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A Message from Our CNO

“800 Spruce Street

“No one is useless in this world who lightens the burdens of others.” – Charles Dickens

The first hospital in the American colonies and the oldest hospital in the United States, Pennsylvania Hospital, is located at 800 Spruce Street in Philadelphia. When it opened its doors in 1751, I wonder if the founders of this institution knew that it would blaze the trail for others to follow. The seal of the hospital, chosen by Benjamin Franklin, incorporates the story of the Good Samaritan. It is striking that the mission of this hospital, “reception and cure of poor sick persons,” resounds in more than five thousand hospitals in the United States today.

The mission reminds us that, like those before us, we are here for a purpose; that we are to give what we have and do what we can for those in need. When you walk through the doors of a hospital, you are entering the annals of history. You can imagine the cries that signal the birth of a new baby, the sigh of relief that a surgery went well and that a loved one will recover. Imagine the look of despair when word is received that there will be no relief from the pain and suffering or the overwhelming sorrow that all efforts to save a loved one were futile. These are special places where character is born and hearts are strengthened. Places where caregivers toil through the night and welcome the dawn, grateful that their patients have lived to enjoy another sunrise. Spirits are lifted and lives are changed in these places. Hope is renewed in the back halls, utility rooms, and nurses’ stations of these places of caring.

Today, as we walk the halls of our places of work, we should keep in mind that this is work that makes a difference, work to be proud of. There is a coming of age for those caregivers who finally understand that, through helping and healing, their life has a purpose. For the patient and family who are battling through illness there is a feeling of comfort and hope that they are in good hands, that those caring for them regard them as family and friend.

No matter the city or state, hospitals are seen as beacons of hope and places of compassion. We must never forget why we are here and who we serve. Long before our time and long after we are gone, caregivers will always be seen as purveyors of hope, instruments of healing and towers of strength. Take pride in knowing that you are doing legacy work; that what you do matters, not only for today but for generations to come.

With Care,

Carolyn Swinton, RN, MN, NEA-BC, FACHE
Chief Nursing Officer

Palmetto Health Nursing Guiding Purpose

We are healers of mind, body, and spirit. We believe each patient in every moment deserves to receive appropriate, timely, and compassionate care.

We deliver on that commitment by preparing and supporting our nurses to reach their full potential as caregivers. Our nurses are second to none. Come care with us.
About Palmetto Health

At Palmetto Health, we’re on a journey to transform the health care experience for our patients and their families. Palmetto Health is the largest and most comprehensive integrated health care system in the South Carolina Midlands region. More than 14,000 team members, physicians and volunteers are dedicated to working together to fulfill Palmetto Health’s Vision: *To be remembered by each patient as providing the care and compassion we want for our families and ourselves.*

Our locally owned, nonprofit system includes six Joint Commission-accredited acute-care hospitals with 1,152 patient beds – Palmetto Health Baptist, Palmetto Health Baptist Parkridge, Palmetto Health Children’s Hospital, Palmetto Health Heart Hospital, Palmetto Health Richland and Palmetto Health Tuomey.
Areas of specialty at Palmetto Health
- Bariatric surgery
- Behavioral care
- Breast care
- Cancer care
- Emergency/Trauma care (the region’s only Level I trauma center and the state’s first Level II pediatric trauma center)
- Geriatrics
- Heart and vascular care (including the Advanced Heart Health Center and the Midlands’ only Left Ventricular Assist Device program)
- Musculoskeletal
- Neuroscience
- Obstetrics (including high-risk pregnancy and genetic counseling, and the area’s only two Level III Neonatal Intensive Care Units)
- Orthopedics
- Pediatrics
- Surgery (including the Midlands region’s first da Vinci® robotic surgical systems)
- Women’s care

Palmetto Health-USC Medical Group
Palmetto Health is supported by a network of physicians and advanced practice providers in the Palmetto Health-USC Medical Group and the Palmetto Health Quality Collaborative, as well as two 501(c)(3) foundations. Palmetto Health trains the next generation of physicians through its 33 residency and fellowship programs affiliated with the University of South Carolina School of Medicine.

Our providers
Two large networks of providers – Palmetto Health-USC Medical Group and the Palmetto Health Quality Collaborative – serve as the primary entry points for patients being cared for by Palmetto Health.

Palmetto Health-USC Medical Group is a not-for-profit company that brings together health care providers from two of South Carolina’s most respected organizations – Palmetto Health and the University of South Carolina School of Medicine. With more than 800 providers* and 2,200 team members, 116 practices and 164 locations, it is the region’s largest multispecialty medical group.

In late 2019, Palmetto Health-USC Medical Group will become Prisma Health-USC Medical Group.

*Includes nearly 300 advanced practice providers

Palmetto Health Quality Collaborative
The Palmetto Health Quality Collaborative (PHQC) is a nationally recognized clinically integrated system of physicians that drives targeted improvements in health care quality and efficiency. Since its inception in 2010, the PHQC has been committed to increasing the quality of care patients receive by setting higher performance and quality expectations for participating physicians.

All physicians in the Palmetto Health-USC Medical Group are members of the PHQC.
Awards and honors

Professional Nursing Certifications:
The growth and development of registered nurses is vital to Palmetto Health. Certified nurses gain advanced knowledge, increased confidence, and validation of clinical competence with certification in their specialty. Growing research shows professional certification improves clinical decision making skills and patient outcomes. Palmetto Health has nearly 4,000 nurses. Eligibility for certification is defined as any nurse who has worked in their specialty area for two or more years, including experience prior to employment at Palmetto Health. Of those eligible nurses, 844 held a professional certification at the end of FY18.

Get with the Guidelines
Palmetto Health Richland has been recognized by the American Heart Association/American Stroke Association Get With The Guidelines® program for heart failure care at Palmetto Health Heart Hospital. Palmetto Health Richland received the Heart Failure Gold Plus Quality Achievement Award.

Blue Distinction® Centers for Maternity Care
BlueCross BlueShield of South Carolina has recognized Palmetto Health Baptist, Palmetto Health Baptist Parkridge, Palmetto Health Richland and Palmetto Health Tuomey as Blue Distinction® Centers for Maternity Care. Blue Distinction® Centers are nationally designated hospitals that show expertise in delivering improved patient safety and better health outcomes, based on objective measures developed with input from the medical community.

Baby-Friendly Designation
Palmetto Health Baptist has been recognized as a Baby-Friendly designated birth facility by Baby-Friendly, USA, Inc., the U.S. authority for the implementation of the Baby-Friendly Hospital initiative. The “Baby-Friendly” designation is given after a rigorous on-site survey is completed. Palmetto Health Richland and Palmetto Health Tuomey also are Baby Friendly designated birth facilities.
A new vision for health care

In November 2017, we finalized our partnership with Greenville Health System and began operating as one health company under the leadership of co-CEOs Charles D. Beaman Jr., and Michael C. Riordan, who previously led Palmetto Health and Greenville Health System, respectively.

Almost a year later, Palmetto Health and Greenville Health System announced they would go forward with a new name and a new shared purpose that reflects our efforts to transform health care for South Carolinians. On Sept. 25, 2018, we announced our new name: Prisma Health. Team members across all Upstate and Midlands campuses watched together as leaders revealed the new name and logo.
Campus Highlights

- Palmetto Health Baptist
- Palmetto Health Baptist Parkridge
- Palmetto Health Richland
  - Children’s Hospital
  - Heart Hospital
- Palmetto Health Tuomey
- Palmetto Health Outpatient Services
Nursing Leadership at Palmetto Health

**Palmetto Health Baptist**

Leader Lynn Wythe, MSN, RN, CEPN, Nurse Executive

- **FTEs**: 675.72 FTEs
- **Inpatient Beds**: 333 beds
- **Unit types and capacity**: 143 beds Medical-Surgical, 50 beds Women’s and Nursery, 45 beds Critical Care, 73 beds Behavioral Health
- **ORs**: Women’s and Nursery: Three operating rooms for C-sections; Perioperative: 24 OR suites
- **ED**: Gold Zone: 16 exam rooms, Silver Zone: 5 intake exam rooms, 6 observation recliners and 10 diagnostic chairs; Blue Zone: 5 exam rooms and 4 recliners

**Palmetto Health Baptist Parkridge**

<table>
<thead>
<tr>
<th>FTEs</th>
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<tr>
<td>Inpatient Beds</td>
<td>76 beds</td>
</tr>
<tr>
<td>Unit types and capacity</td>
<td>16 beds ICU/ICU/Telemetry, 20 beds Women’s with 6 LDRs, 2 C-section suites, 40 beds Medical-Surgical</td>
</tr>
<tr>
<td>ORs</td>
<td>6 OR suites; 1 Endoscopy suite; Freestanding outpatient</td>
</tr>
<tr>
<td>ED</td>
<td>16 bays with 2 Resuscitation rooms and 2 Behavioral Health rooms</td>
</tr>
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**Palmetto Health Richland includes Children’s Hospital and Heart Hospital**

Leader Rebecca Baute, BSN, MBA, RN, CMTE, Nurse Executive

- **FTEs**: 1,500 FTEs
- **Inpatient Beds**: 577 beds
- **Unit types and capacity**: 52 beds Behavioral Health, 129 beds Women’s and Neonatal, 80 beds Children’s Hospital, 101 beds Heart Hospital, 224 beds Medical-Surgical, 81 beds Critical Care
- **ORs**: 27 ORs
- **EDs**: 51 ED bays and 13 Pediatric ED bays

**Palmetto Health Tuomey**

Leader Terrie Carlton, MSN, RN-BC, NHA, Nurse Executive

- **FTEs**: 572 FTEs
- **Inpatient Beds**: 301 beds (214 staffed)
- **Unit types and capacity**: 17 beds ICU, 48 beds Medical-Surgical, 24 beds Oncology, 24 beds Telemetry/Step Down, 36 beds Women’s and Children’s, 41 beds Subacute and Acute Rehab, 9 beds Labor and Delivery, 46 beds Nursery Level II
- **ORs**: OR: Main OR 10 rooms, Outpatient Surgery Center 4, Endoscopy 2 room, 1 Bronch room, Day Surgery rooms: 13 pre-operative, 13 post-operative
- **EDs**: 26 bays (includes 3 trauma rooms and 1 ENT room), 10 Psych Holding

Our nursing team is nearly 4,000 strong at Palmetto Health. We have a young and thriving nursing shared governance organization. Through our career development program, Advancement System for Clinical Excellence and Nursing Development (ASCEND), our nurses can choose to continue their development after one year of employment.
Palmetto Health Baptist

Campus Update
The 3rd Surgical team presented “The Care of the Bariatric Surgery Patient” during Nursing Grand Rounds. They also achieved accreditation as a Comprehensive Center for Bariatric patients. This designation is achieved by standards set forth by the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery and also through results achieve with quality improvement programs. This certification is effective through 2021.

The Women’s and Neonatal Services (WNS) team was awarded Baby Friendly Designation by Baby Friendly - USA. The team was given a $25,000 donation from the Department of Health and Human Services in recognition of this achievement.

Nursing team member professional development
BSN prepared nurses: 141
MSN prepared nurses: 34
Specialty area certified nurses: 212

In the community and world
The Emergency Department Unit Based Council (UBC) worked with the Behavioral Inpatient Unit, Marketing and Communications departments to create a trifold brochure to provide newly admitted psychiatric patients and their families with detailed information on their stay and how families can visit while their loved ones are hospitalized.

Palmetto Health Baptist Neonatal Intensive Care Unit (NICU) celebrated 10 years in their state-of-the-art facility with a birthday party for NICU graduates.

Quality
The HomeCare team dramatically dropped their readmission rate for Congestive Heart Failure patients from 12.8% to 1.6% through their new telemonitoring program. Clinical and advance practice nurses, physicians and social workers established the telehealth program based on best practices providing in-home units to these patients to give daily updates on their progress and prevent readmission.

The Progressive Care Unit (PCU) UBC and nursing team members formed a core group to care for all central lines. The CLABSI rate decreased from 23.8 per 1000 central line days to zero through the end of the quarter!

The Joint Commission identified ligature risks - anything that a patient could hang themselves from or with including door knobs, plumbing, ceiling tiles, etc. as a top national patient safety concern several years ago. The Emergency Department Behavioral Health areas renovated their patient care bathrooms to decrease the dangers presented by these risks. Since the construction, we have had zero patient safety events related to ligature risks in these areas.
Palmetto Health Baptist Parkridge

Campus Update
The Outpatient Surgery department achieved greater than 75% certification of eligible nursing team members.

Construction began on a Level II nursery in the spring to provide advanced medical care to babies born with increased medical needs.

The National Safe Sleep Hospital Certification program was created by Cribs for Kids and is endorsed by the American Academy of Pediatrics (AAP.)

Certified Safe Sleep Hospital
The Women’s and Neonatal Service line achieved a Bronze Level National Safe Sleep Certification meeting the requirements of developing a safe sleep policy statement, training staff and educating parents on safe sleep practices.

Nursing team members from the Research Shared Governance Council presented “Viva La Research” to highlight nursing research and how it can impact care through discovery and implementation of best practices.

The Baptist Parkridge team welcomed a new director of Surgical Services, Christel Grazier leading the pre-op, PACU, surgical and endoscopy teams. Christel came from Vidant Medical Center in Greenville, NC.

Nursing team member professional development
BSN prepared nurses: 168
MSN prepared nurses: 11
Doctorate prepared nurses: 1
Specialty Area Certified Nurses: 98

In the community and world
Nursing and other team members participate in the Snack Pack program, providing food for children in local schools. Team members were recognized as “Outstanding School Business Partner” of the year by Harbison West Elementary School for their participation in the program.

Quality
The Parkridge campus celebrated another year with no ventilator associated events since opening in March 2014.

The Surgical Services team has zero surgical site infections for knee replacements since opening in March 2014.

Due to the work of clinical nurse, Stephanie Pittman, BSN, RN, C- EFM in Women’s Services, the medical adhesive related skin injury (MARSI) rate dropped from 8.7% to 0%!
Palmetto Health Richland

Campus Update

The Pulmonary Rehabilitation program was nationally certified through the American Association of Cardiovascular and Pulmonary Rehabilitation. This honor ranks us with some of the best programs around the nation!

The William L. Ivey Fellowship provides a unique scholarship for professional development for team members. William L. Ivey served as the President and Chief Executive Officer of Richland Memorial Hospital (now Palmetto Health Richland) from 1975 until his retirement in 1992. Among several other team members, three nursing team members received this scholarship.

The First Annual Geriatric Symposium hosted by 9-East Acute Care for the Elderly Accountable Care Unit (ACE/ACU) and Nurses Improving Care for Healthsystem Elders (NICHE) program coordinator, Cheryl Byrom, BSN, RN, CPAN was held in August. Speakers presented information on dementia, care of the elderly related to managing medications and how to live a healthy active life in the “golden years.” Participants learned how it “feels” to age with a special kit meant to simulate poor vision, painful feet and decreased sensation.

Nursing team member professional development

BSN prepared nurses: 1016
Masters prepared nurses: 80
Doctorate prepared nurses: 7
Specialty Area Certified Nurses: 454

In the community and world

8-West Nurse Manager, Teshieka Curtis-Pugh, BSN, RN, CMSRN represented Palmetto Health and the South Carolina Nurses Association (SCNA) along with Dr. Sheryl Mitchell, president of SCNA at the American Nurses Association (ANA) Annual membership Assembly in Washington, DC.

“Dom” a long-term patient of the Medical Intensive Care (MICU) and Medical Step-Down (MSU) units was given a chance to get out of his room for some fresh air. A team of nurses and respiratory therapists worked together and took Dom outside, tubes, wires and ventilator in tow, to see the fireworks display after a Fireflies game.

Quality

The 10-West Neuroscience unit decreased the Hospital Acquired Pressure Injury (HaPI) rate using a “Right to Left Turn” only schedule from 2.41 to 0.89 by the end of the fiscal year following the intervention.

The Critical Care Team, led by Jennifer Morris, BSN, RN, MSM, CCCC, Nurse Manager, Cardiovascular Outcomes, reduced the 30-day readmission rate from 25.88% to 17.53% by developing an interprofessional plan of care to increase the seven-day follow-up appointment rate.
Palmetto Health Heart Hospital

Campus Update
The Murray Suite won the Pillars of Excellence System award for quality. Their Unit Based Council (UBC) worked hard on initiatives that staff used to decrease falls and hospital acquired pressure injuries (HaPi’s).

Moultrie Suite became an Accountable Care Unit (ACU®) in April 2015. ACUs provide a multidisciplinary approach to healthcare, incorporating Structured Interdisciplinary Bedside Rounds (SIBR®) into their daily routine. As the first Heart Failure Unit in the country to become an ACU, the team participated in an “ACU Refresh,” including a project on nurse led SIBR rounding, called "UBR" (unit bedside rounding.).

Team members throughout the Heart Hospital were mentioned in the team member engagement survey. Heart Hospital leaders held a special celebration recognizing these outstanding team members!

In the Community and World
The Murray Suite UBC sponsored a table at Discover USC highlighting how UBC’s can change patient outcomes. Our Jordan Hawley presented a poster abstract on PST communication tools to highlight how improved communication leads to better outcomes. Megan Turner and Tonya Sanchez served as poster reviewers for the event.

Moultrie nurses Christina Branham, RN, Paula Ogburn, BSN, RN, Lauren Brodie, BSN, RN, Nurse Manager and Robin Traufler, MN, APRN-BC, ACNP-BC Cardiac Nurse Practitioner attended the SC Nurses Association conference in Charleston. Paula was a guest speaker and was voted to be on the nominating committee. Lauren also spoke at the conference, while Robin was voted to be secretary/treasurer and Christina was voted to Director - seat 2.

Quality
Working to improve HCAHPS scores, Moultrie Suite team members participated in a 3Ps Workshop. The three “Ps” are pain, potty and positioning. Team members entering a patient’s room are to always check for the need for these three things to prevent delays in nurses’ response to call lights.
Palmetto Health Children’s Hospital

Campus Update
The Children’s Emergency Center was recognized by the South Carolina Department of Health and Environmental Control (DHEC) as meeting the criteria for being “Pediatric Ready.” It is the first (and currently the only) pediatric emergency department in the state to achieve this recognition.

The Children’s Hospital hosted a Children’s Hospital Conference to review and update nurses, nurse practitioners, educators and clinical nurse specialists and other pediatric acute care providers on key topics relevant to those caring for children in the acute care setting.

The Pediatric Nurses Certification Board (PCNB) Wall of Distinction honors pediatric nursing professionals who have earned national recognition of their specialized knowledge through certifications in pediatric nursing. Their certifications are renewed annually and proudly highlight a mastery of pediatric health care knowledge. The Infants and Toddler and the Children’s Blood Disorders Units proudly display their nurses who have achieved such certifications.

In the Community and World
The Children’s Hospital Adolescent unit celebrated 67% of their eligible nurses as being certified in their specialty area.

The Neonatal Intensive Care Unit (NICU) March of Dimes event raised over $4,000 benefiting the March of Dimes. Their annual NICU Graduate party hosted over 200 families and the team celebrated their 20th anniversary!

Quality
The Cancer and Blood Disorders (CBD) Unit was awarded the system Pillars of Excellence Award for service. CBD nurses were recognized for providing high quality and compassionate patient care reducing the length of stay and readmissions, promoting patient health and safety through ongoing education of the staff and increasing their number of nurses with advanced professional certifications. The team worked in conjunction with the staff psychiatrists to develop a family centered coffee hour on the unit for the parents of children with cancer or other serious illnesses.
Palmetto Health Tuomey

Campus Update

SANE Nurse

Shannon Vincent was hired as Clinical Coordinator of Forensic Nursing Program for Tuomey Campus. Eight Sexual Assault Nurse Examiner (SANE) nurses have trained in FY18.

Nursing Grand Rounds

Palmetto Health Tuomey held its first Nursing Grand Rounds in May 2018 presenting on their Post-Partum Hemorrhage Cart.

Stress Management Day

The Education Department held a Stress Management Day at which all team members could participate to manage their stress and prevent burnout. Stations included yoga, games, massage, mindfulness and random acts of kindness.

Skills Fair

The annual nursing skills fair led by the education team consisted of interactive stations meant to improve nurse skills and review competencies.

Nursing team member professional development

BSN prepared nurses: 204

MSN prepared nurses: 24

Doctorate prepared nurses: 1

Specialty area certified nurses: 41

In the community and world

Camp SCAMP – Asthma camp for children

Lemira School Project – donation of classroom supplies

For Goodness Sake food packing – Feed My Starving Children

Quality

- The Tuomey Campus celebrated 18 months of zero surgical site infections for total knee replacements, total hips and hysterectomies in FY18
- Initiated the Harm Elimination Team (HET) consisting of an interdisciplinary group to look at solutions to prevent patient harm.
- The TeleTracking throughput system was implemented to facilitate seamless care transition between units, post-acute care facilities and discharge home.
- Sepsis Education began in January which included team member education and physician order bundles to improve patient outcomes through early recognition and treatment of sepsis.
Palmetto Health-USC Medical Group and Ambulatory Services

Ambulatory Services Update

In April, Palmetto Health-USC Medical Group and the Department of Family Medicine opened a new family medicine practice. This innovative practice was designed with the patient experience in mind.

Palmetto Family Practice joined the Palmetto Health-USC Medical Group welcoming three new physicians.

The Outpatient Surgery Area created a detailed 11-page orientation packet for all new nurses. The packet contains important phone numbers for quick reference, help for special patient considerations due to age, language barriers, or disabilities, information regarding surgeon preferences, anesthesia guidelines, making follow-up appointments, and details to help each nurse transition smoothly to the unit.

Quality

The Ambulatory Surgery Center has avoided Immediate Use Steam Sterilization (IUSS or flashing) of instrumentation since Sept. 2016. IUSS can be associated with increased risk of post-op infection.

OneChart rollout continued with several Palmetto Health-USC practices throughout the system providing a continuum of care for patients from outpatient to inpatient areas.
Nursing Excellence at Palmetto Health

- Magnet® Journey
- Pathway to Excellence Journey
- Nursing Shared Governance
  - System Councils
  - Unit Based Councils
- Nursing Grand Rounds
- Patient Centered Team Based Care
- Daisy Awards
- ASCEND
The Magnet® Journey

The Magnet® Recognition Program is based on years of research that started with the American Academy of Nursing studying the practice environments of hospitals that were able to attract and retain nurses during a nation-wide nursing shortage in the 1970’s. The qualities identified by these studies became known as the 14 forces of Magnetism and formed the foundation for the Magnet® program. As the program has evolved over the years, these 14 forces were refined into the Five Magnet® components we have today:

1. Transformational Leadership
2. Structural Empowerment
3. Exemplary Professional Practice
4. New Knowledge, Innovations and Improvements
5. Empirical Outcomes

The Magnet® components are evidence based. Implementation of these practices results in continuous improvement, innovation and ultimately better outcomes. Magnet® recognized organizations consistently outperform organizations that have not achieved Magnet® status. They have better patient outcomes and higher patient satisfaction rates. Magnet® recognized organizations are known for quality patient care, nursing excellence and innovations in professional nursing practice. They also have consistently higher nurse recruitment and retention rates and higher rates of job satisfaction.

Palmetto Health Baptist, Baptist Parkridge, and Richland hospitals are all on the Magnet® journey, with Richland submissions beginning in FY19. Magnet® recognition is considered the "gold standard" for measuring excellence in nursing and patient care. This designation is awarded to each hospital individually, and out of the approximate 6,200 hospitals in the U.S., only 8 percent hold Magnet® designation. It is the highest honor awarded by the American Nurses Credentialing Center.

Magnet® designation is not possible without the engagement of the entire health care team. On the following pages, you’ll find some of the incredible submissions that will be included in the Magnet® document called Sources of Evidence or SOEs. SOEs highlight the work that is done by Palmetto Health nurses, often in collaboration with the entire health care team. Every Palmetto Health team member plays a vital role in this journey. All team members benefit from Magnet® designation, because each team member is recognized as being part of an organization committed to safe, quality patient care.
Magnet® Submissions at Palmetto Health Baptist

Ever wonder what a Magnet submission actually looks like? There are two types of SOEs, or Sources of Evidence: “EOs” and “non-EOs.” An EO submission, or one that includes Empirical Outcomes, requires a graph to show what clinical outcomes were improved. Writers gather information about the “why, what, when, who and how” in a narrative, then provide a graph at the end that clearly demonstrates our pre-data, process implementation period, and three post-data points. A non-EO narrative provides the same information, however it is written without any type of graph. Instead, each portion of a narrative must be supported with five pieces of evidence. Evidence can be anything from meeting minutes and agendas, to emails and patient notes. All pieces of evidence must be carefully de-identified to ensure confidentiality. Each campus submits a total of 60 different SOEs, several of which require more than one example.

Strategic Planning TL2EO

- Provide one example, with supporting evidence, of an improved patient outcome associated with a goal of the nursing strategic plan.
- Patient outcome data must be submitted in the form of a graph with a data table.
- Provide a copy of the nursing strategic plan.

Example: Reduction in Falls Related to Toileting after Implementing SWARM on a Surgical Unit

The Unit Based Council (UBC) meeting for 3rd Surgical, a medical surgical unit, was held on Sept. 19, 2017, led by Tiffany Calliste, RN, clinical nurse and UBC chair. Kayleigh Setropawiro, MSN, RN-BC, Nurse Manager, reviewed harms that had occurred on the unit, including those from falls. Eleven of the 15 falls for the year (73%) were related to patients getting up from toileting unassisted. In July 2017, 3rd Surgical’s rate of falls related to toileting was 1.33 per 1,000 patient days.

In alignment with a goal in the Nursing Strategic Plan to identify and spread best practice, the UBC identified the need to implement best practice to decrease these types of falls. (Evidence TL2EO-1, Nursing Strategic Plan) The council engaged in vigorous discussion of how to keep patients from falling while getting up to the toilet.

Goal Statement
Decrease the fall rate related to unassisted toileting on 3rd Surgical.

Interventions
August-September 2017

After identifying the problem, the council meeting attendees brainstormed ways to decrease these falls. Setropawiro shared the idea of SWARM, which stands for “Staying within ARM’s reach” of a patient while they are toileting and is a way to increase patient safety by preventing falls. She had learned about the SWARM initiative and its success in decreasing falls through a poster presentation at the Transformational Healthcare Conference of the South Carolina Hospital Association in April 2017. One of the primary

<table>
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<th>Participants Table</th>
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<tr>
<td><strong>SWARM Implementation Team</strong></td>
</tr>
<tr>
<td>Name/Credentials</td>
</tr>
<tr>
<td>Nicole Grzelka MSN, RN</td>
</tr>
<tr>
<td>Kayleigh Setropawiro MSN, RN</td>
</tr>
<tr>
<td>Samica Snipes-Smith, MSN, RN, CMSRN</td>
</tr>
<tr>
<td>Sandra Briggs, RN</td>
</tr>
<tr>
<td>Tiffany Calliste, RN</td>
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</table>
The components of SWARM is the nurse completing a Timed Up & Go (TUG) test, consisting of the patient walking from a seated position to the door and back. This assessment of the patient’s walking is completed at admission and re-evaluated as needed. A patient who takes more than 12 seconds to walk to the door and back fails the TUG test and is considered at high risk for falling. The patient is required to be SWARM when toileting, including ambulation to the bathroom and back.

After the UBC discussed how the majority of falls were occurring while patients toileted unassisted, they decided to create a UBC subcommittee to discuss SWARM and its implementation. The subcommittee included Setropawiro; Clinical Project Coordinator Nicole Grzelka, MSN, RN; and Clinical Practice Specialist Samica Snipes-Smith, MSN, RN. This subcommittee met on Sept. 22, 2017 to discuss the implementation of SWARM and how it could decrease falls. Their discussion included the process and workflow for the nursing staff, education needs, how data would be gathered to measure success and any barriers to implementation. They planned to create a campaign to get the staff excited about the initiative and ensure their support. It was anticipated that the process would be easily adapted into the nurses and patient care technicians’ workflow.

**October 2017**

SWARM education and huddles were completed with 3rd Surgical licensed and unlicensed nursing staff members from Oct. 2-15, 2017. Education included what SWARM is, how it would assist in preventing these types of falls and the implementation of the TUG test. The TUG test was demonstrated during the education huddles, and a video was created to reinforce the appropriate way to complete it. 100% of 3rd Surgical nursing staff members were educated on SWARM and the TUG test for patients prior to implementation. Education huddles were completed by clinical nurses Tiffany Calliste, RN and Sandra Briggs, RN; Setropawiro; and Clinical Practice Specialist Samica Snipes-Smith, MSN, RN, CMSRN.

Setropawiro and Snipes-Smith rounded on team members to validate their understanding and address questions about the new process, providing treats that resembled honeybees, in keeping with the “SWARM” theme, to increase engagement and promote learning. Setropawiro also rounded with a bee costume. The staff enjoyed this education process and gave positive feedback. SWARM was implemented on Oct. 15, 2017.

**Outcome**

Following the implementation of SWARM, the fall rate related to unassisted toileting decreased from 1.33 per 1,000 patient days in July 2017 to 0 in Nov. 2017, 1.25 in December 2017, 0 in January 2018 and 0 in Feb. 2018. Implementing SWARM correlates directly with utilizing standard evidence based best practices as outlined in the Nursing Strategic plan.
Recognition of Nursing SE12

a. Provide one example, with supporting evidence, of the organization’s recognition of a clinical nurse for their contribution(s) in addressing the strategic priorities of the organization.

AND

b. Provide one example, with supporting evidence, of recognition of a group of nurses for their contribution(s) in addressing the strategic priorities of the organization.

Example a: A Clinical Nurse Living the Vision

Organizational Strategic Priority
One of Palmetto Health Baptist’s (Baptist) strategic priorities is to provide patient-centered care and create a memorable patient experience. (Evidence SE12a-1, Organizational Strategic Plan FY18-20, Palmetto Health Experience) In support of this strategic priority, Baptist’s Theme and Declaration serves as a guiding light as team members strive to live out the Vision and realize the theme of “One Person. One Moment. One Love.” This theme sets the intention for the kind of experience Baptist team members strive to create for patients and guests, physician partners and each other. It helps guide team members in their decisions every day and in imagining the possibilities of their work. The Palmetto Health Experience is not any one thing – it’s everything! It is Baptist’s commitment to creating a meaningful and memorable experience for each person, in every moment, with care, compassion and love. It is how the Baptist Vision is brought to life.

Clinical Nurse Contributions
Jerry Kanellos, RN, a clinical nurse on 9th Orthopedics, embodied this Vision as he created a memorable patient experience. Kanellos had an elderly patient, admitted early in 2017 with an infection to his hip, who expressed feeling frustrated and depressed because he was losing control over his body. The patient told staff members to look up an issue of a well-known magazine online because he was on the cover. (Evidence SE12a-2, Magazine Cover) The staff followed up on his request and printed out a picture of a young, healthy soldier leading other soldiers across a grassy field in Vietnam. Joyce Swygert, BSN, RN-BC, CNML, ONC, Nurse Manager, put this picture in a frame and placed it on his bedside table.

Kanellos took this so much further. He talked to the patient about his experiences, learning about the patient as an individual and some of his accomplishments. Kanellos learned that the patient had:

- Come from a military family. His father led a task force under General Patton in World War II and was instrumental in the liberation of Europe from Nazi control.
- Graduated from West Point, where his suitemate and friend was Norman Schwarzkopf.
- Been one of the first American advisors in Vietnam. He was one of 100 American officers handpicked to serve as advisers to the South Vietnamese Army.
- Helped plan the funerals of both President Eisenhower and Senator Robert Kennedy.
- Guided a pilot program at Fort Jackson in which women and men trained together.
Kanellos did not stop there, as he somehow found an original issue of that 53-year-old magazine. He purchased a copy, had it framed and presented it to the patient, thanking him for his service. Through Kanellos’ interventions, the patient was transformed from a “total care patient who needed additional emotional support” to a celebrated hero who started handing out autographed photocopies of the magazine. The physical therapists, nursing staff members, social workers and doctors were all reminded that the patient was an individual who had served his country and made a significant difference. The patient was transferred to Palmetto Health Hospice in early spring 2017 and passed away two days later. Before the patient’s death, Kanellos helped restore his dignity and enabled him to look back on his life with a sense of accomplishment.

Organizational Recognition
On Aug. 26, 2017, Kanellos’ manager, Swygert, nominated him for the Living the Vision Award. (Evidence SE12a-3, Living the Vision Award Nomination for Jerry Kanellos) The Living the Vision Award “exemplifies tireless commitment to extraordinary care and to our Vision, ‘to be remembered by each patient as providing the care and compassion we want for our families and ourselves.’” The Vision is the foundation for transforming the experience for our patients and guests, and each other. The Leadership Connection Committee reviewed the nomination and selected Kanellos as an award recipient.

On Oct. 10, 2017, Swygert accompanied Kanellos to the Leadership Connection meeting where she surprised him by reading the nomination and presenting him with the Living the Vision Award. (Evidence SE12a-4, Living the Vision Award Certificate for Jerry Kanellos) Although Kanellos was not the only award recipient, he received a standing ovation from the attendees and was the only winner selected to be filmed for the Employee Connections video. (Evidence SE12a-5, Leader Connection Agenda October 2017)

Kanellos’ actions were selected as an inspirational story for the Nov. 2017 Employee Connections. Kanellos and Swygert made a video, seen by every Baptist team member, discussing the patient and the difference that Kanellos had made by providing patient centered care.

Example b: NICU Nurses Receive Quality Pillars of Excellence Award

Organizational Strategic Priority
One of Palmetto Health Baptist’s (Baptist) strategic priorities is to reduce preventable harm. (Evidence SE12b-1, Organizational Strategic Plan FY18-20, Quality Pillar and NICU Harm Goal FY16) In support of this strategic priority, the Baptist Neonatal Intensive Care Unit (NICU) has a goal to reduce preventable central line-associated bloodstream infections (CLABSI), as measured by the harm index. Approximately 55% of NICU patients require a central line for an average of 10-21 days to administer medications, supply nutrition, give large amounts of fluid and/or blood, and draw blood. CLABSI are serious infections that are caused by bacteria or viruses entering the bloodstream through a central line. CLABSI are a significant cause of morbidity and mortality, prolonged hospitalization and increased treatment costs, and premature infants in the NICU are at a higher risk for complications.

Contribution of a Group of Nurses
In September 2015, the NICU had its first CLABSI in almost 700 days. This was a devastating blow to the entire care team. Amy Jefferson, BSN, RN, NICU Nurse Manager, and Anne Sims, MSN, RN, NICU Staff Educator, convened an interprofessional group to review the event and determine action steps to eliminate CLABSI in the NICU.

The entire NICU team is vigilant in keeping the smallest patients safe. In addition to nurses, team members who played key roles in this intervention were the neonatologist, the environmental technician who cleaned the NICU equipment and Respiratory Therapy. The team developed an action plan that included, but
was not limited to, including CLABSI prevention in the annual education modules and skills checkoffs, implementing a neonatal CLABSI prevention bundle and performing daily reviews of the necessity of lines. Sims also approached Jefferson about using Broviac dressing change kits, which Jefferson ordered. Sims provided education to all clinical nurses on appropriate central line dressing change techniques.

The NICU had zero CLABSIs per 1,000 central line days from Oct. 2016-Sept. 2017. (Evidence SE12b-2, NICU CLABSI Data FY17) Sims arranged periodic celebrations at special milestones and included all disciplines involved in the care of the NICU patients. Celebrations included cookies at 100 days, candy at 200 days and each staff member being given a pair of scissors at 500 days.

**Organizational Recognition**

The Pillars of Excellence Awards, a system-wide award program for Palmetto Health, is used to recognize those who bring the vision and the Palmetto Health Experience to life. Nominations can be made at the entity or system level for supporting any of the six Pillars of Performance: People, Service, Quality, Finance, Growth and Community. Jefferson nominated the NICU team under the Quality Pillar of Performance after achieving 500 days with no CLABSIs, even with more than 280 central lines. (Evidence SE12b-3, Pillars of Excellence Award Nomination for NICU) CLABSI reduction is listed as a measure of success under the metrics for the Quality Pillar. The NICU team received the entity-level award on May 5, 2017 and the system-level award on May 25, 2017. (Evidence SE12b-4, Pillars of Excellence Quality Entity Level Award) (Evidence SE12b-5, Pillars of Excellence Quality System Level Award) The award was presented by Greg Gattman, Chief Operating Officer, to the group on the NICU on May 5, 2017 for being exemplary leaders in the Baptist Pillars of Performance for Quality.

On May 25, 2017, a special ceremony was held in the Baptist Auditorium for the Pillars of Excellence System Award winners. The award was presented to the NICU group by John Singerling, President, and Charles Beaman Jr., Chief Executive Officer. The team was also featured on myPal, the campus internal webpage, as the system Pillar of Performance winner for the entity. The team achieved almost 800 days of being CLABSI-free from 2016 through 2018.
Magnet® Submissions at Palmetto Health Baptist Parkridge

Care Delivery System EP4EO

a. Provide one example, with supporting evidence, of an improvement in a patient outcome associated with one (internal or external) expert or multiple (internal or external) experts’ recommended change in nursing practice.

b. Patient outcome data must be submitted in the form of a graph and table

Example: Increase in the Exclusive Breastfeeding Rate in Women’s Services

Problem

The Palmetto Health Baptist Parkridge (Baptist Parkridge) exclusive breastfeeding rate of 37% in Oct. 2015 was much lower than the South Carolina average of 78%. Exclusive breastfeeding is defined as the infant having no food or drink other than breast milk. The exclusive breastfeeding rate is calculated by dividing the number of infants who are exclusively breastfed at discharge by the number of infants born at Baptist Parkridge. Tracy Pound, BSN, RNC-OB, C-EFM, Nurse Manager, reviewed the data and determined there was an opportunity for improvement.

Goal Statement

Increase the exclusive breastfeeding rate for Women’s Services patients

Description of the Intervention

After hearing numerous concerns from obstetricians, pediatricians, clinical nurses and patients, Pound requested lactation nursing positions for Baptist Parkridge Women’s Services. Pound had one full-time RN position and one per diem RN position available that she was able to use for these lactation positions. In Nov. 2015, Alyssa Harry, BSN, RN, IBCLC, Lactation Specialist, and Susan King, RN, IBCLC, Lactation Consultant, were hired as experts to develop the lactation department. Their primary responsibility was to provide breastfeeding education to patients, families and employees.

After onboarding, Harry and King immediately identified several issues that were contributing to the low breastfeeding rate at Baptist Parkridge. These internal breastfeeding experts identified that clinical nurses and physicians were not teaching patients...

<table>
<thead>
<tr>
<th>Participant Table</th>
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<tr>
<td><strong>Exclusive Breastfeeding Rate Improvement Team</strong></td>
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<th>Discipline</th>
<th>Title/Role</th>
<th>Department</th>
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<tr>
<td>Tracy Pound, BSN, RNC-OB, C-EFM</td>
<td>Nursing</td>
<td>Nurse Manager</td>
<td>Women’s Services</td>
</tr>
<tr>
<td>Lynn Wythe, MSN, RN</td>
<td>Nursing</td>
<td>Nurse Executive</td>
<td>Nursing Administration</td>
</tr>
<tr>
<td>Alyssa Harry, BSN, RN, IBCLC</td>
<td>Nursing</td>
<td>Lactation Specialist</td>
<td>Women’s Services</td>
</tr>
<tr>
<td>Susan King, RN, IBCLC</td>
<td>Nursing</td>
<td>Lactation Consultant</td>
<td>Women’s Services</td>
</tr>
<tr>
<td>Mark Wild, MD</td>
<td>Medicine</td>
<td>OB Department Chair</td>
<td>Physician Practice</td>
</tr>
<tr>
<td>T. David Marsh, MD</td>
<td>Medicine</td>
<td>Neonatologist</td>
<td>Pediatrics</td>
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</table>
consistent breastfeeding information. Harry and King immediately noted that Baptist Parkridge was not listed on the Palmetto Health infant feeding policies/procedures, so they recommended that this be changed to support evidence-based feeding practices. Palmetto Health Richland was designated Baby-Friendly, and Palmetto Health Baptist was in the process of designation. Pound requested that Baptist Parkridge be added to the infant feeding policy for Palmetto Health, thereby beginning the journey toward Baby-Friendly designation. Research shows that hospitals that are designated as Baby-Friendly have higher breastfeeding initiation rates and better outcomes.

In Nov. 2015, both consultants began informally educating staff members, patients, physicians and office staff to improve Baptist Parkridge’s exclusive breastfeeding rate. This education included current system-approved written education materials, how to supply breastmilk when mothers are separated from their infants, frequency of breastfeeding based on the infant’s age and how to troubleshoot feeding issues such as a baby who is tongue tied. King and Harry worked an average of six to eight hours a day, six days a week providing hands-on demonstration and verbal and written education to breastfeeding mothers and staff members.

In Dec. 2015, Harry and King reviewed the charts of infants who were supplemented with formula to identify the barriers to exclusive breastfeeding. Harry and King found that clinical nurses' practice included consistently supplementing infants with formula because they lacked the knowledge and techniques to help babies exclusively breastfeed. Harry and King interviewed patients and staff members and found that infants were being given formula when alternatives such as pumping or hand expression had not been attempted. Many nurses and physicians were unfamiliar with these techniques and therefore gave the infants formula to prevent dehydration, high bilirubin levels and excessive weight loss, and to ease the frustration of an exhausted mother.

Recognizing that a change in nursing practice was needed, Harry and King recommended to Pound that extensive education on evidence-based lactation practices be provided to the nurses in Women’s Services. Most of these nurses had never received this level of focused education before. Harry and King created a mandatory four-hour, hands-on education orientation for every nurse working in Women’s Services and any new nurse hired to the unit. This four-hour education session included:

- Education on basic human lactation and anatomy
- Demonstrations of positioning and latching techniques
- The benefits of breastfeeding for the mother and baby
- Ways to support mothers with breastfeeding when they have questions
- How to troubleshoot breastfeeding problems
- How to dialogue with mothers who are having breastfeeding issues

Harry and King also reviewed how to perform breastfeeding evaluations with mothers and how to complete breastfeeding documentation in Cerner computer charting and in the hospital breastfeeding logs. Harry and King also provide a one-hour mandatory educational skills fair annually for all staff members in Women’s Services. This skills fair includes latching and positioning, how to set up a breast pump and the benefits of skin-to-skin. Skills fair education was also provided to other staff members, including surgical technicians and patient care technicians, who participate in the care of patients in Women's Services.

Harry and King identified the issue of the unit not having enough hospital-grade breast pumps to ensure every mother could pump breast milk if separated from their infant for health reasons. Some mothers also prefer to pump their breast milk rather than placing their babies to the breast for feeding. If breast pumps are not available for these mothers, they are more likely to supplement with formula or give up on breastfeeding altogether. Harry and King recommended to Pound that the unit purchase an additional four breast pumps, which Pound ordered.
On admission to the Mother-Baby unit, every patient who expressed a desire to breastfeed received a breastfeeding log to document infant feeding. Harry and King reviewed these logs during rounding to identify barriers such as maternal fatigue and cluster feeding, which often lead to supplementation. The clinical experts targeted interventions to address these barriers and improve the exclusive breastfeeding rate.

Harry and King reviewed charts and logs from November 2015 to January 2016 and identified several clinical nurses who were not consistently encouraging exclusive breastfeeding by their patients. These nurses were scheduled for mandatory education sessions with the lactation team to increase their knowledge and confidence in supporting the breastfeeding mothers.

**Outcomes**
Following the interventions implemented by these internal experts, Baptist Parkridge Women’s Services saw the improved patient outcome of an increase in the exclusive breastfeeding rate, from 37% in Oct. 2015 to 49% in Feb. 2016, 61% in March 2016, 51% in April 2016 and 55% in May 2016.

![Image of exclusive breastfeeding rate chart](Evidence EP4EO-1, Exclusive Breastfeeding Rates)
**Innovation NK5**

a. Provide one example, with supporting evidence, of an innovation within the organization, involving nursing.

### Participant Table

<table>
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<th>Discipline</th>
<th>Title/Role</th>
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</thead>
<tbody>
<tr>
<td>Ancha Sturkie, MN, RN, CNOR, CBSPT, CPS</td>
<td>Nursing</td>
<td>Clinical Practice Specialist</td>
<td>Nursing Administration</td>
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<tr>
<td>Robin Gee, BSN, RN</td>
<td>Nursing</td>
<td>Nurse Manager</td>
<td>Operating Room</td>
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<td>Lynn Wythe, MSN, RN, CENP, FACHE</td>
<td>Nursing</td>
<td>Nurse Executive</td>
<td>Administration</td>
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<tr>
<td>Eileen Postles</td>
<td>Laboratory Services</td>
<td>Manager</td>
<td>Lab Administration</td>
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<tr>
<td>Janie Jones, MT (ASCP)</td>
<td>Laboratory Services</td>
<td>Bone and Tissue Coordinator</td>
<td>Rapid Care Lab</td>
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<tr>
<td>Debra Green, MS, MT (ASCP)</td>
<td>Medical Technologist</td>
<td>Manager</td>
<td>Blood Bank</td>
</tr>
<tr>
<td>Debbie Lawler, BSMT (ASCP)</td>
<td>Medical Technologist</td>
<td>Bone and Tissue Coordinator</td>
<td>Blood Bank</td>
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<tr>
<td>Andrew Cason</td>
<td>Information Technology</td>
<td>Network Engineer II</td>
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<td>Cathy Stayman</td>
<td>Information Technology</td>
<td>Systems Analyst Sr</td>
<td>Information Technology</td>
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<td>Lee Knopf, MLS (ASCP)</td>
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<td>Ancillary Systems Analyst I</td>
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<td>Jenny McKeown</td>
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<td>Pat Rosenthal</td>
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<td>Cheryl Watkins-Knowles, BA</td>
<td>Supply Chain</td>
<td>Director</td>
<td>Supply Chain Integration Services</td>
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<td>Patty Barnhill</td>
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<td>Malcolm Graham</td>
<td>Supply Chain</td>
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<td>Monica Zemke BSN, RN</td>
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<td>Kayla Wielgus</td>
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<td>Keith Hoffman</td>
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<td>Terso (RFID Cabinets)</td>
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<tr>
<td>Tammie McCarthy</td>
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Background
Within the first year of the opening of Palmetto Health Baptist Parkridge (Baptist Parkridge), a large orthopedic group joined Palmetto Health resulting in a significant increase in the orthopedic and spine surgical volume. With the growth in surgical procedures also came an increase in the utilization of allograft bone and tissue. At that time, Blood Bank managed the receipt, storage and distribution of all bone and tissue to the Operating Room (OR). This process is dictated by precise regulatory requirements. The process, primarily a manual procedure requiring data entry and tissue packaging, frequently resulted in delays of tissue product to the OR. The surgeons and nursing staff became dissatisfied with the arduous process of packaging and transporting products to the OR.

Innovation within the Organization
Palmetto Health Information Technology (IT), Laboratory Management and nursing identified an innovative solution for bone and tissue management through a new technology, UDI Tracker®. Created by Champion Healthcare Technologies, UDI Tracker® is a comprehensive implant tracking and inventory management solution that incorporates the tissue tracking standards outlined by The Joint Commission. (Evidence NK5-1, JC Tissue Safety Chapter) UDI Tracker® integrates radiofrequency identification (RFID) cabinets with tissue and implant tracking programs to provide documentation of the receipt, storage and tracking of bone and tissue. The RFID cabinets would be installed in a storage area in the OR, providing the OR team with timely access. Electronic documentation of the implanted tissue(s) along with a computer interface merges the information about the tissue product between the two systems, ensuring tissue tracking. (Evidence NK5-2, AORN JC Strategies for Safe Tissue Track)

Nursing Involvement
The UDI Tracker® Implementation Team was established on Jan. 6, 2017, with Lee Knopf, IT Systems Analyst, serving as the project chair. The team consisted of representatives from IT, Supply Chain, Surgery Nursing, Blood Bank, Laboratory, Champion Medical Technologies, and Terso (Evidence NK5-3, UDI Status Project Report Jan. 6, 2017) Since UDI Tracker® had been installed in the Blood Bank at Palmetto Health Baptist, team members from their Blood Bank were consulted. Representation from nurses in the Surgery department at Baptist Parkridge was crucial to articulating current processes and developing future processes in bone and tissue utilization.

The team continued to meet regularly to identify and complete essential tasks. On Feb. 27, 2017, the team created computer interfaces to obtain information on current bone and tissue products. On April 10, 2017, Engineering representatives were added to the team because special electrical plugs were needed to meet the requirements of the ultra-low freezer. Once this was completed, regulatory inspections were scheduled and conducted.

On July 10, 2017, the RFID cabinets were installed in the OR. RFID cabinet temperatures were monitored for 24 hours to ensure stability. Bone and tissue products were transferred from the Blood Bank to the RFID cabinets. Training for the OR nurses was completed, and the first tissue was issued via UDI Tracker®. Implementing UDI Tracker® changed the daily process for obtaining bone and tissue for the Surgery nursing staff. Nurses needed to understand the technology and create a streamlined process that would maintain the tissue quality while improving work efficiency.

Lee Knopf, IT Systems Analyst, and Kayla Weilgas, Champion Technology, described the features and capabilities of UDI Tracker®. Ancha Sturkie, MN, RN, CNOR, CBSPT, CPS; Robin Gee, BSN, RN, Nurse Manager’ and Janie Jones, Bone and Tissue Coordinator, outlined the current state process for obtaining bone and tissue. They also collaborated with Debra Green, Blood Bank Manager, and Deborah Lawler, Bone and Tissue Coordinator from the Baptist Blood Bank, who had assisted with the installation of UDI Tracker® in the Baptist Blood Bank.
Tissue(s) is requested for an actual or anticipated need in the OR. Upon the request of the surgeon, the Surgery nurse notifies the Blood Bank for tissue(s). The Blood Bank technologist verifies the patient information, surgeon order and tissue(s) availability. The Blood Bank technologist assembles the tissue(s) in the appropriate storage unit. Suitable packaging may include dry ice, regular ice or room temperature storage. All transported tissue(s) requires tracking and monitoring. Tissue that is not used is returned to the Blood Bank for continuous storage. If the tissue is implanted, documentation allows it to be tracked to the patient in the event of an adverse outcome. Sturkie and Gee were tasked with assimilating this information and formulating a new process for the Surgery nurses. It was crucial that the new procedure maintain the integrity and security of the bone and tissue product while allowing ease of access and availability.

It was decided that product ordering and storage would be delegated to Jones and Blood Bank team members. The removal of bone and tissue products would be restricted to Surgery nurses using an access badge and computer. Upon the surgeon’s request, the Surgery nurse removes the tissue product from the appropriate RFID cabinet, documents the removal electronically and delivers the product directly to the sterile field. Sturkie provided all Surgery nurses with training that included product storage, removal, transport to the OR, transfer of product to the sterile field and documentation of the bone and tissue implant. A step by step guide was created and placed at the bone and tissue computer. (Evidence NK5-4, Removing product from UDI Tracker®)

UDI Tracker® was successfully implemented in the OR on Sept. 12, 2017 and was well received by the Surgery nurses, surgeons and Blood Bank team. (Evidence NK5-5, Value-Add Parkridge UDIT) Having the RFID cabinets located in the OR provides the surgical team with quick access to bone and tissue products. The Surgery nurses obtain bone and tissue products only when needed. Tissue products are dispensed directly to the sterile field in the OR, providing the surgeon and surgical team with the requested products immediately. UDI Tracker® identifies the movement of each product from receipt to implantation, ensuring compliance with all regulatory requirements.
Pathway to Excellence®

The American Nurses Credentialing Center (ANCC) Pathway to Excellence® Program recognizes a health care organization's commitment to creating a positive practice environment that empowers and engages staff. Prisma Health Tuomey is on the Pathway to Excellence journey with document submission pending in Nov. 2018. Pathway includes the following Elements of Performance (EOPs) that align with the 6 Practice Standards:

1. Shared Decision Making
2. Leadership
3. Safety
4. Quality
5. Well-Being
6. Professional Development

Each of the six Elements of Performance (EOPs) includes several narratives written to demonstrate each practice standard. In all, Tuomey must provide 69 EOPs which clearly demonstrate the work that has been done to meet Pathway requirements. Pathway submissions focus on creating and sustaining system processes that produce great outcomes. While on this journey, Tuomey has celebrated several wins and successes:

- Re-established Ethics Team at Palmetto Health Tuomey
- Implemented C-SSRS screening tool for suicide/behavior risk
- Admission Skin Assessment by two direct care nurses in the ICU
- DAISY Award – 8 recipients in 2018
- Sepsis Bundle

After submitting their documents, they will be notified of its approval and will complete the second and final step in the designation process, The Pathway Nurse Survey.
Pathway to Excellence Submissions at Palmetto Health Tuomey

EOP 1.3
Provide one example of a direct care nurse(s) presenting an idea to the shared governance structure described in EOP 1.2a. Explain:

- What was presented by the direct care nurse(s)
- How the shared governance structure evaluated the idea for applicability, and
- Whether the idea was implemented.

Direct Care Nurse Presentation
The first meeting of the Post Anesthesia Care Unit (PACU)/Infusion Center (IC) Unit Based Council (UBC) was held on Jan. 17, 2017. Members opened by presenting ideas for short- and long-term goals for the UBC to evaluate and implement. Catherine Grace Chewning, RN presented the idea of a short-term goal to reuse blood pressure (BP) cuffs for daily therapy patients to reduce unit costs and minimize waste. (Exhibit 1.3-1, Jan. 17, 2017 UBC) Infusion Center Nurse Manager Milissa Robertson, BSN, RN, CAPA was present at this meeting and approved proceeding with a pilot based on its feasibility and the potential for savings.

Implementation of the Idea
On Feb. 1, 2017, the Infusion Center began piloting the reuse of BP cuffs for daily therapy patients. Patients’ BP cuffs were put in a sealed plastic bag, labeled with last name only, and put in a plastic bin in a designated area of the department. Chewning and Robertson informed direct care nurses of the details of the plan.

Shared Governance Evaluation
Chewning followed up by completing a cost savings analysis using data from Materials Management, and she presented this to the PACU/IC UBC members at their Feb. 21, 2017 meeting. The cost savings over the first two months was $173.02, with the annual savings estimated to be $2,076.30. (Exhibit 1.3-2, Cost Savings Analysis) Robertson was present at this meeting. The UBC unanimously approved making this a regular practice based on its feasibility as demonstrated by the pilot and the potential cost savings. (Exhibit 1.3-3, February 2017 UBC Minutes)

Recognition of the Idea
This cost savings idea was entered in a system-wide Waste Reduction Contest on April 17, 2017 and received a certificate of recognition. (Exhibit 1.3-4, Waste Reduction Certificate)
EOP 3.5
Describe how multiple disciplines were involved in the development or revision of a staff safety-related policy. Include a list of the disciplines involved and a copy of the policy.

Participants List

<table>
<thead>
<tr>
<th>Behavioral Health Safety Project Team</th>
<th>Name and Credentials</th>
<th>Discipline</th>
<th>Role</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terrie Carlton, MSN, TN-BC, NHA</td>
<td>Nursing</td>
<td>Nurse Executive</td>
<td>Nursing Administration</td>
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<tr>
<td>Susan Gaymon, MSN, RN</td>
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<td>Charlene Brogdon, MSN, RN</td>
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<td>Tina Simenson, MSN, RN</td>
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<tr>
<td>Stacy Kirven, BSN, RN</td>
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<td>Nurse Manager</td>
<td>Emergency Department</td>
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<tr>
<td>Courtney Gainey, MSN, RN</td>
<td>Nursing</td>
<td>Nurse Manager</td>
<td>Education</td>
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<td>Taurie Rhoten, RN</td>
<td>Nursing</td>
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<td>Natasha Brayboy, BSN, RN</td>
<td>Nursing</td>
<td>Assistant Nurse Manager</td>
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<tr>
<td>Delany McDonald, BSN, RN</td>
<td>Nursing</td>
<td>Nurse Manager</td>
<td>Children’s Center</td>
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<td>Beverley Foraker, RN</td>
<td>Nursing</td>
<td>Nurse Manager</td>
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<tr>
<td>Tonya Piles, BSN, RN</td>
<td>Nursing</td>
<td>IT System Analyst</td>
<td>Nursing Informatics</td>
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<tr>
<td>Debra Mixon, BSN, RN</td>
<td>Nursing</td>
<td>Risk Management</td>
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<td>Honey Chapman, BSN, RN</td>
<td>Nursing</td>
<td>Direct Care Nurse</td>
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<tr>
<td>Teresa Foxworth, RN</td>
<td>Nursing</td>
<td>Direct Care Nurse</td>
<td>Medical Inpatient</td>
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<tr>
<td>Linda Turner, RN</td>
<td>Nursing</td>
<td>Quality Review Analyst</td>
<td>Clinical Quality and Patient Safety</td>
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<tr>
<td>Bernard Bourne</td>
<td>Security</td>
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<td>Security</td>
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<tr>
<td>Brian Matula</td>
<td>Security</td>
<td>Manager</td>
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<tr>
<td>John Williams</td>
<td>Safety</td>
<td>Safety Officer</td>
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<tr>
<td>Jim Gier</td>
<td>Environmental Services</td>
<td>Manager</td>
<td>Environmental Services</td>
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<tr>
<td>Gray Maklary</td>
<td>Plant Operations</td>
<td>Manager</td>
<td>Plant Operations</td>
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Policy Revision
In fall 2017, the volume of Behavioral health patients seeking care at the Palmetto Health Tuomey (PHT) Emergency Department (ED) continued to increase. The ED holding area became overcrowded, which led to an increase in violent patient occurrences. The ED staff voiced concerns about the safety of team members and the safety and privacy of patients. The multidisciplinary Behavioral Health Safety Project (BHSP) Team was established to drive the process improvement and revise existing policies.

The BHSP Team began meeting on Nov. 3, 2017. After recognizing that many tasks would need to be completed very quickly, the team agreed to break into four subgroups: education, staffing, room readiness and risk assessment, and inpatient policy.

The BHSP Team worked to incorporate current standards of care along with evidence-based best practices for the following decisions:
- The team revised the Patient Care Policy, The Care of the Patient at Risk for Harm to Self or Others in the Emergency Department setting (Suicide, Homicide, Chemical Dependence). The inpatient policy subcommittee facilitated the BHSP Team in revising this policy, with the BHSP Team collectively providing input into the updated policy. Bernard Bourne, Brian Matula and John Williams from Safety and Security advocated for safety of team members when interacting with patients and removing contraband. This is addressed in section V: Procedure, letter J, of the policy.
Gray Mklary, Manager of Plan Operations, advocated for room readiness, making them as safe and ligature-resistant as possible. This is addressed in section V: Procedure, letter G and H, of the policy.

<table>
<thead>
<tr>
<th>Subcommittee</th>
<th>Members</th>
</tr>
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<tbody>
<tr>
<td>Education: of staff and safety monitors</td>
<td>Gainey, Brayboy, Chapman, Rhoten, Simenson</td>
</tr>
<tr>
<td>Staffing</td>
<td>Rhoten, Simenson, McDonald, Foraker</td>
</tr>
<tr>
<td>Room readiness and risk assessment</td>
<td>Gaymon, Brayboy, Kirven, Matula, Chapman, Mixon, Mklary, Gier</td>
</tr>
<tr>
<td>Inpatient policy</td>
<td>Mixon, Matula, McDonald, Brogdon, Brayboy, Gaymon</td>
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</table>

(Exhibit 3.5-1, Subcommittee BH Meeting Minutes)

The education subcommittee, consisting of nursing representatives, advocated for appropriate education of safety monitors and direct care nurses’ use of the Columbia Suicide Severity Rating Scale (C-SSRS) Assessment and documentation. This is addressed in section V: Procedure, letter B, F, P, Q. Direct care nurses Honey Chapman, BSN, RN, and Teresa Foxworth, RN, provided feedback and perspective.

Susan Gaymon, MSN, RN, Administrative Director, and Debra Mixon, BSN, RN, Risk Management, attended the Executive Team meeting for final approval of the updated policy. The revision to the policy was completed by Jan. 26, 2018, and approved by the Executive Team. (Exhibit 3.5-2, Policy Approved BH Minutes) (Exhibit 3.5-3, Care of the Patient at Risk for Harm Policy)

After six months of meeting weekly, the BHSP Team held a final meeting on April 13, 2018, to address any of the team members’ remaining concerns and celebrate the education and training of the staff, the relocation of the ED Behavioral Health hold area and the finalization of the patient care policy.
Palmetto Health Nursing Professional Practice Model (PPM)

What is a Nursing Professional Practice Model?
A Professional Practice Model (PPM) is a system supporting the registered nurse’s control over the delivery of nursing care and the environment in which care is delivered. Palmetto Health’s Nursing PPM describes how our nurses deliver care to be remembered. Palmetto Health’s Nursing PPM is focused on the patient and family by the following six actions:

- We provide safe, high-quality patient-centered care.
- We collaborate with all disciplines.
- We use evidence-based practice.
- We distinguish ourselves as professionals.
- We are driven to improve patient outcomes.
- We have a voice through shared decision making.

Why do we need a PPM?
Palmetto Health’s Nursing PPM drives nursing practice and provides standardization of patient care regardless of where it takes place in the Palmetto Health system. By consistently applying our practice model, we aim to increase patient and team member satisfaction, increase patient safety and support positive outcomes.

Standards of Professional Nursing Practice
The Palmetto Health nurse, functioning within his or her scope of practice, takes the following six actions as part of the Standards of Professional Nursing Practice:

Assessment > Diagnosis > Outcome Identification > Planning > Implementation > Evaluation

- **Assessment**: The Palmetto Health nurse collects and analyzes data using a systematic, dynamic and ongoing process through interaction with the patient, family and health care team.
- **Diagnosis**: The Palmetto Health nurse formulates a clinical judgment based on the analysis of assessment data to determine the individual patient needs.
- **Outcome Identification**: The Palmetto Health nurse establishes measurable, patient-centered outcomes based on nursing diagnosis to guide patient care toward optimal wellness.
- **Planning**: The Palmetto health nurse individualizes a plan of care outlining outcomes and evidence-based interventions in collaboration with the patient, family and health care team.
- **Implementation**: The Palmetto Health nurse implements individualized planned interventions through system-wide interdisciplinary coordination to deliver optimal patient care while promoting a safe and healthy environment.
- **Evaluation**: The Palmetto Health nurse, in collaboration with the patient, family and health care team, engages in ongoing evaluation of progress toward attainment of individualized outcomes and modifies the plan of care as appropriate.
Making Connections: The Nursing Strategic Plan

Palmetto Health Nursing’s Strategic Plan aligns with the system goals. Click on the picture below while holding down the Ctrl key to view a Power Point presentation that explains this alignment.
Nursing Shared Governance at Palmetto Health provides the nurse an infrastructure that supports decision making by the clinical expert. The Councils consist of more than 50 percent direct care nurses and are chaired by direct care nurses. The work of Nursing Shared Governance is based on the Nursing Strategic Business Plan.

Nursing Shared Governance creates a partnership between formal leadership and experts at the bedside, and empowers the clinical nurse to own the accountabilities of their profession. The roles of the Bedside Nurses and Nurse Managers are distinctly different and complementary to one another in a shared governance structure. Both are imperative to the success of the profession. This structure is vital to ensuring that nursing care at Palmetto Health is second to none!

**System Councils**
- Coordinating Council
- Leadership Council
- Professional Development Council
- Research Council
- Quality and Safety Council
- Informatics & Technology Innovation Council
- Practice Council
- Tuomey Campus Council added FY18
Coordinating Council

The coordinating council guides the Nursing Shared Governance structure. The council consists of a clinical nurse chair, the previous year’s council chair, a nurse executive, and chairs from each of the other six system councils. It also includes the director of Magnet and Nursing Engagement and the Nursing Engagement Clinical Practice Specialist and subject matter experts as needed.

Accountabilities

- Develop, assign, and monitor components of the Nursing Strategic Business Plan goals annually.
- Develop and implement robust communication structure and format.
- Develop the process for the open comment period.
- In conjunction with other six councils, monitor Shared Governance budget.
- Evaluate the Nursing Shared Governance structure and function 12 months after implementation and annually thereafter.
- Review and revise Nursing Shared Governance Bylaws annually.
- Design process to assure that all nurses are represented on Hospital-Level Councils, in the event departments or service-line configurations are added or changed.
- Develop and implement unit-based Nursing Shared Governance councils

Members

- Tina Oliva: Chair
- Victoria Carter: Informatics and Technology Council Chair and Coordinating Council Chair-Elect
- Hannah Andaloro: Quality and Safety Council Chair
- Regla Gonzalez: Professional Development Council Chair
- Meghan Burgess: Leadership Council Chair
- Mathew Tharakan: Research Council Chair
- Karen Springfield: Practice Council Chair
- Carolyn Swinton: Chief Nursing Officer
- Lan A. Nguyen: Clinical Practice Specialist, Nursing Engagement
- Kristen Dickens: Director Magnet and Nursing Engagement
- Forrest Fortier: Director, Nursing Clinical Optimization
Leadership Council
The Leadership Council organizes and manages the resources of the nursing organization. Their purpose is to create the environment to support clinical excellence. Leadership council is made up of a Nurse Manager Council Chair, Nurse Manager Council Chair-elect, and Nurse Manager representatives from other councils who will also represent their service line. It also includes one Nurse Manager from each inpatient service line and outpatient clinic and physician practices. Finally, this council includes the Chair of the Coordinating council, the Chief Nursing Officer, a Chief Nurse Executive, a Director of nursing, an Administrator on Duty (AOD) and other subject matter experts as needed.

FY18 Accomplishments
- Created a nursing payroll PGR to identify overuse of premium pay options
- Implemented GE Acuity and Scheduling software with the potential to positively impact all NSIs by appropriately allocating nursing staff resources
- Provided an Advisory Board Empathetic Rounding Site Visit to train and coach nurse leaders
- Moved to a validation process with the administrative support department to ensure plain language payroll codes are developed along with audits for scheduling accountability
- Created a Nursing Support Assistant role and hired an ANM and educator to support volume of non-licensed personnel
- Developed Practice Validation Tools called k-cards based on priorities
- Worked on initiatives to reduce the nurse manager workload and created work groups to look at all NM job responsibilities and optimize the role
- Optimized the rounding and validation process for the iRound application

Members
Whitney Smith Research and Critical Care
Teshieka Curtis-Pugh Professional Development and Medical-Surgical
Alfreda Oree Practice and Medical-Surgical
Brandon Mason Chair-Elect Informatics and Technology and Medical-Surgical
Andrew Lane Quality and Safety and Medical-Surgical
Mandi Palmer Behavioral Care
David Mosley Children’s Hospital
Angela Bruccoli Emergency
Lauren Brodie Heart Hospital
Jessica Stricklin Medical Surgical
Darlene McLeod Women’s and Neonatal Services
Denean Johnson Outpatient Clinics and Physician Practices

Mary Katio Radiology, Endoscopy, VAT, and WOCN
Meghan Burgess Chair Surgical Services
Carolyn Swinton Chief Nursing Officer
Amy Funderburk Chief Nurse Executive, Baptist
Levi Campbell Director Nursing Clinical Support Services
Rhonda Quinones Director Women’s and Neonatal Services, Richland
Sterlin Carpenter Director, Critical Care and Medical-Surgical Services, Baptist Parkridge
Susan Gaymon Director, Pediatrics, Tuomey
Vanetta White Director Medical-Surgical Services, Baptist
Misty Sartin Administrator on Duty
Tina Oliva Coordinating Council Chair
Professional Development Council
The Professional Development Council defines, implements and maintains an environment that promotes nursing professional growth and autonomy and team member engagement. It fosters advancement of nurses through collaboration with educational institutions. Their work helps to ensure nurse competence throughout the organization.

FY18 Accomplishments
- Provided certification support for all nurses across the system through a new SmartSheet Certification Tracking System. The goal was to increase the number of nurses holding specialty board certifications by 1% per campus by end of FY18. This goal was met!
- Created a Certification Toolkit to provide information and guidance needed to become specialty certified.
- Created a Nursing Grand Rounds toolkit to assist nurses in applying for and presenting during bi-monthly grand rounds. Four nurse led grand rounds were presented at Palmetto Health Baptist Parkridge, Baptist, Richland and Tuomey hospitals, each providing CEUs for attendees.
- Enhanced the Advancement System for Clinical Excellence and Nursing Development (ASCEND) program using recommendations from those who participate in the program. This included a new ASCEND Portal through which nurses can submit their ASCEND portfolio.
- Created a BSN Toolkit to encourage and support nurses wishing to obtain higher education.

Members
<table>
<thead>
<tr>
<th>Role</th>
<th>Department</th>
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<tbody>
<tr>
<td>Jennifer Ray</td>
<td>Behavioral Care</td>
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<td>Vacant</td>
<td>Children’s Hospital</td>
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<td>Amber Ramos</td>
<td>Chair-Elect Critical Care</td>
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<tr>
<td>Regla Maria Gonzalez</td>
<td>Chair Emergency</td>
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<td>Kacie Berry</td>
<td>Heart Hospital</td>
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<td>Karla Cook</td>
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<td>Vacant</td>
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<tr>
<td>Stephanie Keisler</td>
<td>Radiology, Endoscopy, VAT, WOCN</td>
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<td>Erica Turrentine</td>
<td>Surgical Services</td>
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<td>Teshieka Curtis-Pugh</td>
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<td>Arden Scollon</td>
<td>Assistant Nurse Manager</td>
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<td>Julie Moreton</td>
<td>Nurse Educator</td>
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<tr>
<td>Michelle Page</td>
<td>Clinical Practice Specialist</td>
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<tr>
<td>Dana Murphy</td>
<td>Director, Nursing Engagement</td>
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<tr>
<td>Mary Jo Scribner-Howard</td>
<td>Nurse Certified in Nursing Professional Development</td>
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<tr>
<td>Tina Simenson</td>
<td>Director, Subacute Care/Rehab, Tuomey</td>
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<tr>
<td>Mariann Valentine</td>
<td>Nursing Engagement Partner</td>
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Research Council
The Research Council ensures the advancement of Nursing Research and Evidence Based Practice. Through a survey provided for all nursing team members, the council learned that there is a lot of interest in participating in research, but there is also a lack of awareness of how to get started and carry out research projects. The council’s work is to participate in research projects and provide resources and education about research to all nurses who wish to participate.

FY18 Accomplishments
- Cheryl Krupp submitted an abstract and was accepted to present at the USC Annual Research and Scholarship Day
- Mathew Tharakan submitted two abstracts and was accepted to present both posters at the MUSC Performance Improvement Conference (one poster was a 3rd Place Winner)
- A Fall Study was submitted to the IRB
- Veronica Deas developed a Research protocol for the Advanced Practice Providers (APP) study
- Research Council members participated as judges for the Poster presentations for Discover USC
- Presented “Viva La Research” during Nursing Grand Rounds
- Council members are site-PIs for two ongoing research studies with Dr. Hughes
- Whitney Smith was the PI for a completed study looking at Depression and Suicide Screening in the ED at Parkridge

Members
<table>
<thead>
<tr>
<th>Christine Miller</th>
<th>Clinical Nurse</th>
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<tbody>
<tr>
<td>Syntia Cregger</td>
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<td>Sarah Knorr</td>
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<td>Monica Moore</td>
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<td>Christine Walukewicz</td>
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<td>Carol Tuten</td>
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<td>Cheryl Krupp</td>
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<td>Sara Gibson</td>
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<tr>
<td>Mathew Tharakan</td>
<td>Chair Nurse Educator</td>
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<tr>
<td>Veronica Deas, DNP</td>
<td>Nursing Research and Program Development</td>
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<tr>
<td>Lucy Easler</td>
<td>Director Behavioral Health Services</td>
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Quality and Safety Council
The Quality and Safety Council implements, facilitates, and evaluates continuous performance initiatives to support a high reliability organization – one that realizes zero harm to patients, families and team members.

FY18 Accomplishments
- Integrated the Falls and CLABSI system level teams with the Quality and Safety Council to ensure continuity of care and nurse inclusion.
- CUSP Model to decrease sepsis mortality rate at Palmetto Health Richland by 10% by end of FY18
- Increase the use of AHO reporting to change staff perception from capturing a mistake to making it an opportunity for improvement.
- Revised the nursing newsletter and created “Stethoscoop” with nursing input on best content.
- Created a system level Pressure Injury Prevention team
- Implemented system wide R to L turns only to prevent pressure injury
- Standardized the blood culture collection process reflected in a new PGR

Members
Sally Igozee Behavioral Care
Melissa Sydor Critical Care
Vacant Children’s Hospital
Hannah Andaloro Emergency
Kevin Eleazer Heart Hospital
Shawanda Trapp Medical-Surgical I
Alexandria Cook Medical-Surgical II
Amber Thomas Women’s and Neonatal Services
Stephanie Leach Outpatient Clinics and Physician Practices
Michelle Greene-Houser Radiology, Endoscopy, VAT, WOCN
Vacant Surgical Services
Andrew Lane Nurse Manager
Megan Turner Assistant Nurse Manager
Gail Fisher POC Nurse Educator/NES
Ancha Sturkie Clinical Practice Specialist
Cynthia Winston Director, Department of Nursing Practice Excellence
Lisa James Director, Medical-Surgical Services, Richland
Stephanie Kunard SME, Risk Management
Diane Smith SME, Department of Nursing Practice Excellence
Cheryl Byrom SME, NICHE Coordinator
Informatics & Technology Council

The Informatics and Technology Innovation Council serves to support and guide the continued integration of computerization and information science into the health care delivery process within Palmetto Health. The council works to improve and develop current processes and investigate potential new technology with a focus on improving health care delivery quality.

FY18 Accomplishments

- Ensured patient type in Cerner is appropriate for level of care: observation, outpatient in a bed, inpatient requiring hard stops built in that require physician signature for order
- Implemented the Glucommander system for blood sugar and insulin management on diabetic patients
- Appropriate documentation of replacement restraints for previous leather restraints. Working to move language to “Strong Restraints” in Cerner

Members

Jessica Zearfoss  Behavioral Care
Vacant  Children’s Hospital
Vacant  Critical Care
Kristee Nall  Emergency
Michael Kleber  Heart Hospital
Victoria Carter  Chair Medical-Surgical I
Laura Register  Medical-Surgical II
Janie Widifield  Women’s and Neonatal Services
Brittany Griffin  Outpatient Clinics and Physician Practices
Vacant Radiology  Endoscopy, VAT and WOCN
Vacant  Surgical Services
Brandon Mason  Nurse Manager
Jamie Hogg  Assistant Nurse Manager
Mary Smoak  Nurse Educator
Brazand Thomas  Clinical Informaticist
Kameka Wright  Clinical Informaticist
Jill Brown  Nurse Educator and Cerner Liaison
Kim Joye  Director, Emergency Services, Baptist
Janet Stone  Nursing System Analyst
Practice Council
The Practice Council defines and provides a framework for clinical nursing practice. The team works to develop and evaluate standards of practice and competency levels for nurses based on nursing process and serve as a point of contact to advocate for nursing during the development of policies and PGRs across the organization.

FY18 Accomplishments
- Implemented low dose Ketamine usage for chronic or refractory uncontrollable pain or high risk for opioid usage
- Code Blue Optimization to standardize processes between campuses
- Pin care PGR changed from ½ strength hydrogen peroxide to CHG soap or soap and water to prevent pressure injury
- “Treat Urine like Blood” initiative to prevent contamination is implemented on all inpatient units. Currently working to implement the process in the ED to standardize across all areas
- Eliminated the two nurse verification for IV insulin in Glucommander to facilitate the use of Glucommander in areas such as the OR and Dialysis, improve patient safety, increase touch time, improve patient and team member satisfaction, and reduce costs
- Nasal bridle securement devices for nasogastric tubes expanded to all campuses
- Improved documentation of bolus pain medications during continuous IV infusion
- Collaborated with the lab, CLABSI team, and Quality and Safety Council to standardize products and process used for blood culture collection.

Members
Belinda Jordan  Behavioral Care  Karen Springfield  Chair Outpatient Clinics and Physician Practices  Jane Lukshis  Clinical Practice Specialist
Kelly Martin  Children’s Hospital  Paula Kelly  Radiology, Endoscopy, VAT, and WOCN  Julie Brown  Director, Regulatory Compliance
Georgia Altus  Critical Care  Rachel Hanes  Surgical Services  Lori Whitesides  Director, Critical Care Services, Baptist
Meredith Gibbs  Emergency  Alfreda Oree  Nurse Manager  Harmony Robinson  Nurse Manager of Patient Centered Care
Amanda Sandoval  Heart Hospital  Cathy Jarratt  Assistant Nurse Manager
Jennifer O’Neill  Medical-Surgical I  Vacant  POC Nurse Educator/NES
Julee Kasserman  Medical-Surgical II
Alicia Poston  Women’s and Neonatal Services
Unit Based Councils (UBC)

FY 18 Accomplishments

Richland MSU – Worked on reducing Central Line-associated Blood Stream Infection (CLaBSI) rates and central line audits, bundle compliance, education, and star employee recognitions for support staff.

Richland 9-East - Championed getting posies for every patient to reduce falls (resources), regardless of circumstances, every single patient and room, ensured pads came with low boy beds (decreased 50+ falls to 13).

Baptist Parkridge WNS - Obtained baby friendly designation, increased skin to skin time with moms, keeping mom and baby together in a sterile OR environment, initiating breastfeeding within the first hour, and their new Wildly Important Goal (WIG) - eliminating separation of mom and baby.

Richland ED – Had a WIG to standardized blood culture collection to decrease contamination rates, involved security to decrease assaults on RNs in ED.

Heart Hospital Murray Suite - Standardized their nursing tech report tool improving communication.

Baptist 8th Medical - Increased compliance with Chlorhexidine gluconate (CHG) baths and documentation to decrease infections.

Tuomey The Outpatient Surgery Center (OSC) – Jacqueline Stewart, BSN, RN Chair of the UBC worked with the council to get handicapped door access and security cameras for the entrance to their area. Once the UBC was formed including: Pam Scott, RN, Gayle Rogers RN, Krystal McBride BSN, RN, Jacqueline Jones, Certified Surgical Tech, Donna Parker, Unit Secretary, Christine Thompson, RN, Laurine Garrity, RN, Nurse Manager, this team of determined team members did in just one year what they had not been able to do in the previous eight. The team also had cameras installed at the doors to improve safety after hours when most staff has left the building and patients are still recovering.

Richland 10-West UBC - Tuomey Labor and Delivery – The UBC met their Wildly Important Goal (WIG) for 2018 to increase patient safety and decrease confusion during emergencies related to postpartum hemorrhage (PPH). The group worked for 2 years to develop, educate and train staff and implement a Postpartum Hemorrhage Protocol and Cart for both the Labor and Delivery Suite and the Women’s Center to hold all needed supplies for this life-threatening emergency. The team partnered with the Simulation Lab on the Columbia Campuses, and educated 100% of our Women’s Services staff in Labor and Delivery, Nursery and the Women’s Center (postpartum). By having the protocol and cart in place they reduced wasted time, increased patient safety and developed a team approach in response to an emergency. The team presented at Nursing Grand Rounds in May, 2018.

Heart Hospital Murray Suite - The UBC set out to reduce falls by 20% by implementing the use of a “fall leaf magnet” outside of patient rooms to indicate that a patient has been identified as a High fall risk. By the end of the 1st quarter, they saw a 93% reduction in falls! The UBC included the chair - Carissa Walter, BSN, RN, PCCN, Josh Patterson-Pope, ADN, RN, Erica Pollard ACE, Mathew Tharakan, BSN, RN, Megan Turner, MSN, RN, PCCN, Tonya Sanchez, BSN, RN, CCRN, Marie Smith, BSN, RN, and Jordan Hawley, BSN, RN.
Nursing Grand Rounds

Nursing Grand Rounds at Palmetto Health showcases work done by nurses throughout the system. Any nurse or nursing group can present their information by going to myPal>Engage>Nursing Excellence>Nursing Shared Governance>Request/Project Form Palmetto Health Baptist Parkridge

Palmetto Health Baptist Parkridge
Uncommon Complications in the Common Surgical Patient
The Oaks Medical Surgical Unit
Oct. 2017

Palmetto Health Richland
“Moving Forward Together” The Professional Development of the Emergency Department
Jan. 2018
Palmetto Health Baptist
The Care of the Bariatric Surgery Patient
Palmetto Health Baptist 3rd Surgical
March 2018

Palmetto Health Richland
Wildly Important Goals (WIGS) of the CVICU
Cardiovascular Intensive Care Unit
May 2018 – Nurses Week Celebration
Palmetto Health Tuomey
Post-Partum Hemorrhage Cart
Labor and Delivery
May 2018 Nurses Week Celebration

Palmetto Health System Council
Nursing Shared Governance Research Council
Viva La Research
July 2018
Professional Development Fair

Palmetto Health Richland

Cindy Merrow, MSN, RN, RN-BC, Clinical Practice Specialist, Medical Surgical Specialties, organized a Professional Development Day in the North Portal at Richland. Vendors from several Palmetto Health University partners, professional organizations and departments at Palmetto Health set up booths to share great information about Nursing Shared Governance, Professional Organization Membership, Specialty Certification and Higher Education. Some members of the Professional Development Council helped to man stations during the day of the event.
Professional Development Certification Review Courses

Medical Surgical Certification Review Course

Preparing for a certification exam can be a daunting task for a busy clinical nurse. Cindy Merrow, MSN, RN, RN-BC, Clinical Practice Specialist, Medical Surgical Specialties, organized a Med-Surg certification exam course to help nurses prepare for the test. Fifty nurses from Palmetto Health attended the course resulting in a more than 50% increase in registrations for the certification exam from typical months. Cindy recruited other nursing team members to help with sign-in and meals for attendees. Several outside vendors also participated sharing their knowledge of equipment used in medical-surgical areas.
FY18 Daisy Awards at Palmetto Health

Thousands of nurses receive Daisy nominations every year, who each receive a pin to recognize their nomination. Over 100 Palmetto Health nurses have received the award and “Healer’s Touch” statue made by Shona artists in Zimbabwe. From the Daisy website: “The sculptures are especially meaningful because of the profound respect the Shona people pay their traditional healers. Shona healers are affectionately regarded as treasures by those they care for, and the well-being and safety of the healer is of community-wide importance. The awards reflects how the Daisy foundation [and Palmetto Health] feel about nurses.”

Palmetto Health Tuomey began their Daisy Award program in FY18.

The Daisy Foundation for Nurses was founded in honor of J. Patrick Barnes by his family to “ensure that nurses know how deserving they are of our society’s profound respect for the education, training, brainpower, and skill they put into their work, and especially for the caring with which they deliver their care. The DAISY Award would come to be regarded as a strategic tool for nurse recruitment and retention and would be adopted by healthcare facilities all over the U.S. and beyond.”
Palmetto Health Baptist Parkridge

Jessica King
Laurel Oaks

Tara Evans
Laurel Oaks

Kayla Hale
Emergency Dept.

Kendra Turk
ICU

Palmetto Health Tuomey

Mattie Scott
Emergency Dept.

Barbara Kenawy
Labor Delivery

Tony Jeffers
ICU

April McCallister
ICU

Allison Wharton
ICU

Allison Keefer
Surgical Inpatient
Palmetto Health Richland

Sherri Brown
11-West Surgical

Sarah Hiott
Peds Emergency Dept.

Lisa Caughman
Infants and Toddlers

Joy Berzins
CVICU-NT

Jacey Pruett
Infants and Toddlers

Jennifer Gates
Marion Suite

Healer’s Touch Statue

Renita Irving
10-East Medical

Melanie Christensen
Medical ICU

Tony Everatt
Emergency Dept.

Jessica Zearfoss
Richland Springs

Sara Yoder
11-West

Hannah Andaloro
Emergency Dept.
The Shining Star Award

The Shining Star award honors excellence in care by our non-licensed and other clinical support staff. These recipients go the extra mile and set a good example for the kinds of people we should all aspire to be. Team members are nominated by fellow team members, patients and their families. Congratulations to all nominees and winners! You are truly a rock star! Here are just a few of our amazing winners.

Richland

First Quarter Winners:
Janeisha Bethae, Food Services Asst.
Howard Hale, PST, 8-East
John Pittman, PST, 10-West

Second Quarter Winners:
Chandra Smith, PST, 10-West
Jamika Dixon, PST, 8-East

Third Quarter Winners:
Lydia Compton, PST, 8-East
Shaquia Banks, ACE, 9-East
Gloria Clay, PST, 10-West

Fourth Quarter Winners:
Terkessa Whitfield, PST, 8-East
Rebekah Counts, PST, CH4
Peggy Sumpter-Goins, Respiratory Therapy

Baptist

Nov. 2017 - Melissa Rash, Orthopedics

Jan. 2018- Debra Miller, 5th Averyt
Feb. 2018- Raven Weston, OB/Gyn
April- Diane Jennings- 5th Averyt
May- Francine Hickman- Service Response
July- Rebecca Roberts-ER

The Tuomey Campus will begin offering the Shining Star Award in the spring 2019.
ASCEND - Advancement System for Clinical Excellence and Nursing Development

ASCEND (Advancement System for Clinical Excellence and Nursing Development) is an outcome-based professional development program for nurses. ASCEND is an innovative program designed by nurses to engage nurses in owning their practice environment and achieving desired outcomes for the organization. Influenced by the Magnet® Recognition Program, which recognizes health care organizations for quality patient care, nursing excellence, and innovations in professional nursing practice, ASCEND is based on five focus areas: Leadership, Professional Development, Quality, Practice, and Research and Technology. Core to the program are individual competencies and the achievement of professional outcomes. Competencies are based on knowledge, clinical skills, and personal characteristics that lead to outstanding performance.

Jan. 2018
- **Crest**
  - Jessica Johnson
  - Lori Nuelken
  - Janice Scott

April 2018
- **Crest**
  - Lisa Houghton
  - Deborah Mullner
  - Tiffany Strickland
  - Elizabeth Burkett
  - Julie Murray
  - Amanda Hanson
  - Julie Buettner
  - Kenny Jones
  - Robin Traufler
  - Emily Middleton

July 2018
- **Crest**
  - Kathy Albrecht
  - Kathy Nicholson
  - Cheryl Krupp
  - Tonya Sanchez

Oct. 2018
- **Crest**
  - Paul Mincey
  - Courtney Royson
  - Jennifer Gates
  - Alyssa Humphries
  - Karonda Hardrick
  - Alfreda Oree
  - Shannon Inman
  - Hannah Andaloro
Thank you to all the dedicated team members of Palmetto Health who work tirelessly to provide the very best in health care for our patients.

You live out our Vision every day to be remembered by each patient as providing the care and compassion we want for our families and ourselves.