



Embracing the future through  
innovation, collaboration  
and compassion



NURSING ANNUAL REPORT 2018  
ST. RITA'S MEDICAL CENTER

## **MISSION**

### **Our Ministry:**

Extends the compassionate ministry of Jesus by improving the health and well-being of our communities and brings good help to those in need, especially people who are poor, dying and underserved.

## **VISION**

Inspired by God's hope for the world, we will be a ministry where associates want to work, clinicians want to practice, people seek wellness and communities thrive.

## **VALUES**

Human dignity

Integrity

Compassion

Stewardship

Service

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# Welcome

Throughout 2018, professional nurses in our Lima community have made significant contributions to improve clinical outcomes, enhance the experience of care and advance the practice of professional nursing. The activity of the Mercy Health nurses highlighted in this annual report is a glimpse into the unique contribution nurses have made to provide high-quality, compassionate care across the continuum of care. With the merger of Bon Secours and Mercy Health in September 2018, the 1,026 nurses in Lima are now part of a community of more than 17,000 nurses across our ministry who lead and advance the practice of professional nursing in Catholic health care. I am proud of the many accomplishments of our nurses this past year and look forward to the next year in our journey for professional nursing excellence.

**Andrea Mazzocchi, RN, PhD, FAAN**

Chief Nurse & Quality Officer  
Bon Secours Mercy Health

The Mercy Health – St. Rita’s Medical Center leadership team is so proud of our nurses and staff and all that you accomplished in 2018. The dedication and exceptional care you provided to our patients and families results in an environment that inspires nurses to work together, to advance health care for all and to feel empowered to create change and implement evidenced-based care.

In 2018, many of our nurses and nursing leaders spent a tremendous amount of time preparing for our Magnet accreditation visit, which took place in January 2019. We were so very honored to be granted Magnet status, a recognition showcasing that all of you are truly empowered to explore new ideas and best practices and are committed to community, teamwork, education, quality and safety. Our shared governance model allows clinical nurses to make decisions that affect nursing care.

This report highlights many of your successes in 2018. Each highlight reflects a portion of the Magnet model and is the gold standard for the delivery of nursing care to our patients and families. The accomplishments are plentiful, and we are proud of what we do.

The recognition, awards and honors that you have received demonstrate that each of you lives our Mission daily to provide compassionate and outstanding patient care to the communities we serve.

We hope you enjoy reflecting on the magnificent work that was accomplished in 2018. I look forward to continuing our journey to provide exemplary care to our communities and live our Mission each time we enter the doors of St. Rita’s Medical Center.

**Cory Werts, RN, MSN, NE-BC**

# Lima Leadership



**Cory Werts, RN, MSN, NE-BC**  
Chief Nursing Officer  
Mercy Health – St. Rita's Medical Center



# Transformational leadership

Transformational leaders stimulate and inspire others to achieve extraordinary outcomes. They align everyone's goals and objectives with the larger organization while transforming to meet the needs of the future. This requires vision, influence, clinical knowledge and strong expertise related to the professional nursing practice.

# Nurses decrease the use of indwelling Foley catheters

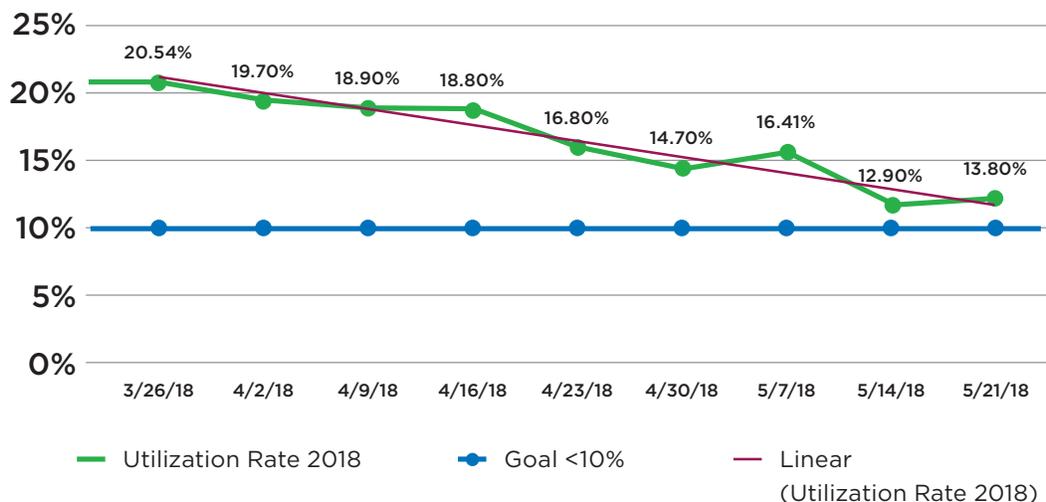
By definition of the Magnet Recognition Program, transformational leadership exists when nursing leaders, motivated by a strong vision for nursing care delivery, develop clinical nurses to meet current and anticipated strategic priorities. Transformational leadership creates an environment of learning, development, support and advocacy of the clinical staff to achieve the goals of the patients and the organization. Here is just one example of transformational leadership that occurred in the intensive care unit (ICU) in 2018.

Reducing catheter-associated urinary tract infections (CAUTIs) has been an organizational quality priority. Prevention of CAUTIs begins with ensuring Foley catheters are either not utilized in patients or removed as soon as their clinical necessity ends. The clinical nursing staff recognized that the Foley utilization rates in the ICU were high, and there needed to be a plan for their reduction. Brooke Taviano, ICU clinical manager, collaborated with the clinical nurses and discussed alternatives to using Foley catheters. The nurses realized there were no good alternative devices for male patients to collect urine, thus contributing to higher Foley utilization in this population.

Brooke advocated for the clinical nurses to have alternative resources available for male patients. As a result of working with the infection prevention manager and supply chain, we obtained a male catheter alternative for trial in the ICU. The trial resulted in a reduction of the Foley utilization rate from 20.54% to 13.80% in eight weeks.

This reduction in use contributes to our low CAUTI rates in the ICU, and use of the alternative has become permanent practice in the unit.

## Housewide Catheter Utilization





# Structural Empowerment

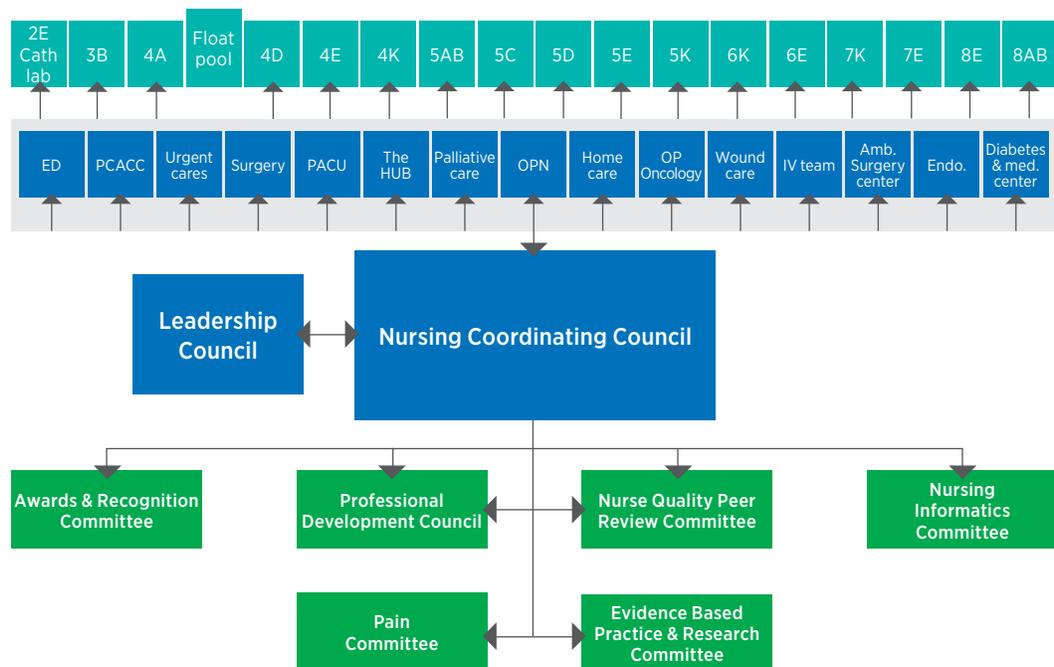
Solid structures and processes within our organization empower nurses to innovate, collaborate and achieve a higher understanding of the nursing profession. Nurses are empowered to meet the needs of our community. Determining the best ways to achieve the organizational goals is fostered through strong interprofessional relationships.

# Shared leadership fosters stronger nurse teams

It is a great honor to work with and give recognition to the staff here who support and share our vision for an empowered nursing community. Our nurses' commitment to evidence-based practices, top-box patient experience and quality patient care is exemplary.

Our shared leadership structure thrives with the influx of new ideas, collaborative efforts between disciplines and open communication at all levels of nursing to truly ensure the patient is at the center of everything we do each day.

As a team, we have seen improved professional development in the form of increased certifications and clinical ladder participation. Our evidence-based practice and research committee activities continue to focus on new advances in nursing practice. We also continue to focus on retention and recruitment of nurses who value our Mission.





**Krystle Rodeheffer**  
Nursing Coordinating  
Council



**Teresa Nalley**  
Nursing Coordinating  
Council



**Kathy Fisher, BSN, RN**  
Nurse Quality Peer  
Review Committee



**Ken Hahn, BSN, RN**  
Nurse Quality Peer  
Review Committee



**Valerie Mumaw**  
Evidence Based  
Practice & Research  
Committee



**Stephanie Pierce, BSN, RN**  
Evidence Based  
Practice & Research  
Committee



**Tracy Braden, BSN**  
Evidence Based  
Practice & Research  
Committee



**Kelly Kuhlman, BSN, RN**  
Professional  
Development  
Committee



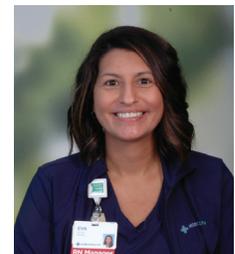
**Kelly Schey**  
Professional  
Development  
Committee



**Rachel Haselman, BSN, RN**  
Awards & Recognition  
Committee



**Charity Wray, BSN, RN**  
Nursing Informatics  
Committee



**Eva Hill, MSN, RN**  
Pain Committee



# Exemplary Professional Practice

Nurses are autonomous to deliver patient-centered care while collaborating with the interprofessional team and families. Outcomes related to patient experience, quality and work environment stem from a deep understanding of evidence-based practice.

# Focused fall preventions produce dramatic results

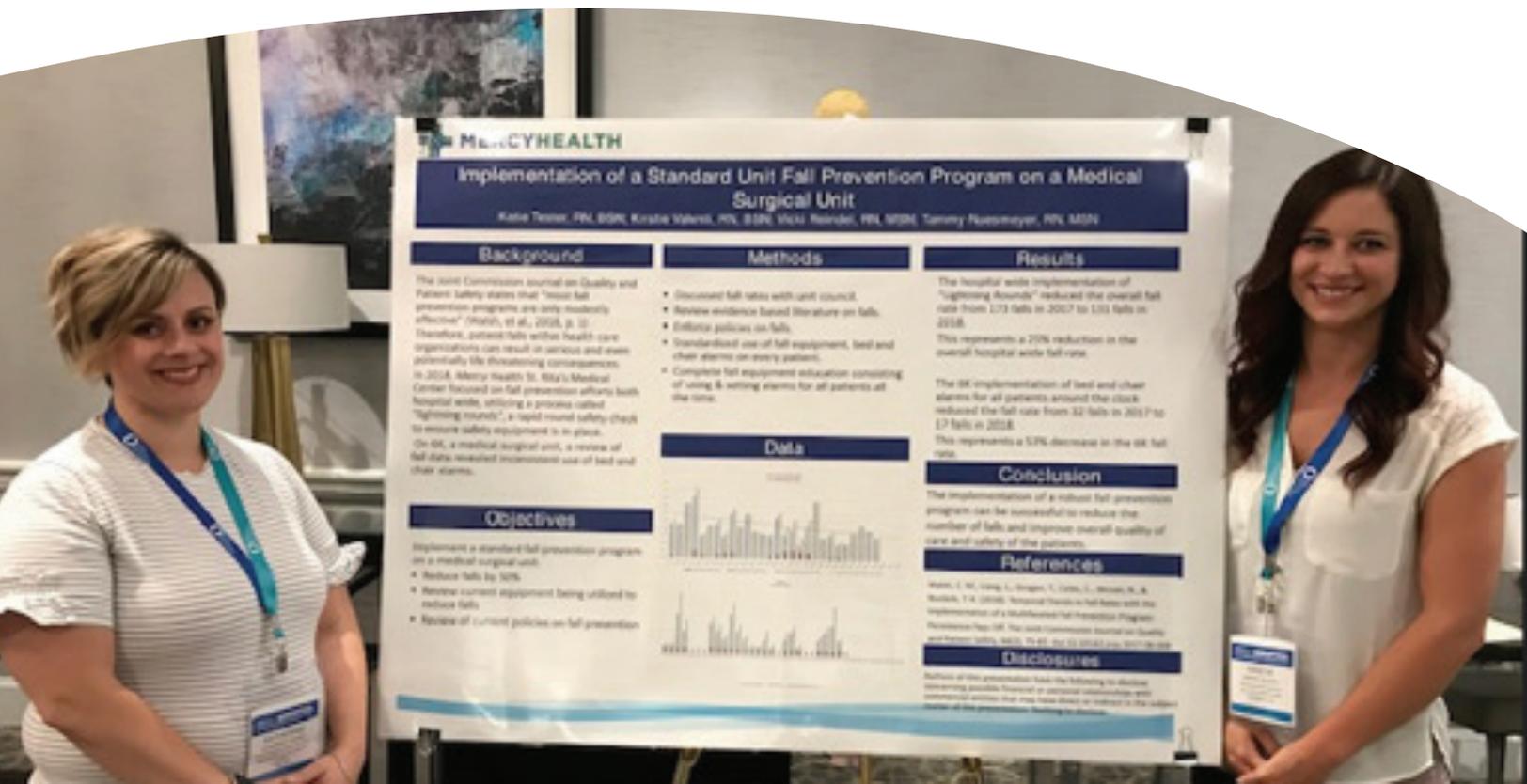
Patient safety continues to be a priority at St. Rita's Medical Center, and part of keeping patients safe includes nursing interventions to prevent falls in the hospital. All units and departments are continuously focused on ensuring these interventions are appropriately used every day.

Our nurses introduced several additional interventions in 2018 that resulted in a 25% house-wide reduction of falls. One of our units that fully embraced these interventions and the culture of safety, the 6K renal telemetry unit, had a 53% reduction in falls.

The fall reduction plan included the following elements:

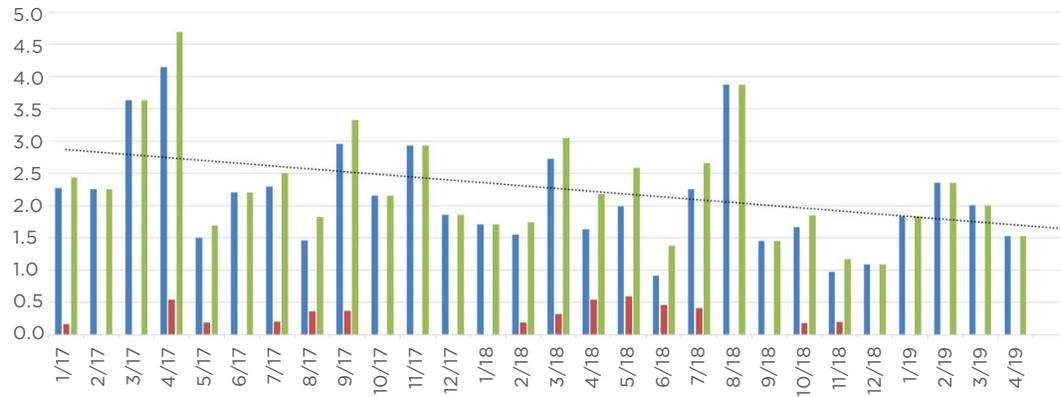
- Monitoring of fall rates by all unit councils
- Review of evidence-based literature on falls
- Review of current policy on falls to determine interventions already in use
- Standardization of the use of fall prevention equipment
- Use of fall equipment on all patients regardless of their risk
- Implementation of "Lightning Rounds," a process that incorporates assessments of all patients on a unit every two hours to review their fall risk and the usage of bed and chair alarms

We shared information about our efforts with colleagues across the state with a poster presentation at the 12th Annual Ohio Hospital Association Quality Summit.



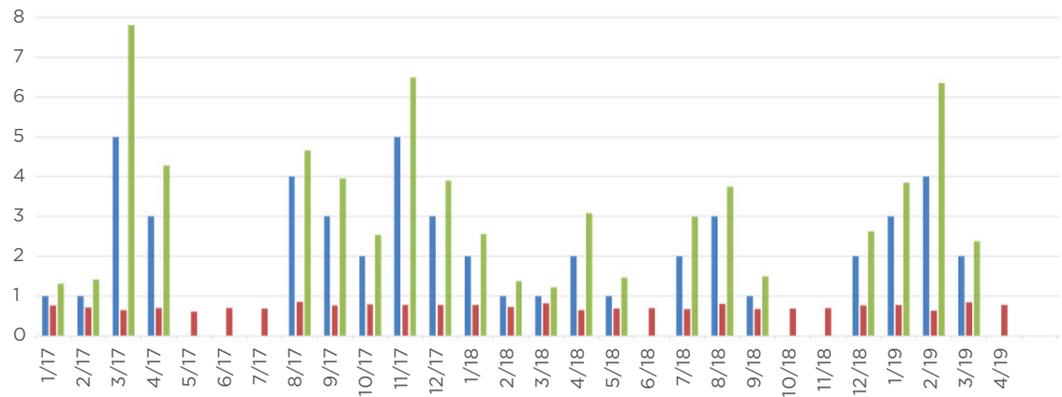
## Acute Care Patient Falls

per 1,000 patient Days



## 6k Falls

per 1,000 patient Days



Actual falls per 1000 Pt days

Never miss falls per 1000 Pt days

Total acute care falls per 1000 Pt days

Linear (total acute care falls per 1000 Pt days)



# New Knowledge, Innovation and Improvement

Our current systems of health care are redesigned to meet the needs of our patients, community and organization. Nurses are at the forefront of generating new knowledge and innovation, having visible contributions to the art and science of nursing.

# Improved Behavioral Service Unit security decreases patient elopement

The St. Rita's Medical Center Behavioral Service Unit (BSU) implemented an innovative and effective method to prevent patient elopement from the unit using a BSU employee ID badge.

The BSU has a unique physical layout, with its main entrance being through the nursing station. ID badges for our BSU staff are coded to provide access to and from the BSU and the nursing station (all hospital staff wear ID badges for both identification and access to locked units and doors). Because patients enter the unit through the nursing station, they are able to observe staff members entering and exiting the nursing station using their staff ID badges and can see how to exit the unit using a badge.

An interdisciplinary team consisting of the BSU safety committee member, BSU clinical staff and leadership, the chief nursing officer and campus police chief convened to discuss this problem and to identify enhancements to the area that would reduce the opportunity for elopement. The team's goal was to decrease the rate of patient elopement using a BSU employee ID badge.

They developed an innovative solution, the use of "dummy" BSU staff ID badges that would look identical to the BSU staff "active" badge but would not have any functionality. BSU nurses and staff members would wear the dummy badge in plain sight and would carry their active ID badge in their pocket. If a patient were able to gain control of a BSU staff ID badge, it would be the dummy badge that would not allow the patient to exit the unit.

By the end of February 2018, the BSU nurses and staff members had completed education and training on the use of the new badges and received their dummy badges. In January 2018, we had an elopement rate of 2.16 (our baseline measurement\*) for patients using a BSU employee ID badge. The rate of elopement decreased to zero in March, April and May 2018.

\* We calculated the elopement rate by dividing the number of elopements using a BSU employee ID badge by the number of patient days and multiplying by 1,000.



# Daisy Awards



# DAISY Awards

The DAISY Award recognizes a nurse's clinical skill and compassionate care to patients and their families.

## Kim Thorpe | February 2018

Nominated by a patient:

"On 4E, I'm unable to have my sister's flower arrangement in my room. I love flowers - the arrangement is beautiful. RN Kim Thorpe took a cell photo of flower arrangement and took it to Walmart, who printed a color photo of the flowers that I now have hanging in my room to enjoy. Kim did not want to be reimbursed for her cost. Kim truly went beyond her responsibilities as my nurses to help me out and feel better. She deserves a DAISY award for compassion and kindness."

Kim also received a DAISY award on December 13, 2013. Between May 2015 and May 2016, she was the first nurse to receive five nominations and was awarded a five-DAISY pin in May 2016.

## Team 8E TCU | May 2018

DAISY team awards are given to teams with multiple nominations within one year. The 8E TCU team, which included nurses, social workers, techs and therapists, received four team nominations between May 2017 and May 2018.

Nominated by patients:

"Staff is excellent, caring and very compassionate. Everyone is special. Thank you for all you did for me." June 2017

"Nurses had happy dispositions and seemed to enjoy their work. They were respectful of my dignity and truly concerned with my care and recovery." September 2017

"Jim was a patient on 8E for almost 2 weeks. The care he received was amazing. I hesitate to name names for fear I will miss someone. I do have to say Tracy, Deb and Cindy went above and beyond. Cherrie from dietary was so good to Jim. Ciara, the tech was great too. There were several others whose name I can't remember. Unfortunately, I didn't see the night nurses but Jim always spoke highly of them." January 2018

"I arrived on TCU and found some of the most caring nurses and aids. I'm 74 and very set in my ways. I was hurting and confused. All the people helped me in the healing. I'm not the nicest guy when I'm hurting. They took this "old navy fart" under their wings and helped me in ways I never expected. They were kind and understanding, never rushed me, they let me do things my way. You heard stories about hospitals but these ladies rock. Thanks!" February 2018

### **Tricia Sadler | September 2018**

Nominated by her manager:

"In May, Tricia admitted a patient to 8AB after having an ICD placed on a Friday afternoon. The patient had known drug abuse which lead to medical issues. During the admission process the patient's spouse voiced concerns about his wife and how well she was going to do once going home because they were having to sleep on the floor at their home. He voiced that they once had a mattress given to them but it was infested with bed bugs and had to get rid of it. Tricia worked diligently trying to find this family a bed to sleep on once going home. She was successful. Before the end of her shift she had found a bed frame and mattress for the family. Saturday she went and bought pillows and linen for the bed and she and her husband delivered it to the patient's home after being discharged. Once getting there, they set up the bed, filled up the patient's gas tank after they voiced they were riding their bikes everywhere, and bought them two gallons of milk. I am proud to have her as a part of my team as she sets a great example of our mission showing her compassion and bringing help to those in need."

### **Emily Gerten | October 2018**

Nominated by her manager:

"Emily was on the bone marrow registry as a donor. She got the call that she was a match for a 7 year old girl with aplastic leukemia. Emily went to Cleveland to donate her bone marrow. She is waiting about 3 months to find out if it was successful. Emily just graduated from Rhodes in May."

## Bon Secours Mercy Health

Mercy Health is part of Bon Secours Mercy Health (BSMHealth.org) one of the top 20 health systems in the United States and part of the top performing quartile of Catholic health systems for lowest cost per case for patient care. Mercy Health is the largest health system in Ohio and among the top five employers in the state, with more than 33,500 employees serving communities throughout Ohio and in Kentucky. Mercy Health provided care for patients more than 6.8 million times in 2017. The system includes assets of \$6.8 billion and nearly 500 care facilities including 23 hospitals and 26 post-acute care facilities including senior living communities, hospice programs and home health agencies. Its clinically integrated network of more than 2,700 health care providers coordinates more effective and efficient care for more than 350,000 patients, saving money for taxpayers through the Medicare Shared Savings Program. As part of Bon Secours Mercy Health, the ministry provides nearly \$2 million per day in community benefit.



[mercy.com](http://mercy.com)