Contents

INTRODUCTION ................................................................. 5
Leadership message
Accomplishments

TRANSFORMATIONAL LEADERSHIP ...................... 9
Empowered leadership for person-centered care
Via Christi journey to excellence

STRUCTURAL EMPOWERMENT ............................... 13
Shared decision making
Accomplishments of the shared
decision making councils
Via Christi RN professional development program
Journey to BSN
MSN to DNP

EMPIRICAL QUALITY, SAFETY & SERVICE ....................... 21
Intermediate care units change care delivery
Nursing quality
Correlation of nurse staffing levels to fall prevention

NEW KNOWLEDGE, INNOVATION & IMPROVEMENTS ............... 29
Nursing research at Via Christi
Ascension nursing leader visits Via Christi
Designing a new collaborative care model
New bed alarms help prevent falls
Clinical liaison
Burn Unit and Pediatric Intensive Care Unit
join forces
Innovations in patient safety: telesitters

EXEMPLARY PROFESSIONAL PRACTICE ..................... 41
The Daisy Awards
Improving patient satisfaction
Medical library supports nursing
Nurse residency program

Nursing: Caring for the person
Clinics help prevent readmissions
Simulation education
Observation unit plays unique role
Daily safety huddles
Professional certifications

VIA CHRISTI HOSPITAL IN PITTSBURG ................. 59
Shared decision making launches
Developing a sustainable
robot-assisted surgery program
Via Christi Hospital in Pittsburg exceeds cumulative
goals for quality measures

MERCY REGIONAL HEALTH CENTER ................. 65
Inspired to achieve
Nursing controls the practice of nursing
Work environment is safe and healthy
Introduction
For the past year, Nursing’s focus has been to reduce harm, improve quality outcomes and transform clinical care on our journey to becoming a high-reliability organization.

Leading innovative approaches to solve nursing challenges has broadened our working relationships with care providers and other disciplines. Using adaptive principles to embrace ever-changing health care trends has resulted in a new, interprofessional approach to care — one where clinicians collaborate to resolve common challenges and share solutions with the entire care team.

These changes, while necessary, were not without challenges, such as the pay practice standardization across Via Christi to align with industry standards. But they also served to advance the profession of nursing at Via Christi through the implementation of:

- **OneChart electronic medical record:** A single computerized physician order entry demonstrated a collaborative approach to team-led processes that invited integrated information to be accessible to patients, physicians and nurses across the continuum of care. Many clinical nursing liaisons remain documentation experts within the realms of nursing and continue to provide ongoing educational support.

- **A nursing professional model** that recognizes professionals in many specialties who practice at the top of their license; more than 200 nurses applied for this recognition during the initial application period.

- **An Ascension Health-aligned nurse residency program** at Via Christi Health hospitals that offers a stable learning environment to new nurses over a 12-month period of time. Soon to offer the second cohort of residents, Via Christi will have provided 28 new nurses a residency program that is notable for advancing the clinical and critical skills necessary for a highly competent nurse at the bedside.

As we celebrate the successes of the past year, many of them can be attributed to the work of front-line associates and supportive leadership who have been part of unit-based councils and system councils. Each council member has demonstrated a commitment to excellence and professional practice by successfully affecting the areas of patient care where quality, safety and service intersect at the bedside.

Ascension Health has provided support and guidance in our journey toward high reliability and excellence in care. The Ascension Hospital Engagement Network, or HEN, helped advance 10 quality initiatives that positively affected patient-care results across Via Christi. Through this work, in which Via Christi nurse leaders played pivotal roles, we helped advance core-measure improvements and achieve a notable decrease in serious safety events at our hospitals.

**Looking ahead**

As efficiencies of care continue to be a focus, we are designing a new patient-care model for medical-surgical patients to be implemented at Via Christi Hospital St. Francis and Via Christi Hospital St. Joseph. Using Lean methodology and Transforming Care at the Bedside (TCAB) change principles, efficiencies and standardization of care will be achieved through the development of new practices and skill sets that encourage all clinicians to practice at the top of their license.

We are continuing our pursuit of Magnet designation at St. Francis and St. Joseph, which we are on track to achieve by 2018. We are also working toward the Pathways to Excellence at St. Teresa, Mercy and Pittsburg, which we are projected to have implemented by 2016.

So as we share our many successes, challenges and celebrations within the pages of this report, we shall view them as components of excellence in nursing — transformational leadership, structural empowerment, empirical outcomes, new knowledge and innovations, and exemplary practice.

We do so knowing that as health care continues to evolve, we must embrace the changes and encourage other clinicians to do the same, so that together we can transform our lives as we are empowered in remarkable ways to fulfill God’s purposes here on Earth.

Respectfully,

Linda Goodwin
Chief Nursing Officer
Accomplishments

Nursing leadership restructure

Hiring of a director of clinical excellence for Magnet

Implementation of the interprofessional council, consisting of nursing and ancillary associates

Daisy Awards full professional development program launch

Observation Unit has decreased length of stay for observation patients

Wave 3 of person-centered care begun

Start of leadership rounding

Implementation of the collaborative councils, phase 2 of shared decision making

Started roll out of intermediate care camera project

Visit by Ann Hendrich, senior vice president and chief quality and safety officer for Ascension

Successful completion of PICU/Burn Unit merger leading to higher staff effectiveness

Reduced the number of specimen labeling defects

Decrease in serious safety events

Development and implementation of transitional care for at-risk populations

Telemetry reception upgrade

New Emergency Department Triage Behavioral Health team

Care model redesign in Senior Behavioral Health

Skin bundle implementation to reduce pressure ulcers

C. difficile bundle implementation

Patient Care Bundle rollout

Care model redesign in Senior Behavioral Health

Redesign of our Med/Surg unit

Implementation of telesitters to reduce patient falls

List of published nursing research completed

Hand Hygiene success

Decrease in falls with injury

Development of Human Trafficking Awareness initiative and protocol
TRANSFORMATIONAL LEADERSHIP
You cannot get through a single day without having an impact on the world around you. What you do makes a difference and you have to decide what kind of difference you want to make.

—Jane Goodall
Empowered Leadership for Person-Centered Care

Via Christi introduced the Empowered Leadership for Person-Centered Care workshop in 2013. The goal of the workshop is to provide leadership training and a time of reflection for our nursing leaders, clinical care coordinators and relief charge nurses.

Person-centered care provides the foundation of the workshop, as the participants reflect on the influence their leadership has on the relationships each nurse has with patients and their families, colleagues and their self.

Dawn Gosnell, RN, a clinical nurse specialist, and Lori Campbell, RN, director of nursing, are the facilitators of this workshop. Topics covered in the training include:

- Developing oneself as an empowered leader
- Building trusting relationships with colleagues
- Leading person-centered care
- Coping with change
- Communication techniques

As new associates take on leadership roles, the Empowered Leadership for Person-Centered Care workshop will continue to provide an environment for leaders to grow and understand their vital role in patient outcomes and associate job satisfaction, as well as supporting their individual growth as empowered leaders.

The class is full of learning activities, including self assessments, sharing, role-playing scenarios, exercises and reflection. Nurses report that they are rejuvenated after participating in the workshop. Here is some of the positive feedback we’ve received from nurses who have taken part in the training:

“I thought the class was great; it will help me in my role as charge nurse.”

“Wonderful reinforcement of person-centered care for leaders with the organization.”

“This program was very informative. It provided great insight, great examples and answers to everyday situations.”
Via Christi journey to excellence through magnet and pathways to excellence designation

“In the past our attention focused on physical, mental and emotional healing. Now we talk of healing your life, healing the environment and healing the planet.” — Lynn Keegan, PhD, RN, AHN-BC, FAAN

The future of nursing at Via Christi includes leading change and transforming the nursing profession through evidence-based practices to meet the challenges of modern health care. Nurses and nursing leaders are central to the vision and mission of Via Christi Health.

Since 2012, we have been working on new structures in nursing as part of our journey to high reliability and excellence in care. These structures include our nursing shared decision making system; the nursing professional development program, which includes a nursing contribution ladder; and the work that has begun to develop a stronger interdisciplinary health care team.

Soon Via Christi Health will take another step toward continuing to provide the highest level of nursing care. Via Christi Hospitals Wichita has developed an action plan to meet the goal of St. Francis and St. Joseph achieving Magnet designation in 2018.

Developed by the American Nurses Credentialing Center, the Magnet Recognition Program recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. About 400 hospitals worldwide have achieved Magnet Recognition, with only two hospitals in the state of Kansas having been awarded this designation.

The journey itself creates a culture of empowerment, respect and integrity; reinforces collaborative working relationships; and supports a patient-centered care environment while providing a continuous plan for high reliability.

St. Francis and St. Joseph hospitals are not alone on their professional nursing journey. Over the next year, our other Via Christi hospitals will begin their Pathway to Excellence journey. Much like the Magnet Recognition Program, the Pathway to Excellence Program recognizes health care organizations for positive practice environments where nurses excel.

To qualify, organizations must meet 12 practice standards essential to an ideal nursing practice environment. Nurses trust that Pathway-designated institutions respect their contributions, support professional development in nursing and cultivate optimal work settings.
TRANSFORMATIONAL LEADERSHIP

STRUCTURAL empowerment
Shared decision making

Porter O’Grady describes shared decision making as “the process and structure that supports clinically driven decision making and strengthens partnerships.”

Shared decision making at Via Christi has continued to evolve to better serve our patients and associates.

The changes in shared decision making include the implementation of an interprofessional council and nursing collaborative councils. These changes support the principles of partnership, equality, empowerment, accountability and ownership in shared decision making.

The collaborative councils, made up of associate representatives from like units, were developed to improve standardization of services in quality, safety and service across nursing. There are six collaborative councils: Med/Surg/Rehab, Surgical Services, Women and Children, Critical Care, Emergency Services and Behavioral Health.

The interprofessional council brings together nursing and ancillary representatives. Using an interdisciplinary approach, the council will work together to improve outcomes.

Nursing councils such as the Nursing Professional Development Council and the Nursing Quality and Service Council will continue to work with nursing representatives to enhance nursing outcomes and promote the professional model of nursing.

The councils have been challenged to move quickly to improve quality, safety and service. As a high-reliability organization, we must consistently provide excellence in all areas of care.
Accomplishments of the shared decision making councils

Shared decision making councils have successful year

The councils that work to make nursing across Via Christi better, have made significant progress over the past year. The councils are made up of front-line nurses and contribute to improvements in quality, safety and service through research, analysis and change management.

Here’s a summary of some of the work the councils have tackled:

The Nursing Informatics Council played an integral role in Program Mayflower and the successful development and implementation of OneChart, Via Christi’s electronic medical record.

The Nursing Practice Council standardized the taking of vital signs across all medical/surgical areas, developed patient-controlled analgesic flow sheets, and worked on improving the nurse float experience.

The Nursing Operations Council worked on managing incremental overtime and changes in linen use.

The Nursing Quality and Service Council was instrumental in the development of the skin bundle to decrease the incidence of pressure ulcers. This council also worked on the development of the C. difficile bundle.

Adrienne White

Josh Hardy

Lorrie White
Via Christi RN professional development program

As part of our journey to high reliability, Via Christi launched a professional development program for nursing professionals. This self-led, voluntary program — successfully piloted at Mercy Regional Health Center in Manhattan — is now available to registered nurses at Via Christi’s other hospitals.

“This program allows you, as a nursing professional, to focus on your career goals — whether that’s developing existing skills or learning new ones,” said Linda Goodwin, chief nursing officer for Via Christi Health.

“While it rewards you with a financial incentive, for your expertise and continuing efforts to grow, most nurses find that the monetary rewards become secondary to the satisfaction they get from challenging themselves professionally.”

The first step for nurses was to submit an intent to apply to the program. More than 100 registered nurses submitted the required intent, a response that was greater than anticipated. Participants are then required to develop a professional portfolio.

Participants are required to score a point in each of the program’s four pathways: professional development, clinical expertise, outcomes and leadership. Once they have done so, they can, at any time, increase or reduce their involvement across each of the four pathways, based on their individual needs. This allows them to grow as a professional in nursing while still pursuing individual interests.

In March 2015, those nurses who complete the program will be recognized with a monetary bonus.
Mark Sandoval’s journey to BSN

Mark Sandoval, a nurse manager for surgery at Via Christi Hospital St. Teresa, knew that if he wanted to continue in a leadership role that he would need to earn his Bachelor of Science degree in Nursing. Somewhat reluctantly, he said, he began his journey to a BSN in February 2012.

“I chose the program at the University of St. Mary in Leavenworth, as this program fit my busy schedule,” Sandoval said. “It had been nearly 15 years since I had graduated from my ADN program.”

Sandoval adds that Via Christi’s Frontline Leadership program helped prepare him for the academic work that was coming in his BSN program. The topics provided him a strong foundation from which to grow.

An increased understanding of statistics has been one of the many benefits of returning to school, Sandoval said.

“Understanding research and learning to differentiate between good and vague research has helped me apply evidence-based practice to my work.”

This experience has changed Sandoval’s approach to leadership. He said he now understands the difference between leading and managing.

When asked if it was difficult to go back to school, he said it was, but that it was definitely worth the effort.

Michelle Hook’s journey to MSN

In February 2012, in a reorganization of nursing leadership at Via Christi, Michelle Hook was named as a clinical care coordinator on the Behavioral Health adolescent unit. The position required a bachelor’s degree or a master’s degree in nursing. At the time, Hook had an ADN from Butler Community College and a bachelor’s degree in sociology from Washburn. She decided to enroll in an RN-to-MSN program, because the Master of Science in Nursing would allow her to pursue additional leadership positions in the future.

Her choice was a mostly online program with Grand Canyon University in Phoenix, Arizona, largely because one of her co-workers had had a positive experience with the program. She started the program the following August.

At the end of January, when completing her BSN bridge courses, Hook learned she had breast cancer. The diagnosis didn’t prevent her from missing any of her schooling, as she had planned to take two weeks off school during February. She was able to schedule her surgery during her planned time off.

She was able to complete the program through the financial support Via Christi offers associates through the tuition reimbursement program. She was also a recipient of Via Christi scholarships. The support she received eased the burden of paying for school.

Other support that allowed Hook to succeed was the support she received from other associates and nursing leadership.

“I am two-thirds finished with my practicum hours, which are being mentored by a senior director of nursing,” she said. “She has graciously shared knowledge and experience with me that has been the highlight of working on my MSN.”

Hook said she is grateful for the support she has received and hopes to inspire others to continue their education.
Kim Johnson completes MSN to DNP

“Going back to school takes determination and a desire to complete something you really want,” said Kim Johnson.

Johnson recently completed her Doctorate of Nursing Practice at Wichita State University.

The support of her managers, her co-workers and her family made it possible to complete the DNP degree, she said.

Johnson recommends that all associates who wish to further their careers through education take advantage of tuition reimbursement. She said that the benefit of college reimbursement for up to $2,000 each year for full-time associates was the best thing to help with the costs of a higher degree.

Earning her DNP provided new opportunities, but Johnson chose to stay with Via Christi in the education department and is the Director of Simulation, Life Support, Library and E-Learning.

Missy Hampel is first at Via Christi to complete MSN under patient care initiative

Missy Hampel, nursing director for the Medical Intensive Care Units at Via Christi Hospital St. Francis, is the first Via Christi nurse to complete her master’s degree under an initiative aimed at improving patient care.

The initiative was launched in 2012 and is an effort to help nurses further their education, ultimately improving patient care and helping Via Christi Hospitals in Wichita on their journey to Magnet recognition.

Hampel chose to pursue her degree through the online program at Southwestern College.

“I felt like it was a perfect fit for me going back to school and balancing my busy schedule,” she said. “It gave me a broader knowledge base, scope and capacity to work better as a team with my peers to provide the best patient care.”

The program better prepared her for her job and reinforced the value of continued lifelong learning, she said. Hampel had not gone to school in 25 years and hopes she can encourage others to go on to further their education, she said.

Hampel is involved with teams working to reduce catheter-associated urinary tract infections, ventilator-associated events and central-line associated blood stream infections.
EMPIRICAL

quality, safety & service
Intermediate care units change care delivery and see success

In 2011, an intermediate care unit was established at Via Christi Hospital St. Joseph. The purpose of the unit was to care for the step-down critical care population — a patient population who need closer monitoring that a regular unit can provide, but who no longer meet the criteria to stay in the intensive care unit.

Several months after the unit was established, staff recognized that about 40 percent of the patients the unit was receiving were dual-diagnosis patients with both medically acute and behavioral health care needs. Early in the unit’s existence, patient falls were high; patient elopements were high; patients and associates were being injured; satisfaction of associates and staff was low; and patient care outcomes were not as positive as they should be.

The team on the unit designed a new care delivery model to address these issues, and identified new processes to support the patient population and reduce safety issues and risks. In-room camera monitoring helped the staff identify high-risk behavioral patients more quickly.

Processes, a policy and staff competency for monitoring patients with cameras were developed and all staff were educated and trained.

The new processes and policy were implemented in February 2014.

The nurse-to-patient ratio was changed from a strict three patients per nurse to a more flexible three or four patients per nurse.

In addition, a new role was created: behavioral health technicians. The BHTs are trained in acute care medical interventions as well as de-escalation and safety techniques.

The new admission criteria for the unit, which decreased the acuity of the patients, and the addition of behavioral health technicians allowed for the change in nurse-to-patient ratio.

All intermediate care unit staff have been trained in common psychiatric disorders by a trained psychiatric nurse practitioner to prepare them to care for this complex population.

Implementation of this care delivery method has resulted in reduced sitter hours, reduced labor costs, reduced patient falls and elopements, and has increased patient and associate satisfaction.
Nursing has made great strides this year in quality. The elements of nursing quality include participation in the core measures as directed by the Centers for Medicare and Medicaid Services. Our goal in nursing at Via Christi is to reach 100 percent in all measures.

CMS recommends core measures that help us improve care for our patients. Via Christi is working on core measures that include treatment processes for acute myocardial infarction, heart failure, pneumonia, surgical care and stroke care.

<table>
<thead>
<tr>
<th>CORE MEASURES MET</th>
<th>FY 2013</th>
<th>FY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI—Acute Myocardial Infarction</td>
<td>99.1%</td>
<td>99.7%</td>
</tr>
<tr>
<td>HF—Heart Failure</td>
<td>97.6%</td>
<td>99.3%</td>
</tr>
<tr>
<td>PN—Pneumonia</td>
<td>98.3%</td>
<td>98.4%</td>
</tr>
<tr>
<td>SCIP—Surgical Care Improvement Project</td>
<td>99.0%</td>
<td>99.3%</td>
</tr>
<tr>
<td>Stroke Care—SF</td>
<td>97.0%</td>
<td>99.0%</td>
</tr>
</tbody>
</table>

Nursing is also an active participant in the Hospital Engagement Networks. A HEN is one of 26 state, regional, national and hospital system organizations selected by the Centers for Medicare & Medicaid Services as part of its Partnership for Patients initiative. The HENs provide training and technical assistance to individual hospitals to facilitate the adoption of evidence-based clinical practices that improve patient care and safety in 10 target areas:

1. Pressure Ulcers
2. Injuries from falls and immobility
3. Central-line-associated bloodstream infections
4. Catheter-associated urinary tract infections
5. Ventilator-associated events
6. Obstetrical adverse events
7. Surgical site infections
8. Adverse drug events
9. Preventable readmissions
10. Venous thromboembolism
The teams formed at Via Christi as part of the Ascension Hospital Engagement Network have made great strides to improve outcomes using evidence-based practices. The teams continue working with our Ascension partners to learn best practices. The work continues to meet the goals of each HEN and continually improve nursing quality.

<table>
<thead>
<tr>
<th>HOSPITAL ENGAGEMENT NETWORKS</th>
<th>FY 2013</th>
<th>FY 2014</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI Rate — Central Line-associated Blood Stream Infection</td>
<td>1.6</td>
<td>1.4</td>
<td>2.4/1000 pt days</td>
</tr>
<tr>
<td>Bundle (% compliance)</td>
<td></td>
<td>83%</td>
<td>100%</td>
</tr>
<tr>
<td>CAUTI—Catheter-Associated Urinary Tract Infection</td>
<td>#</td>
<td>51</td>
<td>47</td>
</tr>
<tr>
<td>Rate</td>
<td>1.7</td>
<td>2.1</td>
<td>1.8/1000 pt days</td>
</tr>
<tr>
<td>VAE Rate—Ventilator Associated Events</td>
<td>3.9</td>
<td>1.4</td>
<td>3.2/1000 pt days</td>
</tr>
<tr>
<td>Bundle (% compliance)</td>
<td>85.1%</td>
<td>91.8%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Working to reduce pressure ulcers

The Pressure Ulcer HEN team was formed in December of 2013. The team has collected baseline data and assigned SKIN champions for each unit. The audit bundle has been implemented. Prevalence studies for NDNQI were successfully completed for the final quarter of fiscal year 2013, and the first quarter of fiscal year 2014. An action plan was developed and targets are being achieved. The goal is zero hospital acquired pressure ulcers.

Patients with Hospital Acquired Pressure Ulcers (NDNQI Prevalence Studies)
Preventing injuries related to falls and immobility

The HEN team working to prevent injuries related to falls and immobility was organized in October 2013. The team was able to implement strategies that helped Via Christi meet the team’s goal of fewer than 3.5 falls per 1,000 patient days in the fourth quarter of fiscal year 2014. The fall rate that quarter came in at 3.42 falls per 1,000 patient days. The injury rate for the same period also exceeded the goal.

The team was able to identify several opportunities to improve the fall rate, including standardized use of gait belts, revision of the fall bundle, unit audits, encouraging each unit to focus on individualized fall data, integration of fall reduction strategies into hourly rounding with a purpose, and closely tending to fall-risk patients in the bathroom.

A patient and family agreement was instituted in April. The agreement engages the patient and the patient’s family in the safety tactics of fall prevention and emphasizes our goal of keeping the patient as safe as possible. This helped us educate families, who thought they may have been helping, that calling for help when the patient wanted to get up is the best way to keep the patient safe.
Hand hygiene initiative

Nursing remains highly involved in improving proper hand hygiene at Via Christi. Accountability to ourselves and other clinicians in preventing the transmission of infection through good hand hygiene has contributed to the success of the initiative.
Correlation of nurse staffing levels to fall prevention

**Med/surg units - Staffing to falls correlation**

Number of patients per nurse

R\(^2\) = 0.1514

**ICU staffing to falls correlation**

Number of patients per nurse

R\(^2\) = 0.2353

Variables:

- **X** = Nurse Staffing Ratios*
- **Y** = Number of falls

*Nurse staffing levels per month (months available for analysis November 2013-June 2014) for Ministries Via Christi St. Francis, St. Joseph and St. Teresa for Medical/Surgical and ICU units only.*
Conclusion:

From November 2013 through June 2014, Medical/Surgical and intensive care units were evaluated for correlation between nurse staffing ratios and number of falls in order to calculate the $R^2$. The study shows that there is little to no correlation between nurse staffing ratios and falls. Therefore, no causation can be associated for falls based on nurse staffing ratios.

Correlation coefficient of $R^2$ explanation:

A correlation coefficient of $R^2=.50$ indicates a stronger degree of linear relationship (X to Y) than one of $R^2=.40$. Likewise a correlation coefficient of $R^2=-.50$ shows a greater degree of relationship than one of $R^2=.40$. Thus a correlation coefficient of zero ($R^2=0.0$) indicates the absence of a linear relationship and correlation coefficients of $R^2=+1.0$ and $R^2=-1.0$ indicate a perfect linear relationship.
NEW KNOWLEDGE, INNOVATION &

improvements

Via Christi HEALTH
Nursing research at Via Christi

Nursing research is an important element in our journey to Magnet recognition and to professional nursing practice. Nursing and ancillary staff at Via Christi continue to contribute to nursing research. Two associates at Via Christi have contributed to the body of medical knowledge this year.

Missy Grier, clinical nurse specialist, published in the Clinical Journal of Oncology Nursing. Her research on the prevention of venous thromboembolism contributes to what is known about preventing VTE.

Cam Gentry, medical librarian, is well-known for her assistance to nurses in research and literature needs. Cam was acknowledged for her work in the Kansas Journal of Medicine, in a study about steroid use in the prevention of migraines.

Nursing research continues as nurses seek to study questions about the practice and seek answers and evidence.


Ascension nursing leader visits Via Christi

Ann Hendrich, senior vice president and chief quality and safety officer for Ascension, visited Via Christi Hospitals in Wichita in May. More than 100 nursing professionals were in attendance to hear Hendrich’s presentation that addressed the future of nursing.

Hendrich, who has 34 years’ experience in various capacities in nursing, recognizes that the nursing professions have become increasingly demanding in work load, pace and becoming familiar with government mandates and regulations.

Despite the challenges, nursing continues to offer tremendous opportunities for growth and change. Hendrich shared her perspective that nurses are spending much of the time on their shifts “hunting and gathering.” She encouraged nurses to find ways to work more efficiently, and bring about changes in health care.

Patient stories help nurses learn how significantly nursing care influences the patient experience, and Hendrich had patient stories to share with the nurses at Via Christi.

She also encouraged nurses to work to implement rapid-cycle changes. “Rapid-cycle change will move us to where we need to be. Small changes make a big impact,” Hendrich told the nurses.

In addition to her address to a general nursing audience, Hendrich had the opportunity to meet with the Health Exchange Network (HEN) Preventing Injury from Falls and Immobility work team.

She reminded the team that any patient of any age can be at risk of a fall, not just those patients who are elderly or confused. It is important to remember to use good surveillance skills and be observant to help prevent patient falls.

The work group was challenged to decrease the number of falls that aren’t witnessed, and that can be done by increasing observation and surveillance of patients.

“There is tremendous opportunity for improved care models,” Hendrich said. “Now, more than ever, nurses are needed. Think about what you want to do as a nurse because there are so many opportunities.”

Hendrich encouraged nurses to be bold and not be afraid to be “disruptive and innovative” to help facilitate change. But, she said, “clinical judgment must always be balanced with scientific knowledge.” Our practice as professional nurses must be grounded in evidence and validated by research.

The way health care is delivered continues to change as we transition to the new model of health care — one that works, is safe, and leaves no one behind. And while the landscape of health care continues to change, nurses will continue to be vital to providing patient care. Their surveillance is what alerts physicians to potential problems.
Ann Hendrich (in red) rounding with staff
Designing a new collaborative care model

In June, a new, interprofessional team was brought together to begin the work of redesigning a model of collaborative care. The team is using Lean Six Sigma methodology in developing the plan for the redesign, as well as to understand the elements of current practices.

The goals of the team are fivefold:

1. **Design a team-based model of care in which the clinician will practice at the highest level of their licensure.**

2. **Ensure that the teams of care providers will work together and keep the patient involved in the medical plan of care.**

3. **Ensure discharge planning happens for every patient and that each patient is placed in the appropriate level of care.**

4. **The appropriate provider of care will provide the right care, at the right time, in the right way, and at lower costs of care.**

5. **Unit-based salary costs should be reduced by 10 percent.**

Linda Goodwin, chief nursing officer for Via Christi, is leading this initiative, with the assistance of Michelle Casados, an industrial engineer. The pair has a multidisciplinary team of front-line staff assisting in this endeavor.

Work has been done to map current care practices to better understand the barriers to providing safe and efficient care. Other disciplines such as pharmacy are included to ensure that there is no duplication of work.

“Collaboration is imperative as we work to redesign how we provide care,” Goodwin said. “And this has been a team effort throughout our journey.”

One unit at Via Christi Hospital St. Francis and one unit at Via Christi Hospital St. Joseph will pilot the new care model.

“We are moving from a task-oriented practice to one of critical thinking,” Goodwin said.
New bed alarms help prevent falls

The nursing unit on 6 East at Via Christi Hospital St. Joseph agreed to work with Ascension Health on a pilot initiative to help reduce the number of patient falls. All the patient beds on the unit were retrofitted with new bed alarms.

Unlike the old bed alarms, the new alarms do not have to be reset each time the patient gets up. The old bed alarms posed problems because it was easy to forget to reset them.

The unit on 6 East has 48 beds and serves a variety of patients, including general medical, diabetes, infectious disease, respiratory, dialysis, stroke, overflow from surgery, telemetry, chest pain and cardiac patients.

The daily average census on the unit is 35 patients. Average daily core staffing includes seven nurses, three patient care technicians and two unit clerks, as well as the clinical care coordinator.

In April 2014, all 48 beds on the unit were upgraded to include a bed exit monitoring system that resets automatically. All staff on the unit were educated on proper use of the monitoring system. The main benefit of the new alarm system is its ability to automatically reset when it recognizes the patient’s weight.

Prior to April, all beds on the unit had alarms that required staff to manually reset them, which offered significant opportunities for human error. During this period, the unit averaged 4.5 falls a month, with 3.5 full-time associates working sitter hours with patients who were identified as a fall risk.

Since the unit began participating in the Ascension Health pilot program with the new bed alarms in April, it has seen a decrease in the number of patient falls to an average of two a month, with none of those falls being related to the bed alarm systems.

In addition, staff on the unit have increased their awareness of patients who are identified as being at risk of falls, and ensuring that bed alarms are activated. Leaders are reinforcing this positive behavior during rounding.
New role brings new opportunities – Clinical Liaison

As a Via Christi Clinical Liaison, Kristin Titus, RN, spends her days doing more than her typical bedside nursing duties. She’s in a new position at Via Christi made necessary by OneChart, the common electronic health record implemented June 1.

Clinical Liaisons work side by side with Via Christi nurses to ensure they have adequate OneChart training and knowledge to make sure that most of their time is spent on patient care, not the challenges of learning a new system.

Titus finds it beneficial to be on the floor working with her team helping to solve problems as they arise, so they can resolve them quickly and move on rather than having to always rely on calling the Service Desk for help.

“I can always put myself in their shoes, if someone is frustrated with OneChart, and I can talk to them peer to peer and help them solve the problem,” she said.

“We’re getting to the point where we can all see that the system is good, we just have to get used to it.”

Titus spent more than 16 hours in OneChart training followed by hundreds of hours training others. During her two months as a OneChart trainer she actively looked for opportunities to learn more about the system and working through scenarios so she could be of more support to those she was training.

The Clinical Liaison role must also support physicians on the floor, a role that could be intimidating to some, but one that Titus has already found to be fulfilling.

“I’ve enjoyed expanding my professional development as a nurse beyond the bedside, learning how an EHR can really make a difference in patient safety,” she said.

“We’re doing this for our patients and I can’t think of a better reason.”

“Just the other day I had a physician who urgently needed help as he couldn’t find a patient on his walk list. He was in a hurry, needed to write a note on their chart immediately, as he had another patient waiting. It was a frustrating situation, being in a rush and trying to find something in a new system. Because I was on the floor, I was able to quickly show him how to resolve the issue,” said Titus. “Any waiting would have made the situation more frustrating.”

“Clinical Liaisons, along with our Clinical Informatics team, played an integral role in the development of OneChart from the beginning,” said Mia Kaufman, senior director of Healthcare Informatics. “They helped in the development of our system and are now the conduit between practice and informatics in a new world where everything is electronic.”

And Titus said it’s all about building a stronger partnership between those who care for our patients. Her message to OneChart users is to stay positive and ask for help when you need it.
Why OneChart?
Vision 2020 highlighted patient and clinician involvement in building a better Via Christi. One patient envisioned having online access to her own health information as easily accessible as her banking. OneChart planning began and today we offer a Via Christi-wide single patient chart with personal health data available to patients via myViaChristi, our online patient portal.

OneChart statistics
Go Live June 1, 2014
27 Solutions
8,300 associates trained
5 hospitals/3 counties/25 clinics

The result:
- Nearly 100 million measured transactions
- 462,707 clinical notes
- 2.1 million orders
- 16,352 myViaChristi portal members

All transmitted through and recorded by OneChart as of mid-November 2014
Burn Unit and Pediatric Intensive Care Unit join forces

In a move to provide better care to our patients, the Burn Unit and the Pediatric Intensive Care Unit staff have combined. All staff are trained to care for adults and children, both burn patients and critically ill pediatric patients.

The clinical nurse specialists from both units have developed a competency-based orientation and education program for staff. The tools and knowledge required to adequately care for the adult and pediatric populations will enhance the critical care skills of those who work in the unit.

The innovative flexibility in staffing and bed utilization has proven to be a great opportunity for the staff as well as the hospital, especially when there are sustained lower numbers of patients in either or both units.

“The innovation has increased productivity and we have had a large number of pediatric burns. The collaborative expertise has given us exceptional outcomes,” said Cindy Hagerty, director of nursing. “The changes help us accommodate the fluctuations in patient census.”
Innovations in patient safety: telesitters

Patient safety is a central focus in becoming a high-reliability organization. Patients who have been identified as being at high risk of falls have traditionally required one-to-one care through the use of sitters. Unfortunately, the demand for sitters exceeds the sitter resources we have available. It was important that we find alternatives to provide the observation these patients require. A relatively new technology provided the right solution for our patients.

In September 2014, we purchased 20 telesitters — mobile devices with cameras that are HIPAA compliant — to help reduce falls. The telesitters can be used in any room at four of Via Christi’s Wichita hospitals: St. Francis, St. Joseph, St. Teresa and the Rehabilitation Hospital.

Telesitters are monitored at a central location at St. Francis by video monitor technicians. The technicians are trained to watch for signs of activity from the patients being monitored. Two-way audio allows the technicians to talk to the patients they are monitoring, but nothing is recorded. Additional languages are available through the telesitter for patients who don’t speak English. The telesitters currently are set up with Spanish, Mandarin and Cantonese through prerecorded messages in the system. Vietnamese is expected to be added in the future.

The benefits of the telesitters include increased observation of at-risk patients and a decreased reliance on human sitters. If the current trend of use of sitters continues, we would require as many as 38 full-time associates as sitters. Telesitters can help us reduce costs while providing the same level of safe care for our patients.

Some patients are not good candidates for a telesitter. These include those who pose a risk to themselves or others, patients who are a suicide risk, and patients for whom the telesitter was tried and was not successful.
EXEMPLARY PROFESSIONAL

practice
Via Christi recognizes nurses with Daisy award

The Nursing Professional Development Council brought the Daisy Award to Via Christi as a way to recognize excellent nursing. Nurses will be recognized on a quarterly basis and can be nominated by patients, a patient’s family, or the nurse’s peers throughout each quarter. Each nominee is presented with a special pin to acknowledge their good work.

The shared decision making Daisy Committee will select the nurses to be recognized. Once the honorees have been chosen, a public ceremony will be held to present the awards to the recipients.

Each Daisy winner receives a certificate, a Daisy Award pin, and a hand-carved stone sculpture called “The Healer’s Touch.” Each sculpture is made of Serpentine Stone by artisans in Zimbabwe.

Nurses who are selected to receive a Daisy Award will also be recognized on the nursing portal on the company intranet, in the nursing newsletter, and in the nursing annual report going forward.

The Daisy Foundation was established in 1999 as a way for the family of J. Patrick Barnes to thank the nurses who cared for Pat and the rest of the Barnes family during Pat’s illness. The Barnes family was struck by the clinical skill and the compassion shown to all of them.

Daisy is an acronym for diseases attacking the immune system. The family believes the award is a way to help organizations like Via Christi honor and celebrate the compassionate care nurses provide every day.

Nearly 400,000 nurses in 10 countries have been nominated for the award since its inception.
Nursing unit focuses on positives to improve quality, safety and service

The medical/surgical unit on 6 East at Via Christi Hospital St. Joseph has 50 beds. The staff there deal with multiple disease processes, including those as varied as cardiology and nephrology. The unit has a high admission and discharge rate, with an average of 14 admissions and discharges every day. The unit had tried many initiatives to improve quality, safety and service, but despite the efforts, falls continued to increase, associate engagement was low, and patients were having unsatisfactory experience. Teamwork on the unit was fragmented and there was a lack of accountability.

Through patient experience surveys and rounding, Via Christi gathered feedback about the patients’ perception of overall hospital care. Patient satisfaction and HCAHPS Overall Rating of Care was below the goal of 70 percent. The unit had multiple patient complaints each day that included response times to call light, cleanliness of rooms, communication with nurses, and a high level of falls. Patients said that nurses didn’t answer call lights in a timely manner, that the unit was cluttered, that Via Christi associates were not spending enough time with the patients, nor did they inform and engage the patient in the patient’s plan of care.
Deshaun Willingham, clinical care coordinator on the unit, received scores during a weekly team meeting with her team. Her department was well below that of her peers’ teams, and below the common goal of Via Christi.

New to her role as a clinical care coordinator, Willingham recognized that the scores on her unit needed to improve and do so at a rapid pace. She had already begun building relationships and engaging the associates she worked with. Her next step was to determine how the staff on her unit could engage the patients they served.

Willingham focused her rounding on all new admissions to her unit. Often, she would go into a patient’s room while the nurse and aide were in the room, so she could set expectations for the staff as well as for the patient.

As she conducted her rounds, she explained to the patients and their families that there were three things they could expect from their experience on her unit:

1. That they would receive safe, quality care
2. That they would see an associate doing hourly rounding at least every hour
3. That they would see and participate in a bedside shift report

Then Willingham would explain that our goal at Via Christi is to provide an exceptional experience and we cannot do it without the help of the patient. She helped patients understand that they are empowered to speak up regarding any issue they might have and let us resolve them in real time.

Prior to the implementation of these actions, the average score for HCAHPS Overall Rating of Care was 64.7 percent, with entitlement landing at 71.4 percent. Since implementation, 6E has seen its HCAHPS Overall Rating of Care increase to 78 percent.

One month after initiation, Via Christi implemented the electronic health record, OneChart. That has caused a slight delay in gathering patients’ perceptions of care, but the rate of patient falls is down and patient engagement is improving.
Medical library supports nursing

The medical library housed at Via Christi Hospital St. Francis offers resources that support nursing staff throughout Via Christi. One of the newest is EBSCO’s Nursing Reference Center. It is readily available to all nurses, regardless of where they serve, and it is easy to access, via a link under the Education tab on the home page of the Source. The Nursing Reference Center is user friendly and has great features, and can even be accessed outside of the hospitals and clinics. The features of the reference center include the ability to conduct a basic search, look up diseases and conditions, skills and procedures, pharmaceutical information, and patient education. More than 1,300 topics are available for nurses to earn continuing education. Items that can be viewed include summaries from the National Guideline Clearinghouse and legal cases involving medical malpractice. Individual or department folders can be set up for references a nurse or department wishes to access regularly or share with others.

Cam Gentry. Librarian
Via Christi takes part in nurse residency program

Via Christi has been part of a yearlong initiative with three other Ascension ministries to develop an Ascension Health RN residency program. Nurse residency programs enhance the transition from student to professional nurse, increase retention rates of nurses who complete a residency program, and increase satisfaction of the staff and patients at the point of care.

Via Christi’s first class of 13 residents come from across the Via Christi system, including Wichita, Manhattan and Pittsburg. The requirements for acceptance into the program include a GPA of 3.0 or greater, completion of a Bachelor of Science degree in nursing, letters of recommendation from faculty, written documentation from the resident applicants of why they should be chosen for the residency, and completion of the interview process.

Via Christi is the second pilot site for the Ascension RN Nurse Residency program. Plans are to select nurse residents twice a year in December and May. The residents meet once a month for eight hours.

Through journaling, patient stories and small group activities, the residents learn from one another and cover a wide range of topics that help them make a successful transition from student to professional nurse.
Nursing: Caring for the person

Via Christi Health has adopted person-centered care as its care model. Person-centered care blends concepts from patient-centered care and relationship-based care. Relationship-based care focuses on the relationships between the nurse and patient and patient’s family; the nurse and other care providers; and self care.

Understanding the importance of relationships in the health care setting is central to truly providing person-centered care. In the relationship-based care model, the patient and family are at the center. Other elements of the model, leadership, teamwork, nursing, care delivery, resources and outcomes all work around the patient and family, keeping the person as the center of focus.

Implementation of the person-centered care model was conducted in “waves.” The first wave included 17 units and implementation began in May 2013. The second wave was implemented in December 2013 by 16 more units, including Via Christi Rehabilitation Hospital and Behavioral Health Hospital.

The remaining seven units in Wichita and all of McPherson Hospital were to implement the person-centered care model by November 2014. Via Christi Hospital in Pittsburg and Mercy Regional Health Center are scheduled to implement the model in early 2015.

As the units across Via Christi implement person-centered care, the principle of high-reliability organizations; the six aims of quality health care — safe, effective, patient centered, timely, efficient and equitable; and each unit’s key performance indicators will be the focus.
Clinics help prevent readmissions

As part of the initiative to reduce readmissions, teams were formed to look at the reasons patients are readmitted. Jennifer Rodgers, APRN, and Jennifer Jackson, MD, are the dyad leadership of one of these teams. Through the work this sub-team has done, two new clinics have been developed: Community Cares and Transitions Clinic.

These two new clinics are an addition to the Heart Failure Clinic, which has been in place for some time.

These clinics are focused on reducing readmissions, increasing medication compliance, improving patients’ understanding of disease process and early symptom identification, and, most importantly, improving the quality of life for these vulnerable populations.

Jennifer Rodgers, an advance practice registered nurse and senior director of education and clinical practice at Via Christi and Jennifer Jackson, Community Cares medical director
Community Cares

Community Cares is funded through a $408,000 grant from Ascension Health. The initial focus is on high-risk COPD patients who are homebound or find it extremely taxing to leave the home. APRNs do home visits to evaluate and treat the patients as opposed to the traditional model of the patient traveling to a provider’s office to be seen.

Respiratory therapists, registered nurses and social workers are also part of the team. This program focuses on managing these high-risk patients across their lifespan. Patients and families are educated about identifying early symptoms, self-management strategies, and are offered alternatives for non-emergent issues other than emergency room visits.

The target goal was to reduce readmissions and avoidable Emergency Department visits by 20 percent. The initial data reveals an 89 percent reduction in readmissions for this population.

Transitions Clinic

The Transitions Clinic focuses on patients who are discharged from the hospital and who either do not have a primary care provider, can’t get in to see their PCP within seven days, or are working to get established with a safety-net or residency clinic. An APRN follows the patient for one visit or several visits to ensure that the patient safely makes the transition back to a community provider.

Heart Failure Clinic

The Heart Failure Clinic is the final component of the transitional care clinics. The Joint Commission recertified the Heart Failure Clinic this past year. The heart failure disease management team focuses on high-risk heart failure patients and recently the APRN has begun doing home visits, following the same process as the Community Cares program.
It’s been a standard practice for educators in health care to hold lab sessions that focus on nursing skills. These sessions teach hands-on processes for staff in hospitals and clinics. As we work to improve the quality of the care we provide, with a focus on excellent patient outcomes, high quality customer service and strong teamwork, the need to provide this education is greater than ever.

The education can be provided in a variety of ways, but simulating possible patient scenarios is a way that allows teams to work together to solve the problem or case that is presented. In 2013, clinical educators at Via Christi began providing simulation exercises for interdisciplinary teams.

The exercises are a way to practice emergency situations including acute stroke, acute myocardial infarction, hemorrhage, sepsis, code blue calls and other rapid response calls of various kinds.

Simulations are a safe way to practice what to do in medical events that are exceptionally difficult or that happen relatively rarely and are a high risk to the patient.
Some of the mannequins that are used in these simulations are hi-fidelity simulators that breathe, make breath sounds, have heart sounds and pulses. These lifelike mannequins provide caregivers with a realistic opportunity to practice medical skills.

Simulation is also an effective way to practice everyday situations that need improvement, such as the correct way to give a bedside report, practice hand hygiene, and how to ask difficult medical questions. Communication skills such as those mentioned above are simulated with scenarios that have staff acting in the role of the patient, family of the patient, or friends of the patient.

At the completion of each training exercise, a debriefing is held to evaluate the effectiveness of the training, including the medical and communication scenarios, and treatment orders. Participants have the opportunity to evaluate their actions and determine if they would have done anything differently if they had the opportunity to do it over.

Nursing and other staff members report that these lifelike simulations have been positive and helpful in preparing them for the challenges they face in daily practice.
Observation unit plays unique role

In February 2014, an observation unit was opened at Via Christi Hospital St. Francis. The unit provides a focal point for patients under observation and offers a highly skilled staff who are focused on a safe and expedient patient experience.

The role of the unit is trifold:

1. Relieve bed shortages by expediting patient care.

2. Increase staff satisfaction by allowing other units to focus on higher-acuity patients with lower patient turnover.

3. Provide the best stewardship by giving the appropriate care and resources to observation patients.

Patients on the unit are typically outpatients with the expectation of a brief hospital stay. However, the unit can be used as an overflow unit during high patient census, with the expectation that inpatients will be moved when beds become available and census drops.

The unit was opened with eight beds, but because of high census, it was increased to 12 beds. Because of the unique role of the observation unit, a consistent census is difficult to maintain. Unlike a typical hospital unit, the patient census is in flux.
our jobs patients move swiftly through the system and then home. It is not uncommon at some point of the day to have census drop as low as two.

Patients with multiple diagnoses come through the observation unit, including COPD, TIA, syncope, and abdominal pain. However, the greatest number of patients, 60 percent, are seen for chest pain.

One of the goals of the observation unit is to discharge chest pain patients in less than 24 hours. While the unit has decreased the average length of stay for chest pain patients from 37 hours to 25 hours, there are still areas for improvement and the team is working to identify changes that can be made to improve the processes for chest pain patients.

The key to the success of the observation unit is to provide emergency room triage and expedite movement of the patient into the hospital. Nurses on the observation unit have the ability to pull patients from the emergency room rather than waiting for the emergency room to feed the patients to the unit.

The number of patients seen for various diagnoses fluctuates with the seasons. For example, during flu season, the number of patients seen for abdominal pain increases.
Daily safety huddles

Daily safety huddles were implemented across nursing units throughout Via Christi to support the journey to becoming a highly reliable organization. Each nursing unit at each hospital is to meet twice daily, at the beginning of each shift, to share essential information and review the needs of the current patients.

Topics discussed at huddles may include system-wide initiatives such as hand hygiene or proper specimen labeling reminders, patient satisfaction, patients who are at risk of falls, or other concerns. Units across Via Christi in every discipline use the daily huddle to discuss patient and staff needs and determine how best to meet those needs.

Assignments are made, problems are solved, needs are discussed and met during these brief daily meetings, which typically last just several minutes.

The goal of the huddle is to improve patient safety. Each unit has a huddle board on which important communications can be shared at a glance. The associate-led huddles encourage conversation about safety, quality and service. As units meet on a regular basis, the huddle process continues to evolve on each unit, to best meet the needs of staff and the patients they serve.

Associates participate in the huddles by identifying potential patient safety concerns and offering solutions. Patient satisfaction is also discussed and the unit works to ensure that each patient can give Via Christi a nine or a 10 on the patient satisfaction survey.

For example, the Rehabilitation Hospital has tailored the concept of the daily huddle to meet its specific needs and especially to better meet the unique needs of rehabilitation patients. As we continue to travel the path to becoming a high-reliability organization, daily huddles are proving to be a significant means to improving the care we provide to each patient, while meeting the needs of our staff.
### Professional certifications

Nurses who achieve and maintain professional certifications validate their professional knowledge and commitment to improving patient care. Please join us in congratulating the following nurses in making the decision to be nursing leaders in providing health care at Via Christi.

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<thead>
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<th>Name</th>
<th>Degree</th>
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EXCELLENCE AT VIA CHRISTI HOSPITAL IN

Pittsburg
Shared decision making launches

Associates at Via Christi Hospital in Pittsburg are preparing to implement nursing shared decision making. Leaders and associates will learn the concepts and skills to apply shared decision making to nursing practice. This progress is critical as Pittsburg begins the work of developing the application process for the Pathway to Excellence recognition.
Developing a sustainable robot-assisted surgery program

In 2013, the hospital in Pittsburg began to develop a sustainable surgery program using the da Vinci Robotic Surgical System with a goal of 30 procedures the first year. As part of the new program, marketing held a campaign to name the da Vinci robot and “Luke” (the physician disciple) was born.

Three nurses and the operating room manager began necessary training with a representative from Intuitive Surgical, maker of the da Vinci system, and Kerri Blain, the robotic surgery coordinator from Via Christi Hospital St. Joseph in Wichita. The team came back from their training excited about the possibilities the system offers and with a broad base of knowledge to put to use.

The staff shared their new-found knowledge with other Pittsburg associates. A show and tell with Luke the robot was held in the cafeteria for a hospital gathering and the team did several mock set ups before tackling the first case.

In August 2013, the first robotic surgery case, a robot-assisted laparoscopic hysterectomy was performed at the hospital. In the first year, the department exceeded its original goal of 30 procedures by more than fivefold, performing 165 procedures.

The program has expanded from one OB/GYN surgeon to three; from no general surgeons to three; from four associates who have been trained to 10; and from five procedures a month to 26. The future looks bright for growth in robotic surgery.
Via Christi Hospital in Pittsburg meets and exceeds cumulative goals for quality measures

As part of our journey to becoming a high-reliability organization, Via Christi Hospital in Pittsburg focuses on the right care for every patient, every time. Quality care is an expectation for all patients we serve. Quality is also publicly reported through Hospital Compare and Leapfrog. The hospital collaborates with physicians, nursing and all departments to make improvements in our processes.

In 2014, Via Christi Hospital in Pittsburg pursued quality improvements through:

- Concurrent patient review for quality indicator compliance
- Monthly analysis and presentation of data and information to nursing and medical staff to identify areas that need focus
- Retrospective review and accountability for fall-outs
- Quality measures added to providers’ ongoing professional practice evaluation
- Partnering with Health Information Management to share information
- Modified electronic health record documentation to improve processes and capture data efficiently
- Daily nursing quality huddles that include multidisciplinary staff to effectively communicate quality priorities for current patient care
Quality and Risk Management also collaborates with other departments for performance improvement projects, such as the “Get With the Guidelines” stroke certification initiative and staff education program development, as well as the annual skills fair.

Collaboration also occurs within the Via Christi Health System to identify best practice processes to continuously improve the quality of patient care. These quality initiatives have led to Via Christi Hospital in Pittsburg meeting and surpassing cumulative goals, which include quality measures such as AMI, heart failure and stroke.
NURSING AT MERCY REGIONAL HEALTH CENTER IS INSPIRED
to achieve
Inspired to achieve

Jill, who has worked at Mercy for 15 years, recognizes the changes we face and asks, “Is there a light at the end of the tunnel?”

Courtney, a new registered nurse, asks, “What does the future look like?”

These statements reflect not only a sense of what is happening in the present moment, but also provide a glimpse of the future and the impact nursing has on patients. Some colleagues may claim they simply reflect a fear of the unknown. Despite the debatable meanings, there exists a common theme: “If we are to impact patient care, we need to act now.”

Registered nurses Erica, Katee and Sara huddle to decide how they deliver patient care in today’s environment.
As travelers on our high-reliability journey, it’s likely that our patience will be tested. Nursing staff have known successes and failures. Rather than question if there is a light at the end of the tunnel, perhaps we would benefit from adopting the strategy of “there’s another light — keep moving.”

Moving forward is precisely what we have done this year. Visible signs of our inspired work include:

- 59 percent reduction in serious safety events
- Achieving an “A” rating from Leapfrog
- Significantly reducing the rate of elective deliveries before 39 weeks to benchmark levels
- Achieving 2014 Outstanding Patient Experience Award from HealthGrades and being distinguished as among the top 10 percent of hospitals nationally, for patient visits occurring between April 2012 and March 2013. Mercy has been in the top 10 percent for two consecutive years.
- Addition of patient advisors to our quality committee
- Continuing daily safety huddles where nursing staff decide what they can do to keep patients safe
- Received HealthGrades Total Knee Replacement 5-star rating for seven consecutive years
- Awarded the Women’s Choice Award for Emergency Care

In comparison to previous years’ performance, one could argue that things are not more difficult today, they are simply different. Progress toward our goals requires a delicate balance of teamwork, courage and willingness to trust in what can be accomplished.

As we continue on our journey, may we stand together during times of triumph and personal sacrifice. May God give us calm, restful hearts in which to see our mission more clearly. There’s little question that we are moving forward with inspired people and multiple lights guiding the way.

1 Brescia, R. Leadership and leading in the present moment. 6 July. 2013. <http://linked2leadership.com/2013/07/06/on-leadership-and-leading-in-the-present-moment/>
Nursing controls the practice of nursing

Figure 1 represents the aggregate core measure performance with an overall positive trend.

Fig 1: Core measures

<table>
<thead>
<tr>
<th></th>
<th>FY ’09</th>
<th>FY ’10</th>
<th>FY ’11</th>
<th>FY ’12</th>
<th>FY ’13</th>
<th>FY ’14</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRHC</td>
<td>94.8%</td>
<td>94.9%</td>
<td>98.6%</td>
<td>98.5%</td>
<td>98.7%</td>
<td>99.4%</td>
</tr>
<tr>
<td>Benchmark</td>
<td>97.1%</td>
<td>97.5%</td>
<td>98.3%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
</tr>
</tbody>
</table>

The daily huddle process allows nursing caregivers to identify the recommended care. The CMS Huddle Team Members include, from left: Kathy Farr, RHIT; Carol Couchman, MS, RN-BC, CMSRN; Sara Glover, RN; Tana Fisch, RN; Kevin LeBlanc, PharmD; Kraig Hahn, PharmD.
Work environment is safe and healthy

Figure 2 shows a 59 percent reduction in the serious safety event rate. Delay in diagnosis or treatment is the most common event type and represented 37 percent of all serious safety events.

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Events</th>
<th>Rate</th>
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</thead>
<tbody>
<tr>
<td>May '13</td>
<td>2</td>
<td>6.12</td>
</tr>
<tr>
<td>Jun '13</td>
<td>0</td>
<td>3.18</td>
</tr>
<tr>
<td>Jul '13</td>
<td>5</td>
<td>7.38</td>
</tr>
<tr>
<td>Aug '13</td>
<td>2</td>
<td>7.11</td>
</tr>
<tr>
<td>Sep '13</td>
<td>1</td>
<td>6.34</td>
</tr>
<tr>
<td>Oct '13</td>
<td>0</td>
<td>5.24</td>
</tr>
<tr>
<td>Nov '13</td>
<td>0</td>
<td>5.02</td>
</tr>
<tr>
<td>Dec '13</td>
<td>0</td>
<td>4.42</td>
</tr>
<tr>
<td>Jan '14</td>
<td>0</td>
<td>3.94</td>
</tr>
<tr>
<td>Feb '14</td>
<td>0</td>
<td>3.55</td>
</tr>
<tr>
<td>Mar '14</td>
<td>1</td>
<td>3.21</td>
</tr>
<tr>
<td>Apr '14</td>
<td>0</td>
<td>3.23</td>
</tr>
<tr>
<td>May '14</td>
<td>1</td>
<td>2.69</td>
</tr>
<tr>
<td>Jun '14</td>
<td>0</td>
<td>2.69</td>
</tr>
</tbody>
</table>

Serious Safety Events

To assess the level of patient safety, a comparison between the number of serious safety events and hours per equivalent patient day is made. There is an inverse relationship between serious safety events and nurse staffing (a correlation of -0.97). (See Figure 3) As staffing hours per patient day decrease, the serious safety events increase.

**Note: July - September 2013 had a higher volume than the previous quarters that contributed to the lower hours per patient day.
Staff safety requirements include secure environment, hazardous materials, emergency, fire prevention, medical equipment and utility systems. A key result showcasing diligence to workplace safety is the sustained downward trend in OSHA recordables. (See Figure 4)

**Fig 4: OSHA Recordable Incidents**

<table>
<thead>
<tr>
<th>Year</th>
<th>Incident Rate</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>4.9</td>
<td>7.5</td>
</tr>
<tr>
<td>2010</td>
<td>7.2</td>
<td>7.5</td>
</tr>
<tr>
<td>2011</td>
<td>4.4</td>
<td>7.5</td>
</tr>
<tr>
<td>2012</td>
<td>5.6</td>
<td>6.2</td>
</tr>
<tr>
<td>2013</td>
<td>5.4</td>
<td>6.2</td>
</tr>
<tr>
<td>2014</td>
<td>3.2</td>
<td>6.2</td>
</tr>
</tbody>
</table>

Systems are in place to address patient care and practice concerns

We continue to hold patient safety huddles. The Hospital Quality Committee serves as the overall structure for addressing practice concerns. The huddles are staff-led, 10-minute gatherings, where teams come together to take action to enhance patient safety.
Chief Nursing Officer is qualified and participates at all levels

Recently we have aligned our nursing structure with Via Christi. The system chief nursing officer, Linda Goodwin, provides direct leadership for Jennifer Goehring, the assistant CNO. Jennifer also has a dyad-reporting relationship to Carla Yost, the administrator for nursing and operations. Both Jennifer and Carla participate at administrative staff, Medical Executive Committee and the board levels. Jennifer also attends the CNO Ascension meetings.

Orientation prepares new nurses

Associates are carefully selected for their knowledge, skill and abilities, using peer interviews to ensure they meet our values. Engagement activities begin during the interview process, continue with new employee orientation, and are ongoing with leader rounding, extensive training and regular communication. Overseen by the Education Department, the new nurse participates in hospital and department orientation. Preceptors are assigned to facilitate learning and simulation is utilized where possible. Courses are revised and improved using this feedback.
Professional development is provided and utilized

The Professional Development Program promotes the diversity of nursing roles in acute, ambulatory, and advanced practice, and others. The goals of the PDP are to promote the advancement of the nursing professionals, heighten bedside practice and decision making, and take actions that will improve quality, service, and patient safety outcomes. In fiscal year 2014, eight nurses participated in the program. The nursing staff submit portfolios and they are reviewed by a board of nursing peers.

Competitive wages/salaries are in place

Mercy must remain competitive with nursing staff and leadership salaries — especially to attract new nursing staff, and to retain our experienced ones. The Human Resources Compensation participates at least annually in national and local wage surveys, i.e., Towers Watson, American Hospital Association and Kansas Hospital Association.

Nursing staff are recognized for achievements

New in fiscal year 2014, a staff nurse in Birth and Women’s was recognized for providing the best clinical narrative. In the clinical narrative, the nurse provided a case study of a scenario in which she described how her nurse competencies best matched patient needs, and most specifically how that match resulted in optimal outcomes for the patient/family. The nurse described how she compassionately met the needs of a patient who delivered an infant who was born with multiple defects and died shortly after birth.
Collaborative interdisciplinary relationships are valued and supported

Pulmonary embolus resulting from venous thromboembolism is the most common cause of preventable hospital death. The risk for developing VTE varies from 10 to 85 percent by reason for admission. Figure 5 shows improving compliance with VTE prophylaxis.

**Fig 5: VTE Compliance**

<table>
<thead>
<tr>
<th></th>
<th>FY '13</th>
<th>July-Sept '13</th>
<th>Oct-Dec '13</th>
<th>Jan-Mar '14</th>
<th>Apr-June '14</th>
<th>FY '14</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRHC</td>
<td>61.7%</td>
<td>84.7%</td>
<td>84.4%</td>
<td>89.2%</td>
<td>84.9%</td>
<td>86.1%</td>
</tr>
<tr>
<td>Goal</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

The VTE team members include, from left: David Beardsley, Clerk; Mike Clossen, RN; Tracy Book, RN; Stephanie Eisch, CNA; Kevin LeBlanc, PharmD; Abigail Cordel, BSN; Wes Bowen, PharmD. Physician Champions: (Not pictured) Dr. Doubek, Chairman of Department of Medicine; Dr. Hinkin, Family Practice Physician.
Nurse managers are competent and accountable

Mercy promotes leadership and competency development through quarterly leadership development sessions. In fiscal year 2014, leadership education has focused on high reliability, leading change and conflict resolution.

Quality program exists and evidence-based practices are utilized

We use the Plan, Do, Check, Act method as our principal performance improvement framework, to create a common language around achieving excellence. A key component of quality is sharing learning and translating data collected during measurement into information that can be used to draw conclusions about performance and to improve processes. For example, patient falls are monitored daily and reported at least quarterly. Medical nursing staff developed a “green fall sticker,” to denote when a patient was at risk for falls on the outside of the patient’s room. The nursing staff huddle after each fall to determine the cause and what could be done to prevent future falls. Together, the huddles and green stickers resulted in a significant decrease in falls. Other units adopted this approach with the same success; now it is systematically being rolled out to all nursing units.
A balanced lifestyle is encouraged

Via Christi’s Healthier You encourages healthy lifestyles and provides a reduction on health insurance for participation in an annual health screening and meeting a few other requirements.
Via Christi offers a continuum of care from the birth of a child to enhancing the lives of older adults. This program or service is part of Via Christi Rehabilitation Hospital, Inc.

Via Christi is an Equal Opportunity (EOE) and Affirmative Action Employer. We support diversity in the workplace.