

# 2012 NURSING ANNUAL REPORT

*Highlighting 2011 Accomplishments and Outcomes*



St. Francis Regional Medical Center in Shakopee is a partner with Essentia Community Hospitals and Clinics, Allina Hospitals & Clinics and Park Nicollet Health Services. This unique structure enables us to combine the caring and compassion of a community hospital with the modern medical technology, specialties, and services found in the metro area. We provide a full range of inpatient, outpatient, and emergency care services on a collaborative medical campus with more than 30 other providers.

St. Francis primarily serves residents in Shakopee, Jordan, Chaska, Prior Lake, Savage, Belle Plaine and Carver as well as those in New Prague, Eden Prairie, Bloomington, Lakeville, Burnsville, Chanhassen, Victoria, Cologne, Excelsior, Henderson, Elko, New Market, Montgomery and LeSueur.



# Table of Contents

Our Mission.....	2
Greetings from St. Francis.....	3
<b>Innovation and Improvements</b>	
Partnering with Patients .....	4
Hearing the Patient Point-of-View.....	4
Making St. Francis a Safer Place .....	4
Strengthen the Patient Experience.....	5
CUSP Team 2011 .....	6
Palliative Care .....	7
Second in State Heart Failure Certification.....	8
Patient Experience Steering Committee.....	9
Falls Prevention .....	10
<b>Department Outcomes</b>	
Cancer Center .....	11-12
Care Management .....	13
ICU.....	14
Surgical Services.....	15
Family Birth Place .....	16
Diagnostic Services .....	17
Diabetes Education .....	18
Pediatrics.....	19
Emergency.....	20
Shakopee Urgent Care.....	21
Sane Program .....	21
Inpatient Care.....	22-23
Learning & Development .....	24
Cardiac Rehab .....	25
<b>Administrative Supervisors</b>	
Leadership Support.....	26
Floats and Flyer Pool.....	27
<b>Development</b>	
Empowering Nurses to Create Change .....	28
Summer Nursing Internships.....	28
Transformative Nurse Training .....	29
<b>In the Community</b>	
Nurses in the Community .....	30
Shakopee's Strong Heart.....	30
<b>Awards and Achievements</b>	
Women's Health Nurse of the Year.....	31
Eileen Dietz Scholarship .....	31
Avatar Exceeding Patient Expectations .....	32
IBCLC Award.....	32
Optimal Care for Stroke: 100% .....	32
Accreditations/Certifications.....	33



## Our Mission

---

AT ST. FRANCIS, WE WORK  
TOGETHER TO PROVIDE ALL PEOPLE  
THE HEALING EXPERIENCE WE  
WOULD EXPECT FOR OURSELVES  
AND OUR FAMILIES.

---



### ***Nursing Leadership Team***

*Front row, (l-r): Robin Winterfeldt, Monique Gabriell Ross, Jamie Stolee, Ann Yolitz, MaryBeth Heilman. Middle row, (l-r) Meta Webb, Karen Ortberg, Deb Ryan, Sarah Amendola, Chris Wolf, Chris Kroeg, Nicole Larson, Deb McConnell, Kris Scott. Back row, (l-r): Jonathan Bartlett, Ann Friedges, Kathy Mason, Nancy Menth. Not pictured: Nancy Wolf, Mary Bothof, Andrea Gerth, Debbie Reynolds, Mary Giesen, Tia Nordlund, Cindi Olson, Cheryl Laine and Shelley Wagner-Marek.*

## Nursing Vision

- St. Francis will be nationally known and trusted for exceptional nursing practice.
- St. Francis nurses combine the best of science and caring to provide exceptional patient care through trusted partnerships and effective stewardship.
- St. Francis' healing environment fosters nursing practice that is evidence-based, innovative, and patient/family centered.
- St. Francis nurses are powerful, passionate and diverse in talents and thought.
- Nursing career paths provide St. Francis nurses with dynamic opportunities for career enhancement to help them achieve their highest potential.
- Nursing leadership is relationship-centered, holistic, progressive, and responsive.

## Nursing Core Beliefs

- Advocacy
- Caring
- Continuous Improvement
- Cultural Awareness and Recognition
- Ethics
- Leadership
- Relationships
- Stewardship



# Greetings

*from St. Francis Regional Medical Center*

## **Deb Ryan, RN, Vice President, Patient Care**

It is my pleasure to present the 2011 Nursing Annual Report, highlighting a year of outstanding accomplishments at St. Francis. As you read through it, I'm sure you'll be as inspired as I am by the level of commitment and dedication our nursing staff demonstrated during a year of great transformation in health care.

Cutting edge programs, such as Transformative Nurse Training (TNT) and Transforming Care at the Bedside (TCAB), are possible because of our highly engaged and collaborative nursing staff. Their participation is an integral part of designing and delivering the quality of care we would expect for ourselves and our families.

We remain committed to providing our nurses with the opportunities they seek to foster professional growth, development and improvement. In turn, we have seen nursing roles diversify into those of leadership, quality and coordinated care models.

I am honored to say that I am a St. Francis nurse and to be a part of this team.

# Innovation and Improvement

## Partnering with Patients to Improve Care

*Improving the quality of patient care takes the insight and expertise of highly trained doctors, nurses, technicians, and administrators. This year, St. Francis enlisted volunteers from the community to participate, bringing the patient perspective into performance improvement efforts.*

*"We know that listening to our patients helps us provide a better experience," said Nancy Wolf, MSN, RN, director of quality and safety at St. Francis. "We have the medical knowledge and experience, but we look for ways to involve patients in their care and to understand their point of view."*



*Members of the St. Francis Patient Satisfaction team: Kathy Mason, RN, Ann Weiers, Edwin Bogonko, MD.*

## Hearing the patient point-of-view

"Because hospital employees work together to provide patient care every day, we have a point-of-view and a technical language that makes sense to us, but might be irritating or confusing to patients," said Wolf. "Having patient input as we plan our care improvement helps us prevent that."

Anne Weiers of New Prague, MN, is a member of the Patient Satisfaction team, monitoring patient satisfaction scores, looking at trends and comparisons and translating this information into a better experience for patients and families. The team has been responsible for several patient satisfaction enhancements, such as service excellence programs for patients, patient comment and suggestion cards, and recognition programs for departments that achieve the highest patient satisfaction ratings.

"I'm there to be the outsider," said Weiers. "Often during discussions there are assumptions and language that are understood by healthcare professionals, but not patients. It's my job to say, 'Wait a minute, what does that mean?' and to ask the questions that patients want answered."

Richard Stoks, Shakopee, MN, is a member of the Falls Prevention team. "Before I was asked to serve, I had no idea that teams like this were working hard to prevent patient falls and solve other problems," he said. "St. Francis has a very good safety record, but we expect to show improvement in falls reduction. Team members build on each other's ideas. When I bring up a point, it's discussed and definitely not overlooked."

## MAKING ST. FRANCIS A SAFER PLACE

Performance improvement team members appreciate the input from community members like Stoks. "Dick is a valuable addition to the Falls Prevention team," said Kathy Mason, RN, BSN, patient care supervisor at St. Francis. "His insight into our falls data has helped us understand our challenges and opportunities for making St. Francis a safer place for all patients."

## *Real Life Skills* Strengthen the Patient Experience

Roger Marturano brings more than customer service skills to the patient representative role at St. Francis. Marturano is a registered nurse, which brings a unique ability to understand the point of care insight as well as the patient connection. What makes his role even more valuable to St. Francis, its patients and families, is the fact that nursing is his second career.

Filling the patient representative role with a RN was very purposeful, Nancy Wolf, director, Quality & Safety at St. Francis said. Marturano's earlier career in sales, marketing and customer service, combined with his nursing degree, brought valuable skills that could further strengthen and improve the patient experience at the hospital.

When his position with the Eastman Kodak Company was eliminated after many years, Marturano was ready for a career change. He didn't have to look far for inspiration. At the time, four family members were RNs and friends from his volunteer ski patrol team had recently changed careers, getting nursing degrees. In the fall of 2002, he returned to school to complete required nursing classes he needed, in addition to his bachelor's degree. He graduated in December of 2005 with an Associate Arts degree in Nursing (RN). Upon graduation he furthered his career by working in neurological intensive care, then in interventional radiology.

His goal was to gain as much experience as he could in intensive care and/or emergency care; as well as procedural interventional radiology and/or cath lab experience. Ultimately, he wanted to find a position that melded his previous work experience with his nursing experience.

"I originally thought the direction I would take would be with a medical device company as a nurse educator," Marturano said, "but when I noticed the position posted at St. Francis, I felt that my job skills would be an excellent match for the position and could bring value to the organization." The outcome has been positive from all perspectives.

"Having a combined clinical and customer service background allows me to have a balanced perspective when reviewing a patient's concern. When I receive feedback from a health care provider, I am also able to provide that feedback to the patient in a manner in which they are comfortable with and can understand to effectively address their concern."



*Patient Representative Roger Marturano, RN*

**“Having a combined clinical and customer service background allows me to have a balanced perspective...”**



# CUSP Team 2011

The Comprehensive Unit-based Safety Program (CUSP) in place at St. Francis provides a framework for changing workplace culture, and in doing so, implementing significant safety improvements. By following multiple steps, staff is able to evaluate clinical processes and identify opportunities for improvement.

St. Francis' CUSP has focused on improving PICC line placements by reducing the number of central line blood stream infections. Through this process, the group was able to:

- Develop, implement and analyze a survey to ICU nurses asking for the "Top Five" areas in preventing blood-stream infections.
- Identify the clinical issue of line management {de-clotting of lines} which impacts patient safety and comfort. Data was collected and analyzed to determine the significance of the issues. A specific group of nurses (Fliers) were educated and completed a competency that supports the skill of declotting lines. Additional education was provided to Med/Surg, ED and ICU nurses.
- Three "trials" were completed evaluating "Scrub the Hub" items that help prevent line infections. An evaluation form was developed by the CUSP Team and completed by ICU nurses for each trial. The results of the evaluations were shared with the Allina System Infection Preventionists and have increased the awareness of implementing patient care items that impact the prevention of infection.



## The result?

*St. Francis reported one bloodstream infection in 2010, prior to joining CUSP, and none in 2011. There is an estimated 80,000 bloodstream infections each year in intensive care units. The financial cost of one bloodstream infection is estimated to be as high as \$45,000 and extending the hospital stay by one week.*

*The CUSP Team has earned recognition for their dedication and commitment to preventing bloodstream infections and providing care that promotes patient safety. Dr. Peter Provonost of Johns Hopkins Hospital is credited with the development of the program and is passionate about preventing bloodstream infections. The St. Francis team participates in teleconferences via the Minnesota Hospital Association and shares the effectiveness of different strategies that are implemented to prevent bloodstream infections.*

## Always Prepared

*Nurses and staff at St. Francis regularly take part in Emergency Drills. This year staff worked with Allina Hospital & Clinics in creating mock incidents that involved emergency evacuation planning and surge management. Both exercises were conducted safely and efficiently. At no time was patient care compromised. Additional planning in the St. Francis surge exercise resulted in a well-run plan that became a model for the other participating hospitals for the rest of the exercises. Pictured, at left, RN Susan Berens works with emergency personnel to place patients.*



Palliative care, often confused with end-of-life hospice care, is a separate medical specialty that focuses on improving life and providing comfort for people of all ages with serious, chronic and life threatening illnesses.

St. Francis was seeing an ever growing population of patients with chronic and serious health conditions, creating a definite need for strong palliative care. A program was put in place to provide extensive education for physicians and nurses regarding palliative care and the appropriate patients to include in the program.

## Palliative Care

Julie Such, palliative care manager and nurse practitioner, joined St. Francis to lead the program, which she describes as "...an added layer of care that addresses the whole person, and family."

"The doctors focus on the medical problem. We focus on minimizing pain, nausea and other symptoms, and helping them cope with the impact of the illness on their lives and their choices for the future."

The palliative care team includes a nurse practitioner, chaplain, nurse and social worker, who work closely with the patient's doctors and attend daily meetings at which each patient's care is discussed.

In addition to helping patients manage pain and discomfort from their illness, the team helps them cope with the emotional, spiritual, mental and practical aspects of facing serious illness.

"Our job is to help patients have the best quality of life," Such said. "And that involves supporting family members, too." For example, at 91, after a long struggle with congestive heart failure and the newly discovered

possibility of having cancer, Raymond Ulrich and his family weighed all his options. He decided to forgo liver biopsies to learn whether he has cancer, which he has always dreaded. Instead, he went back to the nursing home. The next day, he was fishing, joking and enjoying his life. He was happy and relieved, and so were his daughters.

Sharon Hedquist, Ulrich's daughter, said her family couldn't have had the honest conversations and talked through all the options, pro and con, without the Palliative Care team.


Such talked with Ulrich and his daughters several times to ask questions, offer information about potential outcomes and to make sure they understood his choices. "Julie has such a gracious demeanor and made him so comfortable, he was able to drop his stoicism and admit that he didn't really want to go through all that," Hedquist said. "Because of Julie's help, we got to know what Dad really wants."

With Ulrich's primary care doctor, they put together Provider Orders for Life-Sustaining Treatment detailing what treatments Ulrich wanted or did not want in the future. They planned a less traumatic, more comfortable care plan for his congestive heart failure that avoided ambulance rides and hospital admissions. The Palliative Care Team helped the family navigate the practical decisions about where and how he would be cared for. They also talked about what kind of spiritual support he wanted. Now, Ulrich's daughters feel like they are carrying out his wishes and can focus on enjoying their time together.

... an added layer of care that addresses the whole person, and family.



## Second in State to Attain Heart Failure Certification



*St. Francis was the second hospital in the state to earn The Joint Commission's Gold Seal of Approval™ for its Heart Failure program by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in disease-specific care.*

*"Our nurses are very engaged in process improvement," Erin Kiernan-Johnson, RN quality improvement specialist at St. Francis, said. "This was a dedicated effort, and we worked very hard to achieve this."*

*St. Francis voluntarily underwent an extensive on-site evaluation by a Joint Commission surveyor to achieve this honor. Care was evaluated against Joint Commission's rigorous standards through an assessment of St. Francis' program processes, the program's ability to evaluate and improve care within its own organization and interviews with patients and staff.*

*"This achievement shows our commitment to providing the highest level of care to our patients," Kiernan-Johnson said. "It's also a great illustration of the culture at St. Francis. Nurses aren't just clocking in and out to get their hours in. They're truly committed to their patients and in insuring the processes provide the best in patient outcomes. There's great collaboration between providers and staff at St. Francis, as they work together to address better practices continuously."*

*Collaboration was key in accomplishing this goal. The Heart Failure team included point of care nurses, dietitians, pharmacists, physicians, care managers and others.*

*In making her commendation, the surveyor complimented St. Francis' commitment to this excellent program, saying she felt honored to be a part of it for the day.*

*"Everything is in place, and the program is set to grow. You should all be proud of your program," she said.*

**"This achievement shows our commitment to providing the highest level of care to our patients..."**

# *Patient Experience* Steering Committee

The Patient Experience Steering Committee was created in 2011 to provide oversight and coordination for the many St. Francis patient experience initiatives and teams, reducing duplication and tying all the work together.

The steering committee employs coordinated communication channels for the work being done in several teams, including Together in Excellence Patient Satisfaction, Pain Management, Communication with Doctors, and Keep it Clean, among others. Patient satisfaction messages are funneled into employee forums, Leader Development Institute (LDI) presentations, and the Friday messages. Local patient satisfaction data is analyzed and tracked to integrate efforts for maximum impact.

Other work includes Senior Team and Patient Care Manager rounding, care board audits, 'What If' implementation, comment card processing, and working to create unit based data display. 2012 will bring an enhanced focus on outpatient satisfaction with Avatar taking over surveys in April for Same Day Surgery, Diagnostics, ED, Urgent Care, Rehab, and the Cancer Center. Truthpoint, an electronic point of care survey, will also be piloted in the ED and possibly replicated in other outpatient departments.



# Falls Prevention

St. Francis' Falls Prevention team set aggressive tactics to reduce patient falls in 2011.

**Their goal:** to have less than 12 inpatient falls with harm reported was met with ten falls with harm reported during the year. This was accomplished through tactics centering on increased communication and collaboration with ancillary departments.

Recognizing how medication can affect the good judgment of patients, the team sought aggressive tactics, with limited resources, to identify patients at risk for falls due to medication influences. In a successful pilot of 30 patients, the pharmacist met personally with at risk patients for a first hand evaluation. The program is now a standard fall prevention tactic for all ICU and Med/Surg patients. This innovative strategy integrates another care team discipline to assist in keeping patients safe during their hospitalization. Through the pilot, harm has already been averted for one of our patients!

All inpatients were evaluated. Fall risk patients were fitted in red socks and a red flag was placed prominently outside their door. Bed and tab alarms were in place and education was provided for the patient and family on the risks of falling and the importance of using the call light (Call-Don't Fall!) for help moving around.

...innovative  
strategy  
integrates  
another care  
team discipline  
to assist in  
keeping patients  
safe during their  
hospitalization.

## OTHER TACTICS INCLUDED:

- Increased the number of real time audits done each month to measure required fall interventions
- Mandatory fall prevention education presented to all inpatient staff
- Initiated calling a Rapid Response for all falls to assess not only potential injuries from the fall, but to assess why the patient fell and to ensure follow-up within 4 hours of the fall
- Improved post fall huddle form to more accurately capture data and guide staff to post-fall interventions
- Signage displayed in patient bathrooms to communicate need for staff to stay Within Arm's Reach
- Continued to communicate with ancillary departments to share fall reduction strategies, creating a safety net of healthcare workers to assist in fall reduction
- Created a provider smart text for post fall calls which was rolled out Allina-wide
- Increased bedside staff membership and participation in falls prevention meetings
- Emphasis on toileting with patient rounding
- Monthly falls update sent to all inpatient staff in order to share data, successes, and areas of improvement

## Successes in 2011

Care managers provide general oversight of ongoing patient care and utilization management activities.

Their goals are to ensure the provision of quality health care along the continuum, reduce fragmentation of care across settings, assist in efficient utilization of patient care resources and oversee the utilization management process. Specific duties include, but are not limited to, working with multidisciplinary teams to oversee and coordinate appropriate and timely patient care, directly manage the activities associated with utilization management (provide clinical information for payers, resolve payer denials, monitor observation/inpatient criteria, manage length of stay issues and oversee Medicare utilization requirements/mandates). Special focus is placed on readmissions, discharge planning, heart failure patients and advanced care planning (ACP).

- Educated staff on advanced care planning.
- Decreased the heart failure readmission rate.
- Decreased medical denials significantly.
- Established the utilization management committee.

## Goals for 2012

- Improve on core measure compliance and readmission rates.
- Increase patient knowledge and documentation of advanced care planning.
  - Daily chart reviews to assess for appropriate level of care. Facilitate communication between primary provider, Allina Admission Review and EHR for accurate Level of Care determinations to reduce revenue adjustments/denials (this statement may be a repeat of above information)
  - Increase staff awareness of care management/social work roles in continuity of patient care.
  - Introduce Transitional Care Conference for patients identified at risk for readmission.
  - Ensure patients are transitioned at the time of discharge with the appropriate services for their identified needs.



---

# Department Outcomes

## Successes in 2011

The St. Francis Cancer Center, accredited by the American College of Surgeons Commission on Cancer, is dedicated to offering patients and their families a full program of cancer care, including prevention and early detection, diagnostic tests and procedures, treatments, clinical trials, integrative therapies, palliative care, education and support. The Cancer Center's multidisciplinary method of healing – focusing on the body, mind and spirit – allows for high quality care delivered in a respectful and compassionate manner within a healing environment.

- Received a three-year Commission on Cancer accreditation.
- Continued the roll-out of integrative health initiatives.
- Enhanced employee engagement by improving interdepartmental communication.
- Evaluated high-risk patients for interventions that would minimize weight loss and improve patient outcomes.
- Continued enhancements and expansion of care coordination within the oncology service line.
- Designed and implemented a designated chemotherapy checking area in infusion.
- Collaborated to improve work-flow, communication and the patient experience within Pharmacy and Lab.
- For patient safety, established routine infusion chair and television monitor maintenance.
- Performed charge ticket audits on all patient encounters and continued to improve overall accuracy.
- Wrote and published the Cancer Center annual report on colorectal cancer.
- Collaborated with the American Cancer Society to promote enrollment in the Cancer Prevention Study-3.
- Identified patient experience opportunities while completing discharge phone calls.
- Held free skin and cervical screenings for under-insured community members.
- Participated in cancer awareness and fundraising events, including:
  - Get Your Rear in Gear
  - Shakopee's Relay for Life
  - Community celebrations
  - Diggin Pink with Shakopee Volleyball
  - Tee One for Hope Golf Tournament with the Foundation
- Coordinated classes/events for patients, including:
  - Women's Cancer Support Group
  - Look Good Feel Better Class
  - Chemotherapy Education Class
  - Spring Connection Cancer Survivor Event

## Goals for 2012

- Review, educate staff, and ensure compliance with the Commission on Cancer Program Standards for 2012.
- To enhance the patient experience, formalize the recognition process for patients completing their cancer treatment; or for those completing their first year of treatment.
- To enhance the family experience, formalize the follow-up process for those grieving a loss.
- Increase cancer care coordination to include all new cancer patients.
- Operationalize bedside bar-coding for all medications.
- Adopt nausea management best practice process to teach patients/families during individual and group education sessions.
- Develop standard patient education about sexuality issues while receiving treatments and incorporate content into patient education materials.
- Continue integration of the work of the Healing Environment and the Integrative Health committees.
- Develop best practice educational content around survivorship.
- Encourage completion of PVSRs and review results with staff to continually promote safety.
- Perform a gap analysis and plan for infection control practices in the Cancer Center.
- Improve coordination of care and services for PEG patients.
- Incorporate "At Your Request" menu selections in the Cancer Center for patient/families.



## Successes in 2011

The Intensive Care Unit is an eight bed unit that provides multi-disciplinary critical care to late adolescent (16 years old) through geriatric patients. The patients most commonly served include medical patients (respiratory, cardiovascular, neurological, gastrointestinal, renal failure, sepsis, suicidal gestures and alcohol/chemical overdose and/or withdrawal). Additionally, the ICU staff provide care for surgical patients in need of higher acuity nursing and patients requiring admission to the ICU to meet requirements for Level III Trauma Certification. The ICU RN staff are minimally certified in BLS, ACLS, and either CALS or TNCC. The ICU also serves as the monitoring hub for up to 16 telemetry units and 24 centralized oximetry units primarily located within Medical-Surgical.

- Developed and implemented stroke code outside of the Emergency Department procedure throughout the hospital.
- Reviewed implementation of stroke management/telestroke plan during ICU Clinical Development Days.
- Provided discussion and education to improve stroke core measures.
- Collaborated with Care Management to better care for our complex patients by more active participation in the multidisciplinary meeting every morning.
- Partnered with Lab and RT staff to decrease the number of disruptions that patients have during their ICU stay, especially during the night hours.
- Encouraged staff to use the PVSr for “good catches” and increased reporting to improve patient safety.
- Completed competence with staff to improve vascular access in an emergent situation through use of an intraosseous access and rapid infuser/fluid warmer.
- Collaborated with Medical-Surgical to improve telemetry skills for their staff.
- Partnered with Medical-Surgical staff for presentations on Rapid Response team identification and implementation when the patient is deteriorating.
- Collaborated with Medical-Surgical to improve the guidelines for ICU RNs floating to Medical-Surgical.
- Best of practice implementation for QTc monitoring.
- Continued to work on the process for medication reconciliation to improve patient safety.
- Initiated a hospital wide program to recycle telemetry electrodes/patches following use.
- Organized the Third Annual Children’s Book Drive for the River Valley Nursing Center at St. Francis Regional Medical Center. Collected over 500 children’s books, coloring books, crayons, and stuffed animals for their program to distribute to the community.
- Sponsored a local family for the holiday season.

## Goals for 2012

- Extend transformative nurse training to additional ICU RN staff and implement integrative therapy into nursing practice.
- Improve interdepartmental collaboration and communication.
- Increase nursing staff with specialty certification.
- Continue green initiatives.
- Increase PVSr reporting and “good catch” reporting.
- Collaborate with Medical-Surgical staff to improve telemetry monitoring.
- Continue to improve guidelines for floating (ICU staff floating to Medical-Surgical).
- Operationalize bedside bar coding.
- Continue to implement improved use of patient care boards.
- Hold the Fourth Annual River Valley Nursing Center Children’s Book Drive.
- Participate in community events/outreach.



## Successes in 2011

Surgical Services is comprised of a procedural unit (five operating rooms on the first floor and one cesarean section room within Family Birth Place), a perioperative unit (ten PACU recovery bays and 19 pre and post-op bays), and a sterile processing unit. Gastroenterology services are provided in two Endoscopy suites.

In 2011, a total of 4,621 surgeries were performed of which 1,432 were inpatients and 3,189 were outpatients. In Endoscopy there were 1,785 procedures performed.

Surgery specialties include ENT (ear, nose and throat), general surgery, gynecology, obstetrics, ophthalmology, oral surgery, orthopedics, spine, urology, and plastics.

- Implemented the WHO universal protocol checklist.
- Coordinated a holiday celebration and recognition events.
- Coordinated holiday events such as donations for the silent auction and donations for sponsored families.
- Published a quarterly department newsletter updating staff on department, facility and system initiatives.
- Participated in multiple community benefit activities such as food drives, Bikes 4 Kids, collecting donations for Joplin tornado victims, and military care packages.
- Enhanced green initiatives.
- Trained three perioperative nurses in integrative health techniques.
- Charge nurse development training.
- Implemented audio guided imagery for surgical patients.
- Started a process to send out thank you notes to outpatient surgical patients.
- Implemented new outdate check process for stocked supplies.
- Piloted discharge phone calls for endoscopy patients.
- Opened newly constructed SDS, PACU, and Endoscopy suites.

## Goals for 2012

- Improve employee engagement.
- Continue department newsletter.
- Encourage continued use of e-spot recognition.
- Plan department celebrations for specialty recognition weeks.
- Coordinate community giving initiatives and promote volunteerism.
- Improve interdepartmental communications and hand-offs.
- Provide Clinical Development Days for SDS/PACU and OR nurses.
- Increase PVSR reporting of near misses.
- Continue green initiatives.
- Design and implement patient tracking boards.
- Revise preoperative patient education materials.
- Develop and implement new endoscopy nursing care and documentation standards.
- Implement data validate and end tidal CO2 monitoring technology.
- Implement new outpatient satisfaction survey.
- Increase nurses with nursing specialty certification.
- Extend integrative health training to all perioperative nurses.
- Open three newly constructed OR rooms.



## Successes in 2011

Family Birth Place offers a holistic and healing environment. Childbirth is treated as an individualized special event to provide personal choices for parents. Family Birth Place is a six-bed labor/delivery and an eleven-bed recovery/postpartum unit providing obstetrical and newborn services. There is also a six-bed Special Care Nursery and a normal newborn nursery, although babies are usually roomed with their mothers. St. Francis has also established a program to aid breastfeeding mothers, before, during and after the birth of their babies. A lactation consultant is available for questions or assistance with breastfeeding needs. St. Francis and Family Birth Place also provide ongoing holistic birth and parenting education before, during and after the birth of a baby. The classes provide the most current and accurate information about birth and parenting. Family Birth Place offers the opportunity to select a health care provider who will guide patients every step of the way. The choices for health care providers include obstetricians, family practice, certified nurse-midwives, pediatrics, neonatologists, and neonatal nurse practitioners. In addition, Family Birth Place nurses provide expertise in births and infant care.

- Implemented services for water birth.
- Worked with Nutritional Services to provide healthy foods to patients.
- Created a system-wide infant safety project.
- Began using total parenteral nutrition (TPN).
- Trained the float staff in Labor and Delivery.
- Worked with Allina Pregnancy Council to incorporate evidence based, best practices in the care given to patients.
- Created in-service for respiratory therapists to wash and gown for Special Care Nursery assistance.
- In-service from the diabetic educator on the diabetic OB patient.
- Provided electronic fetal monitoring training to the entire staff.
- Developed a resource guideline packet for staff use regarding labor management.
- Implemented the induction of labor program to reduce or eliminate inductions less than 39 weeks.
- Trained all Family Birth Place registered nurses on guided imagery.
- Trained the Family Birth Place nurses to circulate in the OR during stat Cesarean sections to facilitate an efficient and safe delivery of the newborn.
- Trained staff for after hours scrub role during stat cesarean section.
- Participated in Habitat for Humanity and various other community services.
- Sponsored a family during the holidays.
- Donated supplies to Haiti in crisis time.
- Implemented patient care boards.
- Initiated full neonatology services for Special Care Nursery patients.
- Received award for most improved unit in HCAHPS overall rating composite in patient satisfaction.
- Received the Sharon Loth Most Improved Patient Satisfaction award.
- Implemented thank you notes to discharged patients.

## Goals for 2012

- Continue to work for volume and acuity growth of Special Care Nursery.
- Continue mock stat Cesarean drills.
- Continue mock code blue drills.
- Increase nurse communication of medication and nurse communication scores.
- Increase pain management scores.
- Use high-flow nasal cannula services in the Special Care Nursery.
- Increase waterbirth volumes.
- Successful transition into new NRP guidelines.
- Implementation of TNT programs to FBPNurses.

## Successes in 2011

Diagnostics Services Nursing is a multidisciplinary and dynamic care team, with RN coverage from 7:15 a.m. - 5 p.m. Monday-Friday in addition to PICC pager availability until 11 p.m. The pager availability is rotated between the two full-time nurses who exclusively provide the hospital's PICC program 365 days a year.

Diagnostics Services Nursing supports the modalities of CT, MRI, ultrasound, echocardiography, mammography, nuclear medicine, scheduling, general x-ray, the non-invasive cardiology program, SFRMC radiologists in addition to the general care areas of the hospital. Nurses are certified in BLS, ACLS, and PALS. There were 63,608 patient exams done in Diagnostics Services in 2011 that can call for nursing help at any given time, including emergent assessments, IV assistance, contrast reactions, and other miscellaneous patient care needs.

- 226 PICC lines successfully placed at bedside with 100% compliance with the central line bundle.
- 98% of PICC lines placed were done in two "sticks" or less.
- 1,295 nurse monitored stress tests completed.
- 31 patients sent for stereotactic breast biopsy procedure.
- 113 invasive sedation procedures completed (biopsies, TEE, drainage tubes, sedations for MRI).
- 251 doses of definity contrast given for echocardiography.
- 154 CT coronary angiograms prepped.
- 20 MRI enterography completed (new exam for St. Francis which began April 2011).
- Two ICU nurses commissioned as back-up to diagnostics RNs for non-productive coverage.
- Vascular access troubleshooting completed.
- Collaborated with Lab for drawing patients who came in with a pre-existing line or port.
- Worked with Sedation for bone marrow biopsies when needed with Dr. Conway.
- Pre-sedation documentation compliance assistance for radiologists/cardiologists/pathologist doing invasive procedures with sedation.
- Collaborated with MRI to start MRI enterography scans.
- Other daily included exams with direct involvement included but were not limited to paracentesis, thoracentesis, spine injections, bubble studies, voiding cystourethrograms, renograms, contrast injections, lumbar punctures, hepatobiliary scans, IV troubleshooting, and myelograms.
- Post-procedure phone call follow-ups on all patients undergoing invasive type procedures.
- Started using LUMM score for PICC line measurement to decrease need for repositioning of line post x-ray, decreasing risk for infection.

## Goals for 2012

- Continue to work towards zero central line associated blood stream infections (CLABSI).
- Increase awareness with fall risk in diagnostics and specifically within the stress testing modality.
- Implementation of nitrous use with pediatric patients for procedures.
- Conversion of moderate sedation for MRI to anxiolysis only as a community standard.
- Continued PICC line placement at 97%+ with two "sticks" or less.
- PICC placement with ECG guidance eliminating the radiation exposure of a chest x-ray, and quicker verification for use.
- Successful integration of a treadmill/holter technician to the non-invasive cardiology team.
- Movement to a 5Fr triple lumen PICC line with same flow rates as the larger 6Fr with less complication potential for the patient.
- 90% PICC placement without repositioning of catheter.



## Successes in 2011

Diabetes Education, staffed by registered nurses and clinical dietitians, is nationally accredited by the American Diabetes Association. They provide quality education in the areas of diabetes care and management to inpatients and outpatients. Services include 1:1 counseling, education classes, support groups, and community education and screening events. All registered nurses in this program are certified diabetes educators.

- Increased staff participation in diabetes screening and diabetes prevention community events.
- Maximized the utilization of the electronic medical record to improve documentation and enhance data-tracking.
- Participated in the work of the Allina-wide council for improving inpatient diabetes management to standardize best patient care practices.
- Developed a process to annually review all education materials and curriculum.
- Monitored discharge phone call results for opportunities to improve the patient experience.
- Developed a new work-flow process to improve patient scheduling and appointment follow-ups.
- Enhanced employee engagement by improving interdepartmental communications.
- Improved the telephone patient scheduling process.
- Participated in 15 community outreach and community education events.

## Goals for 2012

- Analyze and follow-up on survey data received from type II diabetes class attendees for opportunities to improve the patient experience.
- Review and revise as needed all educational content of the diabetes classes.
- Update foreign language education materials and assist interpreters and staff in their use.
- Collaborate with the St. Francis "Be Fit" initiatives.
- Identify resources and a plan for the improvement of inpatient diabetes care and articulate the work of the committee going forward.
- Continue active participation in community events within the St. Francis service area.

## Successes in 2011

St. Francis Regional Medical Center Pediatrics provides multidisciplinary care to infants through young adult as well as care for the Medical-Surgical patients in a four-bed unit. The patient populations most commonly served on this unit are the following:

**Medical patients:** asthma, pneumonia, other respiratory illnesses, jaundice, pyelonephritis, cellulitis, endocrine issues, closed head injuries, gastro-intestinal issues/diseases and dehydration.

**Surgical patients:** tonsil/adenoidectomies, open/closed reductions of fractures, appendectomies.

- Cross trained staff to care for the Medical-Surgical patient.
- Cross trained staff to care for the after hours transfusion patients.
- Collaborated with Allina Pediatric Care Council to incorporate evidence-based, best practices in the care we give our patients.
- Continued cross-training the float-pool staff to Pediatrics as well as the after hours outpatient treatment patients.
- Participated in community service by stuffing backpacks for area schools.
- Implemented the acuity ratings for Pediatrics patients.
- Implemented the Asthma Action Plan.
- Trained nursing assistants to Pediatrics.

## Goals for 2012

- Increase documentation compliance of the Home Management Plan of Care documentation for the pediatric asthma patient core measure.
- Continue community giving with backpack stuffing.
- Continue involvement with the Allina pediatric clinical expert group regarding documentation, falls, skin care and core measures in pediatrics.
- Increase volumes and acuity of pediatric patients.
- Involvement with Medical-Surgical unit council.
- Develop a plan for advanced care of the respiratory patient.



## Successes in 2011

The Emergency Department (ED) at St. Francis Regional Medical Center provides high quality care from critical care trained emergency physicians, nurses and ED technicians. ED physicians are board certified in emergency medicine and nurses are certified in BLS, ALCS, PALS or ENPC and TNCC or CALS. In 2011, the ED averaged nine ambulance patients included in an average of 73 patients per day. There were 4,728 patients admitted to St. Francis from the ED and the average length of stay from arrival to discharge was just under 120 minutes. Total patients seen in the ED was 26,822.

St. Francis is a designated Level III Trauma Center, which saw 225 trauma patients in the ED during 2011. The Minnesota Department of Health re-designated St. Francis a Level III Trauma Center in 2011. St. Francis ED's excellent telestroke program cared for a total of 66 stroke patients, while the median time from door to drug (TPA - clot buster) was 55.5 minutes. With a Level I MI program in place, the ED was able to care for 22 patients actively having a heart attack and transfer them to Abbott Northwestern Hospital's (ANW) cath lab for intervention. The median door to EKG time was three minutes, while the median time from patient arrival to St. Francis ED to artery open in the cath lab at ANW was 83 minutes.

- Received the Heart Safe Community designation in 2011 and taught over 1,926 community members in CPR through Heart Safe/CPR Anytime.
- 16 AED's were placed in surrounding communities through the Heart Safe/CPR Anytime.
- Ranked in the 90th percentile for patient satisfaction nationwide: 84% rated their overall quality of care and services in the ED as very good or excellent; 95% reported they would recommend St. Francis to their family and friends.
- Produced and placed an electronic billboard in the community that displays current ED wait times to the public.
- Core measures: 97.8% of HF, PN and AMI patients received optimal care; 89.2% of our stroke patients received optimal care (exceeding our goal of 85%); readmission rate for CHF patients was 16.35% and 13.17% for PN patients, both at/under goal and meeting/exceeding care standards.
- Reached over 450 students through the "No More Tears" program, providing safe driving education.
- Collaborated with Lab to do all draws, resulting in a decrease in our hemolysis rate; the time of delivery also went down so turnaround times were faster.
- Increased morale through social gatherings and hosting speakers who discussed team building and respect.
- Increased number of ED nurses with CEN (national certification) by 5%.
- Implemented "Just Ask" campaign where brochures are handed out to patients to encourage them and their families to actively participate in their care.

## Goals for 2012

- Increase the number of ED nurses with CEN (national certification) by 10%.
- Implement full use of patient care boards (goal 90%) and improve the quality of patient rounding to enhance the communication between staff, providers, patients, and family, as well as increase patient satisfaction.
- Train nurses on ultrasound use for difficult IV starts.
- Train nurses and implement nitrous oxide use in the ED for pediatric patients.
- Create an educational opportunity for all RNs to attend a skills training for ED nurses across Allina.
- Improve communication skills of all ED care providers through training and implementation of performance improvement initiatives around communication processes in the ED.
- Community outreach initiatives and volunteering: Habitat for Humanity, collection for food shelf, presence at community health/safety fairs and community events.

# Shakopee Urgent Care

The Shakopee Urgent Care (SUC) at St. Francis Regional Medical Center provides high quality care from specially trained mid-level providers, family medicine physicians, internal medicine physicians and/ or emergency physicians, certified medical assistants and certified nursing assistants/ emergency medical technicians during designated hours. SUC offers various levels of care to all age patients in a clinic setting. The Emergency Department provides assistance and back-up to SUC on an as-needed basis. In 2011, SUC saw 8,900 total patients, which is an average of 24 patients per day. The average length of stay from arrival to discharge was less than 60 minutes.

**Patient Satisfaction:** 79% of patients rated their overall quality of care and services as very good or excellent, while 92% reported they would recommend St. Francis to their family and friends.

**Hours of Operation:** 6 p.m. - 10 p.m. on weeknights, 1 p.m. - 10 p.m. on weekends, and holiday hours are determined based on assessment of volumes from previous years.

# Sane Program At St. Francis

The role of the Sexual Assault Nurse Examiner (SANE) is to complete an evidentiary exam on sexual assault victims and suspects presenting to the Emergency Department at St. Francis. The SANE evidentiary exam consists of forensic evidence collection, STD evaluation and preventative care, pregnancy risk evaluation and prevention, collaborative crisis intervention, and care of injuries. The evidence collected is then used to confirm recent sexual contact, show that force/coercion was or was not used, identify the assailant and to corroborate the victim's story. St. Francis has eight sexual assault nurse examiners that are on-call 24 hours a day, 365 days a year. Each has gone through an intensive five-day classroom training; training with an OB-GYN specialist in the outpatient clinic setting; several hours of orientation with actual victims/suspects; and maintenance of continuing education credits. They come in as needed to care for victims of sexual assault and suspects presenting to the Emergency Department.

The following are the volumes related to SANE cases at St. Francis:

- 2006: 15 sexual assault cases
- 2007: 27 sexual assault cases
- 2008: 22 sexual assault cases and one suspect case
- 2009: 27 sexual assault cases and two suspect cases
- 2010: 25 sexual assault cases and one suspect case
- 2011: 16 sexual assault cases and no suspect cases

To care for our sexual assault victims, St. Francis works in collaboration with local law enforcement agencies, sexual violence centers in Hennepin, Scott and Carver counties, the Scott/Carver county crisis team, the BCA (Bureau of Criminal Apprehension), and family practice physicians from our local medical clinics.

## Successes in 2011

Inpatient Care provides multidisciplinary care to late adolescents through geriatric medical or surgical patients in a 57 bed unit. The patient populations most commonly served on this unit can be put into two groups:

- ♦ **Medical patients:** respiratory, cardiovascular, neurological, gastrointestinal, renal, metabolic disorders, sepsis and patients with suicide ideation/gestures.
- ♦ **Surgical patients:** joint replacement, general surgical, general spine.

- Established TCAB Team to improve the quality and safety of patient care, increase the vitality and retention of nurses, engage and improve the patient and family members experience of care and to improve the effectiveness of the entire care team.
- Scored 87% on the employee engagement survey.
- Improved the core measure score with a roll-up of 97.8% (AMI, heart failure, pneumonia and SCIP).
- Improved Stroke core measure score in 2011 (89.2%).
- Reduced heart failure re-admissions by 1.75%.
- Increased patient satisfaction score for pain management.
- Initiated collaboration with Pharmacy to improve patient pain management.
- Initiated collaboration with Pharmacy to reduce harmful falls.
- Offered code green de-escalation training to charge nurses.
- Trained additional charge nurses at Allina-wide charge nurse class.
- Trained nearly 100% of RNs in telemetry monitoring.
- Increased documentation through the care plan.
- Reviewed and completed process to assure oxinet cords availability in each patient room.
- Organized and updated educational materials for patients and families.
- Improved patient satisfaction greatly by supporting "At Your Request" food service transition.
- Established nurse leader rounding on every patient once during their hospital stay and exceeded projected goal.
- Increased earlier identification of C-difficile infections.
- Doubled the number of nurses who are med-surg certified.
- Patient Care Council developed and presented the yearly clinical education for nursing staff.
- Additional education presented for nursing staff:
  - Dr. Dock—wound vacuums and new surgical procedures.
  - Dr. Hoff—sleep and shift work disorders, potentially inappropriate Medications (fall prevention).
  - Greg Jones, RN, PCS—mock codes.
  - Jimly Harris—diagnostic testing overview.
  - Melissa Abeln, RN—excellian review.
  - Effective communication seminar.
  - Poster presentation regarding legal documentation.
  - Tips and tricks communication board.
  - AMSN and AJN journal subscription for Medical-Surgical.
- Trained six RNs in transformative nurse training to provide integrative therapies to our patients.
- Obtained the Joint Commission Disease-Specific certification in heart failure.



- Improved MD/RN communication through re-education and new uses of technology including j-paging and amion.
- Established the No One Dies Alone project.
- Improved access to tools and equipment for increased employee satisfaction.
- Improved volunteer training.
- Initiated work on interdepartmental communication.
- Increased involvement of staff with unit initiatives.
- Resource manuals developed and distributed throughout unit.
- Held the fourth annual Medical-Surgical family picnic.
- Continued community involvement: Habitat for Humanity, CAP food donations, sponsored a family in need, donated money to All Paws Pound, had representatives at community parades and events such as Lakefront Days.
- Increased number of potlucks with other departments.

## Goals for 2012

- Continue to reinforce nursing staff rounding.
- Provide and document patient education throughout patient stay.
- Provide feedback to staff regarding changes put in place based on the patient visitor safety reports and trends in errors.
- Refine interdepartmental communication skills.
- Continue to sponsor educational sessions for staff.
- Increase staff participation in community events.
- Increase volunteer coverage on the unit, including providing a presence at the north desk in the late afternoon/evening hours.
- Increase employee rounding by nurse leadership.
- Enhance team building by coordinating off site team gathering with other departments to promote cohesiveness across the hospital.
- Complete Getting to Know You (member board) for unit.
- Continue ongoing discussion of unit's fiscal responsibilities.
- Continue education seminars (content requested by staff) surrounding staff meeting times to make more accessible to staff.
- Promote research, advanced clinical knowledge and practices
- Develop content and deliver annual Clinical Development Days for RNs and NAs.
- Develop content and deliver telemetry and chemotherapy review classes.
- Send two additional Med-Surg nurses to ONS chemotherapy and biotherapy class.
- Send RNs to nursing conference to share best practices with staff.
- Continue TCAB initiatives.



Learning and Development at St. Francis is part of an integrated system-wide service with hospital site-specific presence. This department at St. Francis is a support service that provides educational resources and programs to meet the strategic needs of our health care organization, employees and patients we serve. It also provides services to all hospital employees, students and volunteers to support the provision of quality patient outcomes. As an integrated system-wide support service, Learning and Development

works in a collaborative partnership with Allina and hospital leadership to support competent delivery of care to patients through orientation, ongoing clinical competency, clinical and professional development, education consultation, clinical leadership development, mandatory and regulatory education, and academic affiliations.

The scope of our work includes equipping clinical leaders to create engaging, high performance work environments that result in excellent patient outcomes and satisfaction and achieve business results, as well as executing compliance/mandatory training requirements to create strategic business advancement wherever possible. We also facilitate employee educational opportunities that enable individuals to advance their professional development and grow as health care leaders and individuals, in addition to evaluating educational outcomes to assure educational excellence.

## Successes in 2011

- Successful pilot for advanced preceptor orientation using new technology with turning point system.
- Leveraged capability to assist in establishing a certification process for low volume/high risk staff competency specific to perioperative obstetrical.
- Streamlined circulating and scrub RN roles.
- Supported the conversion and implementation of the online orientation.
- Competency evaluation for three nursing departments.
- Supported the process for tracking a professional journal club for review of best practice within nursing.
- Supported 175 site specific learning events.
- Supported an increase in students with 100+ nursing and almost 90 Allied Health students (pharmacy, EMT, paramedics, dieticians, MLT, surg techs, ultrasound techs, HUC, phlebotomy).
- Offered new graduate RN, charge nurse, and preceptor programming.

## Goals for 2012

- Develop stronger technology training.
- Increase the number of departments using resources like the Professional Journal Club for best practice review.
- Online conversion of all nursing departments for department specific competencies.
- Support the development of quarterly clinical educational opportunities.

## Successes in 2011

Cardiac Rehab has a multidisciplinary team of registered nurses, exercise therapists and support staff. The purpose of the program is to assist adults with heart disease or who are at a high risk of developing heart disease maximize their quality of life. Based on the guidelines provided by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), the team uses case management and outcome measurements to provide exercise, education, behavior modification and psychological interventions. The overall goal is to assist in recovery after heart events, reduce the incidence of recurrence, and to help clients return to full and productive lives.

- Reviewed and updated all department policies to prepare for AACVPR certification process.
- Measured patient satisfaction through the IDEA survey given to patients.
- Finished preparation to submit the 2012 application for the AACVPR program certification.
- Continued a patient support group and celebratory events for patients and their families throughout the year.
- Developed an orientation process and checklist to train support staff such as an NA to work in the department.
- Recruited a cardiologist as medical director for the program.
- Formalized clinical competencies for staff and completed annual staff education in compliance with AACVPR guidelines.

## Goals for 2012

- Submit the application and supporting program documentation for AACVPR program certification and achieve accreditation.
- Initiate a schedule for staff to rotate through the three areas of work necessary to maintain staff competency in all areas of patient care and program requirements.
- Consider program expansion to include Phase I and respiratory therapy patients.
- Review and revise with Accounts Receivable, Finance, and Registration departments phase IV billing and collections.
- Ongoing review of patient satisfaction surveys to identify patient experience improvement opportunities.



# Administrative Supervisors

## Successes in 2011

Administrative supervisors are registered nurses who are hospital supervisors 24/7. They are responsible for patient placement, staffing and management coverage on all shifts and weekends.

This group oversees all hospital activities and problem solves immediate issues. These leaders are actively involved with the extended nursing leadership team, assist with monitoring and implementation of quality and safety activities and are key players involved in strategies to meet ongoing regulatory, clinical and organizational initiatives. Many of these individuals are actively involved on committees, such as emergency management, and patient flow.

- Maintained patient flow time to less than 60 minutes from ready-to-admit to admit.
- No patient diverts for six months of the year.
- Participatory tactics in restraint monitoring to meet regulatory requirements, particularly the discontinuation of restraint order to 100% and initial start order within an hour.
- Participated and oversaw the fall huddles for inpatient or out patient falls.
- Participated in leadership development education.
- Adhered to AMS staffing targets and reduction of OT.
- Met goal for patient satisfaction.
- Implemented Everbridge notification of open shifts for Med-Surg trained staff.
- Participated in the hospital evacuation drills.
- Implemented new transport team and facilitate daily operations.
- Implemented new NA float pool and facilitate daily operations to meet needs of Patient Care units.
- Winner of the Support Star award for improved patient satisfaction in FBP.

## Goals for 2012

- Diverts kept to less than ten.
- Quarterly education for leadership development.
- Patient flow "ready to admit" to "admit" in less than 60 minutes.
- Adhere to AMS staffing targets and reduction of OT.
- Participate in tactics with Med-Surg team to reduce sitter hours.

## Successes in 2011

The float/flyer team has the knowledge and skill to adapt quickly and provide resources in an unpredictable environment.

This team is competent in several specialties and is instrumental in staffing unexpected unit needs.

Medical-Surgical floats practice in Medical-Surgical, Family Birth Place and Pediatrics. Critical Care floats practice in PACU, ICU and ED. The flyer nurse has a critical care background and is a resource to all staff in any nursing unit presenting an immediate need.

This team provides representation in committees that affect patient care such as falls, patient flow, patient satisfaction, emergency response, pediatric cross training, safe patient handling and FBP, ED and M/S patient care councils.

- Increased the core number of float pool nurses by six (four in the Medical-Surgical float team and two to the critical care float team).
- Developed the Float/Flyer Patient Care Unit Council with team building emphasis.
- Completed orientation of three Medical-Surgical floats with labor and delivery expertise.
- Supported the Pediatric Department with Medical-Surgical floats in the charge role.
- Flyers became the de-clot team for infusion.
- Flyer scrub trained for stat C-section off shifts and weekends.
- Participated in community outreach activities including St. Gertrude's Holiday Tea and Habitat for Humanity.
- Involvement in upgrade of PVSr tool.
- Four members trained in TNT program.
- Participated in "Basket Case Auction."
- Winner of the Support Star award for improved patient satisfaction in FBP.

## Goals for 2012

- Quarterly clinical education sessions and monthly education tidbits.
- Participate in annual St. Gertrude's Tea for residents.
- Develop team activities to enhance communication.
- Hold team building activities with other nursing units.
- Develop float preceptors.
- Formalize reporting process from patient care focused committee representatives.



# Development

## Empowering Nurses to Create Change

*St. Francis nurses participated in "Transforming Care at the Bedside" (TCAB), a nationwide program to improve patient care, patients' and family members' experience of care and teamwork among care team members.*

*The TCAB program is a multi-year, collaborative project of the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement a program that creates, tests, and implements changes that improve care on medical-surgical units, and improve staff satisfaction as well. One of this quality improvement program's unique defining features is that it is completely nurse-driven.*

*The program focuses on improving four major areas: safety and reliability; joy and supportive work environments; patient-centered care; and value-added work.*

*"What makes this different than other quality improvement programs is the fact that it's staff-driven," Deb Ryan, RN, vice president, Patient Care Services at St. Francis, said. "This program empowers our team to generate ideas and solutions that will improve patient care at St. Francis."*

## Summer Nursing Internships

The goal of the nursing internship program is to identify opportunities for students to practice and refine their skills with the safety of a preceptor's supervision. The internship program allows students to bring their training to a clinical setting and enhance their classroom knowledge. Interns are chosen through a competitive process, including an extensive written application and interview. Once accepted, a student's internship experience is largely dictated by their school's requirements. Interns come from a variety of colleges, mostly within Minnesota.

Following the completion of their internships, students report the experience to be invaluable for their education and careers. They quickly realize that the classroom and hospital are two completely different places, reporting many unanticipated challenges and even greater rewards. One intern said, "The most important things I will take away from this summer's experience are the confidence, an increased sense of comfort in my role as a nurse, a greater idea of the direction of my future career, and even more enthusiasm and excitement for the profession of nursing as I move forward into my senior year."

• safety and reliability  
joy & supportive work  
environments  
patient-centered care  
value-added work

*Kris Beuch, RN  
and new mother*



## Transformative Nurse Training (TNT)

### *First Graduates at St. Francis*

Fifteen St. Francis nurses completed Allina's Transformative Nurse Training (TNT) program in 2011. TNT was initially created and developed by the nurses of the Penny George Institute for Health and Healing™. Their vision was to transform health care, blending the art of healing and the science of curing, to optimize the health of the whole person – body, mind, and spirit.

Nurses learn the principles of healing therapies, with hands-on experience in skills development in areas such as massage, guided imagery, physiologic relaxation response, meditation, traditional Chinese medicine, nutrition, and more.

Nurses were very grateful for the opportunity to “expand their professional toolbox” according to Joyce Hartman, RN, Inpatient Care. “Two days ago, I cared for a newly diagnosed cancer patient who was very fatigued,” she said. “I offered her a back massage and she insisted I was too busy for this. I insisted. She finally accepted. Minutes into the massage, she

fell asleep. She was able to rest for 2 straight hours. When she woke up, she was so sincerely thankful for allowing her to finally rest. In my 17 years as a nurse, I have never received that response from a medication. If not for TNT, I would not have offered that massage.”

Kris Beuch, RN, quickly integrated music therapy into her work in the Breastfeeding Support Center, to help new mothers in relaxation, a key component for breastfeeding success. “The program taught me so much about myself and about the foundation of practicing holistic nursing. I know I will be able to use what I have learned to help the breastfeeding mothers that I serve,” she said.

Deb Ryan, RN, vice president, Patient Care Services, looks forward to building on staff's excitement and momentum. “There are a lot of great caregivers with talent and passion for integrative therapies, and we will include them all in our efforts at St. Francis,” she said.



Nurses were very grateful for the opportunity to “expand their professional toolbox...”

**Transformative Nurse Training Graduates:**  
Row 1: (left – right) Jody Gall, Bethany Anderson, Lindsay Brindise, Shelly Rapp, Claire Frederick. Row 2: Carly Brown, Joyce Hartman, Rebecca Barmack, Meagan Kelly. Row 3: Karen Sonnenburg, Mimi Lindell, Kathy Mason, Rick Wett, Jen Eide, Deb Sisler, Shannon Giesen, Sue Bartz, Marti Auringer, Sarah Hallman, and Pat Maslonka. Not Pictured: Jen Finger, Christy Anderson.

# In the Community

## Nurses in the Community

St. Francis has grown from a small, community hospital to a comprehensive regional medical center, yet we've never faltered in our commitment to the health of our communities by reaching beyond hospital visits and emergency care. Our nursing staff play a key role in community activities and events such as car seat clinics, baby fairs, screenings and presentations. They serve on area board of directors and advisory groups, bringing community health and wellness opportunities to light.

They bring realities of texting, drinking and distraction to high school students in the area through programs like No More Tears and Drive Now Text L8R programs.

They provide physical support through events like Habitat for Humanity, community celebrations or Free Bikes 4 Kidz. Others are educational in nature. Programs like Healthy Active Living educate and empower youth and adults. Still others became involved in community needs that needs to be fulfilled, such as the book and toy drive for underserved children around the holidays.

*Top left: When area organizations team up to provide support to St. Francis services, our nurses become a part of the action. RN Marti Auringer accepts a check from the local Volleyball Team's Dig Pink event and fundraiser.*



*Above, diabetes educator Kim Johnson and Emergency nurses Rachel Knutson and Jamie Stolee at a local event.*



*Top Rt: Over 500 daddies, mommies and babies participated in St. Francis' 2011 Baby Fair. Pictured, nurses Vicki Johnson and Ginny Buddensiek help a father-to-be understand the physical demands of his pregnant partner as well as the most efficient way to diaper a baby.*

*Lower Right: The City of Shakopee was officially designated a Heart Safe Community by Allina Hospitals and Clinics, thanks in part to St. Francis nurse volunteers who taught 1,926 people in hands-only CPR (cardiopulmonary resuscitation).*

## Shakopee's Strong Heart

*The City of Shakopee was officially designated a Heart Safe Community by Allina Hospitals and Clinics, thanks in part to St. Francis nurse volunteers who taught 1,926 people hands-only CPR (cardiopulmonary resuscitation). The designation recognizes the community's preparedness to respond to sudden cardiac arrest. In addition, 16 Automatic Emergency Defibrillators (AEDs) were placed in the community.*

*Performing CPR immediately can double or triple a person's chance of survival, making this skill invaluable. Participants in the class also learned the differences between a heart attack and sudden cardiac arrest and their accompanying symptoms.*

*Three keys to saving the life of someone experiencing sudden cardiac arrest are: starting CPR, calling 911, and the availability of an AED to restart the heart. A stunning statistic states that sudden cardiac arrest hits 300,000 people annually in the U.S., with only a 5-7% survival rate in most communities. Educating the community and arming citizens and business with the proper techniques and tools is a huge step in increasing this rate.*



## Awards and Achievements

### Sarah Hallman: *Women's Health Nurse of the Year*



*Pictured, left to right: Lindsay Brindise, Rising Star nominee; Hallman; and Brianna Theis, Staff Nurse- General Care nominee. Not pictured: Angie Christian, Academia, Clinical Education and Nursing Research nominee.*

Known for her dedication to improving care for her patients by knowing what the research says and what is important to her as a mother, St. Francis Regional Medical Center RN Sarah Hallman was named 2011 Distinguished Women's Health Nurse of the Year by the March of Dimes.

Hallman is a labor and birth nurse who has made an impact on how mothers and babies are treated in the operating room after a cesarean section at St. Francis Regional Medical Center. She spearheaded the change to allow babies to stay with their mothers immediately after birth to support the bonding process and keep the family together. "Her tireless dedication to her patients shines through in all she does, Sarah is an exceptional nurse and I am proud to be one of her colleagues" says Kris Scott, Family Birth Place supervisor.

March of Dimes celebrated Nurse of the Year winners in 14 additional categories at a dinner and awards program. The honorees' leadership and contributions have made a significant impact on their community and to the profession of nursing.

Nominations were submitted by patients, their families and health care professionals statewide. In addition, three other St. Francis nurses were nominated for Nurse of the Year awards.

## Eileen Dietz Scholarship



*Pictured, (left to right) Deb Ryan, vice president of Patient Care; Schmitz, and Sarah Amendola, manager Inpatient Care.*

The 2011 Eileen Dietz Nursing Scholarship was awarded to St. Francis nurse Kim Schmitz. Schmitz is currently enrolled in the nursing program at Mankato State University and expects to graduate in December 2012 with a Bachelor of Science degree in nursing.

Kim has 15 years of experience as a RN, beginning her nursing career as a staff nurse at Abbott Northwestern Hospital, transitioning to the Minnesota Masonic Home, and since November 2004 working in Med/Surg at St. Francis.

The Eileen Dietz Scholarship award was established and dedicated in honor of Dietz, who was an OB Nurse in Family Birth at St. Francis when she suffered a brain aneurysm that took her life. Family, friends, and co-workers created this \$10,000 endowed scholarship in her memory. The interest earned each year provides the scholarship funds for this award.

# Avatar

## Exceeding Patient Expectations

*St. Francis Regional Medical Center was one of six Allina Hospitals to be awarded the Exceeding Expectations Award from Avatar International. Avatar International is a leader in providing patient experience survey, benchmark data, goal setting and improvement initiatives to hundreds of hospitals and health systems across the country. Hospitals that received this honor were selected because patients stated their hospital experience surpassed their expectations.*

## International Board Certified Lactation Consultants (IBCLC)



*Pictured, left to right, Mike Baumgartner, president, St. Francis, Kris Beuch, RN, Lactation Specialist, and Ann Friedges, RN, manager, Family Birth.*

The IBCLC award recognizes excellence in lactation care for activities that help protect, promote, and support breastfeeding. Largely through the commitment of Kris Beuch, RN, St. Francis offers certified lactation consultants, a lactation program that is available 5-7 days a week, a breastfeeding support group, and lactation training for medical staff. St. Francis was one of 6 hospitals in Minnesota recognized with this honor.

---

## Optimal Care for Stroke: 100%

In 2011, St. Francis' Stroke Core Measures team set a plan in motion to successfully implement Stroke Core Measures (evidenced base care for stroke patients). The team's membership was expanded to broaden its overall scope, in identifying foundational work needed to prepare for stroke certification. The expanded team reported regularly through the St. Francis Quality & Safety Council, and included a leadership infrastructure of operational managers, VP Patient Care, a neurologist, physicians, Care Managers, point of care staff and quality support.

Team focus included stroke education, identifying and implementing electronic health record (EHR) and order set support enhancements, and identification and problem solving of stroke core measure failure trends. Data was shared with medical staff departments, hospitalists and the Board of Directors. The core measure lead participated in regularly scheduled Allina meetings/conference calls, implementing best practices based on Allina system tests of change.

Mandatory stroke education was provided to nursing staff. Topics included stroke overview, stroke core measures, swallow screen assessment and documentation, and the Telestroke program. Physicians also received education and were encouraged to use Allina stroke admission order sets to promote best practice and core measure compliance.

Stroke optimal care scores improved dramatically over time. Starting at a rate of 31% in Q1 2010, stroke care scores increased for six consecutive quarters. By Q2 2011, 100% measure compliance was achieved! This translated to perfect care for every stroke patient every time they were cared for at St. Francis.

**... stroke care scores increased for six consecutive quarters. By Q2 2011, 100% measure compliance was achieved!**



# St. Francis Accreditations & Certifications 2011

Joint Commission Accreditation  
 Joint Commission Heart Failure Disease  
 Specific Certification  
 Commission on Cancer Accreditation  
 Level III Trauma Center Designation  
 Diabetes Self-management  
 Education Program Certification  
 International Board Certification  
 Lactation Consultants (IBCLC)

## Name

Vloo, Dorinda  
 Amendola, Sarah  
 Aronson, Joel  
 Hennen, Jacqueline  
 Reino, Cheryl  
 Stacken, Becky  
 Turner, Benjamin Patrick  
 Poffs, Susan  
 Anderson, Christy  
 Barnack, Rebecca  
 Beuch, Kristine  
 Bleck, Lori  
 Buddensiek, Virginia  
 Christian, Angela  
 Clay, Megnan  
 Clements, Gerri  
 Dahmert, Arlanda  
 Giesen, Nicole  
 Hagen, Kelly  
 Hallman, Sarah  
 Jeurissen, Christine  
 Kelly, Meagen  
 Laffen, Anita  
 McGoldrick-Kendall, Sandra  
 O'Malley, Mary Jo  
 Rezny, Melissa  
 Schwichtenberg, Sharon  
 Scott, Kris  
 Seifert, Susan  
 Sinness, Pamela  
 Sonnenburg, Karen  
 Sunde, Sharon  
 Thorson, Starlett  
 Turak, Debra  
 Wagner, Robyn  
 O'Neill, Jameen  
 Schwartz, Julie  
 Wilson, Rebecca  
 Boggess, Janeen  
 Giddings, Kathleen  
 McKoy, Kathleen  
 Ortberg, Karen  
 Stenson, Ann  
 Gifford, Jacqueline  
 Berndt, Heather  
 Berens, Susan  
 Dikmen, Cynthia  
 Kraus, Dawn  
 Reynolds, Debra  
 Stolee, Jamie  
 Svihel, Tammy  
 Wagner, Kimberly  
 Kiernan-Johnson, Erin  
 Wolf, Nancy  
 Selkirk, Lonna  
 Smith, Ruth  
 Aukes, Lynelle  
 Francis, Deanna  
 Johnson, Kimberly  
 Mattison, Michelle  
 Roethke, Colleen  
 Benning, Kelly  
 Geske, Renee  
 Hentges, Jennifer  
 Sisler, Debra

## Certification

CCRN  
 CCRN  
 Certified Rehabilitation Registered Nurse  
 CMSRN  
 CMSRN  
 CMSRN  
 CMSRN  
 CMSRN  
 CMSRN  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Certified Lactation Consultant  
 Certified Lactation Consultant  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Low Risk Neonatal Nurse  
 Inpatient Obstetric Nursing  
 Certified Lactation Counselor  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Inpatient Obstetric Nursing  
 Inpatient OB & WHCNP  
 Inpatient Obstetric Nursing  
 Pediatric Nurse  
 Pediatric Nurse  
 CNOR  
 CNOR  
 CNOR  
 CNOR  
 CNOR  
 Certified Ambulatory Perianesthesia Nurse  
 INCC- Infusion Nurse  
 Certified Emergency Nurse  
 Certified Emergency Nurse  
 Certified Emergency Nurse  
 Certified Emergency Nurse  
 Certified Emergency Nurse  
 Certified Emergency Nurse  
 Certified Emergency Nurse  
 Certified Professional in Healthcare Quality  
 Certified Professional in Healthcare Quality  
 Certified Case Manager  
 Certified Case Manager  
 Certified Diabetes Educator  
 Certified Diabetes Educator  
 Certified Diabetes Educator  
 Certified Diabetes Educator  
 Certified Diabetes Educator  
 Certified Diabetes Educator  
 Oncology Certified Nurse  
 Oncology Certified Nurse  
 Oncology Certified Nurse  
 Oncology Certified Nurse



*1455 St. Francis Avenue  
Shakopee, MN 55379  
952-428-3000  
[www.stfrancis-shakopee.com](http://www.stfrancis-shakopee.com)*

