



Nursing Annual Report

2016



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Broward Health Imperial Point Letter from the Chief Operating Officer/ Chief Nursing Officer



Sandra Todd-Atkinson
RN, BSN, MBA, EdD, NEA-BC
COO/CNO
Statkinson@browardhealth.org

Dear Care Warriors,

What an impressive year we have experienced in patient safety and quality. Our recognition as one of the hospitals in the top ten percent nationwide for patient safety by Healthgrades® **validates our vision “to provide world class healthcare to all we serve.” Your commitment to delivering “Imperial Treatment” to each and every patient is a tribute to the outstanding team we have at Broward Health Imperial Point.**

As we embark upon the future, next year we will apply for redesignation as a Pathway to Excellence® hospital. Our accomplishments and transformation over the past two years will ensure our success to achieve this redesignation. As you review this annual report, feel proud of all the endeavors you and your colleagues have fulfilled to earn the position of being one of only 134 hospitals internationally as a Pathway to Excellence® hospital recipient.

In this publication, our focus is on what makes each BHIP nurse special and the opportunities afforded to ensure professional careers are a journey to meet personal goals and development. It is my pleasure to serve such an outstanding nursing team.

Your Servant Leader,

Sandra Todd-Atkinson, RN, BSN, MBA, EdD, NEA-BC
Chief Operating Officer/Chief Nursing Officer



Transformational Leadership

“This interdisciplinary council has transformed the work environment by integrating the principles of Jean Watson’s Theory of Human Caring into every day practice.”

Our Pathway to Excellence® journey has served to transition Broward Health Imperial Point into an organization that is recognized for quality patient care, clinical excellence and innovations in our clinical practice. The Pathway to Excellence® designation has provided a competence indicator in its assessment of over 5,000 hospitals nationwide with just 134 health care facilities achieving this designation.

Transformation would not have been possible in three years without the input from clinical staff. Through shared governance councils all clinical disciplines are represented at the staff level to collaborate and drive changes in processes for the benefit of patients and employees. Currently 40 staff members participate on councils and represent multiple disciplines.

To strengthen this transformation, community leaders are included on the councils to represent those we serve. Community leaders include individuals from academic institutions, non-profit organizations and spiritual representatives.



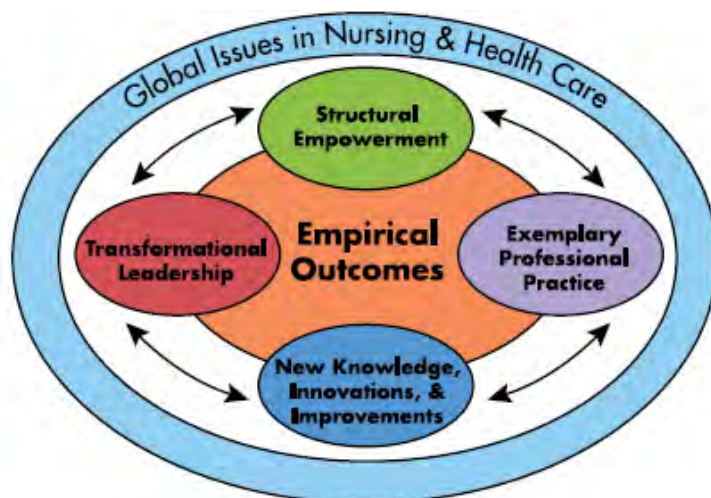
Components of the shared governance structure have been recognized by the American Holistic Nurses Association. In the February 2016, publication of the American Holistic Nurses Association, Imperial Point’s Holistic Care Council was highlighted in the article “Creating a Caring Environment Illuminates Practice Potential.” This interdisciplinary council has transformed the work environment by integrating the principles of Jean Watson’s Theory of Human Caring into every day practice. The Holistic Care Council and Human Resources have partnered to develop programs to support work-life balance. Some of these programs include zumba lessons, workplace yoga, “Zen in Ten,” fitness boot camps and nutritional awareness. For the patients, aromatherapy has been adopted by the clinical staff to reduce anxiety, post-op pain and nausea. BHIP was also recognized by the Fort Lauderdale Chamber of Commerce for the Excellence in Healthcare Awards for Wellness/Lifestyle Program in November 2015. These initiatives support the nursing model of care with the patient, family and self in the center of all we do.



To meet future demands, top of practice was identified as a goal to transition care at the bedside. Over the past six months clinical staff have undergone training to assume the role of support staff for blood draws and EKGs. This allows staff to gain new skills while decreasing the number of encounters patients are subjected to during a hospital stay.

With these transformations there has been a steady increase in staff satisfaction. In October 2015, BHIP achieved an overall engagement score on the Press Ganey Employee Opinion Survey of 95, placing the institution in the 98th national ranking. Employees ranked “My work group is asked for opinions before decisions are made” and “I have opportunities to influence policies and decisions that affect my work” at the 99th national ranking.

BHIP is positioned for the future for success as it has embraced transformational ways of thinking into the nursing mission, vision and strategic plan of the organization.

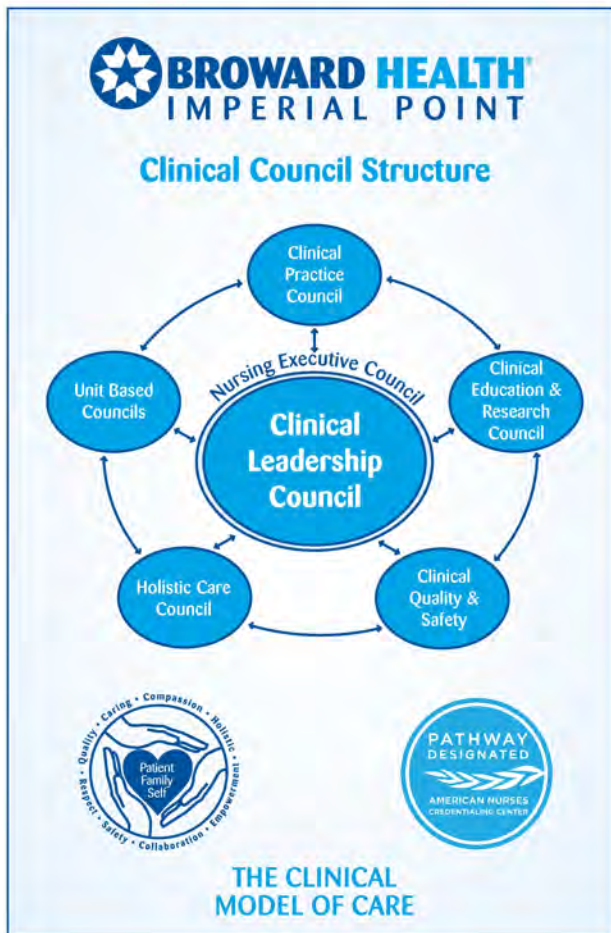


“My work group is asked for opinions before decisions are made”

Structural Empowerment

Leadership and staff at BHIP are involved with planning by sharing, staying engaged and open to new learning as we develop strategic plans focused on the mission and vision of the hospital. Staff experience structural empowerment in a variety of ways including:

Our clinical council structure is a shared governance model with six charters that touch every element of patient care. Clinical staff are encouraged to participate and share their perspectives during open forums, including:



Unit Based Councils – Reviews and provides input for patient care service processes, changes, issues, advises and seeks advice on implementing change based on best practices for the department, patients and staff.





Clinical Practice Council

– forum for nurses and clinicians at all levels of practice. It includes information sharing, discussion, problem solving, making decisions and recommendations regarding issues and pending changes that impact clinical practice.



Clinical Quality and Safety Council – supports culture of safety; disseminates clinical outcome data, promotes innovations in clinical practice through quality and Performance Improvement (PI) initiatives and Evidence-Based (EB) research.



Clinical Education / Research Council – shares information with those responsible for educating clinical staff and promotes innovations in clinical practice through evidence-based research and quality empowerment initiatives.

Holistic Care Council – promotes the values of kindness, respect, care and compassion for our patients, our peers and ourselves. Promotes initiatives for caring for each other as colleagues and caregivers, and the implementation of self-care. Promotes therapeutic partnerships with all disciplines-Care Moments. Addresses spiritual, emotional and physical concerns of ourselves, our patients and our peers.



Clinical Leadership

Council – Oversight council for all other councils. Promotes information flow between all shared governance councils with final decision making occurring in this council.

**CLINICAL PRACTICE RECOGNITION PROGRAM**

Broward Health Imperial Point (BHIP) utilizes the Clinical Practice Recognition Program (CPR) to recognize nursing achievements. Recognition is based on five levels of achievement. The CPR Program is a voluntary program dedicated to the advancement of professional nursing at BHIP. It consists of four levels (Level II, III, IV and V) based upon the categories of Professional Development, Clinical Practice, Research, Leadership, Citizenship/Community and Mentorship. The professional nurse is accountable for his/her nursing practice and is responsible for compiling, completing and submitting all required elements of the application.

Currently BHIP nurses participate in Level II, III and IV of the CPR Program

Level II

- * One-year experience as a Registered Nurse.

Level III

- * Two years experience as a Registered Nurse.
- * Current membership in a national professional nursing organization.

Level IV

- * Four years experience as a Registered Nurse, BSN (any Bachelor degree will be acceptable for RNs hired prior to the implementation of the program 6/2001).
- * Current membership in a national professional nursing organization.
- * Maintain national certification.
- * Submission of one (1) exemplar exhibiting evidence of one of the following:
 - *Critical thinking ability
 - *Teamwork
 - *Patient Advocacy
 - *Expert nursing practice.

Level V

- * Six years experience as a Registered Nurse, **MSN (any Master's degree will be acceptable for RNs hired prior to implementation of the program).**
- * Current membership in a national professional nursing organization.
- * Maintain national certification.
- * Submission of two exemplars each exhibiting evidence of one of the following:
 - *Critical thinking ability
 - *Teamwork
 - *Patient Advocacy
 - *Expert nursing practice.

Congratulations to the following employees who achieved their Clinical Practice Recognition in May 2016.

LEVEL II
Claudette Douglas, RN
Rebeca Almeida, RN
Peter Snyder, RN
Omoniyi Mutiu, RN
Daniel Cimenlik, RN
LEVEL III
Tammi Garside, RN
Jennifer Cantwell, RN
Annette Barnette, RN
Jeanette Hackett, RN
Sharon Likourgou, RN
Georgia Ledoux, RN
Alla Stepanova, RN
Elsa Benedict, RN
Eufemia Mora, RN
Waleska Abreu, RN
Barbara Callahan, RN
LEVEL IV
Roberta Farley, PT
Lucita Gutierrez, RN
Leonida Lipshy, RN
Cleide Chelles, RN
Angie Salzman, RN
Amy Fishman, RN
Robert Michel, RN

Exemplary Professional Practice

The true essence of any organization stems from the professional practice of clinicians with-
in the hospital and within the practice of nursing. BHIP's practice environment entails un-
derstanding the role of the nurse and how nursing is applied to patients, families, communities and
the interdisciplinary team. BHIP's professional environment is also characterized by improve-
ments in patient outcomes of safety and quality. Our professional practice environment is more
than the establishment of a strong professional practice; it is about what those in professional prac-
tice can achieve.

Professional Nursing Practice

The Institute of Medicine (IOM), with the support from the Robert Wood Johnson Foundation (RWJF), released a report in 2010 on the Future of Nursing. The IOM/RWJF Future of Nursing Committee has recognized nursing must prepare for health system transformation. Nursing must be at the forefront to lead and shape this change. The report recognizes a strong, growing, highly skilled nursing profession is not the by-product of a quality healthcare system – **it's a precondition.** This past year, BHIP has embraced two of the guiding principles of the IOM/RWJF report: Nurses should be full partners with physicians and other clinicians in designing how care is delivered and nurses should achieve higher levels of education and training.

Interdisciplinary Rounds

In October of 2015, nurse/physician rounds were converted to a more patient centered format. The purpose of these rounds with our hospitalist group is to decrease length of stay with proactive discussions around the patient plan of care and to facilitate safe discharges. The patient and family are directly involved in the rounding and are afforded the opportunity to ask questions and voice any concerns with their care. These concerns can be heard and addressed in a timely manner. The rounds involve a team approach with attendance by the assigned nurse, the charge nurse, the physician, the case manager, the social worker and the pharmacist as needed. Three groups of hospitalists, Sound green, Sound blue and Sound orange, participate each morning at 11am in these rounds. Since beginning the bedside rounds, the average length of stay has dropped from 3.82 days to 3.54 days. The readmission rate has dropped from 7.3% to 7.0 %.

BHIP Recognizes and Supports Academic Progression Where Nurses can Achieve Higher Levels of Education and Training

Nurses were recognized this year during Nurses' Week for expanding their knowledge and training by obtaining degrees or certifications. We recognize, support and honor nurses for professional development in their nursing careers this past year:

NICHE Certifications

Rain Thut, RN
 Sonia Clark, RN
 Linda Silverio, RN
 Maureen Allen, RN
 Genny Benditt, RN
 Dawn Yee-Lung, RN
 Pier Ligon, RN
 Donna Linette, RN
 Omoniyi Mutiu, RN

Professional Certifications

Patrick Rosato, Psychiatric/Mental Health Nurse
 Certification RN, NE-BC
 Nancy Rodriguez, CNOR
 Jamey Bryant, CCRN
 Maxine Jeffrey, CCRN
 Karen Maus, VA-BC
 Joanne Hendee, NE-BC
 Sandra Todd-Atkinson, NEA-BC

Bachelor of Science in Nursing

Lauren Berg, RN
 Patrice Morgan, RN
 Claudette Graham, RN
 Lynn Cleveland, RN
 Mederline Paul, RN
 Cleide Chelles, RN

Masters of Science in Nursing

Ruth Beaufosse, RN

Doctor of Nursing Practice

Maxine Jeffrey, RN

Professional Nursing Practice at Broward Health Imperial Point is structured to provide a framework for our nursing mission in accordance with the Nursing Practice Act of the State of Florida. Nursing practice is based on the principle that nursing at BHIP is autonomous, meaning that nursing is a self-directed and a self-governing

profession ultimately responsible and accountable to the Administration and Broward Health Board of Commissioners.

BHIP nurses embrace the concept of Jean Watson's **Caring Theory in all aspects of patient care. The principal concept of BHIP's Nursing Model of Care** encompasses the caring environment of **Jean Watson's theory as well as the concepts inherent in our nursing mission, vision and philosophy.** All of the tenants place the patient, family and self at the core of our delivery of care. Eight carative factors including compassion, caring, safety, respect, collaboration, empowerment, holistic and quality.



**BROWARD HEALTH
IMPERIAL POINT**

Nursing Mission, Vision And Philosophy

Mission

To support and promote quality healthcare to the people we serve through collaboration, coordination, competency and shared decision-making.

Vision

To build and strengthen a professional, caring environment that provides exceptional service to our patients through respect, collaboration and empowerment.

Philosophy

We believe BHIP nursing provides multidisciplinary care for patients and families that is individualized, compassionate, and culturally appropriate in order to achieve an optimal level of health and wellness.



**THE NURSING
MODEL OF CARE**

BHIP Unit Based Councils

The Unit Based Council structure brings shared governance to the bedside or clinical area where unit staff can have a forum for information sharing, discussion and problem solving. The main purpose of the Unit Based Councils is for staff to make recommendations for issues regarding patient care and issues within the department. The Unit Based Council gives staff an opportunity to enhance communication with unit staff and to solicit feedback that will improve patient care and patient safety. The Unit Based Councils have achieved much this past year. Some of the initiatives include:

Emergency Department – *Handoff communication between the ED and the Units*

Intensive Care – *Noise Reduction*

SDS/ASC/IVR/PACU – *Handoff communication from the PACU to the 5th floor*

OR – *Instrument tray identification for improvement in room turnover*

Pharmacy – *Improving the process for missing medication request*

Radiology – *ED turnaround time with new equipment*

Medical (3rd floor) – *Medication education*

Telemetry (4th floor) – *Education and prevention of skin breakdown*

Surgical (5th floor) – *CLABSI and HAPU reduction*

Behavioral Health – *Updates to Unit Orientation Manual*

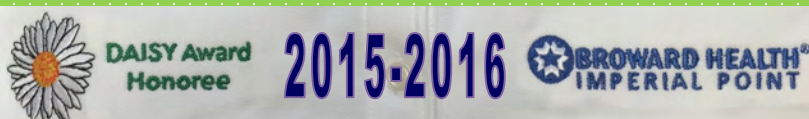




In 1999, the Daisy Foundation was established by the Barnes family to recognize the “above and beyond” care nurses provided to their son Patrick. At the age of 33, their son lost his battle with Idiopathic Thrombocytopenia. The one positive thing that emerged during his battle was the compassion and kindness extended to the family by the nurses. It compelled them to say “thank you” to nurses by establishing this award.

The Barnes family created the DAISY Award to recognize those caring nurses. The acronym DAISY stands for Diseases Attacking the Immune System, the disease that claimed the life of their son. The award created a medium to recognize the extraordinary nursing care.

Broward Health Imperial Point is proud of its outstanding nurses. We believe the stories of our extraordinary nurses need to be shared and celebrated so nurses can truly understand the impact they have on the lives of people they care for.





In May 2016, the Medical Council of Broward Health Imperial Point recognized a nurse with the Golden Stethoscope Award. Annually one nurse is nominated by the Medical Staff. Criteria for the award includes:

Demonstration of extraordinary patient care, caring and compassionate communication with all individuals, achieving listening skills which foster teamwork, willingness to mentor others and responsiveness to the needs of patients, families and medical staff.

It is with great pleasure the
BHIP Medical

Staff awards the first Golden Stethoscope to Ms. Margaret Winters, RN, from the ICU.

Ms. Winters is a dedicated staff nurse and charge nurse in the ICU.

Margaret carefully assesses her patients and brings any concerns back to the physicians in a timely manner.

Her assessments are helpful in advancing the care of the patient and she is always reliable in the information being shared.



The BHIP Medical Council

New Knowledge, Innovation & Improvements

The Clinical Education and Research Council (CERC) membership includes representatives from each clinical area in the hospital. The co-chairs are members of the Broward Health Institutional Review Board (BH IRB). The focus for the year was to expose nursing and other clinical staff to research, assure the membership was trained in research basics and embark upon our first nursing research project. The CERC includes community researcher representation from local universities. Additionally, CERC holds an annual research symposium to highlight organizational research efforts.



One of our goals for the year was to embark on our first nursing research project. The council wanted to pursue a topic that both supported the clinical staff and the holistic framework of the hospital. Leaders emerged to begin a study - "Does a One Moment Meditation Make a Difference in the Day of the Healthcare Provider?" The CERC participated by beginning the literature re-view and sharing information about participating in the study. The principle researchers presented the project at the BH IRB and the proposal was approved. The study was completed and the results were presented at the CERC, the Holistic Care Council and the Clinical Leadership Council.

Our Behavioral Health Unit hosted a single-site pharmaceutical study coordinated by our Department of Psychiatry. All Registered Nurses on the Behavioral Health Unit completed the National Institute for Health basic training in research. This was an educational opportunity for nursing and we hope to collaborate with other researchers for further studies. We also collaborated with the community to participate in a social-behavioral study looking at nurse satisfaction across generational cohorts. This study provided

good information for recruitment and retention initiatives.

In the operating room, productivity and technology have merged with the use of the Xi DaVinci® robotic surgical device and Xenex™ UV light cleaning technology. Nurses and other clinical team members support advanced technology to assure that we are achieving a robust return through efficiency and effectiveness while enhancing patient outcomes and safety.



Innovation

Use of aromatherapy as an innovative intervention for nausea post operatively has been successful for the surgical floor nursing staff. The psychiatry emergency department is evaluating the use of essential oils for anxiety. The holistic approach we have in our nursing framework supports alternative approaches to common nursing interventions. Nurses continue to work with the Holistic Care Council to develop related innovative care options.

One new innovation this year was the partnerships between Quality Specialists and Clinical Specialists. This novel approach has allowed early intervention and has led to an overall decrease in

foley/central line/restraint use throughout the hospital.



Improvements

A number of evidence-based practices were initiated this year to improve outcomes.

- A) Safety in the OR is a must. Through education and research, our OR team, guided by one of the Nurse Anesthetists, put safety first by implementing an evidence-based checklist for the timeout procedure.
- B) Transition to use of the Columbia Suicide Screening Rating Scale in response to community/national need, and The Joint Commission Sentinel Event Alert is now complete. Utilization of evidence-based practice to tackle this national epidemic is critical for all healthcare providers and organizations.
- C) Using evidence to confront sepsis is ongoing. Our electronic alerts and sepsis sub-phase order sets are leading to early identification and treatment of this medical crisis. Continued education and review of the research will guide further evidence based initiatives related to sepsis.
- D) Fall Prevention Committee activities have focused

on evidence-based initiatives as follows:

- ◆ Patient/family education materials (eg: rounding report card, TJC brochures, fall partnership agreement.)
- ◆ Competency training of assistive devices for PCAs.
- ◆ The Behavioral Health Unit has recommended the use of a psychiatric-specific EBP tool – Edmunson Fall Risk Assessment.
- ◆ All bed alarms ring directly into the assigned RN work telephone – this assures immediate knowledge/assistance.

- E) EBP regarding use of IV tubing changes to enhance infection control as recommended by the Infusion Nurses Society was implemented. Surveillance continues to assure that improvements are noted.



Empirical Quality Results

BHIP is committed to an ongoing pursuit of clinical excellence and promoting a fair and just culture while traveling on our journey to becoming a highly reliable organization. Everyone at BHIP is always committed in protecting patients, visitors and staff from infections, medical/medication errors and accidents/injuries. As a team we continually recognize opportunities to enhance, develop and support interventions that reduce risks.

When BHIP nursing leaders sought new ways to deliver high-quality, cost-effective care in a rapidly changing environment, the American Nurses Credential Centers (ANCC) Pathway to Excellence® program served as the evidence-based blueprint. BHIP embarked on the Pathway to Excellence® journey to validate, build and strengthen workplace dynamics, implement a successful shared governance structure, improve multidisciplinary practice and help patients achieve optimal health and wellness. **In addition, BHIP leaders desired recognition of nurses' extraordinary care and positive impact on patients and peers. The Pathway to Excellence® journey brought BHIP's nursing practice environment to a new level and led to marked improvement in several nursing measures and outcomes. Nurse-directed performance improvement teams applied evidence-based practice changes helping the hospital achieve the following performance improvements:**

Improvement Highlights in Nursing Sensitive Hospital Acquired Conditions

	CY13	CY14	CY15
CLABSI	1.66	1.97	0.6
SSI: Hysterectomy & Colon	2.87	2.89	2.76
VAP	0	0.28	0
CAUTI	2.31	1.64	1.2

Empirical Quality Results

Benchmarking

Core Measures are evidence-based quality indicators agreed upon by expert clinicians, The Joint Commission (TJC) and The Center for Medicare and Medicaid services (CMS). Evidence based measures promote higher quality and more efficient care for our patients. BHIP is committed to following and collecting metrics for specific core measures to improve care associated with: vaccine administration; stroke, heart failure, sepsis & HBIPS and other measures CMS deems appropriate.

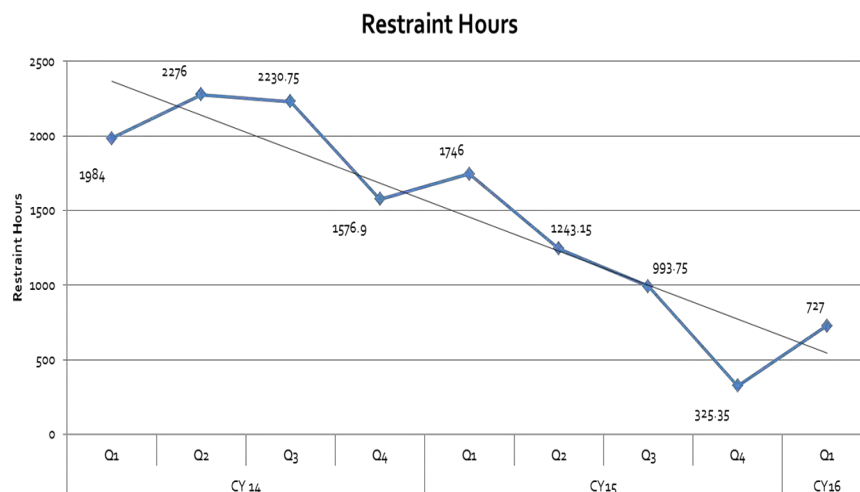
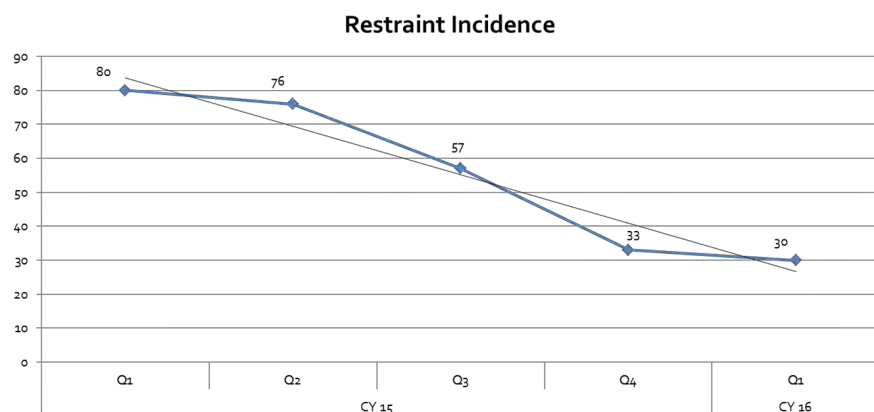
Additionally, BHIP submits metrics for national benchmarking for the Agency Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI) and Inpatient Quality Indicators (IQI) program, now part of the CMS Value-Based Payment Program. Patient Safety Indicators are a set of indicators providing information on potentials in hospital complications and adverse events following surgeries and procedures.

BHIP benchmarks our nursing performance against the National Database of Nursing Quality Indicators (NDNQI) which tracks a number of patient measures with peer facilities across the country to drive evidence-based practice improvements. Green bars indicate favorable performance below the 50th percentile for adverse occurrences. Red bars indicate opportunities for improvements for adverse occurrences above the 50th percentile.

BHIP 2015 2016	RN Sensitive Indicators-NDNQI MAGNET																																	
	Injury Falls								CAUTI								CLABSI								HAPU 2+									
	15 Q 1	15 Q 2	15 Q 3	15 Q 4	16 Q 1	16 Q 2	16 Q 3	16 Q 4	15 Q 1	15 Q 2	15 Q 3	15 Q 4	16 Q 1	16 Q 2	16 Q 3	16 Q 4	15 Q 1	15 Q 2	15 Q 3	15 Q 4	16 Q 1	16 Q 2	16 Q 3	16 Q 4	15 Q 1	15 Q 2	15 Q 3	15 Q 4	16 Q 1	16 Q 2	16 Q 3	16 Q 4		
	Red	Green	Green	Red	Red																													
5	Red	Green	Green	Green	Green				Red	Green	Green	Green					Green	Green	Green	Green	Red					Green	Green	Green	Green					
4	Green	Green	Green	Green	Green				Red	Red	Green	Green					Red	Green	Green	Green	Green					Green	Green	Green	Green					
3	Green	Green	Red	Green	Green				Green	Red	Green	Red	Green				Green	Green	Green	Green						Green	Green	Green	Red	Green				
ICU	Green	Green	Green	Green	Green				Green	Green	Green	Red	Red				Green	Red	Green	Red	Green					Green	Green	Green	Red	Green				

Restraint Management

To promote patient safety, compassionate care and support patient dignity, our nursing staff has **made management of patients in restraints a priority. Our goal was 100% adherence to BHIP's** and regulatory standards of care for restraint management with a decrease in utilization. In CY 15, BHIP achieved a 47% reduction in restraint hours from the previous year. To support reduction efforts a new metric was introduced to focus on restraint incidence.



BHIP Nurses in Action: Sharing Stories, Best Practice & Evidence-Based Projects

July 2015

In an ongoing commitment to staff and leadership development BHIP continued the Quarterly Nursing Retreats. The July 2015 retreat was dedicated to goal setting and future nursing directions with these presentations programs by:





BHIP Nursing Goals and Strategic Update-Sandra Todd-Atkinson , COO/CNO
 Lateral Violence and Compassion Fatigue-Natalie Bermudes, FAU Holistic PhD student
 Holistic Caring-Herve' Corbel FAU Holistic MSN student.

To support BHIP's commitment to the geriatric population of the community it serves, BHIP held the 1st Annual NICHE Conference. Over 100 nurses from South Florida attended. The conference solidified BHIP's Exemplar status awarded by the NICHE organization in 2015.

Broward Health adopted the evidence-based Six Sigma methodology for performance improvement. The system has a Six Sigma Showcase where regional projects are presented at an annual summit to share lessons learned, best practices and opportunities for adoption of performance improvements. This year the BHIP Rapid Response Efficiency project showcased how data drives change.

[illegible]

In celebrating the success and accomplishments of the Holistic Care Council, BHIP was invited to speak at Jean Watson's 21st International Caritas Consortium: Weaving a Tapestry of Caring through Collaboration and Connection in Onalaska, Wisconsin. Barry Gallison was on a panel and presented *Illuminating Practice Potential through Creating a Caring Environment*. Additionally, BHIP was invited to the CENTILE International Conference to Promote Resilience Empathy and Well-being in Health Care Professionals in Washington, DC. A plenary session was coordinated and assembled by our academic partners at Florida Atlantic University on HealthCare Leadership Resiliency through Caring: A Model for Practice and Education. Barry Gallison, Susan Dyess, Joy Longo, Angela Prestia and Linda Weglicki weaved together an engaging journey of the need for support through caring and resiliency for the student, novice and expert nurse. BHIP was represented during the poster session with a focus on the BHIP Holistic Care Council titled- *Illuminating Practice Potential through Creating a Caring Environment*.

 <i>Illuminating Practice Potential through Creating a Caring Environment</i> Holistic Caring Council  																
Purpose Develop and implement a Holistic Caring Council Share Holistic Care information with clinical providers Discuss, solve problems, make decisions and recommendations regarding Holistic Care in patient care environments Operationalize identified opportunities to increase and celebrate Holistic Care Relevance/Significance Holistic care focuses on promoting the values of kindness, respect, care and compassion for ourselves, our patients and our peers Holistic care includes caring for our patients and each other as colleagues and caregivers and the promotion and implementation of self-care Holistic care involves addressing the spiritual, emotional and physical concerns of ourselves, our patients and our peers 	Data Measurements Implemented Jean Watson's Human Caring Theory as clinical practice model Adopted and adapted Jean Watson's Caring Clinical Caritas Enrolled employees in self-care programs Improved perception of culture of safety and health of workplace through holistic caring Provided continuing education about holistic nursing, integrative and complimentary alternative healthcare Broward Health Imperial Point Caritas Processes <ol style="list-style-type: none"> 1. I love and nurture the best within myself and care selflessly and with loving kindness for others as they come to me. 2. I draw out beliefs which are meaningful to the individual and find <i>their</i> Source of faith and hope. 3. I respect everyone's individuality and practice from my heart center with gratitude, forgiveness, surrender and compassion. 4. I am present with care, openness, and acceptance. 5. I create a safe and accepting environment where others may express both positive and negative emotions honestly and allow these emotions to deepen and transform. 6. I acknowledge and integrate an awareness and presence of self. I use all sources of knowledge and wisdom, grounded in evidence based practices, to create a caring healing environment. 7. I actively listen to others, seek to learn from every human interaction and use my experience to guide and instruct. 8. I foster and nurture a therapeutic environment supporting the healing of the whole person (body/mind/spirit) respectful of cultural and interpersonal needs. 9. I am sensitive to the unique physical, emotional and spiritual needs of others and with intention, meet these identified needs. 10. I am open to the mystery and miracles of life and use this openness to nurture and support hope. 	Strategy and Implementation Meeting monthly and focusing on: Fostering an environment of healing Adopting and implementing Human Caring Theory Promoting therapeutic partnerships and Caring Moments Helping improve the health of the workplace Providing education in holistic care Transformational leadership: inspiring, encouraging, innovating, teaching, mentoring and modeling Implications for Practice Healthier caregivers give healthier care and healthier care leads to improved outcomes Founding Members <table> <tr> <td>Barry Gallison</td> <td>Sandra Todd-Atkinson</td> </tr> <tr> <td>Bill Bills</td> <td>Leigh Ann Costello</td> </tr> <tr> <td>Chris Coughlin</td> <td>Lauren Alexander</td> </tr> <tr> <td>Angela Dacuna</td> <td>Judith Gallagher</td> </tr> <tr> <td>Toni Hayward</td> <td>Rev Richard Hasselbach</td> </tr> <tr> <td>Patrick Rosato</td> <td>Debra Robinson</td> </tr> <tr> <td>Sarah Pierce</td> <td>Karen Maus</td> </tr> </table>	Barry Gallison	Sandra Todd-Atkinson	Bill Bills	Leigh Ann Costello	Chris Coughlin	Lauren Alexander	Angela Dacuna	Judith Gallagher	Toni Hayward	Rev Richard Hasselbach	Patrick Rosato	Debra Robinson	Sarah Pierce	Karen Maus
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In celebration of the Healthcare Quality and Infection Control Week, BHIP hosted the 3rd annual Evidence Based Practice Parade of Posters. The event showcased 18 posters highlighting the engagement and evidence-based practices throughout BHIP. The following units were recognized: Evidence Based Practice-Education

First Place- Rehabilitation Department for the Development of an Acute Care Physical Therapist Competency Program

Runner up- Operating Room-*Putting Wounds in Their Place: Wound Class*

Performance Improvement-Reducing Hospital Acquired Conditions

First Place-Pharmacy-*Pharm Assist in the Emergency Department*

Runner up-Emergency Department-*How We Flow: Ready, Set, Go! Emergency Department Efficiency*

Second Runner up-Same Day Surgery-*Where Does the Time Go?*

Unit Based Councils- Shared Governance

First Place-Progressive Care Unit-*Care Calling*

Runner up-5th Floor-Aromatherapy-*Creating a Caring Environment*

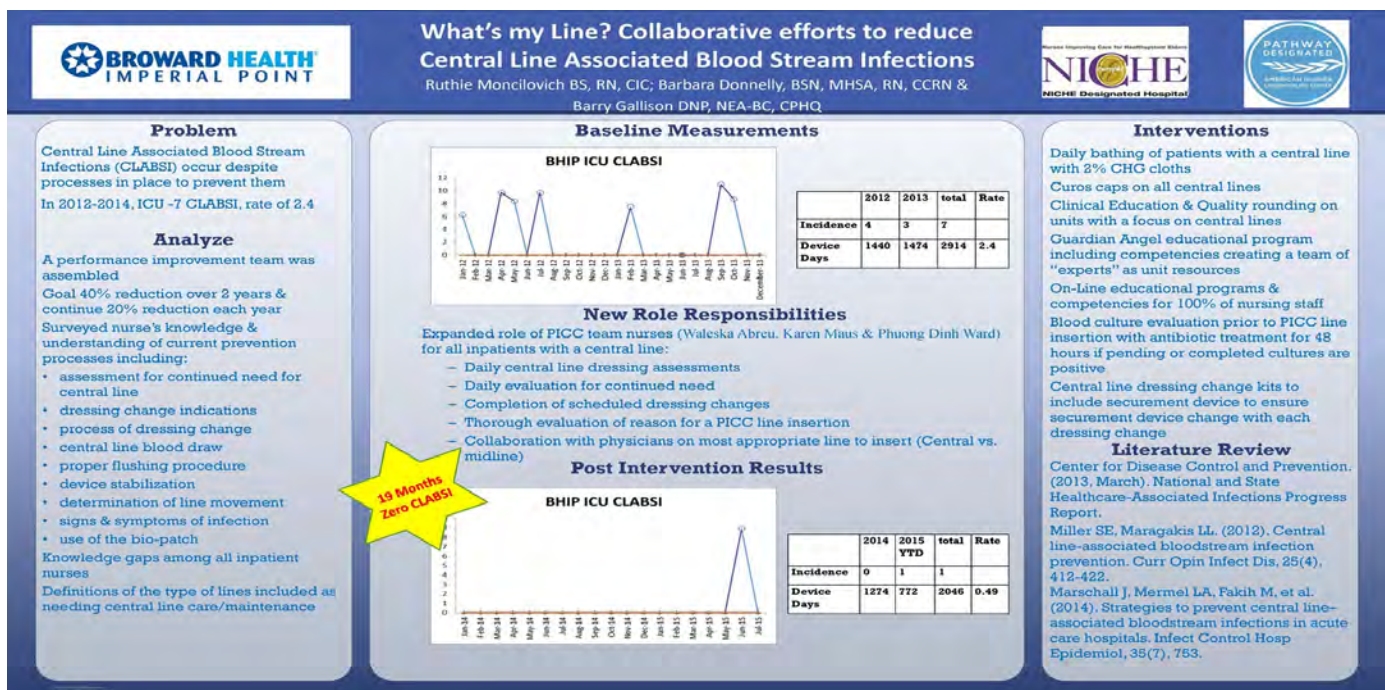
November 2015

Lynn Cleveland attended the Florida Association for HealthCare Quality Annual Conference. BHIP showcased several evidence-based projects through poster presentations:

Illuminating Practice Potential through Creating a Caring Environment


BHIP Rapid Response Efficiency- Lynn Cleveland, Jamey Bryant, & Barry Gallison

CLABSI Reduction: One Line at a Time- Ruthie Moncilovich, Barbara Donnelly & Barry Gallison.




Rick Carbral, CRNA, and the OR unit based council along with key providers partnered to improved communications , teamwork and to foster safety. Significant improvements were achieved through this collaboration evidence based project.

Collaborative Balancing Act: *Using the World Health Organization (WHO) Surgical Safety Checklist (SSC) to Improve Surgical Team Communication*- Rick Cabral, CRNA



**A Collaborative Balancing Act: Improving Surgical Team Communication
Using the World Health Organization (WHO) Surgical Safety Checklist (SSC)**
 Richard Cabral, DNP (c), CRNA
 Florida Atlantic University & Broward Health Imperial Point



Purpose

Improve inter-professional surgical team communication & outcomes using the WHO SSC by facilitating communication, teamwork, & safety climate in the operating room environment.

Relevance/Significance

Patient safety in the U.S is not as safe as it can be.
 The Agency for Health Care Research & Quality (AHRQ) recommends strategies to improve patient safety.
 The Joint Commission (TJC) 2015 National Patient Safety Goals include improving communication & using protocols for preventing wrong-site, wrong-procedure, & wrong-person surgery.
 This projects aim is to implement comprehensive strategies recommended by AHRQ & TJC to improve patient safety.

Measurable Objectives

Significant increase in Communication as measured by SAQ from pretest to posttests.
 Average Communication pretest score 60.81 SD 9.65 & the average posttest score 64.68 SD 10.41.
 Resulted in a significant difference [$t(79) = -1.72, p = .045$].
 Cohen's D is a measure of effect size or magnitude with a small effect $= .02$, a medium effect $= .05$ and a large effect $> .08$.
 For Communication Cohen's D = 0.39 indicates a smaller medium effect.
 This effect is significant since the checklist was used only in 10% of cases.
 Slight increase but not statistically significant changes in Teamwork & Safety Climate ($p = .287$ & $p = .477$ respectively)
Table 1. Recommend retest in future time period to measure change

**Communication, Teamwork Climate & Safety Climate Changes
Before & After Implementing the OR Checklist**

Table 1	Pretest		Posttest		$t(79)$	p	Cohen's D
	M	SD	M	SD			
Communication	60.81	9.65	64.68	10.41	-1.72	0.045*	0.39
Teamwork Climate	17.06	3.19	16.68	2.85	0.56	0.287	0.13
Safety Climate	25.09	4.25	25.03	4.08	0.06	0.477	0.01

Note. * $p < .05$, $df = 79$ for all test.

Strategy & Implementation

John Kotter's Contemporary Change Model is the primary theoretical framework guiding this project.
 This three-month, three-phase pilot program evaluates an intervention implemented within surgical teams.
 Phase one: administer a pre-intervention Safety Attitudes Questionnaire (SAQ), then, implement the SSC in practice.
 Phase-two: voluntarily use the SSC.
 Phase-three: post-intervention SAQ administration & data analysis.

Implications for Practice

The WHO SSC improves surgical outcomes by balancing the team with a tool for improved verbal communication, perceptions of communication, teamwork climate & safety climate.

Acknowledgements

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January 2016

In an effort to translate the theoretical foundations laid out by the Holistic Care Council, a holistic competency fair was held for all hospital staff to orient and introduce policy and modalities available at BHIP.

For the Quarterly Nursing Retreat, in support of leadership development, it was decided to bring an on-site review class for interested nurse leaders from across the Broward Health system. Over 100 nursing leaders attended. BHIP partnered and sponsored with the ANCC for a two day Nurse Leadership Review Class. This encouraged all nurse leaders to obtain certification as to role model for their staff.

February 2016

The BHIP Holistic Care Council was featured in an article in the American Holistic Nursing Association journal, authored by Barry Gallison and Christine Curtin titled "Creating a Caring Environment Illuminates Practice Potential" - *AHNA Beginnings* 36(1).

Additionally, Rhonda Lewis, Robert Michel, Lynn Cleveland and Jamey Bryant represented BHIP at the Nursing Consortium of South Florida showcasing their poster on *“Implementing Computerized Sepsis Alerts and Sepsis Subphase Powerplans to Enhance the Delivery of Care to Patients with Sepsis.”*

March 2016

In looking towards the future it was decided the Division of Nursing was ready to do an internal and external assessment to identify gaps in practice and systems in consideration of preparing for the next step on our journey, ANCC Magnet® designation. In March, we collaborated with an external agency to showcase our successes and evaluated our opportunities. BHIP will apply for a redesignation of the Pathway to Excellence® in 2017 and prepare for a Magnet® application in 2019.

April 2016

BHIP was recognized by Healthgrades® for the 2016 Patient Safety Excellence Award positioning BHIP in the top 10% of hospitals nationwide. In determining the top hospitals for patient safety, Healthgrades® evaluated 14 indicators tracked by the Agency for Healthcare Research and Quality (AHRQ) between 2012 and 2014.

BHIP was invited by NICHE to present in Chicago the successes of aligning BHIP with NICHE and the Pathway to Excellence®. Paulette Sepe presented *“Using our “NICHE” Journey on the “Pathway to Excellence®”*—at the Healthcare Across the Continuum, Safety, NICHE Implementation, Patient, Family, Caregiver Initiatives annual meeting.

AROMATHERAPY: CREATE A CARING MOMENT

SHERRY LIKOURGOU, RN, MARGARET REID, RN, REBECA ALMEIDA, RN
CAMILA PINTO, RN, FAY MORA, RN, CHRISTINE CURTIN, RN

WHAT IS CLINICAL AROMATHERAPY?

The use of essential oils to improve physical, mental or emotional health and comfort.

Does not treat or cure disease —eases symptoms and promotes well being.

Can relieve pain, anxiety, agitation, headaches and nausea, improve mood, aid relaxation and sleep.

Adjunct to standard treatments and other complementary treatments, e.g. massage therapy.

METHOD

- Upon admission assessment, patient and family are provided an Aromatherapy Menu.
- Explanation of oils available and benefits of aromatherapy as an adjunct to traditional medications in managing nausea, pain, and sleep.
- Qualitative assessment of Pain Scale and patient description of relief in aromatherapy collected over a 2 month period.

MATERIALS

- Place 3 drops of oil on a cotton ball or place in approved container properly labeled with patient name and DO NOT EAT.
- Use amber or blue containers.
- Give educational handout and supplies.

Coffee Beans
Aromatic

OBJECTIVES

- Discuss the history and evidence based research conducted in the use of aromatherapy within the healthcare setting.
- Illustrate how aromatherapy is introduced, administered and evaluated on the 5th floor.
- Explore the strategy and protocol necessary for safe administration and handling of aromatherapy products used.
- Prioritize the actions and mindset supportive of holistic care and practices.

RESULTS

AROMATHERAPY Patient Preferred Use Chart 2 Month Period

LAVENDER	71%
PEPPERMINT	21%
LEMONGRASS	8%

AROMATHERAPY Oils Chosen for Specific Symptoms 2 Month Period

NAUSEA	40%
PAIN	33%
RELAXATION	27%

REFERENCES

1. Bennett, K.M., Nordmark, L.A., & Shroyer, C.R. (2006). Scent and mood state following an anxiety provoking task. *Psychological Reports*, 99, 102-112.

2. Lee, E.L., Wu, Y., Tang, K.H., Jiang, A.K., & Cheung, W.K. (2015). A systematic review on the analgesic effects of aromatherapy in people with anxiety symptoms. *Journal of Alternative & Complementary Medicine*, 12, 103-108.

3. Kim, M.J., Kim, E.S., & Park, S.J. (2005). The effects of aromatherapy on pain, depression, and life satisfaction of ambulatory patients. *Taiwan Kaohsiung Journal* 10, 25, 189-194.

The Do's of Essential Oils

- Explain procedure and rationale for use.
- Always determine the patient's allergy status.
- Use inhalation method only**
 - Store essential oils in a cool, dry, closed area (not to refrigerate) and away from flames (heat, candles and flames).
 - Close container immediately after use.
 - Never apply to skin unless available.

The Don'ts of Essential Oils

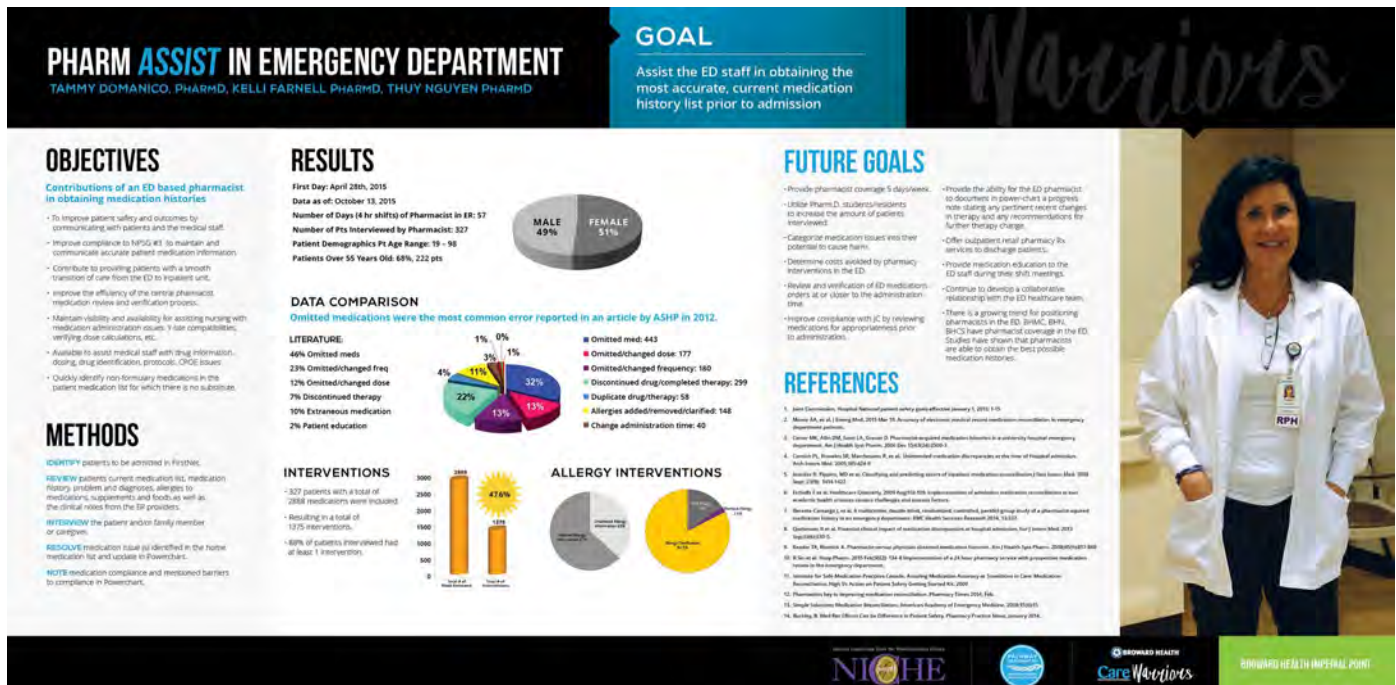
- Don't take by mouth.
- Don't place around eyes.
- Don't place directly on skin.
- Don't spill on clothing.
- Don't use with plumbing (patients esp. asthma).
- Don't offer to patients with a history of seizure.

CONCLUSION

AROMATHERAPY...
Cultivates presence
Influences a holistic culture
Enhances comfort measures and experiences
Develops a model that can be used in other units
Develops leadership opportunities for staff
Increases patient satisfaction

Warriors

Also, Ms. Sepe represented BHIP by showcasing two evidence-based posters at the NICHE conference, 5th Floor *Aromatherapy: Creating a Caring Moment* poster and the Pharmacy *Pharm-Assist in Emergency Department* poster.



BHIP celebrated and raised awareness around Sepsis and Sepsis prevention. Bob Michel, Lynn Cleveland and Jamey Bryant rode the tricycle around the units with an interactive education session including pre-testing and post-testing staff around sepsis and sepsis treatment and management plans.



FY17 2017–2018 Goals

- Pathway to Excellence® Redesignation
- Implement Evidence Based Practice Model
- Implement Delivery of Care Model
- Achieve HCAHPS 50th percentile in each nursing specific domain:
 - Overall,
 - Communication with Nurses
 - Communication about Medications
 - Responsiveness of Staff
 - Discharge Information
 - Pain Management



Special Thanks to Rosemarie Ward and Lorna Pucci for creating the Nursing Annual Report for Broward Health Imperial Point 2016.