



# Nursing Excellence at Providence St. Jude Medical Center

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2024 NURSING ANNUAL REPORT

# A Message from Our CNO

At every hospital across the country, nursing continues to grow more complex as the challenges evolve and seemingly multiply. Yet you continue to surpass national benchmarks in quality and patient outcomes, creating an excellence that has covered our walls in awards and distinctions.

Your honors extend across nearly every department and specialty, from being named among America's 50 Best Hospitals for Surgical Excellence (Healthgrades) and America's Best Cancer Hospitals (Newsweek), to earning the Beacon Award (AACN), the PRISM Award (AMSN), and national honors in rehabilitation, as well as cardiology and orthopedics (U.S. News & World Report). You have also achieved certification from American Society for Gastrointestinal Endoscopy (ASGE) and AORN (Association of perioperative Registered Nurses).

Meanwhile, you have impacted and shaped decision-making through shared governance, brought innovation through research and patient advocacy and become national leaders in education and training—even among Magnet hospitals, your BSN, MSN and specialty certification rates are among the highest in the country. From our new graduate and preceptor programs to an onsite MSN, you have responded to the increasing complexity of care with learning and leadership development. Dozens of nurse-led patient safety and quality initiatives, often by those pursuing their Clinical III or Clinical IV advancement, continue to elevate our nursing practice and improve care.

Cont.



# A Message from Our CNO

Remarkably, you have also created a culture and work environment that is, literally, second to none. Over the last five years, *Modern Healthcare* has repeatedly recognized Providence St. Jude as one of the state's best hospital work environment—one shaped by unique levels of engagement and commitment among our nurses and caregivers. This accomplishment—the collaboration, respect, laughter and friendships that mark your day-to-day interactions—is as extraordinary as the national honors that cover our walls.

To the nurses who became part of this ministry in the last year, welcome to an award-winning work environment: we're very glad you're here. To those who measure their tenure in years or decades, thank you for building and sustaining a culture that makes every other success possible—and makes it an honor to work beside you.

Julie Kim, DNP, RN, NE-BC  
Chief Nursing Officer  
Vice President, Patient Care Services





# Our Foundation

## 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.

### Vision

Health for a  
better world.

### Values

Compassion  
Dignity  
Justice  
Excellence  
Integrity

### Promise

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



# Inspired by Our Heritage

Our legacy dates back more than 165 years

**The Sisters of Providence and the Sisters of St. Joseph of Orange forged a path West to serve those suffering from the hardships of a new frontier.** Inspired by their pioneering work to establish health care and social services in the Western United States, today we serve millions of people in need every year.

We continue to partner with and empower women as the key to health for a better world. We also use our voice as a national organization to speak up for those who may not have a voice, including the underserved and uninsured, patients who rely on Medicaid, as well as victims of human trafficking.





# Our Nursing Vision

Patients will be welcomed into a healing community where a professional team of nurses will provide personalized, patient-centered care founded on sacred encounters.

Nursing is empowered by shared governance and guided by the principles of collaboration, caring and clinical practice.

Nursing will flourish through educational and professional development, evidence-based practice and leadership in clinical excellence.

Nursing leadership will support the vision through strategic development and communication of a framework which consistently inspires and engages the spirit of nursing throughout the ministry.



# Nursing Strategic Priorities


Our Nursing Strategic Plan enables us to look into the future in an orderly and systematic way to ensure our mission and values remain relevant and responsive to our patient's and community needs and provides a clear and consistent organization-wide focus.

## Priorities Led by Chief Nursing Officer, Julie Kim, DNP, RN, NE-BC

- Caregiver and Physician Engagement:** Create an inspiring work experience for caregivers and physicians through a unified Providence South Division culture
- Quality and Patient Experience:** Enhance the patient experience by delivering highly reliable outcomes and consistently excellent care throughout the South Division delivery system
- Stewardship:** Improve our financial performance resulting in affordable care for those we serve and continued ministry growth
- Access:** Improve access in our communities, especially in ambulatory care, complex care and care for the poor and vulnerable
- Optimal Health:** Deliver an optimal health experience, as defined by the needs of each individual, including addressing social determinants of health
- Growth and Diversification:** Diversify our revenue sources by offering new services and access to our Clinically Integrated Network





 Our Cultural Compass, created by and for caregivers, helps us bring our mission, vision, values and promise to life.



#### Our Motto

Our Family Caring for Your Family

#### I Pledge

1. I serve each individual based on their unique needs and care for the whole person—body, mind and spirit.
2. I am present in every encounter and build genuine personal connections.
3. I build trust by listening and I recognize that every voice matters.
4. I advocate for the vulnerable and those in need.
5. I own my positive attitude.
6. I am accountable to our team and collaborate across the organization.
7. I identify and solve problems, looking for innovative ways to improve.
8. I continually seek personal and professional growth.
9. I provide the highest quality care in a safe, clean and quiet environment.
10. I present myself as a professional in language, behavior and appearance.
11. I protect the privacy of those I serve.
12. I am a good steward of the resources entrusted to me.

#### Own It

**Greet:** I own how I greet and welcome you.

**Respect:** I own how I show you respect.

**Engage:** I own how I engage you and discover your needs.

**Assist:** I own how I assist you and personalize my actions for you.

**Transition:** I own how I assist you in transitioning your continuum of care and service.

#### Our Commitment

We've made a commitment to create an inspiring experience where caregivers can fulfill their calling and offer their best care every day.



# 2022 – 2025 PSJMC NURSING STRATEGIC PLAN



## MISSION, VALUES, VISION, PROMISE



**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.



**VALUES**  
Compassion • Dignity • Justice • Excellence • Integrity



**VISION**  
Health for a Better World



**PROMISE**  
"Know me, care for me, ease my way"



## Strengthen the Core

Mission Driven Transformational Leadership

- Hire and retain world class caregivers.
- Deliver a simplified consumer patient journey with unforgettable compassion consistent with the mission.
- Participate in initiatives which promote workplace diversity, equity and/or inclusion (DEI).
- Provide safe, effective, evidence-based, person centered-care, with world class outcomes.
- Promote and support a shared governance leadership structure.
- Nurse leaders and clinical nurses collaborate and assess data to advocate for systems to support care goals or improve the nurse practice environment.
- Promote, support and provide activities for nurses' well-being.
- Cultivate and inspire caregiver experience where everyone feels included and can grow their career.
- Leadership Development for all nurses focusing on Mentoring and Succession Planning.



## Be Our Communities' Health Partner

Through Structural Empowerment

- Advance health equity and reduce disparities through advocacy and local, state, and national partnerships to promote health for a better world.
- Support and strengthen clinical nurse(s) volunteering in our community.
- Promote culturally sensitive and socially sensitive inclusive interactions to improve patient centered care.
- Collaborate with patient(s), families, or both to improve patient experience and influence change in the organization.
- Promote positive caring encounters between nursing and interprofessional partners.
- Implement perioperative optimization initiative.
- Realize annual contract labor and agency cost savings.



## Transform Our Future

Through Structural Empowerment

- Advance nursing education via increased national professional certification (ANCC) and progressing nursing RN's earning BSN or higher nursing degree.
- Engage direct care nurses in nurse retention activities.
- Improve workplace safety outcome for nurses, specific to violence towards nurses in the workplace.
- Maintain an infrastructure that supports the advancement of nursing research
- Advance the use of technology in acute and ambulatory care settings.
- Optimize care delivery models via creative practice strategies.
- Expand and optimize patient placement center (PPC) through collaboration between PCC and IDNs (acute, medical groups, affiliated network).
- Enhance action plans to maintain 5-Star CMS rating and ANCC Magnet Redesignation





# Our Magnet Journey





# American Nurses Credentialing Center (ANCC) Magnet Model

Magnet is an ongoing process that promotes a culture of nursing excellence and involves the dedication and commitment of the entire organization.

The Magnet Model and its standards are our blueprint for providing patients with the highest quality of care, supporting nurses' professional growth, and fostering evidence-based advances in the delivery of health care



# Magnet Recognized

Providence St. Jude Medical Center achieved the very prestigious initial magnet recognition in 2015, which only 9.8% of hospitals currently hold. Hospitals must pass a rigorous and lengthy process that demands widespread participation from leadership and caregivers. We achieved our second magnet designation in 2020 and are heading into our third. Our magnet document submission was submitted on October 1, 2024. Magnet designated hospitals:

- 1) Demonstrate in writing that they meet or exceed rigorous Sources of Evidence (SOEs).
- 2) Pass a 3-day site visit that validates, verifies and amplifies these SOEs that are embedded across the organization.
- 3) Demonstrate excellence in patient care quality outcomes, patient experience scores, and staff engagement.
- 4) Demonstrate front-line staff involvement in shared decision-making





# Transformational Leadership

The journey to magnet redesignation begins with transformational leadership. A transformational culture is formed and evolves through trust, transparency, and strong relationships. Transformational leaders help foster an environment of professional growth so nurses can lead change from any position. Nursing leaders must transform their organization's values, beliefs and behaviors.

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





Our interprofessional St. Jude Magnet Ambassadors serve as the experts of knowledge and expertise in Magnet excellence. They meet once a month to get updates and increase their Magnet knowledge to bring back to their departments. They help sustain the Magnet culture throughout the organization and are leaders in providing excellent patient care.

## Magnet Ambassadors



# STRUCTURAL EMPOWERMENT



A nurse's commitment to lifelong learning promotes role development, academic achievement, and career advancement. Providence St. Jude nurses enrich their communities by providing education, service and support in many areas.



Our values provide the guiding principles for our nurses, creating a framework that benefits patients and families, physicians, their colleagues and the entire organization.



Our Professional Practice Model provides the structures and processes to empower every caregiver to be a leader.

The best patient outcomes are achieved through interprofessional teamwork, professional development and a care delivery system encompassing our core values of compassion, integrity, excellence, dignity, and justice, in harmony with our three domains of practice, collaboration, clinical practice, and culture and caring.



# Center of Excellence





# Mission Focused Nursing Initiative

Providence St. Jude Medical Center has an unwavering commitment to serve all members of our community with dignity and respect. Our nursing practice seeks to provide sacred encounters to a most vulnerable patient population; those facing end-of-life alone. The No One Dies Alone (NODA) program was launched; however, the program was put on hold during COVID.

In 2023, we took steps to relaunch this valuable program. An interprofessional committee, focusing on our mission to serve the vulnerable population of patients facing death alone, planned the reactivation of NODA. This included the nursing practice initiatives for the identification of eligible patients and the NODA activation process. In 2024, a group of Compassionate Companions were trained to respond to a NODA activation and the program was officially relaunched.



# Providence St. Jude Symposiums

In the spirit of spreading knowledge, the following symposiums provided a venue to share evidence-based practice, disseminate the latest knowledge, and build interprofessional collaboration.

- Paranesthesia Symposium- March 16, 2024
- Diabetes Symposium- May 18, 2024
- Digestive Health Symposium- September 14, 2024
- Stroke Symposium- September 28, 2024
- Orthopedic and Spine Symposium- October 19, 2024
- Perinatal Loss Symposium- November 4, 2024





In 2018, Providence St. Jude achieved American Nurse Credentialing Center's (ANCC) Practice Transition Accreditation Program (PTAP) with distinction for our Nurse Resident program. We will submit for redesignation in Spring 2025.

The ANCC Practice Transition Accreditation Program® (PTAP) sets the global standard for residency or fellowship programs that transition registered nurses (RNs) .

In 2024, 52 residents and 21 fellow new graduate nurses were successfully transitioned into their practice areas.

## Practice Transition Accreditation Program



# CLINICAL ACADEMY CAFÉ FOR NURSE FELLOWS

The Clinical Academy CAFÉ course supports the development of new to specialty nurses i.e., fellows, through online modules, activities, case studies, simulation and facilitated virtual classroom sessions.

In 2024, three cohorts completed the CAFÉ program.



# Clinical Advancement Program

The clinical nurse plays an integral role in patient outcomes and understands his/her expertise is fundamental to quality of care. Our Professional Practice Model (PPM), the Center of Excellence, provides structures and processes to allow every clinical nurse to be a leader empowered to influence positive changes in nursing practice to achieve excellence in patient outcomes. The PPM's structures are considered the key components in supporting our vibrant, caring nursing workforce.

Clinical nurses can advance through the Nursing Clinical Advancement Program (CAP) and Shared Governance participation, leading evidence-based practices, performance improvement projects or innovations strategically planned to support St. Jude's strategic goals. The Clinical Advancement Council provides support for the promotion of the Clinical Nurse III (CNIII) and the Clinical Nurse IV (CNIV). The council is comprised of Nurse Educators, a Nurse Director, Magnet Program Director, Manager of Education and Professional Development, Sepsis Coordinator, Director of Research and CNIIIs and CNIVs. The council consistently strives to recognize, reward and differentiate exemplary professional nursing practice. Collaboratively, members of this council continue to set the pace for clinical excellence to attain the highest quality patient outcomes while achieving organizational strategic priorities.

Goal Statement: Clinical Advancement Council will develop and implement strategies to increase the number of Clinical Ladder participants by 10%, from current state of 40 to 44 by December 2024.

- **2021: 26 CNIIIs/8 CNIVs**
- **2022: 32 CNIIIs/10 CNIVs**
- **2023: 32 CNIIIs/8 CNIVs**
- **2024: 40 CNIIIs/10 CNIVs**



# Clinical Nurse III and IV Recognition

The Clinical Advancement Council hosts an annual recognition/pinning event to recognize CNIII and CNIVs in their project development and achievement.

## CN III

Marilyn Cabel  
Roxanne Campos  
Emily Robuffo  
Gale Price  
Gail Marie Torres  
Jenny Song  
Colleen Martinez  
Miles Ruiz  
JaFari Noshin  
Danika Beall  
April Panoozo

## CN III

Rachel Yeager  
Sandy Murray  
Suyen Wu  
Teal Salgado  
Tim Marshall  
Susan Morales  
Jennifer Menke-Gregg  
Tracy Glimpse  
Ye Hyun Lee  
Ali Bordash  
Aileen Arias

## CN III

Alexandria Ford  
Christopher Cruz  
Cindy Hwang  
Desiree Cirino  
Gina Delgado  
Kimberly Glessner  
Tara Amendola  
Omar Al'Mani

## CN IV

Ali Baniomar  
Amanda Belgram  
Jane Tajonera  
Erika Slupsky  
Ina Vysianusiene  
Jennifer Lawson  
Khalid Altawarah  
Pimara Serrano  
Shannon Goto

## **SJMC CLINICAL ADVANCEMENT COUNCIL MEMBERS**

invite you to attend

### **Clinical Nurse III - Clinical Nurse IV Recognition Event**

**Celebrating New & Returning CNIIIs & CNIVs**

Tuesday - November 19, 2024  
8:00AM- 10:00AM  
Erickson Education Center 2 & 5

(breakfast will be provided)



Kindly R.S.V.P. by November 15, 2024  
[patricia.campbell@stjoe.org](mailto:patricia.campbell@stjoe.org)



Our Shared Governance (SG) model provides the structures and processes in which clinical caregivers have autonomy in their practice. Caregivers are invited to help make decisions that drive patient care through the work of the SG councils.

The important collaborative, interprofessional council work drives excellence by addressing opportunities that improve the patient and family experience, caregiver engagement and supports performance improvement projects in alignment with the organizational strategic plan and department specific goals.



## Shared Governance Councils Driving Excellence



# Research & EBP Council





# Education & Professional Development Council

# Clinical Advancement Council





# 2024 Outstanding Nurse Preceptor Award Recipients

- Surgical Services: Rocky Botelho, RN
- Medical/Surgical Services: Johnsel Sosa, RN
- Cardiovascular/Emergency Department: Alethea Cash, RN
- Women's/Children Services: Dawn Heflin, RN



## Preceptor Recognition Program



# Nursing Recognition Daisy Award

Recognizing and celebrating nursing's contributions increases the communities' confidence in the profession, educates people about different nursing roles and responsibilities, and inspires people to enter the trusted profession.

The Daisy Nurse award is a nursing recognition program developed by The DAISY Foundation and implemented at St. Jude in 2012 to honor extraordinary nurses identified by their patients and/or their families for the super-human work nurses do every day. Developed by the family of Patrick Barnes to say "thank you" to nurses everywhere for the extraordinary care their son received while hospitalized. Each quarter a winner is selected from the nominations by the DAISY Committee.

Awardees are selected based on the detail of the nomination, their great clinical skill and leadership as well as their especially strong patient care and compassion demonstrated and aligned with our mission, vision, and values. Each DAISY nurses receive an "Extraordinary Nurse" certificate, a DAISY Award pin, a unique hand-carved serpentine stone sculpture from Zimbabwe, entitled "A Healer's Touch", a Spotlight page on the DAISY foundation website.

## **2024 DAISY RECIPIENTS:**

- Naomi Coca – Pathways
- Jack Young – 2 North
- Jane Primanto – 3 North



# ✚ Sister Jane Frances Scholarship

For the first 30 years of St. Jude Medical Center's history, Sister Jane Frances Power, CSJ, served as administrator. Her forthright demeanor and drive earned Sister Jane Frances the respect of the health care community throughout Southern California, but it was her enormous talent and compassion that made her a legend.

Sister Jane Frances' admiration for the hospital staff's hard work continues with this scholarship, which supports the educational advancement of caregivers and recognizes their role in promoting superior care and outcomes for all who enter our doors



## **2024 RECIPIENTS**

Brianna Aguilar-4NW1 Oncology  
Ofelia Allison-2 North  
Dawn Price-Education  
Kimberly Glesser-Labor & Delivery  
Austin Marquis-5NW2 Renal  
Jane Primanto-3 North  
Florinda Quiroga-2 North  
Alicia Varela-Wound Care

# Joy Jones Scholarship

Joy and her husband, Ted established the Joy Jones Scholarship Fund in 2008. Joy is a long-time resident of Fullerton, a former nurse, and volunteer at the annual St. Jude “Walk Among the Stars” event. Every day new clinical methods and technologies are being introduced, and Joy supports staff’s access to the best training with a maximum fund of \$500 per recipient.

Joy envisions nurses advancing their skills, acquiring new knowledge, and incorporating innovation procedures that improve safety, quality, and satisfaction for the ministry’s patients and families. Congratulations to the recipients of the Joy Jones Nursing Scholarship which supports advancing education and certification to continue the excellence of the ministry’s nurses.



## 2024 RECIPIENTS

Tara Amendola, PACU

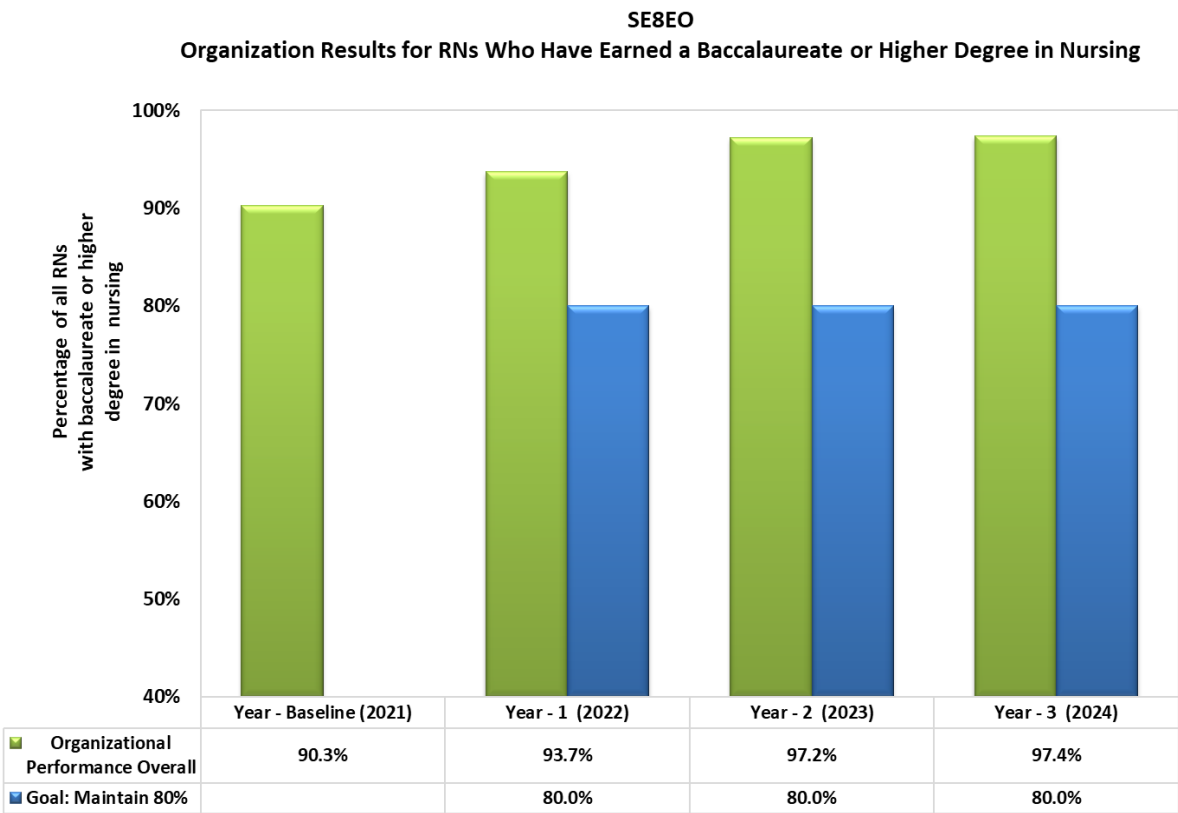
Amanda Blaise, NICU

Gina Delgado, Endoscopy

Divina Punzalan, Dialysis



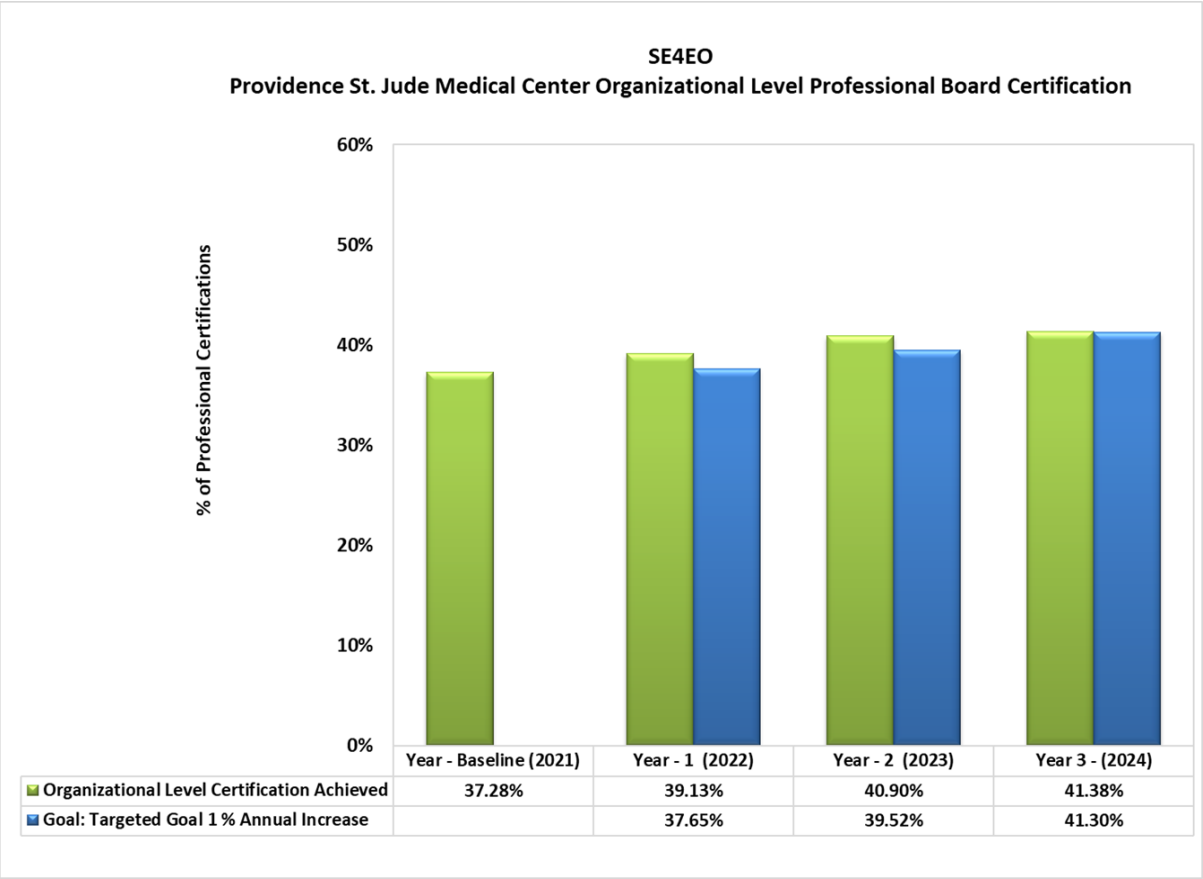
Implementation of a robust tuition reimbursement program, scholarship opportunities and an accredited nurse residency program have successfully contributed to building a nursing workforce to meet the demands of organizational growth, integration of evidence-based practice and quality patient care outcomes.



# Degree Progression

Professional certification is valued and encouraged at St Jude. As a learning organization, specialty certification allows our nurses to demonstrate their commitment to the highly complex patient populations we serve.

As we continue to grow our culture of lifelong learning, certification is upheld as an important aspect of nurses' professional growth.



# National Certifications

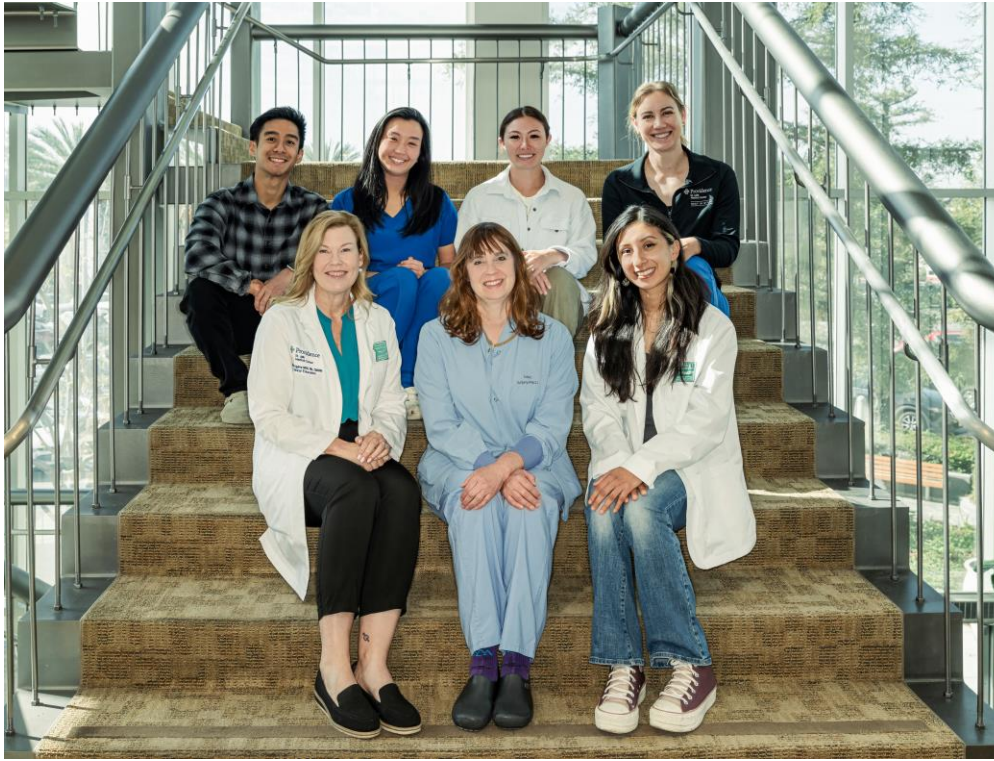


# New Knowledge, Innovations and Improvements

The ANCC magnet recognition program defines new knowledge and innovation as the integration of evidence-based practice, research, and innovation into nursing care delivery. It emphasizes the commitment to advancing nursing knowledge and practice through ongoing research, inquiry, and the application of cutting-edge discoveries and technologies. This standard encourages nurses to participate in scholarly activities, engage in continuous learning, and contribute to the development and dissemination of new knowledge within the healthcare community. Additionally, it promotes a culture of creativity, adaptability, and openness to change, fostering innovation in patient care delivery, quality improvement initiatives, and organizational processes.

- Nursing research
- Innovation





At St. Jude clinical nurse inquiry is supported by an infrastructure that includes hospital and division level resources and processes. There are opportunities for clinical nurses to disseminate their research findings to internal and external audiences.

Nurses are recognized for the great work they do in research, EBP, QI projects. Many of these projects get accepted at conferences or published in journals. We feature their work in digital commons to be shared with all in our providence ministries. We display their poster abstract in the medical library.

Clinical nurses are invited to submit their poster to be displayed at our Annual Research and EBP Fair.

## Nursing Research



Ministry name(s) <i>Select all that apply</i>	South Division Author(s)	Additional Author(s)	Title	Conference / Journal	Month	Year	Presentation type
St. Jude Medical Center	Stacie Fujimoto Beth Brown		Quality Care Champions Reduce Indwelling Urinary Catheter Utilization Leading to a Decrease in CAUTI	2024 Academy of Medical- Surgical Nurses Convention	Sept	2024	Poster
St. Jude Medical Center	Stacie Fujimoto MSN Shawn Aguirre MSN Jewel Magalong BSN		Decreasing Utilization and Prolonged Dwell Times of Indwelling Urinary Catheters	Providence South Division Clinical Scholarship Symposium	Sept	2024	Podium
St. Jude Medical Center	Dawn Price, DNP Elizabeth Winokur, PhD	Shauna Pearce, DNP	Mitigation of Nurse Leader Burnout	Providence South Division Clinical Scholarship Symposium	Sept	2024	Podium
St. Jude Medical Center	Alicia Verela Perez		An Educational Intervention Differentiating Between Pressure Injuries and End-of-Life Wounds	National Wound, Ostomy, and Continence (NWOC) Conference	June	2024	Poster
St. Jude Medical Center	Kathryn Velichko MSN	Annette Callis, PhD	Educational Needs and Attitudes of Clinical Nurse	MEDSURG Nursing	June	2024	Publication
St. Jude Medical Center	Alicia Perez Varela, MSN		An Educational Intervention Differentiating Pressure Injuries From End-Of-Life Wounds	Providence System	March	2024	Podium
St. Jude Medical Center	Dawn Price, DNP		Mitigation of Nurse Leader Burnout	Sigma SoCal Odyssey Conference 2024	Oct	2024	Podium
St. Jude Medical Center, St. Joseph Hospital Orange	Dawn Price, MSN Elizabeth Winokur, PhD	Shauna Pearce	Mitigation of Nurse Leader Burnout	WIN	April	2024	Poster
St. Jude Medical Center, South Division	Joy Lanfranchi, MSN Trisha Saul, PhD		OR Nurse Psychological and Redeployment During the COVID-19 Pandemic	Association of peri-Operative Nurses (AORN)- Local orange County Chapter	March	2024	Podium

# Podium, Poster and Publications

The true essence of a Magnet organization stems from exemplary professional practice within nursing. This entails a comprehensive understanding of the role of nursing; the application of that role with patients, families, communities, and the interdisciplinary team; and the application of new knowledge and evidence. The goal of this component is more than the establishment of strong professional practice; it is what that professional practice can achieve.



## EXEMPLARY PROFESSIONAL PRACTICE



# MATERNAL NEWBORN DIVISION



## Standardizing the NICU Discharge: Bye Bye Baby

We offer comprehensive, compassionate and patient focused care. In 2023, the NICU patient experience score for the question "NICU nurses kept us informed" was 80%.

A standardized discharge process was designed by NICU nurse, Gail Price, BSN, RN aimed at keeping the birth parents informed throughout their stay in NICU. With the strategic implementation of an improved discharge process led by Gale for the targeted time frame of January 2024-September 2024 the NICU was able to increase the patient experience score to 94%-100%.

# Neonatal Intensive Care Unit (NICU)





## **Maternal Mental Health Program**

Providence is committed to helping women experiencing emotional, social and psychological challenges during and after pregnancy. Our focus is prevention and early intervention. In 2024, Navie Persaud RN, championed the Maternal Mental Health Program. This program provides a safe environment for mothers to discuss their feelings, thoughts and concerns with other mothers and professionals.

# Women's Education Department

## Human Milk Donor Program

The MBU successfully introduced and adopted a Human Milk Donor Program in 2023. In the spirit of continuous process improvement, a new milk bank was onboarded to better serve our most vulnerable patients. UC Health Milk Bank offers protein targeted milk for the NICU and allows patients to purchase donor milk to take home from the hospital on discharge. This evidence-based program improved the exclusive breastfeeding rate from 61.5% in 2023 to 64.6% in 2024.

## Preventing Retinopathy of Prematurity: Oxygen with Love

Retinopathy of Prematurity (ROP) is an eye condition that primarily affects premature infants. It occurs when the blood vessels in the retina, the light-sensitive tissue at the back of the eye, don't develop properly. ROP can lead to vision problems or even blindness if left untreated. Monitoring and sometimes treatment, such as laser therapy, may be needed to manage the condition and prevent vision loss in preterm infants. In 2024, there were 4 cases of ROP in NICU. Clinical nurse, Aileen Arias, BSN, RN led an interprofessional collaborative initiative to decrease the incidence of ROP in premature infants. With diligent focus and strategic practice changes led by Aileen, NICU proudly reports zero ROP cases currently as of December 2024

Mother Baby Unit (MBU and NICU)



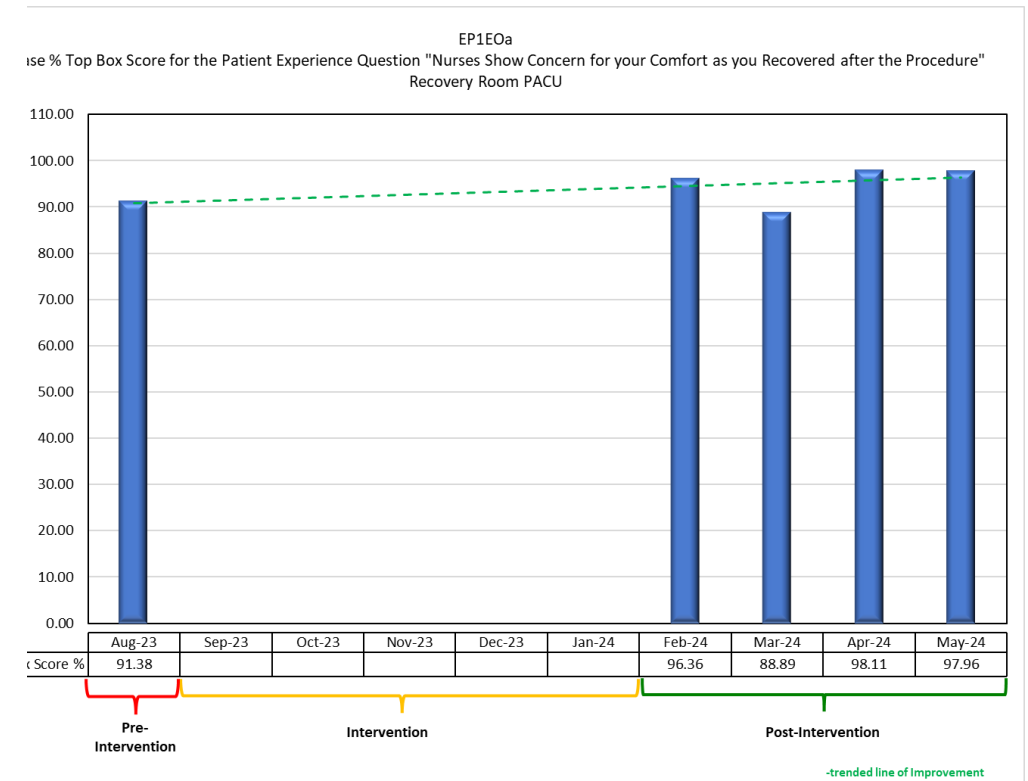
# SURGICAL SERVICES DIVISION

# ACCOLADES & ACCOMPLISHMENTS

- Healthgrades
  - **America's 50 best Hospitals for Surgical Excellence (2024, 2025)**
  - **America's 100 best Hospitals for Spine Surgery (2024, 2025)**
  - **America's 100 best Hospitals for Orthopedic Surgery (2024)**
  - **Gastrointestinal Surgery Excellence Award (2025)**
- AORN Center of Excellence in Surgical Safety: Prevention of RSI (2024)
- ASGE Endoscopy Unit Recognition Program (2024)
- First in the nation to offer Ambry Care Genetic Testing to colonoscopy patients
- Implementation of a Surgical Services Add-on Room: Improved surgical services access for patients with urgent surgical conditions, in many cases allowing for same day discharges and eliminating many overnight stays in the hospital.

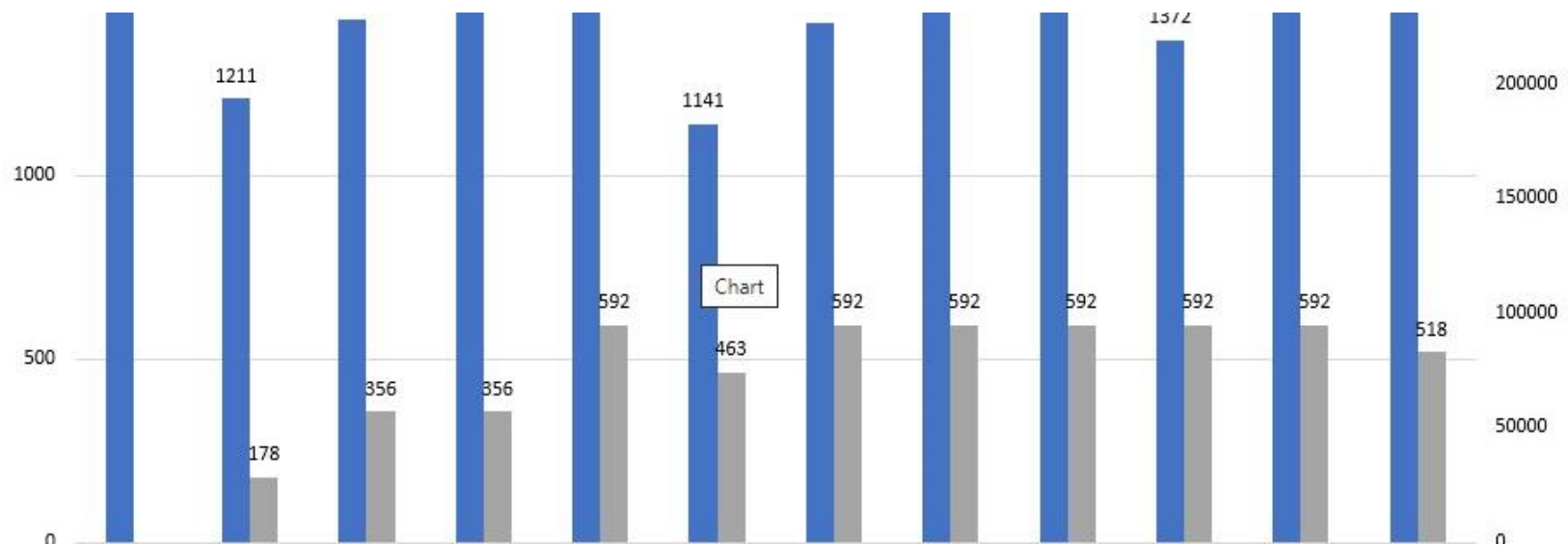


August 2023, the Recovery Room (PACU) Top Box % score for the patient experience question “Nurses show concern for your comfort as you recovered after the procedure” was 91.38%. Recovery Room (PACU) clinical nurse, Tracy Glimpse, MSN, RN reviewed and analyzed the patient experience data with Nurse Manager, Recovery Room (PACU), Mary Ann Begich, MSN, RN. Tracy was interested in improving this specific patient experience score using a multi-modal approach. Tracy appraised the literature and discovered the American Society of Perianesthesia Nurses (ASPN) 2006 guidelines, includes aromatherapy as a non-pharmacologic treatment modality to treat patient discomfort associated with PONV. Tracy successfully implemented aromatherapy as an evidence-based practice (EBP) change to address the management of discomfort associated with PONV. The Top Box score demonstrated a trended improvement post implementation.



# PACU: Aromatherapy

SURGICAL SERVICES NURSE, CHRIS CRUZ, BSN, RN IMPLEMENTED A BLUE WRAP/PLASTIC RECYCLING PROGRAM IN SURGICAL SERVICES DEPARTMENT TO DIVERT 15,000 POUNDS OF WASTE FROM LANDFILLS AND INCINERATION. THE PROJECT WAS SO SUCCESSFUL, IT IS NOW EXPANDING TO PLAZA SURGERY CENTER



# GENERAL SURGERY: Carbon Footprint Reduction

# ENDOSCOPY



# ACCOLADES & ACCOMPLISHMENTS

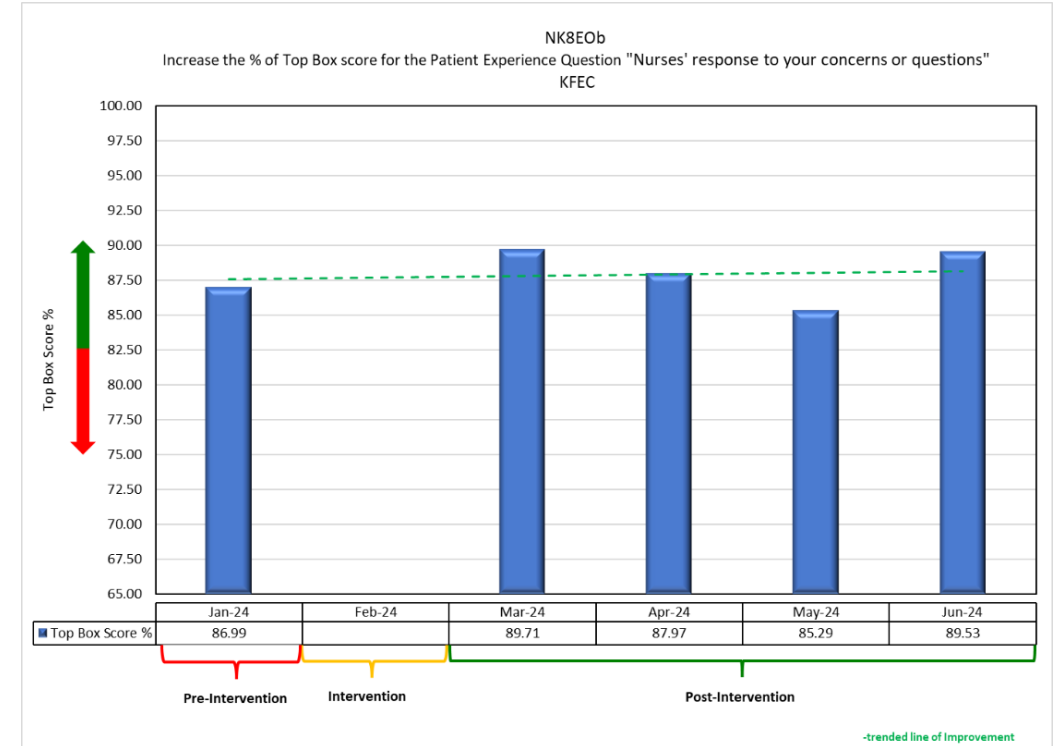


GI Lab and Knott Family Endoscopy Center are honored to be part of the American Society of Gastrointestinal Endoscopy's Endoscopy Unit Recognition Program (EURP)



First in the nation to offer genetic testing for patients scheduled for colonoscopy through Ambry Care

January 2024 the patient experience Top Box score for the question "Nurses' response to your concerns or questions" was 86.99%. KFEC clinical nurse, Gina Kardashian, BSN, RN was interested in exploring non pharmacologic options to manage patients' anxiety pre-procedure. Patients are often concerned, have many questions and are anxious about their upcoming procedure, the pending results, and the recovery. Gina explored the literature and identified an opportunity to adopt an innovative technology, virtual reality (VR) headsets. Her appraisal of the literature revealed that VR is an innovative technology increasingly applied in procedural settings and is an effective distraction tool that can be used to respond to patients' pre-procedure concerns and decrease their anxiety. Gina led the successful implementation of VR technology. Post-implementation the patient experience score demonstrated a trended improvement.



## KFEC: Virtual Reality

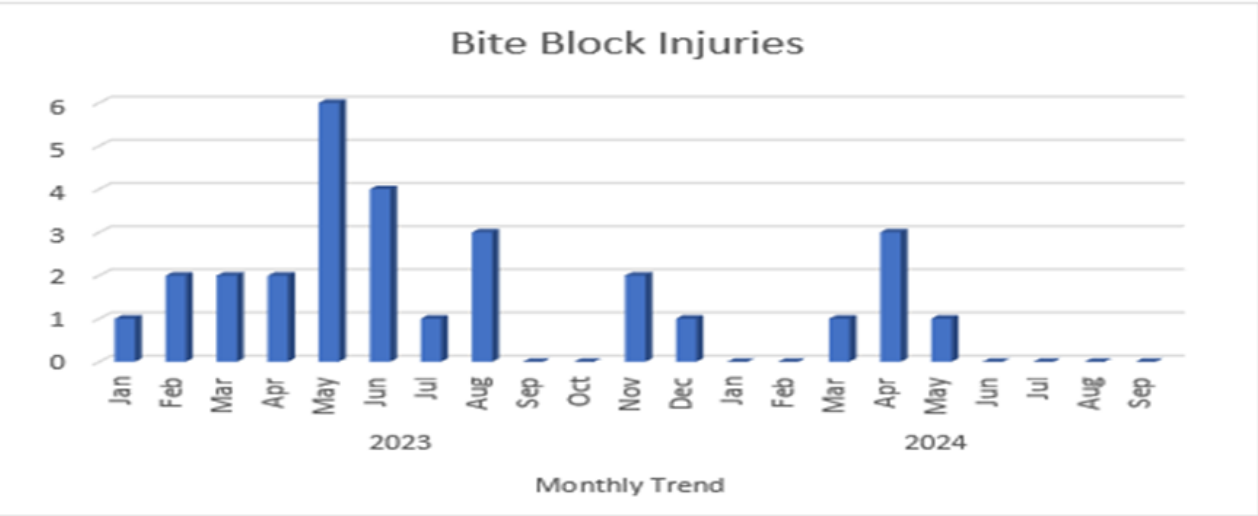
The Endoscopy Department set a goal to increase the patient satisfaction scores about patients understanding of anesthesia side effect. The goal was set to reach 80.44% satisfaction rate (Press Ganey) by November 2024, starting from 78.86%.

In 2023, the department focused on educating patients about the side effects of sedation, specifically nausea, and met their goal. This year, the initiative expanded to include other side effects like headaches and drowsiness, aiming to inform patients and families about what to expect post-sedation and how to prevent these side effects. Revised discharge instructions were implemented in April 2024, emphasizing key information, and involving the Patient and Family Advisory Council for feedback. Education and instructions are provided by the nurses to our patients from pre-procedure to recovery, and the effectiveness of the instructions is checked and adjusted based on feedback. By November 1, 2024, satisfaction reached 88.17%, and the department plans to support and reinforce educational efforts for patients and families, while also recognizing the hard work of the Endoscopy staff.

## Endoscopy: Improving the Patient Experience



From January to August 2023, there were 21 cases of bite block injuries, including cuts, soreness, bruising, blisters, jaw dislocation, loose teeth, and bleeding. Our goal was to reduce these injuries by 10% by September 2024. We identified and focused on avoidable contributing factors, which are manageable, while noting that unavoidable factors include patient history and condition. Interventions led by Janet Servoss MSN, RN and Cindy Hwang BSN, RN included trialing different bite block products, introducing a new oxygen mask with no valves and a larger opening for non-anesthesia cases, using comfort measures like bouffant to reduce friction, staff education and training on proper bite block placement, and conducting pre- and post-application skin assessments. By September 2024, we are pleased to report that we were able to reduce bite block injuries in the department by 38.8%.



Type of Injuries		
	baseline	current
Lip Cut	13	7
Soreness, Bruise, Blister	4	1
Jaw Dislocation	2	0
Mouth Bleeding	1	0
Loose Tooth	1	0

Contributing Factor		baseline	current
Avoidable	Product, Device, Maneuver	14	7
	Coordination with Anesthesia	4	0
Unavoidable	Patient's History	2	0
	Patient's Condition	1	1

# Endoscopy: Decreasing Bite Block Injuries

# CRITICAL CARE SERVICE LINE

## Decreasing ICU Average Length Of Stay

In calendar Year (CY) 2023, the Intensive Care Unit (ICU) recorded an Average Length of Stay (ALOS) of 3.33 days. To improve patient outcomes and operational efficiency a goal was set to decrease the ICU ALOS by 5% by December 2024. To support this initiative an interprofessional committee was formed. Their primary goal was to design a collaborative, interprofessional care delivery plan tailored to the needs of the ICU patient population and implementation of the following interventions:

- Redesigning the ICU Liberation visual management board
- EPIC optimization request for chair positioning to be added to the EHR
- Quick-tips were created to ease the way for documentation on chair positioning, pain assessment, and the Richmond Agitation-Sedation Scale (RASS)
- Implementation of ventilator weaning and sedation vacation as a discussion point during interdisciplinary rounds
- Created specific nursing interventions aimed at preventing and treating delirium, decreasing ventilator length of stay, decreasing overall ICU LOS, and enhancing patient safety and the patient experience.

These efforts have shown promising results. As of November 2024, the ICU ALOS has been reduced to 3.10 days, meeting and even exceeding the project target. The multidisciplinary strategies and focused interventions have proven effective in enhancing patient care and reducing the length of stay in the ICU.

## Intensive Care Unit Liberation Bundle



In Calendar Year (CY) 2023, the overall caregiver turnover for the 4N Step-Down Unit (SDU) was recorded at 21.5%- and first-year turnover was at 44.1%. To improve caregiver retention, reduce burnout and enhance caregiver experience, the department set a goal to reduce overall turnover by 2%, aiming for a 19.5% turnover rate by December 2024. Several strategic tactics were implemented to achieve this goal:

- Merit and equity adjustments
- Acuity-based staffing
- Designated break relief nurse for both shifts
- Leader check-ins for new caregivers
- Stay conversations.
- Social activities and events to promote comradery and a sense of belonging.
- A comprehensive benefits review was provided during a department meeting that included educational reimbursements, certification courses, scholarships, and choose-well package.
- A mentor program was established for residents and fellows, along with cross-training and fellowship opportunities, and clinical advancement initiatives.

These efforts have yielded significant positive outcomes. As a result, the overall turnover for the year-to-date (YTD) 2024 stands at 16.7%, surpassing the targeted reduction. Additionally, the first-year turnover has drastically decreased to 7.29% as of November 2024.

## Enhancing the Caregiver Experience

## Optimal Blood Pressure Control

In acute hemorrhagic stroke, blood pressure control is crucial. The ED focused on a quality improvement project aimed to improve door-to-blood pressure control times in hemorrhagic stroke patients with systolic blood pressure (SBP) greater than 160. The goal was to increase the percentage of patients achieving blood pressure control within one hour from 67% to 75% and within two hours from 87% to 90% by October 2024. Monthly data showed a gradual improvement, with 71% of patients reaching the one-hour target and 87% reaching the two-hour target by September. Key strategies included educating staff on the importance of early blood pressure control and its impact on patient outcomes, educating on new blood pressure parameters, utilizing Specialized Stroke Services (SSS) Registered Nurses (RNs), and placing a Neuro/BP Med Box in the 64 Slice CT scan area to expedite treatment. These measures contributed to the overall improvement in blood pressure management in hemorrhagic stroke patients.

## Door to Balloon Time: STEMI

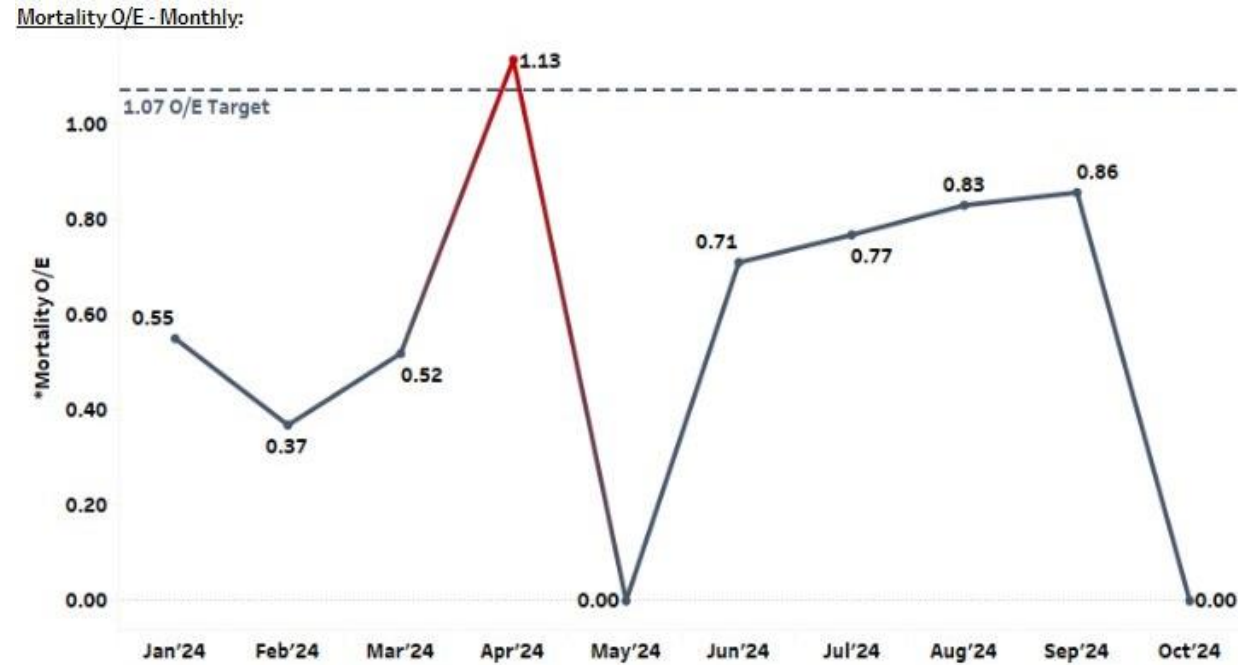
Door-to-balloon time refers to the time it takes to treat a patient with ST-elevation myocardial infarction (STEMI) from the moment they arrive at the hospital to the time the blocked coronary artery is opened. The ED launched a project to improve door-to-balloon time for STEMI patients aimed to increase the percentage of patients meeting the door-to-balloon time of less than 90 minutes from 67% in Quarter 2 of 2023 to 72% by October 1, 2024. In Quarter 1 of 2024, 81% of STEMI patients achieved the goal, with only 19% experiencing delays. Key interventions included placing a STEMI kit in the pyxis, which was utilized more than 25 times between April 3 and July 3, 2024, and providing targeted education to ED nurses during huddles. These efforts significantly improved the timely treatment of STEMI patients, enhancing patient outcomes and care quality in the ED.

# EMERGENCY DEPARTMENT

# CARDIOVASCULAR SERVICE LINE

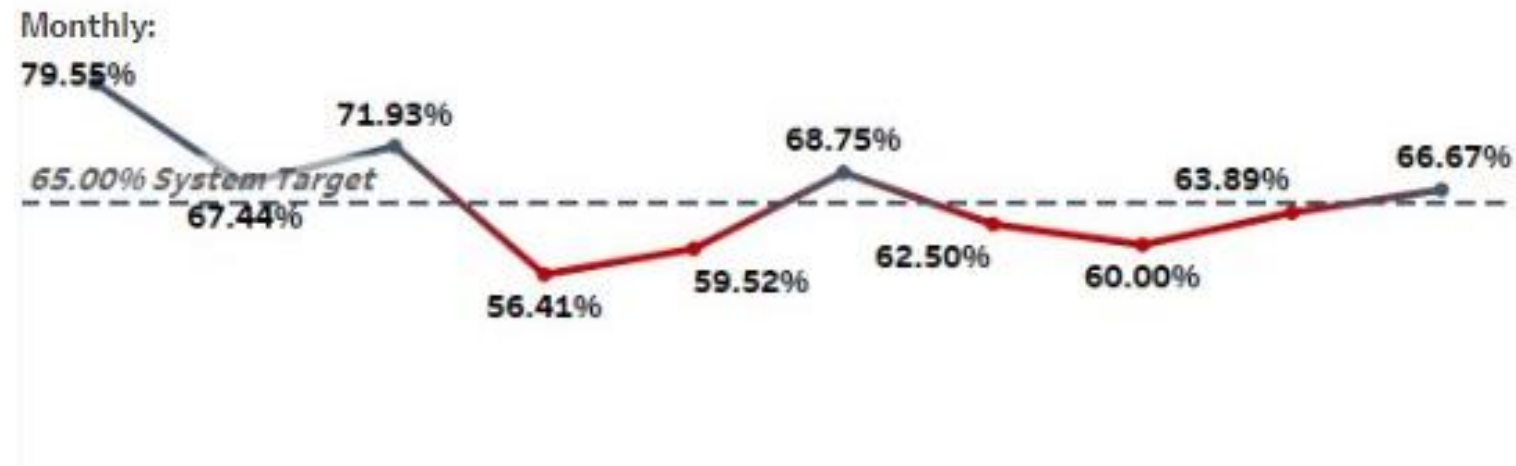


Multidisciplinary teams collaborated to ensure high risk patients were identified and appropriately taken to Cath Lab as well as ensuring accurate documentation and ongoing reviews also greatly contributed to decreasing mortality levels. Allowing Cath Lab to achieve a mortality rate of 0.63% well below the national target of 1.07%.



CV SERVICE LINE: Reduction Off In  
Hospital Post PCI Mortality

Collaborated with interventional cardiologists and interventional teams to transition the percentage of radial access from traditional femoral access, helping to reduce length of stay and increase same day discharge rates. 2023 annual compliance rate of 55.51%, 2024 YTD 66.16%, targeted radial access rate of 65%.



CV SERVICE LINE: Increase in Radial Access

# ONCOLOGY SERVICE LINE



The project, led by Oncology Nurse Navigator, Gianna Durocher MSN, RN, Wellness Manager & Registered Dietitian, Megan Wroe, and Executive Director, Oncology Services, Fannie Hansen BSN, RN, aims to improve the transition for cancer survivors from acute treatment into formal survivorship. The initiative was designed to address the common feelings of being lost and unsupported that many cancer survivors experience post-treatment by providing them with the necessary tools, education, and support for follow-up care, recovery, surveillance, health promotion, and risk reduction. The plan involves collaboration with the Wellness Center to develop an integrative oncology program that focuses on wellness and health promotion, addressing physical side effects and mental health issues through fitness, education, and experiential integrative therapy workshops, and promoting a supportive peer environment.

The initial implementation saw promising results, with significant improvements in physical strength, endurance, metabolic health, and mental well-being among participants. Of the 30 participants in the first cohort, 27 completed the program (90%). Outcomes included a 100% increase in hand grip strength, an 8.8% improvement in the six-minute walk test, and a 26% enhancement in agility and fall risk scores. Additionally, all participants improved their percent body fat and decreased visceral fat scores by an average of 2%. Mental health improvements were notable, with 89% of participants reporting better mental health via the PROMIS 10 measure and an average mental health score increase of 9.4%. The program's success led to further funding and support, though challenges such as sustainable funding, space, and instructor availability remain. The team plans to address these issues through continuous feedback, monitoring outcomes, and seeking additional funding sources.

## Improving the Transition for Cancer Survivors, From Acute Treatment into Formal Survivorship

The project, spearheaded by Oncology Services, Manager, Jared Shindler and Executive Director, Oncology Services, Fannie Hansen BSN,RN, focused on improving preparation compliance for prostate cancer patients undergoing radiation therapy. The initiative aimed to address the high rate of appointment cancellations due to inadequate patient preparation, which interfered with proper targeting during treatments. The team identified key issues such as patients forgetting instructions, failing to purchase necessary supplies, and delays in starting the prep protocol. A tailored approach was implemented, providing preparation instructions based on bowel movement frequency, enhanced educational materials, and follow-up phone calls by Radiation Oncology Nurses to ensure compliance

As a result of these changes, same-day prostate treatment cancellations significantly decreased from 16% in 2023 to approximately 5.5% in 2024. Successful strategies included tailored instructions, proactive follow-up calls, and improved educational resources. However, challenges remain, particularly higher cancellation rates during initial appointments and issues with patients starting their water intake too close to appointment times. Future plans, include exploring technology solutions for timely reminders and addressing concerns about hyponatremia with potential electrolyte supplementation. The team will continue refining the process, incorporating feedback and new ideas to optimize patient preparation and reduce cancellations further.

## Improving Prep Compliance for Prostate Cancer Patients

The project, led by Infusion Center's clinical nurse Marie Gail Torres BSN, RN, and Fannie Hansen MSN, RN aimed to transition from using heparinized saline (HS) to normal saline (NS) flushes for maintaining implanted ports in the outpatient oncology infusion center. The primary objective was to evaluate whether this transition would affect the incidence of port occlusion and reduce treatment delays from an average of 1.7% to 0.5% by October 2024. Background evidence indicated that normal saline-only flushing minimizes the risks associated with heparin-induced complications, is cost-effective, and does not significantly differ from heparin in preventing infection, thrombosis, and occlusion when using a pulsatile flushing technique.

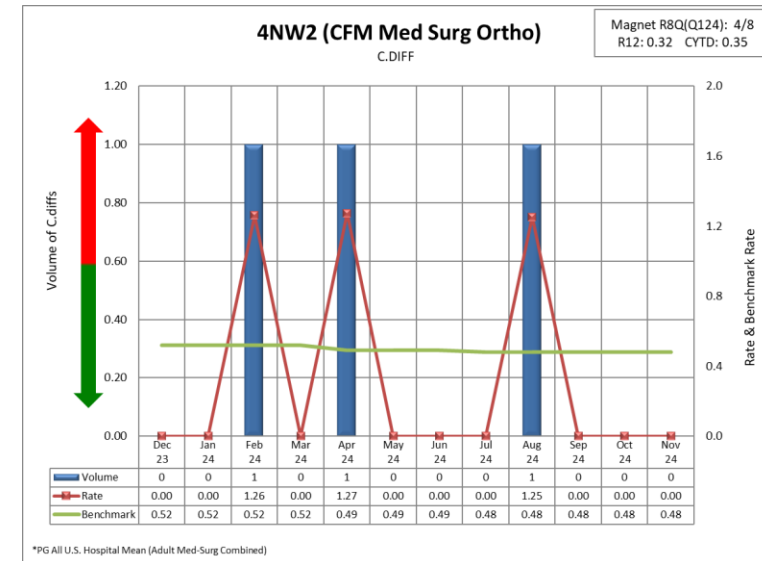
The implementation involved notifying stakeholders, educating patients and staff, and collaborating with the pharmacy for tracking usage. The results were significant: heparin use dropped drastically from 9235 units (Q1-Q3 of 2023) to just 14 units (Q1-Q3 of 2024), with only a minimal increase in Alteplase usage from 126 to 151 units. This change resulted in a cost savings of \$3000 for the Infusion Center. The transition to saline flushes was well-received, with the pulsatile flushing technique proving essential in maintaining port functionality. The Practice Alert sheet was a crucial tool for disseminating information. Moving forward, the practice change will remain in effect, with continuous education and assessment to ensure ongoing success and address any new findings.

## Transitioning from Heparin (HS) to Saline (NS) flush for Implanted Ports in Outpatient Oncology: An Evidence-based Practice Approach



# ACUTE CARE SERVICE LINE

4NWT2 reviewed their unit level patient safety data and set a goal to decrease the unit level C. Diff rate by 50% in 2024. Targeted education on C. Diff testing algorithm, Bristol Stool Chart and EPIC documentation, high-touch cleaning, SAS hand-washing campaign was provided at huddles and staff meetings. A "Prevent Hospital Acquired C-Diff" poster was created to disseminate information. To make it fun and engaging, the unit launched the "Scoop the Poop" campaign, recognizing and rewarding caregivers for sending appropriate stool specimens within the three-day time-frame.



## 4NWT2 Orthopedics: Decreasing Hospital Acquired Infections

The 4NW2 clinical nurses collaborated with Physical Therapy and Case Management to expedite safe patient discharges among the post-operative spine surgery patient population with a goal of decreasing the length of stay (LOS) to 2.5 day. Report outs between interdisciplinary teams improved comprehensive assessments on the spine patients creating an individualized plan of care that supported preparing the patients and their families to accommodate a safe discharge. Interprofessional collaboration was effective, and the average LOS was decreased to 2.38 days.



## 4NWT2 Orthopedics: Decreasing Length of Stay for Spine Surgery Patients

# Advanced Total Hip and Total Knee Accreditation

In April of 2024, 4NW2 successfully completed The Joint Commission (TJC) Advanced Certification for Total Hip and Total Knee Replacement (THKR) survey. This accomplishment highlights the dedication and expertise of our team in providing top-tier care to our elective total joint orthopedic population.



## Accolades & Accomplishments



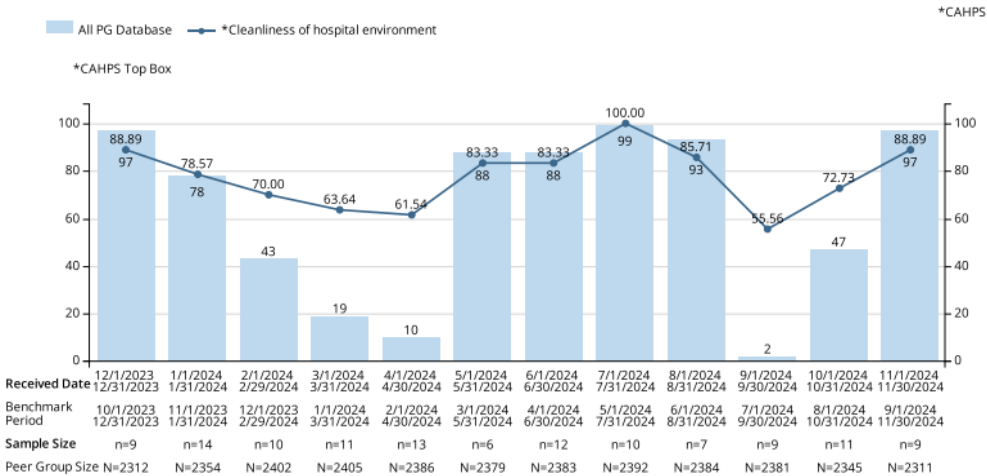
# Comprehensive Stroke Center Certification

Comprehensive Stroke Center Certification: In February 2024, PSJMC successfully completed the Comprehensive Stroke Center Joint Commission survey. This accomplishment highlights the dedication and expertise of 5NW1 caregivers and the interprofessional stroke team in providing top-tier care to stroke patients. 5NW1 nurses showcased the efficiency of our discharge process, and the effectiveness of our patient education programs, particularly the individualized risk factor education tailored for the stroke population. This personalized approach ensures that each patient receives information relevant to their specific health needs, enhancing their understanding and management of their condition post-discharge. 5NW1 clinical nurses showcased the efficiency of our discharge process, and the effectiveness of our patient education programs, particularly the individualized risk factor education tailored for the stroke population. This personalized approach ensures that each patient receives information relevant to their specific health needs, enhancing their understanding and management of their condition post-discharge. Our nurses demonstrated a strong commitment to improving care for stroke patients. Notably, seven 5NW1 RNs earned their Stroke Certified Registered Nurse (SCRN) certification this year, further enhancing our unit's expertise and capability in providing specialized stroke care.

## 5NW1 Surgical Neuro

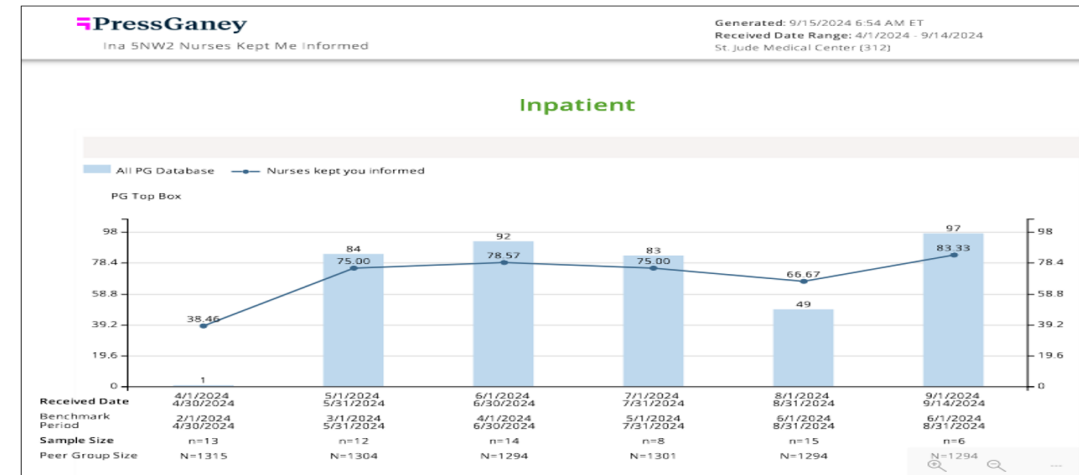
The objective of this department project was to improve the cleanliness of the hospital environment score by 3%, from 82.80 to 85.28, by December 2024. The background highlighted several issues with cleanliness and hygiene in 2023, such as inconsistent high touch cleaning, improper storage of isolation carts, room clutter, and improperly cleaned equipment. To address these issues, a comprehensive plan was implemented, involving education on high touch cleaning, assigning Cleanliness Champions, and regular cleanliness audits.

The plan's execution began in January 2024 with the introduction of a "High Touch Cleaning" column on staff worksheets and continued education. By mid-year, additional strategies, such as moving isolation carts outside patient rooms and creating audit tools (including a secret shopper-type audit), were implemented. the project achieved its goal by the end of the year, with the department's cleanliness score exceeding 85.28 in November. The project highlighted the importance of maintaining a clean environment to ensure patient safety



# 4NW1 M/S Oncology: Improving the Hospital Environment. . .Cleanliness

The goal for this process improvement project, led by clinical nurse, Ina Vysniauskiene MSN, RN was to improve 5NW2 patient-centered care and patient satisfaction Press Ganey metric related to “nurses kept me well informed” by 7%, from 62.34% to 66.7% by October 2024 through the implementation and sustainment of a bedside shift report. One method used was a hybrid bedside shift report: half of the report is completed in the patient’s room and half of the report is completed in a private setting like the nurse charting rooms. In addition, the ISBAR was used to highlight at least three points of the plan of care for the upcoming shift so that the patient and/or patients’ family is aware. The goal was exceeded at 83.33%. Key learnings included that the responsibility is for everyone, continue to sustain this practice, and adjust the hybrid bedside shift report to the appropriate setting.



## 5NW2 M/S Renal: Medication Side Effects