Our Mission

To reveal and embody Christ’s healing love for all people through our high quality Franciscan health care ministry.

Our Vision

Rooted in our Franciscan Mission, we will be the unique, high quality Health System providing exceptional care, centered on the whole person.

Nursing Vision

Enhancing the delivery of patient care with competency, quality and excellence.
Nurses promise to make a difference
~ Every patient | Every time ~
Throughout our Southern Illinois Division
As we reflect on our Mission statement, “To reveal and embody Christ’s healing love for all people through our high quality Franciscan health care ministry,” our Mission is the lens through which we as nurses discern how to care for our patients. We place the patient in the center of everything we do. This year’s report shows the integration of our divisional chief nurses, and our ability to have cross-functional collaboration across ministries in the Southern Illinois Division (SID). The focus of having the patient at the center of each discerning point of care has made it a successful year.

This year, our Chief Nursing Officers (CNO) created the first divisional strategic nursing plan with input from each ministry, created an SID divisional nursing charter, launched our first divisional shared governance council, and created actionable plans for growth, centered around education and staffing. Our councils for education have elevated our educational offerings for new graduate RNs and added specialty education and preceptor classes for our educators, all of which will be highlighted in the subsequent pages.

Our high-reliability action plans move us closer to our goal of having zero harm to our patients. It includes a systematic approach for evaluating performance improvement and improving cycles of learning by investing in all of you, as well as using data and best practices to move our key strategic goals on our huddle boards in every ministry.

Our counterparts in our outpatient areas have helped us expand our footprint related to nursing process in many new areas that we now provide patient care. Our Mission and journey have these same hands extending out beyond the walls of our hospital, displaying our commitment to local and regional communities. Our nursing partners in home health and Convenient/Urgent Care have made it possible for their hands to help our patients in over 27 counties, 365 days a year, and in many outreach locations in our collar communities.

Lastly, we have enhanced our commitment to better collaborate with our physicians, infection preventionists, and pharmacists through programs like TeamSTEPPS and shared accountability for our patients through programs such as antibiotic stewardship and medication reconciliation, and communication tools such as SBAR, debriefs, daily safety huddles, and care coordination processes.

By elevating our nursing standard of care at each of our ministries across the division, we are succeeding in our Mission to serve all and keep our commitment of “I Promise.” So I challenge you to continue to ask yourself as a nurse, “What is my role for safety and quality?” All the work contained in the following pages goes beyond touching the patient at the bedside and truly advances nursing professional practice.

As we continue Jesus’ healing ministry, we as nurses look to transform the care we provide to our patients so that it centers on the unique needs of each patient and our ability to connect with them with every interaction. As we share in our orientation days, “You are a necessary part of a very long story.”

As CNOs, we are both proud and blessed to work alongside our nurses across our ministries as we extend Christ’s healing power and mercy to those we serve.

Kelly Sager RN, BS, MHA
Chief Nursing Officer, Effingham
Southern Illinois Division Lead
Meet Our CNOs

Teresa Cornelius

Teresa Cornelius is the Chief Nursing Officer at St. Joseph’s Hospital in Highland. Teresa has served St. Joseph’s for the past 11 years in a variety of progressive positions, including serving as staff nurse, Charge Nurse, Inpatient and Special Care Unit Nurse Manager, Director of Inpatient, Special Care Unit, Emergency Room, and Prime Care. Teresa is Lean Six Sigma certified. She received an Associate Degree of Nursing from Kaskaskia College, a Bachelor’s in Nursing from Southern Illinois University, Edwardsville and is currently pursuing a Master’s in Nursing from McKendree University.

Teresa’s love of nursing began at a young age while working in a nursing home as an Activities Coordinator. She realized early on her passion in life was to care for others and ensure that each patient she touched knew just how much she cared. St. Joseph’s Hospital has given so much to her that she feels owes its colleagues, patients, and community members her commitment to excellence.

Helen Essenpreis

Helen Essenpreis is Chief Nursing Officer at St. Joseph Hospital, Breese. Helen has over 40 years of experience in rural, community and academic hospitals as a Registered Nurse, Director and Nursing Faculty. Helen received her Nursing Degree from St. John’s School of Nursing and also holds an Master of Science in Nursing from St. Louis University. She completed both Green Belt Certification and Black Belt Certification. She is certified in Inpatient Obstetrics, is a Certified Nurse Manager and Leader, and a Certified Professional in Patient Safety. She is currently a student again working on her Doctorate in Nursing Practice at McKendree University.

Helen has always loved nursing and cannot imagine doing anything else. She finds great joy in caring for the patients and families of her community and being able to help each colleague be the best they can be.

Elizabeth Govero

Elizabeth (Beth) was named CNO of St. Elizabeth’s in December 2016. Beth served as CNO of St. Joseph’s Highland prior to her role at St. Elizabeth’s. She holds a Master of Science in Healthcare and Nursing Administration and is a Certified Medical-Surgical Nurse. She is Lean Six Sigma Certified and has completed her Doctorate in Nursing Practice at Southern Illinois University, Edwardsville.

Beth has successfully led patient care services, and improved staffing initiatives and colleague engagement.

Kelly Sager

Kelly has been part of St. Anthony’s team since 1996. In her role, she provides leadership, managerial supervision, and resource support to improve the effectiveness of the hospital’s nursing services and support areas.

She holds a Bachelor’s in Sociology from Southern Illinois University and a Bachelor’s in Organizational Leadership from Greenville College with a Master’s in Health Administration from Bellevue University.

Kelly serves as an instructor for area schools, is a wound and ostomy certified nurse, Six Sigma certified and specializes in critical care and emergency management.

Lorna Keaster

Lorna is currently serving as the Interim Chief Nursing Officer at Holy Family. Lorna Keaster received her Bachelor’s degree in nursing from Southern Illinois University, Edwardsville in 2008. She spent her first four years of nursing at Barnes-Jewish Hospital in St. Louis on a trauma/surgery unit and then transferred to the cardiothoracic intensive care unit. She has been with the ministry since 2012 serving in various roles from night house supervisor, day house supervisor and scheduling coordinator, to the Director of Inpatient Care, Senior Behavioral Services, and Social Services.
Passing the Torch

We are all embarking on a greater Mission than ourselves. A Mission in which the patient-centered goals of the team complement the patient-focused objectives of every individual colleague.

By promising to carry on the Mission of the Sisters who came before us, we are accepting an invitation to provide authentic, compassionate care to all we serve.

As nurses, we accept and carry on the torch passed forward!

I Promise TO MAKE A DIFFERENCE.
Living Our Mission
Franciscan Formation and Mission Integration

Goal
Create a culture of shared decision making empowering nurses to own their practice to optimize care, quality, and safety. Each ministry to have active nursing councils.

Shared Governance

A definition of shared governance by Tim Porter-O'Grady is: *a professional practice model, founded on the cornerstone principles of partnership, equity, accountability, and ownership that form a culturally sensitive and empowering framework, enabling sustainable and accountability-based decisions to support an interdisciplinary design for excellent patient care.* This definition is the one that has guided divisional Chief Nursing Officers to assist in forging the way to a collaborative effort of greater patient care and outcomes across our Southern Illinois Division. Hence a divisional charter was formed that included outlining the boundaries of decision-making yet promoting collaboration, and accountability for improving quality of care and safety, while enhancing work life at the department level.

All of this starts with a dynamic partnership between colleagues and leaders featuring inclusion of input from all stakeholders, aiming for consensus around decisions and team ownership. All partners seek to understand what is needed to improve work on the unit/department in real time to help set the next shift of colleagues up for success.

The divisional shared governance management team first met at the beginning of the fiscal year 2017 with leaders represented from all ministries. A gap analysis was completed for the division and CNOs were committed to each ministry forming shared governance and unit-based councils in their local ministries. Next, a template of how those unit councils would function was formed and shared.

That definition is:

“Unit council is a representative group of core members of a unit/department whose purpose is to achieve safe, efficient, effective patient care and a healthy work environment while incorporating Core Values and guiding principles of care into all decisions and activities to professional practice, quality, and competence. Each unit and/or area will have a unit council (smaller units may combine into one unit council).”

Lastly, the team narrowed their scope to five topics to focus on for shared decision making:

1. Staffing and creation of a divisional float pool
2. Nursing competencies
3. Nursing educations and standard certifications
4. Nurse residency program
5. Nursing must relate to patient experience

You will see many of the articles in this Annual Report that relate to these topics as they move our patient care from good to great and elevate our nursing staff.

Entries to look for that have been developed by councils across our division with representatives from each ministry are

- Southern Illinois Division Float Pool
- Southern Illinois Division Education Council- Education Offerings
- Nursing Must Have-Patient Experience
- Southern Illinois Residency Program and Competencies

— Kelly Sager
Chief Nursing Officer, Effingham

Nurses are the hospitality of the hospital.

— Carrie Latet
Advancing Our Quality
Quality and Care Integration

Goal
Develop and integrate health care delivery that emphasizes value while aligning with our care partners; physicians, pharmacists, infection preventionists, and quality leaders.

Fall Prevention (Strategy 1)

The HSHS SID Education Council performed an SBAR analysis in April 2017. The analysis of the Patient Safety, Fall Prevention is below:

SITUATION
- Each ministry has a different patient falls prevention program.
- With sharing like colleagues, a patient safety exists due to the disparity.
- Clinical Orientation standardization.
- Residency Education standardization.

BACKGROUND
- Council members reviewed practice at all ministries and chose best practices.
- Reviewed evidence-based practice.
- Got feedback from Quality representative.

ASSESSMENT
- HSHS standard for post-fall huddle.
- St. Anthony’s has unique visual cue for fall this admission.
- Ministries either do not have a patient/family contract for safety or it is too long/complicated.
- St. Anthony’s has, “safety over privacy” rule and education.
- Lack of consistency exists between matches between risk vs. intervention.

RECOMMENDATION
- Laminated reusable sample patient contract to be posted in patient room. “I will call for help before getting up for my safety.”
- Standardized risk levels, (low, medium and high) with corresponding interventions.
- Visual cues that correspond to the risk level for outside of the room.
- “Safety over privacy” rule.
- Standardized Post Fall Huddle.
- “I Stay for Safety,” training and commitment for Patient Care colleagues.

Post-Fall Huddle Alignment

Collaborating with local Quality Directors to implement the new SID Post-Fall Huddle helped drive the successful adaption to a new process that touched nursing and quality initiatives.

Now divisional float pool nurses and all local staff have a standard process across the division to determining root cause and upholding accountability.

A follow-up gap analysis will be performed in July to review actions taken around the gap analysis findings.

— Melissa Cates
Quality Director, Highland
TeamSTEPPS (Strategy 2)

The Agency for Healthcare Research and Quality (AHRQ) has developed TeamSTEPPS 2.0. TeamSTEPPS was developed as a teamwork system that offers a powerful solution to improving collaboration and communication within your institution. Teamwork has been found to be one of the key initiatives within patient safety that can transform the culture within health care. Patient safety experts agree that communication and other teamwork skills are essential for the provision of quality health care and for the prevention and mitigation of medical errors and of patient injury and harm. TeamSTEPPS 2.0 is an evidence-based program aimed at optimizing performance among teams of health care professionals, enabling them to respond quickly and effectively to whatever situations arise. This curriculum incorporates more than 30 years of scientific research that has been conducted on teams and team performance.

Implementation of TeamSTEPPS included a four-hour class for the colleagues of our four high acuity departments as well as ancillary departments and providers. TeamSTEPPS tools are used in communication between providers for the safest care of the patients. Tools already in place at the Division include SBAR, HUDDLE, CUS and DEBRIEF. We use these tools to enhance and sustain our culture of safety.

The classes have generated interest in increased communication and safety mechanisms for our patients. The first tool we focused on was CUS (I’m Concerned, I’m Uncomfortable, and this is a Safety issue). We want to continue working on DEBRIEF and other tools to enhance communication, work flow and patient safety. TeamSTEPPS tools are easy to use and are applicable in multiple circumstances.

— Autumn McCormick, RN
Manager ICU & Surgical Care General
TeamSTEPPS Master Trainer, Effingham

Nurses dispense comfort, compassion, and caring — without even a prescription.

— Val Saintsbury
Safety Huddles (Strategy 3)

Alignment across our ministries for patient safety and engagement in a consistent manner was a divisional nursing goal for FY17. We worked alongside our colleagues in pharmacy, quality, and infection control to elevate quality, safety, and service to our patients.

Daily safety huddles and department huddles cascade safety information out to colleagues in our ministries so that we can intently recognize a resolution or make a change. These huddles have touch points related to our:

- Mission,
- Quality metrics,
- Infection control,
- Safety for patients,
- Safety for our colleagues, and
- The number of hands (staff) we have working to meet the needs of our patients.

These key items translate into standardized pillar boards (as shown below) that have been implemented across our division.

These huddle boards continue to assist us in driving safety, key performance indicators (such as HCAHPS, handwashing, CAUTI, Sepsis, etc.) and our strategic goals. The daily safety huddles, divisional huddle boards and utilization of the SBAR format have made our patients safer this year.

—Teresa Cornelius
Chief Nursing Officer, Highland

Patient Experience

Making a difference every patient, every time

Health care professionals frequently share that helping others is what called them to service and what continues to keep them in their respective professions. As time appears to “fly on by,” we have been blessed to experience advances in technology and utilization of nationwide best practices—best practices that can help elevate the standard of care for both ourselves and those we serve.

Franciscan Inspired Care, the human connection that calls us to service, remains at the center of our high quality Franciscan health care ministry. We build relationships by listening, and connecting compassionately with understanding and focus. Each of our ministries have shifted from a model of patient experience to that of patient engagement.

Expectations are shifting:

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<thead>
<tr>
<th>PATIENT EXPERIENCE</th>
<th>PATIENT ENGAGEMENT</th>
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<tbody>
<tr>
<td>Passive Patient Role ⇒</td>
<td>Active Patient Role</td>
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<tr>
<td>Provider ⇒</td>
<td>Partner</td>
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<tr>
<td>My Role ⇒</td>
<td>Your Role</td>
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<tr>
<td>Do ⇒</td>
<td>Teach</td>
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<td>Tell ⇒</td>
<td>Sell</td>
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<tr>
<td>Authority ⇒</td>
<td>Collaboration</td>
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<tr>
<td>Answer Questions ⇒</td>
<td>Ask Questions</td>
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<tr>
<td>Care Giver ⇒</td>
<td>Care Advisor</td>
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<tr>
<td>Ready for Discharge ⇒</td>
<td>Ready for Home</td>
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<tr>
<td>Today ⇒</td>
<td>Tomorrow</td>
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<tr>
<td>What’s the Matter with You ⇒</td>
<td>What Matters to You</td>
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<td>To Me/For Me ⇒</td>
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<tr>
<td>Talk ⇒</td>
<td>Listen</td>
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<tr>
<td>Relationship is Ending ⇒</td>
<td>Relationship is Transitioning</td>
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Each of you made a difference this year in fulfilling a Mission in which the patient-centered goals of the team complemented the patient-focused objectives of every individual colleague. In changing our perspective from one of satisfaction to one of lived experiences, Your Promise to make a difference through a Mission in which “We” succeed when “I” take positive, proactive and compassionate action has touched many and has elevated our culture of caring.
Commitments to excellence for FY 2017 have included but are not limited to the following “nursing must haves:” bedside shift report, purposeful hourly rounding, SBAR report format, safety huddles, discharge call backs, and leader rounding.

Many other ministry-specific commitments include: thank you notes, Unit-Based Councils, multidisciplinary care meetings, patient advocates, patient advisory teams, Daisy Award participation, I Promise Award recognitions, and service excellence teams.

— Carol Dodson
Manager Patient Experience,
Effingham and Greenville

When you’re a nurse you know that every day you will touch a life or a life will touch yours.

Unknown
Dedicated to Our Team  
Developing Our People

Competencies

A competency workgroup was established to align all ministries in improving competency assessments of colleagues. The key deliverables are ensuring all ministries have the same format for competencies, establishing a consistent core group of competencies across SID ministries, ensuring all ministries have the same format for department orientation checklists, establishing a standard process for annual competencies, and providing education to leaders around competencies, training and regulatory requirements.

— Helen Essenpreis  
Chief Nursing Officer, Breese

Education

The SID Education Team has collaborated to create:

- A standard process for onboarding new clinical colleagues. All educators are ready to teach clinical orientation and will begin teaching in August.
- Standardized competencies and onboarding for new graduate nurses in the SID RN Residency.
- SharePoint sites for both SID Education and the SID RN Residency.
- A standard template for SID Department Competencies.
- A Fellowship Program for new hire experienced RNs.

We continue to work to develop:

- An SID Fall Program.
- Standardized Patient Alert Armbands.
- An SID annual competencies/continuing education program.
- A CNA/Tech Development Program.

Nursing colleagues are provided education on hire and throughout the year to improve and maintain colleague capability. A variety of sources are used.

Residency Program

The 18-week Residency provides additional education for candidates for staff positions at HSHS St. Elizabeth’s Hospital, HSHS St. Anthony’s Memorial Hospital, HSHS St. Joseph’s Hospital, Breese, HSHS Holy Family Hospital, and HSHS St. Joseph’s Hospital, Highland after the residency is complete. RN Residents are hired as a full-time colleague. Upon successful completion of this paid RN residency, the participant will be prepared to work as a full-time, independent professional RN.

Components of this program include:

- Experienced One-to-One Preceptors: RN residents experience over 420 hours of one-to-one preceptor time.
- Classroom and Skills Lab Education: RN residents benefit from over 150 hours of classroom and skills lab education, developed and taught by highly qualified nurses and other health care specialists.
- Caring and Committed Mentors: The mentor is an experienced RN professional who will support and help the new nurse navigate the complexities of nursing.
- Self-Care/Support Groups: RN Residents participate in debriefing/self-care and support groups, which are led by expert facilitators.
- Individualized Rotation and Orientation: RN residents “loop” to, and become familiar with, other units and areas related to the “home” unit for which they were hired.

SID’s RN Residency includes all the right tools to prepare new nurses for the transition from student to professional.
Fellowship Program

The Fellowship Program is designed to provide a refresher and/or new knowledge to set a foundation for our SID nursing colleagues. The program is designed to support our culture of ongoing learning as nurses and consists of 6 four-hour sessions. In order to successfully complete the program, the new colleague is expected to participate in at least one community outreach or Mission-centered activity and report out during the last session about what “Living Our Mission” means to the colleague and how our care impacts the communities in which we serve.

— Regina Peterson  
RN Manager, Belleville

Division Float Pool

The Southern Illinois Division CNOs created a plan for the first Divisional Float Pool to be impactful in decreasing the use of agency staff and meeting the needs of all ministries. The first float pool nurse, Deborah Gasser, began on December 25, 2016. There are currently 10 float pool colleagues spread throughout four ministries. We continue to grow the float pool to reach maximum capacity.

— Beth Govero  
Chief Nursing Officer, Belleville

262  
YTD  
RN New Hires

10  
YTD  
Residency Graduates

84%  
YTD  
RN Retention in SID
Growth for the Community
Stewardship: Operations and Finance

SID Home Care

Population health continues to be an initiative across the health care industry and in our ministries. Post-acute care programs like ours that offer comprehensive health care programs such as home health, hospice, palliative care, and transitional care are essential in improving overall patient health. Here at St. Anthony’s, we are proud to house the Southern Illinois Division’s post-acute programs. We continue to grow and expand, serving patients across 27 counties. The last year has been a record-breaking year once again with multiple milestones! Our Home Care hit a record census of 500, Hospice hit a record census of 50 and Transitional Care hit a record census of 600. Our team continues to grow and today we have over 140 colleagues!

In addition to our growth, we have focused on process improvement related to cost efficiency. As of March 2017, we have achieved over $750,000 of improvement. We still have two big projects to be implemented in 4th quarter. In May, 99 cars will be added to our Enterprise fleet estimating over $500,000 annually. In addition, we are implementing a new patient supply vendor service. Working closely with HSHS Supply Chain to switch from Home Health Care Solutions (Cardinal) to MedLine is an estimated reduction in supply cost of up to 25 percent. This represents an annual savings of up to $250,000.

This year we are celebrating 20 years of providing Home Care services in our Effingham market. Our Home Care services reflect our Sisters’ original ministry when they arrived here 140 years ago. Today, we are serving over 1,000 patients daily in four of our Southern Illinois ministries.

St. Anthony’s Home Care continues to work to further our footprint and presence, and we are excited to see what next year brings!

— Shawna O’Dell
Director Acute Care, HSHS Home Care & Hospice Southern Illinois

Everlasting Memories

HSHS Hospice Everlasting Memories program is for those Hospice patients or their family members who have a last wish for their loved one, but don’t have the financial means to achieve it. This past year we have honored 44 Everlasting Memories.

The staff at HSHS Hospice asked Randy Seaton when he was admitted what was on his “bucket list” and he shared his desire to fly over Herrick. Sadly, his health took a quick decline, and he passed away on March 10, 2016. But the staff of HSHS Hospice still wanted to grant Seaton’s wish to his family.

On January 28, 2017, four members of the Seaton family were able to take the flight that Randy Seaton always wanted to take in a helicopter ride donated by Dominique Youakim of Aerinova, Inc.

HSHS Home Care & Hospice

- 99% YTD Hospice Patient Satisfaction
- 1,065 YTD Average Daily Census
- 3.5★ YTD HC Quality of Care Star Rating (out of 5)
- 4★ YTD HC Patient Satisfaction Star Rating (out of 5)
Sharing Our Story of Excellence
Division Success

National Patient Safety Week

Together, HSHS ministries commemorated National Patient Safety Week, March 12-18. During this week, all colleagues were asked to participate in a series of activities designed to highlight the importance of, and our ongoing commitment to, patient safety.

Because our patients and their loved ones have put their trust in us to keep them safe as we care for them, we must do everything we can to live up to that sacred obligation. Whether we are providing care at the bedside or supporting those who do, it is imperative that all of us make the safety of our patients our top priority.

RN Turnover

A huge focus for St. Joseph’s, Highland this year was Nurse Retention. Our RN Bedside Turnover had seen an all-time high last year at 25.56 percent. Efforts were put into place to help with development and subsequent retention.

The Nursing Clinical Ladder was implemented where RNs apply for a gold, silver, and bronze star. A point system was created to help get colleagues more involved in the organization. Based on the number of points achieved, colleagues were awarded stars for their pins as well as a lump sum bonus paid for by the Foundation.

Programs such as Nursing Grand Rounds, Nursing Fellowship, Unit Practice Councils, Clinical Practice Councils, and Education Liaisons were developed to help grow our nursing staff. Each unit created a development matrix and discussed them with colleagues. Scholarships were given to six nursing colleagues for them to obtain a specialized nursing certification from our Medical Staff. We are happy to say that our 12-month Bedside RN Turnover as of June 2016, was 14 percent.

St. Joseph’s Hospital Highland

- Implementation of Unit Practice Councils
- ED/OBS Implementation
- Daisy Award
- Education Council
- Clinical Ladder
- RN Fellowship

Holy Family Hospital

HSHS Holy Family has shown significant improvement in decreased door to doc times. Since August 2016, times have been reduced from 30 minutes to 15 minutes.

- Days since last infection (as of July 5, 2017)
  - CLABSI - 2743 days
  - CAUTI - 691 days
  - SSI - 849 days

A personal achievement for myself and team in our Inpatient Senior Wellness/Outpatient Senior Wellness departments was to receive the Telemedicine Pioneer Award from Illinois Telehealth Network. This award recognizes the work that preserves access to psychiatric care in an underserved provider shortage area with no other psychiatrists present.

— Lorna Keaster
Interim Chief Nursing Officer, Greenville
St. Elizabeth’s

- High-Reliability – Certified Zero Award: For zero Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteremia infections for 21 months from April 1, 2015 – December 31, 2016 by Hospital Sisters Health System.
- CNOR® Strong designation from the Competency & Credentialing Institute (CCI): The CNOR Strong designation is given to facilities having at least 50 percent of its OR nursing staff CNOR certified, and provides programs that reward and recognize its certified nurses. This is the first year CCI has awarded this elite status to facilities nationwide. St. Elizabeth’s has 15 nurses CNOR certified.
- Critical Care Fellowship: This is a fellowship program where an RN will work for one year on the Progressive Care Unit to build their skills so they can transfer at the end of the fellowship to the specialty unit of the Emergency department or Critical Care Unit. During that year, they will be given special classes, training and orientation to prepare them for ED or CCU. The objective is to attract nurses who want to work in these areas but don’t have the necessary experience.
- Celebrating Certified Nurses Day: St. Elizabeth’s Hospital recognized the unique contributions of certified nurses on Certified Nurses Day, March 19. Across the hospital and UrgiCare, there are a total of 70 colleagues who have achieved this level of certification.
- “I Promise” Award: This is an inclusive recognition program to honor colleagues from all over the hospital, non-clinical and clinical, who exhibit behaviors related to our “I Promise” service standards, Core Values and Mission. The first “I Promise” Award recipients were named during Colleague Recognition Week in May.
- Daisy Award: The Daisy Award provides an opportunity for St. Elizabeth’s nurses to receive national recognition in excellent patient care. The program was started in 1999 by a family who was touched by excellent patient care. This award is given three times per year at St. Elizabeth’s. To receive this recognition, nurses must be nominated by a patient that they have cared for.

St. Anthony’s

- Lori Winter – 2017 Association for Professionals in Infection Control and Epidemiology (APIC) Education Scholarship Award
- St. Anthony’s Memorial Hospital was awarded the High-Reliability – Certified Zero Award for zero Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteremia infections for 17 months from August 1, 2015 – December 31, 2016 by the Hospital Sisters Health System. The award reflects HSHS’ concerted and ongoing efforts to exemplify and cultivate the culture of safety within their hospitals.
- Categories of metrics performing at better than national average:
  » Safety of care
  » Patient experience
  » Timeliness of care
- Top decile performance:
  » VTE discharge instructions
  » Influenza immunization
- HCAHPS 5 Star:
  » Communication with nurses
  » Homecare Patient Satisfaction rating
St. Joseph’s Hospital, Breese

- We established a Sepsis Tick Sheet in the ED. Prior to the patient leaving the ED, two staff members complete the checklist to ensure that a patient with a diagnosis of sepsis has been identified and the criteria has been met.
- ED improved their compliance with meeting the sepsis criteria from 50 percent to 73 percent.

C-Diff

Reduction in C. difficile associated disease was identified as a high priority in our Quality Focus items for FY17 for most of the hospitals in our division. For several years, our process has included screening patients for diarrhea and then reflexing to a C. diff test automatically. This resulted in unnecessary and inappropriate treatment and isolation of some patients whose positive test reflected colonization.

In collaboration with the System Quality Office, Chief Nursing Officers, and each ministries Quality and Infection Control representatives, a pilot was approved across our division to increase clinical decision making in the process. This automatic screening was removed and a decision support tool was developed to assist clinicians in making a more informed decision prior to testing. In addition, a C. diff specific test rather than a bio-array panel must be ordered to receive results for C. diff testing. As a result of this pilot, the division saw a roughly 50 percent reduction in testing and significant improvements in our standardized infection ratios.

This collaboration across the division demonstrates shared learning across the division, resulting in improved utilization of resources, improved quality of care, and improved patient experience. This could not have been achieved so uniformly without the divisional structure and support.

— Ryan Jennings
Chief Medical Officer, Effingham

Our job as nurses is to cushion the sorrow and celebrate the joy, everyday, while we are “just doing our jobs.”

— Christine Belle