2012–2013
NURSING REPORT

TRANSFORMATIONAL LEADERSHIP
STRUCTURAL EMPOWERMENT
EXEMPLARY PATIENT CARE
NEW KNOWLEDGE AND INNOVATION
EMPIRICAL QUALITY RESULTS

172 Kinsley Street, Nashua, NH 03060
www.stjosephhospital.com

A Member of Covenant Health Systems
Caring, compassion and commitment reflect the vision of nursing care at St. Joseph Hospital. We have attempted to capture the spirit of our nurses in this report, and hope that as you read the articles and view the photos, you will see our nurses in the action of practicing their art with passion. I am proud of the care our nurses deliver and of the outcomes that flow from their practice.

Last week I received a call about the care received from a young surgical patient. She told me that someone really needed to know about one of the nurses, Amy Dawe, BSN, RN, CHPN, OCN. The woman reported that, although it was obvious that Amy was busy, she treated her as though she was the only patient on her assignment. Her comments were not a surprise to me, because Amy treats all of her patients that way. It takes great skill and talent to always make a patient feel as though there are no priorities more important than their care. My prayer is that all patients who enter our doors and spend time in our beds know they are our priority. This report does a good job of capturing that spirit.

Over the past four years, the nurses of St. Joseph Hospital have been recognized through many achievements, including Magnet redesignation in 2010; Baby Friendly redesignation in 2012; The Joint Commission’s recognition as a Top Performer for performance improvement on key quality measures; Advanced Certification for Primary Stroke Center through The Joint Commission; Get with the Guidelines Gold Plus for Stroke through the American Stroke Association; and accreditation through the Commission on Accreditation of Rehabilitation Facilities for the inpatient rehabilitation unit. Such achievements validate our care and outcomes.

During orientation, I explain to nurses who are new to our culture that the average length of time a nurse works at St. Joseph Hospital is more than 11 years. There are many reasons why nurses stay at St. Joseph Hospital. Great nurses practice at St. Joseph Hospital because of the ability to serve others in a mission-oriented environment and due to the family-like atmosphere. You are likely to sense that in the pages of this report.

Of course, the only reason St. Joseph Hospital exists is to provide patient care. We owe much to our patients for the opportunity to practice the art of nursing care and to express our passion for others through a gentle touch and a caring heart. To our patients, I say thank you for the chance to journey with you during a time of stress or illness. I hope our nurses have eased your burden and provided you with compassion and expert care, as reflected in the following pages.

Pam Duchene, PhD, APRN, FACHE
Vice President, Patient Care Services and Chief Nursing Executive
St. Joseph Hospital
Our Theoretical Framework

The mission statement of the Nursing Division of St. Joseph Hospital is Compassion, Commitment and Caring. This statement describes who we are, why we do what we do, our reason for being and our purpose. Our mission flows from the organization's commitment to providing quality care to all we serve. It is firmly rooted in the spirit of Marguerite d’Youville and the Grey Nuns of Montreal, as we strive to provide compassionate care and assistance to the poor, the sick and the deprived. And finally, our mission is guided by a theoretical framework that focuses on nursing’s historical legacy as a caring profession.

With an understanding of the complexity and diversity involved in the nurse-patient relationship, nursing practice at St. Joseph Hospital is guided by Kristen M. Swanson’s (1999) middle range Theory of Caring. Swanson defines caring as “a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility.”

The Theory of Caring describes five caring processes used by nurses to help clients achieve the ultimate goal of health and well-being. The five caring processes include:

KNOWING ~ Seeking to understand what meaning an event or transition has in a person's life.

• Nurses know their patients when they avoid assumptions, seek subtle clues, ask the patient about what is important to them and demonstrate expert clinical knowledge and skills.

BEING WITH ~ Choosing to be emotionally present and engaged with the person being cared for.

• Nurses are present to their patients when they let the person know that what happens to them is important, when they convey availability and when they listen attentively.

DOING FOR ~ Being skillful and comforting in doing for others what they would do for themselves if it were possible.

• Nurses provide expert nursing care as they comfort, nurture, protect and preserve the dignity of those we serve.

ENABLING ~ Facilitating the person’s passage through life transitions and unfamiliar events.

• Nurses enable their patients by informing, educating, supporting, validating and empowering those we care for.

MAINTAINING BELIEF ~ A fundamental belief in persons and their capacity to make it through events and transitions to face a future with meaning.

• Nurses maintain belief when they maintain a hope-filled attitude, offer realistic optimism and support the person no matter what unfolds.
Shared Governance for the Nursing Division

Vision Statement
To create a system in which nurses respond to patient needs with caring, compassion and competence necessary to promote the mission of St. Joseph Hospital. St. Joseph Hospital aspires to the style of leadership demonstrated by Marguerite d’Youville, in which nurses are able to change care delivery to meet the needs of their patients.

Nursing Strategic Plan
The plan includes the following goals:

- 100% of unit meetings/shared governance meetings will be opened with mission moments
- 100% of nurse directors will be involved in community boards
- The Caring Beyond our Borders committee will complete two mission-related activities for our community
- 100% of performance appraisals will be completed and in HR by the effective date of review
- Nurse participation rate in NDNQI will be 78%
- Nurses will report workplace satisfaction, with 88% of the areas in NDNQI’s top quartile
- RN turnover rate will be 8% or less
- All inpatient units and outpatient areas will be above the mean in patient satisfaction
- Certification rates: 140 direct care nurses and all nurse leaders will achieve certification in 2013
- BSN rates: 50% of direct care nurses and all nurse leaders will achieve a BSN in 2013
- Fall rates: < 2.5 patient falls/1,000 days for medical surgical units and < 5 falls/1,000 patient days for rehabilitation
- HAPU: ZERO rate for three of four quarters
- Nursing quality: All units will have one unit-based quality initiative by the end of 2013
- Accreditations:
  - NLNAC
  - The Joint Commission
  - Get with the Guidelines for Stroke: Gold Plus
  - Get with the Guidelines for Heart Failure: Entry of all data
  - Magnet Resubmission (third resubmission)
- Reduction in overtime hours by 5%
New Committees/Councils

Several new committees have been chartered over the past year:

Caring Outside Our Borders
The mission of the Care Beyond Our Borders Nursing Committee (CBBC) is to create a culture of mission and outreach by providing nurses and LNAs with opportunities of service to others within the community, both locally and internationally.

Nursing Evidence-Based Practice Committee
The purpose of the NEBPS is to provide a shared governance forum for the review and analysis of nursing policies and procedures. In addition, changes to practice driven by new knowledge, new technology and changes in standards of care need to be incorporated into local practice.

IV Champions Committee
The IV Champions Committee will provide a forum for nurses to exchange information and resolve IV care concerns; review audit results for trends, accuracy, and completion; review IV policies and make recommendations for change as required; provide support and networking opportunities to unit representatives with respect to their duties as unit clinical experts and advocates; review/utilize evidence-based research findings related to IV therapy management and prevention to improve IV practices; and provide educational offerings and disseminate best practice on IV therapy to staff.
Annual Demographic Report to the American Nurses Credentialing Center’s Magnet Commission

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<tbody>
<tr>
<td>Number of beds staffed</td>
<td>150</td>
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<tr>
<td>Number of visits (if applicable)</td>
<td>96,158</td>
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<tr>
<td>Number of RN FTEs</td>
<td>221.9</td>
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<tr>
<td>Skill Mix</td>
<td>70%</td>
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<tr>
<td>Percentage of RNs who provide direct care who are certified</td>
<td>81%</td>
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<td>Percentage of RNs serving in leadership positions who are certified</td>
<td>84%</td>
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<tr>
<td>Percentage of RNs who provide direct care with ADN as the highest nursing degree</td>
<td>42%</td>
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<tr>
<td>Percentage of RNs who provide direct care with Diploma as the highest nursing degree</td>
<td>8.7%</td>
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<tr>
<td>Percentage of RNs who provide direct care with BSN as the highest nursing degree</td>
<td>44.3%</td>
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<tr>
<td>Percentage of RNs who provide direct care with MSN as the highest nursing degree</td>
<td>5%</td>
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<td>Percentage of RNs who serve in leadership positions with MS as the highest degree</td>
<td>50%</td>
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<td>Percentage of RNs who provide direct care with a doctoral degree</td>
<td>10.5%</td>
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<td>RN turnover rate (inclusive of the closure of SAMHU)</td>
<td>18.0%</td>
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<td>RN vacancy rate (inclusive of per diem pool and nurse residents)</td>
<td>-70%</td>
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Professional Development Council
The purpose of the Nursing Professional Development Council is to provide a shared governance forum to promote advanced education for nurses; foster academic partnerships; support the achievement of professional certification; foster clinical nursing education, including the assessment of educational needs and the evaluation of outcomes of the following programs: orientation, the competency program, unit-based education, division-wide inservice programs and continuing nursing education; and facilitate the implementation of evidence-based practices.

Rewards and Recognition Committee
The mission of the Rewards and Recognition Committee is to review and develop programs to recognize and reward clinical excellence in practice and contributions to patients, the nursing division and the overall organization. In addition, the R&R Committee will evaluate programs intended to recognize and reward clinical excellence for nurses. A new program that the Rewards and Recognition Committee will be introducing soon is the national Daisy Awards.

New Practice Improvement Program
A new Practice Improvement Program is about ready to kick off. The purpose of the program is to support nurses who recognize that they need to improve their skills in one or two specific areas. The program is designed to be a short-term (two to four meetings) mentorship program. Look for information about the program on the Intranet.
Nursing Stories

Unconditional Love

By Katie Sullivan, RN, BSN, PCCN

One day as I walked on to 3 North for a 3 to 11 shift, I noticed it was busy. There were multiple discharges and admissions occurring simultaneously. Instantly, I was ready to start my shift. I received report on a couple patients from one nurse, saw that I was receiving an admission from the emergency room any minute, and I was trying to wait patiently to receive report on the rest of my patients. It was almost 4:00 when I started to receive report on my other two patients. The nurse seemed very nervous giving me report. She gave me report on one of the patients, then she hesitated before she started to explain about the last patient. I asked her what was wrong. She told me that the patient was a lot of work so to get ready. I said okay, please tell me more. The nurse went on to tell me that this patient was here for a diagnosis of fevers. She wasn’t sure what type of mental illness the patient had, but it was hard to communicate with him. After receiving report, I was not too clear about his story, but what I came away with was that he was “difficult,” he will not talk to nurses, his mom was tough, and he still had not taken all his medicine from day shift. So then we went and rounded together.

After we rounded, I immediately went and read the chart on this “difficult” patient. Let’s call the patient Toby. Toby was approximately in his early twenties, but he had the mental understanding of about a five- to seven-year-old. Toby was here for fevers, and he was receiving IV antibiotics. I immediately went into his room after reading the chart to say hello again. As I entered the room, his mom was sitting in a chair next to Toby, who was pretending to nap in the bed. I said hi to his mom and she said hello. As I looked at Toby’s mom I saw tired eyes, and she had a very stoic demeanor. I tried to say hello to Toby; he turned over, looked at me, then rolled back over. I asked his mom if I could do anything for her or Toby. She said no. As I left the room, I decided that during that evening shift I would do what I could to reach out to the two of them. After that I rounded and assessed my other patients. Then my admission rolled up from the ER, so I went to take care of the new person.

I squared-up my other patients, and I decided that I was going to make a connection with Toby and his mom. I thought to myself, how can I do this? I entered the room to give it a shot. I went ahead and sat down with Toby’s mom and asked her about her life and her son. I actively listened as she started to tell me about Toby. As she was talking, Toby kept turning around and giving me the hairy eyeball; yet every time he rolled over, I would say hello and wave to him. After I chatted with his mom, I approached the bed to do my assessment. His mom had told me a few things that Toby was interested in, so this was how I was going to reach him. I did my assessment and spoke to him about how much I loved animals, knowing full well that animals are Toby’s favorite interest. I finished my assessment, and as I turned around to walk away, I got a tap on the shoulder from Toby. So as you would do with a child, I pretended like I didn’t know who tapped me. Toby started to chuckle, I mean really chuckle in such a delightful way. Then he did it again and again. It was awesome. He was smiling and so was his mom.

At this point, his mom told Toby that he had to get out of bed and go into the shower. I realized at this point she does everything for him and I mean everything. She bathes him, feeds him, dresses him, and changes him. She truly loves him in every way. She seems very harsh at times to outsiders, but her love is true and deep for Toby. He needs firm love to get him to do some things. We got him showered, and then his dad came to visit. He took his day medicines at this point. His mom told me that we have to give him his nighttime seizure medication before his dad leaves or else Toby would not take it; my response was absolutely!

I went on with my evening, taking care of my other four patients and Toby! Toby and I played the tap on the shoulder game every time I came in the room, and we talked about animals. I could understand him for the most part, and his mom only had to translate a few times. His mom said she couldn’t believe how we connected, and that Toby even said my name out loud. I was so happy to make Toby smile over and over. His mom actually trusted me enough to leave the room, and she went outside a few times for breaks. I did my charting between rounding and medications in Toby’s room.

After nighttime vitals were completed, my LNA came up to me to tell me that Toby’s temperature was 38.7 degrees Celsius. I
called the nighttime doctor; he ordered blood cultures and a cooling blanket. I thought to myself, oh no, this could be tough. I went ahead in his room to tell his mom, and I even had to wake them both. She said she understood. I immediately packed Toby in icepacks, and the phlebotomist came to draw him. Unfortunately, Toby had really tough veins, and his mom had to hold him down in order for blood to be drawn. I went ahead and chatted with Toby to distract him. The phlebotomist told me she couldn’t find a vein, so I went ahead and found her two veins to go for. The whole procedure took about 45 minutes to get Toby’s blood. Luckily, with just the icepacks, Toby only had to endure the cooling blanket for about a half hour before his temperature cooled to where the doctor wanted it. It was about 11:30 when everything was said and done. Toby fell back to sleep, and I thank his mom for all her hard work. She smiled and went to bed herself.

I came back to work a couple days later to see Toby was still a patient. I was so excited to see him. He was walking around the halls with his mother. He came up behind me and tapped me on the shoulder. Of course, I knew exactly who it was, but I pretended I didn’t. I asked was that your mom who tapped me. Toby chuckled so loudly. It was awesome. That smile and laugh is precious. During my entire shift that day, every time I walked by Toby’s room, he would smile and wave me in. Then we would play the tap game, and he would talk to me about animals. His mother chatted with me as well. I made a special point between my own patients to check on her and Toby. Toby went home a few days later when the fevers resolved.

Meeting Toby and his mom was such an eye-opening experience. I realized yet again how lucky I am to be a nurse. I became a nurse to try to make patients smile and feel special. By taking care of Toby, I was able to do just that. To be loved unconditionally is an amazing gift that a mother can give to a child. Watching Toby’s mom, she did just that by giving all of her time to Toby since he was born. She is his primary caretaker, and she is a true role model of what a mother’s love should be. I feel very fortunate I got to meet the two of them. Watching Toby laugh and smile was exceptional, and making a connection with his mom was remarkable. That night helped renew my reason for being a nurse and reminded me how lucky I am to be able to do this job every day. I am truly grateful that I was able to take care of Toby, laugh with Toby, meet his mom, and to witness simply unconditional love.
“Jimmy”  
By Michelle Allaire, RN, PCCN

Jimmy was one of those patients who make you feel like he is your long-lost grandfather. Jimmy was admitted to our cardiac/medical surgical floor with multiple health problems. He was unfortunately falling apart at the seams. His body was failing despite all efforts to improve his current health situation. Although Jimmy was critically ill, he always kept a positive attitude and was grateful for the care he received. While doing a dressing change that was assumedly quite painful, Jimmy talked to me the entire time. He was sharing stories about his family and boasting about how proud he was of his many grandchildren. He was so proud of his life that he had lived thus far. He would give me advice on how to stay married for many years. He said the key to staying together is “love and patience.” Jimmy reminded me of how short life really is and how important it is to treasure life’s little moments of happiness. Even though “marriage isn’t always easy,” he would say, “it is worth it.”

I had the pleasure of meeting Jimmy’s wife of 63 years. She was just as loving and thankful as Jimmy. As Jimmy began to become sicker, I would sit at his bedside with his wife, Pearl, and she would reminisce with me as Jimmy lay sleeping. Pearl told me the story of how they met at a high school dance. She described how she saw him from across the dance floor and made a comment to her girlfriends that she would never even think about dating a goofy guy like him. Once Jimmy mustered up the courage to ask Pearl to dance, she said yes to avoid seeming rude. They continued that dance for 63 years. She told me how Jimmy would randomly take her in his arms in the middle of their kitchen and dance to the sound of silence. They were madly in love. I felt so privileged to listen to the intimate details of their life together. I felt like I was opening a gift that I was chosen to receive. I also felt like Pearl needed someone to listen to her memories of her love for Jimmy as he lay there in his last days of life.

A few days later, Jimmy was declining more rapidly, and it was decided to officially focus his care on comfort measures only. He was started on a morphine drip, and Pearl stayed at his bedside. She would stroke his forehead and repeat, “Honey, I love you; you know I love you.” I noticed that Pearl wanted to be close to him and that the rails of the bed seemed to be in her way. She was nervous with all the tubing attached to her love. I had an idea. I asked Pearl if she wanted to lie down with him. She looked at me with a look of excitement and said, “Yes! May I?” I brought Pearl some pajamas and got another nurse to help me reposition Jimmy in the bed. He was sleeping soundly with the morphine drip infusing. We made enough room for Pearl to lie down, and we tucked them in together side by side to cuddle for one of their last times. I made sure they were safely tucked in and comfortable and left them alone to rest. When I went back in to check on them a little while later, they were holding each other in his hospital bed and Pearl was sleeping with a smile on her face. I knew they were dancing together in their hearts.
A few hours later, Pearl decided to get out of the bed and onto the cot next to Jimmy’s bed. As soon as Pearl was situated on the cot, I turned to Jimmy to make sure he was comfortable. I noticed his breathing pattern had changed, and I thought he was getting closer to the end. I told Pearl that I thought it might be getting closer, and she decided to sit on his bed and hold his hands. Jimmy took his last breath. Pearl looked at me, and I gave her a look to confirm what we both knew was true. She started to cry and hold his face in her hands. She kept saying, “Love, where are you? Where did you go? I love you honey. You know that I love you.” I rubbed Pearl’s back while she held Jimmy. I asked her if she wanted a moment alone, and she asked me to please stay with her. I gladly stayed, and we both sat with Jimmy and cried.

She was so happy that she got to cuddle with her soulmate one last time. She expressed to me how much she appreciated my being with her. I felt honored and privileged to be of some support to her during this painful time. We prayed at Jimmy’s bedside and sat in silence. I holding Pearl, and Pearl holding Jimmy, and I felt as if God was holding all of us.

My time with Jimmy and Pearl was one of the moments that make nursing an art as well as a spiritual journey.
NEW KNOWLEDGE AND INNOVATION

Scholarly Achievements

SJH Nurses Participate in a National Research Study about Pain Management

Ten SJH Nursing Practice Analysts (Ginny Tuttle, Amy Dawe, Jacki Gallagher, Heather Moreau, Janelle Canaan, Carrie Bourgeault, Filomena O’Hara, Cheryl Bragdon, Angela Knudsen, and Dana Boucher) participated in the first NDNQI Pain Care Quality Study on April 21, 2011. The research team interviewed every patient on 2S, 3S, 4S, 3N, and 4N about their pain experience while hospitalized. The data collected during the investigation will be used to develop a nurse sensitive pain indicator for NDNQI and a “Pain Toolkit,” which will be used to educate nurses about pain management interventions.

On Tuesday, April 26, 2011, one of the study’s investigators, Jeannine Brant, PhD, APRN, AOCN, presented “Unraveling the Complexities of Pain: Strategies for Success” at a nursing CME. Dr. Brant is an Oncology Clinical Nurse Specialist, Pain Consultant and Research Scientist at the Billings Clinic in Montana. Her presentation included important information about how nurses can improve their pain assessment and pain management practices.

HAPU Prevention

Donna M. Roe, DNP, APRN, BC, CEN, presented a podium presentation on her doctoral work “HAPU Prevention Begins in the Emergency Department” at the Emergency Nurse’s Association as well as the Geriatric Advanced Practitioner Conferences. Karen Beinhaeur, MSN, RN, CEN, and Colleen Burke, RN, OCN, have been instrumental in this project and were co-presenters at the ENA Conference.

Donna was recognized with an award by the ENA for her work as chairperson of the national ENA Geriatrics Committee and helping to move care of the older adult forward in emergency nursing.

Donna also presented her doctoral work at the Eastern Nursing Research Society’s convention in New Haven, CT, in March 2012.

Rita Anger, MSN, RN, CHPN, presented “End of Life Issues for the New RN” at the New Hampshire Nurses Association Spring Conference held at Rivier College on April 26, 2012.

Liz Kearns, RN, PCCN, CMC, in 2012, became the sixth nurse in the state of New Hampshire to pass the Cardiac Medicine Certification.

In June 2012, Danielle Szarek, RN, BSN, CWOCN, and Janet Prince, RN, BN, CWOCN, represented St. Joseph Hospital at the Wound, Ostomy and Continence Nurses Society’s 44th Annual Conference in Charlotte, NC. They presented two posters titled “A Risk Reduction Program Related to Retained Negative Pressure Wound Therapy Dressing” and “How to Minimize Hospital-Acquired Pressure Ulcers.” The Clinical Abstracts were published in the Journal of Wound, Ostomy and Continence Nursing, volume 39, number 3 S, May/June 2012. They were also presented at the Wound, Ostomy and Continence Fall Conference in Danvers, MA, in October 2012.

Janet wrote an article, “How to Minimize Hospital-Acquired Pressure Ulcers (HAPU),” which appeared in Nursing Chronicle, volume 9, issue 1, Winter 2012. Danielle also authored an article, “New Campaign to Reduce Facility-Acquired Heel Pressure Ulcers,” which appeared in the same issue.

The Southern New Hampshire Oncology Nurses (SNHON) and Leukemia & Lymphoma Society had a very successful lecture series on Saturday, October 27, 2012, at the Marriott Courtyard in Nashua. Almost 90 nurses turned out to listen to a wide variety of issues, some taught by our own staff at St. Joseph Hospital.

Mary Schmitt, MS, ARP, OCN, talked about the use of predictive and prognostic biomarkers used in guiding cancer care. Laurie B. Kofstad, RN, CRNI, and Javier Ramos, BSN, CCRN, covered the assessment and management of common central venous access device complications.

Sandra Rosenblum, MSN, RN, OCN, was elected co-membership committee chair for the Southern New Hampshire Oncology Nursing Society.
Golden Band-Aid Recipients

The “Golden Band-Aid Award” was created by the Wound Care Committee in December 2010 to recognize nurses and LNAs who demonstrate moments of excellence in wound care or skills in preventing pressure ulcers. Some of the recent recipients of the Golden Band-Aid Award have been the following:

Rizalie Amen, RN, BSN  Venessa Mendez, LNA
Joanne Anderson, RN, CMSRN  Mike McKone, RN
Kelley Boumil, RN  Beth Mody, RN, CHPN, OCN
Meredith Bolton, RN, BSN  Erin Monahan, RN, BSN, PCCN
Carrie Bougeault, RN, BSN, CMSRN  Carmen Peace, RN
Tanya Brooks, RN, BSN  Carolyn Payne, RN
Wanda Cantrell, RN, CRRN  Deb Petersen, RN, BSN, CRRN
Anita Catalano, RN  Diane Peralta, LNA
Caitlyn Connolly, RN, BSN  Paula Pubello, RN
Amy Dawe, RN, BSN, CHPN, OCN  Krista Rinaldi, RN
Danielle Dube, LNA  Nataliya Rizchevsky, RN, OCN
Staci Felder, RN  Rafael Rodriguez, RN, BSN
Katherine Howe, LNA  William Roe, RN
Riviane Jardim, RN, WCN, CMSRN  Rachel Roy, RN
Heather Jones, RN, BSN  Maria Smith, RN, BC
Sribha Khanal, RN  Kim Spargo, RN, BSN
Liz Kearns, RN, PCCN, CMC  Rebecca Stanizzi, RN, BSN
Jan Lacount, RN  Karen Therrien, RN
Heidi Law, RN, BSN  4 South LNAs
Certifications (2010–2012)

Cardiac Medications
Elisabeth Kearns, BSN, RN, PCCN, CMC (3N)

Critical Care
Javier Ramos, BSN, RN, CCRN (ICU)

Emergency Nursing
Joan Sontag, MS, RN, CEN (Milford)
Lindsey Irish, RN, CEN (ED)
Annette Paul, BS, RN, CEN
Kathleen McCaughey, RN, CEN
Sue Weiss, BSN, RN, CEN

End of Life, Palliative Care Trainer
Jen Chrisemer, MS, RN, ONC

Fetal Monitoring
Amy Carter, BSN, RNC-OB, C-EFM
Karen Feehan, RNC-MNN, C-EFM
Cheryl Dubois, BSN, RNC-OB, C-EFM
Christine Tourville, RN, C-EFM
Cheryl Yiatris, BSN, RN, C-EFM

Gerontology
Jen Richards, BS, RN-C (5S)
Mickey Pelletier, RN-C
Dot Hyde, RN-C (5S)
Amy Girard, RN-C (5S)

Maternal-Newborn Nursing
Deborah Cossette, RNC-MNN

Medical Surgical Nursing
Filomena O’Hara, BS, RN-C (3N)
Berlin Roxas, MS, RN-C (4N)
Loretta Kinne, RN-C (4N)
Michelle Sargent, RN-C (4N)
Joanne Anderson, RN-C (4N)
Heather Winer, RN-C (4N)
Carrie Bourgeault, BSN, RN, CMSRN (4N)
Sincy Sebastian, CMSRN (4N)
Maryann Chiavelli, RN, CMSRN (PD)
Kristina Debruin, RN, CMSRN (PD)
Elizabeth O’Brien, RN, CMSRN (PD)
Admiral Labis, BSN, RN, CMSRN

Nurse Educator
Diane Droutman, MS, RN, CNE (SON)

Nurse Executive
Dianne Bolton, MS, MBA, RN, NE-BC

Obstetrics
Cheryl Dubois, RNC-OB (MCH)

Oncology
Jen Murphy, BS, RN, OCN
Carley Starr, RN, OCN
Lori Brickey, RN, BSN, OCN
Laurie Walker, RN, OCN

Operating Room
Bill Tamarro, BS, RN, CNOR

Palliative Care
Rita Anger, MSN, RN, CHPN (SON)
Pat LaPan, CPNA (3S)
Hilary Pentasuglia, CPNA (3S)

Progressive Cardiac Care
Kathy Fiske, RN, PCCN (3N)
Erin Monahan, BS, PCCN (3N)
Michelle Allaire, RN, PCCN (3N)
Edwin Emata, BSN, RN, PCCN (3N)
Amanda Piccolo, BSN, PCCN (3N)
Jillian Pouliot, BSN, RB, PCCN (3N)
Maura Colby, BSN, RN, PCCN (3N)
Elizabeth Kearns, BSN, RN, PCCN (3N)
Amanda Berube, BS, RN, PCCN (3N)
Shaylene Doty, BSN, RN, PCCN (3N)
Paula Descheneau, RN, PCCN (3N)
Holly Mitchell, MSN, RN, PCCN (3N)
Aimee Lynn Smith, RN, PCCN (3N)
Katie Sullivan, BS, RN, PCCN (3N)

Psychiatric Nursing
Peggy Dorson, MSN, ARNP, BC (5S)

Rehabilitation Nursing
Elaine Durand, RN, CRRN (4S)
Glory Wabe, BSN, RN, CRRN (4S)
Sonhi Rowe, BSN, CRRN (4S)
Sandra Sterling, RN, CRRN (4S)
Claire Hall, BS, RN, CRRN (4S)

Wound, Ostomy, and Continence
Janet Johnson Prince, BS, RN, CWOCN
Annette Dawson, MSN, RN, CWON

100% of Cancer Center Nurses Are Certified

Cancer Center receives 100% certification. Nurses within the center hold their OCN, AOCNP, CHPN, or CRNI. Congratulations to the dedicated staff that remain committed to providing a higher quality of care that is achieved with certification. (Submitted by Cindy Arcieri, APRN, MS, OCN)

Academics

Associate’s and Are Now RNs
Debra Rondeau, AD, RN (Home Health)
Natalie Tullis, AD, RN (ED)
Melinda Smith, AD, RN (Dionne Center)
Stacy Palaskas, AD, RN (5S)
Jennifer Boradawaka, AD, RN (PCS)
Lindsey Sullivan, AD, RN (PCS)

Bachelor’s
Sandy Vara, BSN (Milford ED)
Sandy Haithcock, BS, RN
Tanya Brooks, BS, RN
Jen Richards, BS, RN (5S)
Amy Girard, BS, RN-C (5S)

Master’s
Heather Long, MS, MBA, RN (OR)
Joanna Vallie, RN-C (MS)
Sue Weiss, MS, RN, CEN (ED)
Jen Chrisemer, MS, RN, ONC (3S)
Jen Richards, MS, RN-C (5S)
Karen Fournier, MSN, RN (CVC)
Sandra Rosenblum, MSN, RN, ONC (3S)

Post-Master’s Certificate
Cindy Arcieri, MS, RN, OCN (FNP Certification)

Doctorate
Donna M. Roe, DNP, APRN-BC, CEN (PCS)
Winners of the 2012 SJH Nursing & LNA Scholarships Announced

On Monday, May 7, 2012, Pam Duchene, PhD, ARNP, announced the winners of the 2012 St. Joseph Hospital Nursing and LNA Scholarships.

Nataliya Rizhevsky, RN, was awarded the Nursing Scholarship. Nataliya is a nurse on 3 South and is enrolled in the Bachelor of Science in Nursing program at Rivier College.

Peter Dubois, LNA, was awarded the LNA Scholarship. Peter is a per diem LNA enrolled in the Bachelor of Science in Nursing program at Rivier College.

Division Advisory Committee Chairs

2008–2009: Sue Weiss, BSN, RN
2010–2011: Erin Breen
2012–present: Katie Sullivan, BS, RN, PCCN

Clinical Advancement Program Award Recipients

September 2011
Amanda Jobel, 3 North, CAP Level III
Janell Canaan, Per Diem, CAP Level III
Carrie Bourgeault, 4 North, CAP Level III

October 2011
Katie Sullivan, 3 North, CAP Level III
Jillian Pouliot, 3 North, CAP Level III

November 2011
Susan Barnard, ED, CAP Level V
Cindy Viverios, MMC, CAP Level IV

December 2011
Carolyn Payne, 4 North, CAP Level III
Judy Paradis, Cardiac Rehab, CAP Level III
Danielle Szarek, Wound Care, CAP Level IV
Kim Bernard, PACU, CAP Level IV
Beth Derego, PACU, CAP Level IV

January 2012
Laurie Kofstad, Oncology Center, CAP Level III

May 2012
Sandy Rosenblum, 3 South, CAP Level IV
Lorie Brickey, Oncology Center, CAP Level III

July 2012
Maribeth Stone, Cardiac Rehab, CAP Level IV

August 2012
Shannon Goulart, PACU, CAP Level IV
Heidi Law, 4 North, CAP Level III
Janet Prince, Wound Care, CAP Level IV

October 2012
Donna Harris, Cancer Center, CAP Level IV
Laurie Terrio, Diab Ed, CAP Level IV
Rachel Roy, 4 North, CAP Level III
Carrie Bourgeault, 4 North, CAP Level III
Shannon Doty, 3 North, CAP Level III
Carolyn Parker, 4 North, CAP Level III
Katie Sullivan, 3 North, CAP Level III
Amada Berube, 3 North, CAP Level III

November 2012
Cindy Viverios, ED, CAP Level IV
Beth Kearns, 3 North, CAP Level III
Rosa DeJesus, 4 North, LNA Level III

December 2012
Danielle Szarek, Wound Care, Level IV
Kathy Robbins, ICU, Level IV

CLOSING OF THE SENIOR ADULT MENTAL HEALTH UNIT:
A significant change to the structure of nursing at St. Joseph Hospital

On December 31, 2012, St. Joseph Hospital said goodbye to the Senior Adult Mental Health Unit (SAMHU). Since 1995, the unit successfully provided care to older adults with mental illness and complex medical conditions. The inpatient unit was a scenario of patients who frequently could not express their needs combined with seasoned and talented providers, nurses, therapists, volunteers, and many others who are truly gifted with compassion, dedication, and patience. The talented staff (pictured above) shared a common belief that was evident in the care that was provided and the family the SAMHU became as a result of taking care of such a unique and fragile population. As St. Joseph Hospital embarks on a new journey in developing the Acute Care for the Elderly (ACE) program, the staff will take past experiences and memories and create a program that will make an indelible impression on how older adults are cared for within our community. (Submitted by Lori Dodge)
EMPIRICAL QUALITY RESULTS

Examples of Quality, Research, and Evidence-Based Practice Projects Under Way

- **Home Telemonitoring for Patients with Congestive Heart Failure** (IRB approved)
  PI: Pamela Duchene, PhD, ANP-BC, FACHE

- **The Effect of a Mobility Protocol in Preventing Iatrogenic Deconditioning** (IRB approved)
  PI: Carrie Bourgeault, BSN, RN, CMSRN

- **Gender and Pre-hospital Delay Associated with First Time AMI** (IRB approved)
  PI: Susan Weiss, BSN, RN, CEN

- **Time to Removal of Backboards in the Emergency Department** (Quality)
  PI: Susan Barnard, MS, APRN – completed 2012

- **Safe Patient Handling** (Quality)
  PI: Maribeth Stone, BSN, RN, BC, and Joan Basta, BSN, RN, COHN/CM, CWCP
Relief Charge Nurse Program

This is a new program that was implemented in 2012. Inexperienced Charge Nurses had verbalized feeling anxious and unprepared for the responsibilities of the Charge Nurse role. They felt that the role was not clearly defined and that expectations of the Charge Nurse varied from unit to unit.

After attending a session entitled “Charge Nurse University” at the 2011 Magnet Conference, an educational process for new charge nurses was proposed. The proposal was readily accepted by the Nursing Vice President, and the Relief Charge Nurse Task Force was initiated in January 2012.

The Task Force was formed and membership reflected a variety of inpatient and outpatient areas and included a Nurse Manager, several Assistant Nurse Managers, several Charge Nurses from different clinical areas and the Manager of Education and Professional Development.

The following goals were identified:

• Increase the Relief Charge Nurse's confidence and feelings of preparedness for the responsibilities of the role
• Improve patient safety and patient satisfaction through the development of effective frontline leadership

The title for the role was standardized as “Relief Charge Nurse.” A competency tool was developed based on current evidence and practices. The objectives and components of a formal educational program were identified. An eight-hour workshop was developed and presented twice in 2012. The plans are to present the workshop an additional five times in 2013 in order to reach a total of 72 participants. A resource manual for Relief Charge Nurses was developed to accompany the course.

A survey tool to assess the nurse’s confidence and feelings of preparedness is to be administered prior to the workshop and again four to six months later. The competency tool is completed by each participant under the supervision of the assistant nurse manager on their home unit.

The post-workshop surveys for the October 2012 participants are being completed. The results of the post-program surveys will help to determine the effectiveness of the program and highlight any revisions necessary. Results from the program evaluations indicate a high level of participant satisfaction. The Task Force will monitor patient safety data and patient satisfaction scores to determine the overall impact of the Relief Charge Nurse preparation process.
### NDNQI 2012 Nurse Survey Results

**ALL UNITS IN HOSPITAL (n = 15)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Benchmark</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response rate (%)</td>
<td>Magnet Mean</td>
<td>75</td>
<td>71</td>
<td>66</td>
<td>72</td>
</tr>
<tr>
<td>Job enjoyment T scores</td>
<td>Magnet Mean</td>
<td>68.2</td>
<td>64.3</td>
<td>62.2</td>
<td>63.46</td>
</tr>
<tr>
<td>Satisfied with my job T score</td>
<td>Magnet Mean</td>
<td>73.1</td>
<td>70.8</td>
<td>69.9</td>
<td>70.45</td>
</tr>
</tbody>
</table>

**ADAPTED INDEX OF WORK SATISFACTION (≥60 = HIGH SATISFACTION)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Magnet Mean</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with tasks</td>
<td></td>
<td>62.1</td>
<td>58.9</td>
<td>58.5</td>
<td>59.41</td>
</tr>
<tr>
<td>Satisfaction with decision making</td>
<td></td>
<td>64.1</td>
<td>58.9</td>
<td>59.7</td>
<td>58.86</td>
</tr>
<tr>
<td>Time for patient care</td>
<td></td>
<td>64.2</td>
<td>62.5</td>
<td>61.6</td>
<td>61.9</td>
</tr>
<tr>
<td>Participate in decision making</td>
<td></td>
<td>63.4</td>
<td>61.1</td>
<td>61</td>
<td>58.47</td>
</tr>
<tr>
<td>Staff adjusted as care needs change (6 = SA)</td>
<td></td>
<td>4.3</td>
<td>4.1</td>
<td>4.3</td>
<td>4.36</td>
</tr>
</tbody>
</table>

**PLANS FOR THE NEXT YEAR (%)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Magnet Mean</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remain on same unit</td>
<td></td>
<td>90</td>
<td>91</td>
<td>87</td>
<td>86</td>
</tr>
<tr>
<td>New unit, same hospital</td>
<td></td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Outside hospital</td>
<td></td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Leave patient care</td>
<td></td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Retire</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
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</tbody>
</table>

**UNIT PERCEIVED QUALITY OF CARE (4 = EXCELLENT)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Magnet Mean</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>On last shift worked</td>
<td></td>
<td>3.6</td>
<td>3.7</td>
<td>3.6</td>
<td>3.66</td>
</tr>
<tr>
<td>In general</td>
<td></td>
<td>3.6</td>
<td>3.7</td>
<td>3.6</td>
<td>3.7</td>
</tr>
<tr>
<td>Recommend hospital (6 = SA)</td>
<td></td>
<td>5.3</td>
<td>5.1</td>
<td>5</td>
<td>4.95</td>
</tr>
<tr>
<td>Indicator</td>
<td>Benchmark</td>
<td>2009</td>
<td>2010</td>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>ALL UNITS IN HOSPITAL (n = 15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION OF LAST SHIFT (EXCEPT FOR FIRST ITEM 6 = STRONGLY AGREE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Imp. things didn’t get done (6 = SD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall good shift</td>
<td></td>
<td></td>
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<tr>
<td>Appropriate assignments</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Max pt. at any one time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total pts. over entire shift</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnet Mean</td>
<td>4.5</td>
<td>4.7</td>
<td>4.5</td>
<td>4.51</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>5.1</td>
<td>5</td>
<td>4.85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.9</td>
<td>4.9</td>
<td>4.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>4</td>
<td>4.6</td>
<td>4.38</td>
<td></td>
<td></td>
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<tr>
<td>6.9</td>
<td>5.7</td>
<td>6.3</td>
<td>6.33</td>
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<tr>
<td>SITUATIONS ON YOUR LAST SHIFT (% YES)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enough lift help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enough time with patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough time to document (% NO)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Adequate discharge prep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough staff affected ADTs (% NO)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Magnet Mean</td>
<td>91</td>
<td>92</td>
<td>84</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>75</td>
<td>78</td>
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<td>68</td>
<td>76</td>
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<td>95</td>
<td>96</td>
<td>89</td>
<td>91</td>
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<tr>
<td>90</td>
<td>93</td>
<td>86</td>
<td>83</td>
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<tr>
<td>MEAL BREAKS ON YOUR LAST SHIFT (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No meal breaks</td>
<td></td>
<td></td>
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<tr>
<td>Unable to sit for break</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 30 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; = 30 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to sit free of patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to sit, not free of patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Magnet Mean</td>
<td>20</td>
<td>28</td>
<td>29</td>
<td>31</td>
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</tr>
<tr>
<td>7</td>
<td>6</td>
<td>8</td>
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<td>45</td>
<td>34</td>
<td>38</td>
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<td>35</td>
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<td>44</td>
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<td>30</td>
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<tr>
<td>50</td>
<td>55</td>
<td>62</td>
<td>48</td>
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</table>
# NDNQI Report for 2012

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Benchmark</th>
<th>Q1 ’12</th>
<th>Q2 ’12</th>
<th>Q3 ’12</th>
<th>Q4 ’12</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL PATIENT FALLS</td>
<td>NDNQI (Mean for Magnet hospitals)</td>
<td>4 North</td>
<td>2.6</td>
<td>2.87</td>
<td>3.87</td>
<td>1.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 North</td>
<td>2.8</td>
<td>4.32</td>
<td>4.58</td>
<td>1.78</td>
</tr>
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<td></td>
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<td>4 South</td>
<td>0.6</td>
<td>3.11</td>
<td>3.57</td>
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<td></td>
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<td>0.71</td>
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<td>ICU</td>
<td>5.38</td>
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<tr>
<td>UNIT-ACQUIRED PRESSURE ULCERS</td>
<td>NDNQI (Mean for Magnet hospitals)</td>
<td>5 South</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>4 South</td>
<td>0</td>
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<tr>
<td></td>
<td></td>
<td>3 South</td>
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</tr>
<tr>
<td></td>
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<td>4 North</td>
<td>4.2</td>
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<td></td>
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<td>3 North</td>
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<td>4.35</td>
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<td>ICU</td>
<td>33.3</td>
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</tr>
<tr>
<td>RESTRAINTS</td>
<td>NDNQI (Mean for Magnet hospitals)</td>
<td>5 South</td>
<td>0</td>
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<td>0</td>
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<tr>
<td></td>
<td></td>
<td>4 South</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>3 South</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 North</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 North</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICU</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CAUTI</td>
<td>NDNQI (Mean for Magnet hospitals)</td>
<td>4 South</td>
<td>17.2</td>
<td>4.02</td>
<td>4.31</td>
<td>4.52</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 South</td>
<td>0</td>
<td>5.09</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 North</td>
<td>1.8</td>
<td>0</td>
<td>0</td>
<td>2.41</td>
</tr>
<tr>
<td></td>
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<td>3 North</td>
<td>4.6</td>
<td>3.15</td>
<td>0</td>
<td>3.14</td>
</tr>
<tr>
<td></td>
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<td>ICU</td>
<td>6.9</td>
<td>6.27</td>
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</tr>
</tbody>
</table>

*Positive/Negative related to Magnet Mean Score
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Benchmark</th>
<th>Q1 '12</th>
<th>Q2 '12</th>
<th>Q3 '12</th>
<th>Q4 '12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INJURY ASSAULT RATE</strong></td>
<td>Rate of injury assaults against staff</td>
<td>5 South</td>
<td>2.4</td>
<td>5.28</td>
<td>2.02</td>
<td>0</td>
</tr>
<tr>
<td><strong>VENTILATOR-ASSOCIATED PNEUMONIA</strong></td>
<td>Number of ventilator-associated cases of pneumonia per 1,000 patient days</td>
<td>ICU</td>
<td>0</td>
<td>13.33</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>CENTRAL LINE BLOODSTREAM-ASSOCIATED INFECTION</strong></td>
<td>Number of central line bloodstream infections per 1,000 patient days</td>
<td>ICU</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

This report is produced for quality monitoring purposes and is considered to be confidential, privileged, and protected from discovery and/or disclosure pursuant to NH RSA 151:13-a. Any recipient of this report is advised to maintain the confidentiality of the report (including data contained in or derived from the report) with release or disclosure permitted only with the express written consent of St. Joseph Hospital.
This year, St. Joseph Hospital’s nursing department is submitting for renewal of their Magnet® status for the third time.

The Magnet Recognition Program® continues to grow in popularity across the U.S. and internationally. Magnet hospitals typically have more satisfied RNs, lower RN turnover and vacancy, improved clinical outcomes and improved patient satisfaction. Only 6.9% of all registered hospitals in the U.S. have achieved ANCC Magnet Recognition® status (AHA, Fast Facts on U.S. Hospitals, 2013).

American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program® is the most prestigious distinction a healthcare organization can receive for nursing excellence and quality patient outcomes. Organizations that achieve Magnet Recognition are part of an esteemed group that demonstrates superior nursing practices and outcomes.

Magnet certification is the culmination of a rigorous and time-consuming application process. To be redesignated as a Magnet organization, we must provide documented evidence of how Magnet concepts, performance and quality were sustained and improved over the four-year period since the hospital received its last recognition. Although the emphasis on initial Magnet designation is on structure and process, redesignation focuses on outcomes and improvements in patient care.

All the nurses and staff at St. Joseph Healthcare can be proud of the work they have done and continue to do. The future of nursing at St. Joseph Hospital is bright.
2012–2013

NURSING REPORT

TRANSFORMATIONAL LEADERSHIP 1
STRUCTURAL EMPOWERMENT 4
EXEMPLARY PATIENT CARE 6
NEW KNOWLEDGE AND INNOVATION 10
EMPirical QUALITY RESULTS 14