Our BIG(GER) Aim is to get each patient to their desired outcome, first without harm, also without waste and with an exceptional experience for every patient and family.
Transformational Leadership

Dear Friends and Colleagues,

First and foremost, I want to thank each and every one of you for your commitment to excellence, quality and safety for our patients and families across western North Carolina. Your resilience and adaptability during a year of constant change is commendable. As a health system, we have become a national leader as an organization that delivers high quality, cost effective care. This is in large part due to your hard work and dedication this past year.

I have witnessed personally the system nursing councils come together and develop standards of care to ensure that patients from across the region experience the same level of quality, compassion and safe care at any one of our hospitals. Standards such as Emergency Department triage levels, pain management, nurse driven Foley catheter removal protocol and the fall prevention program are just a few projects that were completed this year resulting in improvements in patient satisfaction with pain management, a decrease in urinary tract infections and a reduction in our falls. Beyond standardizing clinical practices, there was a considerable amount of effort focused on enhancing the professional development of our nursing staff across the health system. All hospitals now have a clinical ladder and a shared governance structure that link with the system shared governance structure. It grew from two system councils to five. This is a tremendous accomplishment and one that makes me very proud. Lastly, as a health system, we created a policy that will help us increase the number of BSN nurses at the bedside over time with our long-term goal of having 100 percent BSN prepared nurses caring for our patients.

At the risk of repeating myself, THANK YOU for sharing in our mission to improve the health of the people of western North Carolina and the surrounding region and our vision to be a regional diversified health system providing superior care and services to patients and their families through a full continuum of integrated services, education and research. You play a significant role in our ability to achieve them.

Kathleen Culhane Guyette, MSN, RN, NEA-BC
Senior Vice President of Patient Care Services
Mission Health
Dear Colleagues,

Angel Medical Center (AMC) celebrated 90 years of service to our neighbors and friends in western North Carolina in 2013. The legacy of the founding brothers, Drs. Edgar and Furman Angel, continues to be expanded as the Nursing Division implements evidence-based systems of care to meet the changing needs of our community. I congratulate our great staff on their accomplishments this year.

As we look back on 2013, I would like to acknowledge the contributions of the nurse managers and directors who have dedicated themselves to creating a work environment where the focus is on the patient and the power of the patient care team is recognized. They understand that the BIG(GER) Aim is dependent on a competent, caring staff who are supported in developing their skills through education, mentoring and encouragement. A priority was the creation and implementation of personal professional development plans at the leader and staff level. This was enhanced through the many learning opportunities with our Mission partners through participation in the system nursing councils, classes by the clinical education staff, leadership classes through Human Resources and the opportunity for our staff to shadow inpatient care units at Mission Hospital.

We evaluated the delivery of care and revised our staffing models to ensure that the right type and number of staff are in the right place to provide the excellent care to which we aspire, while being fiscally responsible. We saw improvement in 10 of 12 domains in our Culture of Safety Survey and all but two domains in the employee engagement survey. Inpatient patient experience results improved from the 56th percentile in the fourth quarter 2012 to the 93rd percentile in the fourth quarter of 2013 for overall quality of care.

However, I am most proud of experiences like that of the 35-year-old mom who had a stroke at home and was quickly returned to normal function after the rapid recognition and intervention in our Emergency Department and subsequent treatment at Mission Hospital. Nurses at AMC partnered with nurses throughout Mission Health, quality analysts, providers, imaging staff and Emergency Medical Services to develop a consistent evidence-based process that shaved minutes from arrival time to treatment, which, in this case, enabled a mom to avoid disability and return home to a normal life with her family.

As the AMC Nursing Department looks to 2014, we are eager to continue this quality journey.

Sheila Price, MS, RN, FACHE
Vice President and Chief Nursing Officer
The Clinical Ladder Program was fully implemented in the fall of 2013. The program offers professional nurses the opportunity for career development and advancement while maintaining a clinical focus on patient care. Through continued encouragement in other areas of professional development, 21 registered nurses enrolled in BSN and/or Masters programs.

Two Surgical Services nurses participated in Periop 101: A Core Curriculum™, through Mission Hospital. In addition, two Emergency Department (ED) nurses received their Crisis Prevention Institute (CPI) Instructor Certification and held numerous classes to educate their fellow BRRH staff. A total of 90 percent of our ED nursing staff completed Triage First, and, as a result, there was a 57 percent improvement in wait times.

It is always a special pleasure when we see our nursing staff receive recognition and accolades for their service and even more special when it comes from their peers. In 2013, we were privileged to celebrate with one of our outstanding BRRH professional nurses who received the prestigious honor of being selected one of the Great 100 Nurses in North Carolina.

It is rewarding to see our nursing staff grow and develop in their professional practice. The Blue Ridge Regional Hospital nursing staff is committed to providing quality, patient-family centered care.

Jane Edwards, MSN, RN
Vice President of Patient Care Services
Professional development and growth was a key focus in 2013 with the development of our clinical ladder by our professional Practice Team. Several McDowell nurses and leaders obtained their national certifications. We collaborated with Winston-Salem State University to establish RN to BSN courses on-site at our McDowell Hospital campus beginning in 2014.

Bar code scanning was implemented with improved patient safety for blood administration, specimen collection and medication administration. In 2013, we were notified that McDowell had been recognized by The Joint Commission for being a National Top Performer for key quality measures in 2012.

McDowell Hospital also partnered with the YMCA to provide a comprehensive program for people with type 2 diabetes. This program involves education from our certified diabetes nurse and dietician in addition to an exercise program.

Thank you to our patient care team for the compassionate care that you provide and your commitment to quality.

Kathy Hefner, MSN, RN, NE-BC
Vice President of Clinical Operations
Dear Colleagues,

The year 2013 will be remembered by Transylvania Regional Hospital (TRH) nurses as the year of staying alive during the Cerner go-live. For most of us, total computer system conversions happen once in a career. Every process, every responsibility and every decision in nursing practice is tied in some manner to the electronic health record. In addition to Cerner being new, our teams transitioned to a new incident reporting system, email system, Pyxis devices and a new policy and procedure program. As challenging as the “Year of the Go-live” was, the TRH nursing team can be proud of the way the transitions were managed.

In patient care settings, we saw new leaders emerge. Super users volunteered to help guide their colleagues through the change. Hours of classroom and practice time went into preparing super users for the transition. They put the powerful nursing skills of teaching, supporting and coaching to great use as they helped fellow nurses prepare.

The nursing team “showed up” ready to learn, committed to practice and willing to support one another. Acute care nurses were excellent at reassuring one another and their patients that no one would be left behind in the frenzy to implement the new computer system. TRH nurses made the transition smoothly and quickly transferred their energy to troubleshooting the few unforeseen challenges that the new system created. Creativity, positivity and resiliency were demonstrated by the acute care nurses throughout the year.

The TRH nursing leaders showed tremendous initiative, accountability and commitment before, during and following the go-live. Nursing leaders gave input to the builds, plotted process changes and planned staffing in a manner that adequate Cerner education could take place. They monitored education progress and compliance with requirements. Nursing leaders developed support tools for staff, including a user manual, tip tools and audit processes. The nursing leadership also provided support to the physicians as they learned the system. Even if the environment was tense, the leadership demonstrated poise, professionalism and a calm presence.

A primary goal of having all system providers on the Cerner system is to make patient information available seamlessly throughout our provider network. As taxing as the conversion was, nurses kept the patient care goal in mind. Nurses and nursing leaders handled the challenge with commitment, creativity and humor. In my experience with this nursing staff, that is how they face every challenge. They didn’t simply survive the “Year of the Go-live” but managed to thrive.

Becky Carter, MSN, RN, FACHE  
Chief Operating Officer and  
Vice President of Patient Care Services
FIRST SYSTEM NURSING LEADERSHIP RETREAT

The first System Nursing Leadership Shared Decision-Making Council Retreat was held at the Mountain Area Health Education Center (MAHEC) on June 6, 2013. The system nursing leadership team consisting of chief nursing officers (CNOs), educators and council chairs from Mission Hospital, Transylvania Regional Hospital, McDowell Hospital, Blue Ridge Regional Hospital and Angel Medical Center participated in this day-long retreat. The goals included exploring methods to create healthy work environments, reviewing shared decision making (SDM) council experiences, exploring ways to improve caring environments for patients and staff, and envisioning the future state through a “World Café” experience.

A panel discussion, moderated by Jane Edwards, MSN, RN, Vice President of Patient Care Services at BRRH (far left), followed, and member hospital representatives presented summaries of the progress of SDM in their organizations. The presenters included Val Smith, MHS, RN, RAC-CT, Director of Elder Care Services, Chair, Recruitment Retention and Recognition Council, TRH (second from left), Lisa Clark, MSN, RN, PCCN, Nurse Educator, Chair of Nursing Professional Development Council, Mission Hospital (second from right), and Debra Robinson, RN, Chair, Professional Development Council, BRRH (far right).
LEADERSHIP EDUCATION PROGRAM

The Nursing Leadership Education series from The Advisory Board Company began in September 2012 and continued through June 2013. A series of six leadership classes were facilitated by health care leaders from across the country, representing the global research, technology and consulting firm. Nursing leadership teams from all Mission Health hospitals attended the series.
Empowerment

**SYSTEM-WIDE COUNCILOR STRUCTURE**

Mission Health’s model for nursing shared decision-making illustrates the collaborations between nursing departments and functions across the system. The model emerged over the past three years of consistent work to improve care delivery across western North Carolina in Mission Health member organizations. From education, to computer systems, policies and care delivery functions, the collaborative model promotes quality of care and nursing growth and development for the region.

**MISSION HEALTH SHARED DECISION-MAKING COUNCILS**
DAISY AWARD

The DAISY Award, an international program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses every day, was implemented at Mission Hospital in 2011 and expanded to the Mission Health member hospitals in 2012 and 2013. DAISY Award honorees personify a remarkable patient experience at Mission Health. These nurses consistently demonstrate excellence through their clinical expertise and extraordinary compassionate care. In 2013, DAISY Awards were given to 30 nurses in public ceremonies across Mission Health.

STANDARDIZED OPERATING ROOM COMPETENCY

Standardization of policies and procedures by the System Perioperative Council revealed variations in competency formats across Mission Health. After review of the competencies, the System Perioperative Council voted to utilize a standardized competency for RN circulator, scrub technician and first assist roles in the Operating Room (OR). All member hospitals were instructed to use the competency format distributed by Jill Howell, MSN, RN, CNOR, Nursing Educator at Mission Hospital, by October 2013. Specialty-specific competencies were selected by each member hospital OR director, depending on need.

CCRN/PCCN REVIEW COURSE

The two-day review course for national nursing certification in critical care (CCRN) and progressive care (PCCN) held August 29 and 30, 2013, in Asheville, North Carolina, was organized by three Mission Hospital registered nurses, pictured here with course presenter, Laura Gasparis Vonfrolio, PhD, RN, CEN, CCRN. Through the generous funding of the Mission Healthcare Foundation and contributions by nurse leaders of critical care and progressive care units, qualifying nurses from all five hospitals of Mission Health attended at no personal cost. More than 140 Mission Health nurses and several regional nurses took advantage of the lively and memorable presentation by Vonfrolio.
NURSING ORIENTATION

During 2012, Mission Health member hospitals, in collaboration with Regina Phelps, PhD, RN-BC, NEA-BC, and Larry Borrelli, MSN, RN-BC, created a master orientation framework for use by all member hospitals in designing the nursing orientation process, which has now been implemented across Mission Health. As each member hospital continues to expand its use of Cerner, more pieces of orientation will likely become “in common” with more technology used to share resources. Nurses orienting to highly specialized areas, like Intensive Care Units and Obstetrics, also spend time on the Mission Hospital campus with nurses in those specialty areas.
Professional Practice

POLICY STANDARDIZATION FOR FALLS PREVENTION

To achieve the goal of decreasing falls for patients throughout Mission Health, the system Medical-Surgical Nursing Council, which later merged with the Critical Care Council, initiated and implemented a system-wide falls initiative in all member hospitals in 2012-2013. Falls and fall severity were added to the system dashboard quality initiative.

CRITICAL CONGENITAL HEART DISEASE SCREENING PROGRAM

In 2013, Mission Health implemented the Critical Congenital Heart Disease Screening Program (CCHDSP) for all neonates born at Mission Health. The CCHDSP involves the use of pulse oximetry as a screening tool for critical congenital heart disease (CCHD), the most common birth defect that accounts for 24 percent of infant deaths due to birth defects. Failure in detection of CCHD may lead to critical events, such as cardiogenic shock or death. Early detection using pulse oximetry is key in potentially improving the prognosis and decreasing the mortality and morbidity rate of affected infants. This test allows timely evaluation, including echocardiograms and any subsequent follow-up. The initiative led to the first implemented system-wide policy for the Women’s and Children’s Service Line.
**CLINICAL LADDER**

Clinical Ladder programs, previously established at Transylvania Regional Hospital and Mission Hospital, expanded during 2013 to Angel Medical Center, Blue Ridge Regional Hospital and McDowell Hospital. Designed to inspire and reward the highly experienced, non-supervisory, direct-care registered nurse in promoting excellence in clinical nursing practice, the advancement process provides opportunity for career and professional development. Retention and recruitment are enhanced through incentives and recognition for quality patient care. Advancement to the next level is based on periodic application and evaluation of certain eligibility criteria, such as department director approval, nursing education level, specialty nursing certification, years of experience, patient care quality and safety, leadership, evidence-based practice and professional organization involvement.

**CRISIS PREVENTION INSTITUTE TRAINING**

CPI provides a Nonviolent Crisis Intervention Program recognized as the international standard for violence prevention and intervention training. Crisis Prevention Institute (CPI) training, already mandated for Mission Hospital Emergency Department (ED) and behavioral health personnel, security and other key staff, was implemented in the member hospitals following Mission Hospital's CPI instructor training program in May 2013. One or two staff members from each member hospital as well as additional staff from Mission Hospital were trained to become certified CPI instructors. Subsequently, the Emergency Department Council worked to standardize CPI training within the member hospitals. These instructors obtained their certification in May 2013 and subsequently held classes, which led to the majority of all ED and security staff becoming CPI certified by the end of 2013.

**ORTHOPEDIC CARE STANDARDIZATION**

The initiative to standardize Orthopedic Nursing Care started in March 2013. The program includes two learning modules and an Orthopedic Essentials class offered to all Mission Health staff nurses. The standardized content for these Orthopedic Essential learning modules included Fracture Management and Complications, and Joint Surgery. Jan Bailey, MSN, RN, OCNS-C, Certified Orthopedic Clinical Nurse Specialist, in the Center for Nursing Excellence, worked to standardize the education process and plan for the future. All five hospitals achieved approximately 98 percent compliance for all staff completing the orthopedic curriculum.
Ann Williams, RN, Manager, Operating Room (OR), presented the Mission Hospital Quality Initiative “Safe Days” in the OR. The initiative consisted of a group consensus of the definition of a safe day in the OR, identification of the most common issues in the OR that resulted in a fall out of a safe day and steps to improve results of the data collected. The Perioperative Council initiated the system-wide quality project, which centers on providing excellent harm-free patient care.
New Knowledge, Innovations and Improvements

PAIN TARGET© IMPLEMENTATION

A primary focus across the system during 2013 was the use of Mission Health's Pain Target© bull's-eye signs and research surrounding the patient's perspective of their pain management experience. Mission Hospital's Nursing Quality Council conducted Quality Assessment Rounds on the use of the Pain Target© signs on both the Memorial and St. Joseph campuses. Strategies were developed to promote use of the signs to achieve optimal pain management for patients. Managers and quality representatives follow this on a unit level. Education supporting rollout of the Pain Target© signs was initiated in 2013 at the member hospitals and will continue into 2014.

POLICY MANAGEMENT–COMPLIANCE 360

During the fiscal year 2013, Compliance 360, an online system-wide policy management system, was developed. By the end of 2013, Mission Hospital, Mission Medical Associates, Transylvania Regional Hospital, McDowell Hospital and Angel Medical Center had implemented the new system.

The purpose of the system is to facilitate standardization of policy and practice across Mission Health, particularly in the acute care setting and for system-wide services such as compliance, human resources and patient care delivery. The goal is that a patient in any Mission Health facility from a large hospital to a small or critical access hospital can expect the same level of care. Services will differ between facilities, but the care delivery process will be the same.
PERIOP 101: A CORE CURRICULUM™

In 2012, the System Perioperative Council began preparations to offer Periop 101: A Core Curriculum™, based on the Association of periOperative Registered Nurses (AORN) evidence-based Recommended Practices and Standards. Candidates for the education program were selected from hospital employees and several new hires at Mission Hospital. The candidates completed several weeks of training at Mission Hospital followed by online training and testing with online and phone support from the Perioperative Educators. Monthly competency checks were performed at the Mission Hospital campus under the supervision of the Perioperative Educators. Day to day training occurred at the site of employment with an outline provided to the respective OR directors on area of concentration, such as general surgery and electrocautery.

In April 2013, the effectiveness and overall experience of Periop 101™ were evaluated. At that time, 10 candidates had successfully completed the course and passed the testing phase. All of the candidates were working in the OR and had begun buddy call. The candidates reported favorable experiences in transitioning to OR practice after completion of the course.
Evidence-Based Practice (EBP) rounds were implemented across all Mission Health member hospitals during 2013. Rounds are informal and conducted on a walk-about basis on all clinical units at each hospital every month to six weeks.

Several great clinical questions were posed by various staff members that have resulted in evidence-based practice changes across Mission Health. Examples include sharing/discussing best practice for venous thromboembolism (VTE) prevention and evaluating/developing policies and procedures for intravesical infusion of Mitomycin and BCG/Interferon.

In addition to EBP questions, all member hospitals have now become engaged in research studies. Studies that were implemented or that are in development include Pain Target®, the effect of acupressure on chemotherapy induced nausea and vomiting, and taking control of type 2 diabetes.
Empirical Outcomes

CULTURE OF PATIENT SAFETY

The 2013 Mission Health staff survey about Culture of Patient Safety included questions relating to topics, such as overall perceptions of safety, teamwork within units and across hospital units, communication openness and nonpunitive response to errors. Participation increased at all sites, compared to the previous year, and there were gains in overall perception of safety, supervisor expectations and actions promoting patient safety, communication openness, feedback and communication about error, and management support for patient safety.
Welcome to Mission Health!

**CAREPARTNERS, ASHEVILLE, N.C.**

**HIGHLANDS-CASHIERS HOSPITAL, HIGHLANDS, N.C.**

CarePartners joined the Mission Health family in September 2013, and on January 31, 2014, Highlands-Cashiers Hospital became a full member of Mission Health. Mission Health partnerships provide critically important advantages for ensuring the future of area health care services and strengthen the position of each facility to navigate the changes in health care.

Located in Asheville, North Carolina, CarePartners offers services in rehabilitation, home health, adult care, and hospice and palliative care. Highlands-Cashiers Hospital is a not-for-profit community hospital serving Highlands, Cashiers and the surrounding North Carolina mountain communities.

The work and achievements of the nursing staff of both of these facilities will be highlighted in future editions of the Mission Health Nursing Annual Report.
Dear Colleagues,

During the past year at Mission Hospital, nurses and clinical teams have demonstrated their commitment to improvement efforts, and the results are remarkable! As CNO, I have been impressed by the energy and efforts of our clinical nurses and nurse leaders as they participate in value stream mapping, DMAIC training and efforts, and Care Process teams. Nurses’ contributions are crucial to our efforts to improve our patients’ experience, while making care more reliable through bedside reporting, hand-offs, hourly rounding and multidisciplinary rounds. What an exciting time in health care! We embarked on transforming models of patient care that promise to improve health while controlling costs.

My gratitude to each nurse for their efforts is simply endless. As nursing teams, we have worked together to provide high quality patient care and challenge the status quo. We have redesigned work flows and helped our colleagues at the member hospitals when they have “gone live” with Cerner. We have piloted new approaches to care, such as “Good to Go” and expanded telemetry to medical/surgical units. Learning opportunities seemed endless, as some of you tackled the “dysrhythmia course” and others were in the inaugural cohort of the new graduate RN program. Many of you served as a member of a shared governance council, advancing efforts such as practice improvements, nursing certification, nursing quality, research and informatics.

It continues to be my privilege to serve as your CNO. It is my pleasure to meet with nurses and learn more about their work and contributions. I welcome you to attend a DAISY Award or Compassion iN Action celebration, during which we support excellence in nursing and certified nursing assistants, respectively. If you can, please join me for a CNO breakfast or dinner and feel free to drop by my office and say hello. Please accept my sincere thanks for your contributions and commitment to improving patient care each day!

Sincerely,

Karen Olsen, MBA, BSN, RN, NE-BC
Vice President and Chief Nursing Officer
Transformational Leadership

This past year, Mission Hospital has continued its journey toward nursing excellence. Individually and as part of various teams, nurses are creating highest possible outcomes for our patients. Key components of creating an infrastructure to support the best nursing care in the country include: 1) compassion, leadership and caring; and 2) professional practice models.
One of the steps in the journey toward nursing excellence involved the introduction of a model for nursing practice by Anne Boykin, a renowned nursing theorist. Karen Olsen, MBA, BSN, RN, NE-BC, Vice President and Chief Nursing Officer, invited nursing theorist Anne Boykin, PhD, RN, to speak to key nursing managers, directors and clinical nurses. On May 13, Boykin, Professor Emeritus and Dean for 30 years of the Christine E. Lynn College of Nursing at Florida Atlantic University, shared her theory of Nursing as Caring, developed with Savina O. Schoenhofer, PhD and explained in their book *Nursing as Caring—A Model for Transforming Practice* (2001).

Boykin defined nursing as both a discipline and a profession that involves caring as a core attribute of nursing. She challenged the nurses to think about why they chose the profession and about their unique contributions to the health care team. She stated that “caring is living life in a way that matters.” Boykin’s presentation reflected the compassion, leadership and caring for which Mission Hospital nurses are well known across the region.
NURSING PROFESSIONALISM

To enhance role identification, facilitate communication among the health care team and to increase patient/family satisfaction, Mission Hospital nurses have embraced the industry trend to standardize uniforms in departments where direct patient care is provided. Over a two-month period, approximately 65 nurses and patients/family advisors met to discuss the many options and decision points involved in determining a consistent look and color for members of the health care team.

The primary purpose of standardized uniforms is for easy role identification, neatness and to project a professional image that will mirror the high standards of our hospital and its work. This move for standard uniforms and colors for various members of the health care team is consistent with research findings that suggest this approach increases perception of professionalism, improves the first impression experience for patients and family members, instills confidence in patients/families/team members, and enhances role identification. Standardized uniforms and colors also provide a visual cue to identify the nurse, help patients and family members know to whom to direct questions, increase patient/family satisfaction, and facilitate communication within the health care team.

As staff members began to adopt the new uniform standards, which are not effective until May 2014, patients, family members and staff members already reported that standard uniform colors created a spirit of camaraderie, enthusiasm and commitment among members of the health care team.
Mission Hospital is a leader in clinical nurses achieving professional certification. Nurses and departments throughout the hospital are creating pathways to certification through study groups and tutoring while other departments are offering or facilitating certification review courses. For example, ED nurses conducted their fourth year of peer-driven Certified Emergency Nurse (CEN) Review courses in 2013. Twice during the year, a peer group of CEN instructors offered a two-day review course to Mission Hospital nurses and others across the region. The CEN instructors organize their own presentations and update course content every six months to ensure that information matches current emergency nursing best practices. The efforts of critical care and Heart Tower nurses in promoting certifications in critical care (CCRN) and progressive care (PCCN) are described in the health system nursing report.

Efforts such as these have led to remarkable outcomes. In the National Database for Nursing Quality Indicators (NDNQI), Mission Hospital clinical nurses from many departments are out-performing peer hospitals. This commitment to nursing excellence, demonstrated by achieving certification, linked the clinical nurse's specialized knowledge to providing the best care possible for one's patients. Research provides evidence that improved patient outcomes are strongly associated with a better educated nursing workforce. Research demonstrates that certification and a baccalaureate degree in nursing are two ways of supporting high quality patient outcomes.
CNO ACCESSIBILITY AND VISIBILITY

As an executive leader and nursing advocate, Karen Olsen, MBA, BSN, RN, NE-BC, VP and CNO, led many staff recognitions and created opportunities for interactions with staff in 2013.

Each month Olsen invited staff to breakfast or dinner to facilitate open dialogue, share information and to answer questions or hear concerns. In 2013, she recognized 22 nurses with DAISY Awards. This past year, she also initiated and supported the implementation of a recognition program for Certified Nursing Assistants (CNAs) named the Compassion iN Action Award. Olsen presided over a quarterly celebration awarding 12 CNAs this past year who exemplify Mission Hospital Core Values and the BIG(GER) Aim.

Karen Olsen (pictured here) and Dr. Michael LeCroy, Director of Orthopaedic Trauma Services, served as facilitators for several Relationship Centered Leadership (RCL) sessions. They led discussions and exercises on being personally present, using reflective listening, inquiring in order to understand, valuing diversity as a resource and speaking your truth. The course is sponsored by the Mission Health Center for Leadership and Professional Development and was established for managers, directors, executives and physicians across all disciplines and services of Mission Health.
Empowerment & Professional Practice
CLINICAL PROGRAMS AND CARE PROCESS MODELS

In 2013, Mission Hospital began a three-year plan to establish clinical programs, which are agreed upon interdisciplinary patient-centered disease-focused care delivery systems guided by a series of evidence-based Care Process Models (CPMs). The CPMs will ensure the highest quality clinical care throughout Mission Health with appropriate clinical intensity of services at the lowest cost.

CPM development teams are multidisciplinary and include RN and physician team leads, a care manager, patients and family members, physician participants and other critical stakeholders, like pharmacy and clinical experts. The CPM development team engages clinical caregivers across the region and across the continuum (primary, specialty, acute, surgical, ancillary services, care/case management and innovation) to research evidence-based best practices and develop the clinical algorithm(s). The team also develops patient and family education/engagement tools, models of care and performance metrics for identified DRGs (diagnosis-related groups), such as diabetes, hemorrhagic stroke, pneumonia and acute kidney injury. Improved quality, safety and cost outcomes related to CPMs support the achievement of the BIG(GER) Aim.
In 2013, the DMAIC Sepsis Team initiated work to achieve optimal patient outcomes by rapidly identifying and treating potentially septic patients early. The DMAIC (Define, Measure, Analyze, Improve and Control) model was used to organize, map out and implement a screening tool to identify early sepsis in patients and initiate treatment to prevent severe sepsis or septic shock. Mortality of severely septic and septic shock patients in APACHE (Acute Physiology and Chronic Health Evaluation) data at Mission Hospital from April 2012 to March 2013 was 19.1 percent. The goal was/is to reduce mortality rate to 15.3 percent, a 20 percent reduction.

Screening every patient for sepsis is done using Cerner’s St. John Sepsis tool (2012). The ED was the first area to go live with screening in December 2013. Sepsis screening is planned to go live house-wide in June 2014. Two screening tools are used; the first is for patients who are exclusively in triage. The second screening tool, continuously running in the background, begins when a patient is moved out of triage in the ED. The tool will generate an alert if the patient’s lab work and vital signs indicate possible sepsis. The RN then reassesses the patient, noting any source of infection, and notifies the provider. If indicated, the provider will order the “Severe Sepsis Plan” developed by the DMAIC Sepsis Team and utilize evidence-based practice treatment options.

In the first month after implementation of the St. John Sepsis tool, data showed bundle compliance increased by 40 percent, and time to antibiotic administration decreased by more than two hours. Patient outcomes demonstrate that hanging another IV bag or starting an antibiotic to treat sepsis serve as critical life-saving interventions.
HEPARIN DMAIC TEAM

The Heparin Better Practices Team formed in February 2013 to reduce heparin medication errors. Team members started by gathering data on heparin administration errors. Errors were examined in the context of feedback from nurses on heparin administration, chart reviews, real-time pump audits and data on frequency of heparin orders, plan utilization and baseline therapeutic data. In addition, in-depth research and literature reviews were conducted to find best practice guidelines to drive improvement efforts. With the help of Performance Improvement (PI), the team created swim lane diagrams, value stream mapping, fishbone diagrams, and Failure Modes and Effects Analysis to identify the top areas for improvement.

The primary emerging issue was errors related to the dosing weight. Due to the way the drug is metabolized, heparin dosing is weight-based and must be adjusted based on body weight in individuals with a BMI greater than 30 to prevent overdosing. Additional audits were completed to analyze dosing options for patients with BMI greater than 30, and data analysis confirmed this to be the safest practice for our patients. The team optimized this process.

Extensive work by IT led to Cerner having the capability to calculate the heparin dosing weight, a much needed improvement, changing the process from one which required complex manual changes to a more automated system with smart alerts to clinicians. The team targeted five areas for improvement: 1) automating a manual process of calculating the heparin dosing weight, 2) utilizing pharmacy to update and verify heparin dosing weight, 3) standardization of heparin concentration across member hospitals, 4) streamlining the heparin dosing calculator, and 5) reducing the number of heparin plans from five to three. Additional improvements developed during this project included standardizing all drips to use a dosing weight, standardization of heparin boluses for code STEMI (ST-elevation myocardial infarction) throughout the member hospitals, changing heparin orders to a “now” priority to facilitate timely initiation of heparin drips and removing heparin from override, a key safety feature to allow for pharmacy verification prior to drip initiation.

After the draft plans were created and an updated version of the heparin calculator created, the team visited selected nursing units to allow nurses to simulate starting heparin, utilizing the new protocols. This allowed the team to make additional improvements and address concerns from front-line staff. Further work, including systemization, implementation and evaluation are planned for 2014. The successes of the team have been the result of front-line staff engagement and using end users’ feedback in efforts to simplify and strive to minimize error potential through careful testing and evaluation.
BAR CODING MEDICATION ADMINISTRATION

During the past year, nurses have been working across Mission Health to improve nurses’ compliance with bar coding. In the past twelve months, Mission Hospital nurses have increased their scanning rate by 2 percent, or about 8,000 more medications each month. To achieve these results, nurses throughout the organization have served as BCMA Champions. They have attended team meetings along with nursing informatics representatives and provided feedback about facilitators to achieve higher compliance rates.

These efforts have resulted in a deeper examination of medication scan failures and their resolution. Interventions have resulted in the correction of problematic orders and addressing bar code issues on certain medications. A simple intervention involved placing scissors on Pyxis machines to snip packages instead of ripping, which often results in torn bar codes. Interventional Radiology is now deploying Xenon medication scanners and fully implementing BCMA for medication administration. Nurse-led efforts on BCMA have resulted in safer medication administration and the ability to ensure that medications are delivered using a best practice approach.
New Knowledge, Innovations and Improvements

NEW GRADUATE RN INTENSIVE PROGRAM

The New Graduate Intensive Program was created to provide an evidence-based approach to facilitate the transition of recent graduates in the acute care setting. Many of the first participants also participated in a pilot program to standardize the screening, interviewing and hiring of new graduate RNs.

Twenty-six newly graduated RNs participated in the inaugural program that began in July 2013. The nine-month program is designed to prepare new nurses to make a smooth transition from the academic world into nursing practice, both clinically and culturally. The orientation, transition and transformation phases provide support tailored to each RN’s unique learning needs to assist them in providing safe, effective and quality patient care in a specific clinical department. Nurse Educators, Professional Development Specialists and unit preceptors act as resources and navigators in the process.

Classes throughout the program cover topics such as communication, delegation, transition management and time management. The professional development topics of shared governance, leadership at the unit level, clinical ladder advancement, lifelong learning and professional contributions are also included. The overarching goal of the program is to support the unique needs of a new graduate while preparing them for success in a complex work environment.
NURSES’ INVOLVEMENT IN DESIGNING NEW PATIENT TOWER

In 2013, 22 teams collaborated to help design the future patient care tower to be located on the Memorial Campus of Mission Hospital. As part of the project MISSION re:DESIGN, nurses reviewed best practices and evidence-based care models, participated in site visits, assisted with designs of mock-up rooms, and evaluated the newest technology. Patient- and family-centered care remained a core tenet of the work as identified through the value stream mapping process. The teams consisted of nurses, physicians, respiratory therapists and staff from Materials Management, Pharmacy, Environmental Services, Infection Prevention, Security, Admitting/Registration, Telemedicine and Dietary Services, plus others.

Community leaders, former patients and patient family members participated in monthly sessions with programmers, architects and the MISSION re:DESIGN team. They gave valuable input in the design, viewed the models and mock-up rooms for the inpatient units, the Emergency Department, the preoperative and recovery areas including the Operating Room. The patient’s perspective helped create plans that included such things as built in phone chargers, internet connections and a family zone in each room, increased use of natural light, clear way-finding and improved parking. The many ideas from staff and former patients and their family members will help us provide an exceptional patient and caregiver experience.
Empirical Outcomes

NURSES’ INVOLVEMENT IN VSMS

Value stream mapping (VSM) workshops, facilitated by Quality Improvement Advisors from Mission Hospital’s Performance Improvement department, were held throughout 2013. Nurses participated in VSMs covering at least 14 patient care areas and Environmental Services. Each workshop lasted about eight hours per day over a four-to-five-day period, covering all shifts and weekends. The working sessions analyzed current state and designed future state processes to promote improved patient experiences, optimal clinical outcomes and continued health.

The VSMs align with the MISSION re:DESIGN initiative, which is a multi-year, multi-phase, project to transform processes and facilities to serve as the foundation of a world-class health system for the future and to achieve our BIG(GER) Aim. At the end of each VSM workshop, a summary evaluation was presented to the executive Dark Blue Team, comprised of Jill Hoggard Green, PhD, RN, Mission Health Chief Operating Officer (COO), and President, Mission Hospital, Mission Medical Associates; William Maples, MD, Senior Vice President and Chief Quality Officer; Sonya Greck, MSN, RN, COO; Sulaiman H. Sulaiman, Senior Vice President and Chief Information Officer; William R. Hathaway, MD, Chief Medical Officer; and Karen Olsen, MBA, BSN, RN, NE-BC, VP and CNO, as well as all the vice presidents.

Throughout the year, the VSM teams presented their progress and outcomes to the process improvement leadership Green Team in weekly meetings open to all interested staff. Monthly, the VSM teams reported to the Dark Blue Team. Opportunities for improvement included the discharge process, admission process, geographical rounding for the hospitalists and 5S Methodology (Sort, Systematize, Shine, Standardize and Self-Discipline) for nursing units.
THE EMERGENCY DEPARTMENT

The entire health care team in the ED has exemplified rigor and unrelenting commitment in their VSM work that launched in 2012. The team established and maintains a dashboard of metrics and continually keeps quality and safety grounded in a consistent improvement strategy. Projects addressed the improving admission and discharge processes, caring for low acuity patients, implementing the Vocera Communication system and enhancing behavioral health care. Focusing on improving the patient experience in the ED, team members implemented and evaluated innovations such as waiting room rounding by patient ambassadors, enhancing patient communication through handouts and tracking boards, hourly bedside rounding, and having the physician and nurse see the patient together.

These efforts resulted in significant improvements, including ED door to discharge time reduced by 20 percent and the ED door to seeing the doctor time reduced by 26 percent. Additionally, the left without being seen rate decreased from 5.5 percent to 1.02 percent.

Capacity increased by 27,000 patient hours resulting from decreased length of stay, 39,000 patient hours resulting from use of low acuity track, and 9,900 patient hours resulting from decreased behavioral health patients length of stay.

Most importantly, the ED has experienced an increase in Professional Research Consultants (PRC) scores reflecting higher patient and family engagement and satisfaction. These improvements demonstrate how teamwork can contribute to making substantial improvements in care process and patient outcomes.
TELEMETRY EXPANSION

The Medical-Surgical/Critical Care Value Stream Mapping Team identified the lack of telemetry in the acute care units as a preventable reason for patient transfers. In the spring and summer of 2013, Carlin Smith, MSN, RN, PCCN, Nurse Educator, began teaching additional electrocardiogram interpretation classes to the nursing staff of 6 North, 7 North, 8 North, and Renal Medicine. In August 2013, those units went live with telemetry. Telemetry will be added on Orthopedics and Spine units in 2014 with planned expansion to all nursing units during fiscal year 2015.

The team worked closely with Dr. Scott Joslin to develop criteria for ordering and discontinuing telemetry to maintain good stewardship of resources. Expanded telemetry monitoring on the acute care units resulted in a 43 percent decrease in the number of transfers hospital-wide. Even fewer transfers are expected, as telemetry is implemented in additional clinical areas. Patient satisfaction increased due to fewer moves; patient safety increased due to fewer error opportunities in transfer hand-offs, and a savings of $38,000 per month in room cleaning expenses was realized. Karen Olsen, MBA, BSN, RN, NE-BC, VP and CNO, served as an executive sponsor for the expansion project and worked with the VSM team to remove barriers to complete the transition.
MULTIDISCIPLINARY ROUNudging

Multidisciplinary rounding was implemented on several units in 2013. Similar to patient rounds in intensive care units, daily rounds were started using a checklist individualized for each unit and led by nurses. Participating disciplines include physicians, nurses, pharmacists, rehabilitation staff, respiratory therapists and care managers. Information about each patient, such as anticipated day of discharge, response to treatment and progress, plus the plan for the day, is discussed by the team and the patient. The process was standardized with each patient population having unique items addressed. All participants were taught how to conduct efficient and effective rounds through a variety of learning experiences.

Coupled with geographic rounds conducted by the Asheville Hospitalist Group providers, these rounds are linked to decreased length of stay, increased patient satisfaction and positive staff feedback. The rounds provide an opportunity for all clinicians and the patient to understand the plan for the day and for the hospitalization. Patients have reported observing higher levels of overall teamwork and quality of care. Plans are to expand multidisciplinary rounds to at least five more units in 2014.
PRESSURE ULCER PREVENTION

In 2013, the Wound Ostomy Care (WOC) nurses participated in several significant projects to monitor the skin condition of patients and take action to maintain skin integrity and prevent pressure ulcers. Led by June Case, BSN, RN, CWON, the WOC nurses conducted quarterly pressure ulcer monitoring across the hospital. The results of incidence studies were reported to the National Database of Nursing Quality Indicators (NDNQI), various quality councils and the North Carolina–Virginia Consortium. Mission Hospital was among the top performers in the nation and region for preventing hospital-acquired pressure ulcers. Root Cause Analyses are conducted on all hospital-acquired pressure ulcers, and for information transparency to all nurses, the reports are posted on the WOC nurse Mission On Demand (MOD) intranet page each month. The WOC nurses worked with Mission Health member hospitals in the region to help them implement quarterly NDNQI pressure ulcer incidence monitoring and reporting, and Jim DeGrave, BS, RN, CWON, serves on the system Wound Care Committee.

WOC nurses worked with hospital administration and Operating Room (OR) staff on concerns related to perioperative blistering. The cause of blisters was determined to be a combination of pressure and tape injury. Angie Wilson, BSN, RN, CWON, took the lead in working with OR staff on prevention of perioperative pressure ulcers and providing ongoing education. Based on this experience, Cheryl Postlewaite, MSN, RN, CWOCN, working with Vallire Hooper, PhD, RN, CPAN, FAAN, Manager, Nursing Research, Mission Health, received two grant awards from the Southern Nursing Research Society/Sigma Theta Tau International and AORN to study perioperative pressure ulcer risk.
REFINING CLABSI CARE

In April 2013, the Mission Hospital Central Line Blood Stream Infection Prevention Team was reinstituted to further assess the Institute for Healthcare Improvement (IHI) practices that were introduced in 2006, resulting in decreased central line-associated bloodstream infections (CLABSIs). The plan was to identify key processes for evaluation to capture a goal more in line with industry standards with a stretch goal of zero central line infections.

The goals of the team in 2013 were to: 1) reduce CLABSIs with focus on maintenance of peripherally inserted central catheter (PICC) lines, ports and Broviac® catheters; 2) define a Central Line Maintenance Bundle; 3) reduce PICC line infections from six infections in calendar year (CY) 2012 to three infection in fiscal year 2013 with a stretch goal of zero in 2014; 4) reduce port infections from nine in CY 2012 to four in CY 2013 with a stretch goal of zero in 2014; 5) reduce Broviac® infections from four in CY 2012 to two in CY 2013 with a stretch goal of zero in 2014; and 6) educate patients and their families on CLABSI prevention prior to catheter insertion.

In June 2013, the Oncology Unit had a higher number of blood nosocomial infection markers (NIMs) and CLABSIs than other key units with a much higher central line utilization rate due to the vulnerable patient population. As a result, many improvements were made to help reduce blood stream infections on this unit. For example, basin-less bathing was initiated to eliminate the contamination risk from bath basins. In July 2013, alcohol-impregnated swab caps were introduced to ensure continuous alcohol bathing of the connector’s top and threads.

From June through August 2013, the CLABSI team met frequently with Performance Improvement (PI) to process map central line insertion, maintenance and removal processes. This mapping helped the team create a maintenance bundle similar to the insertion bundle already in place. The maintenance bundle is intended to maintain the integrity of the line until the line is discontinued. The prevention of CLABSIs continues to serve as a key focus for nurses and this project team.
Mission Health, based in Asheville, North Carolina, is the state's sixth-largest health system and the region's only not-for-profit, independent community hospital system governed and managed exclusively in western North Carolina. The system hospitals include Angel Medical Center, Franklin; Blue Ridge Regional Hospital, Spruce Pine; Highlands-Cashiers Hospital, Highlands; McDowell Hospital, Marion; Mission Hospital, Asheville; and Transylvania Regional Hospital, Brevard.