



# MISSION HOSPITAL 2019 NURSING ANNUAL REPORT



Mission Hospital

## NURSING FAMILY,

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**One of the hallmarks of Mission Hospital is our exceptional nursing team. You touch so many lives, so profoundly, each and every day. It is inspiring to see how you pour your heart and soul into caring for our patients and their loved ones. We are incredibly grateful to have the opportunity to work alongside you.**

This annual report is a celebration of you – your dedication, commitment and extraordinary talents. Thanks to you, we were blessed to achieve many prestigious distinctions and accolades in 2019.

- **U.S. News and World Report Best Regional Hospitals named Mission the No. 1 hospital in South Orange County and No. 13 in the state of California.**
- **For the third straight year, Healthgrades honored Mission with the America's 250 Best Hospitals Award, which recognizes the top 5% of hospitals in the nation for consistently delivering clinical quality.**
- **We earned an 'A' patient safety rating from The Leapfrog Group, a national nonprofit committed to improving health care quality and patient safety.**
- **Anthem Blue Cross California and Blue Shield of California named us as a Blue Distinction Center+ for Orthopedics and Blue Distinction Centers for Spine.**
- **Mission was recognized with the Maternity Honor Roll Award for delivering safer and more affordable care.**

- **We earned advanced recertification as a Comprehensive Stroke Center by the Joint Commission’s Gold Seal of Approval® and the American Heart Association/American Stroke Association’s Heart Check Mark.**

There are so many distinctions that we can’t even include them all! We want to thank our incredible nursing team for helping to make these achievements possible. They truly speak to your commitment to provide superior care, outstanding quality and uphold our promise to “know, care for and ease the way” of our patients.

This is a challenging and exciting time to be a nurse, and we are so thankful that you are here, living out your personal mission and caring for our South County community. Thank you for making Mission Hospital the best place to work and receive care in our community. You make a difference!



**Seth R. Teigen, FACHE**  
Chief Executive



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



# Mission Hospital

## THE MISSION

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

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## OUR VISION

Health for a Better World

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## OUR PROMISE

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

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## OUR NURSING VISION

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



# COORDINATING COUNCIL

## Annual Report 2019

The purpose of the Coordinating Council is to direct and facilitate shared governance at Mission Hospital. This council acts as a forum for all chairs of the housewide shared governance councils, APNs, and directors to coordinate activities.

The specific responsibilities of the Coordinating Council include:

- Enhance communication between the housewide shared governance councils
- Encourage and support the advancement of nursing services
- Promote professional development of nurses by participating in the Clinical Ladder promotion and annual meeting
- Evaluation of the Professional Practice Model (PPM) and Shared Governance Bylaws
- Celebrate shared governance outcomes annually during nurses' week activities

### COORDINATING COUNCIL GOALS 2019

1. Increase housewide shared governance attendance by 3% by December 31, 2019, from 66.75% to 69.75%.
2. Initiate Magnet sources of evidence (SOE) for five difficult SOE by December 31, 2019.
3. Increase Coordinating Council attendance by 3% by December 31, 2019, from 69.4% to 72.4%.
4. Hold shared governance training for unit shared governance chairs, managers, educators, and APNs in 2019.

### NURSES WEEK AWARDS

The Coordinating Council helped to support the annual Nurses Week celebration in 2019. Awards were given to RNs who met criteria in the following categories: practice, education, leadership, quality and innovation. **The award winners for 2019 were:**

- Collaborative Practice Award: Women and Infants Institute
- Education: Genevieve Grable
- Excellence in Preceptorship: Carrie Cheney
- Innovation: Vascular Access Team
- **Leadership:** Wendy Lenhart
- **Quality:** Liz Stock
- **Partner in Practice:** Jackie Mallwee
- **Practice:** Pamela Monte

### CLINICAL LADDER PROMOTION

The Clinical Ladder Advancement program supports and provides a clear pathway for professional advancement in clinical nursing. This initiative is critical in contributing to an experienced and highly skilled nursing staff. The program was designed to recognize and reward excellence in clinical nursing practice.

# MISSION HOSPITAL NURSING RESEARCH COUNCIL 2019 REPORT

## PURPOSE AND SPECIFIC AIMS

The Mission Hospital Nursing Research Council promotes a culture of scientific inquiry and innovation to support nursing research, evidence-based practice, quality improvement research and nursing scholarship. The work of the research council contributes to the success of the nursing shared governance at Mission Hospital, a Magnet-accredited hospital since 2012.

## 2019 ACCOMPLISHMENTS

The Nursing Research Council is glad to highlight work in 2019 that supports research and the translation of scientific evidence to improve excellence in clinical practice, patient outcomes and advances in nursing knowledge.

- In 2019, the Nursing Research Council received six nursing study proposals. Each study proposal is unique requiring hours of consultation, review and approval considerations. The Institutional Review Board (IRB) approved four studies in 2019, three from 2018 and four from 2017. The work of each study continues for many years, including the time to conduct the study, analyze results, present the findings and collaborate with others to translate important recommendations. I am pleased to report that our council takes this work seriously and has accomplished much over the past years.
- Doctors Mark, Rainbow, Barker, and Westlake continued in 2019 to present at regional, national and international meetings and publish findings and implications from research conducted at Mission Hospital about Sacred Encounters, Presenteeism, Nurse Fatigue, and Spiritual Assessment. It is a welcome pleasure to have four DNP students, Braun, Barnes, Hart and Lawson, all nurses at Mission Hospital designing and conducting research.
- To improve communications with staff nurses, the research council chair and co-chair have offered monthly Write-Time sessions at Mission Viejo and Laguna Beach for MH nurses to consult on writing abstracts, proposals, and publications. The council provided a series of lectures to review and gain expertise in the use of the Johns Hopkins Nursing EBP Model for all members. The research council worked collaboratively with MH shared governance councils including the design and evaluation of the annual leadership shared governance surveys. And we continue to participate in Providence Nursing Scholarship and SoCal regional nursing research monthly meetings.
- In our ongoing work and plans for 2020, we were glad to review clinical nurse 3 and 4 projects for research participation, and plan to support original research through a nurse research residency program for three MH nurses. **We are in the process of creating a new website and have adopted a new vision statement for 2020: To be the voice of scientific nursing practice and promote professional nurses' unique contributions in a culture of inquiry.**



## 2019 POSTERS AND PRESENTATIONS

MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	Targeted Temperature Management
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	Emergency Neuro Life Support Course
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	Acute Stroke Update 2019
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	5 Lectures: Practice with Passion and Purpose, Managing TBI, Technology - Inside the Black Box, TTM, Technology in critical care
Ruhi Mahjoub MSN, PCCN, PHN, RN-BC	Incident of delirium and its outcome among older adults
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	ENLS: Intracranial Hypertension and Herniation and Resuscitation after Cardiac Arrest
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	Guided by the Why? Critical Care Conference Mobile Alabama
Jill Donaldson RN MSN CNS CMSRN	14th annual EBP conference "Hot Topics in Our Community: Current Social and Ethical Issues"
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	15th Emirates Critical Care conference 1st Regional Pan Arab/Africa Neurocritical Care Society Meeting, Dubai UAE
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	TTM in Neuro Patients
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	Fast and Furious: Stroke Care TEG in Neuro ICU Patients
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	Temperature Management in Neuro Critical Care Populations
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	Minor, Moderate and Severe TBI Gizmos and Gadgets in ICU Case Studies in Pediatric TBI
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	Targeted Temperature Management Post Cardiac Arrest and Normothermia
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	Managing Severe TBI
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	Severe TBI Using a Tiered Approach Gizmos and Gadgets in TBI
MaryKay Bader, RN MSN CCNS CCRN CNRN SCR N FNCS FAHA	ENLS

## EVIDENCE-BASED PROJECT GRID

LEADS	EBP/QI Project	Start Date	Title of EBP/ Practice Issue
June Melford & Skin Taskforce	EBP	9/19/2019	Incontinence Associated Dermatitis Prevention Protocol
Christine Gurney	EBP	1/19/2019	Staging of Postpartum hemorrhage
Jill Donaldson	Opioid-sparing protocol	2/2019	Post-surgical opioid-sparing pain regimen
Jill Donaldson	EBP	1/15/2019	Unclogging SBFT

# MISSION HOSPITAL

## SEPSIS PROGRAM

**Sepsis is a life-threatening organ dysfunction that results from the body's response to an infection.** Sepsis is a medical emergency. It requires prompt recognition, effective antibiotics, careful hemodynamic support, and control of the source of infection. Mission Hospital has a vigorous sepsis program in the management of the adult population utilizing a multi-disciplinary approach by providing clinical excellence in the early recognition and treatment of sepsis.

**Our Sepsis Program's commitment to excellent quality care shows a positive reflection in our patient outcomes.** The inception of our Sepsis Program in 2015 has shown a sustained decrease in our yearly set targeted goal in the observed versus expected mortality of our sepsis patients. This is a result of our innovative multi-disciplinary team, critically trained team of sepsis nurses, and the incorporation of the 2018 Telemetry-Sepsis Unit with specialized trained nurses providing evidence-based care. This is reflected in our data compliance to Center for Medicare & Medicaid Services (CMS) treatment guidelines of sepsis bundle elements.

In addition, members of our Sepsis Program participated enthusiastically in several local community events in 2019 and 2020 including The Shops at Mission Viejo for September Sepsis Awareness Month, Aliso Viejo Library Health Fair, and OSO Fit 5K Fun Run. Education was provided by raising sepsis awareness and the urgent need to immediately seek medical treatment when symptoms are recognized. Early detection is the best hope for survival and helps to limit disabilities when sepsis is diagnosed, thereby decreasing mortalities, morbidities, and expense from infection.

The committed hard work from the inter-disciplinary team of the Sepsis Program has streamlined the application of exemplary sepsis care by providing the cornerstones of sepsis treatment. As a result Mission Hospital has submitted the application to Joint Commission for Sepsis Certification. We are the first ministry within the Providence system to have applied for Joint Commission Disease-Specific Care Certification. The survey was set for March 27, 2020, but due to COVID-19, has been delayed to September 8 – December 7, 2020. This has not halted or hindered our passion or preparation for certification and are excited to continue in the obtainment of this distinguished certification. We are pleased to provide any additional information from our previous endeavors to the continued efforts of 2020!



MISSION HOSPITAL SEPSIS PROGRAM AND COMMUNITY INVOLVEMENT



# MISSION VIEJO

## NURSES WEEK AWARDS

### QUALITY AWARD | LIZ STOCK

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It is with great honor and enthusiasm that I present the Quality Award to Liz Stock. Liz has played a crucial role in the leadership of the Quality Council over the past two years. During this time, she has exhibited the traits of a great leader, while making significant changes to the Council. Her enthusiasm and focus have resulted in an increase in attendance to 85%. In addition to increasing engagement, she has also successfully created a bridge between risk and quality, to ensure the overall team is working toward the same goal.

One of Liz's strengths is that she addresses issues in a direct and timely manner. If there is a problem, she will always speak up and get the right people at the table to find a solution.

What helps drive all the accomplishments above is Liz's can-do, get-it-done attitude. She is always willing to go the extra mile and her enthusiasm is infectious, inspiring her co-workers and colleagues.

I am proud to have Liz on the team and am excited to bestow upon her this well-deserved award.

### EDUCATION AWARD | GEN GRABLE

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Gen Grable has been selected to receive the House Wide Education Council Nurses Week Award this year for her excellent work with the council over the past year in developing the RN Transition into Practice Program.

Gen began her nursing career at Mission Hospital in 2002 as a PCT on 3 West. She became an RN in 2003 and has continued to grow her career here at Mission Hospital. She learned about Nursing Education and Nursing Leadership by coordinating Mission's Quality Education Safety Team (QUEST) a few years ago. She liked it so much that she applied for and was accepted to be the Nurse Educator for the RN Transition into Practice program in 2016.

To support the transition of the new RNs at Mission, Gen has:

- Facilitated the clinical training of about 500 students at Mission each year allowing them to gain experience and potentially become new hires.
- Coordinated better hands-on Interdisciplinary and Nursing Orientation sessions to prepare clinical staff to start their new jobs at Mission.
- Took over and improved upon the year-long RN Resident Core Fundamentals course, providing 94 new grad nurses with support and professional development opportunities.
- Worked with the HWEC on an EBP project to improve the Nursing Preceptor program and provided the new training to 211 preceptors.

Gen continually evaluates data and outcomes related to this multifaceted program. She presents this data to the HWEC, seeks feedback from the members, and implements the council's suggestions. Recently she sought the council's feedback on potential barriers to the use of the Married State Preceptor model and took this information to the nursing managers and charge nurses to ask for their help.

Gen is currently working with the HWEC to develop a new year-long Nurse Mentor program to offer new Mission nurses even more support and encouragement.

Gen is a pleasure to work with. She is collaborative, positive, approachable, and obviously cares about the success of new nurses at Mission. We are proud to have her working with the HWEC to continue to develop this great program.

## LEADERSHIP AWARD | WENDY LENHART

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Wendy Lenhart, RN, BSN, OCN, MSCRN, started her nursing career at Mission Hospital in the year 2000. She left for a short period of time to work in oncology at Hoag Hospital and then, fortunately for us, returned in 2005. Since then Wendy has been a strong advocate for our professional leadership on 3 West, our medical surgical oncology unit. Wendy is an experienced charge nurse on the night shift and is frequently sought out as a resource for oncology-related clinical questions throughout the hospital. In alignment with our nursing certification goals, Wendy came across the FreeTake Program last year that was sponsored by the Oncology Nursing Certification Corporation (ONCC) through her specialty organization the Oncology Nursing Society. Knowing that we were in the midst of growing our oncology institute and providing the newest and most progressive cancer care in the area, Wendy took it upon herself to help provide our nurses with this great opportunity to grow their expertise in oncology nursing through specialty certification. Wendy advocated for the FreeTake Program and encouraged the hospital to partner with ONCC. She successfully recruited nursing staff, made sure all of the nurses who were interested knew the requirements for the testing process, and held study sessions. Her enthusiasm has inspired multiple staff to prepare for certification in oncology or as a breast-certified nurse with 4 out of 4 examiners successfully passing so far.

Wendy saw another leadership opportunity arise last year, when she heard of the Harvesting Hope Country Music Festival in San Juan Capistrano. This was a local festival designed to partner with the American Cancer Society and Relay for Life to raise money for programs in support of cancer patients. Friends of Wendy's told her about the event and its purpose, at which time Wendy went to our chief executive and asked if we could set up a booth to represent the hospital. She was given a thumbs-up and was able to provide flyers about breast cancer as well as Mission Hospital gift handouts. She recruited nurses from 3 West to help and set up her own booth to sell her famous caramel apples in efforts to raise money for the patients she so dearly advocates for.

Wendy is a wife, mother, charge nurse, and a leader we cherish on 3 West. Her leadership skills, love for oncology patients, and camaraderie are why we thank her every day for all that she does!

## PRACTICE AWARD | PAM MONTE

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Pam Monte is an exceptional and passionate nurse with over 35 years of experience. She has worked in multiple hospitals throughout California and Pennsylvania, mostly in the mother baby and newborn nursery settings. She came to Mission Hospital in 2005 and climbed the clinical ladder to a Clinical Nurse III in 2007 and then a Clinical Nurse IV in 2017. She holds two specialty certifications and is a Neonatal Resuscitation Provider instructor and serves as a Preceptor and mentor to all staff. She is a member of numerous councils and has chaired multiple councils during her time at Mission. Her enthusiasm for bringing change to the unit is never-ending.

Over the past two years, Pam has been passionate about addressing the use of opioids in the postpartum setting. She educated physicians, nurses, and patients on alternative pain relief measures, and non-opioid pain medication regimens, now fondly called the Monte Method. Pam's passion has proven effective in drawing attention to this nationwide crisis and in response, each and every nurse and physician advocate for decreased opioid use in the postpartum period. The hope is this will positively impact our community as less moms will go home with unnecessary opioid prescriptions that may later be misused.

The House Wide Practice Council is honored to present Pam with the 2019 Nurse Week Award for Practice.

## INNOVATION AWARD | VASCULAR ACCESS TEAM

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The PICC team is responsible for inserting PICCs and long-term IV catheters throughout the hospital. In 2015 the PICC team members participated in a House Wide practice council subgroup which focused on intravenous care and maintenance, and actively participated in a complete revision of Mission Hospital's Intravenous Care and Maintenance Guideline for which all of the hospital's intravenous catheter care is based. During this process, an intensive review of literature and INS standards was undertaken, and there was much discussion related to the development of a vascular access team with the goal of preventing device-related complications such as central line infection.

In November 2017, the PICC team expanded their role into an organized Vascular Access Team which included daily monitoring, patient rounding to review line necessity, dressings in the ICUs and providing consultation to nursing staff. Since the initiation of VAT, the CICU and SICU has experienced a 50% reduction in CLABSI.

VAT deserves recognition for this major accomplishment, and Mission Hospital is very grateful for all of their hard work.

### **COLLABORATIVE PRACTICE AWARD | WOMEN AND INFANTS INSTITUTE**

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The Coordinating Council is pleased to recognize the interdisciplinary/interprofessional efforts of the Women and Infants Institute team members to improve the outcomes for moms, babies, and new families at Mission Hospital.

Their collaborative team provides the latest evidence-based practice to new families in their care. A recent focus was to decrease the cuts, such as cesarean deliveries, and episiotomies. With transparency, education, and increased awareness, they have successfully and significantly improved outcomes and are demonstrating sustainability.

Their team has embraced the value of supporting vaginal birth by ensuring each patient is given the appropriate amount of time to deliver vaginally and supported with various labor positions and therapies such as hydrotherapy and various pain relief modalities. They have a color-coded patient status board, which provides ongoing reviews of outcomes with the clinical team, and present unblended outcomes to the physicians. They also privileged a certified nurse midwifery practice and opened the Midwifery Birth Center; the only in-hospital birth center in Orange County, the second in Southern California.

All of these efforts require the support and passion of each and every team member in the Women and Infants Institute. The collective efforts of their team demonstrates impressive results. From Q4 2016 to Q4 2018 they:

- Decreased the Nulliparous Term Singelton Vertex (NTSV) Cesarean birth from 32.2% to 21.6% which is less than Healthy People 2020 goal of 23.9%. And they outperformed the Providence St. Joseph Health System rate (in Southern California) for the past five quarters!
- Episiotomy rates decreased from 18.5% to 6.2%. Working to sustain the National Quality Forum and Leapfrog goal of <5%.

### **PARTNER IN CARE AWARD | SARAH NYE**

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Not only is Sarah Nye a pleasure to work with, she is a valued member of the Tele Sepsis Team. Sarah promptly notifies the nursing staff of any abnormal or unusual findings, r/t her patient(s) conditions. She is a good problem solver, trains and works well with her peer PCTs and communicates regularly with the entire night shift team. Sarah maintains and preforms proactive rounding, responding promptly to all patient call lights and alarms. As a charge nurse, I feel our patients are well cared for and safe when Sarah is working.

Sarah continues to sharpen her skills by training our new PCT staff and she is always eager to learn from the nursing staff. She has embraced all of our unit's education related to our sepsis initiative, allowing for better patient outcomes.

### **PARTNER IN CARE AWARD | JACKIE MALLWEE**

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Jackie has been working with us at Laguna Beach Emergency Department for three years. She is well-respected and trusted by her peers, and consistently goes above and beyond, not only for our staff but especially for our patients as well as their families. Jackie was nominated for this award by her peers for her hard work and dedication to the department as a team player. She has chosen to advance in her career and will be starting nursing school in October 2020. Jackie is always more than willing and happy to help with any needs of the department. Physicians, nurses, PCTs, and all who work with Jackie respect and admire her compassion, kindness, and dedication to caring for others. It is a pleasure to work alongside Jackie as she sets an example for all the rest of us to follow.

# BEHAVIORAL EVALUATION AND ADDICTION MANAGEMENT (BEAM) TEAM

Deirdre Fitzpatrick, Deanne Niedziela and Jill Donaldson

## AIM/OBJECTIVE:

Improve the care of substance abuse patients on the Mission Viejo campus resulting in a decrease in Code Grey workplace violence and aggression incidents.

## BACKGROUND/HISTORY:

During a research study in March 2018 on workforce engagement the results identified nurses frequently experienced workplace violence and aggression during the previous 12 months primarily by a patient, patient family member or visitor. The study also reported nurses were completely prepared to manage violence/aggression only 23% of the time. During the month of October 2018 Mission Hospital conducted its annual caregiver engagement survey which reported workplace safety as a top concern. In addition, in November 2018 Mission Hospital implemented a remote video monitoring system and during the first six weeks, 125 patients were admitted to video monitoring for aggressive/violent behavior. The data revealed that of those 125 patients, 88 had physical abuse events with staff, in which the most occurring (59.1%) event was an incident in which physical contact occurred between the caregiver and patient.

## PLAN:

To implement a nurse-led BEAM team whose primary focus is the high-risk addiction and Clinical Institute Withdrawal Assessment for Alcohol (CIWA) patients. The BEAM RN would be available 12 hours per day to proactively identify and manage patients that would benefit from a specialized trained RN in addiction. This includes CIWA assessment and scoring. The purpose is to support nursing and maximize treatment outcomes, including maintaining a safe work environment and minimizing violent patient events. BEAM nurses will enhance the plan of care for patients with disruptive or threatening behaviors. They also role model communication strategies for de-escalation, conduct Code Grey debriefs and educate staff in real time on managing behavioral issues.

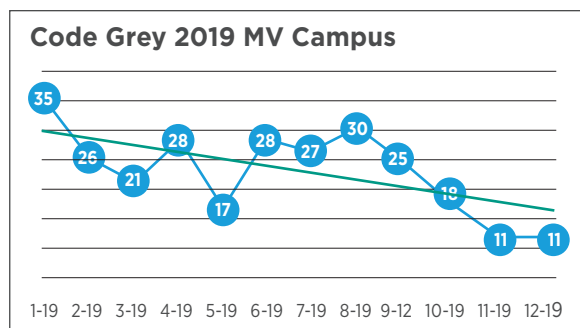
## DO:

Created a standardized procedure which the nurses would utilize. The procedure was created, and the team was implemented in three months on July 16, 2019. The BEAM RN has the following qualifications:

- Two years in addiction nursing/chemical dependency with at least five years total as an RN
- Certified in addiction addiction? within six months in the role

## STUDY:

Daily shift reports and data analysis submitted to monitor outcomes. A pre-implementation survey of Mission Viejo nurses reported that their comfort level of caring for CIWA patients was only 13.5% and post-implementation the comfort level increased to 49.25%. Additionally, the pre-implementation survey reported a comfort level care for behavioral and addiction patients was 6.25% and post implementation it increased to 32.8%. The primary outcome was to reduce Code Greys. The chart to the right demonstrates a decreasing trend line of Code Greys on the Mission Viejo campus after the July implementation.



# HOUSEWIDE NURSING QUALITY COUNCIL

**Co-Chairs:** Liz Stock, Megan Clark and Heidi Rice

**APN Mentor:** June Melford

**Director:** Deanne Niedziela

## **Nursing Quality Council is focused on ensuring and improving quality, safety and outcomes in patient care.**

The council is structured with an interdisciplinary, collaborative focus. Every nursing unit at Mission Viejo and Laguna Beach campuses is represented, along with Infection Prevention, Pharmacy and Education; together with increased collaboration with the Quality department including Patient Safety, Regulatory, and Risk and Performance Improvement Managers. Leadership is represented by Director Deanne Niedziela and Chief Nursing Officer Jennifer Cord.

### **NURSING QUALITY COUNCIL**

- Assists with developing the Annual Nursing Quality Improvement Plan, which aligns with the CNO strategic goals, Quality department strategic goals and department specific goals and Magnet requirements.
- Reviews performance measures including Nurse Sensitive Indicators (NSI) and action plans for fall prevention, pressure injury prevention, restraint use, infection prevention and Stroke and Sepsis measures, and additional Nurse Sensitive Indicators of all inpatient and ambulatory care areas.
- Monitors CMS/TJC measures and survey readiness through Regulatory, Risk and Quality Operations Council updates.
- Collaborates with Pharmacy to improve medication safety through CareFusion reports and audits on usage and override of guardrails on Alaris IV pumps, Barcode Medication Administration Compliance reports and Pharmacy-related QREs.

### **Nursing Quality Council works to identify areas of patient safety concern and opportunities for improvement, and in 2019 has assisted with developing and implementing the following:**

- Increased Bedside Medication Scanning Compliance, exceeding Leapfrog goals with 95% of all medications scanned and 96% of patients scanned. Improvements achieved by identifying and addressing challenges including incompatible barcodes, dysfunctional scanners and process issues.
- ED showed greatest increase in compliance with scan rates increased by a total percentage rise of 5% at Mission Viejo on both measures, and 7-11% at Laguna Beach Emergency Department, which involved significant, successful changes in practice and process flow for ED nurses.
- Championed practice changes and education on nursing units to enhance safe patient care through efforts on ensuring independent double checks for high-risk medications including insulin and heparin and labelling of IV tubing to reduce medication administration errors.
- Escalated concerns related to patient safety with equipment shortages and rapidly changing clinical supplies. Identified dysfunction with ECG electrodes, shared clinical practice alerts and education on new vial-to-bag systems, and equipment and practice changes including IV insertion catheters, intermittent catheter kits and PCA pump programming changes.
- Liaised with Pharmacy representatives enabling workflow improvement and timeliness of pyxis restocking.
- Quality department facilitated access to PressGaney iRound audit tool, enabling NQC reps to conduct

monthly Alaris Pump audits. To date, over 751 pumps have been audited across both campuses since July 2019. Increased awareness and on-the-spot education has demonstrated improvement in programming and utilization of correct guardrail profile and reduction in use of basic infusion mode, which lacks guardrail protection.

- Developed collaborative partnership with Risk Management to create transparency with risk-related events and feedback to staff and encourage event reporting.
- Assisted with development and implementation of RN survey to determine documentation practices related to medication administration. Workgroup developed to identify processes and areas of opportunity.

Success continues to be demonstrated through the consistently high percentage of units that outperform the national benchmarks for our key reportable Nursing Sensitive Indicators.

<b>NURSE SENSITIVE INDICATOR SCORECARDS</b>		
<b>Nurse Sensitive Indicators (NSI)</b> Nurse Sensitive Indicators are measures that reflect the structure, process and outcomes of nursing care.	<b>Number of units outperforming National Benchmark</b> (for 5 or more quarters over 2 years 4Q CY18)	<b>National Benchmark</b>
<b>Falls</b>	✓ 20/23 units	NDNQI (National Database of Nurse Quality Indicators)
<b>Falls with injury</b>	✓ 21/23 units	
<b>Hospital Acquired Pressure Ulcers &gt;Stage II</b>	✓ 8/11 units	
<b>CAUTI - Catheter Associated Urinary Tract Infection</b>	✓ 8/11 units	
<b>CLABSI - Central Line Associated Blood Stream Infection</b>	✓ 10/10 units	
<b>PLUS Two NEW Ambulatory Nurse Sensitive Indicators</b>		
<b>Left Without Being Seen (LWBS)</b>	✓ 8/8 quarters	CALNOC (Collaborative Alliance of Nursing Outcomes)
<b>Falls with injury</b>	✓ 3/5 units	NDNQI (National Database of Nurse Quality Indicators)

#### **ANNUAL NQC GOALS FOR 2020 - NQC Goals reportable to QOC**

- Increase compliance of correct utilization of Alaris Guardrails to 95% in all clinical settings by end of December 2020. Correct utilization defined as Alaris pump programmed with correct unit and guardrail utilization.
- Increase bedside barcode medication administration scanning rate to exceed 85% in Emergency Department and 95% across all other inpatient units by end of December 2020.

#### **INTERNAL NQC GOALS**

- Outperform on Nurse Sensitive Indicator benchmarks for falls with injury, hospital-acquired pressure injuries stage II and above, CAUTI, CLABSI, on majority of units, for the majority of the time. Also, one specialty unit indicator and two ambulatory nurse sensitive indicators will outperform the benchmark the majority of eight quarters.
- Units with CAUTI and/or CLASBI above the threshold and identified as an opportunity for improvement in the prior six months, are to actively engage with the IP taskforce and develop unit-based HAI reduction action plan and report back to NQC.

# HOUSEWIDE PRACTICE COUNCIL (HWPC) CHARTER

## OVERALL ROLES AND RESPONSIBILITIES

The Practice Council's purpose is to: **Support the development of Best Practice—What we do, How we do it, Why we do it, and Where we do it.**

The council's vision is: **Through consensus decision-making of its participants, the Clinical Practice Panel will ensure Best Evidence Based Practice!**

## RESPONSIBILITIES:

- Directs and facilitates excellence in clinical practice and the delivery of patient and family-centered care through a multidisciplinary forum for shared decision-making.
- Identifies and examines issues, discrepancies, adherence, and failures in clinical practice through the lens of the unit as well as organizational perspective.
- Defines and redefines the standard of practice related to current evidence, nursing scope and standards of practice, and the American Nurses Association Nursing Code of Ethics.
- Reviews, discusses and approves all new or significant changes in nursing policy and procedures, practice standards, and/or clinical guidelines that affect housewide nursing practice.
  - Reviews, discusses and approves all new or significant changes in nursing policy and procedure, practice standards, and/or clinical guideline
  - Provides access to evidence
  - Identifies resources (Advanced Practice Nurse and Research Council) to assist in interpretation, translation, and application of the research
- Reviews and discusses all equipment that impacts nursing care and provides feedback to the Quality Analysis Committee.
- Identifies potential future clinical practice issues and prospectively improves practice.

## MEETING:

1. Monthly (1st Tuesday of every month) from 10am to noon in the Mission Conference Center
2. Dark in August and December
3. Agenda is standardized format

## COUNCIL STRUCTURE:

The council consists of the following members:

- Chairs of the unit-based nursing practice councils
- 2-3 advanced practice nurses (APN)
- Chairs of the individual committees
- Representatives from professional education and infection prevention
- Collaborative partner representatives from radiology, rehabilitation therapy, respiratory care
- Physician

Much of the ongoing work of the Practice Council is completed by work groups or committees. The following work groups are part of the Practice Council:

- **Evidence-Based Practice: Related to All Nursing Areas**
- **Patient Care Delivery System: Environment of Care and Equipment**
- **Multidisciplinary Practice: Coordination and Collaboration of Team**

**Goals and Strategic Initiatives:** All of the Practice Council's goals and strategic initiatives support the Nursing Strategic Goals.

## COMMITTEES/WORKGROUPS:

- EBP
- Multidisciplinary Groups
- Patient Care Delivery System

## REQUIREMENTS OF MEMBERS AND WORK GROUPS:

1. Members must attend at least 70% of yearly meetings.



2. Inability to attend a meeting must be clearly communicated to the chair in advance. If unable to attend the meeting, identifies a replacement member and an email address so we may send information to the person prior to HWPC meeting.
3. Identify nursing workflow opportunities for improvement through pulse checks and collaborate with multidisciplinary team to improve efficiency and flow.
4. Work groups will include their minutes at the end of the general meeting minutes.
5. Minutes will be posted to the HWPC StaffHub site for minute approval prior to the next meeting.

#### **ANNUAL COUNCIL GOALS BY WORK GROUPS:**

##### **Care of the Patient Withdrawing from Substances:**

- Review evidence-based literature related to the management of opioid withdrawal in the hospitalized patients by April 2019
- Develop order sets and guidelines for managing patients experiencing opioid withdrawals and have approved by relevant committees by the end of June 2019
- Develop and deliver staff education on assessing and managing patients experiencing opioid withdrawal to ensure staff and patient safety by the end of October 2019

##### **Code Grey Huddles and Debriefs**

- Review the literature regarding interdisciplinary communication before, during, and after an assaultive/combative patient emergency by the end of May 2019
- Develop a Code Grey huddle and debrief tool on a single sheet of paper by the end of July 2019
- Pilot the use of the tool on an acute care nursing unit by the end of September 2019
- Review data collected with the tool and present to HWPC for the meeting in November 2019

##### **Virtual HWPC meeting**

- Develop virtual meeting rules from HWPC members by the end of April 2019
- Offer virtual meeting for member participation by the end of May 2019
- By the end of 2019, HWPC will engage in a meeting via Webex

##### **Resting hours**

- Identify key multidisciplinary members who can be impacted by resting hours by the end of April 2019

- Review the literature regarding the benefits and barriers and scheduled resting hours by the end of June 2019
- Discuss the implementation of resting hours and identify two units to trial resting hours by the end of August 2019
- Pilot and evaluate resting hours on trial units by the end of November 2019
- Ongoing work for 2020
- Quality Improvement plan with Emergency Department (LB and MV) to address incidence of falls and fall prevention strategies
- Quality improvement taskforce addressing utilization of bedside medication scanning and eMAR documentation
- Housewide Alaris pump audits and action plan continuing into 2020 to address Alaris pump programming and use of guardrails to reduce IV medication administration errors and adverse events
- June Melford leading workgroup on Women and Infants to address challenges and process improvement with L&D medication ordering and administration practices

#### **ANNUAL NQC GOALS FOR 2020**

##### **NQC Goals reportable to QOC**

- Increase compliance of correct utilization of Alaris Guardrails to 95% in all clinical settings by end of December 2020. Correct utilization defined as Alaris pump programmed with correct unit and guardrail utilization.
- Increase bedside barcode medication administration scanning rate to exceed 85% in Emergency Department and 95% across all other inpatient units by end of December 2020.

##### **Internal NQC Goals**

- Outperform on Nurse Sensitive Indicator benchmarks for falls with injury, hospital-acquired pressure injuries stage II and above, CAUTI, CLABSI, on majority of units, for the majority of the time. Also, one specialty unit indicator and two ambulatory nurse sensitive indicators will outperform the benchmark the majority of eight quarters.
- Units with CAUTI and/or CLASBI above the threshold and identified as an opportunity for improvement in the prior six months, are to actively engage with the IP taskforce and develop unit-based HAI reduction action plan and report back to NQC.

# HOUSEWIDE PRACTICE COUNCIL ACCOMPLISHMENTS OF 2019

**Chairs:** Patricia Ayala and Arianna Barnes

**APN Mentors:** Mary Kay Bader, Jill Donaldson, & Christine Gurny

**Executive Mentor:** Cherie Fox

**Educator:** Marion Callahan

## CARE OF THE PATIENT WITHDRAWING FROM SUBSTANCES:

- **GOAL:** Housewide practice council will develop an order set for patients experiencing withdrawal from opioids while admitted for medical reasons by the end of calendar year 2019.
- **TARGET MET:** Literature reviewed and order sets developed with the expertise of Dr. Thu, addictionologist, and hospitalist Dr. Kwa. Order sets being approved through pharmacy and therapeutics committee. Clinical Opioid Withdrawal Scale (COWS) assessment available in Meditech for nurses to document trends and advocate for patient and staff safety.

## CODE GREY HUDDLES AND DEBRIEFS

- **GOAL:** Using literature on TEAM STEPPS and collaboration with security, housewide practice council will develop a tool to utilize to improve the process of huddling and debriefing when a patient becomes aggressive by the end of calendar year 2019.
- **TARGETS MET:** The Code Gray Huddle debrief tool was developed and approved for pilot in the emergency departments on the Mission Viejo and Laguna Beach campuses as well as Cardiac Telemetry and Medical-Surgical-Telemetry at Laguna Beach during the month of November and December 2019.

## RESTING HOURS

- **GOAL:** The representatives of housewide practice council will lead in the implementation of resting hours on nursing units as supported by an evidence-based literature review. Key multidisciplinary members will be made aware of resting hours.
- **TARGETS MET:** Key multidisciplinary members who can be impacted by resting hours have been identified and research articles have been read and discussed as a group by the end of calendar year 2019.

## PRACTICE ALERTS

**PRACTICE ALERT**  
 Nursing Center of Excellence July 2019

**Labeling IV Tubing: Policy Update**

Our IV Care and Maintenance Policy has been updated with specific information regarding IV tubing labeling:

**Label with date/time of tubing change**

- Every IV tubing must be labeled with the date & time the tubing will need to be changed

**Label medication name on dedicated IV lines**

Using TWO labels:

- One located above the pump/channel,
- One on the distal end proximal to the patient

**Correct IV Labeling Practices**

**IT'S A HOUSE WIDE PRACTICE**  
**M.E.S.S.**  
 (Meaningful Education Simply Stated)

**FLUOROSCOPIC RADIATION EXPOSURE**

- A 2 minute portable fluoroscopic dohoff tube placement is equivalent to the radiation of an abdominal CT scan
- A 10 minute portable fluoroscopic dohoff tube placement is more radiation than a pelvic calibration after a severe traumatic accident
- For every dohoff tube placement, the interventional radiologist is exposing their hands to direct radiation and their face and upper torso to scattered radiation
- Nurses and radiology technicians are being exposed to unnecessary radiation

**Small bore feeding tubes can be placed by a bedside nurse into the stomach for gastric feeding if there are no contraindications (such as severe CNS or aspiration pneumonia). Increases radiation exposure to the patients and the staff!!**

**Have Questions? Ask your Practice Council Representative**

**IT'S A HOUSE WIDE PRACTICE**  
**M.E.S.S.**  
 (Meaningful Education Simply Stated)

**G-J TUBE MANAGEMENT**

This is a transgastric jejunal feeding tube (MG-T). This tube requires special considerations to prevent clogging the ports. Per our policy: **Feeding Tube, Care of Patients:**

**G-J Tube:** Gastrojejunal tube is a tube placed by an interventional radiologist percutaneously into the stomach with a second port opening in the jejunum. This allows for feeding the patient while **reducing the risk of aspiration** through the stomach and the stomach can be removed.

**Continuous tube feeding on a pump only!!**

**Flush J port every 4 hours with 30mL to prevent clogging!**

**All medications should be given through gastric port**

**G port needs to be flushed with 30mL before and after each medication to prevent clogging.**

**Have Questions? Ask your Practice Council Representative**

## COLLABORATION SUCCESSES

- **Patient Experience:** Two to Connect education and revitalization presentation
- **Quality Improvement:** Caring Reliably Fair and Just Accountability Principles presentation
- **Infection Prevention:** Clarification of practice with TB patients and use of HEPA filters, updates on CAUTIs/CLABSIs; proper use of CHG wipes;
- **Pharmacy:** Communication of medication/IVF shortages and plan for allocation or substitution; input for process of independent double check for high-risk medications
- **Central Supply:** Product conversions communication and samples brought to meeting; product shortages communications

## PULSE CHECK SUCCESSES

- Signage visible that will help decrease the incidents of workplace violence
- Changed the timing of colonoscopy preparation dosing to avoid missed doses and/or preparation not completed
- Decrease in number of small bore postpyloric feeding tube placement orders by physicians and increase bedside gastric small bore feeding tube placements by bedside nurses
- Labeling of IV tubing with medication being infused
- Failing products/equipment being investigated and removed from inventory based on finding and/or reps brought in for further education
- Trauma patients have transporters available for rapid transport to scans
- Concerns verbalized regarding patient flow and placement with response from directors of appropriate departments
- Clarification of Definity administration during echocardiograms with updates in policy and development of staff education
- Clarification of charging and documentation of tube feeding administration for staff
- Glucometers for new diabetes that are compatible with patient's insurance to get the lancets and strips
- High amount of injuries on specific nursing unit brought to the attention of the CNO to follow up and investigate further

## VOLUNTEERISM

Volunteers went to Stroke Education event at Mission Viejo Mall to spread awareness about recognizing the signs and symptoms of a stroke in people of all ages.

## SEPTEMBER SEPSIS AWARENESS MONTH AT MISSION VIEJO MALL

- Joined forces with Stroke/Neuro and educated local community
- A patient who had sepsis later admitted at Mission Hospital recognized and remembered Lanise Hurley at The Shops at Mission Viejo event talking about sepsis.
- Great community event
- High turnout with education



# ADVANCED PRACTICE NURSING COUNCIL

The Advanced Practice Nursing Council (APN) facilitates communication and collaboration among APNs in demonstrating excellence in nursing practice. The APN Council provides vision and leadership for professional development projects, supports evidence-based practice and research, provides advanced educational offerings, and evaluates new opportunities for best practice throughout the institution.

## THE APN COUNCIL ACCOMPLISHED MUCH IN 2019:

- Provided recommendations for clinical issues that impact care housewide, including:
  - Magnet redesignation preparation with EBP projects and research, collecting statistics, and writing several sources of evidence
  - Mentored and supported 45 nurses through CN III and CN IV promotion
  - Assisted with Clinical Ladder redesign and educational development
  - Developed plan with the Institutional Review Board (IRB) to define projects that require IRB approval
  - Shared Governance structure and APN participation/mentorship
  - Data collection and Quality reporting
  - Development of Policies & Procedures and Standardized Procedures and mentorship of staff members in the review and revision of documents
  - EBP projects in multiple specialties
  - Survey readiness
  - Lead quality initiative that support value-based purchasing and regulatory compliance
  - Nurse Satisfaction literature reviews and presentations
- Collaborate with Providence St. Joseph Health System committees, research, and clinical effectiveness teams
- Facilitated and provided lectures and trainings for Nursing Grand Rounds, EBP projects, and courses and programs to support needs across multiple specialties
- Organized and presented: Nursing Symposium & CardioPulmonary Symposium
- Organized and presented: Review courses for certification in: Stroke-Certified RN; Critical Care RN; & Emergency Neuro Life Support



# HOUSEWIDE NURSING LEADERSHIP COUNCIL

## 2019 NURSING LEADERSHIP COUNCIL GOALS WITH RESULTS:

The Nursing Leadership Council will establish annual goals specifying its principal work focus areas for the coming year.

Goals for 2019 will address findings from the 2018 Shared Governance Survey:

- **Recruitment:** As part of RN new hire orientation, nurses will be responsible for attending a unit-based or housewide Shared Governance meeting in their first year of hire. The 2019 goal is 50% of RN new hires attending one unit-based or housewide shared governance meeting within first year of hire. Tracking will be done by Recruitment subgroup of Nursing Leadership Council. [New hires have received a letter informing them of their goal to attend a meeting. Since the new hires have a full year to complete, the results are still pending. Our means of tracking the results of this goal has been refined to track quarterly.](#)
- **Awareness:** Increase nursing engagement in Shared Governance from 47.42% (based on 2018 survey) to 55%. [Based on the results from the SG survey administered in the Fall 2019, 45% of respondents participate in Shared Governance. This number has remained fairly consistent over the past three years \(47%-2017, 46%- 2018, 45%-2019\) despite our efforts. Goals for this year will expand on the barriers to participate.](#)
  - Participate in 2019 SG information meeting for Unit chairs, managers and directors.  
**RESULTS:** [Carla Salazar and Marti Luebke, Chair and Co-chair of NLC, participated on the committee that rolled out the Shared Governance Reboot event held last year. Over 80% of the NLC committee members also attended and participated in the day with offers of help with setup, breakdown, etc. The event was well received by all attendees and plans are in place to hold annually.](#)
  - NLC to create and host information table during 2019 Nurses Week.  
**RESULTS:** [The NLC Committee hosted a table where informational brochures were passed out re: the Shared Governance model, attendees played games answering questions re: Shared Governance, took photos, received prizes and ate churros to enhance the Mexican food theme.](#)
  - Conduct a repeat annual survey in August 2019 to measure results.  
**RESULTS:** [The survey was administered in Fall 2019 with a total of 417 respondents. This survey yielded the greatest number of responses we have seen in the past three years \(2018-213, 2017-377\)](#)
- **Information Dissemination:** In an effort to improve accessibility to all Shared Governance Council activities, including membership, projects, and goals, the NLC, with the input from the other housewide councils, will develop and implement two plans of action.
- Unit Shared Governance information board that will be consistent in all units, with initial goal of 50% compliance by July 2019, and 80% compliance by December 2019. **RESULTS:** [Information boards are displayed in 80% of units at this time. Consistency of boards was determined not viable in all units due to budgetary and space allowances in the units. Our goal for 2020 is to streamline the information on the boards to be updated and accurately displayed by all units.](#)
- Participate in development of means of accessing Housewide Shared Governance information electronically, that would be available to all staff. This has been identified as a long-term project for council.  
**RESULTS:** [The G-drive and Mission shortcuts now have links to access information about Shared Governance. This continues to be a long-term project for NLC.](#)

# STROKE CARE

**Diana Tai CNS/NP**, Dr. Basit Rahim, Comprehensive Stroke Program  
**Mandie Anderson**, Sr. Clinical Data Analyst, Stroke Program MNI

**Mary Kay Bader**, CNS Neuro/Trauma/CC, MNI  
**Annabelle Braun**, Director of MNI

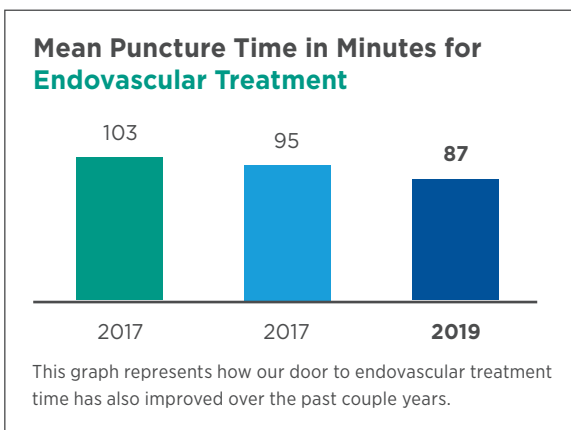
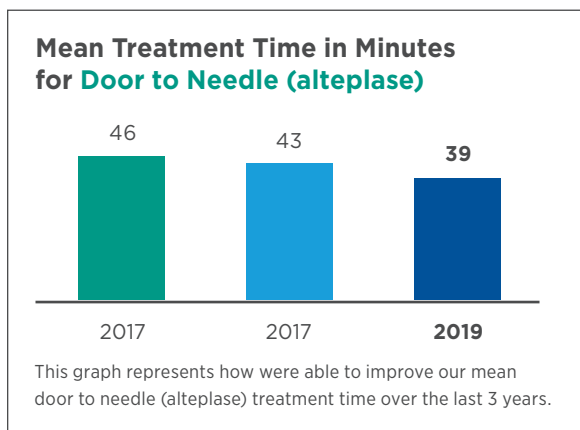
## A NOTE FROM OUR STROKE MEDICAL DIRECTOR, BASIT RAHIM, MD and STROKE PROGRAM CLINICAL NURSE SPECIALIST/NURSE PRACTITIONER, DIANA D. TAI, RN

In 2018, stroke treatment broke another glass ceiling with new options becoming available for treating stroke patients previously deemed ineligible for any acute intervention. Mechanical thrombectomy, a procedure that retrieves a blood clot inside a cerebral artery, can now be offered to patients presenting beyond the previously defined window for treatment of six hours from symptom onset to now 24 hours. This expands the possibility of acute stroke intervention to most patients presenting to the emergency room with stroke symptoms.

Whether it is a patient who wakes up with weakness on one side of their body or difficulty speaking, we are dedicated to being there for them. Our team is composed of top-level providers in multiple important areas, from the physicians who diagnose and treat acute strokes, to the highly trained nurses who provide daily care and ensure that complications are avoided or appropriately identified and managed, to the physical, occupational, and speech and language therapists who begin the all-important task of post-stroke recovery. As you will see in the rest of this report, we are committed to quality and ongoing improvement to ensure that we continue to provide the best possible care.

We are happy to share with you our accomplishments this past year and our current initiatives for 2020!

## STROKE CARE - We do it fast.



## STROKE CARE - We do it safely.

Mission Hospital has earned recognition for 2019 American Heart Association/American Stroke: 60 minutes in 75% or more of acute ischemic stroke patients treated with IV alteplase AND time to thrombolytic therapy within 45 minutes in 50% of acute ischemic stroke patients treated with IV alteplase.

Mission Hospital has also earned recognition for the 2019 American Heart Association/American Stroke Association Get with the Guidelines-Stroke Gold Plus Award. This recognizes performance of 24 consecutive months with stroke-specific compliance measures (arrive by two hours, treat by three hours, early anti-thrombotics, VTE prophylaxis, anticoagulation if atrial fibrillation, smoking cessation, and statin therapy).

**This is our FIRST GOLD PLUS AWARD!**

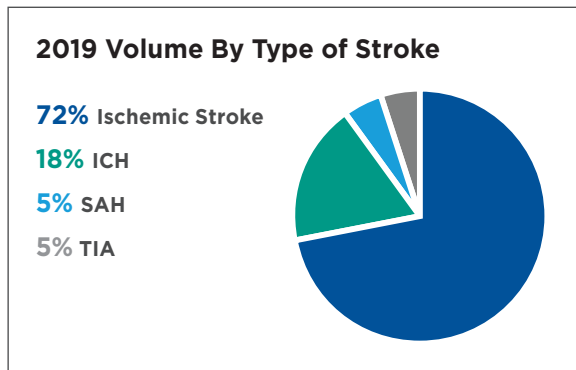
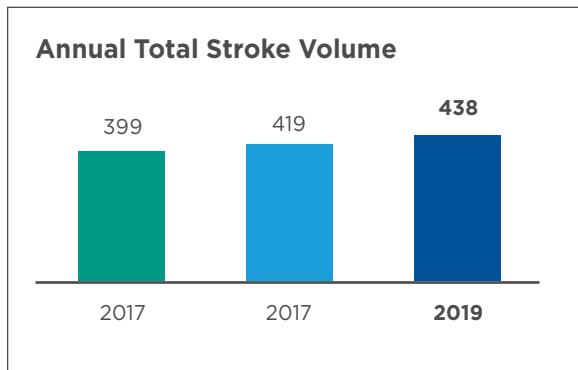


Our Advanced Comprehensive Stroke Program has received a renewal of The Joint Commission's Gold Seal of Approval® Accreditation by demonstrating continuous compliance with its performance standards. This designation recognizes our ability to receive and treat complex stroke patients and reflects our commitment to providing safe and quality patient care.



## STROKE CARE - We do it often.

The graphs below demonstrate the volumes of patients evaluated for stroke. A subset of these patients were diagnosed with stroke (ischemic or hemorrhagic). Mission Hospital Stroke Program has seen a consistent increase in patient volume over the past three years.



## STROKE CARE - After the hospital.

After discharge from the hospital, the most difficult part of stroke recovery is reentering normal life. Stroke survivors and their loved ones need guidance and assistance in adjusting to their "new normal". Social support is important in stroke recovery. Social isolation can often lead to depression and further compromise recovery for stroke survivors. Mission Hospital provides a bimonthly stroke support group. Each meeting not only provides an educational featured speaker, but also offers ongoing support to discuss recovery topics and resources for stroke survivors and their loved ones. A fun interactive activity is also included! Here are some fun pictures from a recent meeting where the stroke survivors participated in an outdoor gardening exercise.



# OUR VALUES

## COMPASSION

Jesus taught and healed with compassion for all. — Matthew 4:24

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## DIGNITY

All people have been created in the image of God. — Genesis 1:27

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## JUSTICE

Act with justice, love with kindness and walk humbly with your God. —Micah 6:8

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## EXCELLENCE

Whatever you do, work at it with all your heart. — Colossians 3:23

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## INTEGRITY

Let us love not merely with words or speech but with actions in truth. — 1 John 3:18

Our new Mission, vision and values were introduced in 2018 as part of our coming together with Providence.



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# Mission Hospital

[Mission4Health.com](http://Mission4Health.com)