

VOICE OF NURSING
NURSINGREPORT

2022

ROPER  ST. FRANCIS
HEALTHCARE

Table of Contents

Roper St. Francis Healthcare History.....	2
Foreword.....	3
Transformational Leadership.....	4
Magnet® & Pathway to Excellence®.....	6
Nursing Strategic Plan.....	7
Structural Empowerment.....	10
Exemplary Professional Practice.....	24
New Knowledge, Innovations & Improvements.....	26
Bon Secours St. Francis Hospital Storyboard Fair.....	37

rsfh.com/about/nursing

Roper St. Francis Healthcare

Roper St. Francis Healthcare's history stretches back more than 170 years. During that time, we have cared for patients amid epidemics such as cholera, yellow fever, smallpox and typhoid fever, as well as earthquakes, major hurricanes, corporate mergers, ownership changes and hospital relocations or startups. Most recently, we navigated the global COVID-19 pandemic.

Today, our facilities include 657 beds in four acute care hospitals, one rehabilitation hospital, six emergency departments, six walk-in care locations and numerous physician practices. We employ 6,000 teammates, making us one of the largest employers in our five-county market.

In 2022, with our team of 1,398 primary and specialty care providers, we provided care through 27,065 adult inpatient admissions, 22,929 outpatient surgeries and 177,764 visits to the emergency department.



Above: On the first anniversary of the COVID-19 pandemic, the exterior walls of our hospitals were illuminated for three nights in our brand colors. The red symbolizes the care given by our teammates and medical staff and purple symbolizes the generations we serve.

Foreword

Note from Dr. Jeffrey DiLisi To the Nurses of Roper St. Francis Healthcare,

As I reflect on all we accomplished together in 2022, I'm overwhelmed with a feeling of gratitude.

We can have the best administrative team, locations and equipment, but none of that matters without exceptional caregivers. And we are blessed with the absolute best group of nurses in the country.

Some of you might be thinking, "That sounds like hyperbole," but it's not! Our healthcare system has won multiple national awards for our quality from groups including Leapfrog, the Centers for Medicare & Medicaid Services, Modern Healthcare and Healthgrades. These awards are a direct reflection of the care you provide every day.

Thank you for sticking with us as we navigated challenges and changes in 2022. Thank you for speaking up for safety and helping us to create a place you want to work.

And most importantly, thank you for being there for our patients around the clock. Patients often share their stories of your incredible compassion, critical thinking and communication. Their encounters with our healthcare system often are unforgettable, and that's because of you. Thank you for treating each patient as you would your closest loved one.

As we've shared many times, you are the backbone of our healthcare system, and we will continue our efforts to bolster you and the nursing profession. This priority is woven throughout Roper St. Francis Healthcare 2030, our strategic plan.

Thank you for being a part of our legacy of caring for the Lowcountry for more than 165 years. Thank you for living our mission of "healing all people with compassion, faith and excellence." We look forward to continuing to partner with you as we reach for our vision of "providing convenient, high value, clinically integrated care to all."



A handwritten signature in black ink that reads "Jeff".

Jeffrey P. DiLisi, MD, MBA

President and Chief Executive Officer

Roper St. Francis Healthcare



Transformational Leadership

About Nursing

1,650 total RNs: This includes inpatient nurses, advanced practice nurses, research nurses and nurses in ambulatory and leadership roles.

67%

BSN or higher nursing degrees

381

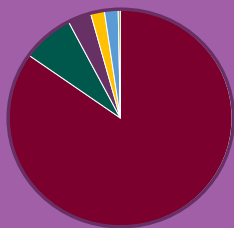
nursing specialty certifications

17

**clinical ladder RNs
(two CN3s, fifteen CN4s)**

Race/ethnicity

- 83% White
- 8% Black
- 3% Asian
- 3% Hispanic/Latino
- 2% Two or more races
- <1% American Indian/Native Alaskan, Native Hawaiian/Pacific Islander, unspecified



In 2022

- 401 RNs were hired
- 50 new BSN or higher nursing degrees earned
- 51 nursing scholarships totaling \$225,954 awarded
- 49 new nursing specialty certifications earned
- 124 new nurses completed the Roper St. Francis Healthcare Nurse Residency program

Gender

- 92% Female
- 8% Male

A Message from Marissa Jamarik

*A Look Back and a Look Ahead with Rissa: Marissa B. Jamarik, DNP, RN, NEA-BC,
Senior Vice President and Chief Nursing Officer*



As Senior Vice President and Chief Nursing Officer for Roper St. Francis Healthcare, I am proud to share another year of our nurses' incredible achievements. The expertise of this team has not gone unnoticed; it is evident in their professional presence locally, regionally and nationally. I am so pleased with the number of nursing awards, quality improvement projects, evidence-based practice projects and nursing research conducted in 2022. Even more impressive is the high level of dissemination of this work that truly contributes to the translation of evidence to practice and exemplifies professional nursing's contribution to new knowledge and innovation in healthcare.

I could not be more thrilled that our report's theme this year is "Voice of Nursing." This resonates with me on so many levels. I cannot help but be drawn back to my first year with this extraordinary team in 2021, when I was able to stand shoulder-to-shoulder with many of our Roper St. Francis nurses at the ANCC Magnet and Pathway to Excellence conference. When the President of the ANCC opened the conference with "We see you," I knew, for me, it was unbelievably emotional to know that all we had endured, suffered and triumphed over during the pandemic was appreciated at the highest level. The room was silent, almost tearful - it was like finally getting the hug we had been awaiting for two years.

Usher in 2022, where we celebrate the voice of the nurse! I can wholeheartedly say, "We hear you, and you are mighty!" As you follow our year-long journey on the following pages, you will read about our many accomplishments and improvements in quality patient care. All of these accomplishments and improvements were brought about directly through the voice and effort of our front-line teams, aligning practice and policy. For example:

One of the most significant accomplishments over the last year was the development of our new professional governance structure, which draws on and leverages the voice of our front-line teammates through unit councils and operationalizes practice changes at the system level.

2022 was also the year that we re-ignited our safety journey and affirmed that your voice not only matters but is crucial to keeping yourself and our patients safe.

Finally, in December, you shared your input - your voice - to help develop the 2023-2025 Roper St. Francis Nursing Strategic Plan, which will direct us in our bold and innovative moves over the next few years.

In 2022, Roper St. Francis hired 27% more Registered Nurses than in 2021 - a direct result of our new Workforce Stabilization Plan, authored in partnership across nursing. The plan focuses on improving our work environment and professional opportunities, such as a revised Clinical Ladder for RNs, the development of the permanent Charge Nurse and expansion of our Mobile Resource Pool, all of which were accomplished in 2022.

Kris Carr, New York Times best-selling author, cancer survivor and wellness activist, wrote: "It's not about finding your voice; it's about giving yourself permission to use your voice." This seems like the perfect quote for us in 2022 and onward. We are in tumultuous times of change in healthcare, so I need each of you to use your voice to improve the care we deliver to others, ourselves and our community. We can - and must - all be leaders.

It is with deepest gratitude that I serve alongside the front-line teams of Roper St. Francis. I am affirmed by all your efforts every day, living our mission of "Healing all people with compassion, faith and excellence."

SINCERELY,

A handwritten signature in black ink that reads "Marissa B. Jamarik". The signature is fluid and cursive.

Marissa B. Jamarik, DNP, RN, NEA-BC

*Senior Vice President and System Chief Nursing
Officer, Roper St. Francis Healthcare*

Magnet® & Pathway to Excellence®

Magnet® and Pathway to Excellence® are American Nurses Credentialing Center (ANCC) programs that recognize excellence in health care. Currently, 204 hospitals have a Pathway to Excellence designation, having implemented practice standards that are essential to an ideal nursing practice environment. Roper St. Francis Mount Pleasant Hospital was first designated as a Pathway to Excellence hospital in 2014 and has been redesignated twice since. Roper St. Francis Berkeley Hospital submitted its Pathway to Excellence document in October 2022 and received word in December that the document had been accepted; the next step of surveying the facility's nurses will take place in early 2023. Roper Hospital is seeking a Pathway to Excellence designation on its way to a Magnet Hospital designation.

9.96% (595) of US hospitals are recognized as Magnet Hospitals. They have structures and processes in place that result in quality patient care, higher patient satisfaction, and improved nurse satisfaction. Magnet is the gold standard of nursing care and reflects the efforts of the entire healthcare team. Bon Secours St. Francis Hospital was Magnet designated for a third time in 2020 and will apply for redesignation in April 2023.

Roper St. Francis teammates from all four of our hospitals attended the 2022 ANCC National Magnet and Pathway to Excellence Conference in Philadelphia, PA. The jointly held conference highlighted the commitment to nursing excellence, patient outcomes, research, and evidence-based practice and was an opportunity for us to celebrate Roper St. Francis Mount Pleasant Hospital's third Pathway to Excellence designation in 2021. For the first time ever, Roper St. Francis nurses gave two podium presentations at the conference:

Marcela McGeorge, MSN, RN, CEN (Director of Emergency Services) and Helen Russo, MSN, RN, CEN (Emergency Services Clinical Specialist) presented "Screening for Meaning: Engaging Palliative Care in the ED." The presentation described the Emergency Departments' implementation of a nurse-driven palliative care screen that resulted in an increase in palliative care consults originating from the Emergency Department.



Alison Partridge, PhD, RN, CPAN (Research Nurse Scientist) co-presented with MUSC "Partnering to Bridge the Gap Between Research and the Bedside." This presentation described the joint Roper St. Francis and MUSC Lowcountry Nursing Research Conference that is held annually and the benefits of this collaborative relationship.

In addition, Roper St. Francis RNs presented three posters:

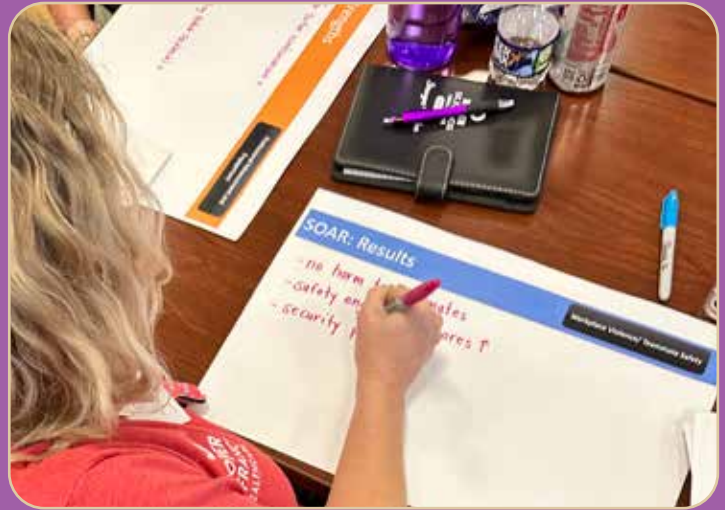
Mary Jackman, MSN, RN, PCCN, CCRN (Bon Secours St. Francis Hospital ICU Clinical Specialist) presented two posters. One was entitled "Engaging Unit-Based Shared Governance to Improve Outcomes" and highlighted the work and achievements of the Bon Secours St. Francis Hospital PCU Unit Council. The second poster was entitled "Phenobarbital for Alcohol Withdrawal Improves Outcomes in the ICU," which described the nurse-driven change in practice for patients experiencing alcohol withdrawal in the Bon Secours St. Francis Hospital ICU.

Kimberly Appis, BSN, RN, PCCN (Roper St. Francis Mount Pleasant Hospital PACU) presented a poster, "What? Where? When? The Importance of Pre-Surgical Education for Better Patient Outcomes." This highlighted the work done at Roper St. Francis Mount Pleasant Hospital to improve the education surgical patients receive prior to their procedure.

Nursing Strategic Plan

Nurse leaders from across the system met on December 7, 2022, to develop the 2023 – 2025 Roper St. Francis Nursing Strategic Plan (next page).

The day included a State of Nursing Report, a discussion on ways to enhance nurse well-being and establishing priorities that align with the Roper St. Francis Healthcare 2030 Strategic Plan.



Nursing Strategic Plan 2020 – 2023

The Nursing Strategic Plan aligns with the following:

- Our mission, vision and values
- Our organization's Strategic Plan
- Our hospitals' Professional Practice Models
- The American Nurses Credentialing Center (ANCC) Magnet® Model
- The American Nurses Credentialing Center (ANCC) Pathway to Excellence® Framework

2020 – 2023 Nursing Strategic Plan

Develop Our People: Advance nursing through professional growth, engagement and leadership development.

Key performance indicators are:

- RN turnover
- RN satisfaction/engagement
- RN certification
- Bachelors and higher nursing degrees
- Clinical Ladder participation
- Teammate injury/workplace violence

Improve Patient Experience: Enhance a culture of nursing excellence committed to providing consistent, patient-centered care that achieves the highest quality outcomes.

Key performance indicators are:

- National Database of Nursing Quality Indicators (NDNQI) quality metrics
- Mortality rate
- Healthcare-acquired infections
- Readmission rate

Fortify the Core: Optimize intraprofessional collaboration that leads to Roper St. Francis Healthcare being the trusted community leader in health and wellness.

Key performance indicators are:

- Patient satisfaction
- Patient throughput

Serve Our Community: Promote involvement in community service opportunities to improve the overall health of our patient population.

Key performance indicators are:

- Community service involvement
- Patient volume growth

Build with Purpose: Advance our nursing practice by implementing current best practices, continuously focusing on quality improvement and generating new knowledge.

Key performance indicators are:

- Nursing research
- Nursing evidence-based practice
- Nursing quality improvement
- Value-based purchasing

2022 Nursing Goals Performance

Each hospital's nursing leadership and shared governance councils set their hospital's annual goals for the key performance indicators shown on the previous page and monitor their progress toward meeting these goals.

In 2022, some of the goals set by all four of the hospitals were the same but may have had different target values, while other goals may have been unique to that hospital.

The color-coded table below shows how each hospital performed on its goals:

- Green indicates the target was met or outperformed.
- Yellow indicates the target was not met but outperformed the previous year's results.
- Red indicates that neither the 2021 target nor the previous year's results were outperformed.
- A white or blank box indicates that the goal was not adopted by the hospital's shared governance council.

	Goal	RH	BSSF	MPH	BH
Develop Our People	Increase the total percent of eligible nurses with a specialty certification				
	Increase the total percent of all RNs with a BSN or higher nursing degree				
	Increase the total RN retention rate for voluntary benefit eligible RNs				
	Increase the RN score for the facility-specified 2022 RN Engagement Survey question	different levels of this organization communicate effectively with each other	this organization provides career development opportunities	different levels of this organization communicate effectively with each other	I am involved in quality improvement activities
Improve Patient Experience	Reduce the rate of inpatient falls with injury per 1,000 patient days				
	Reduce the (facility-specified) infection rate	CLABSI	CAUTI	outperform CLABSI NDNQI median	CLABSI
	Reduce the overall pressure injury rate				
	Meet or exceed the 50th percentile for "Likelihood to Recommend" for all patient experience surveys (HCAHPS, etc.)				
Fortify the Core	Reduce the median time of ED admissions (ED care complete to leave ED)				
	Support successful implementation of EPIC on time and on budget				
Build with Purpose	Conduct at least 3 nursing research projects total within RSFH, one of which is a system wide project with investigators from each facility				
	Implement at least 6 evidence-based practice projects within RSFH to improve clinical practice and patient outcomes				
	At least 75% of nursing units will complete a process/quality improvement project and share at its hospital's annual Story Board Fair or alternate event				
Serve Our Community	Complete 2 community service projects focused on underserved populations				

Structural Empowerment

Solid structures and processes developed by influential leadership provide an innovative environment where strong professional practice flourishes and where the mission, vision and values come to life to achieve the outcomes believed to be essential for the organization.

Empowering Direct Care Nurses through Shared Governance

Over the years, each hospital's councils have supported nurses' professional development and practice, improved the quality and safety of the care provided to our patients, and the generation of new nursing knowledge through research. This work is done at the unit level, facility level, and system level.

Shared Governance to Professional Governance: A Lean Project

Shared decision-making was established in our healthcare system in 2007 at Roper Hospital and Bon Secours St. Francis Hospital as Nursing Shared Governance. As the enculturated form of decision-making, it was implemented upon opening at Roper St. Francis Mount Pleasant Hospital in 2012 and Roper St. Francis Berkeley Hospital in 2020.

The culture of shared governance has grown system-wide; the transition to a professional governance structure will be completed in 2023. Like shared governance, professional governance is a type of shared decision-making model aimed at ensuring that the nurses and other healthcare professionals closest to the patient are in the best position to make decisions related to the quality of patient care and nursing practice.

"There are so many ways for nurses to get engaged – from their unit council to a hospital or system council at a variety of times and days each month," said Tanya Lott, DNP, RN, NEA-BC, RN-BC, Director of Nursing Excellence. "And it's not just for nursing – it is aimed for direct care providers, and any discipline who would like more collaboration with nursing is welcome and encouraged to join."

The purpose of Nursing Professional Governance is to engage clinical nurses, leaders, and intraprofessional colleagues in collaborative decision-making and action-driven initiatives related to the professional obligations of competence, knowledge, quality, and practice and the enhancement of the work environment through professional advancement and retention.

On December 7, nurses from across the system came together in the first-ever joint Professional Governance Leadership Workshop. Nurses learned more about professional governance, the council changes effective in 2023, and their role as council leaders.

The new professional governance structure places a greater emphasis on the importance of nursing unit councils and increases the effectiveness and efficiency of system-level councils.

Professional governance has a positive impact on retention rates, nurse engagement/satisfaction, patient satisfaction, nurse-sensitive quality outcomes, and fiscal savings. It is an essential component for ANCC Magnet® and Pathway to Excellence® recognized organizations and is just one of the many reasons why our facilities have achieved these designations. It is truly the voice of nursing at Roper St. Francis Healthcare.



New Nursing Degrees – BSN, MSN, DNP

We are so proud of our accomplished and caring nurses. On the following pages are listed those who earned new nursing degrees and specialty certifications in 2022, the 2022 Roper St. Francis Healthcare Nursing Staff of the Year and winners of DAISY, Palmetto Gold and other awards.

Roper St. Francis RNs devoted much personal time and effort to completing a new specialty certification and/or BSN or higher nursing degree in 2022. Many thanks to them for demonstrating their competence and professionalism and to those who submitted their wonderful photos for this report.

New Nursing Degrees (BSN, MSN, DNP)

Kimberly Appis
Molly Arno
Seung Baek
Sarah Barnard
David Barron
Drake Bastin
Kyla Bines
Jamesina Bowman-Carroll
Taiesha Campbell-White
Jan Crosby
Caroline Crowder
Natalie Dumont
Isabelle Hamby
Christopher Harmon
Margaret Hayes
Azim Hossain
Debra Huddleston
Reba Hughes
LeAnna Hurta

Michelle Ijeoma
Casey Kahn
Alexis Knapp
Savannah Lethco
Deborah Limehouse
Aletha Lucero
Annelise Mackinnon
Margaret Martin
Tina Moore
Courtney Murphy
Kaitlyn Perkins
Patrick Phelan
Robert Reed
Dorothy Reine
Julia Rowe
Angelarenee Shealy
Rebecca Spehr
Candace Thompson
Natalie Trudeau
Amy Varga
William Weathersbee

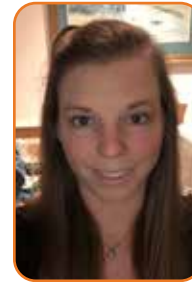
Bradley Williams
Katherine Williams

Master of Science in Nursing (MSN)

Susan Christopher
Helen Clark
Allyson Colvin
Brenda Crapse
Christina Crook
Kristen Duplessis
Courtney Erwin
Keri Fitzpatrick
Anna Carol Landry
Sarah Sams
Kaitlyn Wright

Doctor of Nursing Practice (DNP)

Colleen O'Brien



New Specialty Certifications

Kayla Bass CCRN
 Kristy Bellew TCRN
 Anna Blaschke MEDSURGBC
 Brittany Brogdon MEDSURGBC
 Christen Burgis CURN
 Hayden Calabrese CNOR
 Katherine Cohn RNC-IAP
 Allyson Colvin MEDSURGBC
 Danielle Contreras RNCMNN
 Lori Daugherty CHPN
 Lauren DeSouza CNOR
 Jayvie Dimafelix MEDSURGBC
 John Dorkewitz MEDSURGBC
 Kelly Earwood NPDBC
 Leigh Evans CWOCN
 Chantel Ferguson CBIS
 Lisa Figorito CRRN
 Keri Fitzpatrick CNML
 Christina Gailey MEDSURGBC

Anthony Gentry CWON
 Kinsy Hall CNOR
 Kelly Hatch IBCLC
 Susanna Heffernan IBCLC
 Mariela Henderson MEDSURGBC
 Tara Jordan MEDSURGBC
 Catharine Kennedy RNCMNN
 Tracey Krapf RNCMNN
 Elizabeth Larson CNOR
 Arielle Lewis MEDSURGBC
 Justin Lugo CCRN
 Jules Mandola CEN
 Laura Martin CCRN
 Michael Millar CEN
 Khrystyne Morales CCRN
 Colleen O'Brien APRN: FNP-BC
 Kaitlyn O'Brien CPHQ
 Brianna O'Connor MEDSURGBC
 Lisa Pierce CCRN

Stephanie Pilger CEN
 Nancy Quire RNCOB
 Tyler Ramirez PCCN
 Kelly Rawlings MEDSURGBC
 Julie Rohs VABC
 Sarah Sams FNP
 Lauren Sayers CCRN
 Brianna Secrest MEDSURGBC
 Celine Silver RNCMNN
 Michael Snellings CNOR
 Morgan Sosebee CCRN
 Patricia Steele CCRN-K
 Kristin Storey NE-BC
 Devoe Sullivan CEN
 Sharon Trotman MEDSURGBC
 Kelly Ward CBCN
 Lydia Weber CPAN
 Jen White RN-BC
 Taylor Wisdom MEDSURGBC



Nurse Residency Program

The Roper St. Francis Healthcare Nurse Residency Program is accredited with distinction as a Practice Transition Program by the American Nurses Credentialing Center. The nine-month program is designed to support a newly licensed RN's transition from student to professional nurse focusing on patient-centered care, communication, teamwork, quality improvement, evidence-based practice, informatics, safety, clinical reasoning, feedback, reflection and specialty knowledge in an area of practice. Each Nurse Resident also completes an evidence-based practice project.



The following RNs completed the nursing residency program in 2022:

Nadine Alexandre, ADN
Marissa Baniyas, BSN
Kylie Bibler, BSN
Dallas Bihlear, ADN
Kyla Bines, ADN
Samantha Brabham, ADN
Lillie Bradshaw, BSN
Carter Broderick, BSN
Iva Broome, ADN
Grace Campbell, ADN
Alyssa Carroll, BSN
Hazel Castillo, ADN
Kimberley Chiewcharn, BSN
Nicholas "Nick" Clark, ADN
Caitlin Clark, BSN
Grace Clark, BSN
Haley Clarke, BSN
Victoria Cogar, BSN
Sydney Collins, BSN
Marlene Contreras, BSN
Carly Crawford, BSN
Taylor Cross, BSN
Madison Cutrone, BSN
Meghan Daly, BSN
Amber Davis, BSN
Victoria Dingler, ADN
Tim Dumas, ADN

Rachel Enright, BSN
Savannah Fairchild, BSN
Lisa Figorito, ADN
Sierra Floyd, ADN
Emily Frazier, ADN
Beauty Gant, ADN
Sabina Gavi, BSN
Ahnise Goodwine, ADN
Shayesteh Hajizadehanari, ADN
Paige Healy, BSN
Candace Heidlebaugh, ADN
Mariela Henderson, BSN
Jordan Houston, BSN
Cadetta Kelly, ADN
Savannah Kingery, BSN
Meredith Koerber, BSN
Holly Koleske, ADN
Cameron Krusewski, BSN
Ali Lacer, ADN
Hannah Lane, BSN
Miranda Langdale, BSN
Mary Lawrence, ADN
Sara Lewis, ADN
Julianna McIntyre, BSN
Shea Love, ADN
Jessica Majewski, ADN
Ellie McCabe, BSN

Madison McCarter, ADN
Katie McDowell, ADN
Sharon McElveen, ADN
Sarah McPherson, ADN
Tracy McVay, ADN
Victoria Merritt, ADN
Caroline Miller, ADN
Lily-Katherine Miller, BSN
Kirsten Mohr, BSN
Tina Moore, ADN
Steve Morgan, ADN
Simone Odom, ADN
Alyssa Ott, BSN
Rachel Overend, BSN
Danielle Owens, ADN
Keara Paquette, BSN
Arran Parker, ADN
Olivia Petrucci, ADN
Kayla Pitts, BSN
Nakeema Praileau, ADN
Michelle Quattlebaum, ADN
Kristin Rawley, ADN
Emma Renfro, BSN
Lauren Richards, ADN
Chase Roberts, BSN
Alyssa Roberts, ADN
Debbie Rosier, AND

Student Nurse Externs

The 2022 Student Nurse Extern program tripled in size from 2021; 27 externs were placed across our four hospitals to shadow RN preceptors. Each worked 24-32 hours per week, being immersed in the role of RN. The program allowed them to experience working in our healthcare system, gain more clinical hours and helped them prepare to select their area of practice after graduation.



Nursing Staff of the Year

System Nurse of the Year

Helen Russo, MSN, RN, CEN, ED Clinical Specialist

Transformational Leadership

Bon Secours St. Francis Hospital

- Lauren Lacey, BSN, RN, (Special Care Nursery)

Roper Hospital

- Keri Fitzpatrick, MSN, RN, CNML, (3 West/Rehab)

Roper St. Francis Berkeley Hospital

- Amanda Lanphere, BSN, RN, CEN, (Rapid Assessment Team)

Roper St. Francis Mount Pleasant Hospital

- Charon Manigault, BSN, RN, (ICU)

Structural Empowerment

Bon Secours St. Francis Hospital

- Lyzabeth Hoffer, BSN, RN, CEN (ED)

Roper Hospital

- Anna Leigh Gazecki, BSN, RN, OCN (BMT)

Roper St. Francis Berkeley Hospital

- Kathaleen Osterritter, BSN, RN, MEDSURGBC (MedSurg)

Roper St. Francis Mount Pleasant Hospital

- Tracy Moore, BSN, RN (ICU)

Exemplary Professional Practice

Bon Secours St. Francis Hospital

- Kristena Ringer, BSN, RN, RNC-MNN (2nd Maria)

Roper Hospital

- Melissa Wright, BSN, RN, PCCN (4 HVT)

Roper St. Francis Berkeley Hospital

- Hannah Nieman, BSN, RN, CEN (Rapid Assessment Team)

Roper St. Francis Mount Pleasant Hospital

- Paula Rezendes, RN (2 North)

New Knowledge, Innovation and Improvements

Roper Hospital

- Emily King, BSN, RN, OCN (BMT)

Roper St. Francis Berkeley Hospital

- Kaitlyn Wright, BSN, RN, CMSRN (MedSurg)

Roper St. Francis Mount Pleasant Hospital

- Kim Appis, BSN, RN, PCCN (PACU)

Nursing Services

Bon Secours St. Francis Hospital

- David Baek (MedSurg Hospitalist)

Roper Hospital

- Kim Kuoch (5 South)

Roper St. Francis Berkeley Hospital

- Annmarie Lambert (MedSurg)

Roper St. Francis Mount Pleasant Hospital

- Tamera Graham (ICU)

Rising Star

Bon Secours St. Francis Hospital

- Bridgette Sauder, BSN, RN (2nd Maria)

Roper Hospital

- Aileen Decker, BSN, RN (ED)

Roper St. Francis Berkeley Hospital

- Jordan Prince, RN (MedSurg)

Roper St. Francis Mount Pleasant Hospital

- Buse Inceoglu, BSN, RN (ED)

Friends of Nursing

Bon Secours St. Francis Hospital

- Michael Gathers (Materials Management)

Roper Hospital

- Pam Durant (Materials Management)

Roper St. Francis Mount Pleasant Hospital

- Muneer Hassanali (Infection Prevention)

Roper St. Francis Berkeley Hospital

- Anthony Heyward, Ruben Colon, Steven Blanton, Edwin Scott, John Goff (Engineering)



DAISY Award

The DAISY Award celebrates nurses who consistently demonstrate compassion, understanding and caring to patients and families and excellence in the delivery of individualized patient care. The nurses listed below were selected by their peers in 2022 to receive this honor.

Roper St. Francis Berkeley Hospital

- Cheriza Pennington, RN, 3 West

Bon Secours St. Francis Hospital

- Stephanie Green, BSN, RN, L&D

Roper St. Francis Mount Pleasant Hospital

- Anne Walker, MSN, RN, Endoscopy

Roper Hospital

- Ashley Miller, BSN, RN, MEDSURGBC, 5 East

System

- Jeremy Bigelow, BSN, RN, MRP



Anne Walker, MSN, RN (pictured at left) was recognized by a former patient and the patient's family. Below is the excerpt from her DAISY Award nomination: "Anne took the time to explain everything prior to doing anything. I felt she was very knowledgeable. She provided professionalism and respect toward my daughter and me. She is very caring and shared her experience as a patient. She understood what it felt like to be a patient. I trusted Anne with my care. I previously had bad experiences, but she reassured me that everything was going to be ok. Anne really loves her job, and it shows... It is refreshing to know that there are nurses who still believe in the profession."



Palmetto Gold

Each year, one hundred South Carolina nurses are selected by their peers to be awarded the Palmetto Gold Award in recognition of their exemplary nursing practice and commitment to the nursing profession. In 2022, seven Roper St. Francis nurses received the Palmetto Gold Award, and Roper St. Francis received an award for its 20-year history of supporting the Palmetto Gold Recognition and Scholarship Program.

Palmetto Gold honorees:

Roper Hospital

- Frances Donatelli, MSN, RN, OCN
- Anna Leigh Gazecki, BSN, RN, OCN
- Fharen Grant, MSN, RN, MEDSURGBC

System

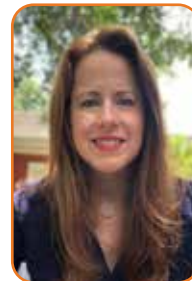
- Allyson Moe, MSN, RN, CEN

Bon Secours St. Francis Hospital

- Mary Jackman, MSN, RN, CCRN, PCCN,

Roper St. Francis Berkeley Hospital

- Michelle Stephens, BSN, RN, CNOR
- Katie Wright, MSN, RN, CMSRN



Clover Award

The Clover Award is named in memory of Clover Annabel Harrold, the daughter of two former teammates, who died of sepsis. The goal of the award is to raise sepsis awareness in healthcare. In 2022, Roper Hospital RRT nurse April Wright, BSN, RN, received a Clover Award after catching a missed order for fluids, ensuring that her patient received timely and complete treatment for severe sepsis.



Just Catch Awards

The Just Catch Award is given to teammates who played a key role in supporting or identifying a situation that could cause a patient or another teammate injury or who recommended a process improvement for patient or teammate safety.

The following RNs earned Just Catch Awards in 2022:

Roper St. Francis Berkeley Hospital

- Amanda Lanphere, BSN, RN, CEN
- Amanda Peagler, RN
- Jonathan Santos, RN
- Brittany Welch, BSN, RN



Bon Secours St. Francis Hospital

- John Berry, RN
- Casey Colp, RN
- Melissa Criscitiello, BSN, RN
- Cherith Jackson, BSN, RN
- Shelby Jackson, BSN, RN
- Jennifer Klinkel, RN
- Ali Lacer, RN
- Shea Love, RN
- Jennifer McKenzie, RN
- Simone Odom, RN
- Jennifer Rogers, RN



Roper Hospital

- Maria Arato, RN
- Brianna Bacco, BSN, RN
- Tracy Conner, BSN, RN, CCRN
- Caroline Drusano, BSN, RN
- Haven Harrington, BSN, RN
- David Edwards, BSN, RN, PCCN
- Lainey Hayes, RN
- Codi Leager, RN
- Christy Leshowitz, BSN, RN
- Amy Marcy, BSN, RN
- Tori Mims, BSN, RN, PCCN
- Brittany Newby, RN, MEDSURGBC
- Jill Roy, BSN, RN
- Olivia Wetter, RN



Roper St. Francis Physician Partners

- Myka LaFrance, BSN, RN



Stroke Warriors

Roper St. Francis Healthcare Stroke Warriors use outstanding critical thinking, communication and collaboration skills to recognize stroke signs and implement timely treatment. The following RNs were recognized as Stroke Warriors in 2022, receiving certificates and brain pins for door-to-needle (tPA) time of fewer than 45 minutes - by far outperforming the American Heart Association's goal of 60 minutes or less.

Roper St. Francis Berkeley Hospital

- Anthony DeMeo, BSN, RN
- Michael Millar, BSN, RN, CEN
- Ralph Sipes, BSN, RN
- Kristin Storey, MSN, RN, CEN, NE-BC
- Lisa Williams, RN

Moncks Corner Medical Plaza

- Derek Brummet, RN
- Jamee Pounds, BSN, RN
- Robert Reed, BSN, RN

Roper St. Francis Mount Pleasant Hospital

- Lorraine Creel, BSN, RN, CEN
- Buse Inceoglu, BSN, RN
- Meagan Reynolds, RN

Bon Secours St. Francis Hospital

- Jillian Baker, BSN, RN, CEN
- Mary Benson, BSN, RN
- Michael Benson, BSN, RN, CCRN
- Steven Bruening, BSN, RN, CCRN
- Caitlin Clark, BSN, RN
- Alexandra D'Angelo, BSN, RN, MEDSURGBC
- Rebecca Ferneding, BSN, RN, CCRN

- Ashley Hibbard, BSN, RN, RN-BC
- Bridgette Kesling, BSN, RN, CEN
- Phyllis Klagges, BSN, RN, CMSRN, CCRN
- Jennifer Malone, BSN, RN, CEN
- Brandon Martin, MHA, BSN, RN, CEN
- Andy Moore, RN
- Steven Morgan, RN
- Brittany Nettles, RN
- Brad Rowe, RN
- Ian Scheffer, RN, CCRN
- Shaye Will, BSN, RN

Roper Hospital

- Aileen Decker, BSN, RN
- Sydney Hyatt, BSN, RN
- Savannah Kimsel, BSN, RN
- Brooke Lindell, RN
- Tamara Macbride, BSN, RN
- Taylor Mueller, BSN, RN
- Olivia Petrucci, RN
- Michael Perkins, BSN, RN
- Sierra Spencer, BSN, RN
- April Wright, BSN, RN



Heart Healer STEMI Awards

For those patients with ST elevation myocardial infarction or a blockage in one of their heart vessels, minutes matter. The Heart Healer STEMI Award recognizes the efforts of our teammates who race to keep our "door-to-balloon" times down - 82 minutes or less for transfers from our other hospitals to Roper Hospital's cath lab downtown and 49 minutes or less for patients transferring from Roper Hospital's ED and inpatient units to the cath lab. Roper St. Francis' median time for door-to-balloon is 50 minutes. The national median time is 62 minutes. At 50 minutes, we are performing at the 90th percentile.

The following nurses received Heart Healer Awards in 2022:

Lisa Adams, BSN, RN	Ericka Johnson, RN, TCRN
Priscila Aguas, BSN, RN	Ed Kelly, RN
Steve Alford, BSN, RN	Savannah Kimsel, BSN, RN
Marianne Bates, BSN, RN	Tamara Macbride, BSN, RN
Emily Boesner, BSN, RN	Monica Mohr, BSN, RN
Hannah Booth, RN	Katie Osmon, RN
Samantha Brabham, RN	Jacob Page, BSN, RN
Alison Buiocchi, BSN, RN	Sarah Robertson, RN, CEN
Angie Douglas, RN, CEN	Spencer Stevens, RN
Jennifer Fox, BSN, RN	Nickey Teghtmeyer, BSN, RN, PCCN
Kathy Freeman, BSN, RN	Nina Trahan, RN
Gina Gaskins, BSN, RN	
Lyzabeth Hoffer, BSN, RN, CEN	
Alanna Hoy, RN	
Buse Inceoglu, BSN, RN	
Brett Jacobs, BSN, RN	



Exemplary Professional Practice

Exemplary professional practice within nursing entails a comprehensive understanding of the role of nursing, the application of that role in relationships with nursing's constituents and the application of new knowledge and evidence.

Professional Practice Models

The theme and title of Roper Hospital's Nursing professional practice model (PPM) is "Steering to Excellence." A ship's wheel was chosen to represent alignment with the Harbor initiative. Because Roper Hospital's nursing revolves around the patient always, "Patient-Centered Care" is shown in the middle of the ship's wheel. In the band around this core are the Roper St. Francis Healthcare mission and vision, which Roper Hospital RNs live by daily. The sections between the handles of the ship's wheel represent the most significant facets of Roper Hospital's nursing practice.



The design in the center of the Bon Secours St. Francis Hospital's Nursing Excellence PPM was originally derived from a watercolor painted by a former teammate's wife of one of the many beautiful old live oak trees on the hospital's campus. Like these grand trees, the PPM consists of four main parts:

- Roots - Foundation of our Practice
- Trunk - Attributes of Bon Secours St. Francis Hospital nurses
- Foliage - Outcomes
- Outer rings - System mission and vision



The overall goal at Roper St. Francis Mount Pleasant nursing is to achieve excellence in patient safety, patient experience and quality outcomes through cultivating relationships with all disciplines. Staff deliver compassionate service at every opportunity and integrate science with caring.



The framework of care consists of four nursing practice domains (quality & patient safety, healing environment, research & evidence-based practice, professional advancement & education) and supports the guiding principle of patient-centered care. The Roper St. Francis Healthcare mission statement is included in the PPM as a reminder of the shared vision across the system. The hands symbolize human connection and caring, and the Ravenel Bridge in the background symbolizes service to the community "east of the Cooper."

"Blooming into Excellence" is a most fitting title for the nursing PPM of our newest hospital, Roper St. Francis Berkeley Hospital. A local spring attraction in the area, the azalea is delicate yet resilient and represents a fondness for home, taking care of oneself and community and a passion for healing and strengthening the community. Surrounding a core of patient-centered care are the five tenets of Roper St. Francis Berkeley Hospital Nursing - diversity and inclusion, professional growth, quality and patient safety, evidence-based practice and innovation, and community impact, as well as its values - accountability, empathy, compassion, hope, communication and collaboration.



Measuring Exemplary Professional Practice: National Database of Nursing Indicators (NDNQI)

Each quarter, the National Database of Nursing Quality Indicators or NDNQI collects data from over 1700 US hospitals on specific indicators that demonstrate the impact nurses have on the process and outcomes of patient care. After aggregating the data by hospital type (for example, bed size, academic vs. non-teaching, Magnet vs. non-Magnet facility), NDNQI reports the nationally-benchmarked data back to the participating hospitals, providing them a trended picture of their unit- and hospital-level performance in comparison with their peer hospitals.

Roper St. Francis Healthcare's hospitals have participated in the NDNQI database since 2008; Roper St. Francis Berkeley Hospital began reporting in the first quarter of 2021. Each of our hospitals' nursing organizations can view their respective data for the latest eight quarters on CareLine, the Roper St. Francis intranet. Bon Secours St. Francis Hospital, being a Magnet Hospital, benchmarks its data against the Magnet median and evaluates more indicators than Roper Hospital (peer group is hospital size 200-299 beds), Roper St. Francis Mount Pleasant Hospital and Roper St. Francis Berkeley Hospital (peer group is hospital size less than 100 beds).

As the table at right demonstrates, Roper St. Francis nursing units reporting NDNQI data in 2022 outperformed their respective benchmarks for the majority of the most recent eight quarters reported.

Indicator/Hospital	BH	BSSF	MPH	RH
BSN or higher				
Specialty certification				
Assaults on Nursing				
RN assaults				
Total falls				
Unassisted falls				
Falls with injury				
CLABSI				
CAUTI				
C. difficile				
MRSA				
Pressure injury				
Restraint				
Ventilator-associated event				
PIV infiltrates				
Newborn pain assessments				
Total baby drops				
Patient burns				
Surgical errors				
Unplanned admission/treatment				

Table legend

- Indicators not applicable or not reported for these facilities
- Majority of units outperformed benchmark majority of the quarters reported
- Majority of units did not outperform benchmark for majority of quarters reported

New Knowledge, Innovations & Improvements

In addition to their clinical practice, Roper St. Francis nurses contribute to patient care, the organization and the nursing profession through nursing research, evidence-based practice and quality/performance projects. For some, the projects are conducted to fulfill school or clinical ladder requirements. All are encouraged to share the knowledge they gain in the process of completing their projects. On the following pages are the projects submitted, approved and/or completed in 2022 by our nurses as well as a listing that shows how the projects were shared. Write-ups of a few of the projects are also included here.

Research Projects	Nurses Participating
Metabolic and Bariatric Database IRB Approved March 2, 2022	Principle Investigator: Kaitlin O'Brien, DNP, RN, CPHQ Sub-Investigator: Alison Partridge, PhD, RN, CPAN Research Nurse Scientist
Exploring the impact of a Dedicated Education Unit on New Graduate Nurses IRB Approved May 24, 2022	Principle Investigator: Allyson Colvin, MSN, RN, MEDSURGBC Sub-Investigator: Sherrel Smith, DNP, RN, NE-BC, RN-BC Director of Nursing Services
Exploring the impact of professional governance on clinical nurses' decision-making, patient outcomes and employee engagement IRB Approved November 2022, Exempt	Nurse Principal Investigator: Ali Partridge, PhD, RN, CPAN Research Nurse Scientist Sub-Investigators: Keri Brame, BSN, RN, PCCN Roper Clinical Nurse Khrystyne Morales BSSF Clinical Nurse, BSN, RN, CCRN Lisa Pierce MPH Clinical Specialist, MSN, RN, CCRN, APRN Amanda Lanphere, BSN, RN, CEN Berkeley Clinical Nurse Tanya Lott Director of Nursing Excellence, DNP, RN, RN-BC, NEA-BC

Evidence-based Practice Projects	Nurses Participating
Medication Assisted Treatment (MAT) in the Emergency Department	Helen Russo, MSN, RN, CEN
Anxiety and Confidence in the Critical Care Nurse Resident	Genia Kozlowski, DNP, RN, CCRN Angela Johnson, MSN, RN, NE-BC, RN-BC, CRRN
Postpartum Hemorrhage	Emily Roberts, MSN, AGCNS-BC, RNC-OB, C-EFM
HTN Emergencies	Emily Roberts, MSN, AGCNS-BC, RNC-OB, C-EFM
Wipeout! Decreasing HAI with Waterless Bathing	Amanda Sterling DNP, RN, CCRN
Reducing workplace violence in the emergency department with a behavioral emergency response team	Rebecca R. Ferneding, BSN, RN, CCRN (DNP project)

Quality/Performance Improvement Projects	Nurses Participating
More than Morse: Fall reduction in thrombocytopenic patients	Pearl Paas, BSN, RN, MEDSURBGC Anne Sprouse, MSN, RN, MEDSURBGC
Sacral Savors: Reducing Pressure Injuries in Intensive Care	Eres Byars, BSN, RN, ONC Sarah Worrell, BSN, RN
POUR it out! Decreasing Postoperative Urinary Retention	Shannon Woudwyk, MSN, RN, NE-BC, RNBCMS Haley Galloway, BSN, RN
Leveraging shared governance to reduce falls with injury	Anne Sprouse, MSN, RN, MEDSURBGC Amy Kinard, RN
Brushing out CLABSI in Oncology Patients with Oral Care	Anne Sprouse, MSN, RN, MEDSURBGC Pearl Paas, BSN, RN, MEDSURBGC
Sounding the alarm! Innovative ways to reduce falls	Keller Mays, BSN, RN Julia Gore, MSN, RN
Don't Be Basic: Promoting Infusion Pump Guardrail Usage	Keri Brame, BSN, RN, PCCN
Implementing a Central Line Team in critical care	Courtney Erwin, BSN, RN, CCRN
RN Champions Improve Outcomes for Clostridium Difficile	Fharen Grant, MSN, RN, MEDSURBGC
Reducing Clostridium Difficile Infections, can it be done?	Fharen Grant, MSN, RN, MEDSURBGC
Nurse Safety	Dan Micek, MSN, RN, CPHQ
Acute Injury Wound Care	Helen Russo, MSN, RN, CEN Lyz Hoffer, BSN, RN, CEN
Improving RSFH Shared Governance Effectiveness and Efficiency	Tanya Lott, DNP, RN, RN-BC, NEA-BC Shannon Thornton, MSN, RN, NPD-BC Kelly Walker, DNP, RNC-MNN, NPD-BC, C-ONQS
Decreasing Central Line Associated Blood Stream Infections	Colleen O'Brien, DNP, APRN, FNP-BC
Dash the Splash: Change and Compliance with Eye/Face PPE	Dan Micek, MSN, RN, CPHQ
Unit-based Mayday RN	Fharen Grant, MSN, RN, MEDSURBGC
Bed Exit Alarm Compliance	Catherine Brantley, RN Keller Mays, BSN, RN
Improving Medication Education on a Cardiac Intermediate Care Unit	Lesley Reyes, BSN, RN (DNP project)
Evaluation of an Existing Protocol: Enhances Recovery After Surgery and Frequency of Postoperative Ileus	Sierra Spencer, BSN, RN (DNP project)
Stronger Together: An Interprofessional Orientation Day	Kathaleen Osterritter, BSN, RN, MEDSURBGC Katie Wright, BSN, RN, CMSRN

Project Dissemination	Title of Project, Presentation, and/or Manuscript	External Conference or Journal Name	RSFH Teammate Presenter/Author
Manuscript	The Impact of a Mobile Meditation Application Among Hospital-Based Acute Care Nurses	The Online Journal of Issues in Nursing	Sherrel Smith, DNP, RN, NE-BC, RN-BC
Oral Abstract	USP 800 - "It's All About YOU" Employee Safe Handling of Hazardous Drugs	47 th Oncology Nursing Society – ONS Congress	Frances Donatelli, MSN, RN, OCN
Oral Abstract	SEPSIS in Oncology and BMT patients	TCT Transplantation & Cellular Therapy Meetings of ASBMT and CIBMTR 2022 and LCNRC July 2022	Tori Holmes, BSN, RN, OCN
Podium	Exploring Hope and Resilience in Nursing Practice	Lowcountry Nursing Research Conference	Ali Partridge, PhD, RN, CPAN Veronica Barber, BSN, RN, OCN
Podium	Screening for Meaning: Engaging Palliative Care in the ED	ANCC National Magnet and Pathway Conference 2022 & LCNRC July 2022	Helen Russo, MSN, RN, CEN Marcela McGeorge, MSN, RN, CEN
Podium	Partnering to Bridge the Gap Between Research and the Bedside	ANCC National Magnet and Pathway Conference 2022	Ali Partridge, PhD, RN, CPAN (joint with MUSC)
Podium	Decreasing Central Line Associated Blood Stream Infections	Lowcountry Nursing Research Conference	Colleen O'Brien, DNP, APRN, FNP-BC
Podium	Improving Perinatal Outcomes Using a Nurse-Driven Protocol with Oral Nifedipine for First-line Treatment of Severe Hypertension	AWHONN Conference	Kelly Walker, DNP, RNC-MNN, NPD-BC, C-ONQS Ginger Ballentine, MSN, RN, C-ONQS
Poster	Leveraging Quality Improvement Initiatives to Reduce C. Difficile Infections	Lowcountry Nursing Research Conference	Fharen Grant, MSN, RN, MEDSURGBC
Poster	Attitudes and Perceptions of Teamwork for Rapid Response Team Nurses	Lowcountry Nursing Research Conference	Genia Kozlowski, DNP, RN, CCRN
Poster	No Bones About It: Innovative Strategies in Falls Education	Lowcountry Nursing Research Conference & 2022 SCNA State Convention	Fharen Grant, MSN, RN, MEDSURGBC Sandy Wilkin, BSN, RN, ONC Amanda Stremlow, MSN, RN, NE-BC
Poster	How Low Can You Go? Hemolysis Reduction in the ED	Lowcountry Nursing Research Conference & 2022 SCNA State Convention	Pamela Allen, BSN, RN, CEN Jennifer Clements, BS Engineering
Poster	Guideline Adherence for Acute Pain in Adults with SCD in the Emergency Department	Lowcountry Nursing Research Conference	Bree Maddray, MSN, RN, CEN, CNECL
Poster	Reducing Falls by Increased Use of Bed Alarms	Lowcountry Nursing Research Conference	Keller Mays, BSN, RN Denise Darling, MSN, RN, MEDSURGBC Ryenne Beinkampen, RN
Poster	Pediatric Diabetic Ketoacidosis (DKA) Protocol	Lowcountry Nursing Research Conference	Amanda Lanphere, BSN, RN, CEN Helen Russo, MSN, RN, CEN
Poster	RN Champion Model to Improve Outcomes for C. Difficile in a Hospital System	Lowcountry Nursing Research Conference	Fharen Grant, MSN, RN, MEDSURGBC
Poster	What? Where? How? The Importance of Pre-surgical Education for Better Patient Outcomes	ANCC National Magnet and Pathway Conference 2022 & LCNRC July 2022	Kim Appis, BSN, RN, PCCN
Poster	Engaging a Unit Based Shared Governance Council to Improve Quality Outcomes	ANCC National Magnet and Pathway Conference 2022 & LCNRC July 2022	Mary Jackman, MSN, RN, PCCN, CCRN
Poster	Implementing Phenobarbital for Alcohol Withdrawal: From Interdisciplinary Rounds to Improved Patient Outcomes	ANCC National Magnet and Pathway Conference 2022 & LCNRC July 2022	Mary Jackman, MSN, RN, PCCN, CCRN
Poster	The Implementation of a Nurse-Driven Protocol to Improve Perinatal Severe Hypertension	2022 SCNA State Convention	Kelly Walker, DNP, RNC-MNN, NPD-BC, C-ONQS
Poster	Sustaining Intensive Care Unit Liberation: It Takes a Team!	2022 SCNA State Convention	Genia Kozlowski, DNP, RN, CCRN Dede Carey, MSN, RN
Poster	Reviving a Classic: Phenobarbital for Alcohol Withdrawal	2022 SCNA State Convention	Lyz Hoffer, BSN, RN, CEN Helen Russo, MSN, RN, CEN
Poster	3 South Medical Surgical Leadership Rounding	Lowcountry Nursing Research Conference	Catherine Carson, MSN, RN, MEDSURGBC Virginia Engelman, BSN, RN, MEDSURGBC
Poster	Putting the Squeeze on Maternal Hypotension from Administration of Epidural Analgesia During Labor	2022 SCNA State Convention	Kelly Walker, DNP, RNC-MNN, NPD-BC, C-ONQS
Reviewer	Obstetric and Neonatal Quality and Safety Review Program	AWHONN Review Course	Kelly Walker, DNP, RNC-MNN, NPD-BC, C-ONQS

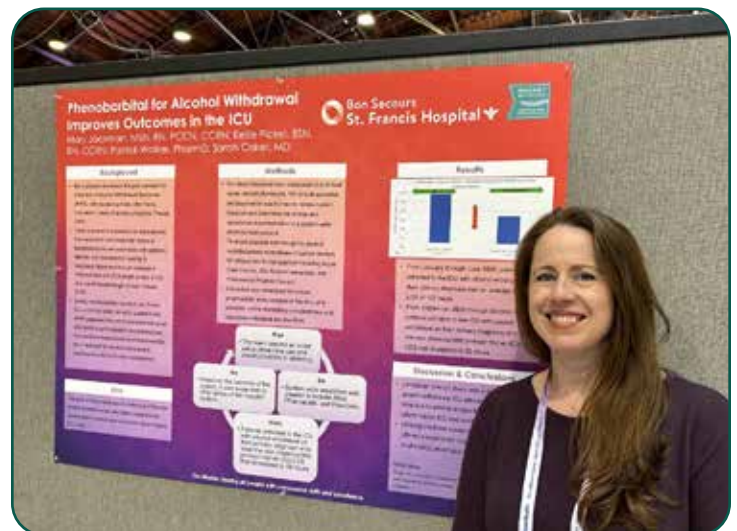
ANCC Magnet/Pathway to Excellence Conference

Podium Presentation: Screening for Meaning: Engaging Palliative Care in the ED

In a first for Roper St. Francis Nursing, Marcela McGeorge, MSN, RN, CEN and Helen Russo, MSN, RN, CEN, presented their quality improvement project "Screening for Meaning: Engaging Palliative Care in the ED" from the podium at the 2022 ANCC Magnet/Pathway to Excellence Conference.

For their project, a "homegrown nurse-driven" screening tool was developed to help ED nurses identify patients who would benefit from palliative care, alerting the provider to consider a palliative care consult. Inpatient and outpatient palliative care consult orders were built for ED provider selection. An on-call palliative care provider now provides a telephone or in-person consult to support decision-making; the Palliative Care Team attempts to see inpatients the same day and outpatients within 2-3 days.

The project has had a positive impact on our adjusted mortality observed/expected (O/E) ratio. A Duke Endowment grant has been obtained to provide ED staff with "goals of care" training for end-of-life conversations. Ongoing steps of the process include ED provider scorecards, monitoring of consults placed within 3 hours after admission order (considered a "miss" by the ED provider) and follow-up, and close monitoring of the adjusted mortality risk O/E ratio.



Podium Presentation: Partnering to Bridge the Gap Between Research and the Bedside

Ali Partridge, PhD, RN, CPAN, Roper St. Francis Healthcare Nurse Scientist and Heather Craven, PhD, RN, CMSRN, CPHQ, Medical University of South Carolina Nurse Scientist, also presented from the ANCC Magnet/PTE Conference podium about how the two Charleston healthcare systems combined their nursing research conferences into the Lowcountry Nursing Research Conference. With members from each system, the local Sigma Theta Tau chapter and local BSN and ADN programs, the planning committee decided on the process for setting up conference locations, continuing education approval, refreshments and other details for the annual conferences. Starting in 2016, the first joint conference was held, with keynote speakers and podium and poster presentations on a variety of research, evidence-based practice and quality/performance improvement topics - including how to write an abstract.

Ali and Heather included in their presentation tips on selecting vendors, marketing and registration and agenda structure. They shared that no conference was held in 2020 due to covid-19; the planning committee outwitted the virus in 2021 by offering a virtual conference. The 2022 conference offered fewer presentations to include an internal presentation review on the agenda. Their summary of the attendees' evaluations generally indicates that the



conferences are well-received and inspire practice changes, and are well worth the cost and effort in terms of the experience gained by the presenters and the knowledge gained by the attendees.

Podium Presentation: Screening for Meaning: Engaging Palliative Care in the ED

In a first for Roper St. Francis Nursing, Marcela McGeorge, MSN, RN, CEN and Helen Russo, MSN, RN, CEN, presented their quality improvement project "Screening for Meaning: Engaging Palliative Care in the ED" from the podium at the 2022 ANCC Magnet/ Pathway to Excellence Conference.

For their project, a "homegrown nurse-driven" screening tool was developed to help ED nurses identify patients who would benefit from palliative care, alerting the provider to consider a palliative care consult. Inpatient and outpatient palliative care consult orders were built for ED provider selection. An on-call palliative care provider now provides a telephone or in-person consult to support decision-making; the Palliative Care Team attempts to see inpatients the same day and outpatients within 2-3 days.

The project has had a positive impact on our adjusted mortality observed/expected (O/E) ratio. A Duke Endowment grant has been obtained to provide ED staff with "goals of care" training for end-of-life conversations. Ongoing steps of the process include ED provider scorecards, monitoring of consults placed within 3 hours after admission order (considered a "miss" by the ED provider) and follow-up, and close monitoring of the adjusted mortality risk O/E ratio.

Podium Presentation: Partnering to Bridge the Gap Between Research and the Bedside

Ali Partridge, PhD, RN, CPAN, Roper St. Francis Healthcare Nurse Scientist and Heather Craven, PhD, RN, CMSRN, CPHQ, Medical University of South Carolina Nurse Scientist, also presented from the ANCC Magnet/PTE Conference podium about how the two Charleston healthcare systems combined their nursing research conferences into the Lowcountry Nursing Research Conference. With members from each system, the local Sigma Theta Tau chapter and local BSN and ADN programs, the planning committee decided on the process for setting up conference locations, continuing education approval, refreshments and other details for the annual conferences. Starting in 2016, the first joint conference was held, with keynote speakers and podium and poster presentations on a variety of research, evidence-based practice and quality/performance improvement topics - including how to write an abstract.

Ali and Heather included in their presentation tips on selecting vendors, marketing and registration and agenda structure. They shared that no conference was held in 2020 due to covid-19; the planning committee outwitted the virus in 2021 by offering a virtual conference. The 2022 conference offered fewer presentations to include an internal presentation review on the agenda. Their summary of the attendees' evaluations generally indicates that the conferences are well-received and inspire practice changes, and are well worth the cost and effort in terms of the experience gained by the presenters and the knowledge gained by the attendees.

QI Project:

Leveraging Quality Improvement Initiatives to Reduce Clostridium Difficile

Fharen Grant, MSN, RN, MEDSURG-BC



In 2021, hospital onset (HO) C. diff infections increased by more than 100% from the year before in Roper Hospital's 5 East nephrology unit. The lead C. diff clinical specialist met with the unit nurse

manager, RN Clinical Specialist, Fharen Grant, and an infection preventionist to develop a plan to address the increase. Their QI project had five steps:

- A pre/post-intervention questionnaire to be completed by the nursing team to determine their baseline knowledge of C. diff best practices
- Mandatory education (C. diff best practices, bundle bag implementation)
- Development of a high-touch cleaning grid/checklist for all patients on enteric precautions
- Increased discussion of C. diff (current unit-specific data) in monthly staff meetings and change-of-shift huddles
- Increased focus on enhanced environmental cleaning

Over the six months prior to the project implementation at the end of March 2022, 5 East had 9 HO C. diff infections; C. diff bundle compliance was lower than the target of 85% or more. Post-intervention, the unit had zero HO C. diff infections over the eight-month period from April through November 2022. (The graph directly below was used by Fharen in her PowerPoint presentation of September 2022 and has been updated with more current data.) In addition, bundle bag compliance was at 100%.

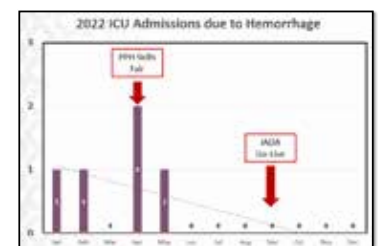
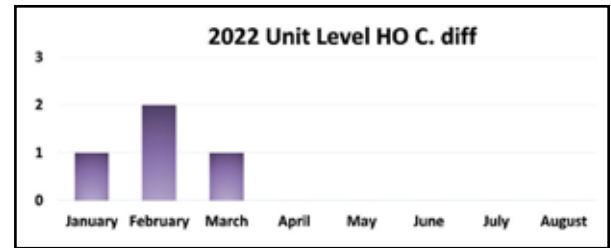
Fharen (pictured below right) attributes the improvement to the unit staff's increased knowledge, empowerment to hold each other accountable for wearing PPE appropriately, use of best practices, and taking advantage of opportunities to improve the quality and safety of care they provide to their patients.

Evidence-based Practice Projects: Postpartum Hemorrhage and HTN Compliance

Emily Roberts, MSN, RN, AGCNS-BC, RNC-OB, C-EFM

In 2022, the WIC team worked on two evidence-based projects to help reduce preventable maternal morbidity and mortality. The L&D and Postpartum staff at both Bon Secours St. Francis and Roper St. Francis Berkeley Hospitals attended a Postpartum Hemorrhage (PPH) skills fair that covered all components of a nationally recognized Postpartum Hemorrhage Bundle. Multidisciplinary and interprofessional PPH simulations were also held at both facilities multiple times over 2022. Additionally, use of a hemorrhage-control device called Jada was adopted in September and has proven to be extremely helpful in reducing abnormal postpartum bleeding. Bon Secours St. Francis Hospital was able to reduce their stage 3 hemorrhages (blood loss > 1500 mL) by 38%, and Roper St. Francis Berkeley Hospitals reduced their stage 3 hemorrhages by 54%.

The WIC team's second EBP project aimed at reducing hypertensive emergencies for obstetric and postpartum patients by improving the percentage of patients who received blood pressure meds within 60 minutes of reaching severe range blood pressure (SBP>160, DBP>110). The goal rate of 65% was not attained; efforts are continuing into 2023.



QI Project: Decreasing Central Line Associated Blood Stream Infections (CLABSI)

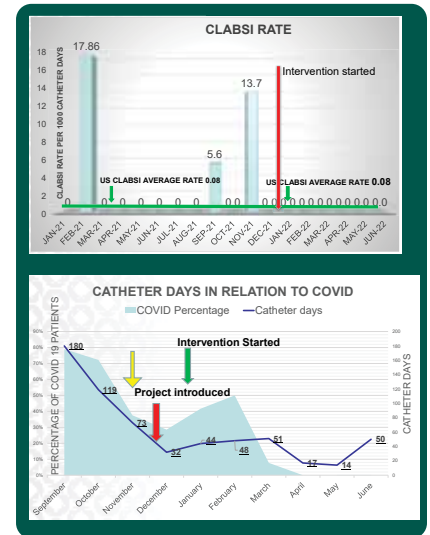
Colleen O'Brien, DNP, APRN, FNP-BC

Roper St. Francis Healthcare ICU's CLABSI rate in 2020 was 1.89 per 1,000 central line days. In 2021, that rate was 3.54 - almost double that of the year before. To better understand what was behind the increase, Colleen O'Brien audited patient charts and found only 89% compliance with the Roper St. Francis Healthcare bundle that includes bathing with chlorhexidine gluconate (CHG) wipes, handwashing and dressing changes every seven days. In fact, only 49% of the unit's patients had received CHG baths, and 78% had clean dressings documented.

Her evidence search led her to develop the following intervention, which she implemented over the period between October 2021 and January 2022:

- Staff education regarding central line care, charting and blood culture collection
- Two-nurse dressing changes on a designated day each week
- Installation of wall-mounted whiteboards outside patient rooms to support surveillance of central line indication/days/ date of insertion, dressing status, needle-less connectors, antimicrobial Curoc caps, and daily CHG bathing

Comparing data from the last six months of 2021 to those from the first six months of 2022, Colleen found that compliance with daily CHG bathing, dressing changes, and charting had increased dramatically, while the unit's central line days and CLABSI rate had both decreased. Not to confuse correlation with cause, she recognized that the percentage of COVID-19 patients in the unit may also have had an effect on the CLABSI rate and attempted to quantify the effect in the graph at right.

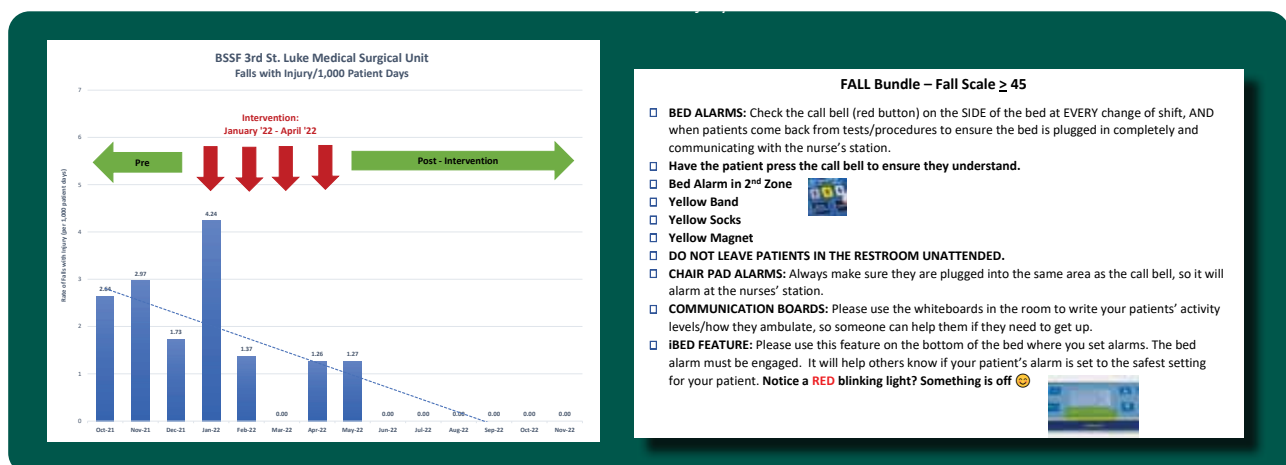


QI Project: Decreasing Central Line Associated Blood Stream Infections (CLABSI)

Anne Sprouse, MSN, RN, MEDSURG-BC

Amy Kinard, RN

The goal of this project was to engage clinical nurses in a plan to reduce falls with injury on 3rd St. Luke at Bon Secours St. Francis Hospital. In 2021, the unit had the highest fall with injury rate in the hospital and no unit-based council. A



council was formed at the end of January 2022, which focused on falls and established daily safety huddles. When another fall with injury occurred in February, the council noted on review that bed alarm utilization was a problem and decided to add the last fall date to each huddle. In March, the council implemented call bell checks at shift change and patient return to the unit after a "road trip"; the following month, the council decided to provide staff education reinforcing all of the interventions they had developed.

Weekly audits are now being done by the unit's charge nurse, and fall prevention measures continue to be discussed at safety huddles. The unit manager can monitor bed alarm usage via compliance reports. Other issues noted by the council have been Transportation returning patients without plugging the bed into the wall and the beds' communication piece falling out of the wall or not working, both of which render the call bells and bed alarms useless. The council continues to work on these.

Due to the engagement of the unit council, the project successfully reduced falls with injury.

Clinical Ladder

The Professional Nursing Clinical Ladder Program at Roper St. Francis Healthcare recognizes direct care nurses who seek to advance within their clinical roles by furthering their education and contributing to nursing knowledge and practice. The Roper St. Francis Healthcare Clinical Ladder program underwent some significant and exciting changes in 2022. In May, the Clinical Ladder Team implemented a new points system (adapted from Baptist Health and Virginia Hospital Center). The points system allows clinical ladder applicants more flexibility, which has already resulted in a dramatic increase in those interested in pursuing advancement. In addition to an increased number of advancement applicants and intent to advance, the committee has received positive feedback regarding the change.

Application submissions have moved to an electronic platform as well. All Clinical Ladder applicants are given access to their own folder in Microsoft Teams (accessible from Office Online). Applicants now upload documents as applicable to this folder and can then share these documents for verification. Another added perk to this platform: everything is saved in real-time, so it eliminates the need to re-upload corrected/altered documents. Moving forward, the Clinical Ladder Team will continue to streamline and improve the application and review process.

The following nurses maintained their designation of Clinical Ladder Nurse in 2022:

- Kimberly Appis, BSN, RN, PCCN, CN3, Roper St. Francis Mount Pleasant Hospital PACU
- Ann Bonvallet, BSN, RN, CCRN, CN4, Roper Hospital CVICU
- Keri Brame, BSN, RN, PCCN, CN4, Roper Hospital 4HVT
- Tracy Conner, BSN, RN, CCRN, CN4, Roper Hospital CVICU
- Anna Leigh Gazecki, BSN, RN, OCN, CN4, Roper Hospital 5South
- Lyzabeth Hoffer, BSN, RN, CEN, CN3, Bon Secours St. Francis Hospital ED
- Emily King, BSN, RN, OCN, CN4, Roper Hospital 5South
- Anna Landry, BSN, RN, PCCN, CN4, Roper St. Francis Berkeley Hospital ED
- Maureen McGinnis, BSN, RN, CCRN, CN4, Roper Hospital CVICU
- Rachel Patterson, BSN, RN, ACM, CN4, Bon Secours St. Francis Hospital Case Management
- Sandy Wilkin, BSN, RN, ONC, CN4, Roper Hospital 7Buxton
- Becky White, BSN, RN, PCCN, CN4, Roper Hospital 4HVT

Kudos to the following nurses who achieved Clinical Ladder progression in 2022:

- Eres Byars, BSN, RN, OCN, CN4, Bon Secours St. Francis Hospital ICU
- Phyllis Klagges, BSN, RN, CMSRN, CCRN, CN4, Bon Secours St. Francis Hospital ICU

- Amanda Lanphere, BSN, RN, CEN, CN4, Roper St. Francis Berkeley Hospital ICU
- Katie Osterritter, BSN, RN, MEDSURGBC, CN4, Roper St. Francis Berkeley Hospital MedSurg
- Katie Wright, MSN, RN, CMSRN, CN4, Roper St. Francis Berkeley Hospital MedSurg

See the Katies' and Phyllis' projects on the following pages. Amanda's project was a continuation of her pediatric DKA EBP project featured in the 2021 Roper St. Francis Healthcare Nursing Annual Report. Eres' project is included in the new May 2023 Clinical Inquirer.

Clinical Ladder Project: Interdisciplinary Day

Kathaleen Osterritter, BSN, RN, MEDSURGBC, CN4, Roper St. Francis Berkeley Hospital MedSurg

Kaitlyn Wright, MSN, RN, CMSRN, CN4, Roper St. Francis Berkeley Hospital MedSurg



Katie Osterritter and Kaitlyn Wright observed that new graduate nurses would benefit from learning more during their orientation about other disciplines – laboratory, pre-op care team, case management, wound care nurse, physical and occupational therapy, pharmacy, respiratory therapy, and nursing supervisor. Learning who these team members were, what their roles and patient care goals were, and how their practice could impact nursing would serve to further strengthen the relationships and improve patient care. The pair found a recent study showing that an interdisciplinary orientation experience could positively affect the participants' understanding of and attitudes toward other healthcare disciplines and encourage a more collaborative practice environment.



Katie and Kaitlyn worked with department managers to schedule a twelve-hour shift during which the new grad would float to each discipline. This day is scheduled after their sixth week of orientation so that the nurse is already comfortable with their home unit and organization. They also surveyed each department to get an understanding of what they would like the new graduate nurse to learn about their department.

At the time of the clinical ladder project's completion, two new graduate nurses had participated in this Interdisciplinary Day. Katie and Kaitlyn compared these new grads' responses to an evaluation tool that had been administered to six new graduate nurses from the previous year. They found that the interdisciplinary day had been successful in improving the new grads' understanding of and attitudes toward their teammates from other disciplines. The two new grads were more familiar with where the other departments are located and more comfortable reaching out/creating relationships with the other departments' staff.

Two more new graduate nurses were scheduled for August 2022 to participate in the interdisciplinary day. Katie wrote, "It is our hope and goal that this will be carried forward to all new graduate nurses."

Clinical Ladder Project: ICU Quiet Time Effect on Registered Nurses' Health

Phyllis Klagges, BSN, RN, CMSRN, CCRN, CN4, Bon Secours St. Francis Hospital ICU

Because her Bon Secours St. Francis Hospital ICU teammates had expressed that they were not able to eat lunch or take a break on their 12-hour shift, Phyllis Klagges wanted to answer the PICO question, "Does the ICU nurse have increased nutrition, rest, and quality of life with a quiet time from 1400-1600 compared with no quiet time as measured by a self-assessment questionnaire?"

From her literature review, she found that excess noise, light, and interruptions can have adverse effects for patients and staff:

Uncontrolled noise from alarms, televisions, visitors, etc., can trigger a stress response, elevating blood pressure and heart rate.

Excessive light exposure can cause decreased secretion of melatonin, which has stress-protective effects - but in order to prevent delirium in the ICU's patients, shades are kept open and the lights on during the day.

Noise interrupts nurses' concentration and problem-solving, setting the nurses up for potential errors.

One study in particular (Halm, 2016) indicated to Phyllis that patient satisfaction increased and nurses reported less stress with quiet times and that best practices include managing the patient's environment by turning down monitor alarms and televisions and dimming lights. Another study Phyllis found indicated that mechanically intubated patients received fewer doses of sedation in the 24 hours after a quiet time (McAndrew et al., 2016).

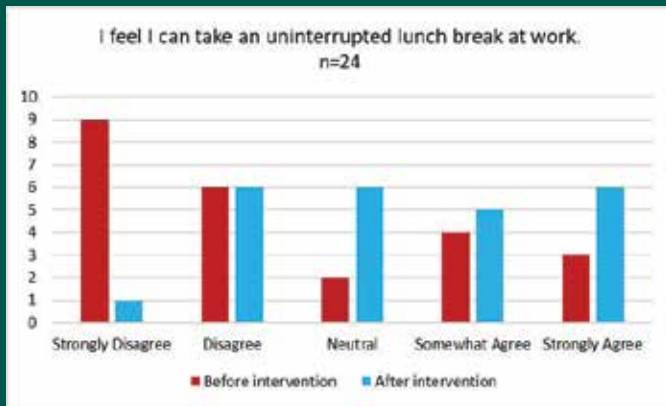
Pre-intervention:

Prior to the implementation of quiet time, the expectations were discussed during interdisciplinary rounds. During this time, each discipline was able to ask questions about their role in the trial. Those who participated included nursing staff, charge nurse, rapid response nurse, case management, pharmacy, chaplains, dietitian, respiratory therapy, speech therapy, physical therapy, occupational therapy, critical care MDs, NPs, and palliative medicine. All staff members verbally agreed to participate.

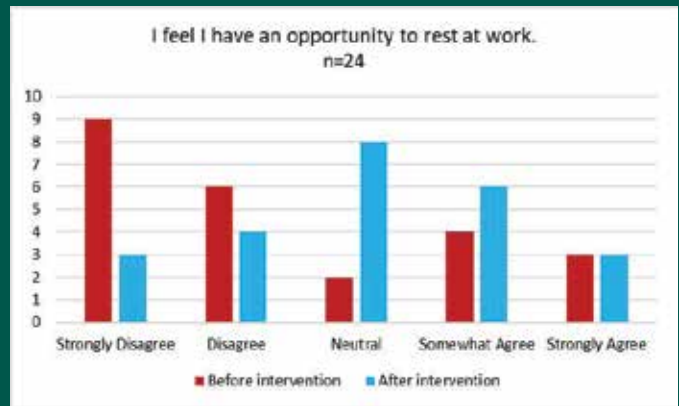
A self-assessment questionnaire survey was given to the nursing staff to establish a baseline during open visitation.

Intervention: A 5-week trial of Quiet Time (reduction of controllable light, sound, interruptions) from 1400-1600 in the Bon Secours St. Francis Hospital ICU was implemented on September 21, 2022. Expectations were communicated to members of the interdisciplinary care team during rounds and ICU council meetings. To communicate the changes to families and visitors, a sign was posted outside the ICU doors and information was added to the visitation form given upon admission. At 1400 each day, the charge nurse initiates Quiet Time. Routine tests and therapies are scheduled outside of this timeframe. If the support person chooses to stay, they are asked to decrease interactions with the patient.

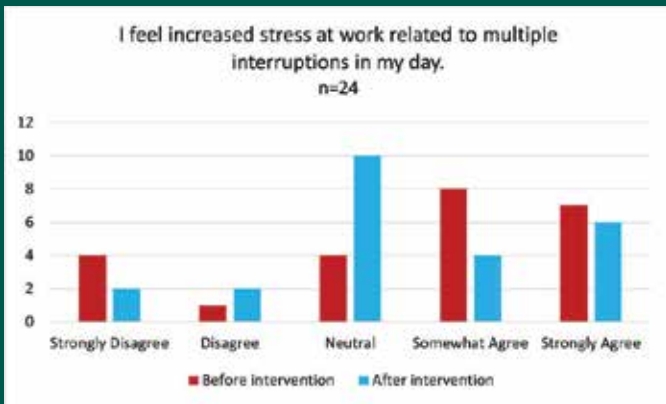
Post-intervention: On October 26, the second survey was completed by the ICU nursing staff (graphs with explanations are on the following page).



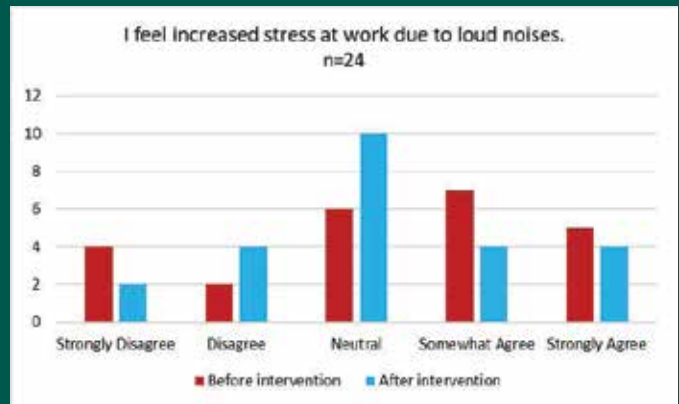
Above: "I feel I can take an uninterrupted lunch break at work." Initially 62.5% either strongly disagreed or disagreed; after the trial 29.2% disagreed or strongly disagreed with that statement. 70.8% of respondents were neutral or agreed (somewhat or strongly) that they were able to have an uninterrupted lunch break.



Above: "I feel I have an opportunity to rest at work." The percentage that agreed somewhat or strongly increased more than 8 percentage points. Of note, neutral responses increased from 8.3% to 33.3%.



Above: "I feel increased stress at work related to multiple interruptions in my day." Somewhat and strongly agree responses dropped from 62.5% to 42%.



Above: "I feel increased stress at work due to loud noises." Post-intervention, fewer agreed (33% vs 50%) and more were neutral (42% vs 25%).

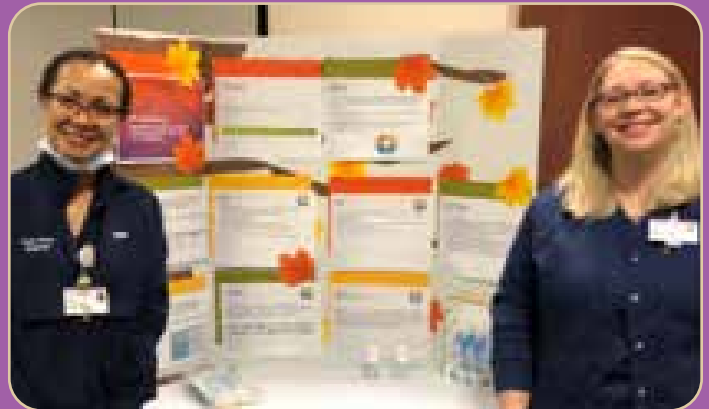
Additional comments were:

- "Quiet time had improved my ability to wind down after a busy morning."
- "Keep quiet time itself, felt the family is more mindful of noise and stimulation on the bedside."
- "I think it works really well most days but on busier days/short staffed it's harder. If we could involve pharmacy/med scheduling to avoid 2-4 it would be extremely beneficial."

Bon Secours St. Francis Hospital Storyboard Fair

The Bon Secours St. Francis Hospital Quality and Practice Council hosted a storyboard fair in December to provide an opportunity for all nursing units to present a process improvement or evidence-based practice project in poster form. Forty percent of the units participated and shared twelve "stories."

- Acute Injury Wound Care, ED
- Hemolysis Reduction in the ED, ED
- CCRN Improved Certification Rate, ICU
- Phenobarbital for Alcohol Withdrawal Improves Outcomes in the ICU
- Sacral Saviors, ICU
- Quiet Time, ICU
- Leveraging a Unit-Based Shared Governance Council to Reduce Falls, 3rd St. Luke
- Brushing Out CLABSI and MBI in Oncology Patients with Oral Care Compliance, 4th St. Vincent Oncology
- PCU Council Quality Improvements, PCU
- A Collaborative Approach to C. diff Prevention, SPCU
- Decreasing Urinary Retention in Postop Spine Patients, Neuro-Spine
- The Impact of Shared Governance on Hope, Resilience, and Empowerment, CARE Council



ROPER  **ST. FRANCIS**
HEALTHCARE

rsfh.com/about/nursing