

Nurses improving patient care and safety



2019 Nursing Annual Report





A letter from the Chief Executive Officer

As you read this nursing report, you will learn about a great many initiatives, processes, and programs that helped our great hospital continue in our quest for continued excellence and improvement. The scores and outcomes you see in this report are impressive and they speak to the dedication our team has in delivering the highest levels of care possible.

But, what you won't see in these pages, and what I am proud to have seen during my tenure as Chief Executive Officer is the culture of caring and commitment to our patients that our nurses show every day. I have been fortunate to have been in healthcare my entire career and I have worked with dozens of hospitals, but East Jefferson General Hospital truly is a unique and special place. And the nurses here are a major reason for that.

This past year, our hospital successfully completed a long effort to join the LCMC Health family of hospitals. That process required several steps including a public vote asking our community to stand in support of that effort, thus preserving their access to our doctors and nurses. By an overwhelming vote of 95% the community resoundingly supported that merger. That vote speaks volumes about the quality of care we have delivered over the past 50 years.

By the time this is published, I will have successfully begun my retirement. And Richard Tanzella will have become East Jefferson General Hospital's new Chief Executive Officer. Working alongside the nurses and team at East Jefferson has been the highlight to my career. Throughout the merger campaign I told people that East Jefferson is not the buildings on its campus, it is the people who show up on a daily basis committed to living up to the hospital's mission statement, "to deliver the highest qualities of comfort and care to our community." To the nurses praised in this report and to all of those who are not mentioned in this report, I thank you for making East Jefferson General Hospital the great hospital it is. Our community is lucky to have you.

Gerald Parton

Chief Executive Officer
East Jefferson General Hospital



A letter from the Chief Nursing Officer

Registered nurses constitute the largest and most respected healthcare profession in the United States. The depth and breadth of the nursing profession has grown to meet the demands of different patient populations and emerging healthcare needs in a wide range of settings. As nurses, you are the backbone of the healthcare system. Every hour of every day, nurses are there for people of all ages. We are caregivers, educators, wellness coaches, negotiators, patient advocates, and sometimes just a shoulder to cry on or a compassionate ear to listen in silence.

We are here for our patients, community, and coworkers because we care. The 2019 Annual Report highlights some of the achievements of our nurses. I have personally witnessed the outstanding care delivered by East Jefferson General Hospital nurses. I have seen each of you tirelessly care for our patients and their families. You work long hours and overcome staffing shortages to support one another and to ensure our patients have the best care possible. Your efforts have not gone unrecognized. I greatly appreciate your dedication and so do our physicians.

East Jefferson's quality and patient safety scores continue to soar because of your excellent care, commitment, and professionalism. With your engagement, East Jefferson General Hospital has continued to gain recognition through our Heart Failure Accreditation, Thrombectomy Capable Joint Commission Certification, Magnet Designation, Baby Friendly Designation, CMS Four Star Rating, and high ranking by CareChek, to name just a few. For East Jefferson General Hospital nurses, being recognized for our compassion, quality, and safe care is the ultimate goal. These awards merely add a label to what I witness every day when I round in the patient care areas. I hear positive feedback regularly from medical staff, patients, and families. Your compassionate care is well known in the region. The "East Jefferson Nurse" is still recognized as a very special nurse with compassion and clinical expertise throughout the region.

I appreciate the efforts of each of you and am proud to work with you. I would like to extend a special thanks to you, our nurses, as you continue to provide the highest level of quality care to your patients. You deserve special recognition for your efforts in delivering compassionate care while embodying the principles of ethical practice in your profession. Thank you for all you do every day!

Ruby Brewer, MSN/MBA, RN, NEA-BC

Chief Nursing and Quality Officer
East Jefferson General Hospital

Table of contents

Innovation

Delaying the bath	6-7
Centers for Medicare/Medicaid (CMS) Comprehensive Joint Replacement (CJR) Bundle Summer Nurse Tech Program	8-10 11
In an effort to improve our door to doctor time and ED wait times, the Emergency Room has implemented the following changes in 2019	12
East Jefferson General Hospital welcomes the BMAT In 2019	13-14
VOICE teams collaborate to improve clinical outcomes with a Shared Governance (team member led) structure	15

Evidenced based practice

2019 Nursing Evidence Based Practice Contributions	18-20
The following DNP projects were implemented at East Jefferson General Hospital during 2019	21
May 2019 Showcase	22
November 2019 showcase	23
Nursing and interprofessional research	24

Professional excellence

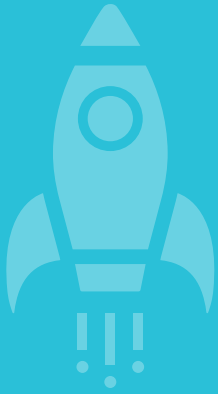
Clinical nurse specialist helps to bring Transcatheter Aortic Valve Replacement (TAVR) Program to our patients	26
Oncology clinical research 2019 accomplishments	27
East Jefferson General Hospital honored with Great 100 Nurses	28
Certified Nurses	29
Nurse Specialty Board Certification	30
Nightingale Awards	31
Donna Swartzfager Fund	32
Team Member Recognition 2019	33
East Jefferson General Hospital Career Ladder 2019	34

Community service

Community Volunteer Program	36
Screening events 2019	37
2019 Oncology community outreach activities	38

Caring and compassion

Volunteer Services Department	40
Patient and Family Advisory Council	41
The Patient Care Model	42-43



Nurses improving patient care
and safety through

innovation



Delaying the bath

As a **Baby Friendly USA** designated facility East Jefferson General Hospital implements the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk substitutes. Breastfeeding provides the optimal feeding for infants and to support this, step five states "Give infants no food or drink other than breastmilk, unless medically indicated."



Nursing identified challenges with increasing exclusivity rates, and the Lactation Consultants were seeking new ideas to impact and increase these rates.

Changes in infant care immediately following delivery have changed over the last 10 years at East Jefferson General Hospital. Previously, infants were separated from their mother shortly after delivery and were taken to the nursery for several hours for transition and their first bath. This has evolved to skin-to-skin care immediately after birth, for at least one hour or through the first breastfeeding, and keeping mom and infant together 24 hours a day (rooming-in).



Until we implemented new guidelines at approximately two hours, the transition nurse would come to the bedside to assess the infant and give the baby a sponge bath. As you can see from baby Anna, these sponge baths were not always well received.



The Lactation Consultants wondered if there were opportunities for improvement in bathing practices based on current recommendations for newborn infant bathing.

They conducted a review of the literature and published guidelines and position papers. A synthesis of the material demonstrated that risks of early bathing included hypothermia, hypoglycemia, increased risk of bacterial infection, and increased risks of infant-maternal separation. Following this research the Lactation Consultants shared their findings with the Supervisor and Director with the recommendation to implement delaying the first bath for healthy term infants.

The Chief of Pediatrics was fully supportive on the proposed process improvement. The implementation of the new practice involved nurses across the division; from brainstorming and developing guidelines through providing education to new parents and encouraging staff that had reservations. Through many PDSAs the process was revised and honed. Steps included the placing of yellow duck stickers on cribs to identify infants that hadn't been bathed, guidelines for new parents, and providing options for the location of the first bath. Nurses led the process with the result that by April 2019 the delay of baby's first bath practice was fully implemented on all healthy term infants.



Yellow duck sticker

Please don't bathe me yet!

At EIGH Woman and Newborn Services we wait to bathe babies to keep them happy and healthy!

By delaying the 1st bath it allows the baby to

- Stay warm
- Reduce stress levels
- Stabilize blood sugar levels
- Decrease weight loss and risk of jaundice
- Prevent infection and moisturize skin

As always, please have guest and visitors wash hands before and after holding the baby.

Parent education

SPLISH SPLASH - NEWBORN BATHING

It is recommended delaying the first bath.

Delaying the bath will allow your infant to develop independent thermoregulation while providing increased bonding time between you and your baby. It will also allow room additional recovery time so she can participate in the first bath process.

As always please have guests and visitors wash hands before and after handling the infant.

Bathing Tips:

- Never leave your infant unattended.
- You can just wash the areas that get most dirty such as the face, neck, hands, and diaper area. If you do this on a regular basis a full bath may only be necessary every other day.
- Gather any soaps, shampoos, towels, toys, clean clothing, and diapering items you need before you begin the bath.
- Try to keep the room warm and draft-free.
- Add water to the tub before you place your baby in the tub, protecting the baby from sudden temperature changes.
- Check the water temperature to make sure it is warm but not hot.
- A bath can be given anytime but creating an evening routine for bathing may help your infant relax and prepare for bed.

Sponge-bathing your newborn:

- Give your baby a sponge bath for the first few weeks until the umbilical cord has fallen off and circumcision is healed.
- Try undressing the baby completely and covering him loosely with a towel. You can then uncover the area you are ready to wash and dry.

Bathbath Safety:

- Once your baby is ready you can begin using portable infant tubs for bath time.
- Make sure the baby's head and neck are always supported.
- Wet babies are very slippery, be careful when removing them from the infant tub to a towel.
- Always check the water temperature
- Keep soap out of baby's reach
- Watch out for hot handles and faucets

Bathing guidelines

Centers for Medicare/Medicaid (CMS) Comprehensive Joint Replacement (CJR) Bundle

CMS mandated selected geographic regions to participate in the CJR Bundle beginning in 2016 through 2019 (and going into 2020). CJR compares the hospital's costs to the established regional target price. Costs include any activity from the hospital admission for CJR through 90 days post discharge. Target prices are adjusted for level of quality based on patient experience scores and CJR complications.

The higher the composite quality score the less the target price is reduced (1 –3%). Since the inception of CJR, East Jefferson General Hospital has achieved a high quality composite score thus our target price was discounted by 2% versus 3%.

	2016	2017	2018	2019
Quality score	14.25 (E)	14.25 (E)	12.9 (G)	12.0 (G)
Discount % (1-3)	1.5%	2%	2%	2%

If the hospital's actual costs are below the targeted price, the hospital will receive an incentive payment from CMS. Conversely, if the actual costs are higher than the targeted price, the hospital would have to pay CMS. East Jefferson General Hospital and our physician partners have successfully managed the CJR patient resulting incentive payment for each year of participation.

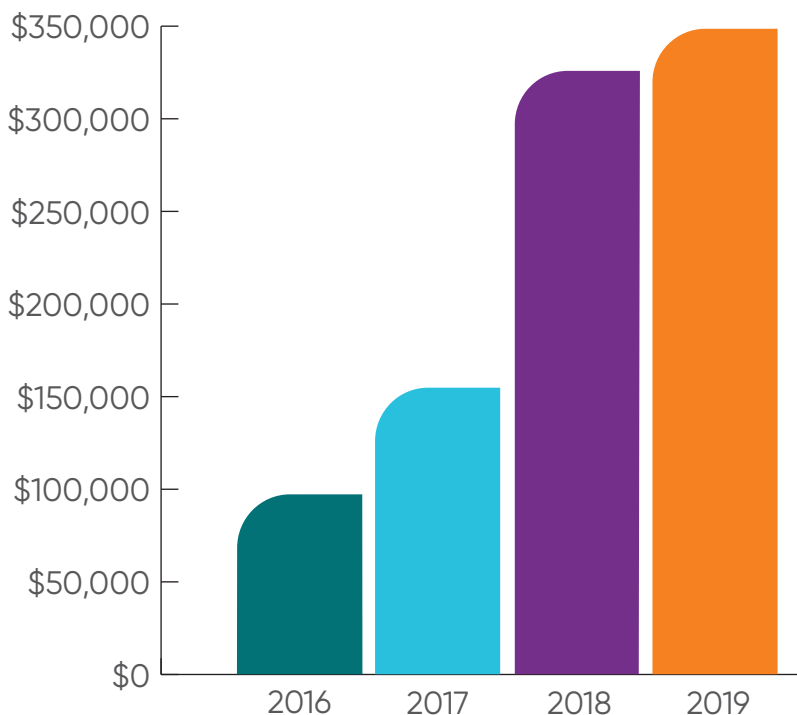
CMS (Centers for Medicare/Medicaid) Comprehensive Joint Replacement (CJR) Bundle (continued)

CMS has proposed a rule to extend the CJR model an additional three years. The new rule would include outpatient knee/hip replacements which are currently excluded. Target price will be calculated on the most recent year versus current pricing using three years of claims.

The model will continue to be mandatory for current metropolitan areas. Additional new rule proposals include: three month extension of current model to March 2021 due to COVID; an emergency provision for "extreme and uncontrollable" events; capped target prices emergencies; and additions of hip fracture with and without major complications. The final rule is expected October 4, 2020.



East Jefferson General Hospital payment



Centers for Medicare/Medicaid (CMS) Comprehensive Joint Replacement (CJR) Bundle (continued)

East Jefferson General Hospital (East Jefferson General Hospital) is a mandated site for CMS's Comprehensive Joint Replacement program. In developing this 90-day bundle program, we determined early on a RN navigator would be a key role in making this program highly success. With needing a very experience, motivated, and autonomous navigator, our choice was very clear.

Renee Coleman, RN was the perfect fit for this role. She transitioned from being our Orthopedic Care Manager to our Orthopedic Navigator with ease. Renee took on this role with one goal, great patient outcomes. She knew that if our joint patients were well managed from pre-surgery to 90 days post-op, that our program would be successful.

Renee developed great working relationships with all our orthopedic surgeons. A significant benefit of this very positive relationship was they allowed Renee to access their office EMR. This access gave her the ability to see which patients were going to need joint replacement surgery. Renee would call every patient and explain in great detail East Jefferson General Hospital's Joint Program. Once these patients came for surgery, Renee would care coordinate their hospital stay and their post hospitalization period. Renee would see them on the day of admit and discharge. She would review any and all post-op instructions.

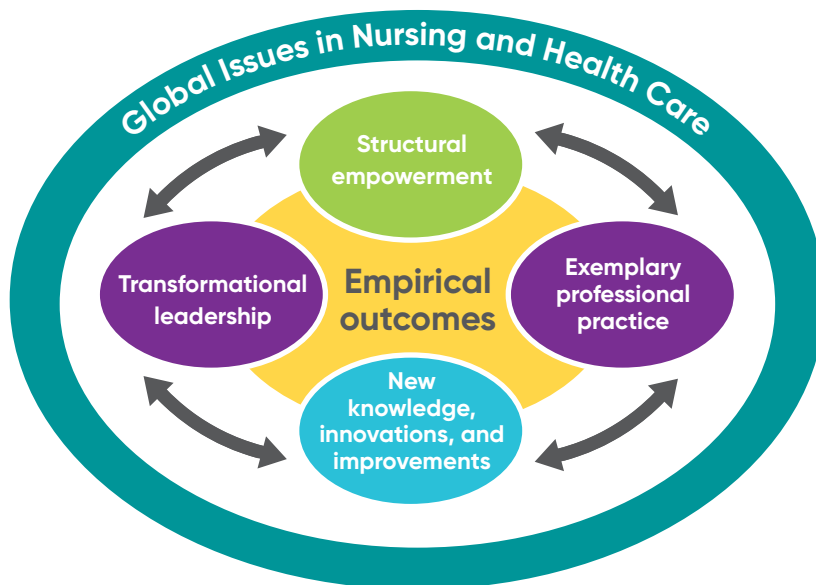
Post-discharge, Renee would make multiple follow-up phone calls at different intervals depending on the patient's needs. At each call, she would complete her assessment, inquire about any patient issues, and successes. Renee would communicate with all post-acute providers to make sure they knew our joint patients were special. She would review all monthly acute and post-acute reports to ensure continued improvement in the program.

With Renee in this role, we arguably had the best quality scores, lowest readmission rates, and best financial outcomes of any program in our region.



Summer Nurse Tech Program

- The 2019 Nurse Tech Program application process began in early March 2019 and culminated with two evening sessions of intense interviews by 11 departments hiring 43 nurse techs for the 2019 program.
- The application process elicited 94 applicants and over 190 interviews were conducted over six hours. The nurse techs were given the choice of two areas of interest to interview when applying and career guidance and pre-screening were done by the program manager and nurse recruiter via phone conversations during the scheduling process.
- Each department was given an opportunity to hire as many nurse techs that they could constructively coordinate and potentially hire as a new nurse.
- Junior nurse techs were classified with a graduation date approximately 18 months from the beginning of the program. They are scheduled to work 23 hours per week for a 10-week program. These techs are also eligible to return the following summer if they wish and the managers approve. These techs are also eligible to transfer to a different department if they desire.
- The senior nurse techs were those graduating within the next six to 12 months. They are scheduled 36 hours per week and are paid a higher rate than the junior level.
- Outcomes demonstrated through the nurse tech program have continued to be positive as we have retained greater than 50 percent of techs as new graduate nurses.





In an effort to improve our door to doctor time and ED wait times, the Emergency Room has implemented the following changes in 2019:

Our Emergency Department triage form was quite lengthy and took about five to seven minutes to complete. We separated the triage form into a rapid triage and a secondary triage form. The rapid triage form includes chief complaint, a full set of vital signs, allergies, stroke symptoms, and a patient acuity level. The secondary triage form includes pre-arrival interventions and notes, general assessment, suicidal screening, mode of arrival, and tetanus status. The rapid triage form now takes two minutes to complete and the secondary two minutes to complete.

The Emergency Department has also initiated triage pull until full. We only perform rapid triage in the triage check in area and immediately assign a bed in the Emergency Department. The secondary triage is done once the patient is in a room by the primary nurse unless there are no beds in the Emergency Department and the triage nurse will complete the secondary form while the patient is waiting for an open room. On EMS arrivals, the rapid and secondary form is done in the Emergency Department room by the charge nurse. This process has eliminated the bottleneck at triage and decreased our door to doctor times.

An EKG tech is now stationed in the Emergency Department triage area to assist with obtaining five minute EKG's. We have shown a slight decrease in door to EKG times. Some barriers that we are working on are EKG staffing issues causing the EKG tech to cover the whole house at times and when bedside EKG's need to be done during peak triage arrival periods. Some solutions have been to add a third tech when the census increases and to cross

train other Emergency Department techs and unit clerks to perform EKG's. We have also considered training new nurses and agency on performing bedside EKG's from the GE telemetry monitors for the EMS arrivals.

An Emergency Department OB task force which resulted in reformatting the Emergency Department OB triage form to include a full set of vital signs before sending these patients to Labor and Delivery was also established. This was in response to increase awareness and early intervention of hypertension in this patient population. Obtaining vital signs upon arrival allows us to immediately identify hypertensive, febrile, and unstable pregnant or postpartum patients in order to provide early intervention to increase favorable outcomes.

The Emergency Department researched best practice and changed to the Emergency Severity Index (ESI) triage model. This model is the most widely used and recognized tool. It is a five tier system including critical, emergent, urgent, less urgent, and non-urgent levels. The major difference is this model is based off of Emergency Department resources and testing that will be utilized in the Emergency Room. Emergency Department nurses already think in terms of resources and testing needed to treat a patient depending upon the presenting symptoms so this has been an easy and efficient transition for all. Agency and new staff were already using this model at other facilities leading to consistent practice in Emergency Departments in our community. This transition has allowed us to increase the amount of nurses who are competent to work in triage.

East Jefferson General Hospital welcomes the BMAT In 2019

East Jefferson General Hospital recognizes the importance of mobility as it relates to patients activity of daily living tasks along with, patient/team member safety in mobilization. Research has shown that patients with early mobility decreases patient complications associated with hospital acquired pressure injuries, ventilator associated pneumonia, and muscle deconditioning/debility. The defined population was patients who were postsurgical, cardiac/ pulmonary conditions, stroke, and debility patients.

With input from nursing/ancillary team members, it was recognized that East Jefferson General Hospital did not have an organized standardized procedure to assess patient's mobility. Discussions and concerns were noted in various venues including nursing rounding, team conferences, huddles, Patient Task Force Committee, Nursing Clinical Director's Meeting along with Environment of Care meetings. With nursing participation in all these facets of interactions, the main question became what is our protocol regarding understanding and implementing patient mobility house wide and how do we implement mobility with greater success in preventing patient/team member injuries?

The Chief Nursing Officer, Ruby Brewer, had been introduced to the Bedside Mobility Assessment Tool (BMAT). The BMAT was shared with the Falls Committee which is a part of the hospital's shared governance committee called Vital Organization for the Inter-disciplinary Culture of Excellence (VOICE). The research demonstrated that the BMAT could provide a standardized process in assessing patients safely for mobility at bedside with other benefit features including: decrease in team member injury related to patient handling, reduce frequency of patient falls, increased communication of the patient's mobility to all staff and caregivers, and reduce variations of care.

BMAT was chosen as the mobility tool for East Jefferson General Hospital. BMAT began as a pilot program in the Skilled Nursing Unit initially then expanded in educating nurses house wide from June 2019 to November 2019. In addition, BMAT education was provided to physical, occupational, speech, therapy and the transport team.

Formal education was launched with hands on training at bedside and providing the process to score their patient in EMR. The BMAT Committee created a team member, patient and caregiver mobility tool communication sheet. (Please refer to below picture). All patient rooms have the mobility communication tool posted with the patient mobility score placed on the patient communication board for all to view for continuity of care. This tool indicates how the patient is being mobilized and with how much assistance required. Falls Committee will conduct audits to determine the traction of the tool and to analyze improved patient outcomes.

East Jefferson General Hospital welcomes the BMAT In 2019

BMAT mobility levels	Patient definitions
1	Dependent Patient unable to move or transfer.
2	Moderately dependent Patient can come to a sitting position but unable to stand.
3	Minimal assistance required Patient can bear weight and may require assistive device.
4	Independent Patient moves and transfers and requires no assistance with handling or mobility.

VOICE teams collaborate to improve clinical outcomes with a Shared Governance (team member led) structure



Initiated the Patient Experience Committee as a new committee of the VOICE teams focused on providing quality care.



On-going training for VOICE leadership to ensure that facilitators and chairs/co-chairs, minutes, metrics, and reporting structure to the board of directors are in place.



Education and training for all VOICE participants on strategic goals, SMART goals, producing AIM statements and PDCA cycle management.



Ensure that monthly report outs are presented in a goal oriented manner utilizing the structure and template format for presentation.



Focusing on quality care and outcomes in a multi-disciplinary collaborative manner.



Maintained an infection prevention team to address all areas of HAC.



Nurses improving patient care
and safety through

**evidence-
based
practice**



2019 Nursing Evidence Based Practice Contributions

1. Nicole Jones MN, RN-BC, APRN, ACNA-BC, CCNS, CHFNP, and Jane Savage PhD, RN, FAACE, CNE, initiated a mandatory human subject protection training for IRB members.
2. Jennifer Manning, DNS, APRN, ACNS-BC, CNE, accepted the role of Nurse Researcher.
3. EBP made changes to Research Corner section on *Teamtalk* to keep information relevant and more user friendly.
4. EBP committee had an EBSCO representative present in service on navigating the EBSCO program to facilitate research on September 11, 2019, which was open to all team members.
5. Nicole Jones and Dr. Manning submitted manuscript on their Healthy Work Environment project for publication in a research journal. Jessica Seeling, BSN, RN, a clinical nurse on 2 east, disseminated the results of the study internally at VOICE and externally to the LSU undergraduate faculty. Dr. Manning and Nicole Jones also presented the study results at the Sigma Theta Tau International Healthy Work Environments International Conference.
6. EBP helped coordinate ELNEC (End of Life Nursing Education Consortium) training that took place on September 27, 2019, with VOICE Pain Committee and LA Society of Pain Management Nurses.
7. EBP Committee held Cheryl Sanders Memorial Nursing Research Day on Friday, November 15, 2019. There were 98 participants. The title for the day for Research Day was *Evidence Based Strategies to Implement Quadruple Aim: Quality, Efficiency, Patient Experience, and Joy in Work*. Research Day was centered on being a motivational, joyful, and enjoyable experience to emphasize, support, and exemplify the healthy work environment philosophy

Presenters included

Julie Couret

Executive Coach

Ruby Brewer, MHA, MSN, RN

Senior VP, Chief Nurse Executive,
Chief Quality Officer
East Jefferson General Hospital

Colette Baudoin, MSN, RN, OCN

Nursing Faculty
LSUHSC School of Nursing

Layne Mistretta, MSN, RN, LNC

Supervisor
East Jefferson General Hospital Center for
Nursing Knowledge and Research

Jennifer Manning, DNS, APRN, ACNS-BC, CNE

Associate Dean for Undergraduate Nursing
Education
LSUHSC School of Nursing

Nicole Jones, MN, RN-BC, APRN, ACNA-BC, CCNS, CHFNP

Heart Failure and Valve Coordinator
East Jefferson General Hospital

Jennifer B. Martin, DNP, APRN, CRNA

Nursing Faculty
LSUHSC School of Nursing

Todd Tartouville DNS, APRN, CNS-BC

Nursing Faculty
LSUHSC School of Nursing

There were eighteen abstracts submitted for research day to disseminate research projects being done.

Seven were selected for podium presentations that were given during Cheryl Sanders Research Day and all eighteen presented posters.

Podium presentations

Marcelle Ducote, BSN, SRNA

- *Implementation of a Checklist for the Obese Patient Undergoing Robotic Assisted Surgery to Prevent Respiratory Complications: A Knowledge to Action Project*

Anna Waguespack, SRNA

- *Putting Knowledge Into Action: Using Intracuff Alkalinized Lidocaine to Decrease Cough on Emergence in Patients Intubated for Carotid Endarterectomy*

Helen P. Neil, MSN-HCSM, RN, CLNC, FCN

- *Self-Care Needs of Acute Care Unilateral Neglect Patients: An Interdisciplinary*

Andre Bennett, SRNA

- *The Use of Bispectral Index Monitoring in the Prevention of Postoperative Delirium In Patients 65 Years and Older*

Michelle Hellmer, BSN, SRNA

- *Anesthesia Provider Education for Management of Patients with Parkinson's Disease: Implementation of a Perioperative Care Protocol*

Jessica Pollet, SRNA

- *Utilization of Preoperative Gastric Ultrasound to Confirm the Safety of the Anesthetic Plan in Pediatric Patients Undergoing General Anesthesia: A Knowledge to Action Project*

Casey Furr, SRNA

- *Use of Manometry for Evaluation of Laryngeal Mask Airway Intracuff Pressures to Reduce Post-Operative Sore Throat: A Knowledge to Action Project* by

Kathleen Vincent, RN, Margaret Richmond, MPH, Kim Arceneaux, RN, and Shubho Sarkar, MD

- *Cuddle Care: Reducing Readmissions with a Multi-disciplinary Discharge Planning Team*

Brittney Curlin, BSN, SRNA

- *Preoperative Smoking Abstinence: Education and Implementation of a National Quality Strategy Domain*

Decell Enriquez, SRNA

- *Instrumental Manometry: Best Practice to Minimize Post-Operative Pharyngeal-Laryngeal Complications in Adults Requiring a Cuffed Endotracheal Tube for Prone Surgery*

Christine Vo

- *Implementation of Point of Care Ultrasound to Assess Gastric Contents in the Diabetic Population to Guide Airway and Anesthetic Management*

Lynn Winfield, RN, BSN, CPHON, Kristie Rozands, RN, BSN, CPHON, and Monica Bacino, RN, BSN, CPHON

- *Engaging Stakeholders to Improve CLABSI Reliability and Outcomes*

Erin Gollehon, SRNA

- *Implementation of A Perioperative Enhanced Recovery After Surgery (ERAS) Protocol to Reduce Rates of Postoperative Ileus in Adult General Abdominal Surgery: A Knowledge to Action Project*

Lori A. Guidry, DNP-CRNA

- *Implementation of a Perioperative Enhanced Recovery After Surgery Checklist for Hepatic Resections: A Knowledge to Action Project*

Isabella Booher, RN-CCRN, Rosanne Hallford, RN-CCRN, Christy Gallois, RN, and Margaret Richmond, MPH

- *Holy Moly, Get Out That Foley!: Reducing Foley Days to Decrease Catheter-associated Urinary Tract Infections*

Cody Kaar, BSN-RN

- *Critical Incident Stress Management Policy*

Jessica Pals, SRNA

- *Implementation of an Evidence-Based Protocol for Intraoperative Management of the Bariatric Surgical Patient: A Knowledge to Action Project*

Kathleen Vincent RN, Margaret Richmond MPH, Rosanne Hallford BSN, RN, CCRN, and Megan Milbourne BSN, RN, CCRN

- *Reduction of Serious Harm Events with Practice Change(s) and Implementation of Clinical Education Software*

The following DNP projects were implemented at East Jefferson General Hospital during 2019

Brittney R. Curlin

- *Preoperative Smoking Abstinence: Education and Implementation of a National Quality Strategy Domain*

Marcelle M. Ducote

- *Implementation of Respiratory Complication Checklist for the Obese Patient Undergoing Robotic Surgery to Prevent Respiratory Complications: A Knowledge to Action Project*

Decelle J. Enriquez

- *The use of manometry intra-operatively in order to accurately assess cuff pressures in surgical patients in the prone position*

Casey A. Furr

- *Measuring LMA cuff pressures using direct manometer as opposed to standard estimation techniques to decrease post-operative sore throat*

Iris Miller

- *Implementation of Cerebral Oximetry Monitoring in Beach Chair Position: A Knowledge to Action Project*

Heather L. Restivo

- *QI Project: Decreasing incidence of corneal abrasions during robotic hysterectomies*

Christine Vo

- *Implementation of Point of Care Ultrasound for Gastric Content Evaluation in the Diabetic Population to Guide Airway and Anesthetic Management*

May 2019 Showcase

1st Place: \$2,000 award

Beth Lacoste, Quality Management

- In patients undergoing percutaneous coronary intervention (PCI) is communication of save IV contrast limit based on individual renal function an effective strategy to reduce the risk of acute kidney injury (AKI)?

2nd Place: \$1,500 award

Melissa Daigle, Nicole Jones, 2E

- What are the evidence based strategies for communication with hospitalized adults with dementia?

3rd Place: \$ 1,000 award

Lisa Hickey, Angie Henderson, Janet Lipp-Kind, Barbara Carson, Paula Adamcewicz, L & D, Lactation and Clinic

- What are the evidence based pain management recommendations for the perinatal inpatient currently receiving buprenorphine or methadone?

Additional projects for May Showcase

Megan Kruse, Kristen Calcotem, ICU

- Would implementing an assessment tool for appropriate application of restraints reduce the number of restraints used on adult, critical care patients?

Megan Kruse, Kristen Calcote, ICU

- Would a modified version of ACLS protocol for post-operative CABG/ Valve patient promote better resuscitation outcomes?

Denise Abadie, Darlene Elmer, Tracey Galassi, Amber Hamilton, Tanya Solly, SWAT

- In the hospitalized elderly population, is the improper use of ted hose causing skin breakdown?

Alexis Napolitano, Bridgett Lund, Jennifer McCarty, Mollie Tatum, Nurse Residents ED and 7E

- Does in servicing of ED staff increase their ability to identify potential victims of human trafficking?

Elizabeth Eaton, Aileen Frashier, Gabriela Oeda, Nicole Jones, Nurse Residents 5E, 6E, and 2E

- Would developing guidelines for nurses caring for adults in the inpatient setting to minimize administration decrease medication errors and increase nurse satisfaction compared to no guidelines to minimize nurse interruptions?

November 2019 showcase

1st Place: \$2,000 award

7E/6E- Nurse Residents Kerrie Clark, Kenneth Orié

- Does delayed or absent admission medication reconciliation contribute to adverse drug events that worsen adult inpatient conditions?

2nd Place: \$1,500 award

L & D/Lactation & Clinic- Barbara Carson, Lisa Hickey, Kim Blake, Rhonda Futrell, Amy Herzog, Darla McGivern, Amelia Reeves, Melissa Trosclair, Holly Williams

- Does focused one-on-one breastfeeding education in the outpatient W & C clinic improved patient responses on the baby friendly audit too?

3rd Place: \$ 1,000 award

- NICU/Nursery- Christine Vega Cole, Pam Luwe, Elizabeth Byrd, Monique Erdozain- Does music therapy help infants exposed to neonatal intensive care unit stimuli decrease physiologic stressors?

Additional projects for November Showcase:

Courtney Merwin, Pam Mattio, Calli Catalanotto, Windie Muller, Sharon Pattison, Sandra Stevenson, Vonshella Gibson, Lynsey Parker, Carmen Scott, Falls Prevention Team

- Would multi-disciplinary post-fall huddles reduce the number of falls in an adult inpatient setting?

Krystal Raphael, 6E

- Is the use of nonpharmacological therapy more beneficial than the use of sedative medications to treat sleep and reduce falls in the elderly population?

Ryan Rumney, Andrew Triche, Kimberly Scanlon, Megan Guitreau, Shelbie Jones, Nurse Residents, 3E and ICU

- What are evidence-based practice techniques to decrease subcutaneous air in lung resection/lobectomies using the Video-Assisted Thoracic Surgery (VATS) approach in the adult inpatient setting?

Melissa Frare, Kristen Cox, Ashley Navarre, Rachel Wolf, Nurse Residents, 6E, 6S, and 2E

- What evidence-based interventions can new nurses and hospitals implement in order to decrease burnout and increase the following: compassion, satisfaction, healthy work environment, and resiliency?

Amanda Matherne, Rebekah Dufour, Kimberly Lobell, Moriah Copeland, Amanda Matherne, Nurse Residents, 5E and 6E

- What is the evidence supporting standardizing handoff report for optimal patient safety in the adult inpatient setting?



Nursing and interprofessional research

Nurses and interprofessional teams are supported in conducting research at East Jefferson General Hospital. The Evidence Based Practice and Research Committee of the Vital Organization for the Inter-disciplinary Culture of Excellence (VOICE) shared governance structure conducts peer review on all nursing and allied health protocols prior to presentation at Institution Review Board (IRB).

The following studies were conducted by nurses at East Jefferson General Hospital in 2019:

EJ-AC-1903

Nursing Survey: Effectiveness of an End of Life Nursing Education Consortium (ELNEC) Training on Professional Caregivers Delivering End-of-Life Care

Principal investigator: Amanda Creel, RRT, BGS
Co-investigators: Jennifer Manning, DNS, ACNS-BC, CNE
Nicole Jones, MN, RN-BC, APRN, ACNS-BC, CCNS, CHFN
Lindsay Orchard, Pharm D
Lisa Hickey, BSN, RNC-OB, C-EFM

Chart Review Study: Fall Risk Factors among Older Hospitalized Adults with ADRD (Alzheimer's disease and Related Dementias)

Principal investigator: Sconza, MHN, RN
PhD candidate of University of Tennessee,
Knoxville, Tennessee
East Jefferson General Hospital Team Member
(IRB Oversight Waived to University of Tennessee IRB)



Nurses improving patient care
and safety through

**professional
excellence**

Clinical nurse specialist helps to bring Transcatheter Aortic Valve Replacement (TAVR) Program to our patients

A Clinical Nurse Specialist (CNS) is an APRN who is educated and trained to improve care for patients in specialized patient population, such as cardiology. They practice in direct patient care, and also focus on clinician education, EBP research, and collaborate with teams across the hospital setting for performance improvement and optimal patient outcomes.

Nicole Jones is a CNS at East Jefferson General Hospital who helped to coordinate the launch of a TAVR Program to help provide more options for our patients with severe aortic stenosis. After the onset of symptoms related to severe aortic stenosis, such as shortness of breath, chest pain, syncope, and fatigue, patients with severe aortic stenosis have a survival rate of 50% at two years. Because of this new TAVR Program, many of our patients are now able to be evaluated and treated at East Jefferson General Hospital with TAVR, which is a less invasive option for aortic valve replacement with similar outcomes and a quicker recovery.

Nicole collaborated with leaders and staff from cardiology, cath lab, surgery, outpatient clinics, IT, radiology, administration, quality management, anesthesia, perfusion, finance, and education to create care processes and protocols to launch our TAVR Program in collaboration with our TAVR physicians, Dr. Pedro Cox, Dr. Tod Engelhardt, and Dr. James Perrien, and our cardiologists. Nicole feels very fortunate to be able to practice in this role at East Jefferson.

The East Jefferson General Hospital TAVR Program outcomes measured by our participation in a national quality registry are exceptional, but there are very exciting “non-registry outcomes,” too. Some of our first TAVR patients have met goals such as getting back on the dance floor, being heart-healthy enough to safely start chemotherapy for breast cancer, and finally being able to attend grandparents’ day at school with a beloved granddaughter!



“ I am very lucky to work with the clinicians, leaders, physicians, and teams at East Jefferson General Hospital. Helping to start our TAVR Program has been a very rewarding endeavor due to our team’s commitment to excellence and true collaboration for the best patient outcomes. ”

Oncology clinical research 2019 accomplishments

- Aligned with the LSU clinical research team to collaborate through a contract to increase the number of trials available to our oncology patients at East Jefferson General Hospital.
- Continued to grow and develop multi-modal clinical trials at East Jefferson General Hospital that included radiation oncology.
- Enrolled 15% of the oncology patients treated at East Jefferson General Hospital in a clinical trial (the national target of accruals based on Commission on Cancer standards is a minimum of 4% of patients should be enrolled).



East Jefferson General Hospital honored with Great 100 Nurses

East Jefferson General Hospital was once again proud to have nurses who were recognized as part of Louisiana's "Great 100" Nurses. The Great 100 is compiled by the Louisiana State Nursing Association and recognizes these individuals as skilled clinicians and compassionate caregivers.

We thank these seven East Jefferson General Hospital nurses for their dedication and for their commitment to excellence in patient care. Honorees were recognized during the 32nd annual "Great 100" celebration.

Representing multiple specialties and service lines, the following nurses reflect the very best in healthcare.

Denise Abadie, RN
Wound and Ostomy

Carolyn Gaude, RN
Surgery

Kelly Wollfarth, RN, BSN
Same Day Surgery

Laura Braud, RN
ICU

Amelia Reeves, RN, BSN
Labor and Delivery,

Cynthia Freudenthal, RN, BSN
Diabetes Management

Melissa Waguespack, RN
Labor and Delivery



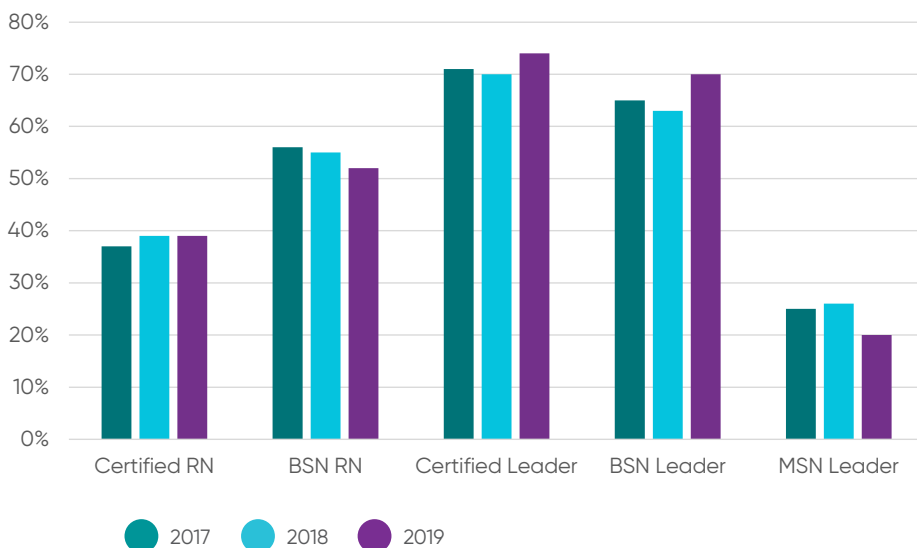


Certified Nurses

Nursing specialty board certification signifies excellence in nursing practice through experience with a specialized patient population, knowledge about evidence-based care and best practices used for treating those patients. These nurses are committed to lifelong learning in their specialty that goes far beyond what is required for RN licensure each year. East Jefferson General Hospital supports the highest standards in nursing care, and therefore, generously supports nursing specialty board certification. This support for excellence is demonstrated through advance funding and reimbursement for certification exams, a library of free study resources for a variety of specialty certifications, hosting regional certification review courses in a number of nursing specialties, and special recognition events for certified nurses. This generous support of nursing specialty board certification results in excellent care for our community.

East Jefferson General Hospital is proud to report that we have 240 certified nurses on staff. The percentage of certified nurses continues to grow year over year with the staff RN's and the leadership team. We have also seen an increase in the number of nursing leaders that have BSN degrees which reflects the facility commitment to advanced education.

East Jefferson General Hospital nursing statistics



Nurse Specialty Board Certification

East Jefferson General Hospital Auxiliary supports nursing certification

East Jefferson General Hospital supports specialty nursing board certification through certification exam and review course reimbursement and monetary advances for initial certification. These funds are generously donated by the East Jefferson General Hospital Auxiliary, and totaled \$15,577.00 in 2019.

Nurse Specialty Board Certification is recognized throughout the hospital, clinics, and treatment areas to honor nursing recipients, and is also proudly displayed on their name badges for our patients and visitors to see. Certified Nurses' Day was celebrated in 2019 with a group picture and a recognition ceremony with Ruby Brewer, our Chief Nursing Officer. Nurses were gifted special certified nurse lunch bags from the hospital.

The Certification Champions also recognized the nurses who were certified in their specialty with T-shirts. East Jefferson provided a variety of study resources available for nurses to utilize at no cost for exam preparation in 2019, covering multiple nursing specialties. We are proud of the specialty board certified nurses employed at East Jefferson General Hospital who create excellent outcomes for our patients.

The percentage of eligible clinical nurses who are certified by a nationally recognized organization is 39%, which exceeds the mean for Magnet hospitals with a similar bed size (401-500 beds), which was 36.5% in 2019. The percentage of eligible nurse leaders who are certified by a nationally recognized organization is 70%, which exceeds the mean for Magnet hospitals with a similar bed size (401-500 beds), which was 62% in 2019.



Nightingale Awards

East Jefferson General Hospital was proud to nominate five outstanding nurses for the Louisiana State Nurses Association's Nightingale Award in 2019.

2019 Nightingale nominees:

Beth Dannewald, RN, BSN, MSN, APRN, AGPCNP-BC, OCNP

Mentor of the Year

Tracy Tumey, RN, BSN, CEN

Nurse of the Year

Cheryl Lopez, RN, CEN

Mentor of the Year

Candice Waguespack, RN, BSN, CHFN

Clinical Nurse of the Year

Laura Rittiner, RN, BSN, CRNA

Advanced Practice Nurse of the Year

Leadership in professional organizations

Colette Baudoin, MSN, RN

President, NOON (New Orleans Oncology Nurses)(elected position)

Paula Alford-Estrade, RN, NE-BC

President, Deep South Chapter Academy of Medical Surgical Nurses (elected position)

Caroline Gaudet, RN, CNOR

Secretary, AORN chapter 1908 North Shore

Cheryl Lopez, RN, CEN

Regional Faculty, American Heart BLS, PALS, and ACLS

Debbie Schmitz, BSN, RN

Treasurer, ONC NOON (New Orleans Oncology Nurses) (elected position)

Janis Sita, BSN, RN

Regional Faculty, American Heart BLS, PALS, and ACLS

Karen Silady, RN, CEN

Board of Directors for LA ENA
State: Treasurer and Bylaws Committee
National: ENA Nominations and Elections Committee (elected position)

Jacinta Ward

Administrative Assistant, Membership Coordinator NOON (New Orleans Oncology Nurses)

Sarah Perrin

Administrative Assistant, Virtual Community NOON (New Orleans Oncology Nurses)

Beth Lacoste, MSN, RN, CCRN-K

Ambassador, National American Association of Critical Care Nurses



Donna Swartzfager Fund

The Donna Swartzfager Fund provides financial awards to East Jefferson General Hospital team members seeking higher education, professional development growth, and certifications. This semi-endowed fund is a donor directed fund that is managed through the investments and Investment Committee of The Foundation.

The fund was created in 2010 after the sudden passing of then Medical Staff Director, Donna Swartzfager, from heart disease. Medical staff leadership and Donna's family – husband Ken, siblings Ronnie Zarba and Carol McDaniel, and children Kelly and Kyle – created and oversee the disbursements of the fund, which serves as a living memorial to honor the service, dedication, and guidance Donna provided to the medical staff and team members during her long tenure at East Jefferson General Hospital.

In 2019 the following financial awards were presented:

Cherie Casteix

Quality Analyst/OT, Inpatient Rehab
(Healthcare Quality Certification)

Nicole Jones, RN

Registered Nurse, Cardiology
(Heart Failure Nurses Conference)

Megan Kruse, RN

Registered Nurse, CCU
(Critical Care Nurses Conference)

Ashley Lopez

Technician, ED
(BS, Nursing)

Valerie Luker, RN

Accreditation Specialist, Organizational
Effectiveness
(Hospital Accreditation Essentials Program)

Lauren Marx, RN

Team Lead, PACU
(PeriAnesthesia Conference)

Pam Mattio, RN

Registered Nurse, Quality Management
(Louisiana Association of Healthcare Quality
Summit)

Elliott Price

Paramedic, EMS
(Stryker Certification)

Ana Richards

Social Worker, Care Management
(Advanced Child, Youth, & Family Social Worker
Certification)

Carlisha Rogers

Patient Care Tech, 3 East
(LPN)

Jean Sconza, RN

Director, Quality Management
(Data Research – Program)

Elvis Smith

Training Officer/Paramedic, EMS
(EMS Conferences)

Natalia Troches

Member Services Rep, Wellness Center
(BSN)

Chloe Villavaso, RN

Quality Management
(Preventative Cardiovascular Nurses
Association Symposium)

Team Member Recognition 2019

Nurse Practice Award for Louisiana

Tracy Tumey, RN, CEN, Emergency Room

Team Member of the Month

- Rose Martin, RN – Feb 2019
- Lauren Hartley, RN – March 2019
- Jessica Blanco, RN – May 2019
- Shelley Weber, RN – June 2019
- Deidres Redd, PCT – July 2019
- Sarah Perrin, Staff Assistant – August 2019
- Tanner Miquez, RN – September 2019
- Brenda Muntz, HR IT Representative – October 2019
- Reed Roberson, Safety Security – November 2019
- Michele Garsaud, RN – December 2019

East Jefferson General Hospital Leader of the Quarter

- Jessica Cashio, Nursing Supervisor – 2nd quarter
- Paula Alford-Estrade, Director of Nursing – 3rd quarter
- Jeanne Gorrondona, Infection Control Supervisor – 4th quarter

East Jefferson General Hospital Great Catch of the Month/Quarter/Year

- Seth Savoie, 3 East – January 2017
- Brandie Clement, 5 East – March 2017
- Amy Langlinois, Operating Room – March 2017

East Jefferson General Hospital Career Ladder 2019

Since 1991, the East Jefferson General Hospital clinical ladder has provided nurses with a framework to grow professionally. The ladder's pathway for growth is based on Patricia Benner's "From Novice to Expert: Excellence and Power in Clinical Nursing Practice" (1984) and is an incentive for nurses to realize their professional potential. The focus of participation in the ladder program is based on personal growth and peer recognition. Earning one's certification demonstrates an advanced level of knowledge, experience and expertise.

East Jefferson General Hospital is proud of our 86 registered nurses that participated in Career Ladder in 2019.





Nurses improving patient care
and safety through

community service



Community Volunteer Program

The East Jefferson General Hospital Community Volunteer Program supports the hospital's Community Pillar Goal, providing our team members an opportunity to give their time and talents to worthy community programs, while building camaraderie and strengthening our tie to the community we serve.

Community outreach events 2019

- Diabetes Fair
- Volunteer Awards Luncheon
- AHA Heart Walk
- New Orleans Greek Festival
- Family Gras
- Girl's Night Out
- Harrison Avenue Marketplace
- Hogs for the Cause
- Live Pink at Wellness Center
- Lymphomaniac Party
- Wednesdays at the Square
- Jefferson Parish Pet Fest
- Trunk or Treat
- Up on the Roof
- Volunteer Holiday Party
- Susan G. Komen Walk
- Cancer Navigator education sessions
- Skin screening event
- Light the Night – Leukemia Lymphoma Society



Screening events 2019

Skin Cancer Melanoma Screening on Saturday, May 4, 2019, from 9 am-4 pm

Dermatologists, physician assistants, and nursing assisting with screening 219 people; 11 cancers identified with follow up provided to ensure that the patient was seen to treat the findings.

The event provided education materials on sun screens, skin health, skin cancer prevention, recognizing skin changes, and melanoma. There were East Jefferson team members present to perform heel bone density screening, blood pressure screening, discuss the smoking cessation program at East Jefferson, wound care, hyperbaric medicine, and chair massages were performed while community members waited to be screened

Colorectal Cancer Awareness on Monday, August 12, 2019, from 5:30-7:30pm

East Jefferson General Hospital Cancer Services presented a panel presentation including colorectal surgery, medical and radiation oncologists, and supported by the nurse navigators from the cancer center.

This community event provided information regarding colorectal health, how to prevent colorectal cancer, screening/diagnostics, and treatment approaches. The panel responded to community members in attendance with a question and answer session at the end of the presentation.

Lung Cancer Awareness on Tuesday, October 29, 2019, from 5:30-8pm

East Jefferson General Hospital Cancer Services presented a panel of physicians (radiologist, medical, and radiation oncologists) supported by our nursing team. They discussed screening guidelines, diagnostic procedures, risk factors, types of lung cancer, staging, treatment options (surgery, chemotherapy, radiation), managing side effects, and survivorship.



2019 Oncology community outreach activities

1st Quarter	Outreach activity
January 6	Cancer Survivors Education Program: "Clinical research trials and cancer"
February 20	Bosom Buddies: "Reflexology for inner balance and stress reduction"
March 14	WWL: "NP in the infusion center, navigator program, and access to resources"
March 20	Cancer Survivors Education Program: "Chemotherapy related fatigue"
March 20	Bosom Buddies: "Finding the right support – BraGenie"
2nd Quarter	Outreach activity
April 17	Bosom Buddies: "Treatment is complete, now what?"
May 4	Skin cancer melanoma screening
May 15	Cancer Survivors Education Program, "Tips and support for caregivers"
May 15	Bosom Buddies, "You have only one skin so take care of it"
June 19	Bosom Buddies, "Reiki"
3rd Quarter	Outreach activity
July 17	Cancer Survivors Education, "Oral care for cancer patients"
August 12	Colorectal cancer awareness presentation (screening, diagnosis & treatment)
September 18	Cancer Survivors Education, "Insurance open enrollment"
4th Quarter	Outreach activity
October 9	2020 Insurance Options – Overview of Medicare Advantage and Medigap
October 16	Bosom Buddies, "Breast cancer and its relation to circadian rhythm"
October 19	Historic Second Baptist Community Fair
October 25	Dillard University Breast Health Awareness
October 29	Girls Night Out, "Lung cancer: screening, diagnosing and treatment"
November 20	Cancer Survivors Education, "Reducing stress during holidays"
December 5	WWL Healthy Lifestyles "Navigator Program and Resources"



Nurses improving patient care
and safety through

**caring and
compassion**

Volunteer Services 2019

The **Volunteer Services Department** is committed to placing compassionate, well-trained volunteers who will provide quality service and customer satisfaction. Volunteers provide many services, from staffing the information desks, to delivering mail and flowers to patient rooms, assisting staff in the emergency department, nursing units, and many more opportunities.

More than 285 volunteers came through the Volunteer Program in 2019 and have contributed 46,103 hours of community services to East Jefferson General Hospital.

During 2019, the charity of choice for East Jefferson General Hospital was the American Cancer Society. This was a successful year long collaboration between nursing, volunteer services leadership, and multiple departments throughout the facility. There were numerous fundraising events sponsored by team members and departments as well as community sponsored events that assisted in exceeding the financial fundraising goal. The original target was set at \$12,500, and the final tally was **\$27,768** obtained from all of the fundraising efforts.

The following events were held throughout the facility and community:

- Rock-a thon
- Shuck Cancer
- Football raffle
- Map raffle
- Basket and wreath raffle
- Mistletoe market
- Technology raffle
- Making Strides Breast Cancer Walk
- Numerous bake sales (including "Nothing Bundt cakes" and hot dog sales)



Fundraising total:
\$27,768

Patient and Family Advisory Council

Since 2012, East Jefferson General Hospital partners patients and families with members of the healthcare team to provide guidance on how to improve the patient and family experience. The Patient and Family Advisory Council (PFAC) is comprised of patients, families, clinicians, staff, and administrators. Our PFAC council serves as a voice for patients and family members. The Council meets every other month and currently has eight active community members in 2019.

Our goals

- Improve the flow of information and sharing of knowledge between patients, families, and the healthcare team.
- Empower patients and families through continuous education.
- Identify and address patient and family needs.
- Enhance ongoing collaboration and cooperation among clinicians, patients, and families for the benefit of the patient's healthcare team.
- Protect the patient's dignity and assure safety.
- Assure the best possible medical and emotional outcome for the patient and their family members.
- Participate in the development and planning of patient and family satisfaction initiative.

2019 topics of discussion

- Unit ambassadors
- East Jefferson General Hospital growth opportunities
- Patient and family engagement opportunities



The Patient Care Model

The patient care model is centered on the patient and their family. Nurses improving patient safety through innovation, evidence-based practice, professional excellence, caring and compassion, and community service aligns with this model as well as the East Jefferson General Hospital organizational pillar goals.

Our Mission

We provide compassionate healthcare that is respected by our patients, colleagues, physicians, and community. Our passion is to make a difference in the lives we touch, thus gaining self-fulfillment.

Our Vision

Clinical services, as an integrated team, will partner with our medical staff and all departments in support of our mission, as we work toward our goal of becoming the regional leader in healthcare.

Our Values

Quality

We commit to quality in everything that we do, through achievement and innovation, always contributing to excellent care and patient satisfaction.

Integrity

We uphold the highest of standards of behavior encompassing fairness, trust, respect, and ethical practices.

Compassion

By our thoughts, words, and deeds, we create and maintain a caring, compassionate environment.

Collaboration

Teamwork is the key to our success. Working together, we ensure everyone benefits from our collective wisdom.

Continual improvement

We embrace and encourage creativity and innovation, as well as ongoing self-evaluation of our processes and outcomes.



**Nurses improving
patient care and safety**

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