MEDICAL CENTER
NAVICENT HEALTH

2018 NURSING ANNUAL REPORT

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2018 Nursing Goals

1. Biannual (2017-2018) ≥BSN goal - ↑ 2%
2. Biannual (2017-2018) certification goal-↑2%
3. Injury Falls-↓20%
4. ↓ CAUTI/ achieve target
5. ↓ CLABSI / achieve target
6. ↓C.diff/ achieve target
7. ↓ MRSA/ achieve target
8. Facilitate co-horting of inpatients to improve throughput
9. Engagement survey participation and benchmark
Goal #1. ≥BSN clinical nurses

% direct care RN w ≥BSN 2009-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>42.1%</td>
</tr>
<tr>
<td>2010</td>
<td>43.9%</td>
</tr>
<tr>
<td>2011</td>
<td>49.7%</td>
</tr>
<tr>
<td>2012</td>
<td>53.0%</td>
</tr>
<tr>
<td>2013</td>
<td>57.8%</td>
</tr>
<tr>
<td>2014</td>
<td>58.4%</td>
</tr>
<tr>
<td>2015</td>
<td>58.0%</td>
</tr>
<tr>
<td>2016</td>
<td>62.0%</td>
</tr>
<tr>
<td>2017</td>
<td>62.0%</td>
</tr>
<tr>
<td>2018</td>
<td>64.0%</td>
</tr>
</tbody>
</table>
Goal #1 + #2 Nurse Leader/manager credentials *100% ≥ BSN*

% nurse leaders/ managers credentials 2014-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Graduate degree</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>21%</td>
<td>55%</td>
</tr>
<tr>
<td>2015</td>
<td>24%</td>
<td>49%</td>
</tr>
<tr>
<td>2016</td>
<td>38%</td>
<td>60%</td>
</tr>
<tr>
<td>2017</td>
<td>47%</td>
<td>65%</td>
</tr>
<tr>
<td>2018</td>
<td>48%</td>
<td>66%</td>
</tr>
</tbody>
</table>
Goal #3. Fall goals post Hester Davis® Nursing implementation

% improvement KPIs May-Dec 2017 vs 2018

<table>
<thead>
<tr>
<th>KPI</th>
<th>% Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total ↓</td>
<td>7.5%</td>
</tr>
<tr>
<td>Injury ↓</td>
<td>46.8%</td>
</tr>
<tr>
<td>Major inj ↓</td>
<td>69.6%</td>
</tr>
<tr>
<td>Anti phys↓</td>
<td>26.8%</td>
</tr>
</tbody>
</table>
Goal #4,5 Clinical Outcome Comparison to NDNQI (National Database of Nursing Quality Indicators)

**CLABSI**
- % units out-perform: 91%

**CAUTI**
- % units out-perform: 76%

**HAPI**
- % units out-perform: 64%

**Injury Falls**
- % units out-perform: 64%

*Graph showing the percentage of inpatient units out-performing clinical indicators compared to NDNQI benchmark.*
Top performing Clinical Outcome units

- **Injury falls:** C2M  STICU
- **CAUTI:** M7  H6  M4  C2M (0 for 8Q)
- **CLABSI:** H7  M7  M5  E3  E5 (0 for 8Q)
- **VAE:** outperform: NICU  CCU (0 for 8Q)
- **HAPI ≥stage2:** (0 for 8Q)  W3  M7  H6  C2M  E3  M4
Goal #6,7,8

• #6, #7 did not meet goal to reduce MRSA and Cdiff
• #8. Facilitate co-horting of inpatients to improve throughput - all of H7/ M8, half of M9/M6 - met goal
  • H7 exceed 50th %ile for hospital rating
  • H7 LOS ↓11.4%
Goal #9. RN engagement survey RN’s out-perform SCM national benchmark

4/18 SCM survey MCNH RNs vs SCM RN benchmark (>200,000 RN)
Awards and Accomplishments Nursing Led or Involved

- GHA PHA 1st place Award, Circle of Excellence GHA PHA award
- Breast Care Center- NQMBC Ctr of Excellence 4/18
- Home Health-SHP Best Premier Performer Award (top 5% of HH’s)
- GONL Leadership award Donald Smith
- 5 HD Nursing Milestone Awards for falls reduction
- Leap Frog-100 Points
Additional Accomplishments

• Retention initiatives
  • Recognition/ Reward Council
  • Nurse Extern

• Recruitment initiatives
  • Candy Stripers
  • DEN

• Oriented >200 new Nurses

• Numerous DAISY and Friends Of Nursing Awards
Succession Planning

• Promotions
  • 2 Directors
  • 8 Nurse Managers
  • 19 Clinical Leads
Professional Development
Community Involvement

• Over 200 nurses participated in community events
  • Nurses in the Neighborhood

• Certification Assistance
  • FON scholarships

• BSN support
  • Tuition Reimbursement
New Knowledge Innovations Research 2018

- Patient Journey Mapping
- Impact of augmented Transformation Nurse Leadership on pt. safety
- Balance between compassion and fatigue - EC interdisciplinary
- Predicting colon surgery LOS
- Understanding variation in hospital falls: NDNQI multidisciplinary study
Exemplary Professional Practice with Nursing involvement or leadership

- IV infiltrate algorithm peds
- Hester Davis falls injury reduction approx. 50%
- Fit For surgery
- Code Amber
- CHOPS botox
- ↓ diversion - especially neuro and med surg
- Open 14 beds (M5, M8, E3)
- Breast Care Center ↓ mammo/ultrasound diagnosis to biopsy by 48.5%
- Redesign Shared Governance - Nursing Advisory and supportive Councils
Licensure and Staffing

• 100% review of all Licenses annually

• Overall Magnet® departments
  • RN turnover 13% (↓ from 14%)
  • RN vacancy ↑ from 2017 to 2018 due to opening additional beds

• Central Staffing office
Budget and Support

- Short term staffing incentives
- LPN staffing model
- Educator hired to onboard LPN and CTs
- Flexible with contract hiring to support safe patient ratios and opening 30 beds
- Board supportive of Magnet® journey
- Support for safe initiatives- VS machines, alaris, Hester Davis, bladder scanners, vein finders to expedite and improve pt care and outcomes
- Availability of support staff- Care Navigators, Patient Experience coordinator, additional RRT to support CH, Dedicated ICU PT, Intensivist model
2019 Nursing Goals

- Certification - ↑2% for 2019-2020
- BSN - ↑2% for 2019-2020
- Meet Hospital Associated Infections/Conditions, Value Based Purchasing targets and/or out-perform NDNQI/ benchmarks
- Submit Magnet® re-designation documents on 4/1/19.
- Complete Council restructure
Friends of Nursing Excellence Gala

• Recognition of Excellence
• 109 nominations
• 13 System Awards
• Bedside Staff