

Providence Saint John's Health Center Nursing Accomplishments Nursing Annual Report 2024



The nurses at Saint John's live the Providence Mission, core values, and exemplify our Professional Practice Model in their daily work and actions. Our model aims to inspire care delivery, guide decision-making, and set expectations for patients and colleagues. Throughout each department here, nurses ease the way of patients and their loved ones focusing on healing, holistic care through evidence-based best practice.



Degrees and Certifications

- Increased our number of nurses with **BSN or higher** from 77.9% in 2022 and 78.9% in 2023 to **80.2% in 2024** meeting our goal of increase by 1% each year
- Increased our number of nurses carrying at least one **specialty certification** from 25.3% in 2022 and 26.9% in 2023 to **28.0% on 2024**



Hospital-Wide Councils

- Added 3 new hospital-wide councils in 2024: Morale, Wellness, and Recognition Council, Clinical Supervisor Council, and Nurse Manager Council

Quality and Safety Council

- Code Blue/RRT Education Project 2024 post-intervention ROSC rates increased from 50% to 90%
- Increasing RN knowledge and awareness of Palliative and Goals of Care Conversations – developed Palliative Consideration Tool (PCT) for screening

Hospital-Wide Councils

Nursing Research Council

- Currently have members **participating in 2 research studies**
- Had **2** publications, **1** poster presentation, and **1** podium presentation

Professional Advancement Council

- **Increased RN Professional Portfolio Program participation** from 24 applicants for 2022-2023 to 68 applicants for 2023-2024
- Created the **BEE Award** for all support staff to complement Daisy Award for all support staff



Nursing Recognitions and Awards

Nursing Celebrations

- Nurse's Week Celebration and Daisy Awards in the spring
- Nursing Excellence Awards and Daisy Awards in the fall
 - Nurse of the Year award honorees recognized

Saint John's Foundation Nursing Scholarships

- **\$45,000 awarded** in nursing scholarships to caregivers at Saint John's across 7 different departments
 - Nurses pursuing higher education or CNAs pursuing nursing careers



Nursing Transition Into Practice Program (TIPS)

- Onboarded 20 TIPS Nursing Residents and 19 Nursing Fellows in 2024 with a 97% retention rate in 2024
- Hosted three TIPS graduations for our 2023 cohorts
- Preceptors recognized during Nurse's Week for hours dedicated to precepting TIPS Residents and Fellows



Department Accomplishments

Ambulatory Surgery Center

Department Goals

- Met goal of maintaining unit vacancy under 7% and reduced travel contracts to 0
- Ensured Press-Ganey scores maintained above 75% and Q4 scores were 96%
- Exceeded goal of 3 RNs participating in Professional Portfolio Program with 4 RNs participating



Department Accomplishments

Ambulatory Oncology Departments

Unit Based Council

- Created a **clothing closet** for ambulatory patients who may need a change of clothes after procedure/clinic visits
- Created **caregiver recognition** with a “Snap Cup” that is shared monthly with caregivers
- **Raised funds** for breakfast burritos to be served at St. Robert’s Center in Venice to continue to live our Mission



Department Accomplishments

Cath Lab

Department Goals Met

- Eliminated travelers in the Cath Lab
 - **Converted 5 travelers** to full time staff, Onboarded 2 TIPS Fellows
- Develop a Unit Based Council
 - **UBC created September 2024** and continuing to recruit members and build charter
- Met goal of **10 in a row thrombectomies** in less than 90 minutes

Accomplishments and Recognition

- Increased **first case on time** starts
- **Decreased turn around times** between cases
- Monthly **team building activities** with all caregivers and physicians and increased engagement scores

Department Accomplishments

CSS4 Oncology and Caritas Suites

Department Goals

- Increased Professional Portfolio Program submissions from 2 in 2023 to 4 2024 passing the goal of 3
- **Cultivate and Inspire** caregiver experience so all can grow in their career (ongoing)
 - 3 TIPS completed **oncology curriculum** with 3 others starting curriculum in 2024
 - Met requirements of RNs becoming OCN certified or completing required oncology CE to become **Commission on Cancer (COC) accredited**
 - **Voucher program** for OCN exam continued and 2 RNs passed exam with 2 others claiming vouchers for dates in near future
 - 80% of RNs will obtain/maintain their **chemotherapy provider card** within 1 year of employment
- Improve Workplace Safety Outcomes by increased **AVADE training** attendance, and representation on Hospital **Nurse Safety Committee**

Department Accomplishments

CSS4 Oncology and Caritas Suites

Accomplishments and Recognition

- Oncology RN, **Allison Pascua** received Nurse Excellence Award for Transformational Leader, Direct Care Nurse
- Oncology RN **Emily Blum** and Caritas RN **Allyson Uy** received Daisy Awards with other RNS nominated

Unit Based Council

- Created door signs to notify staff patient **requires interpreter services** which increased proper usage of interpreter for patients by all disciplines
- Badge buddies created to assist staff in correct order of blood draws
- Implemented visual guide to create **standardized** Purewick change times
- Ongoing project of increasing staff's comfortability with **telemetry rhythms** and arrhythmia events



Department Accomplishments

Emergency Department

Department Goals

- Increased national certification (CEN) by 40% **surpassing goal of 15%**
- **Decreased FTYO by 3.8%** from previous year surpassing goal of 3%
- Ongoing goal of maintaining blood culture contamination rate to 2% or less (Sept 2.53% [593 cultures], Oct 3.03% [694 cultures], **Nov 1.84% [760 cultures]**)



Department Accomplishments

Endoscopy Department

Department Goals

- Ongoing goal for **staff retention** with two offers pending at end of year and active interviews for a third.
- **Streamlined onboarding** and orientation process to ease caregiver's way
- Met goal of **maintaining patient experience scores** above 50%tile ranking at the end of 2024
- Introduced **new Interventional Pulmonology program** and met goal of training all staff
- Implemented new scope washers and trained all endo techs which now creates **double the efficiency in scope processing**



Department Accomplishments

Intensive Care Unit

Department Goals

- Met goal of maintaining zero CLABSI cases in 2024 after establishing audits of central lines
- Met performance goals of **>90% compliance on POSS pain scale** from 80% and **>90% compliance on IV antibiotics administered within 30 minutes of ordered time** from 70%
- Department received **Beacon Award Recognition**

Accomplishments and Recognition

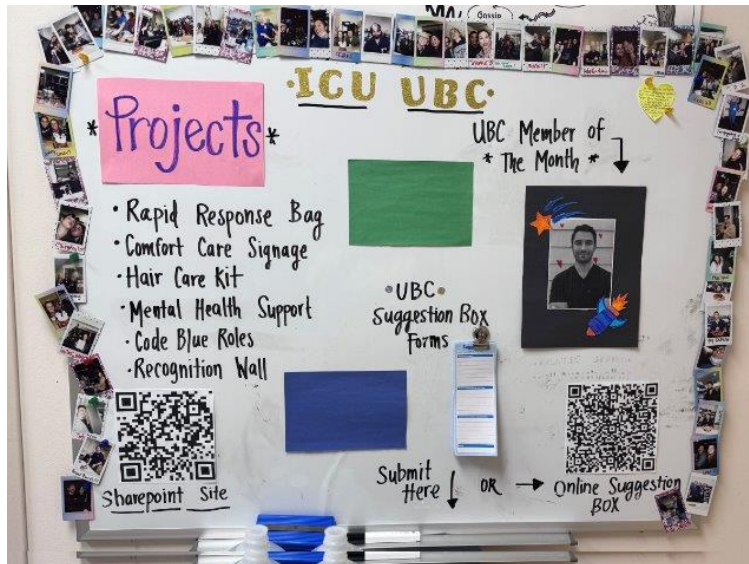
- **Professional Certification** for ICU is at 70% with 36% happening in 2024
- **21 ICU RNs** completed Professional Portfolio Program in 2024
- **95% of staff** holds BSN and/or MSN degree
- Maintain the **only RN-Driven ECMO program** in Providence Southern Division
- PSJHC survival rate for VV ECMO is 75% (16% over national average) and for VA ECMO is 63% (14% over national average)

Department Accomplishments

Intensive Care Unit

Unit Based Council

- Implemented new upgraded **hair care kits** and developed comfort care signage increasing positive patient experience
 - Increased nurses' **access to continuing education** with quick guides for devices, and updated open heart room set-up
 - Increased quality and safety with projects like **Rapid Response Go-Bag** and re-emphasizing needs for neuro assessments and neuro patients
- Created a **Wall of Recognition** for all caregivers in the department



Department Accomplishments

Interventional Radiology (IR)

Department Goals Ongoing

- Eliminate travelers in IR
 - Currently **only one** traveler and actively recruiting to fill position
- Train all IR nurses in PICC line insertions
 - Currently **only one** RN left training in PICC line competency and will be completed Q1 2025



Department Accomplishments

Medical Surgical

Department Goals

- Surpassed goal of less than 19.1% FYTO by only 8.9% (1) FYTO
- Encouraged educational and professional growth through the department – MET
 - 8 RNs completed preceptor curriculum
 - Med Surg certification rate increased by 38%
 - 9 RNs completed Professional Portfolio Program
- Maintained zero CLABSI and CAUTI in department



Unit Based Council

- Education room created to encourage RNs to refresh skills and complete online education requirements
- All RNs and CNAs completed AVADE class to assist in managing aggressive patients
- Created the GEM award to recognize caregivers in the department

Department Accomplishments

Neonatal Intensive Care Unit

Department Goals

- Met and continuing goal of maintaining normothermic admission temperatures for babies YTD average **over 8% higher than target**
- Met and continuing goal of maintaining reduction of central line infections with CLABSI bundle education and **YTD 4% higher than target** Had **2** publications, **1** poster presentation, and **1** podium presentation

Unit Based Council

- Implemented **NICU whiteboards** so parents have information about baby's care team as seen on other inpatient depts
- Created safe **sleep cards for NICU** and assisted in updating NICU policy; implemented throughout Women's Health

Department Accomplishments

Neonatal Intensive Care Unit

Accomplishments and Recognitions

- Celebrated staff milestones of complete staffing and a retirement
- Implemented RetCam Telehealth
- 5 total RNs completed Professional Portfolio Program
- Threw an exciting NICU reunion with over 80 NICU graduates
- Welcomed a set of triplets!



Department Accomplishments

Orthopedics

Department Goals

- Reduced falls on the unit by 22.2% surpassing goal of 10%
- Increased participation of unit-based council by 50% by hosting an open house meeting
- Improved provider notification of MEWS scores >5 from 68% to 86% and vital signs follow-up improved from 95% to 97%
- Zero reportable HAIs in 2024
- 3 RNs continuing education with BSN, MSN, and FNP



Department Accomplishments

PACU

Department Goals

- Met goal of staff retention and **filled all open positions** in 2024 and completed 100% of stay conversations
- Hosted an online **CPAN/CAPA certification review course** to encourage certification within the department

Unit Based Council

- **Improved efficiency in emergency situations** by having emergency medications stocked in Pyxis
- Ongoing creation of **onboarding cheat sheet** for specific MD needs for cases
- Creating project for discharge folders to streamline important information for **patient education post-op**

Department Accomplishments

Patient Access Care Team (PACT/Float Pool)

Department Goals

- Met goal of staff retention along with preparing nurses to transfer to new “home” departments through **encouraging professional development** and TIPS fellowship program
- Participation in professional portfolio program and **national certification** obtained by nurses, continued unit-based council



Department Accomplishments

Post Critical Care Unit (PCCU)

Department Goals

- Submitted and was accepted for **Beacon Recognition Award** for 2024
- Increased **Professional Portfolio Program** submissions by 50%
- Maintained social determinants of Health screening **above 80% for patients**
- Two RNs achieved their PCCN certification
- **Decreased unassisted falls by 10%** from 2023



Department Accomplishments

Pre-Op

Department Goals

- Retained staff and **increased caregiver experience** by completing all stay conversations and including at least one caregiver in new hire interviews
- Working to improve patient experience by collaborating with patients and families and **reviewing all scores and comments**; ongoing performance improvement
- Hosted an online **CPAN/CAPA certification review course** to encourage certification within the department

Department Accomplishments

Surgery

Department Goals

- Reduced travelers from 23 to 2 in 2024
- Continued to move closer to goal of 30-minute turnaround times in the OR by reducing from 43 minutes to 35 minutes
- Two RNs obtained national certification in 2024 and a third testing end of 2024

Unit Based Council

- Implemented Timeout poster to review and re-educate staff for Timeout Processes in the OR; this was audited during Joint Commission survey and no deficiencies found!

