



Safety First... It's Our Passion



Saint Joseph Health System
NURSING ANNUAL REPORT
Fiscal Year 2011

American Nurses Association Code of Ethics for Nurses

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of task consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health care professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

—ANA (2001) CODE OF ETHICS FOR NURSES, SILVER SPRING, MD



Saint Joseph Health System continued to elevate its clinical excellence over the past year, and our nursing team continues to serve a critical and integral leadership role in the process. These clinical teams share best practices across the state that ultimately improve patient safety and care. Our specific focus on safety this year aligns with CHI's mission to reduce the number of serious safety events to zero by the year 2020. Even though our clinical teams are leading this effort, safety must be a priority for all of us. We should always think "Safety First"; commit to personal and team safety; and identify and help solve safety problems and unsafe habits.

Collectively as nurses, physicians, clinicians and non-clinicians across our system, our destination journey has not changed: zero preventable harm, zero avoidable deaths and 100% implementation of all evidence-based practices.

As you read this publication, you will be impressed not only by the number of improvement projects, goals and recognition that all of our nurses have implemented and accomplished, but also by their collective passion to deliver the best care possible to our patients. As we move forward in our journey to offer the state's best care through our partnership with Jewish Hospital & St. Mary's HealthCare and University of Louisville Hospital | James Graham Brown Cancer Center, the Saint Joseph Health System nurses will provide important leadership and collaboration toward building the highest quality system in Kentucky.

I am pleased to share with you the 2011 Saint Joseph Health System Nursing Annual Report, which provides an overview of our nursing team's dedication to person-centered care, a comprehensive team approach that includes the nurse, patient, family and community.



Sincerely,
Bruce A. Klockars, FACHE
Interim CEO

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ABBREVIATIONS FOR UNITS

CCH	Continuing Care Hospital
CCU	Coronary Care Unit
CSC	Cardiac Special Care
CTU	Cardiac Thoracic Unit
CTVU	Cardiac Thoracic Vascular Unit
ED	Emergency Department
HISSU	Heart Institute Short Stay Unit
ICU	Intensive Care Unit
L&D	Labor and Delivery
MS	Medical/Surgical
NICU	Neonatal Intensive Care Unit
PACU	Post Anesthesia Care Unit
PASS	Pre-Admission Screening Services
PRNU	Prep-Recovery Nursing Unit

ABBREVIATIONS FOR DEGREES AND SPECIALTIES

ACHPN	Advanced Certified Hospice Palliative Care Nurse
ACLS-EP	Advanced Cardiac Life Support -

	Experienced Provider
ACNP	Acute Care Nurse Practitioner
ADN	Associate Degree in Nursing
APRN, NP	Advanced Practice Registered Nurse, Nurse Practitioner
ARNP	Advanced Registered Nurse Practitioner
ASN	Associate of Science in Nursing
BC	Board Certified
BSIT	Bachelor of Science in Information Technology
BSN	Bachelor of Science in Nursing
CBPN-IC	Certified Breast Patient Navigator (Imaging and Cancer Care)
CCM	Certified Case Manager
CCRN	Critical Care Registered Nurse
CDE	Certified Diabetes Educator
CDN	Certified Dialysis Nurse
CEN	Certified Emergency Nurse
CFRN	Certified Flight Registered Nurse
CIC	Certified in Infection Control

CMA	Certified Medical Assistant
CMSRN	Certified Med/Surg Registered Nurse
CNA	Certified Nursing Assistant
CNAA	Certified in Nursing Administration, Advanced
CRNM	Certified Nurse Midwife
CNN	Certified Nephrology Nurse
CNOR	Certified Nurse in Operating Room
COHN	Certified Occupational Health Nurse
CPAN	Certified Post Anesthesia Nurse
CPN	Certified Pediatric Nurse
CPNP	Certified Pediatric Nurse Practitioner
CPST	Child Passenger Safety Technician
CRNA	Certified Registered Nurse Anesthetist
CCRN	Certified Rehabilitation Registered Nurse
CS	Clinical Specialist
CSTFA	Certified Surgical Technologist/First Assistant
CWOCN	Certified Wound, Ostomy, Continence Nurse
FNPN	Family Nurse Practitioner
IBCLC	International Board-Certified Lactation Consultant

LNC	Legal Nurse Consultant
MBA	Master's in Business Administration
MHA	Master's in Health Administration
MSN	Master's of Science in Nursing
NA	Nursing Assistant
NNP	Neonatal Nurse Practitioner
OCN	Oncology Certified Nurse
RCIS	Registered Cardiac Invasive Specialist
RN	Registered Nurse
RNC-NIC	Registered Nurse Certified in Neonatal Intensive Care
RNC-OB	Registered Nurse Certified in Obstetrics
RNFA	Registered Nurse First Assistant
SANE	Sexual Assault Nurse Examiner
SWAN	Nursing Assistant/Ward Secretary
TNCC	Trauma Nurse Core Certified
UM	Unit Manager
US	Unit Secretary

Saint Joseph Health System Launches

Safety+First

Excellence Every Day

Our Commitment To Raising The Bar On Patient Quality & Safety

Safety events are the leading cause of injury and harm to our patients and employees. SJHS is embarking on a major journey to change our organization into one that always puts patients, employees and guests first. Across CHI, our goal is to reduce the number of serious safety events to zero by the year 2020.

Everyone has a role in making our organization safe

No matter where you work within SJHS – from ambulatory surgery to accounting or from health information to housekeeping – you can help find and fix safety problems.

Over the next six to nine months, every employee and every member of our medical staff will attend mandatory safety and error prevention training. You'll also see and hear about upcoming training and education opportunities to learn and adopt seven safety behaviors. These behaviors have proven to significantly reduce the number of serious safety events in other health care organizations.

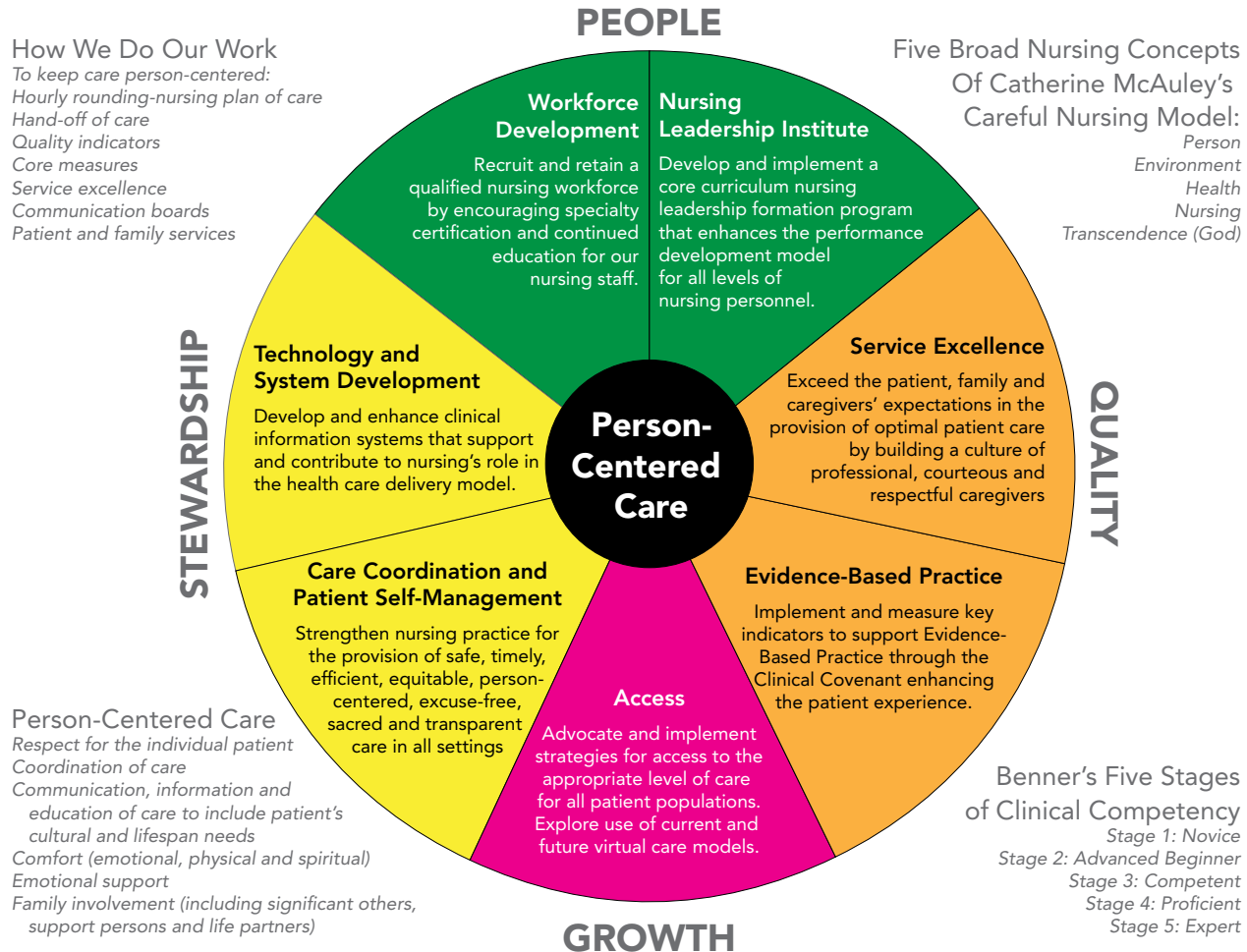
In the meantime, you can begin the journey to a safer SJHS by:

- **Thinking safety first.** We all know that it's unsafe to have a cell phone in one hand and a steering wheel in the other. Yet we sometimes perform the equivalent unsafe behavior at work, trying to multi-task to save time or get our work done. Research shows that it's safer – and usually more effective – to perform one task at a time, giving that task our full attention.
- **Committing to personal and team safety.** Pledge to make your safety and the safety of your team a daily habit.
- **Finding and helping fix safety problems and unsafe habits.** Report unsafe equipment, habits or processes to your immediate supervisor. As more and more of us are trained in safety and error prevention techniques, we expect the number of reported safety problems to increase. That's okay – it's a sign that we are making progress.

Our safety journey isn't a sprint – we know it will take time to change.

By working together, we can eliminate unsafe habits and practices
and make lasting improvements that protect us all.

Key Nursing Strategic Focus for FY11



Nurse > Patient > Family > Community
Nursing Professional Practice Model
& Care Delivery System

PEOPLE

- Reduce voluntary RN turnover
- Improve the employee experience and engagement

QUALITY

- Improve clinical outcomes
- Maximize the patient and family experience

STEWARDSHIP

- Manage productivity targets
- Reduce costs (i.e., overtime)

GROWTH

- Improve patient flow
- Streamline access processes to improve efficiency

People

Our people are our greatest asset. A strategic direction has been developed focusing on our staff as an important part of our ministry. Nursing and nursing support staff comprises approximately 60% of the overall employee population. Decreasing voluntary RN turnover is a critical success metric. Our SJHS goal for voluntary RN turnover was set at 10%. Our voluntary RN turnover was 10.18% this fiscal year. We continue to align with our human resource business partners to develop retention strategies. One important strategy is to engage and strengthen leaders. Our goal is to

develop leaders characterized by their ability to deliver results as well as manage relationships with all levels of employees. One measure that we use to gauge our successes is the Employee Engagement Index. This score is derived from an annual organization-wide survey of all employees. Our goal for FY11 was to achieve a cumulative score of 83.1, which was met with an impressive score of 84. This speaks to the tremendous efforts of our leaders to create a superior, mission driven work environment.

	SJH	SJE	SJJ	SJB	SJL	SJM	SJMS	FMH	Med Fdtn	Total	%
Associate's Degree/Nursing	362	204	11	26	256	44	68	107	9	1087	62.65%
Bachelor's Degree/Nursing	241	114	9	14	58	5	32	34	16	523	30.14%
Master's Degree/Nursing	15	3	0	1	7	0	8	4	8	46	2.65%
Other Master's/ Advanced Degrees	19	7	1	0	1	2	1	3	2	36	2.08%
Diploma	19	14	0	0	3	0	0	1	0	37	2.13%
Totals	656	342	21	41	325	51	109	149	35	1729	100%

	HEAD COUNT				PERCENTAGE			
	Years of Service		Age		Years of Service		Age	
	0-5	6+	21-40	41+	0-5	6+	21-40	41+
Saint Joseph Hospital	391	311	375	327	56%	44%	53%	47%
Saint Joseph East	230	136	205	161	63%	37%	56%	44%
Saint Joseph - Jessamine	21	2	13	10	91%	9%	57%	43%
Saint Joseph - Berea	74	3	28	49	96%	4%	36%	64%
Saint Joseph - London	197	150	208	139	57%	43%	60%	40%
Saint Joseph - Martin	27	21	23	25	56%	44%	48%	52%
Saint Joseph - Mount Sterling	60	57	55	62	51%	49%	47%	53%
Flaget Memorial Hospital	90	62	77	75	59%	41%	51%	49%
Saint Joseph Medical Foundation	41	2	19	24	95%	5%	44%	46%
Totals	1131	744	1003	872				



Quality

As professional nurses, we have been busy implementing a full spectrum of various evidence-based practice (EBP) models by utilizing care bundles which move clinical results into designs for everyday practice. Our destination journey remains: zero preventable harm, zero avoidable deaths and 100% implementation of all the evidence-based practices. We introduced the National Quality Forum (NQF) safe practices at each of our eight facilities and have continued spreading the Clinical Covenant with the Critical Care initiatives for both SJE and starting at SJL. All the design work created by the Covenant teams using high reliability techniques, such as talking with patients and families with an understanding of the principles of health care literacy and routinely using the "teach back method," continue to be important pieces critical to the success of the program.

SJHS has shown statistical improvement in various quality measures over the last fiscal year. Please refer to the below presentation.

- **CAUTIs:** There has been a 51% improvement in the system's CAUTI rate from baseline (Jan-June 2010) to FY11Q4. This means that 12 fewer patients

acquired CAUTIs in FY11Q4 than expected from the baseline performance. This is a significant improvement ($p < 0.01$) for the system.

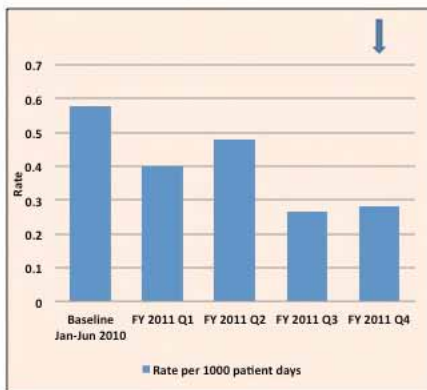
- **All Cause 30-day Readmits:** The all cause 30-day readmit rate has improved by 14% from baseline (FY10) to FY11Q4. One-hundred-and-four fewer patients were readmitted in FY11Q4 than expected from the baseline performance. This is also a significant improvement ($p < 0.01$).
- **HCAHPS:** The system's top box patient satisfaction score has increased by 4.74 percentage points from baseline (FY10) to FY11Q4. This is an 8.9% improvement in the HCAHP rate ($p < 0.01$). The final FY11 top box of 77.9% outpaced the CHI database average of 71.5% for the same time period.
- **IRIS Reporting:** There has been a recent push towards increasing IRIS reporting rates through the Safety First initiative, specifically targeting near-miss events. Our most recent analysis indicates a 26% increase in number of IRIS reports recorded from baseline (FY10 quarterly average) to FY11Q4. This means that there were 230 more reports logged in FY11Q4 than expected from baseline.

This is again a statistically significant improvement ($p < 0.01$). Congratulations to SJL as their reporting count improved by 100% in FY11Q3 and Q4 when compared to FY10Q3 and Q4.

- **FMH and SJM** have implemented order sets and protocols related to glucose management not just for the diabetic patients but to prevent harm and poor outcomes to all patients with high glucose levels. Through the conscientious work of our clinical teams, we have achieved a reduction of 17% dropping our harm rate from 0.956 per 1000 discharges to 0.796 per 1000. This represents a statistically significant decrease ($p < 0.01$) in harm rate for FY11 on the EBP hospital acquired conditions (CAUTI, Cdiff, MRSA, and Falls with injury). Our clinical journey of preventing harm from falls, pressure ulcers, surgical events, infections, poor glycemic control and blood clots and pulmonary emboli will continue to be the focus of care as we move into the next phase of our improvement work which we started in January 2011.

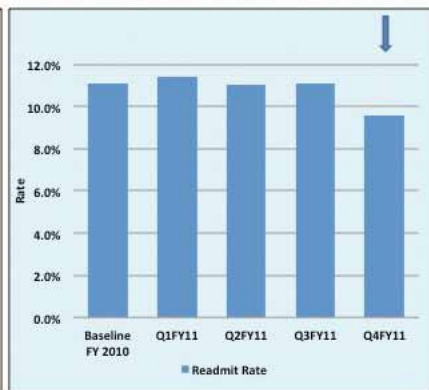
Quality Pillars

CAUTIs



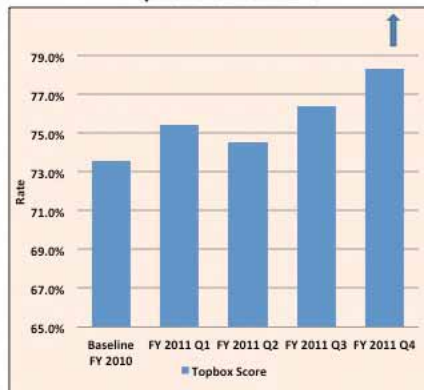
- 51% improvement in CAUTI rate from baseline to FY11Q4
- 12 fewer patients acquired CAUTIs in FY11Q4 than expected from baseline performance

All Cause 30-day Readmits



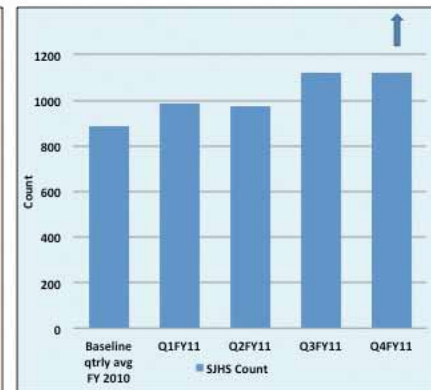
- 14% improvement in all cause 30-day readmit rate from baseline to FY11Q4
- 104 fewer patients were readmitted in FY11Q4 than expected from baseline performance

Patient Satisfaction
Inpatient HCAHPS



- 8.9% improvement in patient satisfaction rate from baseline to FY11Q4
- An increase of 4.74 percentage points in patient satisfaction topbox score

IRIS Reporting – All Patients



- 26% improvement in IRIS reporting count from baseline to FY11Q4
- 230 more reports were logged in FY11Q4 than expected from baseline performance

Our Journey to HIGH RELIABILITY - Safety First

SJHS partnered with CHI to be one of the first groups of CHI hospitals to adopt high reliability principles into care and hospital process. Partnering with Healthcare Performance Improvement (HPI), clinical and operational leaders have been learning and applying techniques focused at assessing the rate of serious reportable harm within our organizations, pulling data for every possible source to evaluate the clinical effectiveness of care and identifying harm.

The clinical teams have been adopting techniques used by other highly reliable industries such as the nuclear submarine, naval and commercial aviation, and nuclear power. Leaders have been learning what practices have moved these industries to be highly reliable and how those practices can be adopted in the clinical setting.

We know that everyone makes errors because we work in a high risk environment (hospitals and clinics). In studying other health care environments, we have learned that most near-miss and significant clinical events are due to system and process problems. As a result, we are working to understand our environment and learn how to develop low risk behaviors which if used as effectively as other health care facilities will reduce our harm rates 80% over the next two year.

As we started this journey, each facility completed an "Assessment Phase," a review of two years worth of incident reports, harm reports, NOF and Agency for Healthcare Research and Quality (AHRQ) harm events. Using Common Cause Analysis (CCA) methods, the "core team" at each facility identified causative factors, individual and system failure modes and classified the events into three categories: Serious Safety Events (an event where something happened which resulted in harm to a patient), Precursor Events (an event where something happened, the event reached the patient but there was no harm) and Near Misses (an event where someone caught a problem before it reached the patient and there was no harm).

Each facility conducted a Safety Governance Assessment with a high reliability expert interviewing staff, leaders and physicians so that we could assess leadership and strategy, operational systems, operational leadership, practice habits, and the performance improvement programs. We were then assigned a Safety Governance Index which can be compared periodically as the organization implements these new high reliability principles.

All leaders (including the executive teams) are now being trained on leadership methods which apply high reliability techniques into the work setting (clinical and nonclinical):

1. Reinforce and Build Accountability:

- a. Daily Safety Check-in
 - to communicate unusual events, fix problems and identify risky situations
 - look back, look ahead and follow up on events
- b. Provide 5:1 Feedback
 - catching our staff doing the right thing and making corrections when needed
- c. Fair and Just Accountability

- a standardized and reliable performance matrix to be consistently used at all facilities as a practice management decision guide

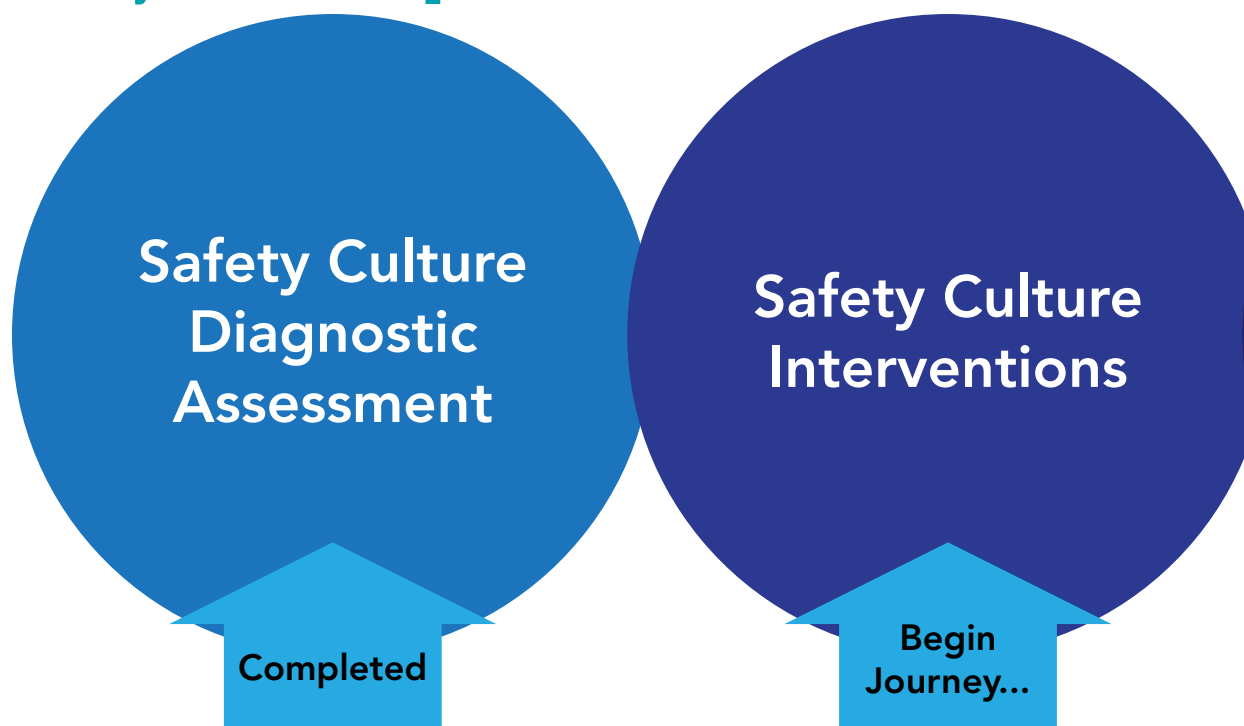
d. Rounding to Influence

- talking with the staff personally to assess how safety practices are working for the clinical and operational staff

2. Fix and Find Problems:

- a. Pre-Task Brief
 - to prepare for activities and anticipate what will be needed for an activity or patient
- b. After Action Review
 - finding out how special events are

Safety Culture Improvement



Sustaining Our Safety Culture and

performed and obtaining critical information directly from the staff

- c. Rapid Response to Safety Critical Issues
 - *learning to work quickly and concisely to resolve important issues right away*
- d. Top 10 Problem List with Problem Owners and Action Plan
 - *keeping everyone in the organization focused on the most critical improvement needs and communicating that list so that all staff is aware of the critical organizational focus*

Safety Culture Accountability Systems

Begin
Journey...

Optimizing Outcomes



What is Next?

As we go down this road to high reliability we will move our focus from process design using evidenced-based best practices, design work focusing and simplifying care and tactical work implementing our various clinical bundles to now apply even more techniques. This will be accomplished by establishing a reliability culture, understanding how safety is embedded into our core values of Reverence, Integrity, Compassion and Excellence.

Our journey will integrate human factors into intuitive designs focused to make it difficult to do the wrong thing and obvious to do the right thing. We will shortly begin training all staff, physicians and leaders in SafetyFirst behaviors to decrease errors by setting personal, patient and team safety expectations and learning techniques to apply them. An important focus will be clear and complete communications, a questioning attitude and attention to detail. These high reliability skills will be part of everyone's work as we continue on this High Reliability journey.

Patient & Family Advisory Council (PFAC)

All facilities in SJHS implemented a PFAC this year. The aim of the council is to foster collaboration with patients and families as partners to promote a person-centered culture of safety and quality by providing important insights; and, to create a consistent forum for improvement of the overall patient experience.

The PFAC Program is based on the principles of Person-Centered Care. The PFAC serves as the "patient voice" and infrastructure for including the patient and family member in hospital decision-making to improve the patient care experience. The council is comprised of patients, family members, executive leadership, and staff working in partnership to assure the delivery of the highest standard of care to all patients.

Service Excellence Standards Commitment

Service Excellence is an integral part of SJHS. It is one of the most tangible ways to live our mission and values as we share God's healing presence with our patients. An excellent employee is one that is not only qualified technically/clinically, but someone who consistently upholds our values and standards to deliver the highest level of care and service to our internal and external customers. We abide by our Core Values: Reverence – commit to be respectful of our relationships with all people, understanding that all life is sacred; Integrity – commit to being honest, direct and truthful

in all our relationships; Compassion – commit to being aware of the suffering of another coupled with the deep desire to relieve it; Excellence – commit to doing our best as stewards of our resources and delivering superior service.

A descriptive list of expected competencies/standards including actionable behavior that will allow us to uphold SJHS's values on a daily basis and enable SJHS to act on our unwavering commitment to person-centered care were adopted by the Service Excellence Committee. These standards are organized into the headings of Formation, Accountability, Communication, and Evaluation, which is the acronym of FACE and reminds us to always seek the FACE of God in every patient we serve. An increased emphasis on improving service and the overall patient care experience was identified as an opportunity for improvement throughout the entire system. Because patient perception of quality of care is directly related to the level of service they receive-developing service standards were identified as a priority focus area.

Members of the Service Excellence Committee began brainstorming, identifying and prioritizing new ideas for increasing patient satisfaction scores and deploying new strategies and innovations to engage employees hospital-wide. They studied best practices from other organizations and modeled/developed standards of excellence to ensure that patient and family experiences would consistently be perceived as excellent. The purpose of the Service Excellence Standards is to provide guidelines that encourage behaviors that create an environment which fosters exemplary customer service and teamwork among co-workers. The new service standards are at the core of our work and our identity. They guide our dealings with each other and each patient care encounter. Service standards give us a common language that will help us continually improve upon our tradition of excellence. The standards serve as the foundation for all customer service strategies.





Stewardship

We continuously strive to be good stewards of our financial and human resources. We do this by sharing productivity best practices, improvement strategies and utilizing tools such as Visionware, Action OI benchmark targets, staffing grids and volume analysis. The nursing departments have each worked to develop productivity targets and staffing standards to meet the target, and have worked to manage to a specific productivity indicator. Stewardship in this area has resulted in expense reductions for various nursing departments, without any diminishing effect on quality of care.

All SJHS facilities have been effective in reducing agency costs in nursing over the last couple of years, with no agency use in FY11 in nursing in most of the hospitals. In our efforts to avoid agency costs, our hospitals have shared nursing staff in many areas. For example, SJL sent OR nurses to work at SJMS for several months, as permanent nurses were being hired and oriented to fill a couple of vacancies. Shortly thereafter, SJMS sent OB nurses to SJL to work when there were temporary staffing holes to be filled. Other "shared staff" included OB at SJE, employee health nurses, and quality nurses filling in during vacancies or other staffing crunches. The ability to fit nurses in to the schedule at a sister hospital on a temporary basis, in the same type of service area, has provided an opportunity for growth and development for the nurses. It has also helped the hospitals to continue to provide uninterrupted patient care services, as well as contain costs.

Nursing was instrumental in implementing programs to aid in revenue realization and more appropriate revenue capture. In Case Management, the E.H.R. program was launched to assist in determining appropriateness of admissions (medical necessity). This program helps us distinguish whether patients should be observation or full admit inpatients. Clinical Documentation Management Program focuses on complete and accurate patient records, which provides a more accurately coded diagnostic related group (DRG). As a result, the appropriate DRG and case mix index can be achieved. In the ED, Nursing implemented LYNX, which is a product to assist in revenue capture for patients seen in the ED. In the past year,

these three new programs have greatly influenced the revenue growth for our hospital.

All the SJHS Nursing areas participated in implementing programs to standardize processes and reduce costs with regard to linen management, sterile reprocessing of OR and endoscopy items, and IV therapy practices. New policies were implemented, which were evidence-based, nursing employees were educated, new processes were launched. Nursing took the lead to inform patients and physicians of the coming changes. These initiatives are ongoing in FY12 and are aimed at maintaining best practice while offering each hospital an opportunity for significant cost reduction.

Nursing played a pivotal role in financial improvement, by reducing overtime, managing to the productivity targets, eliminating the Baylor weekend program, and other expense reduction initiatives. Par Excellence was implemented in numerous areas, which enables us to more easily capture patient charge supply items. Our nurses have learned to manage linen, supplies, and staffing within budgeted targets and have been successful in assisting the hospital improve the bottom line.

OneCare

The past 12 months have been exciting for SJHS in regards to integrating technology within our practice. We have been excited to be a part of OneCare, a nationwide project by CHI to revolutionize the way we do our care by creating a universal electronic health record for each patient. The transformation of health care, new partnerships and technology challenges us to be more collaborative and innovative in advancing our care delivery systems. OneCare is our clinical vision to enhance and advance patient care through information. We will be able to move information across the care continuum. OneCare is a significant capital investment in our future. One part of OneCare Cerner is deployment of:

- Clinical Documentation
- Computerized Physician Order Entry
- Bar Code Medication Administration

One Care will:

- Improve patient safety and clinical outcomes
- Enhance the patient experience
- Provide clinicians and staff with necessary tools and information
- Eliminate duplication and waste
- Better position us for the future

Growth

SJHS continues to foster growth opportunity through its facility-wide Emergency Department 5/30 Campaign ("No Wait ER") and "Every Department Flow" Initiatives. SJM saw a 10% increase in the number of visits following implementation of the 5/30.

We also witnessed growth in our cancer services. Expert and compassionate cancer care is provided by nurses at SJHS. On August 5, 2010, FMH held a dedication & ribbon-cutting ceremony for Flaget Cancer Center. The full-service Flaget Cancer Center is a 2,800-square-foot addition to Flaget's Medical Office Building. The Saint Joseph Cancer Center in Lexington opened January 2011.

Saint Joseph Cancer Resource Services provides an exciting, new program in cancer care called Patient Navigation. Patient Navigation is a patient support service in which specialized RNs function as navigators to guide patients through the cancer care system. Often patients face gaps in service as well as fragmented care. The RN navigator works to eliminate barriers to help patients get the care they need. The program makes sure that all patients with suspicious findings receive information and assistance to help them obtain follow-up care, timely diagnosis and treatment if necessary.

In FY11, two new replacement hospitals opened in the London and Mount Sterling markets. Moving out of older, dated facilities, each of these new hospitals have fulfilled the dream of building brand new hospitals where state-of-the-art care and service can be provided with new spaces, new equipment, new technology and comfortable, private settings. With safe, efficient, careful moving of the patients, each of these hospitals moved into their new spaces less than a year apart. Growth has been phenomenal, with SJMS increasing ED visits (10%), surgeries (2%), OB deliveries (50%), OP visits (14%), and ICU average daily census (up 50%). In each of these nursing areas, both SJL and SJMS worked to re-tool patient flow and plan new processes as they transitioned to the new space, in order to serve patients with the best possible care, efficiency, and service.

Nursing worked to develop and implement new services at SJMS, as well. While planning the new hospital, a Chemotherapy and Infusion Center was added by the Outpatient/SDS team, where patients

will be able to have a space devoted to these services. Intentionally planned at the front of the hospital, with easiest access to parking, oncology patients will be able to receive chemotherapy and outpatients who need infusions and injections will have a beautiful space just for these services. Nursing provided input into many aspects of the new hospital. Nursing was able to tour the space as it was being built and made changes in designs to better accommodate the needs of the patients and staff.

Direct admit services have streamlined the transfer process within Kentucky SJHS facilities as well as facilities external to our system. Steady growth in accepting admissions to the system facilities (SJH and SJE) are seen in data collected. Direct admit service is staffed 16 hours a day Monday through Friday by the department nursing staff and after hours by the house administrators. The center is widely accepted by referring medical staff that experience an efficient method to connect with the appropriate accepting physician. Triaging the patient to the appropriate service also entails the coordination of the transfer in a timely manner to reduce unnecessary waits and delays to the sending facility.





Nursing at SJB remains strong, sets goals to be the best. Nurses continued to be involved not only in the care of their patients but also in the care for their community. In the past year, nurses have been involved in the development of new programs such as Senior Renewal and Wound Care Centers. Along with these new programs, and the established programs and departments, the nurses continued to provide high quality care with compassion and creativity.

Nurses demonstrated their strive to be the best by exceeding the Perfect Care Scores and increasing the Anthem Score card to 98%. Both the Emergency Department and the Inpatient Departments (Med-Surg/ICU) achieved top box scores in patient satisfaction.

To enhance patient care, nurses, fellow clinicians, former patients and families were involved with the Patient-Family Advisory Council. Nurses played an active role in community activities such as providing first aid for the third annual Get Healthy Berea and the Spoonbread Festival.

Through creative caring, nurses were involved with holistic caring development such as the Mission Nurse program and the Healing Arts program. The nurses, along with their family of caregivers, continue to use creative care to meet challenges of the past year and of the year to come.

As the new nursing leader at SJB, I am proud to be a part of the rich tradition of nursing at both SJB and SJHS.



With gratitude,
Chris Schweighardt, RN, MSN
*Chief Operating Officer/
Chief Nursing Officer*

Transformational Leadership

During this past year, SJB had several leadership changes. Chris Schweighardt, RN, MSN, was selected as the new CNO/COO, and Darcy Maupin, RN, BSN, CEN, was selected as the new manager for the ED. Leslie Crawford, RN, BSN, was selected as the manager of Quality, Performance Improvement/Risk Management and Case Management. During these transitions, Greg Gerard, CEO, the management team, nursing and clinical staff ensured that safe, quality care continued at SJB.

SJB continues to be the clinical site for various disciplines such as nursing, respiratory therapy and medical technicians. SJB also provided clinical leadership for master prepared nursing students.

Structural Empowerment

Clinical Covenant

Led by Scott Thompson, Respiratory Therapy manager, the Med/Surg Clinical Covenant multi-disciplinary team (Team Pegasus) continued to develop and implement practices that focused on improving patient/family education that would result in greater patient satisfaction scores. Laurie Faught, Med/Surg clinical manager was instrumental in developing the nursing tools used for the “promise of care” sheet used by nurses to communicate to patients and families the care expected as related to a specific EBP. Most recently, the team has developed summary of care to be given to the patient(s) at discharge by the nurse.

The dedication and commitment by this team yielded higher patient satisfaction scores. The scores for the inpatient departments (Med/Surg/ICU) were in the top 99th percentile. This team demonstrated the new motto at SJB; Patients First.



Average Age of Nurses:
21-40 years: 36%
41+ years: 64%



RNs: 78
LPNs: 1



Average Years
of Service:
0-5: 96%
6+: 4%

Turnover:
RN: 12.16%
Voluntary: 9.46%
Vacancy: 2.60%



Patient Family Advisory Council

Sandra Rose, Laboratory manager, led a multidisciplinary team of nurses, clinical and non-clinical staff, former patients and community members to form the PFAC. The PFAC met monthly to discuss the patient care experience and methods to improve that experience. Team's primary goal was to improve patient experience while ensuring patient safety.

Two subcommittees were further developed: the Wayfinding Committee and the Amenities Committee. The Wayfinding Committee reviewed issues preventing patients and families from safely finding their way through the hospital. This committee utilized previously learned literacy issues and researched methods to develop an improvement plan for direction to and throughout the facility. This committee used creative ideas such as color coded/symbol coded signage for wayfinding.

The Amenities Committee focused on the comfort of the family waiting room located on the Med/Surg floor. With commitment to safety and budget, this committee developed a remodeling plan to include lighting, coffee and comfortable seating for patients' families.

Touching the Community: Beyond Our Doors

The nurses at SJB reached out to the community through various programs and events. Nurses provided first aid for the Spoonbread Festival, Walk with the Arts, Kentucky Guild of Artists and Craftsmen Fall Fair, Get Healthy Berea, and for the Berea Craft Festival at Indian Fort Theatre.

Nurses also provided health information and performed health screenings for events such as the Berea Community School Health Fair, the Second Sunday at Battlefield Park, Feed the Children, Berea Chamber Meetings, and Go Red for Women.

Our nurses and other clinical staff also participated in activities that educated the youth of Berea on health careers and health topics. Students from Jackson County High School interviewed clinical managers on health careers. Elena Baker, RN, BSN continued the partnership with St. Mark Catholic School to have SJB clinicians to provide health related presentations to the students.

The nurses and clinicians also participated in activities for our volunteers. Donna Lim, Wound Care Center RN, provided a lunch and learn for the SJB volunteers. Nurses and clinicians also participated in the Junior Volunteer Orientation.

Nurses also volunteered for the Madison Southern High School Grandparents Day events.

Exemplary Professional Practice

SJB ED nurses continued to use the Professional Nursing Practice Model initiated in 2010.

Darlene Matekovich, RN, BSN, continued to increase nurses' knowledge and understating of diabetes through the Diabetes Council. Through Darlene and this council, nurses and clinicians worked collaboratively on issues related to the care and education for diabetic patients and their families.

The ED staff and other departments were once again successful in SJB's annual Chemical Stockpile Emergency Preparedness (CSEPP) drill.

New Knowledge and Innovations

- **Virtual Nurse Coach** - SJB participated as one of the test sites for the VNC program sponsored by CHI. This program allows new nurse graduates to have an experienced RN available as a resource through teleconferencing. The Med/Surg nurses participated in the program as well as acted as a test site for the tele-

conferencing. This program will allow the new graduate RN to ask questions regarding the patients care, assessment findings, and disease/diagnosis processes.

- **Infusion Center** - Victor McCane, Director of Surgery and Hunter Purdy, RN, HNB-C led a team to develop the Infusion Center at SJB. This team researched healing therapies and healing environments to provide the design of the center. The team received suggestions from current and former patients and nurses to design a center that would create a person-centered healing environment. Methods such as music therapy and art therapy were included in the design of the center.

Empirical Quality Outcomes

- Met Perfect Care Scores established by SJHS
- 98% on Anthem Score Card
- Patient Satisfaction scores for inpatient was 88% (top box)
- Completed Evidence-Based Practices implementation
- Met CMS length-of-stay requirements for Critical Access Hospitals



FURTHERING EDUCATION:

Elena Baker
Leslie Crawford
Amy Hedglin
Teresa King
Crystal Catron

CLINICAL LADDER I:

Rebekah Hamilton
Melissa Agee
Kristy Slone
Amanda Young
Andrea Clark
Summer Price
Mildred Botkins
Mona Hanna
Kelsey Scenters
Laurie Faught
Stephanie Kauer
Mitzi Alexander
Gwen Perch
Brooke Gabbard
Erin Holbrook

CLINICAL LADDER II:

Karen McKinney
Sarah Saylor
Sandy Bowling
Teresa King
Crystal Catron
Diane Snyder
Melissa Cosby
Lori Vickers

Sharlene Lamb
Jami Belcher
Sherry Wilson

CLINICAL LADDER III:

Nancy Mowbray
Ruth Prewitt
Greta Thompson
Diane Bowling

MEDICAL SURGICAL CERTIFICATIONS:

Laurie Faught

CEN CERTIFICATIONS:

Vicki Hamilton
Patrick Worley
Diane Bowling
Darcy Maupin
Dixie Bryant

CPEN CERTIFICATIONS:

Vicki Hamilton
Darcy Maupin

CCRN CERTIFICATIONS:

Bernice Baird
Diane Snyder

DAISY AWARD:

Sandy Bowling
Lori Vickers
Susan Price





We have been blessed with another great year in London. We just celebrated our first anniversary of the patient move into our new facility. Nursing continues to embrace this ever-changing environment. Safety and quality are drivers for patient care improvement. We were thrilled to be chosen as a pilot hospital for HPI-high reliability journey (CHI's "Safety First") initiative.

Our staff's engagement in EBP work continues spreading positive energy and increasing commitment. We have a phenomenal team, validated by patient commendations regarding their care and skill. If you want to be an effective clinician, you have to be committed. True commitment inspires and attracts other talented team members. Our staff members are effective because they share strong foundational principles.

We are passionate about the care we provide. This passion is the first step to achievement. We believe that your desire determines your destiny.

We are blessed to have such a talented group exhibiting a true "caring spirit" daily.

John C. Maxwell said it best... "People don't care how much you know, until they know how much you care."



With Deepest Respect and Gratitude,
Peggy Green, RN, MHA
Chief Operating Officer/Chief Nursing Officer

Transformational Leadership

Transformational leadership is about having passion and a vision. We have met our vision by providing quality, safe patient care, and we are passionate about it. SJL embodies transformational leadership throughout our facility by leading people in an uplifting and inspirational way to create valuable and positive change that builds on our vision.

In spring 2011, SJL participated as a pilot site for HPI Error Prevention Training. Managers, directors, physicians, and selected front-line staff attended training sessions to begin on the journey to high reliability. The team learned ways to create a safer place for patients and staff through understanding how errors and events occur and the tools to prevent them. Understanding that safety impacts every aspect of the care and service we provide is the reason we keep error prevention a focus at our hospital. Since the initial training, the error prevention team has implemented the skills they learned into their daily practice, thus enhancing the safety of their co-workers and patients. Plans and scheduling are currently underway to ensure that every employee attends an error prevention training class. The following represents one way that the SJL team is enacting procedures that provide safer patient outcomes.

As a result of our new way of thinking we have been able to identify and prevent many errors. An example is a near miss in the OR which resulted in the development of new processes. SJL staff members are quick to embrace beneficial change. "The new processes should eliminate any errors in miscommunication between members of the surgery team and provide an even safer environment for our patients," states staff nurse Darius Ball.

SJL has introduced a newly revised New Graduate Nurse Residency Program. The new program has graduated two classes since its inception. All New Graduate nurses who hire into the hospital participate in the program which consists of lecture, hands on activities, critical thinking exercises, and application of the Adult Learning Theory. Since the initial new graduate class, the program has grown in number with a higher number of new graduate participants who hire into all areas of the hospital ranging from critical care to Med/Surge nurses. The program at SJL is led by Critical Care Educator, Cailen Wattenbarger, RN-MSN.

SJL nurses have the opportunity to serve as mentors and preceptors to nursing students from six different area nursing programs. Contractual relationships with nursing schools have allowed more than 200 nursing

students, in the previous year, to have their clinical experience at SJL.

Structural Empowerment

On August 19, 2010, armed with care, compassion, and diligent preparations, the SJL team transitioned into a brand new facility. This group of health care professionals moved one patient every three minutes. The new 340,000 square-foot facility is equipped with 120 private patient rooms, six surgical suites and five heart catheterization laboratories. The team's dedication to patient care and quality service has remained steadfast throughout. The community can rest assured that they can receive the same hometown commitment with state-of-the-art innovations and equipment.

"We recently moved back to London, after living in Virginia for 40 years. We had a wonderful hospital in Virginia, and now we are so pleased to know we have a WONDERFUL hospital in London. Thanks for everything!" – a SJL patient

Touching The Community: Beyond Our Doors

In June, the Healthy Communities Outreach Program sponsored a summer feeding program. The event was organized by nurses to provide meals to neighborhood families. Volunteers from SJL spent hundreds of hours at a local park distributing over 970 meals to the community attendees.

On May 21, SJL hosted its first annual maternity fair, in partnership with Southern Kentucky Area Health Education Center. The event was open to the public with more than 400 people in attendance. Moms-and-dads-to-be, family, and friends enjoyed a free and exciting day of educational lectures, vendors, displays, samples, door prizes, demonstrations, and refreshments. Guests had the option to embark on a staff-hosted tour of The Birthing Center, as well. Members of The Birthing Cen-



RNs: 319
LPNs: 22
ARNPs: 6
MSNs: 7



Average Years of Service:
0-5: 57% 6+: 43%





ter also had the opportunity to reach out to even more people by helping host a maternity fair in Jackson County.

FY11 also yielded its first annual education fair, hosted by the education department. Representatives from area colleges set up booths to provide information about their medical degree programs. Staff members attending the fair could speak one-on-one with a faculty member, about furthering their education.

The Teen Volunteer Program, at SJL, provides an opportunity for students from area high schools to learn about the diverse opportunities in the health care field. Equipped with their teacher recommendations and completed applications, the teens undergo an interview process prior to being accepted into the six-week volunteer program. What they leave the facility with are job skills, self-confidence, and the feeling that they made a positive difference in another's life.



Average Age
21-40: 60%
41+: 40%



Turnover:
RN: 15.21% Voluntary: 11.65%
Vacancy: 2.03%

SJL utilizes any opportunity available to reach beyond our doors. Some other activities include: the Relay for Life, Go Red for Women, the Crystal Heart Ball Fundraiser, and providing free community education at a county-wide festival.

Exemplary Professional Practice

Hospital Awards

- 2011 Thomson Reuters 50 Top Cardiovascular Hospital (3rd year in a row)
- 2011 Chest Pain Accreditation with PCI (First hospital in SE KY to receive)
- 2011 American Association of Respiratory Care - Quality Respiratory Care Recognition (4th year in a row)
- 2011 Get With The Guidelines (AHA) - Silver Award for Heart Failure (2nd year in a row)
- 2011 J.D. Power and Associates - Distinction for Service Excellence
- 2010 The Delta Group - Quality Award for Cardiac Care-90th Percentile
- 2010 Cabinet for Health & Family Services - Gold Standard Performance Rating for Child & Immunization Practices
- 2010 Joint Commission Accredited

SJL is celebrating the FY11 patient satisfaction results. With the focus on inpatient scores, we displayed 79.9% Top Box and 12.54% improvement. Same-Day Surgery can also be commended for its 4.14% improvement.

After successfully undergoing a Chest Pain Accreditation Survey, SJL achieved Cycle 3 Status as an accredited chest pain center.

Joint Commission has recognized handoff communication as a National Patient Safety Goal. The Patient Hand-Off Communication Committee was formed in an effort to standardize processes and alleviate patient safety events. The multidisciplinary team consists of senior leadership, quality, directors, supervisors, educators, and front line staff from nursing and ancillary departments. Members identified all possible points in which a handoff occurs and developed focus areas, then reviewed best practices, implemented new tools and modified others, completed education and follow up audits after implementation. An informative poster was created and submitted to corporate CHI for the Clinical Risk Management Incentive Program.

The PFAC was established as a formal structure for collaborating with patients and families regarding policy and program decision-making in health care settings to improve safety, quality, and the patient experience. The

PFAC represents the patient voice to senior leadership, clinicians, and staff of SJL to ensure that personalized, comprehensive, and collaborative care is provided. Patients, families, community representatives, and staff from SJL comprise the member panel. Our local group will be instrumental in the planning and design of expanded treatment spaces within this fiscal year.

New Knowledge Innovations and Improvements

- Electronic clinical documentation was successfully implemented for all inpatient care units in March. The core team, consisting mostly of nurses, drove the project with collaborative planning and education. A series of system tests and slight modifications were completed to help ensure a seamless transition for nursing staff and ancillary departments. To provide further support, core team members were available around the clock for two weeks post Go-Live.
- SJL joined the health system in welcoming Heart Code as an option for ACLS and BLS re-certification in May 2011. The kick off was offered to all staff of SJL for two days and the theme consisted of sending Resuscitation Annie "Off to the Races" in congruence with the Kentucky Derby weekend. The celebration was made complete with the addition of mint julep, cookies, crackers, punch and other snacks as well as free giveaways. Heart Code allows all SJL employees 24-hour access to completion of ACLS and BLS re-certifications and is an example of using technology in the workforce to improve class availability for staff.
- The wireless transmission of 12-lead EKGs from the en-route EMS vehicle directly to the ED has been actualized. This allows ED staff to develop a plan of action before the patient arrives, therefore decreasing the door-to-intervention time.
- SJL introduced the No Wait ED 5/30 in February 2011. Upon arrival to the ED, patients receive treatment within five minutes and see a provider within 30 minutes.
- The new SJL has a surgical suite located in The Birthing Center. Birthing Center nurses and techs have obtained their surgical competencies. Thus, allowing the suite to be sustained with an OB staff only.



Empirical Quality Outcomes

Core Measures are an important focus at SJL, as the data requirements are the heart of making improvements and achieving high performance in hospital quality improvement. This facility takes pride in being one of the state leaders in SCIP, AMI, Heart Failure and Pneumonia performance rates.

In August 2010, an innovative model for transitioning the care of patients diagnosed with HF and AMI through disease coaching was introduced.

- Patients with HF and/or AMI are identified upon admission and the cardiology outreach nurse begins the process of coaching about their disease.
- The model includes improving the patient's transition from the acute care setting to home by optimizing the discharge plan, providing detailed bedside patient education, obtaining patient contact information for outpatient communication, and discharge preparation.
- After discharge, the cardiology outreach nurse phones the patient at home. Providing an avenue for patients to ask questions, discuss medications and symptom management, and provide a reminder about scheduled appointments.
- Specialty clinics for HF and AMI have been created to evaluate and examine patients seven days post discharge.
- The readmission rate for all cause HF patients has decreased by 12.6%, from 27.7% prior to disease coach model to 15.1% currently. Hence, putting us below the national average of 24.7%.
- The readmission rate for all cause AMI patients has decreased by 13.8%, from 23.8% prior to disease coach model to 10% currently.



NATIONAL CERTIFICATIONS RECEIVED:

Heidi Davidson, RN, MS:
CMSRN

Barbara Shupe, CNA,
Hospice: CHPNA

ADVANCED DEGREES RECEIVED:

Callie Holt, MS: LPN
Alicia Whitaker, MS: ADN, RN
Candace Fox, CTVU: ADN, RN
Heather Cloud, CSC: ADN, RN
Jessica Allen, CSC: ADN, RN
Jessica Poff, MS: ADN, RN
Leslie Watkins, MS: ADN, RN
Michelle Moore,
Observation: ADN, RN

Rebecca Greene, MS: ADN
Erin Kay Greer, CTVU: BSN
Kayla Baker, ICU: BSN
Sara Parman, ICU: BSN
Cailen Wattenbarger,
Education: MSN
Janet Mosley, ICU: MSN
Kevin Scalf, ICU: MSN

DAISY AWARDS:

Tammy Smith, RN: OB
Shana Sandifer, RN: ED
Wilma Partin, RN: Outpatient Surgery
Sandra Brown, RN: CSC





I am pleased to once again have the honor to report on the many accomplishments and advances that have been made at SJM over the past year.

Through the dedication and commitment of the Nursing staff and others throughout the hospital, high quality, safe care continues to be at the forefront of our daily work.

Our dedication and commitment to patient care was acknowledged this year when our "No Wait" Emergency Department initiative was honored by two awards, the Kentucky Hospital Association 2011 Quality Award and the CHI poster award at the annual Quality and Risk conference in Denver.

In addition to our award-winning initiative, in the coming pages you will see many other improvements that have enhanced the care as well as the experience of our patients. These include introduction of the clinical covenant, a glycemic control program, and development of a Patient-Family Advisory Council. We also continued to see our progress in the quality arena as we completed the year with Perfect Care Scores showing greater than an 8% improvement over last year's results.

These many improvements are an illustration of the commitment and dedication to patient care that is evident on a daily basis throughout SJM and are reflected in excellent inpatient satisfaction scores and exceptional perfect care scores.

As we face the challenges of the coming year, it is with great pride that I recognize the exceptional nurses of SJM. I am privileged to work daily with such an exceptional team.



With gratitude,
Billie Turner, RN, MBA, CENP
*Chief Operating Officer/
Chief Nursing Officer*

Transformational Leadership

Transformational leadership involves leading change and continual growth and development to positively affect both the patient experience and the nursing profession.

- SJM continues to serve as a clinical site for numerous students throughout the year. Students include the disciplines of nursing, respiratory therapy and medical laboratory technicians.
- In July 2010, SJM was invited by the University of Kentucky Research Foundation to participate in a Pilot Project entitled "Supporting Transition to Practice in Rural Kentucky." The research project will design and pilot a 12 month residency program for new registered nurses working in rural Kentucky hospitals. SJM nurses participating in the project are Brad Blair, RN, ED and Elizabeth Vance, Med/Surg. The pilot project began in January 2011 and will conclude at the end of 12 months.
- The ED participated as a "beta site" during the Society of Chest Pain Center's testing phase of the critical access designation for Chest Pain Center accreditation. Through participation in this project, we were afforded a first hand look at the requirements for a Critical Access Accredited Chest Pain Center. This provided valuable information that will be used for our upcoming Chest Pain Center accreditation survey.

Patient Family Advisory Council (PFAC) Formed

A PFAC was formed in December 2010. The council consists of community members who have had experi-

ence either as a patient or family member at SJM.

Co-led by Billie Turner, COO/CNO and community member Kossuth Mitchell, the PFAC is a formal structure for collaborating with patients and families in policy and program decision-making to improve safety, quality, and the patient experience.

Following a work-out session led by Olive Martin, PI Director, the group prioritized recommendations to improve the patient experience during the registration process. An action plan was developed and presented to hospital leadership. The action plan will be implemented by December 2011 and progress will be monitored through use of patient satisfaction data.

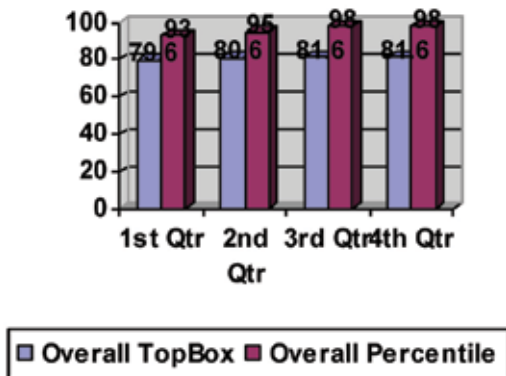
Structural Empowerment

Clinical Covenant Launched

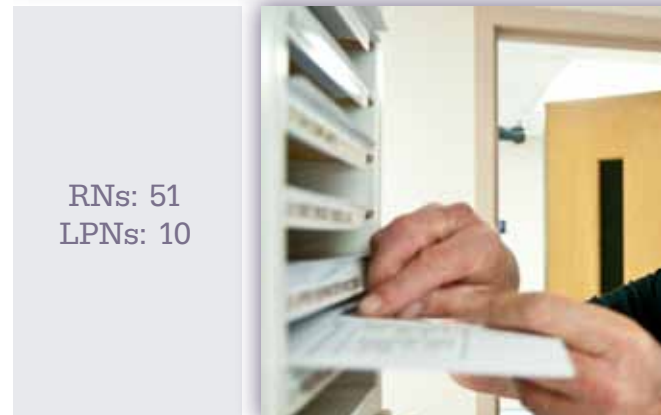
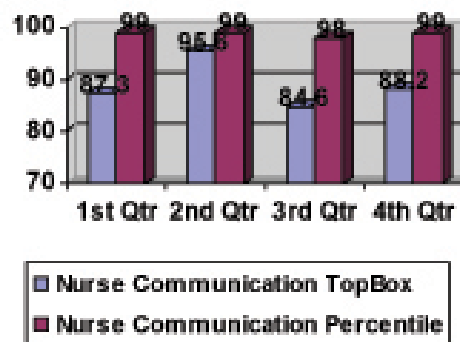
Working collaboratively with colleagues at SJB who piloted the Med/Surg Clinical Covenant work, the Clinical Covenant was implemented. Led by Mary Little, Med/Surg manager and Olive Martin, PI director a multidisciplinary team implemented processes to improve communication, developed scripting, and created documentation tools to be utilized in implementation of the Covenant. The work has proven to be very successful as demonstrated by excellent improvements in patient satisfaction scores. Overall inpatient satisfaction scores improved by 9% over last year and nurse communication scores were ranked at the 99th percentile.



FY11 Overall Patient Satisfaction



FY 11 Nurse Communication Patient Satisfaction



RNs: 51
LPNs: 10



Turnover:
Voluntary: 7.89%
Vacancy: 0%



Touching The Community: Beyond Our Doors

- Carol Jo May, LPN was recognized by the state organization, Operation UNITE for her involvement each year in "Shoot Hoops-Not Drugs" camps. These are awesome events where Operation UNITE works with children and parents to educate against the dangers of drug abuse.
- Billie Turner, COO/CNO joined the Sister's of Charity of Nazareth during an immersion trip to Las Flores Belize in Central America on a week-long mission trip. The group provided home repairs for village residents.
- Mary Martin, RN and Carol Jo May, LPN served as hospital representatives on the Community Against Drug Addiction Committee. The committee is a local group of community leaders who work with county and state organizations to educate local youth on the dangers of drug use and addiction.

Annual Community Events

- Each year SJM's Mission Committee sponsors and coordinates a Christmas "Angel Tree." Christmas 2010, the project provided Christmas gifts for greater than 150 Floyd County foster children, all due to the wonderful generosity of SJM employees.
- The annual Senior Health Fest was held to provide health information, screenings, and flu shots to area senior citizens. Participating nurses included Stephanie Johnson, Tammy King, Sharon Bates, Katherine Brooks, Jane Hicks, Kim Castle, Carol Jo May, Melinda Stumbo, Mary Martin, Mary Little, and Teresa Bailey.
- All departments were involved in fundraising activities for the 2011 Relay for Life event and again took the award for the top fundraising team in Floyd County. Mary Martin, RN served as a committee chair and co-captain for the hospital team.



Average Years of Service:
0-5: 56%
6+: 44%

Average Age:
21-40 years: 48%
41+ years: 52%



Exemplary Professional Practice

Numerous education/trainings were conducted for nursing and other clinical staff throughout the year, including Health Literacy, Patient Instruction using the "Teach Back" method, Stericycle training, immediate use of sterile products, and radiation safety. The annual Nursing Competency Fair was also conducted.

Leadership in professional organizations:

- Billie Turner, COO/CNO, member of Big Sandy Community and Technical College Advisory Board; board member of Saint Vincent's Mission; Chair of Floyd County Relay for Life Survivorship Committee.
- Melinda Stumbo, RN, member Region 9 Healthcare Preparedness Planning Committee and along with Neva Francis, the Floyd County Schools District Emergency Management Support Team.
- Kim Sanders-Castle serves on the Floyd County Diabetes Coalition and the Floyd County schools tobacco education facilitators committee.
- Carol Jo May and Neva Francis serve on the Chamber of Commerce Women's Council.

New Knowledge Innovations And Improvements

Led by Clinical Educator Kim Castle, RN, SJM served as an "Early Adopter" facility for the CHI implementation of eClinical Reference Solutions Skills/Competency program. According to Allison Mason, Clinical Process Specialist for CHI: "Early Adopters assisted the national team by providing valuable feedback and integrity testing during the piloting phase."

EScripts, which provides electronic transmission of all patient prescriptions directly to the patient's pharmacy, was successfully implemented in all four rural health clinics. The four rural health clinics encompass seven physician practices.

The Emergency Department "No Wait ED" initiative improved processes and decreased wait times with care beginning within five minutes 93% of the time. The initiative was recognized by the KHA with the 2011 quality award.

Communication boards that provide the patient with information about contacting their nurse, care plan, and progress were placed in all inpatient rooms.

Through collaboration between nursing, pharmacy, education, clinical engineering, and materials management, all infusion pumps throughout the hospital were converted to "Smart Pumps." Smart Pumps help confirm two of the "five rights" of medication administration which reduces the opportunities for errors and increases patient safety.

New instrumentation for laboratory testing was implemented providing more precise accurate information for the diagnosis of Congestive Heart Failure.

All ED nurses and all house supervisors were trained in Nonviolent Crisis Intervention.

The surgery department developed order sets based on surgical care improvement standards for surgery patients who are admitted to the inpatient unit.

Empirical Quality Outcomes

- Patient satisfaction remains a top priority for SJM resulting in scores for overall satisfaction again ranking in the top 10 within CHI throughout FY11 with the inpatient unit ranking at the 95th percentile.
- A glycemic control program which consisted of protocols for blood glucose control, standardization of insulin used throughout the hospital, and insulin administration was developed. Implementation of the glycemic control protocols resulted in an 18% improvement in blood glucose levels within normal range.
- Perfect Care scores improved by 8% over FY10.
- Employee flu vaccination rate improved from 81% in FY10 to 85% in FY11.

AWARDS AND RECOGNITIONS

- May 2011, we received the 2011 KHA Quality award for improvements in processes and procedures that resulted in decreased wait times and increased patient satisfaction in the ED.
- In May 2011 our poster presentation "No Wait ED" was awarded 2nd place by CHI at the annual Quality and Risk Conference.
- In June, SJM received the 2011 Excellence Award for the Employee Climate Assessment recognition in SJHS.
- The annual Nurse's Week celebrations were held in which all nurses were recognized and honored for their hard work and dedication throughout the year.

NATIONAL CERTIFICATIONS RECEIVED

Certified Emergency Nurses:
Brad Blair, RN
Lynn Goble, RN
Melinda Stumbo, RN, BSN

CERTIFIED NURSE IN OPERATING ROOM
Carla Hayes, RN

CERTIFIED INFECTION CONTROL NURSE
Mary Martin, RN

CERTIFIED IN EXECUTIVE NURSING PRACTICE
Billie Turner, RN, BSN, MBA

DAISY AWARD:
Stephanie Johnson, RN
Wanda Hall, RN
Carol Bentley, LPN
Jan White, LPN



Saint Joseph MOUNT STERLING



One of our most exciting years ever at SJMS culminated in June with the move to our brand new hospital. Years of design, development, and planning produced a magnificent facility for us. We are excited to be able to provide state-of-the-art service in numerous areas, such as Radiology and Lab. But for nursing, some of our favorite features are all-private rooms with private bathrooms and showers, improved family space in the patient rooms, family lounges for inpatient units, a new infant security system, a new Infusion Center, private rooms for prep & hold for SDS and Endoscopy, a beautiful new chapel, and spacious areas in which to deliver care (such as our huge ICU patient rooms and OR suites). We are grateful for every opportunity where nursing input was incorporated into the new hospital's design and can now see the difference our opinions and changes made.

Throughout this time, nursing continued an active pursuit of various objectives. Our quality accomplishments include the first prize award from CHI for SCIP results at the annual Quality, Risk and Compliance Conference. We were pleased to demonstrate top decile performance in SCIP scores for four consecutive quarters. In FY11, Hospital Acquired Conditions were a perfect zero, compared to our goal of 0.373. We continued to improve with regard to *Stewardship*, demonstrating an overall improvement in consolidated operating margin budget of \$2M over prior year. Nursing played an active role in stewardship, implementing numerous initiatives which resulted in cost savings or cost avoidance. In addition, all nursing areas staffed to the Action OI target of the 20th percentile for the fiscal year. With regard to *People*, SJMS was successful in hiring and retaining nurses. Our voluntary RN turnover was 7.84% for FY11 and our vacancy rate was only 1.47% for RNs. Without adding FTEs, we promoted from within to establish clinical managers in Med/Surg and OB, and hired to fill a new clinical manager role for the ED. Many of our service areas experienced *Growth* in FY11, even before we moved to the new hospital. Significant growth occurred in nursing care areas as follows: ICU average daily census increased by 50%; OR volumes increased 2%; ED average patients per day increased 11%.

Many nurses will never experience the opportunity we've had this past year, creating a new hospital and successfully moving all areas and patients in a seven-day period. I am so proud of our team, with their engagement in the planning process at every step, their positive attitude about our journey, and their investment in getting to this next level. Along the way, we've accomplished many goals and realized even more possibilities. It was a challenging year, an exhausting year, and an exhilarating year. Just look at how far we've come. . . and just watch where we go from here!



Sincerely,
Cinda Fluke, M.Ed., BSN, NEA-bc
Chief Operating Officer/Chief Nursing Officer

Transformational Leadership

The Nursing Leadership Team participated in extensive planning for the new hospital, as well as transition planning for operations and flow in each area. At the core of every decision was the intent to make the patient experience, and that of our visitors, as positive and efficient as it can be. Our patients and community have responded well to our new space and we believe we have created an excellent environment of care for them. It has been an experience that has transformed leaders into strategic thinkers and planners, and created increased collegiality among the nursing staff. The multidisciplinary team work and communication has been incredible, creating a new level cooperation within our organization.

The pursuit of higher education continues, with 89% of the Nursing Leadership Team now BSN-prepared. The remaining nursing leaders are enrolled in a BSN program. At this time, 44% of the Nursing Leadership Team is masters-prepared or underway in a masters program. The RNs at SJMS is now comprised of 29% BSN, 9.6% Masters Degree (up from 5% last year), and the remaining are Associate Degree-prepared.

As Nursing worked to improve in People initiatives, action plans were implemented in each area. Through these improvements, our overall Employee Climate Assessment score increased to 4.00 (from 3.90 the prior year). We were excited that our score improved so much, especially with the employee participation rate of 94.6%. In addition, we realized an Employee Engagement Index of 83.4 (the goal was 83.1), representing an improved sense of engagement for our nursing employees. SJMS had zero turnover in nursing leadership during this fiscal year.

Structural Empowerment

As we re-tooled processes this year, we recognized a need for clinical managers in three Nursing areas. We successfully implemented the clinical manager role in OB, Med/Surg, and the ED. These new leaders have assisted their units with staffing and scheduling, productivity monitoring, competency checks, Joint Commission preparations, orientation to the new hospital, equipment training, and other necessary activities. They have been invaluable in assisting the nursing manager and the nursing staff in their areas and are a valued addition to our nursing team.

Additionally, our staff nurses were invaluable as we prepared for our new facility. Stocking the supply rooms, providing terminal cleaning, performing final "room ready"



RNs: 109
LPNs: 13
ARNPs: 1
MSNs: 8

checks, and various other duties, our nurses made sure we were completely ready for patients and families. Nurses participated in three transition planning teams: Patient Move, Facility Readiness, and the Education/Orientation/Marketing Committee. Nurses provided tours, arranged transportation for patients, checked equipment, etc. in order to provide a safe, efficient, complete move to the new hospital. Nurses took the lead to ensure employees were trained on the new nurse call system, new telephone system, pneumatic tube system, infant security system, and other equipment and technology for the facility.





Turnover:
RN: 7.84%
Vacancy: 1.47%



Average Age:
21-40 years: 47%
41+ years: 53%



Average Years
of Service:
0-5: 51%
6+: 49%

Through the Orthopedic Clinical Covenant project, nursing was empowered to transform the surgical experience for total joint patients. From pre-hospitalization to discharge, and follow-up care in rehab or at home, nursing influenced the full spectrum of care for orthopedic patients. Working together with the entire clinical team, changes in the process, tools, and care were put in place. The addition of a 3rd orthopedic surgeon increased our volumes in this service line, making additional OR block time necessary, increasing admissions, and adding an increased volume in ancillary services. Considerable work in streamlining systems and processes resulted in an improved patient experience for all. Patient satisfaction for inpatients rose 3% for FY11 and SCIP scores were in the top decile for four consecutive quarters.

Exemplary Professional Practice

With a low RN vacancy rate, low RN turnover, and an exerted effort to provide appropriate continuity of care for our patients, SJMS is proud that no agency staff were used in FY11 in our nursing areas. Working with our sister hospitals in SJHS, we shared staff in specific nursing areas when needs arose. This sharing has resulted in added learning and growth for a number of nurses. During our hospital move, we welcomed employees from several of our sister hospitals, who helped prepare and staff various areas, so we could operate both facilities (old hospital and new hospital) for a short time.

The Case Management Team continued excellent work in the area of retro appeals and corrections, realizing an additional \$683K in revenue for the hospital. At the same time, their work demonstrated numerous successful RAC audits, where zero dollars were recouped by Medicare. This outstanding body of work is accomplished by a small, but dedicated and knowledgeable, team.

Another outstanding body of work was realized by Quality. CMS performed audits of our patients' coded data and data abstraction for Core Measures. SJMS' work in this arena was validated at 95% or higher each quarter.

In addition, CMS rated the RHODAPU confidence level for SJMS at 100% for FY11. These validations are a testament to the outstanding work of many people who ensure accurate documentation and thorough, accurate review of the medical record.

SafetyFirst, a campaign to improve safety for patients and employees, was introduced to SJMS as HPI consultants trained nurse leaders and nurses in a new, comprehensive methodology for analysis of serious safety events, near misses, and good catches. The initial as-

assessment was conducted with a multi-disciplinary team; results were widely shared, and weekly review of SSE and IRIS reports was initiated.

New Knowledge Innovations And Improvements

In addition to the innovations at the new hospital, SJMS successfully implemented a number of new services to improve the hospital's bottom line and the ability to appropriately capture the severity and complexity of the needs of patients we serve. The launch of the E.H.R. program with case management resulted in improved documentation of medical necessity for inpatient stays (which might have previously been an observation stay or a denial), improving revenue for the fiscal year by \$215,000. Nursing assisted in implementing the LYNX coding system for ED patients, which increased revenues for FY11 by \$571,000.

The implementation of a Clinical Documentation Management Program took months of planning and training, and converting an FTE to hire a Clinical Documentation Specialist. As a result, SJMS experienced an increase in Case Mix Index and Medicare revenue. It is the goal of the Clinical Documentation Specialist to ensure each patient's medical record contains accurate and complete documentation, which demonstrates the correct diagnosis and severity of illness. These services are staffed by nurses, whose impact on Quality and Stewardship are immediately realized and beneficial. Nursing continues to provide a vital role to the organization, even when away from the bedside.

Another improvement for SJMS in FY11 was the implementation of Par Excellence (most were implemented before the hospital move). Supply management became increasingly important as new utility rooms were designed and prepared. As we implemented new initiatives in linen management, IV therapy product use, and reprocessing of sterile items, nursing was pivotal in numerous cost reduction and cost containment efforts.

SJMS implemented the PFAC in FY11, along with all the SJHS hospitals. With a total of 13 members (seven from the community), nursing participated in establishing this council. The aim is to improve the patient experience with

input from community members. An action plan was developed and presented for approval to the Medical Executive Committee and the Quality Committee of the Board. During FY12, action items will be implemented and the plan will continue to evolve to meet patient needs.

Empirical Quality Outcomes

Our accomplishments for FY11 were:

- Hospital Acquired Conditions were perfect zero for FY11 (goal was 0.373).
- Perfect Care scores were 85.54% for FY11.
- Inpatient Top Box score increased 3.4% for FY11.
- Door to EKG times in the ED averaged 6 minutes (SCPS goal is 10 minutes or less).
- Turn-around-times for Troponins for the ED were met 94% of the time (goal was 90%).
- Critical Lab values were called to providers 98% of the time (met the goal of 98%).
- PFAC implemented in January 2011; action plan developed and presented to SJHS Board in Spring 2011.
- Hand hygiene consistently at 90% or better each month (several months were 100%).
- Implemented the 5/30 metric in the ED.
- Time Outs in the OR audited – were completed 100% of the time; zero serious safety events in the OR.

POSTER PRESENTATION
1st place award for "Driving our Way to Solid Blue" from CHI, May 2011 – Poster represented the top decile performance in SCIP scores

DAISY AWARDS
Kristina Williams, House Supervisor
Christine Coffey, ICU

BOARD CERTIFICATION
for Cinda Fluke, COO/
CNO, as Nurse Executive,
Advanced from the
American Nurses
Credentialing Center





Patient safety is the most important element of the nursing profession. We strive daily to provide quality care based on evidence-based practices. FMH has devoted nursing staff that implemented and maintained 28 evidenced-based standards throughout the hospital. This devotion and loyalty supports the mission of the hospital to provide the best care for the patients.

This year dedicated individuals worked diligently as an Orthopedic Clinical Covenant Team. The team developed consistency in daily activities to ensure the patient's experiences are seamless. The purpose is to provide a high reliable culture that achieves a safe positive outcome for the orthopedic patients.

The ED rallied together to develop new processes to provide consistent care to implement the 5/30 concept. We are very proud of the emergency department team for the development of many improved processes that improved patient flow.

Patient safety and quality of care is a challenge that we do not take lightly here at FMH. Our nursing team rises to the challenges and makes the difference needed for the patient. I am very proud of them and I am honored to work with such loyal people.



With gratitude,
Norma Goss, RN, BSN, MSN/ED
*Chief Operating Officer/Chief
Nursing Officer*

Transformational Leadership

"Leadership exists at all levels of an organization, especially as people share in a vision that moves them toward achieving the goal of providing safe and quality health care" (Govier, 2009).

Govier, I., Nash, S. (2009) Examining transformational approaches to effective leadership in healthcare settings. *Nursing Times*; 105: 18, early online publication.

We spent the year organizing and maintaining the 28 evidenced-based standards that were implemented the previous year. The standards are important and maintaining the progress of each one is essential.

Sue Downs, RN, MSN received a promotion to President of FMH. Sue was the CNO/COO of the hospital.

Norma Goss, RN, MSN received a promotion to CNO/COO of FMH. Norma was the Director of Nursing for the hospital.

Structural Empowerment

Flaget Memorial Hospital (FMH) nurse council committee continues to meet quarterly. This committee provides a shared-governance model that allows staff nurses and nursing assistants the opportunities to make decisions on equipment and supplies.

We gave the Flaget Birth Center a "facelift." The Birth Center Director and nursing staff were involved in the decisions of the remodeling choices. Flooring was changed from white institutional type tile to a wood laminate. The overhead lighting was changed to a softer, dimmer lighting. The walls were changed from paint to a neutral wall covering and artwork was changed to abstracts to add color to the unit. Wood grain paneling was added at the entrance and end of hall to give a more distinct look to the entrance of the Birth Center. The windows in the entrance doors were changed to a frosted glass with the "Flaget Birth Center" name etched in the glass. This gave the unit a softer, more feminine look, and the patients have made numerous comments to reflect the success of the "facelift."

Multiple interdisciplinary teams were formed this year to conduct the LEAN process to improve processes and patient flows in their areas.

March Madness Campaign

The first annual March Madness Employee Giving Campaign for the Flaget Memorial Hospital Foundation Fund has ended, with \$33,000 being raised for important programs and services. The hospital staff raised money

within their departments using the NCAA basketball madness theme to raise money for the foundation.

Touching The Community: Beyond Our Doors

- **Baby Fair:** We had approximately 350 people attend the FMH baby fair. This was the biggest year-to-date for participation and people attending. The baby fair was held on the hospital campus for the first time and we had more than 40 vendors to participate. We offered educational classes on breastfeeding, epidurals, post-partum blues, childbirth, and kangaroo care.
- **March of Dimes:** The staff raised \$2,500 in donations for the March of Dimes. The staff raised money by having a chili luncheon, bake sales, and selling baby booties. One of the biggest team of walkers was from Flaget; walkers included staff from many units of the hospital. The money is used for babies with special needs and medical bills. It is a great experience to meet some of the babies/children who have benefited from the fundraising. The Birth Center Director and two of the staff nurses serve on the March of Dimes committee, Delisa Arnold, Director of Birth Center, Vicki Cecil, OB Staff RN, and Brooke Dadisman, OB Staff RN.



RNs: 150 LPNs: 9
ARNPs: 5 MSNs: 5



Average Years of Service:
0-5: 59% 6+: 41%



Turnover:
RN: 17.39%
Voluntary: 10.87%
Vacancy: 9.21%



Average Age:
21-40: 51%
41+ : 49%



- **Relay for Life:** FMH participated in Relay for Life where multiple activity fundraisers were conducted. We collected \$2,600 on auction baskets. The final total collected for ACS was \$8,228.75.
- **Back to School Drive:** In August, school supplies were collected from hospital staff to support the children in our community to return to school. The drive was sponsored by the Mission Councils' Outreach and Advocacy Subcommittee. Thanks to each of you for your donations. With your generosity you helped to brighten a child's day.

Exemplary Professional Practice

Top 100 Hospitals

March 2011 FMH was named a Thomson Reuters top 100 small community hospital for the fifth time.



The Thomson Reuters 100 Top Hospitals® study evaluates performance in 10 areas: mortality; medical complications; patient safety; average patient

stay; expenses; profitability; patient satisfaction; adherence to clinical standards of care; post-discharge mortality; and readmission rates for acute myocardial infarction (heart attack), heart failure, and pneumonia. The study has been conducted annually since 1993.

"This year's 100 Top Hospitals award winners have delivered exemplary results, despite volatility from healthcare reform," said Jean Chenoweth, senior vice president at Thomson Reuters. "The leadership teams at these organizations have dealt with enormous ambiguity yet remained focused

on mission and excellence across the hospital which drove national benchmarks to new highs." (Thomson Reuters, 2011)

Becker Hospital Review Award

June 2011 *Becker Hospital Review* named FMH as one of the 65 greatest community hospitals. *Becker Hospital Review* commends community hospitals with fewer than 550 patient beds who demonstrate patient's needs first, driven toward a variety of innovations, and helping to set the bar for high quality care.

Flaget Memorial Hospital (Bardstown, Ky): Flaget Memorial opened in 1951 under the Sisters of Charity of Nazareth. Now part of Saint Joseph Health System under Catholic Health Initiatives, Flaget is a cornerstone of healthcare in Nelson County and constantly works to expand healthcare services offered to local residents. It installed the county's first built-in MRI and opened the county's first sleep disorders center in 2002 and 2003, respectively. It has been named one of Thomson Reuters 100 Top Hospitals five times. (Becker's Hospital Review, 2011)

Educational Accomplishments and Mentoring

FMH continues to provide mentoring and preceptors for nursing students. Elizabethtown Community College, Galen College, and Saint Catharine College use the hospital for clinical rotations.

All directors and managers worked through a book called "Managing the Unexpected," by Karl E. Wieck and Kathleen M. Sutcliffe. The book has brought lessons and innovative ideas on how to become a High-Reliability Organization. We have begun the training for the Healthcare Performance Improvement (HPI) for the SafetyFirst Initiatives.

The hospital provided education throughout the year with Advanced Cardiac Life Support, Pediatric Advanced Life Support, Cardiopulmonary Life Support, Neonatal Resuscitation, and Nonviolent Crisis Intervention Training. Other offerings included wound assessment and identification, 12 lead EKG training, dysrhythmia classes, and IV therapy training.

Care coordination and quality risk underwent training for MIDAS documentation. The departments began documenting in this system in March 2011.

Improvements and education for clinical nurses pertaining to falls has made a significant difference. Planned staff hourly rounding decreases the patients need to get out of bed on their own. Education for the staff on chair pad alarms, setting bed alarms appropriately to catch

the patient before they get out of the bed, and providing current data for the nursing staff on most recent falls with investigation results has made a difference in our fall rate. We have decreased falls this year by 27% from last year's fall rate using these initiatives.

New Knowledge Innovations and Improvements

Wireless Intravenous Smart Pumps

March 29, 2011 FMH had 85 Smart Intravenous Pumps and 13 Pain control pumps upgraded to go live on a wireless system. The hospital implemented the smart pumps initially in 2008. The wireless allows immediate drug dictionary changes and accurate real-time reporting.

Ascom Phone System

July 27, 2011 the Ascom phone system went live in the emergency department. The staff was using walkie-talkies to communicate with nursing, physicians, respiratory therapists, and admitting staff. The Ascom system has improved the communication within that department and improved employee satisfaction.

Orthopedic Clinical Covenant

Using the Clinical Microsystem as our action guide, we formed a multidisciplinary team to include all disciplines that would interact with the orthopedic patient. A flow chart of the current orthopedic patient process was created from scheduling of surgery to discharge. The flow chart revealed delays and decision-making points that impeded the nurse's ability to provide seamless quality care. In addition, time studies were performed to identify inefficiencies and waste in the current process. Patient rooms were standardized to meet the requirements of the orthopedic patient and staff. Patient interviews were extremely beneficial, providing patient's perspectives and expectations. Assimilation of the data collected led to restructuring of the orthopedic patient experience.

An extensive educational program was developed. A formalized class held preoperatively was designed to educate patient and caregivers. The education included details of care and importance of active participation. Patient scripting was developed to include the Surgical Care Improvement Project, Evidence-Based Practices, and National Quality Forum markers. Tools such as Orthopedic Order set and Safe Practice Form were developed to assure continuity of care.

Emergency Department Reinvention

ED reinvention team consisted of staff from the department. Using the LEAN process the staff members mapped the current department processes. The team included interdepartmental involvement of lab and imaging to improve standing orders and protocols. Multiple process improvements were developed to facilitate the patient flow by decreasing delays. The door to RN and door to physician times have decreased significantly.

Empirical Quality Outcomes

Some accomplishments and successes for FY11:

- The fall rate decreased by 27% for FY11.
- Successful Joint Commission recertification in September 2010.
- The overall patient satisfaction cumulative core score for FY11 for Flaget Memorial Hospital was 75.6% with a mean of 9.05.
- Orthopedic Surgical Care Infection Prevention measures improved to 100% for the last three quarters of the year with a dedicated nurse clinical coordinator.
- Bar Code Medication Administration (BCMA) scan rates for hospital-wide was 94%. This percentage exceeded the hospital goal of 92%.
- Medication errors continue to be well below the national benchmark of 0.5/1000 doses at 0.011/1000 doses. We attribute this success to the use of BCMA and McKesson medication administration stations.
- Skilled Nursing Unit was ranked #1 throughout CHI for patient satisfaction.
- Our Inpatient Satisfaction score improved from 80% in FY10 to 86% in FY11.



DAISY AWARD RECIPIENTS

Paula McDonald, RN,
Outpatient Surgery
Laurie Talbott, RN, Birth
Center
Michelle Osborne, RN,
Orthopedic Clinical
Coordinator
Carrie Shelburne, RN,
Emergency Department

NATIONAL CERTIFICATIONS RECEIVED

Sue Downs, RN, MSN,
President
Certified Executive Nursing
Practice

ADVANCED DEGREES RECEIVED

Delisa Arnold, RN, BSN
Norma Goss, RN, MSN/ED

LEADERSHIP IN PROFESSIONAL ORGANIZATIONS

Sue Downs, RN, MSN is
President of the Kentucky
Organization of Nurse
Leaders (KONL)
Delisa Arnold, RN serves on
the Program Committee for
KONL
Rick Vancise, RN, MSN/MBA
• Chairs on the KONL
membership committee
and serves as the
information officer.
• Elizabethtown Community
College Nursing Advisory
Council
• Kentucky Health
Information Steering
Committee

LEADERSHIP IN NURSING

Delisa Arnold, RN, Director
of Birth Center and Skilled
Nursing Unit
Cheri Davidson, RN, MSN,
VP of Quality, Risk, and
Medical Staff
Sue Downs, RN, MSN,
President
Rhonda Gibson, RN, MBA,
Director of Surgical
Services/Anesthesia
Norma Goss, RN, MSN/ED,
COO/CNO
Marlene Hardin, RN, Director
of Medical Surgical
Services/Hospice
Pam Hill, RN, Manager of
Flaget Immediate Care
Clinic
Carolyn Hollingshead,
RN, Manager of Pain
Management
Judy Jones, RN, Manager of
Outpatient Services
Brooke Hurst, RN, BSN,
Manager of Critical Care
Services
Laura Larue, RN, MBS,
Director of Emergency
Services
Rick Vancise, RN, MSN/MBA,
Director of Ambulatory Care
Services



It is indeed an honor and our pleasure to present the 2011 Nursing Annual Report. This document is a true testimony to the hard work, dedication, sacrifice, and devotion made by our nurses every day. We are both proud and privileged to serve this organization and lead so many outstanding nurses. While we reflect on a few of our accomplishments, we want to take the opportunity to say thank you for your commitment to our core values of Reverence, Integrity, Compassion and Excellence. We love you and appreciate all you do to provide safe, efficient and evidence-based care to the patients and families we serve. Throughout this year we have much to be proud of and much to celebrate. We have realized a successful Joint Commission Survey at SJH, SJE and SJJ with no requirements for improvement in nursing cited, and received the J.D. Power and Associates award for Outstanding Patient Experience. SJE earned national "Excellence through Insight" awards for Outstanding Patient Satisfaction and SJH was recognized for "Overall ED Satisfaction." SJH was also awarded a Silver Medal of Honor from the U.S. Department of Health and Human Services (HHS) for achieving and sustaining national organ donation goals. Likewise Center for Weight Loss Surgery at SJE was re-designated as a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery (ASMBS) and we were designated a Breast Imaging Center of Excellence by the American College of Radiology at SJE and Saint Joseph Office Park.

The aforementioned awards and accolades, while well earned and appreciated, are actually representations of positive patient experiences and outcomes provided by our unrelenting focus on a patient safety driven culture. Through our "SafetyFirst" initiative we will enhance and strengthen our processes, resources, and technology to efficiently and safely deliver patient care. We are dedicated to raising the bar on safety and quality and advancing our care delivery systems.

This annual report showcases just a few of the outstanding contributions nursing made this past fiscal year. We are proud of every nurse who has contributed to our success and are honored to present the accomplishments of SJH, SJE and SJJ.



Sincerely,
Christine H. Mays, MSN, RN
Chief Operating Officer/Chief Nursing Executive



LaJava Chenault, MSN, RN
VP of Nursing

Transformational Leadership

People - a focus on decreasing voluntary RN turnover continued to be a nursing priority this fiscal year. The goal for SJH/SJE/SJJ was set at 10% or less. Goal achieved: 9.97 (Met)

Each spring employees participate in the Performance Culture Assessment (PCA). The PCA is a survey designed to gain feedback from all employees on their workplace experiences. The PCA allows leaders to examine the overall satisfaction of the nursing staff and as you can see at right, the percent of positive responses (indicated by responses of Strongly Agree and Completely Agree on a 5-point scale) between 2010 and 2011 increased by 4.3%.

Check the box that best reflects your satisfaction with your job.	2011 Adjusted N (Stat- base)	2010 Adjusted N (Stat- base)	2011 % Positive	2010 % Positive	2011 % Negative	2010 % Negative
Saint Joseph Hospital (KYSJ) - Registered Nurse	342	361	60.2%	59.8%	39.8%	40.2%
Saint Joseph Hospital East (KYJE) - Registered Nurse	206	163	65.0%	53.4%	35.0%	46.6%
Saint Joseph Jessamine (KYJJ) - Registered Nurse	16	13	81.3%	76.9%	18.8%	23.1%
Aggregate Scores	564	537	62.6%	58.3%	37.4%	41.7%

- **Town Hall Meetings** were held quarterly. Each meeting was attended by nursing staff as well as other hospital staff. Topics discussed included patient length of stay, facility growth, benefits, as well as many others.
- **Share the Care** - Executives and Directors from all areas were assigned to work alongside staff from all departments in order to get a sense of how other departments operate. Mr. Haynes, President SJH/SJE/SJJ, was assigned to work with a nursing unit and was very moved by the compassion displayed by the nursing staff to the patients and families.
- **ED Supertrack Projects 5/30** - The ED SuperTrack Project, started in 2010 to decrease wait times in the ED continues to move forward. In July 2011 patients were seen in an average of five minutes at SJE, four minutes at SJH, and three minutes at SJJ. Volumes at each location have also increased as 9,688 patients were seen in July at all three locations during July against a budget of 8,651.
- **Excellence through Insight Award** - Three departments were awarded the Excellence through Insight Award - SJH ED, SJE Cardiac Cath Lab, and SJE overall Outpatient Satisfaction. This is a huge accomplishment for the facility awarded by HealthStream.
- **Top 100 Hospital at SJE** - SJE was named to the Top 100 Hospital List for acute care hospitals. The hospital also won the award in 2005, 2007, 2008, and now again in 2011. "This is another milestone in the

history of SJE," said Ken Haynes, president.

- **Executive Rounding:** Executive rounding occurs at various times during the year. The Executive Team takes this opportunity to ask specific questions of the nursing staff such as, "what are the accomplishments of the department" and "do you have the equipment you need to do your job?" This rounding also introduces the Executive Team member to staff they may not know and allows the staff the opportunity to interact in the comfort of the department in which they work. Executive rounding also allows the team to express their job satisfaction and ways to improve.

New Leader's Onboarding

"Essentials of Nurse Manager Orientation" is a comprehensive course for frontline managers, charge nurses, aspiring managers and leadership staff. Essentials of Nurse Manager Orientation was developed in partnership with the American Organization of Nurse Executives (AONE) and is the first leadership course created specifically for nurse managers. The course was developed by experts in nurse management and covers key skills necessary for successful leadership.



RNs: 1,054
LPNs: 41
MSNs: 26
Other Master's/
Adv. Deg: 28





Average Age:
21-40: 55%
41+: 45%

Essentials of Nurse Manager Orientation consists of eight modules that review important skills for those in leadership roles or wishing to enter management. The modules are broken into three units covering business management skills, leadership skills and personal development. The course provides a total of 40 hours of CNE credit provided by AACN.

SJHS unit manager graduates to date include Dan Andrews, SJJ Emergency Services, Rosemary Dailey, SJH 2E/3E, and Lesly Arrasmith, SJH 3A. Congratulations and thank you for your leadership.

Rosemary Dailey, SJH unit manager 2E & 3E, said- "Earlier this year I finished the Learn module 'AACN Essentials of Nurse Manager Orientation.' I really enjoyed reading the literature and taking the post test. I have been a unit manager now for 13 years and what I found exciting about this program was the fact that most managers around the nation face the same issues I face, staffing issues are the same here as they are in California as they are in Florida. I am truly not alone. The most beneficial aspect of the program was that it helped me understand the 'why' of what I do. I better understand the effects of what will happen tomorrow if I fail to prepare for today."

SafetyFirst Steering Teams were formed at each facility to include an executive lead. Each member attended a two-day training workshop to learn to accurately apply the Safety Event Classification system to specific events. Teams at each hospital meet weekly and review each incident report filed. Trends and issues are investigated as they are identified.

Structural Empowerment

Going Red for Women

Saint Joseph Heart Institute continues its work to educate and screen central Kentuckians through its ongoing partnership with the AHA and the Go Red for Women campaign. The opportunities continue to grow and the reach is broad. During FY11, the Heart Institute participated in 16 events providing B/P screenings, ABIs, heart-healthy information and lifestyle tips to over 12,000 event attendees. The 2010 "Go Red For Women Luncheon" hosted more than 500 women encouraging women to take action in their cardiovascular health. The team recruited 425 participants for the Heart Walk and raised money for awareness and research.

E-clinical Reference Solutions

During phase II of the E-clinical Reference, SJH/SJE/SJJ transitioned to using the Skills Competency Component. In March 2011, SJH/SJE/SJJ identified nurses to serve as facility leads, unit leads and preceptors. The facility leads and unit leads completed required training on the Skills Competency Component via a webinar presentation. Each facility administrator and unit lead was required to complete presentations on skills competency prior to attending the live 90-minute webinar training. After completed training, the facility administrators begin to build their assigned groups using a standardized naming convention designated by the CHI Project Management Team.

In April 2011, the CHI Project Management Team along with Elsevier representatives, made an on-site visit to SJH and conducted a one-day training session for facility Administrators, unit leads and preceptors. The session included demonstrating the functionality of E-Clinical Skills and the complete workflow of the product. Following the training, the facility administrators performed a simulation of the skills, built groups, assigned tasks and completed them successfully.

After completing the training sessions, the facility leads hosted several orientation sessions for the unit preceptors to become acclimated to using the E-Clinical Skills, using the checklist grade component and signing off on successful completion of tasks. The preceptors were receptive and gave feedback on the successfulness of the product. The new-graduate nurses were the focus group during "Go Live" for E-Clinical Skills in July 2011. They received an instructional session on the use of the E-Clinical Skills during their new-graduate residency programming. A special thanks to Tracey Mc-

Farland, BSN, RN, clinical educator who provided leadership of the implementation team!

Medical Surgical Certification Review

SJH hosted a two-day Med/Surg Certification Review Course on August 24 and 25, 2010. The review course was offered to participants from SJHS and surrounding community hospitals. A representative from the Academy of Med/Surg Nursing facilitated the review course. The two-day course gave an overview of interventions that Med/Surge nurses use to promote quality of life for their patients. After completing the review course, the nurse was provided the information necessary for successful completion of the certification exam. The course also provided an excellent review of the body systems and nursing interventions used to improve patient care.

Several of the staff took the opportunity to purchase additional review materials to use in preparation for the exam. As of today, there have been three Certified Med/Surg Registered Nurses (CMSRN) to complete the certification exam. Med/Surg nursing leaders will continue their journey in encouraging staff to take the next step in becoming a CMSRN. Next steps include the availability of online review modules for all eligible SJHS registered nurses!

New Nurse Change Agents

Bob Cook, CHI VP for Change Leadership and Strategic Planning recently conducted six days of training to certify new change agents for SJHS. The training content and experiential learning is based on the General Electric Change Acceleration Process and Work-Out techniques. This process is the official change leadership process adopted by CHI.

The new change agents are excited to apply their new skills. A supportive strategy for future work-out sessions may be the combination of an experienced change agent partnered with a newly certified change agent.

Newly certified nurse Change Agents who completed training in 2011:

Margaret Kramer, RN
Kim Reibling, RN



Turnover:
RN: 14.09% Voluntary: 9.97%
Vacancy: 5.95%



Average Years of Service:
0-5: 70%
6+: 30%



One Piece of the Puzzle: The Journey of Scenario-based Training

It has been said that, "Even a journey of a thousand miles, begins with one step." (Chinese Proverb) Scenario-based training is the training method endorsed by the National Quality Forum (2008) as one of the most effective ways to learn, retain, and improve critical thinking skills in an environment that does not compromise patient safety. The Women's Hospital

staff-driven Education Committee began the journey to scenario-based training by identifying the need for a safe learning environment in which to practice high risk/high stress/high liability scenarios without compromising patient safety.

Key staff members and leaders were identified and asked to join the team to conduct scenario-based drills in The Women's Hospital. Scenario-based training was



initiated, but it was soon discovered that there were pieces of the puzzle missing. It was decided by the Education Committee that a collaborative multidisciplinary scenario team was needed that involved key players from both Women's Care and ED. A standardized scoring rubric was then developed to help measure learning and outcomes.

Scenario-based training between both departments was initiated at SJH/SJE/SJJ with a maternal/neonate code blue in January 2011 and a mock precipitous delivery in the ED in March 2011. After the scenarios were performed, a debriefing session occurred where staff discussed both positive outcomes and opportunities for improvement related to the performance. The benefits and importance of scenario-based training were demonstrated 24 hours after the scenario-based mock code when a precipitous delivery presented to the ED and successfully delivered a healthy newborn.

Many lessons were learned from these scenario-based trainings and the desire from the staff to take that next step in the journey was realized. They wanted the opportunity to practice these high risk situations in an environment that was safe, where as many mistakes as possible could be made and lessons learned, but where no patient would come to harm. This drove the need to take scenario-based training to the next level. A grant was then written to the Foundation for the support of a high fidelity birthing simulator named Noelle and a newborn simulator named Hal. Noelle and Newborn Hal provide staff the opportunity to have realistic simulated

scenarios where they can perform full resuscitation, IV medication administration, the birthing of a newborn, and many more opportunities for learning. In July of 2011, SJH Foundation Board donated \$67,000 towards the purchase of these simulators for staff to use to enable them to begin to cultivate a learning environment in which to improve the quality of safe practice for our patients. The Simulation Center will be housed at SJE with the anticipated opening of the center in October 2011. Special thanks to the amazing vision and leadership of clinical educator, Elaine Smith to make many avenues of simulation training available to SJHS.

Servant Leadership

In honor of our leadership, SJHS presents the Spirit of Saint Joseph Servant Leadership Excellence Award three times a year at the Leadership Development Institute (LDI) meetings. Servant leadership is ethical, practical and meaningful. The seven key practices of servant leaders are: self-awareness, listening, changing the pyramid, developing your colleagues, coaching not controlling, unleashing the energy and intelligence of others, and foresight. Servant-leaders are individuals of character, put people first, are skilled communicators, are compassionate collaborators, use foresight, are systems thinkers, and exercise moral authority. Marilyn Swinford, RN, was honored with the award in February 2011. She is the Director of Nursing Support and Emergency Services for SJH/SJJ. Marilyn was nominated by Chris Mays, Chief Nursing Executive and Chief Operating Officer (SJH/SJE/SJJ), who said, "Marilyn puts people first. She quietly is the first person to respond to someone in need, whether that is a patient, one of her employees or an employee of Saint Joseph." To read Marilyn's story visit <http://news.sjhlex.org> and open the Summer 2011 issue of Common Thread.



Congratulations to those registered nurses who advanced on the Clinical Ladder at SJB, SJH, SJE, and SJJ over the past year!

CLINICAL LADDER I

Rebekah Hamilton
Robert Hasty
C Musen
Gail Webster
Karen Harding
Amanda Owens
Marissa Coleman
Crystal Catron
April Abalos
Connie Wilson
Sheryl Hardyman
Mitzi Alexander
Laurie Faught
Julie Ham
Lori Vickers
Sharlene Lamb
Elizabeth "Libby"
Christensen
Stephanie Kauer
Donna Samuels
Latonya Jones
Danielle Craig
Tenica Prewitt
Augustine Billman
Mary Jarnagin
Tonya Nations
Kristie Faulkner
Rebecca Riddell
Christa Hampton
Maria Fera
Jodi Pernica
Cheryl Duarte
Amelia Schrick
Amy Teague
Mary Regalado
Romeo Escalante
Benjamin Bryant
Heather Demarcus
Melissa Agee
Gladys Gimenez
Angela Evans
Jason Ratliff
Jennifer Mullins
Erin Holbrook

Torey Benjamin
Gayle Reed
Sherry Schwarz
Ashlee Gabbard
Summer Mountjoy
Rebecca Sievers
Pamela Stang
Gregory Bodager
Candice Carter
Jacob Heil
Favia Sapp
Julie Harkins
Shana Hensley
Deborah Gibbons
Elizabeth Martin
Regina Bates
Janice Devinney
Penny Lewis
Amanda McCord
Melissa Moscoe
Lori Isaac
Brea Salisbury
Napoleon Rivas Jr
Kimberly Sharp
Kristina Huff
Brandi Botkin
Jennifer Burton
Victoria Nash
David McCarrey
Jessica Gault
Ashlee Voschell
Heather Wallace
Chrystal Leidecker
Catherine Kraus
Crystal Blakeman
Sandy Barron
Lydia Ditto
Romeo Lingrosso
Kelsey Scenters
Amy Smith
Melissa Doss
Penny Lee
Virginia Smith
Beth Colosi
Jennifer Milburn
Michelle Stone

Donja Randall
Robert Hawkes
Sara Mullholand
Megan Collett
Brenda Wiemer
Meghan McDonald
Jennifer Toncray
Deanna Wiggington
Gwen Perch
Mallory Teater
Ronald Alexander
Shannon Meadors
Stacy Quisenberry
Pamula Brown
Tina Wright
Lindsey Bisotti
Julio Olivera
Crystal Ferrell
Rebecca Davis
Anna Story
Kayleen Courier
Alicia King

CLINICAL LADDER II

Kim Gruchow
Deborah Jaynes
April McGeorge-Shimizu
Amy Price
Gari Kiser
Allison Cress
Carol Baker
Sandra Woodis
Naketa Williams
Rhonda Petty
Amy Engel
Amelia (Mia) Howard
Allison Rogers
Sharon Brock
Kristin Forschner
Sara Perdue
Karen Taylor
Jacqueline Oaks
Stacey Hall
Robin Payton-Harrod
Susanna Moberly
Mary Howard

Kyle Howard
Jennifer Johnson
Beverly Young
Susan Fields
Mary Hampton
Kathy Mantle
Jill Coles
Mary Keeton
Patricia Disney
Christina Proffitt
Teresa King
Sarah Saylor
Bobbi Miller
Frances Bowling
Amanda Jarman
Julia Phillips
Thomas Deese
Jennifer Mitchell
Rebecca Wheatley
Michael Boling
Jennifer Daniel
Stacey Puckett
Bethany Bolone
Tammi Bradford
Rebecca Shearer
Rebecca Downs
Danielle Lewis
Lisa Highland
Josefina Resultay
Wilma Idago
Jessica Bandy
Ashley Arrington
Heather Hayes
Sandra Bowling
Elizabeth Soileau
Heather Agee
Gracie Ahady
Tracy Howard
Rachel Decoster
Alicia Ritchie
Patricia Wallace
Jennifer Gabbard
Jennifer Sheridan
Diane Snyder
Diane Miller
Jami Belcher

Kathleen Eskridge
Jessica Adkins
Phyllis Bailey
Kendra Millard
Christopher McClellan
Lauren Crockett
Samantha Caldwell
Lauren Johnson
Shelbi KlingleSmith
Sujata Nair
Pamela Huff
Morgan Adams

CLINICAL LADDER III

Ami Dale-Kelley
Tracy Leontiev
Rita Nickell
Alesha Pennington
Darcy Maupin
Michael Miller
Stephanie Cloyd
Glen Standafer
Kimberly Dalton
Tammy Andrews
Ardena Adair
Kellie Rosanbalm
Kathy Rorer
Jennifer Romans
Tasia Rader
Joseph Goble
Joan Morrin
Betty Grigsby
Jennifer Stone
Alicia Kiser
Shirley Davidson
Becky Alexander
April Skaggs
Teri Partin
Courtney Yates
Stephanie Niece
Tiffany Calvert
Stacey Crouch
Erica Cook
Tessa Fouts
Tisha Newsom





Community Service: Collection for the Nest, Salvation Army Bell Ringing at Christmas, Hope Center Hat and Sock Drive

The staff at SJE was busy working for the community this year. A collection of clothing, toys, diapers, and other items was gathered by the staff and delivered to the Nest for distribution. Staff at the Nest were overwhelmed with the response of the SJE staff to help those in need in the community. The Nest is a non-profit

organization providing a safe environment for women and children. The staff on 4th floor (Med/Surg) took the opportunity to Ring the Bell this past Christmas season. The group sang and entertained shoppers in the Hamburg shopping area. The Hope Center also benefited from the generosity of the staff at SJE. A drive to collect new socks, gloves, and hats was held and several boxes were delivered to help keep these residents warm.

Revolutionizing Nurse Residency Programs with Technology to Engage Millennial Learners

According to the 2008 "Future of Nursing" report generated by the Robert Wood Johnson Foundation, Institute of Medicine, and AARP, there is an urgency to transform nursing education. The concept of post-graduate nurse residency programs has emerged to fill the gap between school and increasing practice demands.

Born in the early 1980s and 90s, the newest graduates to enter the workforce have been named the Millennials. In addition to gaming, the Millennials have shown interest in "Web 2.0" technologies, such as blogs, podcasts, and social networking sites.

Under the leadership of Rose Patrick, Margaret Kramer, and Elaine Smith, the SJHS educators embarked on the development of a residency model which incorporated these new technologies. Curricula were developed on a blended learning platform that included:

- e-Learning for self-directed and staged learning
- iPad/Android Tablet applications
- Simulation Lab
- Video clips
- Blackboard/Social Networking
- Virtual nurse coaching for up to nine months from a dedicated expert RN – via text, voice or videoconference via a mobile cart to communicate and share clinical information with a virtual coach who provides support at multiple sites during the night shift.

The first group of graduates celebrated in a solemn graduation service where they were pinned with a "Healing Hands" pin by VP of Patient Care Services, LaJava Chenault. Rose Patrick, Director of Education and Organizational Development, provided the keynote address from the IOM Future of Nursing Report. Chaplain Dow Cobb performed the Blessing of the Hands Ritual.

New Certifications 2011

Ben Bryant, CEN
Sandy Wasson, CEN
Marilyn Swinford, CEN
Tammy Andrews, CEN
Julio Olivera, CEN
Trini Cobb, CEN
Deena Pinkston, CEN
Jana Congleton, CEN
Jennifer Daniel, CEN
Ryan Goble, CEN
Heather Olivera, CEN
Stacey Puckett, CEN
Gayle Reed, CEN
Michele Rothermund, CEN
Carole O'Donnell, CEN
Sherry Breeding, CEN
Portia Bautista, ANCC
Christy Marshall, CNOR
Betty Cornish, AACN, ASE
Faith Reynolds, ONS, OCN
Georgia Bowman, ONS, OCN
Jessica Wallace, ONS, CCRN
Gretchen Ross, CCRN
Doreen Legere, CCRN
Amanda Carney, CCRN
Bryan Boling, CCRN
Lindsey Davidson, CCRN
Carrie Barnett, ONS
Patty Brandenburg, KSPAN
Donna Hagan, KSPAN
Carrie Barnett, BONS
Georgia Bowman, BONS
Trudy Gochett, BONS
Chrystal Hackney, CNOE
Connie Wilson, CSDT
Anna Chamberlain, Certified Lactation Consultant
Kathleen Eskridge, Med/Surg Certification
Shawntal Garr, Hyperbarics Certification
Lesly Arrasmith, CMSRN
Chrystal Hackney, NE-BC
Elaine Smith, RNC-LRN
Michele Riley, CMSRN
Margaret Kramer, BSN, RN - Staff Development
Certification
Jennifer Williams, CCRN

Advanced Degrees 2011

Gail Cook, APRN
Glen Standafer, APRN
Kelli Henderson, SMW, CDE
Judy Gyorffy, BSN, CDE

Heather Hilton, BSN
Aaron Cox, BSN
Samantha Caldwell, BSN
Michelle Bowling, BSN
Teri Partin, BSN
Eric Little, BSN
Robert Laskey, BSN
Rhonda Petty, BSN
Jessica Collins, BSN
Kathleen Eskridge, BSN
Jimmie Settles, BSN
Kim Brumley, BSN
Debbie Newton, BSN
Jennifer Merrick, BSN
Crystal Powers, BSN
Lindsey Davidson, BSN
Sherry Breeding, BSN
Carolyn Cornett, BSN
Trisha Kellenbarger, MSN
Jessica Bandy, MSN
Dana Graves, MSN, CDE, CPT
Chris Slaughter, MSN, CCRN, CCNS
Kristy Carter, MSN
Cailen Wattenbarger, MSN
Margie Cannan, MSN
Dan Andrews, MBA
Lee Clark, MBA
Michelle England, MSN
Jane Bartram, MSN

Leadership Professional

Margaret Kramer, BSN, RN - *President, Central Kentucky Staff Development Group, Member of the National Nursing Staff Development Group*
Patricia Hart, ACMA
Tiffany Lowther - *Board of AORN*
Connie Wilson - *Board of AORN*
Dan Andrews, MBA, RN - *President Kentucky ENA*
Carrie Barnett - *President Elect - Bluegrass Oncology Nursing Society*
Georgia Bowman - *Membership Co-Chair - Bluegrass Oncology Nursing Society*
Trudy Gochett - *Newsletter Editor - Bluegrass Oncology Nursing Society*
LaJava Chenault, MSN, RN - *American Cancer Society Leadership Council Board Member, First Initiative Insurance, Ltd. Executive Board Member, Saint Joseph Foundation Board Member, University of Kentucky College of Nursing Diversity Council*
Chris Mays, MSN, RN - *Palliative Care Board, Camp Horsin' Around Board of Directors*





Abby Roberts
Alisha Gorham
Amanda Jarman
Amber Singletary
Amelia Shrick
Amy Downey
Amy Teague
Andrew Hancock
Annette Bassett
Arlene Jones
Ashlee Voshell
Ashley Becraft
Barb Bloyd
Becky Felker
Beth Stearns
Brandi Brunner
Carolyn Buckler
Cindy Hardin
Connie Melson
Dana Wood
Danie Wilkins
Danielle Mann
Diane Miller
Donna Caudill
Donna Ratliff
Faith Reynolds
Gillian Atwater
Gloria Littleton
Greg Bodager
Heather Ross
Jeni Burns
Jennifer Beaven
Jenny Carter
Jessica Gault
Jessica Hawkins

Joni Boyd
Julie Edwards
Kathleen Eskridge
Katie Calvert
Kendra Long
Kevin Adams
Laura Wicks
Leatha Southwood
Marilyn Vonderhaar
Marnita Hicks
Melanie Kendrick
Melissa Miller
Mitch Warner
Pam Dale
Pam Gill
Pat Jarnagin
Patricia Wallace
Rebecca Shearer
Rob Hasty
Robert Tuggle
Ron Alexander
Rubi Russell
Sara Mullholand
Shannon Melton
Shannon Wells
Shelby Kinglesmith
Sherry Powell
Tamara LeMaster
Tasia Rader
Teri Chasteen
Terry Miller
Whitney Webb
Winona White
Kathy Bank
Lindsey Bisotti

Jill Coles
Cynthia Davis
Tabitha Gaunce
Joy Hoverman
Tammy Land
Chrystal Mackey
Rhonda Petty
Jennifer Powell
Julia Wood
Jessica Adkins
Jessica Bandy
Kathy Carpenter
Anna Chamberlain
Rebecca Davis
Terri Gilbert
Patricia Hill
Jacqueline Oaks
Janie Reynolds
Cecilia Webster
Linda Baird
Ashley Becraft
Jennifer Burton
Karen Dawson
Katharine Fess
Brittney Hamilton
Joann Hewitt
Lori Isaac
Cynthia Roque
Patricia Wallace
Amy Engel
Katie Abrams
Stacey Crouch
Jessica Gault
Trisha Goode
Davonna Hutcherson

Kelly Johnson
Barbara Kramer
Kathryn-Carrie Northern
Alesha Pennington
Rachel Scott
Cindy Tobin
Susan Turner
Alice Wiggins
Donna Yurt
Rayna Thomas
Jessica Adams
Tyler Frieberg
Annie Zuercher
Ron Alexander
Cheryl Bowling
Beth Colosi
Scott Hedge
Kristin Howard
Pat Jarmagin
Laura Marshall
Lee Deese
Tommy Hines
Donna Hunter
Lauren Johnson
Sharon Lewis
Amanda McCord
Jennifer Mullins
Pam Stang
Amelia Steven
Kathleen Eskridge
Maria Brand
Rebecca Riddell



Angela Gibson
Ann Goodlett
Bethany Winkler
Betsy Noel
Carrie Barnett
Chris McClellan
Debbie Newton
Elizabeth Soileau
Faith Reynolds
Gladys Gimenez
Ida Jo Whitehouse

Jennifer Stone
Jessica Barker
Kim Brumley
Kim Schweighardt
Lauren Cole
Lauren Mullins
Linda Underwood
Melinda Kestler
Melissa Bengé
Melissa Miller
Michelle Bowling

Michelle Fite
Pam Brown
Pat Disney
Rebecca Alexander
Robin Hendrix
Sandy Barron
Shannon Evans
Shannon Woosley
Stacy Jude
Teri Partin
Ben Bryant

Rachel DeCoster
April Skaggs
Kathleen Eskridge
Maria Brand
Rebecca Riddell
Pam Cox
Lee Ann Collins
Heather Giles

STUDENT PRECEPTORS 2011

CLINICAL COACH 2011

Outside Presentations and Publications

Dan Andrews

- Michigan ENA Conference
- KYENA State Conference
- 12-Lead EKG Class for Jessamine County Emergency Medical Services
- Fundamentals of Critical Care Conference

Tammy Andrews

- Fundamentals of Critical Care Conference

Tammy Dail

- Go Red for Women Presentation at Sullivan University

Margaret Kramer

- Physiology of Hemodynamics, Hypertension and Plaque Development
- Electrophysiology Procedures the Fundamentals
- Staff Development Certification Course

Donna Hunter

- Co-authored Chapter on Triage in the ED "Malpractice Issues" in Textbook entitled Nursing Malpractice, 4th Edition; Volume II
- Present to Groups of EMS Personnel

Trisha Kellenbarger

- Mobile Health Clinic
- Moderate Sedation to EP lab
- Preparing a Patient for a Pacemaker to new RNs and non-nursing staff

Patty Brandenburg

- Panel discussion regarding PACU at KSPAN Spring Seminar

Holly Moore

- Facilitate Chronic Illness Support Group "Hopekeepers" for Church

Kim Brumley

- poster presentation on BMI to School Board in Danville

Debbie Newton

- poster presentation on BMI to School Board in Danville

Jennifer Merrick

- poster presentation on BMI to School Board in Danville

Denise Hundley and Carol O'Connell

- Because One is Too Many, Journal of Obstetric, Gynecologic and Neonatal Nursing.

Mary Osborne, Joyce Graham, Kathy Cowley, Denise D. Hundley and Debbie Chambers

- Because One is Too Many: Catholic Health Initiatives' Success in Reducing Preventable Birth Injuries, Journal for Healthcare Quality



Heart Of Saint Joseph Award Winners

Vicki Stephens (NICU, Nursery, PP, Women's Care)
Al Saylor (Case Management)

Daisy Award Winners

First Quarter 2011

Cindi Epperson, RN, L&D/Antepartum, SJE
Rayna Thomas, RN, 5B Ortho/Neuro, SJH

Second Quarter 2011

Jenny Carter, RN, 3A, SJH
Tammy Brisbay, RN, Outpatient Surgery, SJH
Elizabeth (Libby) Christensen, RN, ICU, SJE

Third Quarter 2011

Mary Ralph, RN, Wound Care, SJH
William Randolph, RN, Med/Surg, SJE
Bethany Bolone, RN, ED, SJJ

Fourth Quarter 2011

Rachel Scott, RN, L&D, SJE
Donja Randall, RN, CCU, SJH





2011 Nurse's Day Nominees SJH/SJE/SJJ

Debbie Gibbons, RN, SJE LDR, The Women's Hospital
 Chrystal Hackney, Clinical Educator, SJE Educational Services
 Melissa Hicks, RN, SJE Radiology
 Susan Leininger, RN, SJE Operating Room
 Danetti Martin, RN, SJE Cath Lab
 Jane Miller, RN, SJE Endoscopy
 Tonya Nations, RN, SJE 4MS
 Nancy Norfleet, RN, SJE Clinical Effectiveness Department
 Erica Payton, RN, SJE PACU

Janie Reynolds, RN, SJE Nursery
 Amy Smith, Staff Nurse, SJE CCH
 Elaine Smith, RN, SJE The Women's Hospital
 Linda Underwood, RN, SJE 3Telemetry
 Patricia Wallace, RN, SJE Post Partum
 Rebecca Wheatley, RN, SJE NICU
 Sheryl Adams, Cricital Care Float, SJH CCF
 George Barnette, RN, SJH 5A
 Portia Bautista, Clinical Manager, SJH 3A
 Frances Michelle Bowling, Clinical Manager, SJH 3A
 Teresa Chasteen, RN, SJH 5B
 Harla Christian, Clinical Manager, SJH 3ICU
 Lindsey Davidson, Charge Nurse, SJH ICU North
 Kathleen Davis, RN, SJH PACU
 Betty Evans, Staff Nurse, SJH CCH
 Sylvia Eversole, RN, SJH 3E
 Tabitha Gunn, RN, SJH PRNU
 Cindy Hardin, RN, SJH 2E
 Margaret Howard, RN, SJH Endoscopy
 Stacy Jude, RN, SJH Electrophysiology Lab
 Sandra Karli, Staff Nurse, SJH OR
 Brenda Lloyd, RN, SJH HISSU
 Liz Morris, ED Educator, SJH ED
 Tabitha Morris, Clinical Manager, SJH ICU South
 Faith Reynolds, RN, SJH 6Oncology
 Donna Samuels, RN, SJH 3B Surgical Telemetry
 Jon Stempa, RN, SJH Cardiac Cath Lab
 Betty Wellman, RN, SJH Nursing Support
 Joseph Ryan Goble, Nurse, SJJ ED

2010 Nurse's Choice Award Winners

Every year, nurses at SJH and SJE nominate one physician from each campus for the Nurses' Choice Award. In December 2010, nurses honored Dr. Gary Morlier, M.D. and Dr. William R. Banks, M.D.

The Nurses' Choice Award recognizes physicians who display the following traits every day in their work with nurses. The criteria for selection of the physician award winner are:

- Daily demonstrates the core values of Reverence, Integrity, Compassion and Excellence, as the leader of the health care team.
- Supports nurses in a collegial manner by demonstrating respect and a true spirit of collaboration with nurses in the provision of care.
- Serves as a coach and teacher, whether formally or informally, to promote the advancement of nursing knowledge and practice.

Dr. Gary
Morlier,
SJE



Dr. William
R. Banks,
SJH



Exemplary Professional Practice

SJE Top 25

Amy Wallace, HISSU/Cath Lab
 Whitney Webb, ICU
 Denise Alvey, HISSU/Cath Lab
 Dorothy Smith, Endoscopy
 Susan Turner, Labor & Delivery
 Teresa Fightmaster, HISSU/Cath Lab
 Pamela Kaufman, Labor & Delivery
 Cindi Epperson, Labor & Delivery
 Trudy Johnson, HISSU/Cath Lab
 Anitra Stocking, 4th Med/Surg
 Laura Brann, 4th Med/Surg
 Jacob Heil, ICU
 April Hamilton, 4th Med/Surg
 William Randolph, 4th Med/Surg
 Janet Morgan, Nurse Navigator

SJH Top 25

Judy Beauvier, Pain Management
 April Abalos, Pain Management
 Lori Martin, Pain Management
 Julie Harkins, HISSU
 Tamara Brisbay, Pre-Op/Post-Op
 Cheryl Duarte, HISSU
 Cynthia Hardin, 2East
 Lynette Tuttle, 2East
 Donna Caudill, 3East
 Wendy Ginter, 3East
 Karen Greer, HISSU

Exemplary Professional Practice Through Core Measures

Exemplary Professional Nursing Practice (EPNP) is characterized by a comprehensive understanding of the role of nursing together with the application of relevant knowledge and newly discovered evidence. The goal of EPNP is more than the establishment of strong professional practice; it is that which nursing professional practice can achieve. At SJH/SJE/SJJ, our newly adopted Core Measure (CM) process exemplifies the spirit of EPNP.

The CM initiative is guided by a multidisciplinary committee comprising a physician champion and executive leadership and representatives from quality, nursing (clinical specialists, managers, and staff), pharmacy, utilization review, case management, clinical documentation management, education, and infection control. This group meets weekly to share goals, best practices, and specific data trends.

For more than a year, overall CM Perfect Care Scores have hovered slightly below the 90% mark without significant improvement. An analytical review of the data revealed that our biggest opportunity for improvement (OFI) lay within the Heart Failure CM and, more specifically, with discharge instruction and medication reconciliation. In response, we conducted a 30-day pharmacy pilot study. During this time, a clinical pharmacist performed discharge medication reconciliation for our Heart Failure patients. A number of discoveries were made through this pilot, the most important of which was the identification of multi-faceted gaps in our discharge medication reconciliation process that placed our patients at risk. An exhaustive review of medication reconciliation best practices and an economic analysis of 30-day readmission convinced administration to approve three full-time pharmacy positions for the sole function of discharge medication reconciliation. These pharmacists were deployed on August 25 and their success is being measured against defined metrics.

At the nursing unit level, we have adopted a color-coded model for CMs. Colored folders (Heart Failure: green; Acute MI: red; Community-Acquired Pneumonia: purple; Surgical Care Improvement Project: yellow) containing CM standing order sets and/or CM clarification order sets are stocked on nursing units and placed with the medical records of patients who are eligible for CM inclusion. CM patients are designated by colored markers on our dry-erase assignment boards and colored stickers on the spine of the patient medical record. We

have found color-coding to be a beneficial tool for multidisciplinary communication and for hand-off between shifts and at patient transfer.

Core Measure education is a dynamic process at SJH/SJE. Mandatory learning was assigned to all nurses, nursing assistants, and unit secretaries at both facilities. This has been augmented by on-unit education and support by our clinical educators and “rounding to influence” by nursing management and our executive leadership. As improvement opportunities are identified, appropriate education is provided. Physician education is likewise ongoing, with emphasis placed on value-based purchasing, evidence-based practice, and documentation.

We anticipate significant improvement in our overall Perfect Care Scores by January 2012. In the interim, we have been identified by our parent organization, CHI, as a “Best Practice” facility for CMs. Our education materials, tools, and communication methods have been shared with the system and we have been invited to give a formal presentation of our success in January.

Patient Family Advisory Council (PFAC)

We at SJH and SJE care deeply for our patients and value both their opinions and the opinions of their family members. With this in mind the PFAC was started at both hospitals in the fall of 2010. Each hospital has a PFAC composed of former patients, the family members of patients, and hospital staff members. All members of

the council volunteer their time. The former patients on the council have a wide variety of healthcare experiences. The council is jointly co-chaired by a hospital executive and a patient or patient family member. Members of the council are advised that active listening is key to success, everyone must be committed to change, and all opinions are valuable. Each council member is expected to be a committed and active participant.

After initial monthly meetings which established the council, the council's meetings became quarterly. A wide variety of topics have been covered during the meetings at both facilities but common themes concerning improved communication, the use of simple language, and better accommodations for family members in patient rooms have arisen. Action plans stemming from patient and family member concerns have been developed by nursing leadership and have impacted nursing practice at both SJH and SJE. Even as both councils work to improve the quality of patient care, the exemplary warmth, commitment, and skill of Saint Joseph nurses is evident.

PharmNet

PharmNet is a Cerner software application for medication management, primarily for acute care settings. The application enables us to electronically capture and bring together key patient information—including home medications, allergies, height and weight – for improved medication reconciliation and patient safety.

Quality Pillars

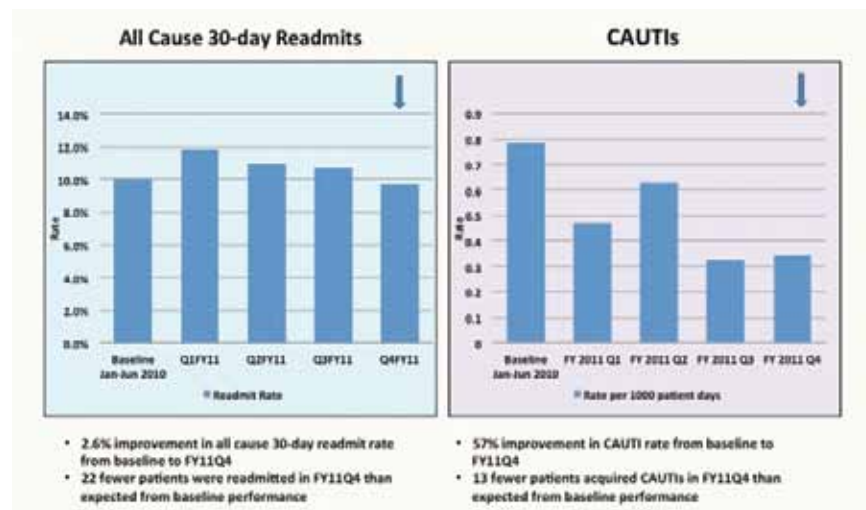


Fig. 1

Nurses directly enter patient data into the system at bedside workstations – reducing the amount of hand-writing and paperwork required. It continues to enhance patient safety by providing a single source of information that follows patients from encounter-to-encounter. PharmNet provides easy-to-read, printed reports that list all home and inpatient medications alphabetically, along with allergies.

PharmNet lays the foundation for computerized physician order entry, bar code medication administration, or a fully integrated, comprehensive electronic medical record.

PharmNet is part of the OneCare Clinical IT Strategy, our major effort to improve quality, safety and efficiency through technology.

Evidence-Based Practice

SJH/SJE/SJJ has shown statistical improvement in various quality measures over the last fiscal year. Some improvements were not statistically different from the baseline. Please refer to Figs. 1, 2 and 3.

- CAUTIs: There has been a 57% improvement in the system's CAUTI rate from baseline (Jan-Jun 2010) to FY11Q4. This means that 13 fewer patients acquired CAUTIs in FY11Q4 than expected from the baseline performance. This is a significant improvement ($p < 0.01$) for the Lexington facilities.
- All Cause 30-day readmits: The all cause 30-day readmit rate has improved by 2.6% from baseline (FY10)

to FY11 Q4. Twenty-two fewer patients were readmitted in FY11Q4 than expected from the baseline performance. This improvement is not significantly different from the baseline.

- HAI: The rate for HAI-CDI has improved by 67% from baseline (Jan-Jun 2010) to FY11Q4. The rate for HAI – MRSA has had a 43% improvement from baseline (Jan-Jun 2010) to FY11Q4. This is a statistically significant improvement ($p < 0.01$).
- HCAHPS: The system's top box patient satisfaction score has increased by 3.02 percentage points from baseline (FY10) to FY11Q4 (the facility specific Q4 data was incomplete at the time of this analysis). Not significantly different.
- IRIS Reporting: There has been a recent push towards increasing IRIS reporting rates through the Safety First initiative, specifically targeting near-miss events. Our most recent (08/05/11) analysis indicates a 24% increase in number of IRIS reports recorded from baseline (FY10 quarterly average) to FY2011Q4. This means that there were 100 more reports logged in FY11Q4 than expected from baseline. This is again a statistically significant improvement ($p < 0.01$).

Patient Safety from Falls

SJH and SJE have worked diligently over the past several years to provide for patient safety from falls. The falls program has been an ongoing multidisciplinary ef-

fort to identify patients at risk for falls and factors resulting in injuries; systematically assess fall risk factors; and provide guidelines for falls and repeat fall preventative interventions.

- "Universal Fall Interventions" were expanded at both hospitals and continue to be implemented on all in-patients. These interventions are included in hourly safety rounds and documented at the bedside.
- All in-patients are assessed using the Morse Fall Scale on admission, every shift, and with any change in conditions. This is documented on the nursing flow sheet and incorporated into the plan of care.
- Specific high fall risk interventions are implemented for patients identified as a high fall risk. These interventions include but are not limited to visual identification, education, high fall risk chart sticker and documentation on the "Ticket to Ride" tool, toileting needs, physical therapy consideration, or applying an exiting alarm if patient is unable to follow directions.
- The Shift Safety Huddle is a proactive communication component of falls prevention. The Shift Safety Huddle improves patient safety and enhances accountability for care by standardizing the communication process (handoff of care) for identifying High Fall Risk (HFR) patients and ensuring that interventions are in place. The process was first piloted by the 5B staff and will be spread to all in-patient Med/Surg and telem-

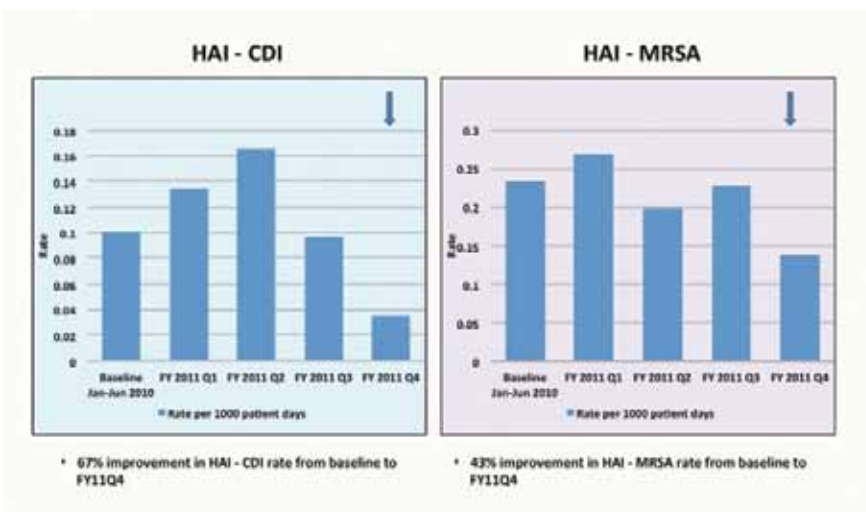


Fig. 2

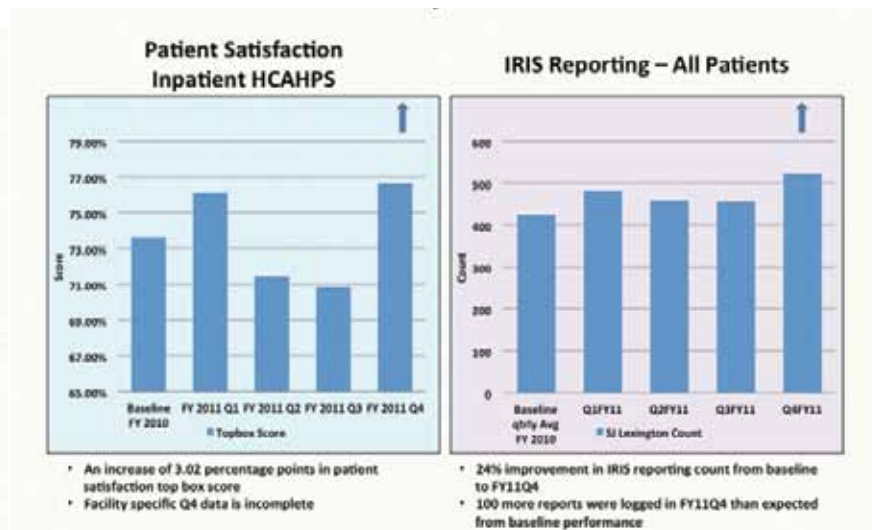


Fig. 3

etry units. The charge nurse shift report is a venue for further identifying patients at high risk for falls and assuring appropriate interventions are planned and followed-up.

- Walking report rounds are also being implemented. They will include immediate hand-off fall safety intervention communication. Fall Risk documentation is also on the Treatment Plan (Kardex).
- The nursing staff are educated on all components of the falls program through the Learn Module, nursing orientation, competency checks, staff meetings, one on one staff counseling as needed, Daily Line-Up and visual memos.
- Education material is now placed in each admission packet. This education is given and reviewed with the patient and/or significant other. The content includes: risk of falling, care team actions, patient actions to maintain safety, and safety after discharge.
- Revisions in the IRIS report allows for immediate post fall follow-up by the unit manager and clinical nurse specialist. Additional revisions from the Oars Report allows for monitoring unit specific data, trends and improvement processes. Each unit is developing a Shared Governance Quality Safety Team with falls prevention as a focus. Unit specific NDNOI and IRIS report data and trends are shared to help guide falls practice and interventions.

Hazmat Education and Drills

We hope to never have a hazmat event in Lexington but if we do the staff in the EDs will be prepared. The staff at SJH/SJE/SJJ are educated each year in the proper procedures for a hazardous event. The staff also practice dressing out in the hazmat suits and papr's. This year the staff was able to use a new electronic pa-



tient tracking system. This new system will allow patients to be easily entered into one system and tracked throughout the area in which the hazmat event is occurring.

Surgery on Sunday (SOS)

As of March, 2011, SJH is partnering with SOS and providing surgery in the SJH operating room for this population, once per quarter. This will assist in decreasing the waiting time for patients that qualify for this service. This service is being provided four more times per year. The staff for SJH/SJE/SJJ, as well as the physicians and anesthesiologists, volunteer their time for this much-needed service. So far, 54 surgeries have been performed at SJH in 2011.





direct patient care responsibilities on evening and/or night shifts. The Virtual Nurse Coach will assist new nurses in fine tuning their critical thinking process, helping them recognize subtle changes in a patient's condition and effectively deal with rapid patient decline or other emergent care issues. The Virtual Nurse Coach can also provide emotional support and assist with psychosocial concerns.

The "Virtual" Element of the Nurse Coach - The Virtual Nurse Coaches work from a communication center located at SJH. New graduates communicate with the Virtual Nurse Coach by texting, voice and videoconferencing. The Virtual Nurse Coach will have electronic access to elements of the patient's chart and laboratory reports. Participating nursing units have a mobile diagnostic cart with dual monitors and a webcam. Using the cart, the nurse and the Virtual Nurse Coach can communicate by videoconference while viewing important clinical information. The cart can be moved into patient rooms and has a hand-held camera and digital stethoscope, enabling the Virtual Nurse Coach to assist the graduate nurses with monitoring a patient's condition.

Nurses in the program can consult with the Virtual Nurse Coach at any time, and for any reason, during their shift. The Virtual Nurse Coach will also review a nurse's assignment on each shift, and may initiate contact if the nurse is supporting a patient who has:

- (1) A core measure diagnosis such as acute myocardial infarction, heart failure, pneumonia, surgical care improvement program;
- (2) Been newly admitted to the unit;
- (3) Undergone a procedure or surgery within the past 24 hours.
- (4) High acuity score

Why Virtual?

New graduate/preceptor relationships have historically been a helpful and effective way to train new graduate nurses. Programs typically last up to 12 weeks and then the new graduate assumes full staff nurse responsibilities. However, studies show that programs that provide consistent coaching support during the first year of employment demonstrate improved patient and employee outcomes.

Advances in technology have made innovative coaching models a reality. Virtual Nurse Coaches can support multiple nurses at multiple sites, and are exclusively focused on ensuring that the new graduate registered nurses get the continued support and training they need to become confident and talented health care providers.

New Knowledge Innovations And Improvements

Virtual Nurse Coach Program

SJH, SJE and SJB introduced a Virtual Nurse Coach Pilot Program to support new graduate RNs. Executive sponsor was LaJava Chenault, VP of Nursing. To date the program is being provided to new graduate nurses at SJH, SJE, and SJB on select units during the night shift. The program went live August 29, 2011 as one element of a comprehensive 12-month new staff support initiative.

How the Virtual Nurse Coach Program Supports New Nurses - Following post-hospital orientation and up to 12 weeks of unit coaching, new graduate nurses will participate in the Virtual Nurse Coach program for up to nine months. The graduates will have access to an experienced, expert, master's-prepared nurse (Virtual Nurse Coach) who will provide coaching as they assume



Virtual Nurse Coach Program Locations

New graduate registered nurses, working in medical-surgical and telemetry units at SJH (2E, 3A, 4A, 5B), SJE (3 telemetry, 4 Med/Surg) and SJB (Med/McSurg) will participate in the Virtual Nurse Coach program.

Three certified master's-prepared RNs were hired to serve as Virtual Nurse Coaches: Michele England and Jane Bartrum and project leader, Shannon McComas. They work from a central office located on the 6th floor at SJH equipped with multiple video monitors, access to EMR data, and access to supporting data and technology such as pharmacy dosing software, clinical support software, clinical pathways data, etc.

This program is supported by CHI Institute for Research and Innovation (CIRI). It is the first Virtual Nurse Coach Program in the CHI system. If successful, CHI will use the experiences and expertise gained through this pilot initiative at SJH, SJE and SJB to launch the Virtual Nurse Coach program in other locations.

Telehealth

Community Based Delivery Model Virtual Care is a two year research study (\$250,000) under the Kentucky Healthy Future Initiatives program from the Foundation for Healthy Kentucky to establish two community-based Nurse Practitioner Virtual Primary Care health delivery model clinics in Clay City, Powell County and Campton, Wolfe County.

The vision of the SJHS Virtual Primary Care Delivery Model is to develop and implement a viable community-based delivery system that provides access to primary care and specialty services to underserved communities through deployment of telemedicine technologies. These clinics will be staffed by APRNs, who collaborate remotely with primary care and specialty physicians to provide comprehensive care to community residents, enabling the physicians to provide consultation and services to multiple clinic locations.

- **Saint Joseph Primary Care Clinic – Clay City** opened July 7, 2011 with Mary Vice, APRN and Stephanie Smith, LPN. As of Aug. 25, 2011, they have provided primary care services to 86 patients and have identified patients who need specialty consultation. Training for physician specialists is in process, and Telehealth appointments will be subsequently scheduled.
- **Saint Joseph Primary Care Clinic – Campton** introduces the integration of behavioral health and mental health in primary care through collaboration with Kentucky River Community Center (KRCC), as the Virtual Primary Care Clinic and KRCC will share the same

building. Following completed building construction, we are anticipating a December opening for the Campton Virtual Primary Care Clinic.

Our research study is a case study design providing moderate evidence in supporting the effectiveness of the Virtual Care practice strategy with two new primary care clinics staffed by Nurse Practitioners in Appalachian areas of Kentucky that have limited or no access to primary care services. We will evaluate health behaviors, health status, health care utilization, and self-efficacy to determine the feasibility, effectiveness and patient satisfaction of the Nurse Practitioner Community-Based Virtual Care delivery model by focusing on: 1) patient access to care (primary care and specialty care via Telehealth); 2) patient self-efficacy in chronic disease management; 3) efficiency of service (through reduced patient waiting time for health service; reduced time for specialist consultation; appropriate patient transfer to different levels of care; reduced patient costs in time, transportation and other expenses related to obtaining health care).

In anticipation of the emphasis on the Accountable Care Organization (ACO) in recent health reform legislation, we have created an innovative model that uses mid-level nurses to provide primary care; telehealth technology to link patients, the primary care provider, and hospital-based clinical specialists to deliver specialty care; and establishes the patient-centered medical home in medically underserved remote and rural communities.



Honoring Our DAISIES

Congratulations to the FY11 recipients of the DAISY Award for Extraordinary Nurses throughout Saint Joseph Health System. Pictured are several recipients who attended an appreciation dinner September 27, 2011, along with nursing leaders and members of the executive team.



Carol Bentley
SJM



Bethany Bolone
SJJ



Sandy Bowling
SJB



Tammy Brisbay
SJH



Sandra Brown
SJL



Jenny Carter
SJH



Libby Christensen
SJE



Christine Coffey
SJMS



Cindi Epperson
SJE



Wanda Hall
SJM



Stephanie Johnson
SJM



Paula McDonald
FMH



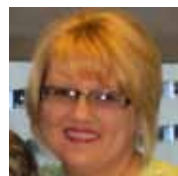
Michelle Osborne
FMH



Wilma Partin
SJL



Susan Price
SJB



Mary Ralph
SJH



Donja Randall
SJH



William Randolph
SJE



Shana Sandifer
SJL



Rachel Scott
SJE



Carrie Shelburne
FMH



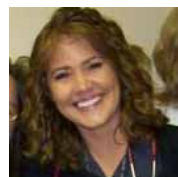
Tammy Smith
SJL



Laurie Talbott
FMH



Rayna Thomas
SJH



Lori Vickers
SJB



Jan White
SJM



Kristina Williams
SJMS

Living Our Core Values

SAINT JOSEPH HOSPITAL

"I wish I had sufficient words to express my gratitude and thanks to you. A simple thank you seems inadequate for all you did for me.

You comforted me, you bathed me, you cared for me and you healed me. For these things I am eternally grateful. I will try to pass on to others the goodness you have passed to me. I thanked God for you today."

"I will give you all 200% (two hundred percent) grade. You all are wonderful people. I am blessed to have you all for my medical help. What great people you all are.... May God bless you one and all for your generosity and medical help. I have been treated with dignity and compassion and love. Please forgive me for my slowness because I didn't have any cards. Nevertheless, I love you one and all for your help. May God Bless and love you one and all. My special hospital."

SAINT JOSEPH LONDON

"When my dad was in the ICU he was treated with excellent care.

Debbie Baker, Regina Tolson, and all the other nurses went above and beyond their job. They not only provided my dad with healthcare, but provided emotional care for the entire family. Everyone was true angels sent from God above."

"My stay at Saint Joseph - London was excellent! The staff is knowledgeable and able to explain each procedure; caring; and most compassionate. Not one time was a technician, nurse, or nurse aid too busy to have a small chat while performing his/her duties."

"Special thanks to Alma Asher, RN for the Get Well Card. It really touched my heart."

"Everyone was just fantastic. Natasha [Grega] was so caring and careful. All in all, I felt the staff really cared."

"My nurse was Heidi Davidson on day shift. Heidi was attentive to my needs and fears, gave me emotional support, and encouragement. I can't say enough about your new facility, the staff, and the care I received from everyone."

SAINT JOSEPH MARTIN

"You all made a very scary time for me easier because of your friendliness, attitude, and kindness. Everyone was so kind and professional."

"I want to personally thank Jan White. It was Jan's prompt recognition of the emergency at hand that saved my wife's life. Not only did she handle the emergency in an excellent manner, but also treated us with compassion and care."

"I would like to thank the doctors and nurses that took such wonderful care of our father that was carried home by God's angels. I cannot say enough about the nurses. They were so gentle and kind. I am forever grateful for the love and care my daddy received from the second floor nurses."

SAINT JOSEPH JESSAMINE

"My child had a CT scan at Saint Joseph - Jessamine, the tech Stacie did an excellent job. She's a keeper!"

"The staff were great. They were friendly and helped me understand questions I had."

"The doctor was nice and treated my daughter well. Wonderful service."

"So many nice people who truly care about making people feel better quickly."

"I had an occasion to visit your facility with my granddaughter who had injured her wrist. I was impressed by the service we received and the courtesy extended to us by all staff members we encountered while receiving care. The facility itself is certainly something to be proud of. Thank you again for the courtesy and care received during our visit."

"The best people you can ask for!"

"They are the greatest people! Don't change anything or the people!"

SAINT JOSEPH BEREA

"I have never seen a more caring, loving, kind and considerate staff. From the start, in the emergency room, to all the techs, housekeeping, and the hard working people in the kitchen who deliver a tray and ask if we would like a cup of coffee (little things like that mean so much), but to especially the nursing staff ... we would like them to know just how valuable they are. Even though she can be difficult to deal with at times, they always attended to her needs with compassion and a smile. I do not know what you are doing, but whatever it is, keep up the good work."

"I was seen in Berea in the ED, and I have to say the nurses, doctor and aides were super friendly and comforting! You need to tell the lady wearing the scrubs that had references to GOD on them that she does an excellent job and I appreciate the way she treats and cares for people! And the gentleman that is a volunteer firefighter in Sand Gap deserves a pat on the back too! He took care of every need! Also the doctor was terrific! I am an EMT and work on a buggy and I have never seen care like this let alone received it! And lastly thank you for keeping God in your hospital, it was comforting to look up and see the Cross! Thank you!"

SAINT JOSEPH EAST

"God put several other angels in our lives during our stay at Saint Joseph East. The staff on the 3rd floor and ICU and later outpatient, were wonderful. Our primary floor nurse and two of the nurses in ICU not only performed the necessary medical care for my daughter, but I knew they truly cared about her. The did numerous 'little things' for her that helped to lift her spirits and keep her fighting when she was very low and frightened, and I know in my heart they were praying for her. We serve an awesome God, and He was evident in the care my daughter received in your hospital."

"One particular nurse, Kim Sharp was head and shoulders above everyone. I was fortunate to have her for one day and I credit her for turning my situation around. She was truly compassionate and constantly went out of her way to suggest ways to overcome my problem. I truly felt that she really cared and was not just doing a job for the extent of her shift."

FLAGET MEMORIAL HOSPITAL

"There are not enough words to express my gratitude for the excellent care I received in ICU. You weren't just doing a job. I could feel the love and care in everything you did for me. Thank you for being the loving, caring, people you are. Flaget is lucky to have you as part of their staff"

"I have been a patient at Flaget Memorial Hospital and I just want to say that I've never been treated as well anywhere in my life as I have been at Flaget. I always feel like a king here!"

"All the staff here were so wonderful to us. Thank you for all the wonderful care before, during, and after delivery. Our first moments with our son were exactly as we dreamed for. We will tell everyone they will get great care here. All the breastfeeding support and concern for mom's health are great!"

"We wanted to express our gratitude to the nurses who took such good care of our dad during his illness. It was so comforting to our family during such a difficult time. Your staff is to be commended for a job well done."

SAINT JOSEPH MOUNT STERLING

"We were treated so very nice. We were kept informed throughout our entire stay. Thanks so much for taking such good care of our mother."

"All of the nurses, doctors, and assistants were great with me on the day of surgery. Thanks to them all for making the day a little easier."

"Everyone was so kind and helpful. I have never been treated so good in any other hospital. Thanks so much."

"Very caring and concerned nurses. The new hospital is so clean and comfortable."



† CATHOLIC HEALTH
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Saint Joseph - London | Saint Joseph - Martin | Saint Joseph - Mount Sterling | Flaget Memorial Hospital

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