ
- Mission Hospital jacket just in time for the holidays

It's hard to pick our most favorite moment, but it would probably be the high praise we received during our triennial Joint Commission survey. The surveyors told us there was something very special about Mission Hospital. They provided a quote to us after spending time with our care teams, which is "our Mission isn't just on the walls, it is walking the halls".

This annual report is a tribute to your dedication and commitment, and our list represents just a few of the incredible achievements, 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

2024 ANNUAL GOALS, PROGRESS AND RESULTS

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

- CGRN (Certified Gastroenterology Registered Nurse)
- VA-BC (Vascular Access Board Certified)
- CSC (Cardiac Surgery Certification)
- CEN (Certified Emergency Nurse)
- SCRN (Stroke Certified Registered Nurse)
- CCRN/PCCN (Certified Critical Care Registered Nurse/Progressive care Certified Nurse)
- SENLS (Emergency Neurological Life Support Certification)

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

- Mentor/Coach 28 nurses on the clinical ladder.
- Support 15 Quality Improvement Project
- Support 4 Research Projects

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

- | | |
|--|--|
| <ul style="list-style-type: none">• Healthy Work Environment• Exclusive Breastfeeding• ERAS Post elective Spine Patients• Mobility QI Clinical Ladder project• Respiratory Bundles for prevention on non-vented hospital acquire pneumonia• Mentoring program – House Wide Education Council• Sepsis Readmission in Limited English Proficiency Patients | <ul style="list-style-type: none">• Medical Device Related Pressure Injury Reduction• Plan of Safe Care – Opioid Reduction Community Outreach Program• Glycemic control in TTM patient• Hand off Together• BEDFAST: Identifying Post-Circulation Strokes in Triage• HOBITS: Head of Bed Flat in Ischemic Thrombotic Stroke• Standardization of Patient Bathing |
|--|--|

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

- House Wide Education
- House Wide Practice Council
- Research Council
- Coordinating Council
- Clinical Informatic
- Nursing Quality Council

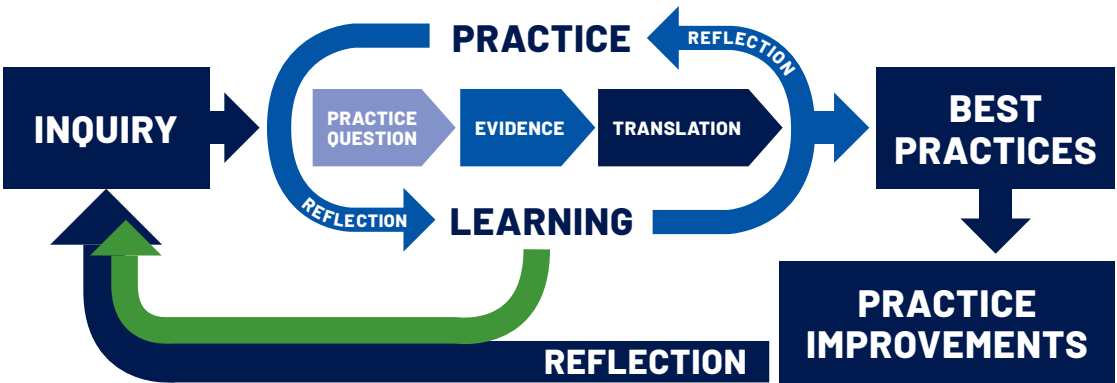
5. Support Joint Commission Specialty Center Certifications

- Stroke
- Comprehensive Cardiac
- Sepsis
- Opiate Care Honor Roll

OTHER ACCOMPLISHMENTS AND NOTABLE EVENTS BY APN COUNCIL

- Provide advanced disease education and advanced clinical competency education for Critical Care
- Hospital Acquired Infection Performance Improvement Committee
- Chair of VTE-PI team
- Providence Product Council Steering Committee
- Providence Nursing Products Council
- Providence Renal Clinical Decision Team
- Chair the Skin Care Committee
- Chair of Pain committee
- Co-chair Resuscitation Committee
- Support Interdisciplinary Practice Council
- Support Health System Institutional Review Board
- Policy and Procedure Committee
- HAI-PI team
- Glycemic Control Health System Committee

Work In Interprofessional Teams





Research Council Accomplishments

2024 ANNUAL GOALS, PROGRESS AND RESULTS

1. Mentored nurses to formulate research questions, design study proposals, and conduct research. 2024 Research studies:

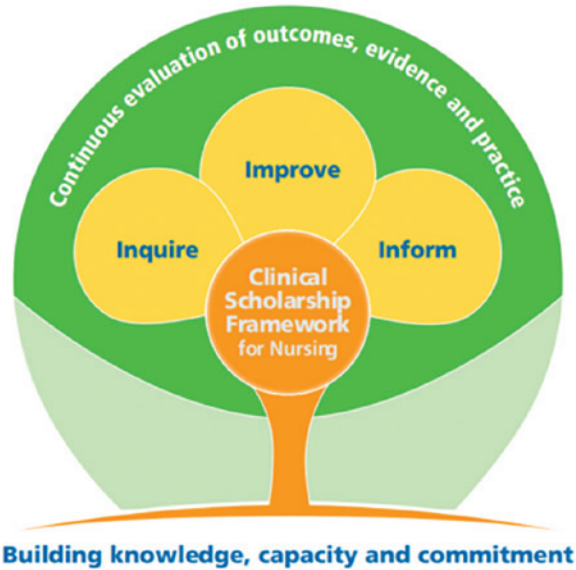
- *Hypertensive disorders of pregnancy, treatment-resistant hypertension and covid stats*
Margaret Luebke, BSN, RN, MPA, LE, CNIII and Linda Trinh, BSN, RN
- *Hypertensive disorders of pregnancy: Clinical features and characteristics associated with postpartum readmissions*
Margaret Luebke, BSN, RN, MPA, LE, CNIII and Linda Trinh, BSN, RN
- *Caregiver beliefs, competencies, and implementation self-efficacy of evidence-based practice*
Site PI: Jill Donaldson, RN, MSN, CNS
- *Timing of neurologic pupil index assessment in the comatose out of hospital cardiac arrest patient undergoing target temperature management*
PIs: Teresa Wavra, MSN, RN, CNS and Jill Carrington, BSN, RN, CCRN
- *PTSD Screening and Brief Intervention*
PI: Jennifer Schollenberger, MSN, RN, CCRN



2. Provided a forum for dissemination and scholarly presentations of nursing research, evidenced-based practice and quality improvement.

- Mary Kay Bader, MSN, RN, CCNS; Jill Donaldson, MSN, RN, CNS and Cherie Fox, MSN, RN, CRN — National Teaching Institute Annual Conference, Denver, Colorado. “Rising Together Brining our Nurse Home”
- Mary Kay Bader, MSN, RN, CCNS — Baptist Hospital South Florida — 12th Annual Miami Neuroscience Conference: November 7, 2024. “TTM in Post Cardiac Arrest — Bundled in Evidence”
- Mary Kay Bader, MSN, RN, CCNS, — Barrow’s Neurological Institute Neuroscience Conference: October 23, 2024. “The Eyes Are the Windows of The Brain: Evidence and Case Studies with Pupillometry”

Clinical Scholarship Framework for Nursing



Quality Council Accomplishments

2024 ANNUAL GOALS, PROGRESS AND RESULTS

1. Nurse Sensitive Indicators Outperform National Benchmark

NURSE SENSITIVE INDICATORS*	NUMBER OF UNITS OUTPERFORMING NATIONAL BENCHMARK
Falls with injury	12 out of 14 units
Hospital Acquired Pressure Ulcers >Stage II	10 out of 12 units
CAUTI – Catheter Associated Urinary Tract Infection	11 out of 12 units
CLABSI – Central Line Associated Blood Stream Infection	9 out of 13 units
Three Ambulatory Nurse Sensitive Indicators	
Left Without Being Seen (LWBS) in ED MV and ED LB	2 out of 2 units
Falls with injury	9 out of 11 units
Door to Thrombolytics (ED MV)	8 out of 8 units

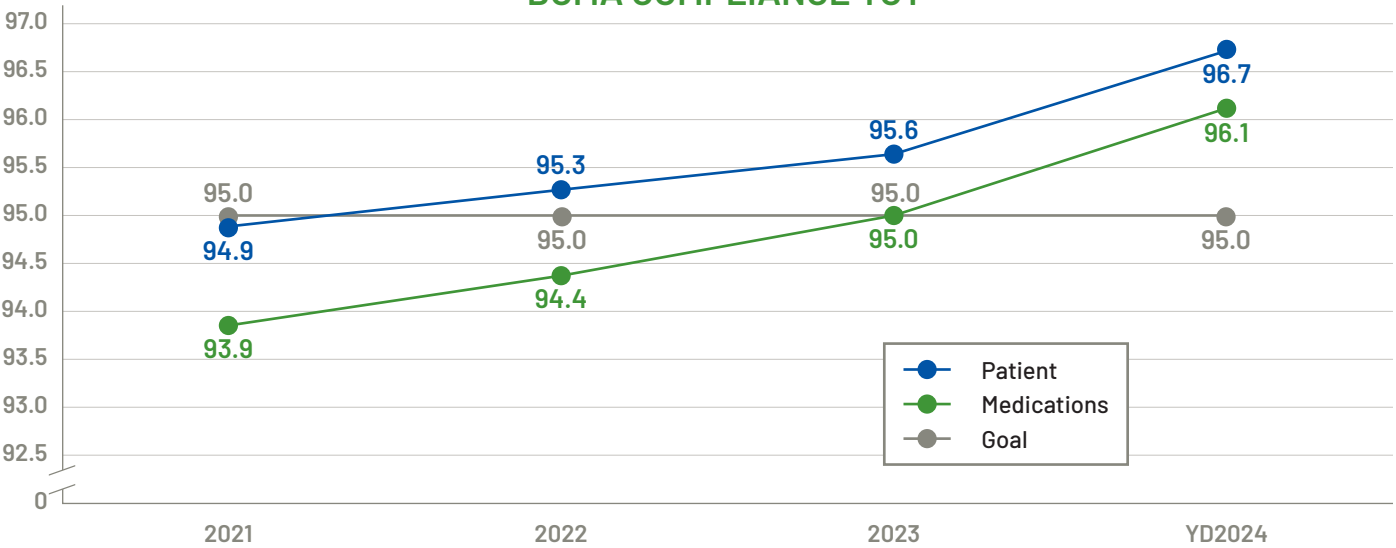
2. Quality Assessment and Performance Improvement projects in 2024.

- **Education:** Three teaching sessions on QAPI, and one on one assistance provided throughout the course of the year by Quality Leaders
- **QAPI Project Hand Washing Compliance Quality Council House Wide Project:** Overall handwashing compliance increased by 10%
- Unit based QAPI Projects:
 - 3W: Guardrail Alaris Compliance, Intention Rounding
 - OB: Cross Training to Labor & Delivery
 - SICU: Medication Side Effects
 - Med Surg ICU (Laguna Beach): Falls

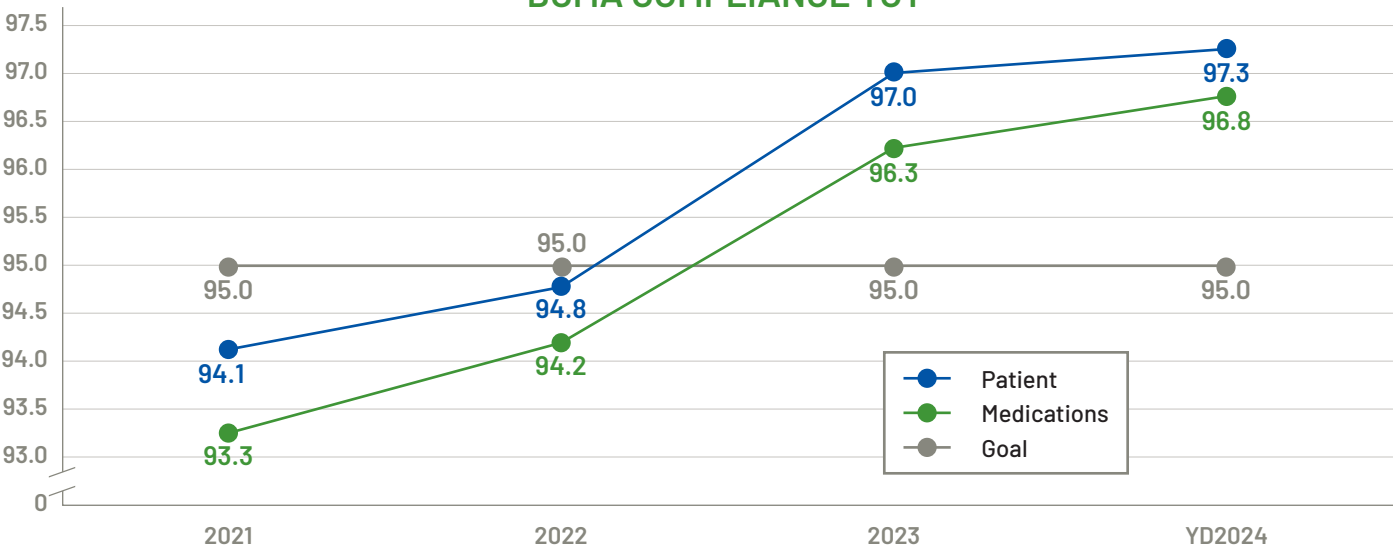
Department / Program / Institute	Executive Sponsor			Lead / Point of Contact(s)			Oversight Committee				
3West	Mindy Goulding			Meghan Le / Angela Jones			Nursing Quality Council				
2024 Monthly Metric Update											
Guardrails Alaris Compliance				Hand Hygiene Compliance			Intentional Rounding PX Scores				
Month Data	CYTD	CY Target	+ Direction	Month Data	CYTD	CY Target	+ Direction	Month Data	CYTD	CY Target	+ Direction
97.9%	90.0% (94.14%)	95%	▲				▲				▲
Metric to Impact		Issues/Gaps				Action Plans / Deliverables / Follow-up					
Guardrails Alaris Compliance		● Medications not available in Guardrails Library (chemotherapy tx) ● New staffing needs education on how to use Guardrails				● Discuss with Pharmacy to ensure Alaris updated ● Increased awareness through staff huddles, email manager to input into HRP system for improvement ● Education to staff through emails, reminders for Guardrails utilization started in Fall 2023 ● Used LCI's communication/PowerPoint to help 3West (sharing of information)					
Hand Hygiene Compliance		● Hand sanitizers not filled or broken				● Rounding done by resource nurse to check environment including sanitizer stations ● Educate staff on handwashing in huddles ● Encourage staff to sign up to do handwashing audits					
Intentional Rounding		● Staffing issues ● Use of travelers/registry ● Busyness on floor				● Clin 3 project being done ● Audit done on how often pt call and for what reason					
Pride (Accomplishments)				Pain (Challenges)				Please (Asks/Wishes)			
● Improvement from January 2024 at 76.6%, February 96.3% to 97.9% in March (quick turnaround)				● Ensuring team to fill out HRP instead of leadership for improvement purposes				● Pharmacy to help with creating general email address dedicated to Alaris issues			

Department / Program / Institute	Executive Sponsor	Lead / Point of Contact(s)	Oversight Committee
3West	Mindy Goulding	Meghan Le / Angela Jones	Nursing Quality Council
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Laguna Beach –All Departments BCMA COMPLIANCE YOY



Mission Viejo –All Departments BCMA COMPLIANCE YOY





Leadership Healthy Work Environment Council Accomplishments

2024 ANNUAL GOALS AND ACCOMPLISHMENTS

1. Increase Nurse Retention

- Tactic:** Increase retention of MH RN's to less than 20% turnover, working in coordination with Leadership and Coordinating Council to identify strategic opportunities to improve employee retention and provide action plans.
- Met:** Current Mission Hospital RN retention is 12.9% in December of 2024
- Tactic:** Leadership committee to select ad implement a special project that focuses on collaboration of nursing and essential services team.
- In Progress:** In collaboration with nursing and essential services, Leadership is actively working towards re-instating the Sweet Dreams Cart for all in-patient acute care patient areas.
- Tactic:** Establish a formal recognition program on all in-patient units/departments.
- In Progress:**
 - All units have been actively working on improving their healthy work environment and promoting activities and team building events.
 - Examples include Meaningful Recognition flyer, Employee of the Month, Caregiver shout outs and LOVE cards, Happy Hours, Bowling Events, Beach Bonfires, etc.
- Tactic:** Increase attendance at House wide Shared Governance meetings to 80% attendance. Attendance will be tracked by House Wide Council Chairs.
- In Progress:**
 - A letter of commitment/expectation was sent out to all participants and the Shared Governance informational flyer was updated to include all councils with the appropriate meeting times, chair contact information, and 2024 areas of focus.
 - Although attendance did increase in 2024 the goal of 80% attendance was not met and will continue to remain an area of focus for 2025.

2. Goal: Information Dissemination/Awareness:

- Tactic:** To improve accessibility to all Shared Governance Council activities, the Leadership of Healthy Work Environment, with the input from other councils, is developing and implementing two plans of action:

Unit Shared Governance information boards and/or monthly newsletters will be displayed prominently and updated on all units with 95% compliance by December 2024.
- Met:** All units have Shared Governance Boards displayed.
- Tactic:** Create and host an information table during 2024 Hospital Week to increase awareness of Shared Governance at Providence Mission Hospital.
- Met:** Shared Governance had a table and representation at both Laguna Beach and Mission Viejo campuses at our hospital wide Hospital Week BBQ. Flyers, games, and prizes were available to caregivers who stopped by the booth to learn more about Shared Governance. Awareness spread amongst all essential services on their opportunity to be involved in Shared Governance.



3. Goal: Increase Engagement with Shared Governance:

- Tactic:**

As a part of the new-hire orientation, employees will be responsible for attending a unit based shared governance meeting within their first year of hire.
- In Progress:**

Welcome bags are being given to all new caregivers in orientations to learn about shared governance that states the requirement to attend. Preceptor education includes shared governance requirements. Target increase was met in 2024. This will remain an area of focus for 2025.
- Tactic:**

Unit based shared governance meetings will have an increase in participation of 25% based on their 2023 attendance.
- In Progress:**

Congratulations to the following units for increasing their unit based shared governance participation by 25% or greater: 3W, L&D/OB, ER.
- Tactic:**

Work in coordination with educator lead to include Shared Governance in mentor, preceptor and TIPS training programs.
- Met:**

Shared Governance flyer was created for all new hires. Shared governance information is included in all training materials for mentors, preceptors, and TIPs. We will expand this education to other disciplines in 2025.



Coordinating Council Accomplishments

2024 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 collaborate with the Exec Director of Essential Services in development of shared governance specialty specific councils and invite interdisciplinary members to attend House Wide Shared governance meetings.

TARGET MET

Shared Governance structure is implemented in shared services with members attending House Wide Shared Governance meetings
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
4. Using the AACN Think Tank survey and 2023/2024 quarterly nursing strategic planning meeting break out session feedback to offer flexible scheduling, for full and part time and increase float pool collaboration and connection with the various departments.

PULSE CHECK ACCOMPLISHMENTS

- Leadership Council hosted a shared governance booth at hospital week and re-established a shared governance flyer for house wide dissemination.
- Informatics council implemented EPIC downtime boxes for all inpatient units. Continuing to work on downtime order sets and blood administration forms.
- Practice Council worked in collaboration with Coordinating Council, ED and informatics to create ED IP notes to improve nursing workflow and handoff communication.

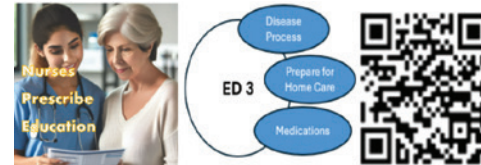


House Wide Education Council Accomplishments

2024 ANNUAL GOALS, PROGRESS AND RESULTS

1. Patient Education Videos

- House Wide Education Council(HWEC) did meet the goal to increase the use of the Wellness Network Patient Education video library by 5% in 2024.
- Utilization of EPIC Smart Phrases to include HealthClips information and QR Code shortcut to patient's discharge instructions in all nursing units including surgical and procedural units.
- 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 URLand 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 Education and Resource SharePoint Site

- Providence Mission Hospitals Education & Resource SharePoint site is a ONE-STOP SHOP for professional development, educational resources and classes/conferences and information on certification. New this year access to house wide shared governance minutes and reference tools for clinical practice along with linking to regional/health system online platforms.
- For 2024 the site has had over 1,537unique visits and over 6,013 total site visits.



3. Mentor Program

Advance the number of available mentors available and create specific bios for each on the Mission Education and Resource Site.

GOAL MET

4. Nursing Certification and Higher Education

- HWEC supports overall Nursing Professional Board Certification by providing certification information via the 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.
- Certification badge buddy roll out for the certification day.



6. Transition in Practice Program

- HWEC supports the TIP Program by providing input to overall program design and implementation at Mission Hospital.
- To help address our staffing challenges, Mission Hospital hired 131 TIP RNs in 2024.

6. Meaningful Recognition Events



2024 Nurses Week Award Ceremony



Nurse Degree Graduation Pinning Ceremony 2021–2024



House Wide Practice Council Accomplishments

2024 ANNUAL GOALS, PROGRESS AND RESULTS

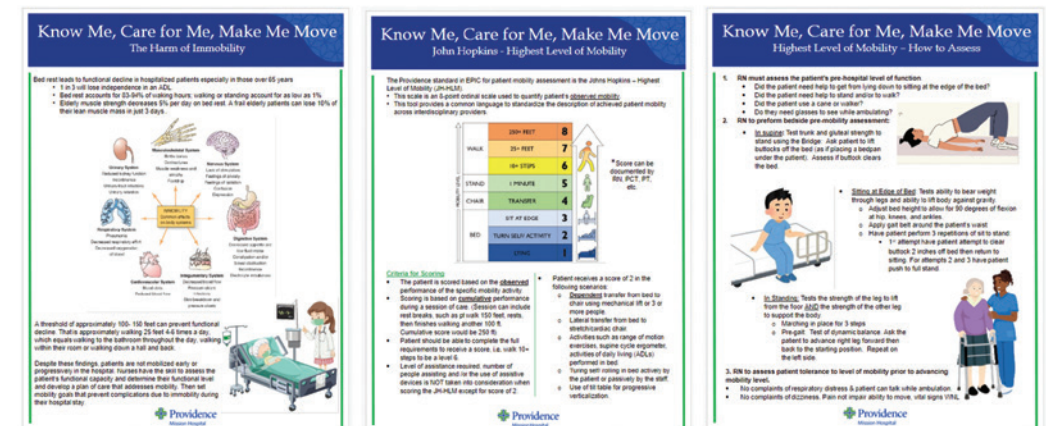
Implementing Johns Hopkins Highest Level of Mobility Quality Improvement Project







Increase patient mobilization on each unit by providing education on mobility assessments and the use of safe patient handling equipment. The purpose of this project is to decrease the length of hospital stay and improve patient satisfaction.

Safe Patient Handling (SPH) subgroup:

- Survey of staff knowledge and use of SPH
- Identified “Mobility Champions” and attended training sessions
- Created Quick Mobility Screening Video- pending editing
- Ergometry video created and provided to staff
- Just in Time QR Codes laminated cards placed on all equipment
- Air Taps LC and XXL launched
- Staff Facing Education Posters placed on each unit
- White Board Poster including highest level of mobility and Med Bridge exercises to encourage patients to mobilize and exercise
- Education how to document Highest Level of Mobility

Examples of Staff Education “Quick Pages”



Patient Name:		Current HLM:	
Date:		Goal HLM:	
Providence Mission Hospital: Safe Patient Handling <i>Adapted from the Johns Hopkins Safe Patient Handling Mobility Guide</i>			
John Hopkins Highest Level of Mobility (HLM) Goal	Safe Patient Handling Equipment Recommendations <i>Always use clinical judgement based on each patient's needs</i>	Med bridge exercise QR codes	
8 Walk 250 feet or more	Walkers, Canes, Crutches, Gait Belt, stand to sit lift devices with ambulation option 	Standing 	
7 Walk 25 feet or more	Sit to Stand Devices 	Sitting 	
6 Walk 10 steps or more			
5 Stand (One of more minutes)			
4 Move to chair/commode	Mechanical Total Lift Assist, Lateral Transfer Devices, Repositioning Devices 	Supine 	
3 Sit at edge of bed			
2 Bed activities/dependent transfer			
1 Lay in bed			
Harms of Immobility: Weakness, loss of muscle mass, pneumonia, skin breakdown, delirium, constipation		Ways to prevent falls: Call light in reach, use bed/chair alarms, nonskid socks, fall armbands, do not leave alone in bathroom	

Clinical Informatics Council Accomplishments

2024 ANNUAL GOALS, PROGRESS AND RESULTS

1. Develop and maintain Downtime standard work (quick note, phrase or smart phrase) and forms on all units

- Reviewed all downtime forms and procedures from the Providence Downtime site and book.
- Identified gaps in charting forms and modified old Meditech downtime forms for missing or key areas for documentation.
- Standardized downtime forms for Critical Care, Emergency Department, Procedural areas, Med-Surg and Tele clinical areas.
- Placed all downtime forms onto the CIC SharePoint site under documents.
- Created a downtime MRI checklist for use in all areas.
- Created downtime boxes in each unit with copies of the essential downtime forms by “Room number” (clinical units like SICU, CICU, 3East etc) and by phase/step of care (ED – triage, lab, imaging, interventions etc).
- Monitoring status of boxes (par levels) after each downtime.

2. Develop Standard work on EPIC charting – Unit based to assist staff with documentation

- Developed a template to display standard work for clinical areas.
- Created Standard work (double sided) information sheets for each clinical area identifying critical and shift documentation standards for the staff.
- Placed each standard on the CIC SharePoint site.
- Disseminated with key leaders and new staff (i.e., ED Educator/Neuro ICU CNS shares with all new employees).

3. Identify key themes for documentation improvements in EPIC from staff surveys (specific unit-based floor sheets)

- Communicated system changes for documentation (Pain documentation was simplified, new macros, etc.).
- Created a smart phrase for Health Clips (Request from House Wide Education Council) and disseminated.
- Developing a survey tool for staff nurses to complete identifying opportunities for improvement related to charting in EPIC.

PULSE CHECK ACCOMPLISHMENTS

- Requested a patient location column change in EPIC and it was approved.
- Created a downtime MRI checklist.
- Provided unit-based education on numerous Pulse checks after clarifying with Providence Informatics.
- Working on blood consent issue with Dr Kwa.
- Created reflex lactate order in EPIC (Above 2 in automatically reorders).
- 63 pulse checks generated during CIC meetings.
- Ceribel charge capture education done.
- Identified there was no place to document Thoracentesis output (lots of inconsistencies) – standardized to document so it shows up in intake/output.
- Identified issues related to nursing documentation in EPIC on restraints and will begin to examine strategies to improve documentation.





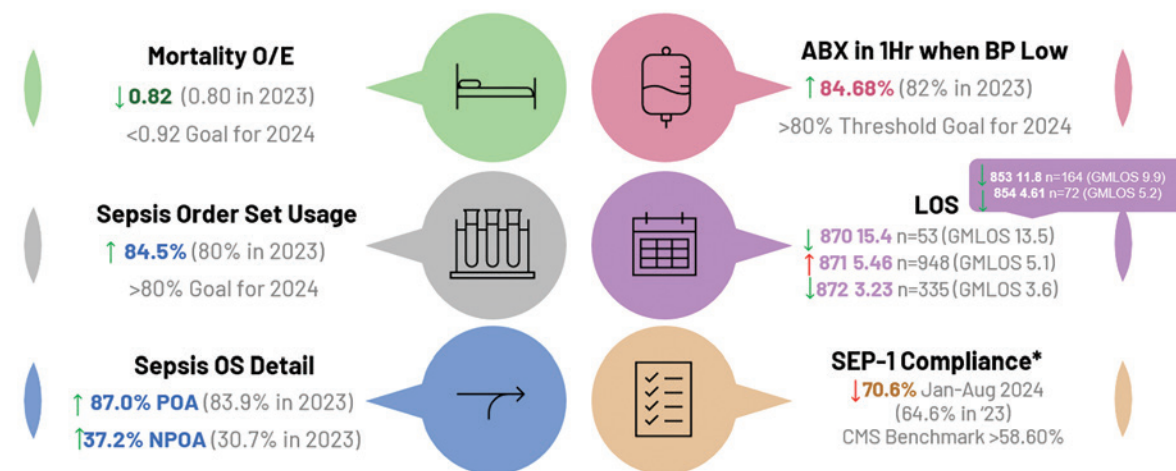
TEAM Accomplishments 2024

Sepsis Program

Our nursing coordinated multidisciplinary Sepsis Program continues to grow and be recognized for our outstanding care and processes. We are proud to have been recertified with the Joint Commission Gold Seal of Approval® in Disease-Specific care and represent the first of any Providence Hospital to achieve this recognition for Sepsis. The Gold Seal is a symbol of quality that reflects upon our commitment to providing excellent sepsis care to our patients and our community.

In addition to this recognition, we are proud to say that our program saves lives. 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 2024, our Sepsis Mortality is clearly achieving our goal of 0.92.

This represents that for every 100 sepsis expected mortalities, 18 lives are saved at our hospitals.

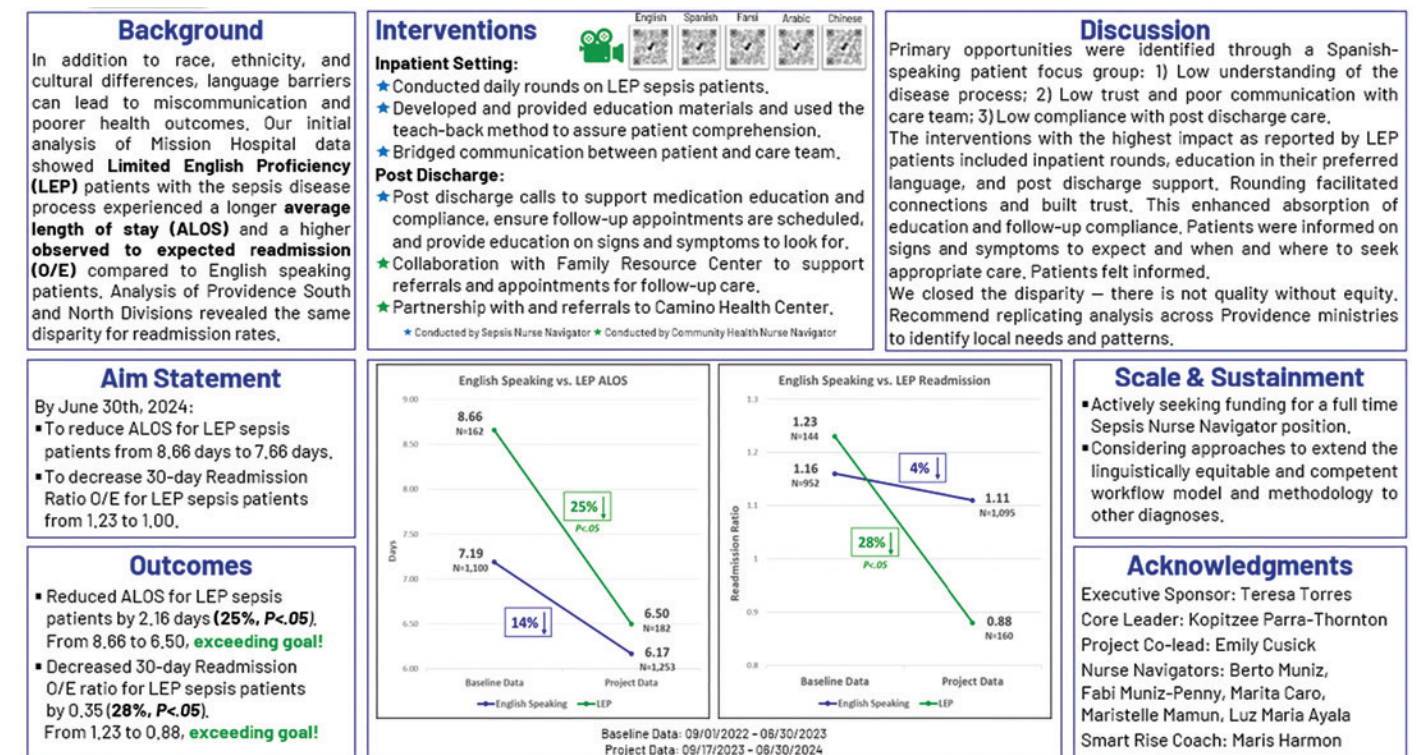


Another exciting and successful project created in partnership with the ED is the SIRS Alert in triage. This process is designed to fast-track sepsis screening in triage to expedite patient care and improve compliance with the SEP-1 bundle. This process incorporates a nurse-led screening combined with vital sign results to start the treatment pathway sooner and ensure consistent care.

TEAM Accomplishments 2024

Limited English Proficiency (LEP) Sepsis Program

The Sepsis team are very proud to have successfully completed a Health Equity performance improvement project that focused on supporting our Limited English Proficiency (LEP) sepsis patients. This program integrated education translation, tracking of patient progression of care and post discharge follow up support. Our final data showed significant improvements in both length of stay and return to hospital.





TEAM Accomplishments 2024

Stroke Program

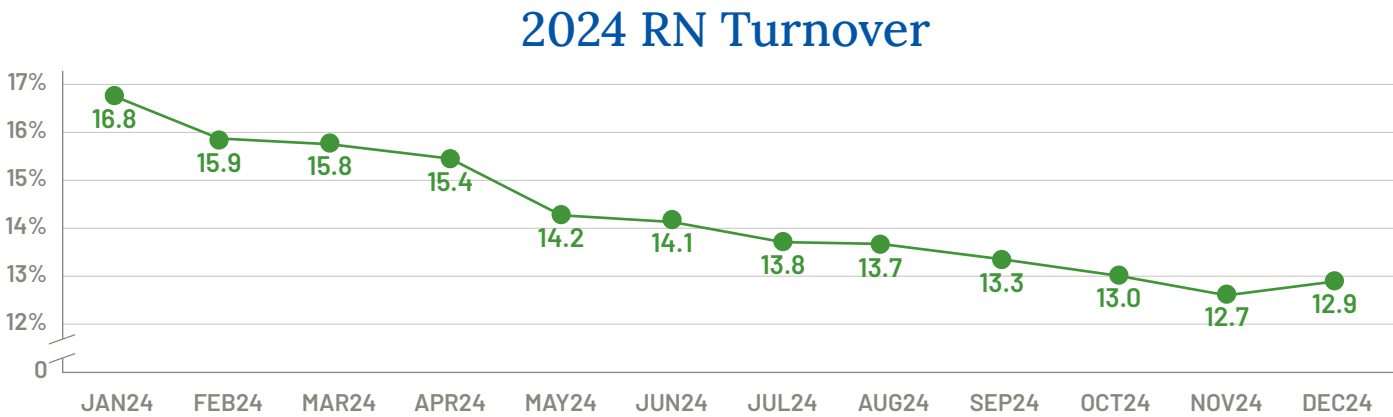
Mission Hospital has earned its recognition for 2024 American Heart Association Get With the Guidelines Stroke GOLD PLUS with Target: Stroke Honor Roll Elite Plus, Advanced Therapy and Target: Type 2 Diabetes Honor Roll: Door-to-needle therapy within 45 minutes in 75 percent or more of acute ischemic stroke patients treated with IV thrombolytic 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 fifth consecutive year that Mission Hospital has achieved this award.

We do it safely. Mission Hospital has also earned recognition for the 2024 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-thrombotic, VTE prophylaxis, anticoagulation if atrial fibrillation, smoking cessation, and statin therapy).

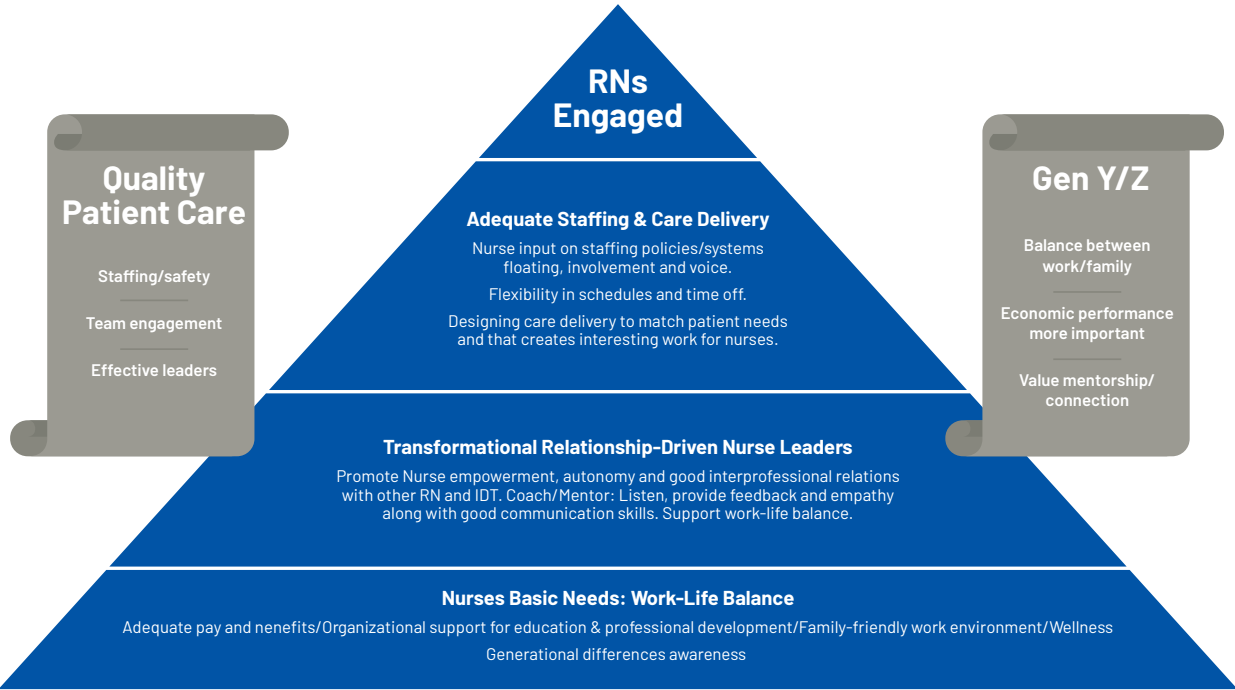


TEAM Accomplishments 2024

RN Turnover



NURSE RETENTION



Survey Follow up/Safety

- Defined roll out and follow up expectations, Action plans completed by February 2024 with quarterly updates
- Switched to Glint Survey with Quarterly Surveys in summer 2024
- Shared Governance/Caregiver led action plans
- Ongoing report updates on survey action plan progress “You Spoke, We Listened”

Workload/Burnout

- ANCC HWE National Initiative with multidisciplinary membership: CONNECT
- Co-Caring RN LVN and Virtual Nurse Model, Launch in January 2025
- All department representatives involvement Informatics house wide shared governance council: Ongoing Documentation Optimization

Senior Leadership/leader/Promise “Know me, Care for me. Ease My Way”

- Shared governance & department led retention strategies to support new and existing caregivers
- CNO Welcome at Clinical Care Orientation/skills days, Blessings of Hands Welcome in Chapel
- ELT communication rounds quarterly, with consistent messaging and follow tracking and adding night shift rounds



Nurses Week
Award Winners

EDUCATION AWARD
VAT Team

The Vascular Access Team (VAT) came together as a team to set a goal to achieve professional nursing certification. Rebecca Childers, BSN, RN, VA-BC and Emily Bascon, BSN, RN, VA-BC bought and shared study materials. Kelly Henry, BSN, RN, VA-BC was the first nurse of the group to take the test in January 2023, when she passed, this inspired three other nurses to take the test.

The VAT team’s certification rate has increased from 0% to 83%.

Becoming certified has proven that the VAT RNs are knowledgeable, experienced and experts in their nursing specialty. Nurse Manager Patricia Ayala MSN, RN, PCCN is very proud of the VAT team and their accomplishment in achieving their goal to become VA-BC certified.

PRACTICE AWARD
Amy Langdale, BSN, RN, CCRN and Jeff Bunditsatheaon, BSN, RN, CEN, TCRN

Amy and Jeff with their visionary leadership and relentless dedication have led to a change in the management of Code Hemorrhage activations, elevating nursing practice. In January 2022, the American Red Cross announced that the US 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 from 46% to 59%. 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%.

LEADERSHIP AWARD

Breanna Niamey, BSN, RN, CMSRN

Breanna is active on the Clinical Informatics shared governance council and took over this year as co-chair of Tele Sepsis Shared Governance Council. She regularly volunteers to be a superuser on new products and conversions, including the conversion to Epic in 2022.

Breanna is a strong patient advocate.

She is compassionate and empathetic, and often heard saying to her patients, “This must be difficult for you. I understand. I am here with you now. Let us care for you.” Let us ease your way. Having started as a TIPs nurse herself, she understands the learning curve in the first few years of nursing and supports her staff with expertise. She fields the slew of questions that come her way with patience and care and leans into all opportunities to further her own knowledge. She is a boundless resource for policy and procedures and keeps reliably up to date with changes within the hospital. On shift, she is always on her feet, ready to run supplies, answer a bed alarm, or support those patients who start to decline. As a charge nurse, she advocates for safe staffing, proper patient placement and ensures that everyone is set up for success to care for our patients to the best of their ability. Breanna’s leadership skills shine and make her a wonderful teammate.

QUALITY AWARD

Interventional Radiology (IR) Team

The IR team’s commitment to delivering excellent patient care and ensuring the successful outcome of procedures is truly commendable.

One of the team’s greatest strengths is their effective communication and collaboration. Whether it is preparing for incoming stroke patients, discussing treatment plans, or reviewing patient progress after a procedure is performed, the IR team ensures that everyone is on the same page, fostering a strong sense of teamwork. They completed their 300th thrombectomy this year and started an International Training Program for Thrombectomy.

Moreover, the IR team is actively engage in ongoing education, staying up to date with the latest advances in interventional radiology techniques and technologies. This dedication is demonstrated in being one of the first adaptors of the new procedure Histotripsy, that is changing cancer care as we know it. Overall, the IR team’s exceptional work and teamwork significantly contribute to the success of our interventional radiology department.



INNOVATION AWARD

Jessica Carpenter MSN, RN, CMSRN; Angela Jones, BSN, RN, OCN, CMSRN and Candice Myers, BSN, RN, CMSRN

The Non-Pharmacological Pain Management evidence-based project was opened 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 that included 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 were developed.



PRECEPTOR AWARD

Jennifer Aguirre, MSN, RN

Jennifer is dedicated to the nursing profession and continues to provide excellent learning experiences for the PCSU nurses she precepts. Jennifer’s preceptees describe her as a positive influence and role model, who connects well with patients and inspires professional performance. When precepting, Jen demonstrates an abundance of patience and kindness, resulting in a learning environment that is calm and supportive. Jennifer exudes passion in sharing her knowledge and invests time in explaining things comprehensively and in a way that is understandable to the learner. Jen 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.

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

PARTNER IN CARE AWARD

Dexter Somes (MHW)

Dexter Somes is awarded due to his commitment to the team and picking up additional shifts on a regular basis to support our night shift. He works with patients that are the most difficult and is known for never saying no and stopping what he's doing to help a patient feel comfortable while on the BHU unit. He works collaboratively with the BHU Night Shift crew and completing task without being asked he ensures that charts are made, that the unit is clean, observing infection, prevention, protocols, and working with his team of nurses in charge nurses feel secure when he's present, and that he is proactive in ensuring that things on the unit remains stable.

PARTNER IN CARE AWARD

Nadia Perez (GI Tech)

Nadia supports excellent patient outcomes through her collaborative work ethic, attention to detail, empathy and calm demeanor. Nadia's genuine interest in patients' concerns creates a trusting environment. By actively listening and empathizing, she enhances communication and outcomes. Her dedication and supportive approach make her invaluable in promoting excellent outcomes. Nadia supports unit-specific goals through her commitment to improving turnover times in the procedure rooms, mentoring new GI techs, providing exceptional care, and assisting all unit members. Her dedication, attention to detail, and innovative problem-solving skills consistently elevate the team's performance. Nadia's contributions and asset to the unit play a crucial role in supporting and achieving unit-specific goals. Nadia's passion for process improvement projects, excellent patient care, and resourceful leadership make her an essential asset to the team.

PARTNER IN CARE AWARD

Melissa Bullock (Tech)

Melissa is a radiology technologist who contributes greatly to the success of our Interventional Radiology department. This past year, Melissa has taken on our critical supply issues In doing so, Melissa came in early to print out usage reports to ease the way for the supply chain department, mitigated back ordering issues and collaborated with vendors to ensure consignment agreements were being fulfilled. She ensured that patients did not suffer from delay in care. She is proactive in notifying leadership of potential opportunities for improved productivity and cost savings. Melissa frequently sets an example to her team by remaining patient-focused during procedures. She educates our new techs to ensure quality patient care. She picks up extra calls when the department is in need to ensure we can still serve our community during times of low staffing. Melissa enforces department efficiency in room turnaround by helping the IR coordinator with tech assignments, breaking staff out for lunches, and taking more of the workload to ensure the rest of her team is taken care of. She frequently precepts new hires and assisted in revamping the new hire competencies for new radiology technologists this year. Melissa stays up to date with current Interventional Radiology literature and seeks out additional education opportunities. She has her vascular intervention certification, and as lead tech, she inspires her team to meet high performance standards. Melissa performs her job responsibilities with a high level of integrity and passion. Interventional Radiology and patient care is not solely Melissa's job but her passion.



COMPASSION

Eva Boratyn, RN | 3 East

As a core member of the 3 East team, Eva acts as the unit's infection prevention representative and resource superstar for everyone on the unit. Through her dedicated work ethic and commitment to exceptional care, Eva not only displays the value of compassion for her patients, but also with her colleagues.



EXCELLENCE

Danielle Shaw, RN | CICU

Passionate, engaged and proactive, Danielle strives to improve all aspects of our Organ Donor program by collaborating with patients, families and caregivers. As the chair of our Organ Donor Council, she leads an array of continuous education programs while also managing quarterly meetings and monthly case reviews—with spotless attendance.

2024 Clinical Ladder Projects

NAME	CLINICAL LADDER PROJECT
Jennifer Schollenberger	Twistle PTSD
Margaret Kohen (Luebke)	Preeclampsia COVID Patientss – Prov Maternal Hypertension/Readmissions
Jill Carrington	Pupillometry Study
Diane Flores	NCCN Distress Screening
Danielle Shaw	Organ Donation
Carly Baker, Emily Edwards	Pain Management in Spine Patients
Reilly Gardner	SIRs Identificaiton in Triage
Allison Goshorn	Stroke BE FAST
Eva Boratyn, Kathryn Armijo	CAUTI
Jennifer Smith, Pamela Monte	Exclusive Breastfeeding
Kayla Machingo, Angela Jones	Mobiity Project
Manal Hamze	PX Med SEs
Maya Bowe	PX Nurse Listens
Jessica Carpenter	PX Rounding and Call Light
Lara Marmelstein, Catherine Nolte Slupik, Candice Myers, Jenna Haley	Respiratory Bundle



SPINE PATIENT PAIN MANAGEMENT AND MOBILITY

Carly Baker, BSN, RN, CMSRN and Emily Edwards, BSN, RN, CMSRN

Developed an Enhanced Recovery Protocol for Post Elective Spine Surgery patients with Kristine Machingo BSN, RN, CCRN, Spine Nurse Navigator and Jill Donaldson, MSN, RN, CNS. This included a Nurse Checklist and multi-modal pain management guidelines focused on the first 24 hours and early mobilization. The goal to decrease the length of stay was achieved from 2.9 days to 2.49 days.

Enhanced Recovery Protocol Post Elective Spine Surgery RN Checklist		Patient Sticker
Arrival date/time:	Arrival on the Unit	
<ul style="list-style-type: none"> <input type="checkbox"/> Post operative vital signs per protocol <input type="checkbox"/> Neuro checks per protocol <input type="checkbox"/> Home med reconciliations, correlate opioids with prescription/over the counter if necessary <input type="checkbox"/> Advance diet per orders and encourage PO intake* 	<ul style="list-style-type: none"> <input type="checkbox"/> Orthostatic Vital Signs <input type="checkbox"/> Dangle (Sit and/or Stand at Edge of Bed) with arms and/or legs extending on unit **NO BRACE NEEDED TO DANGLE** <input type="checkbox"/> Measure first void, monitoring q6 hours 	
Day Shift Post-Op (24 hours)	Night Shift Post-Op (24 hours)	
<ul style="list-style-type: none"> <input type="checkbox"/> Multi-modal Pain Management <ul style="list-style-type: none"> <input type="checkbox"/> Assess q1-2 hours until individualized pain plan is determined <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pain Management Consult? <input type="checkbox"/> Polar Care refreshed q4 hours <input type="checkbox"/> Nausea Management <input type="checkbox"/> Encourage IS <input type="checkbox"/> Monitor and document Intake and Output <input type="checkbox"/> Follow Urinary Retention Protocol <input type="checkbox"/> Out of bed for dinner, and all meals <input type="checkbox"/> Orthostatic Vital Signs PRN <input type="checkbox"/> Prophylaxis for DVT: sequential & chemical <input type="checkbox"/> Incision/Drain Care: record output <input type="checkbox"/> Education on DC home care <input type="checkbox"/> Give bowel regimen, scheduled or PRN 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop overnight pain management plan with patient <input type="checkbox"/> Multi-modal Pain Management <ul style="list-style-type: none"> <input type="checkbox"/> Assess q1-2 hours until individualized pain plan is determined <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Orthostatic Vital Signs PRN <input type="checkbox"/> Give bowel regimen, scheduled or PRN <input type="checkbox"/> Encourage IS <input type="checkbox"/> Follow Urinary Retention Protocol <input type="checkbox"/> Sleep promotion (Positioning, Environment, Meds) <input type="checkbox"/> Polar Care refreshed q4 hours <input type="checkbox"/> Prophylaxis for DVT: sequential & chemical <input type="checkbox"/> Incision/Drain Care: record output <input type="checkbox"/> Foley removed per order <input type="checkbox"/> Advance diet per orders <input type="checkbox"/> Medicate prior to patient OOB for breakfast and morning PT/OT <input type="checkbox"/> Continuing education on DC home care 	
<p>*Anterior Lumbar - diet per Vascular Surgeon</p> <p>*Anterior Cervical- diet per Speech Therapy if ordered.</p>		

Multimodal Pain Management Guidelines for Post-Operative Elective Spine Surgery		
Post-Operative Day 0	Post-Operative Day 1	Post-Operative Day 2+
Goal: Early Ambulation & Pain Management	Goal: Mobility & Pain Management	Goal: Practice Home Skills
Day 0: <ul style="list-style-type: none"> Upon arrival on unit, as soon as appropriate, give lowest dose of PO pain med unless patient is unable to take PO (nausea or inability to swallow). Reassess at 1 hour for effectiveness Reconcile home meds, consider pain consult** <ul style="list-style-type: none"> For moderate pain (4-7), give second dose of PO For severe pain (8-10), at rest or with movement, may consider the IV† Reassess as ordered: PO in 60 min, IV in 30 min Medicate again <ul style="list-style-type: none"> For moderate pain (4-7), repeat PO at ordered interval For severe pain (8-10), repeat IV in 30 min Muscle relaxers, Gabapentin, Tylenol, and NSAIDs as scheduled Continue to reassess every hour until pain managed or call MD for changes. Stay on top of pain meds for the first 24 hours likely be around the clock 	Day 1: <ul style="list-style-type: none"> Medicate 1 hour prior to patient OOB for breakfast and morning PT/OT PO pain meds as ordered for moderate to severe IV† pain meds as ordered at most Q4 PRN for severe/breakthrough pain Continue to give muscle relaxers around the clock as needed Ensure patient is pre-medicated 1 hour prior to afternoon PT/OT session 	Day 2+: <ul style="list-style-type: none"> Continue pre-medicating patient for ambulation and therapy Focus on PRN PO meds as ordered to maintain a comfortable pain level IV† pain meds Q6 PRN for severe/breakthrough emphasizing practicing PO pain med regimen to prepare for home Continue to give muscle relaxers, Gabapentin, Tylenol and NSAIDs to help minimize use of breakthrough meds
**Consult pain management if: <ul style="list-style-type: none"> Outpatient chronic opioid use 	<ul style="list-style-type: none"> Patient not tolerating current pain regimen Multiple allergies to narcotics 	

TIMELY ORGAN DONOR REFERRAL RATES

Danielle Shaw, BSN, RN, CCRN

To identify barriers and implement ways to assist organ donors referrals to be timelier. Danielle worked to help the nurses identify the triggers for organ donation so that referrals can be made sooner and decrease the time on the phone calls. Staff get feedback via emails, flyers and staff meetings. This is allowed 81 gifts of life to be donated.

THANKS TO YOU...

Our donor patients had the opportunity to give the gift of life & healing to so many grateful recipients!

[View December 2024](#)
 Mission Hospital - Y2024 Transplants: [gift of life \(new CMS\)](#) & [gift of sight \(new HHS\)](#)

Heart	Lungs	Liver	Kidney	Small Intestine	Pancreas	Eye/Graft
2	3	8	20	10	38	

≧ DON'T MISS THE CHANCE TO Save a Life! ≦

Per CMS, there is only **one (1) hour** to notify Emergency when any clinical trigger is met (eitherwise, it's a late referral)

CLINICAL TRIGGERS
YOUR CLINICAL TRIGGER

- ↳ Loss of one or more brainstem reflexes
- ↳ DNR consideration
- ↳ Anticipated withdrawal of life-sustaining therapies or ventilator

# of Late Referrals by Unit - 2024 (Jan - Dec)	Totals
CCU	50 / 14
SDU	97 / 12
TCU MW	5 / 0
ED-MW	1 / 12
SWIST	0 / 8

† Organ Donor
† Tissue Donor

IT'S VITAL TO NOTIFY OUR ONCOLOGY PARTNERS AS SOON AS POSSIBLE!

CATHETER ASSOCIATED URINARY TRACT INFECTION [CAUTI] PREVENTION

Kathryn Armijo, BSN, RN, CMSRN and Eva Boratyn, BSN, RN, ONC

Developed a standardized way to audit the maintenance bundle for CAUTI prevention. The charge nurses on each shift complete one audit on a patient with an indwelling catheter. Then give a letter grade for that audit, which is put on a report card. This data is used to remind staff of the components of the CAUTI prevention bundle that needs to be in place. This resulted in no CAUTIs for 2024 on 3 West.

[illegible]

RESPIRATORY BUNDLE

Catherine Slupik-Nolte, BSN, RN, CSPAN; Lara Marmelstein, BSN, RN, CEN; Candice Myers, BSN, RN, CMSRN;


Jenna Haley, BSN, RN, CPSAN; Elaine Ahn, MSN, RN and June Melford, MSN, RN, GERO-BC, CRRN

The goal of this quality improvement team is to decrease hospital acquired non- ventilated pneumonia (NV-HAP). Previous work decreased death in surgical patients who had emergent/urgent surgeries using CHG oral swish and spit protocol in pre-op. This work focused on the inpatient patient population. The literature findings found that an oral care protocol, screening for dysphagia and mobilizing the patients decrease NV-HAP rates. One project developed the oral care protocol, and identified changes needed in products. Another project worked to develop pre-surgical education for patients to be prepared for their surgery, this included working with the vendor content specialists. A new website used by Pre- Admission Screen Unit (PASSU) directs patients to patient education videos that prepares the patient for surgery including how to use an incentive spirometer that will be used post-surgery. Another project developed a Smart Phrase in EPIC that links patient education videos to all discharge after visit summaries.




[Recommendation](#)
[Learning](#)

Preparing for Surgery



Be Involved in Your Surgery



Watch this video for a checklist on tips about what to do before and after surgery.

[Video in English and Español](#)

Infection Prevention: Incentive Spirometry



Watch this video to learn about how using an incentive Spirometer exercises your lungs after surgery, helps to prevent infections and improves lung function.

[Video in English and Español](#)


Preventing Surgical Site Infections




After surgery, it's very important to guard against infection, especially at the site of the incision, or surgical wound. This program will teach patients signs of infection to watch out for and what they can do to help prevent infection after surgery.

[Video in English and Español](#)

Discharge Instructions



When it's time to leave the hospital, the last thing most patients want is to find themselves returning for the same condition that landed them in there in the first place. One good way to avoid a trip back to the hospital is to pay close attention to your discharge instructions: guidelines for your medicines and follow-up care that will help you recover safely.








Providence
Mission Hospital

Thank you for trusting Providence Mission Hospital for your upcoming surgery.

The Surgical Services team at Providence Mission Hospital is committed to providing our community with exceptional care with the most advanced technology and highly skilled caregivers. We care for our patients and families by integrating our core values of Compassion, Dignity, Excellence, Justice, and Integrity so that your treatment is comprehensive.

A positive experience starts with preparation. Simply scan the QR code below and review each video to learn important information and prepare you for your upcoming surgery.



<h3 style="text-align: center;">Oral Care Protocol</h3>			
Ventilated Patients	<ul style="list-style-type: none"> • Every 4 hrs. oral care with suctioning • Use Dettene Cetarylpyinium Chloride 0.1% every 12 hrs. 		
Assess swallowing	<ul style="list-style-type: none"> • Has the patient failed a swallow screen or has known dysphagia? • All stroke patients, at critical care patients or admit oral feeding exhibiting, change in patient condition with evidence of aspiration risk, and any patients with suspected swallowing impairments or increase aspiration risk. • In patient tracheal not yet extubated? <ul style="list-style-type: none"> ➢ IF unsure conduct a bedside swallow screen 		
Expectorate	<ul style="list-style-type: none"> • Can the patient expectorate spit? 		
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>No</td><td>Yes</td></tr> </table>		No	Yes
No	Yes		
Patient at Aspiration Risk	<ul style="list-style-type: none"> • RBD oral care • Encourage after meal and H&S • Use toothbrush and paste • May use oral swabs and mouth moisturiser/ice pin  		
<table border="1" style="width: 100%;"> <tr> <td> NPO Patient <ul style="list-style-type: none"> • QID oral care to maintain moist membranes to prevent bacterial build up • Elevate HOS </td><td> Distures <ul style="list-style-type: none"> • Remove denture at H&S • Place in denture cup • Add denture cleaning bath and let soak. • Do not use toothpaste, may scratch dentures. • BID Use Oral swabs for mouth and mouth moisturizer. </td></tr> </table>		NPO Patient <ul style="list-style-type: none"> • QID oral care to maintain moist membranes to prevent bacterial build up • Elevate HOS 	Distures <ul style="list-style-type: none"> • Remove denture at H&S • Place in denture cup • Add denture cleaning bath and let soak. • Do not use toothpaste, may scratch dentures. • BID Use Oral swabs for mouth and mouth moisturizer.
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WHY Oral Care?	<ul style="list-style-type: none"> • Oral care prevents hospital acquired pneumonia by decreasing the oral biofilm that host pathological organisms that invade the respiratory tract. • Swallow screening prevents aspiration pneumonia. • Mobilizing the patient improves lung expansion and prevent atelectasis. • Recommence cough and deep breathing with use of incentive spirometer in surgical patients. 		
Benimiders	<ul style="list-style-type: none"> • ADCA recommends brushing for 1-2 minutes. • Document in EPIC-quick chart - Hygiene - Oral care 		

SIRS ALERT IN EMERGENCY DEPARTMENT

Reilly Gardner, BSN, RN, CEN

The goal of the SIRS Alert process is to improve early recognition of sepsis and improve treatment times for patients identified to have sepsis or maybe developing sepsis, thus improving patient outcomes. They implemented and improved their identified of Systematic Inflammatory Response Syndrome [SIRS] in triage with identification of patients with “heart rate > 90 and infection is likely.” The SIRS Alert process identifies patients that qualify for expedited assessment by an ED provider, then an overhead page of “SIRS Alert” notifies the department that a patient at-risk for sepsis has arrived. If the provider decides to order the sepsis management order set, then the SIRS Alert process also helps to expedite the patient’s care. This results in quicker diagnostics, increased monitoring, and faster antibiotic and fluid administration. This improved the SEP-1 bundle compliance from 64% to 90% and mortality O/E improved from 0.93% to 0.68%.



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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[Providence.org/Mission](https://www.providence.org/Mission)