

SUPER HIGH FIVE!

**ST. JOSEPH'S/CANDLER RECEIVES
5TH CONSECUTIVE MAGNET DESIGNATION**



2020
SPOTLIGHT
ON NURSING





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INTRODUCTION FROM THE CNO

In August of 2019 as we prepared to submit our Magnet documentation in pursuit of our 5th Magnet designation I could never have predicted that 2020 would turn out to be a year like no other. For more than a year we have been called upon to respond to dramatic clinical, economic and professional disruption, including resource and workforce shortages that challenged sound strategy and tactics developed only a few months before. As nurses we were challenged in ways we could have never before dreamed of and still at the peak of the pandemic were able to accomplish what only 28 other organizations in the world have achieved, our 5th consecutive Magnet designation. Thanks to all for your participation in our first ever Magnet appraisal virtual site visit and thanks for staying focused on serving both the COVID 19 patient population and all the other patients who depend on us in this community. You truly demonstrated exemplary professional practice, transformational leadership, new knowledge and innovation and structural empowerment by keeping each other and our community cared for and safe.

This 5th designation is not a celebration like the prior four designations, but a tribute to you and the entire health care team, our patients who recovered and, in particular, our patients who lost the battle with the COVID-19 global crisis that has left no one untouched. As we enter 2021 my hope and my prayer is that the struggles and fears, as well as the joys, strengths, perseverance and adaptation of 2020 is what we take the time to acknowledge. Despite the many unknowns, nurses in all areas throughout St. Joseph's/Candler answered the call. Everything from figuring out how to continue safe care for the community during a pandemic and at the same time adapt every single day to care for patients presenting with COVID-19 with challenges never before experienced.

I wish I could personally thank each one of you and highlight all of the heroic efforts of the St. Joseph's Candler entire patient care team who have been on the front lines of war every day. From the bedside to the boardroom I could not be prouder of how we responded ...it is truly the year of the Nurse here at St. Joseph's/Candler and around the globe. As you read the highlights that makeup this publication I hope each of you will pause and take the time honor each other.

Every night over the last year I tried to calm myself after a hectic day and thank God for all of the selfless people endangering self and family to serve. Putting lives on the line to help people affected by this pandemic. It is a privilege to serve here with each of you. Never before have I seen the level of sacrifice and selflessness witnessed this year, making our Mission and six values come to life. To the entire healthcare team I hope you feel the gratitude you are due. Thanks you for all you have done and will continue to do this year as five time Magnet nurses.

Sincerely,

Sherry Danello DHA, MSN, RN, NEA-BC
Vice President of Patient Care Services/Chief Nursing Officer



QUEST FOR EXCELLENCE

Susan Howell EdD, MSN, RN, NEA-BC

Director of Professional Practice, Specialty Services, Infection Control

2020 was truly a year of change, innovation and demonstrated commitment to our patients, community and each other. In this annual report, Spotlight on Nursing 2020, you will read about innovative changes that were made in order to accommodate our COVID patients, truly operating a COVID hospital as well as an acute care hospital.

Governance redesign was completed with our first meeting in January 2020. Due to COVID we had to miss a few months. However, we came back strong in June via ZOOM technology. You will hear more about this later in the Spotlight.

Magnet Designation

Both St. Joseph's and Candler Hospitals were hosts to two separate Magnet appraisal teams for our fifth consecutive Magnet designation site visits. These visits were different for us in that they were both virtual. Our St. Joseph's site visit was held from September 14th to 16th and the Candler site visit on October 21st through 23rd. We began each site visit actually a few days prior with a video sent to the appraisal teams welcoming them to the respective organization. We also sent unit brag sheets so they would know a little about each unit prior to their virtual visit.



Both site visits went beautifully and the appraisal teams provided much feedback on the culture of our nursing organization. Both appraisal teams spoke to the demonstration of teamwork among and between nursing and the interdisciplinary teams. Our physician colleagues spoke to their high regard for nursing and the care delivered to our patients. The response, on behalf of our entire staff, demonstrated by organizational leadership, was deemed exemplary.



A suggestion made by the St. Joseph's appraisal team was that nursing resurrect the EBP/Nursing Research Council. The intent with governance redesign had been to incorporate the Magnet research components into each Magnet component- Transformational Leadership, Structural Empowerment and Exemplary Professional Practice. This suggestion was taken to heart and the resurrected EBP/Nursing Research Council held its first meeting on October 15th. A request was sent to all nurses as an invitation to join the council. Members include: Shannon King RN; Alicia Motley RN; Victor Lavigne RN; Katy Reid RN; Desiree Taylor RN; Suzanne Sauls RN; Amy Meeks RN; Sara Reaves RN; Jennifer Amato RN; Janice Dennison RN; Meredith Scaccia RN; David Bennett RN; Helen Taggart RN; and Susan Howell RN.

The highlights of the entire year occurred in November and December. On November 17th, at 3:15 pm, the chairperson of the Commission On Magnet, Dr. Jeanette Ives Erickson, DNP, RN, NEA-BC, FAAN, called to notify us that St. Joseph's Hospital had achieved Magnet designation for the 5th consecutive time!!!!. St. Joseph's was identified as having six exemplars including the clinical outcomes of HAPI stage II and above and door to balloon time- both exceeding the Magnet mean for all eight quarters. The ambulatory patient satisfaction measures of safety, patient education, service recovery and courtesy and respect also outperformed the Magnet mean for all eight quarters.

Our second call came on December 17th at 11:15am. Dr. Ives Erickson shared that Candler Hospital achieved Magnet designation for the 5th consecutive time as well!!!!. Candler Hospital was identified as having eight exemplars. These included the clinical outcomes of falls with injury; HAPI stage II and above; device related HAPI; and the percentage of wound healing at Moss Creek Hyperbarics and Wound Center. The first three clinical outcomes exceeded the Magnet mean for all eight quarters and the percentage of wound healing exceeded the Healogics benchmark for all eight quarters. The ambulatory patient satisfaction measures of patient education; care coordination; safety; and responsiveness all exceeded the Magnet mean for all eight quarters.

Plans are underway to celebrate this extremely significant achievement. Only 28 other organizations in the world have achieved Magnet designation for five consecutive times as of this writing. It is very exciting to know that in November 2021, in Atlanta, Georgia, St. Joseph's and Candler Hospitals will be formally recognized at the Magnet conference.

NDNQI

The outperformance of the clinical outcomes of falls with injury; HAPI stage II and above; CLABSI and CAUTI are measured through our submission of this data to the c (NDNQI). Below is the NDNQI scorecard that is published quarterly and placed on the unit Quality Boards.

St. Joseph's Clinical Nurse Indicators Q1 2020 - Q3 2020

Unit Type/ Unit St. Joseph's Hospital	Falls with Injury outperform	Under-perform	HAPI \geq stage II outperform	Under-perform	CLABSI outperform	Under-perform	CAUTI outperform	Under-perform
Adult Critical Care								
CCU	3 of 3			2 of 3	2 of 3		3 of 3	
ICU	3 of 3			2 of 3	2 of 3			2 of 3
NICU	2 of 3		2 of 3		2 of 3			2 of 3
Step Down								
7S	2 of 3		3 of 3		3 of 3		2 of 3	
PCU	2 of 3		3 of 3		3 of 3		3 of 3	
Adult Med-Surg Combined								
5N		3 of 3	2 of 3		2 of 3		2 of 3	
6N	3 of 3		3 of 3		3 of 3		3 of 3	
7N	3 of 3		3 of 3		3 of 3		3 of 3	
Rehab	3 of 3		2 of 3		3 of 3		2 of 3	
TOTAL	8 of 9	1 of 9	7 of 9	2 of 9	7 of 9	0 of 9	7 of 9	2 of 9
TOTAL % OUT PERFORM	89%		78%		100%		78%	

= Green Meet Standard

= Red Cannot Meet Standard

Candler Clinical Nurse Indicators Q1 2020 - Q3 2020

Unit Type/ Unit Candler Hospital	Falls with Injury outperform	Under-perform	HAPI \geq stage II outperform	Under-perform	CLABSI outperform	Under-perform	CAUTI outperform	Under-perform
Adult Critical Care								
ICU	2 of 3		2 of 3			2 of 3		2 of 3
Step Down								
PCU	3 of 3		3 of 3		3 of 3			2 of 3
Adult Medical								
6N	2 of 3		3 of 3		2 of 3		3 of 3	
6S	3 of 3		3 of 3		3 of 3		3 of 3	
Adult Med-Surg Combined								
4N	3 of 3		3 of 3		3 of 3		3 of 3	
Rehab	2 of 3		3 of 3		3 of 3		3 of 3	
Children's Place	N/A	N/A	N/A	N/A	3 of 3	N/A	N/A	N/A
SCN**	N/A	N/A	N/A	N/A	3 of 3		N/A	N/A
TOTAL	6 of 6		6 of 6		7 of 8	1 of 8	4 of 6	2 of 6
TOTAL % OUT PERFORM	100%		100%		88%		67%	

= Green Meet Standard

= Red Cannot Meet Standard

FALL PREVENTION



Antonio Arata, MBA, BSN, RN, NE-BC
Director of Critical Care, Chair of the Falls Committee

Nursing has made many changes and improvements to Fall Prevention at SJ/C this year that has resulted in great outcomes. Many of these improvements were focused on ensuring that safe care is provided to our high fall risk patients in each and every encounter. This has been accomplished by ensuring timely risk assessments are done on admission to the facility, high fall risk interventions are utilized and monitored for compliance, post fall assessments and huddles are done to ensure safe care, technology improvements are made to decrease variance in compliance, and communicating fall risk is improved throughout the facility.

Assessing our patients for risk of falling has been expanded at SJ/C through the adoption of a new risk assessment for patients coming through the Emergency Department. Through our data analysis, the Fall Prevention Team identified earlier assessment and intervention application in the Emergency Department to be an area for improvement. This new assessment allows for patients to be screened for risk of falling and to have fall prevention measures started even before they get to an inpatient nursing unit.

High fall risk interventions have been standardized and used at SJ/C to ensure patients are kept safe from falling. Many audits are done to monitor compliance with safe care and have resulted in improvements in the delivery of care. For example, in 2020 there has been continued and sustained improvement in ensuring all high fall patients have a bed exit alarm on or a chair pad alarm in use. This has resulted in less falls with injury in many of our nursing units.

All patient falls that occur have a post fall assessment completed as well as a Post Fall Huddle. This safety oversight allows for clinicians to review the event in real time in order to ensure that the patient is kept safe and all necessary steps for evaluating the patient are put in place. This has been universally adopted in all nursing units including the Emergency Department which has resulted in improved compliance with following all safe steps after an event.

The organizational partnership with Hill Rom has resulted in making improvements to the fall prevention technology currently in place. Candler Hospital Rehab began the piloting of the NaviCare Patient Safety (NPS) system with Hill Rom Call System in 2020.

This feature alerts the caregiver if a high fall risk patient does not have their bed exit alarm when the caregiver is not in the room. Also, the system minimizes variability in care through using the Locator Badges to “pause” the bed exit alarm feature when the clinician is in the room with the patient. This way, the bed exit alarm is automatically turned back on when the caregiver leaves the room, improving safe care. Once the pilot is completed, this feature will be added to all SJ/C Nursing Units.

Communicating that a patient is a high fall risk no matter where they are in the facility was also identified as an area for improvement by the Fall Prevention Team. As a result, a new means of communicating patients are high falls risk was introduced in 2020. The use of a yellow wristband, yellow blanket, and yellow non-skid slippers allows for all clinicians in all areas to recognize that the patient is at risk for falls. Communicating this important safety risk allows for areas such as imaging and surgery to keep our at-risk population from harm from falls.

CLINICAL OUTCOMES



Desiree Taylor, MSN, RN, NE-BC, Clinical Nurse Educator

Alicia Motley, MBA, BSN, RN, NE-BC, Manager of Specialty Services

As noted above, sustained improvement and exceeding of goals in clinical outcomes are major foci of Magnet organizations. Desiree Taylor MSN, RN, NE-BC, Clinical Nurse Educator and Alicia Motley MBA, BSN, RN, NE-BC, Manager of Specialty Services, share new products and

processes in our continued program to eliminate hospital acquired infections.

In 2020, a new male external urine collection device was trialed and approved. The Primofit outperformed the Liberty providing patient comfort and accurate output measurement to guide care delivery decisions. Based on the evidence, we added CHG bathing for all patients with indwelling urinary catheters in all inpatient units.

A literature review on best practices of hygiene for acute care patients concluded with a change in our product formulary; namely, discontinuing the use of disposable basins for bathing and implementing a bath in a bag product. Additionally, the dimethicone "gray" wipes were also discontinued and a disposable dry cloth was added for multiple uses.

Each CAUTI was reviewed for trends in bundle compliance and opportunities. Some opportunities identified were: accurate placement of statlock to prevent dependent loops, standardization of urine culture specimen collection and reinforcement of the nurse-driven foley removal protocol.

CLABSI's were on the rise in 2020. Brief root cause analyses are conducted on each infection following identification. In early 2020, it was determined that many patients with CLABSI had multiple accesses, including hemodialysis catheters.

An action plan was developed by Desiree Taylor, MSN, RN, NE-BC focusing on standardizing the process for accessing and de accessing hemodialysis lines and ownership of dressing changes for various types of hemodialysis patients. Discussion focusing on placement and care of femoral lines continued with resolve to limiting the number of femoral lines placed and removing as soon as possible. CHG bathing was expanded from quadrant bathing outside of the ICU to include whole body bathing in all patients with central lines.

Ongoing review of the literature surrounding testing practices for hospital onset C-diff drove a change to both the Nurse-driven testing protocol as well as a proposal for a history and symptom- based testing algorithm. A review of cases occurring after day three of admission identified a need to re-educate the nursing staff on the timing of specimen collection, as well as appropriate specimen characteristics.

SPOTLIGHT ON SEPSIS



Kate Feehan, RN, Sepsis Coordinator

Sepsis is a life-threatening organ dysfunction that results from the body's response to infection. In the United States, sepsis is considered the most common cause of both inpatient death and patient readmission. 2020 proved even more challenging when The Global Sepsis Alliance stated that COVID-19 can cause sepsis.

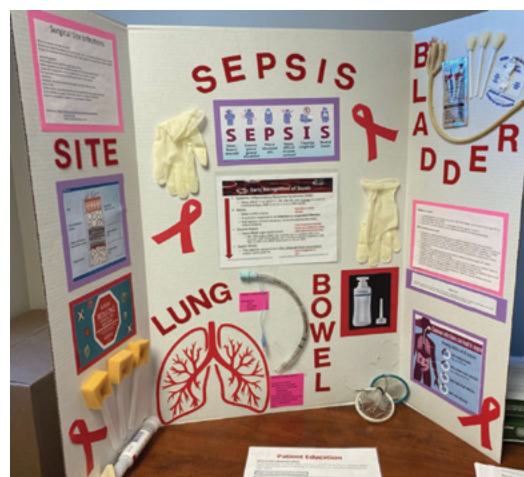
Sepsis can be difficult to accurately diagnose yet requires time-sensitive intervention by all healthcare team members. Evidence shows that nurses are in a unique position to identify the earliest signs of sepsis preventing disease progression and contributing to decreased morbidity and mortality. For that reason the Sepsis Committee has emphasized and supported Nurse-Led initiatives to promote the early identification and treatment of our septic patients.

Based on our data, it was clear that the Sepsis Order Set use by the physicians strongly correlated with our CMS bundle compliance. Therefore, one process improvement made in 2020 that has significantly improved our compliance was the implementation of Suspected Sepsis as an option when choosing the chief complaint during ED triage. This option allows the nurse to use their skills in clinical assessment which can help ensure early diagnosis, provide timely management, and prevent the progression of sepsis.

As with any process change, education was key. Implementation required integration of care across disciplines, departments and individuals. The Sepsis Committee is comprised of such an interdisciplinary team which made this a smooth process. Timely feedback to staff required a significant remodel of our chart audit process. We are now able to review and follow up on all cases within 24 hours.

Another exciting outcome of 2020 came from the combination of Nursing Shared Governance and The Sepsis Committee. Individual Unit Councils were tasked with creating a sepsis awareness project. There are several units that have projects still in the works, yet despite how hectic the end of the year became, five different units presented their projects to The Sepsis Committee in December.

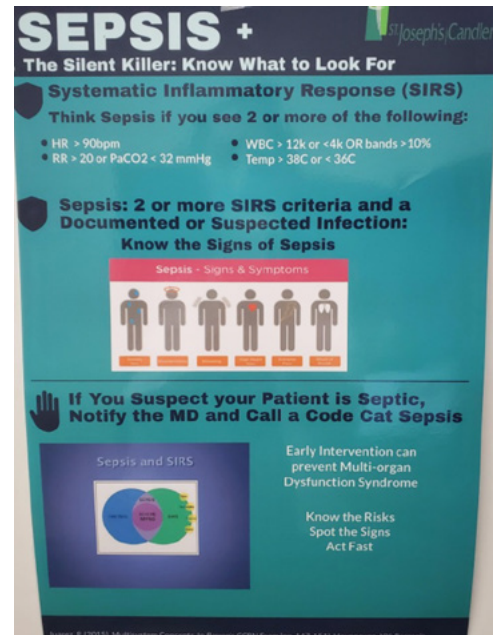
St Joseph's OR focused on the four main causes of sepsis and how they take steps to prevent them.



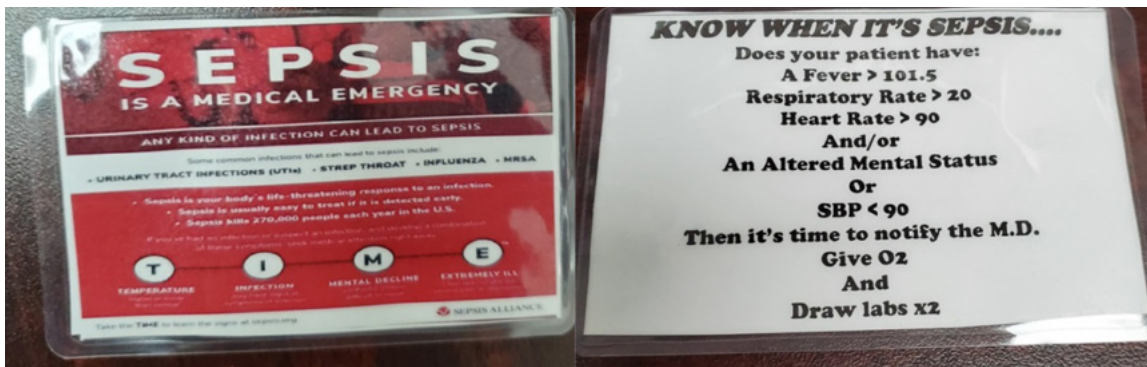
Candler Surgical Services worked with the IT department to change the workflow so that the repeat lactic acid will not be missed if a patient goes through surgery. Education is ongoing for this documentation change.



Candler ICU created a poster to remind staff what to look for, and what to do if they suspect sepsis.



Candler Rehab created their own badge buddy with the signs of sepsis.

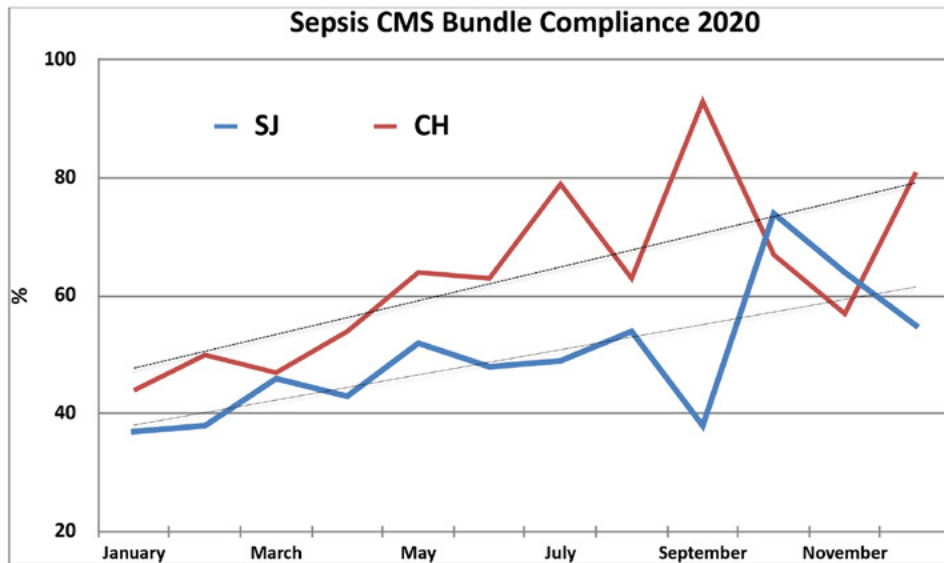


Lastly, St. Joseph's Critical Care Units worked together and began to create a check list that could be used for both receiving and giving a handoff report as well as for use in their unit. This checklist is currently circulating to other units at both campuses to ensure that it will work for all nurses. Outcome results are directly related to our ability to implement evidence-based best practices at a high level of reliability and Standardizing this checklist is just another step toward achieving better patient outcomes.

We anticipate continued growth throughout 2021 as we have several sub committees of bedside nurses working together to help improve patient care based on best practice. The Sepsis Committee will continue to foster and support nurse-led initiatives targeting sepsis.

2020 CMS average bundle compliance by quarter

	Candler	St Joseph's
Q1	47%	41%
Q2	60%	47%
Q3	69%	47%
Q4	68%	64%



HAND HYGIENE



Emmitt Smith, RN, CIC
Infection Control Practitioner

A major component of our work toward zero infections has been our commitment to hand hygiene. Emmitt Smith, RN, CIC, Infection Control Practitioner, has taken the lead on our Centrak Hand Hygiene program. He writes the following for the Spotlight, summarizing the work to date.

Hand hygiene is “the most effective way to prevent the spread of infection” per the CDC. Through the years St Joseph’s/Candler has attempted to capture hand hygiene compliance data via various techniques. We have used product count, secret shopper observations, and the TST improvement tool. The data was very subjective and indicated a very high hand hygiene compliance rate. The question was asked, “If our rate is so high, way do we still see the infections we have?”

To answer this question, St. Joseph’s/Candler implemented an automated hand hygiene monitoring system. Centrak went live at Candler Hospital in May 2019. Using Hill Rom co-worker tracking technology, the Centrak system captures compliance by coupling a staff member, via a dedicated electronic badge, to a monitored hand hygiene dispenser and creates an event each time a staff member uses a dispenser. If a staff member does not use the dispenser (or use it correctly), they do not receive credit for hand hygiene.

When the system went live at Candler, our rate was 18%!!

Having an objective rate allowed us to develop an improvement plan. Some elements of the improvement plan include:

- Individual reports were created and sent to staff members so they can track their compliance.
- Reports were created for managers to see their overall unit/staff compliance.
- Reports were shared at various nursing and leadership meetings to help keep an eye on the goal.
- A goal was set to achieve 80% compliance within six months.
- Consulting calls were held with nursing leadership, Infection Prevention/Control, and Centrak to review progress on a weekly basis during the six months start up.

At the end of six months the system was being installed at the St Joseph's campus. Compliance at Candler had only increased to 25% and goal was not met.

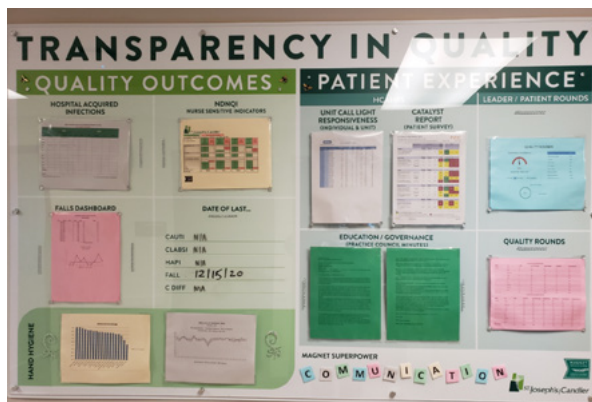
In January 2020 the Centrak system went live at St. Joseph's. St. Joseph's compliance at go live was 33%. Building on the elements in place at Candler and to achieve 80% at St. Joseph's within six months (and to achieve 80% at Candler) some new elements was introduced.

- Recruiting high performers to be champions on their units and to share how they were achieving success.
- Generating "Tips and Tricks" on how to achieve compliance using the system.
- Unit meetings with areas of lower compliance to ensure everyone knew how to use the system and to share the "Tips and Tricks".

Current state for Candler is 76% overall compliance. They have hit 80% so we know we can do it.

St. Joseph's is 83%!!

Have we seen a reduction in infections? It's still a little too early to tell for certain but we have seen a decrease in C diff HAI's and Central Line Associated Blood Stream infections since the system went live. Something we will continue to monitor as we continue to increase our overall compliance rate.



The Quality Boards were developed as a component of the nursing strategic plan in the early 2000's. The heading- "Transparency in Quality" truly sums up the focus on nurse sensitive indicators- from a quality and patient satisfaction standpoint. In preparation for the Magnet site visits, the boards were revised to better focus on nurse sensitive indicators with additional information surrounding quality rounds, leader rounding and hand hygiene. They were placed in time for our St. Joseph's site visit.

PRACTICE TRANSITION ACCREDITATION PROGRAM



Janice Dennison, MSN, RN, C-EFM
Nurse Residency Program Site Coordinator

The St. Joseph's/Candler RN Residency Program was accredited by the American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP) in 2019. With only less than 200 accredited RN Residency Programs in the world, we are very proud of this accomplishment. As of November, 2020, we have 124 registered nurses participating in our residency program. With the impacts of the COVID-19 pandemic, we changed the residency curriculum to include more virtual workshop time and less classroom time. The change has been well received by the nurse residents, and we plan to continue using the virtual format in the future. The evaluations have noted that the workshops are much more interactive in the virtual classroom.

The quality outcomes for the nurse residency program are very good. The program graduated 62 nurses this year, and the one-year retention rate for this group is 89%. We use the Casey Fink survey to measure the success of the program in helping the participants of the residency make the transition from student to professional nurse. The survey continues to show that transition difficulty improves tremendously from the start of the residency to the last workshop and graduation. Last, in 2017, 42% of the sharps injuries to registered nurses in the system were to nurse residents. Over the next two years, education about preventing sharps injuries was added to the residency curriculum. We are happy to say that we decreased the rate of sharps injuries to nurse residents by 63% and are now working to sustain a rate between 0 and 1 sharps injuries to nurse residents per 100 occupied beds for a 12-month rolling period.

In December of 2020, the federal Department of Labor acknowledged our residency program as an Industry Recognized Apprenticeship Program (IRAP). This recognition was a result of the ANCC PTAP program being designated as a Standards Recognizing Entity (SRE). It is a great reflection on our residency program to be accredited and also recognized as an apprenticeship program that meets national standards for excellent outcomes.

The nurse residency program is poised for the future, and we are looking forward to continuing to grow our program and help our newest nurses be successful with our organization.

2020 PROFESSIONAL GOVERNANCE LEADERSHIP COUNCIL ANNUAL REPORT



Ashton Gibson, BSN, RN-BC, Clinical Manager (pictured)

Suzann Sauls, RN-ONC, Resource Coordinator/Staff RN

The Professional Governance Leadership Council (PGLC) is a redesigned version of Nursing Shared Governance. Beginning in 2018, the shared governance group began the redesign process in an effort to combat decreased attendance at “Super Tuesday”. It was believed that this redesign would foster new membership, improve attendance, improve communication and engagement, provide support for unit governance, and eliminate redundancy in various meetings.

We based this research design on bees and the colony culture:

- There are no silos in a hive. The honeycomb pattern exemplifies interdependence and unity.
- Collaboration, cooperative and trust happen everywhere within the hive.
- Survival of the colony is dependent on teamwork, each job being vital for the growth of the hive.
- Communication in a hive is side-by-side and circular and not dependent on hierarchy.
- There is a belief that being “in colony” will produce something exceptional, far greater than doing it alone.

A nurse leader and a clinical nurse were nominated and elected by their peers to co-chair the first iteration of this redesigned governance council. Each member chooses the component group in which he/she would like to work.

The full group meets in the morning and the component “work” groups, the Exemplary Professional Practice (EPP), Structural Empowerment (SE), and Transformational Leadership (TL) meet in the afternoons. These work groups report back to the full group the following month.



Nurses who attend the morning PGLC and afternoon component work groups are able to receive Continuing Education credit for their work.

The impact of COVID-19 unsettled the colony mentality at first, but we were quickly able to reconvene in virtual meetings and workgroups through technology like Zoom. We were able to successfully prepare for our Magnet site visits at both St. Joseph’s and Candler campuses and we look forward to another year of service.

2020 TRANSFORMATIONAL LEADERSHIP



Chair: Meredith Scaccia, RN

Co-Chair: David Laumeier, RN

Transformational Leadership

The organization's senior leadership team creates the vision for the future, and the systems and environment necessary to achieve that vision.

The intent of this Model Component is no longer just to solve problems, fix broken systems, and empower staff, but to actually transform the organizations to meet the future. Magnet-recognized organizations today strive for stabilization; however, healthcare reformation calls for a type of controlled destabilization that births new ideas and innovations.

The Transformational Leadership Council at St. Joseph's/Candler Health System meets monthly. The council consists of representatives from all areas of the hospital. Members include; Charge Nurses, Resource Coordinators, Clinical Managers, and Directors from a variety of hospital departments.

Members: Tiffany James-Walker, RN; Willene Beaty, RN; Terria Manning, RN; Timmy Freeman, RN; Jennifer Thompson, RN; Kelly Monroe, RN; Brooklyn "Dallas" Wilson, RN; Matthew Jaskowak, RN; Leah Lambert, RN; Mary Robinson, RN; Martha Weston, RN; Marta Workman, RN.

Despite a rocky start to 2020 with a looming pandemic, the TL workgroup collaborated this past year in looking at several projects to include review of the Nursing strategic plan, mentoring at all levels, succession planning, and other initiatives aligning with the Mission statement of SJ/C.

The council is currently working on developing a hospital mentorship program. Recognizing that newly hired nurses may need support after orientation has completed, the council completed research to understand the importance of how a mentorship program can help new co-workers grow and acculturate themselves as SJ/C co-workers. A mentorship program can help identify succession planning for nurses. The TL group completed the needed theoretical and research review of designing a mentorship program at SJ/C. Next steps are to further develop this program in alignment with the PTAP approved nurse residency program to fine tune the needs for new graduates.

The TL group also met with a subgroup to help align with a DEU program to support nursing students. This is a special orientation program to engage nursing students as they complete their last two years of study.

The TL group is also looking to work with HR on succession planning and education for leaders. This is of huge interest to many who wish to take their next steps in their careers.

STRUCTURAL EMPOWERMENT



Co-Chairs: Alicia Motley, RN & Jennifer Povanda, RN (*pictured*)

What is Structural Empowerment?

Solid structures and processes developed by influential leadership provide an innovative environment where strong professional practice flourishes and where the mission, vision, and values come to life to achieve the outcomes believed to be important for the organization.

Further strengthening practice are the strong relationships and partnerships developed among all types of community organizations to improve patient outcomes and the health of the communities they serve. This is accomplished through the organization's strategic plan, structure, systems, policies, and programs. Staff need to be developed, directed, and empowered to find the best way to accomplish the organizational goals and achieve desired outcomes.

Chair/Co-Chairs: Alicia Motley, RN; Kate Feehan, RN; Jennifer Povanda RN

Members: Jennifer Amato, RN; Sarah Bello, RN; Meghan Butler, RN; Trenton Chatland, RN; Janice Dennison, RN; Casey Dixon, RN; Melissa Jackson, RN; Victor Lavigne, RN; Chip Lawson, RN; Erica Miller, RN; Nancy Muenzfeld, RN; Patty NeSmith, RN; Betty Brooks, RN; Kim Raymond, RN; Sara Reaves, RN; Rebecca Rodriguez, RN; Shea Shrader, RN; Angela Strickland, RN; Bernie Taylor, RN; Kerri Youngblood, RN

After the Structural Empowerment (SE) Council formed following the initial shared governance kick-off in January 2020, the group jumped right in feet first with planning of Certified Nurses Day activities and Nurses' Week recognition. Using the new Shared Governance theme of "Bee the Change", council members designed Bee-related buttons and a traveling Photo Booth to recognize our Certified Nurses on the Units.

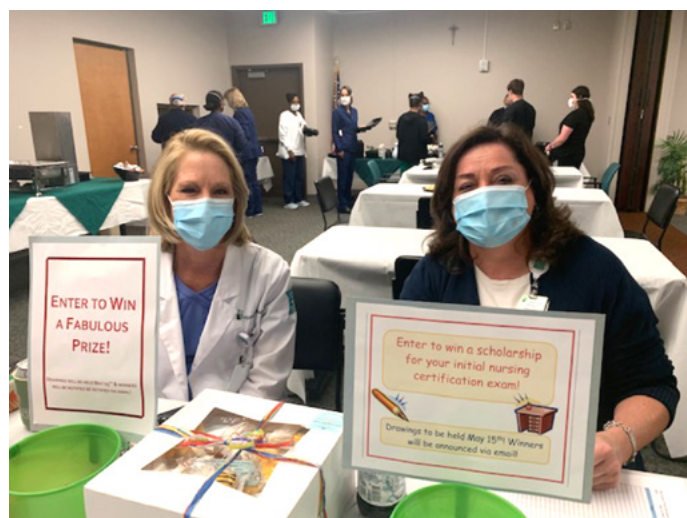
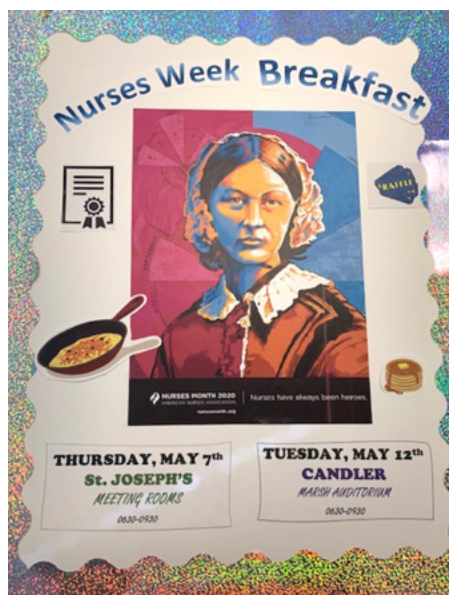




Shortly after Certified Nurses Day, the COVID-19 Pandemic put a hold on the planning of many social activities, including the much anticipated 2nd Annual Nurses Week Kickball Tournament which was planned to be held in May 2020.

Not to be deterred, the SE council set out to deliver a self-care gift to all Nurses in celebration of Nurses Week as well as continue the tradition of Nurses Week Breakfasts. To ensure that the most Nurses could participate as possible, a breakfast and dinner were held at each campus. Over 200 nurses attended each meal, the highest participation in years! Many thanks to St. Joseph's and Candler Dietary departments for making the 2020 Nurse Week meals special with Omelets, BBQ picnic meals and roving ice cream delivery.

Special thanks to Ashton Gibson, RN; Shannon King, RN and Kate Feehan, RN, who assembled and delivered over 1,500 Nourish shower steamers and bath bombs as well as moisturizing hand masks for the 2020 Nurses Week gift!





As the winter Holidays approached, the "SE" council sponsored a Secret Snowflake event allowing units to treat each other with special treats and recognition for a job well done during a long 2020.



System Performance Improvement treating Specialty Services.



Cardiac Cath Lab treating Centralized Patient Placement.

The St. Joseph's Rehabilitation Unit has a multidisciplinary Unit Practice Council with members from nursing services, physical and occupational therapy, and social work. In early November, this group reflected on all of the support staff had received from the health system since the beginning of this pandemic and they wanted to find a way to pay it forward to the community. The team decided that during the months of November and December they would collect food to donate to a local food bank. Susan Dotson, RC, contacted Second Harvest food bank and made all of the arrangements. Second Harvest provided us with boxes to collect the food. The St. Joseph's Rehab Unit Practice Council partnered with the Candler Rehab/Skilled Nursing Unit Practice Council to collect canned goods. Mission Services heard about the work this team was doing and donated food as well. Soon co-workers were coming from other floors to drop off food on the Rehab units. On December 18th the Second Harvest truck came to pick up the food. All of the food from St. Joseph's and Candler was loaded onto the truck. A total of 1,325 pounds of food was collected! The team had so much fun during this drive, and they have decided this will be an annual tradition for our team.



During May 2020, the DAISY Award was presented in the Candler ICU to David Laumeyer, BSN, RN, CCRN, Resource Coordinator. The DAISY criteria were developed by Nurses at St. Joseph's/Candler and are accepted by patients and family members only. The criteria include:

- Made a special connection with the patient and family
- Included patients and family in the plan of care
- Did an excellent job educating patients and their families
- Worked well with the healthcare team to meet patient and family needs
- Demonstrated professionalism in the work environment
- Has significantly made a difference in the life of the patient



David is a nurse in ICU at Candler Hospital. He was nominated by a child of a previous patient. Here's his nomination:

"After my mother spent five weeks in ICU between two hospitals, we had numerous nurses care for my mother; however, none of them came close to delivering the level of care that David did! He was extremely informative, honest and compassionate every time he cared for her. Not only are his medical skills superb, but his ability to connect with others is remarkable! He always lent a listening ear for us through our darkest days. We will truly be forever grateful for his exemplary service! What an amazing nurse and human being he is!"

Way to go David!



EXEMPLARY PROFESSIONAL PRACTICE (EPP)

Susan Howell EdD, MSN, RN, NEA-BC

The focus of the Exemplary Professional Practice component of shared governance is “grounded in a culture of safety, quality monitoring, and quality improvement.” 2019 Magnet Manual

Though the year was shortened due to COVID-19, the EPP council has been able to generate some great work. The team reviewed all of the existing hand-off tools and generated a generic medical surgical form that all could build on. Members were asked to take this back to their units and review with staff. Suggestions for improvement will be discussed at the January 2021 meeting.

Additionally, the team began developing “Expectations for Patients”. This is specifically for patients moving to a different level of care. For example, a patient moving from orthopedics to rehab would need to understand that the surgeon will not be seeing them daily- and they will be provided oversight by the Rehab physicians. Another example would be the open-heart patient moving to progressive care whereby the one-to-one nurse/patient ratio changes and the patient is required to do more on his/her own. These will be completed during the first quarter of 2021.

In November, the team agreed to assimilate Dr. Sherry Danello’s LEAN safety team documentation task force into the council. The focus of this documentation task force, led by Desiree Taylor, MSN, RN, NE-BC, has been to work with frontline nurses and Information Services analysts in the streamlining of patient care documentation. The team agreed this would be an excellent forum for the team- to improve the work environment and ensure safety and quality.

Co-chairs of the EPP team include Suzanne Sauls, RN; Denise Horning, RN and Susan Howell, RN. Members include: Shannon King, RN; Deborah Bennett, RN; Iris DeLeon, RN; Ashton Gibson, RN; Vanessa Gregory, RN; Joan Kirby, RN; Carolyn Lucas, RN; Katy Reid, RN; Jeanne Walsh, RN; Jack Weathers, RN; Beverly Youmans, RN and Desiree Taylor, RN.

EVENT RELATED NURSING PEER REVIEW COUNCIL



Peggy A. Batts, MSN, RN, CEN
Chair

The purpose of the Event Related Nursing Peer Review Council (NPR) is to ensure that evidence-based practice or standards of care are maintained; allow for the tracking and trending of nurses' individual performance over time; evaluate the quality of an individual nurse's work; and identify system failures that should be addressed in the organization's quality structure.

Nurses at St. Joseph's/Candler hold each other accountable through annual peer review and participation in event related nursing peer review. The expectation is that the quality of care from each nurse will be exemplary.

Membership includes a Masters' prepared nurse as chairperson, the Director of Professional Practice, a representative from Risk Management and 10 to 12 staff registered nurse voting members appointed by Nursing Administration based on area of expertise.

Our Committee faced a new challenge in 2020. Due to the pandemic not only were a total of 6 Committee meetings cancelled but also, we reviewed more cases than the last two years combined. A total of 11 cases were reviewed resulting in both policy and practice changes, as well as topics for staff education.

Cases are referred via the intranet (see far right hand side of Nursing SharePoint page under Links) which transmits electronically to the chairperson who then determines if the case needs further review. Peer reviewers complete the initial review within 14 days.



2020 AWARDS AND RECOGNITION

LIENTZ AWARD - CONTINUING THE LEGACY...

The Lientz Award, an annual honor presented to a St. Joseph's/Candler employee who best exemplifies the health system's values, commemorates Mr. James Richard Lientz's humanitarian service and his dedication to Candler Hospital and to the community. Mr. Lientz served as the chairman of the Board of Trustees for twenty years.

2020 Lientz Nominees - Nursing

Lina Blazyte, 5N- SJH

Julie Bean, Lewis Cancer & Research Pavilion

Dana Coleman, Lewis Cancer & Research Pavilion

Laura Coleman, Information Services

Chirnique Dotson, 4N- CH

Laura Floyd, Occupational Health

Timothy Freeman, Surgical Services

Ashton Gibson, Rehabilitation

Crystal Gonzalez, 6S - CH

Doranne Hipp, Lewis Cancer & Research Pavilion

Jessica Hissam, Clinical Care Coordination

Carrie Jackson, Patient Care Services

Kristi Kelly, Home Health

Veronica Kelly, 6N - CH

Cindy Knight, Surgical Services – CH

David Laumeyer, ICU - CH

Lisa Loadholt, Special Care Nursery

Carolyn Lucas, Education

Bernard Mangham, ICU- CH

Hannah Mason, 7S – SJH

Kelly Monroe, Emergency Department - CH

Ann Nguyen, Center for Medication Management

Mary Owen, Surgical Services

Richard Rabara, EP Lab – SJH

Michelle Rockett, Lewis Cancer & Research Pavilion

Joy Sauers, Surgical Services – CH

Shannon Strojny, Occupational Health

Rosemary Timms, Lewis Cancer & Research Pavilion

Tiffany James Walker, 6 North - CH

Kim Williams, Special Care Nursery

Nekeisha William, Surgical Services

Kaitlyn Youmans, Lewis Cancer & Research Pavilion

MCAULEY AWARDS-LIVING THE VALUES...

Compassion, Quality, Integrity, Courtesy, Teamwork & Accountability

The McAuley Award, named in honor of Catherine McAuley, the creator of the Sisters of Mercy. She also is credited for establishing the House of Mercy in Dublin Ireland, in 1827. This award was established in 1996 as a means of honoring employees who exemplifies the mission and values of St. Joseph's/Candler in their daily work. The McAuley Award is considered one of St. Joseph's/Candler most prestigious awards.

2020 McAuley Award Nominees- Nursing

Marie Banks, Surgical Services

Shawna Bishop, Nursing Services

Tiffany Blige, St. Mary's Health Center

Deborah Bonaparte, Imaging Services

Cheryl Capers, Accreditation Services

Shelia Charron, Lewis Cancer & Research Pavilion

Geia Concepcion, Anesthesia

Leigh Craft, Med/Surg

Elsa Duncan, PCU

Timothy Freeman, ICU

Ashton Gibson, Rehab / Sub-Acute

Theresa Gorby, Surgical Services

Patricia Harn, 6 North, Candler

Anne Harte, Clinical Care Coordination

Gail Hynko, Specialty Services

Kimberly Johnson, ICU

David Laumeyer, ICU

Analiza Lipat, Surgical Services

Phoebe McBride, CRU

Carey McCartney, ICU

Kelly Monroe, Emergency Services

Dina Penn, Heart Hospital Valve Clinic

Landon Snooks, CCU

Angela Strickland, Mary Telfair Women's Hospital

Kasey Wilson, Radiation Oncology

NATIONAL NURSING CERTIFICATIONS

ACM

Gregory, Elizabeth

ACSM

Gambrell, Zachary

AGACNP-BC

Bennett, David

APRN

Barnes, Mallory
Buckovich, Veronica
Crabb, Gina
Fournier, Jennifer
Haselden, Patricia
Kiene, Rachel
McClellan, Margaret

CAPA

Graham, Laurie
Hutcheson, Joy
Jackson, Carrie
Perkins, Lu
Snyder, Sherry
Surrette, Necefora
Tinker, Leigh

CCM

Celland, Betty
Frazee, Laurie
Gignilliat, Margaret
Hayman, Annette
Moisant, John
Seagraves, Deidre

CCNS

Bennett, David
Strickland, Marie
Yeater, Bonnie

CCRC

Shortt, Joni

CCRN

Amato, Jennifer
Anderson, Marlene
Anthony, Gia
Bennett, David
Benton, Brittany
Bedillion, Judith
Beverly, Kirk
Brown, Haily
Burroughs, Devin
Bryan, Christian
Byrd, Dana
Canfield, Kelsey
Clark-Johnson, Tracey
Collins, Andrew
Coseo, Kathryn
Daniel, Evelyn
Dickson, Sherry
Drown, Arnold
Drown, Charles Jr.
Duncan, Elsa
Freeland, Carey
Freeman, Timothy
Giles, Steven
Gomer, Rebecca
Guined, Ashley
Hammer, Holly
Harper, Lyndsey
Hayes, Laura
Hayman, Annette
Horning, Denise
Hungerford, Melissa
Ioffe, Yelizaveta
Johnson, Jane
Jones, Amy
Kears, Marlene
Lakhani, Ashok
Lawson, Michael
Lenix, Tisa
Little, Michael
Lovallo, Maryanne
Maurer, Stacy
McCartney, Carey

McLaughlin, Morrin
Mendoza, Amanda
Moughton, Robert
Montgomery, Natalie
Muller, Elizabeth
NeSmith, Mary Patricia
Nguyen, Ann
Norman, Christina
Norman, Elizabeth
Norris, Amanda
Prachar, Lauren
Sellers, Jacob
Shipes, Wesley
Sakelarios, Shannon
Taylor, Laura
Trick, Brenda Sue
Watkins, Eric
Welch, Karen
Welser, Karen
Whipple, Charlotte
Yeater, Bonnie

CDE

Cowan, Agnes
Eling, Pamela
Love, Diane

CEFM

Dennison, Janice
Povanda, Jennifer

CEN

Ashline, Laura
Batts, Peggy
Byerly, Anne
Coward, Kathy
Garza, Angela Dawn
Gum, Kristine
Hamelink, Cari
Harper, Deborah
Kenny, Robert
Latham, Joshua
Madramootoo, Zachary

McFarrity, Theresa
Rodriguez, Christopher
Stephen, Angela
Vanderberry, Joyce
Walsh, Brandon

CLC

Bond, Angela
Clemmer, Julie
Dauphinee, Dorothy
Gonsen, Donna
Hudson, Cindy
Medzevicius, Julie
Parrish, Donna
Ramee, Kathleen
Robinson, Lydia
Strickland, Angela
Strickland, Courtney
Wiggins, Bethanie
Zarycki, Ashtyn

CGRN

Byrd, Margrit
Hall, Alexia
Hunt, Juanita
Turner, Andrea
Wilkinson, Linda

CIC

Allen, Rita
Smith, Emmitt

CMSRN

Carroll, Lauren

CNI

Harvey, Crystal

CNML

Halverson, Kimberly
Weathers, Jack

CNBN

Kennedy, Malissa
 McMichael, Robin
 Reese, Lora

CNOR

Attlee, Verdillia
 Banks, Marie
 Buevas-Nowicki, Carlyle
 Coleman, Laura
 Cowart, Laura
 Cubbedge, Sandra
 Dorn, Steven
 Dunn, Kristie
 Edwards, Sonja
 Farr, Diane
 Garner, Laura
 Garrad, Christine
 Gibson, Jennifer
 Goss, Christopher
 Henry, Jane
 Johnson, Debra
 King, Jeri
 Knight, Lacindra
 Lambert, Delores
 Laroe, Dian
 Leggett, Megan
 Marsha, Tera
 McClendon, Sophronia
 McCreary, Jennie
 Mendes, Amie
 Miller, Erica
 Mitchell, Charlotte
 Nguyen, Lisa
 Owen, Mary
 Rooks, Judson
 Rose, Kristin
 Sauers, Joy
 Sitton, Naomi
 Steele, Marquita
 Toole, Vicki
 Walsh, Jeanne
 Wilkes, Starla
 Wilkinson, Angela
 Zeisler, Gail

CNRI

Tabatabai, Joy

CNRN

Cajayon, Clifford
 Manning, Terri

COHN

Floyd, Laura

CPAN

Crowley, Mary
 Dickson, Kenny
 Evans, Sharon
 Johnson, Wesley
 Lanier, Lori
 Lucas, Carolyn
 McBride, Phoebe
 Powell, Shirley
 Prince, Shelley
 Snyder, Sherry

CPHQ

Wearrien, Donna

CPN

Bennett, Tonya
 Boyd, Megan
 Paul, Julie

CPON

Staurt, Jennifer

CRON

Edwards, Sonja
 Henry, Jane

CRNI

Brooklin, Natasha
 Brooks, Lisa
 Martin, Marjorie
 Shomo, Julie
 Vauiso, Robin

CRRN

Dotson, Susan

CSC

Maurer, Stacy
 Moore, Baily

CWOCN

Kroleski, Lisa
 Lowe, Sheila
 Walker, Wendy
 Wilder, Dawna

FNP-BC

Ackerman, Alison
 Hayman, Annette

IBCLC

DeMauro, Delphine
 Gly-Jones, Catherine
 Howard, Elizabeth
 Lively, Michelle
 Milton, Marybeth

IP OB

Baez, Saharith
 Bostick, Luteley
 Crider, Margaret
 Garrett, Katherine
 Manning, Allison
 Moore, Valeri
 Morgan, Laura
 Murray, Sharon
 Phillips, Gina
 Robinson, Patrice
 Sikes-DeJohn, Tiffany
 Smith, Brook
 Storey, Tracey

LRNN

Bond, Angela
 Coyer, Kimberly
 Loadholt, Lisa
 Saxon, Kay
 Schnaible, Stephanie
 Tucker, Patricia
 Williams, Kelly

NEA-BC

Bennett, David
 Danello, Sherry
 Howell, Susan
 Scaccia, Meredith

NE-BC

Arata, Antonio
 Fields, Marianne
 Lavigne, Victor
 Motley, Alicia
 Rawlings, William
 Seagraves, Deidre
 Taylor, Desiree

NEWBORN

Connor, Danielle
 Finch, Dona
 Lauer, Barbara
 McLaughlin, Morgan
 Miller, LaCameo

NICN

Barker, Terry
 Burns, Brenda
 Rudolph, Deborah
 Saxon, Kay
 Schnaible, Stephanie

NP-C

Barnes, Mallory

NPD-BC

Dennison, Janice

OCN

Baugh, Cheryl
 Burleson, Diana
 Casanova, Lori
 Charron, Shelia
 Clark, Pamela
 Coleman, Dana
 Farlow, Cheryl
 Flaherty, Theresa

Giles, Rebecca
Gregory, Vanessa
Haynes, Becky
Hipp, Doranne
Luteran, Laurie Evans
Mancuso, Sylvia
Moore, Kelly
Meyers, Carla Powell
New, Lisa
Podnar, Anne Marie
Powell, April
Sanders, Crystal
Smith, Mary
Smith, Stephanie
Weaver, Beverly
Williams, Theresa
Wright, Mary
Yeager, Chaterine
Youmans, Beverly

ONC

Boothe, Dana
Bromm, Sherrie
Craft, Leigh
Clark, Pamela
Duede, Kelsey
Gerstner, Sarah
Gruber, Marilyn Sue
Jackson, Melissa
Jordan, Connie
Kelly, Linda
Kirshling, Rachel
Sauls, Paula
Swindell, Penny
Weston, Martha

PCCN

Chapman, Eveline
Clark-Johnson, Tracey
Duncan, Elsa
Hunt, Amara

Jones, Alana
Lessard, Debra
Lipat, Analiza
Maginnis, Maegan
Montano, Jennifer
Powell, Alicia
Richardson, Deborah

PEDS

Shuman, Casandra
Bennett, Tonya

PHR

Kennedy, Malissa

RCS

Anderson, Todd

RN-BC

Bennett, Kimberly
Champ, Rebecca
Gibson, Ashton
McCord, Miriam
McIntyre, Shannon
Owens, Melissa
Peacock, Stacey
Perry, Lucy
Peters, Dorethea
Reel, Susan
Reid, Katie
Rose, Kristin
Smith, Lisa Beth
Zeigler, Earlonda

RNC

Aukamp, Ashley
Baxter, Kimberley
Bolton, Patricia
Boykin, Judy
Camp, Kimberly
Champ, Rebecca

Chang Vazquez, Vaijun
Coleman, Therese
Connor, Elaine
Davis, Diana
Fraser, Brenda
Graves, Jennifer
Gibson, Ashton
Hale, Paula
Harn, Patricia
Hughes, Amanda
Jackson, Melissa
Jones, Yolanda
King, Shannon
Lawson, Charlie
Loadholt, Lisa
McAlpine, Janice
McCord, Miriam
Myers, Mary
Nylander, Vickie
Peacock, Stacey
Peters, Dorethea
Pinckney, Aileen
Reel, Susan
Riley, Kimberly
Roberts, Gloria
Robinson, Mary
Saxon, Kay
Schnaible, Stephanie
Sheahan, Shannon
Smith, Jodi
Stein, Rosalie
Swarr, Judy
Thompson, Juanita
Townsend, Lindsey
Williams, Kelly
Willis, Sherri
Yeater, Bonnie

SCRN

Peters, Dorethea

TCRN

Collins, Tammy
Matsko, Nika

TNP

Chapman, Evelie
Simpson, Pough

VA-BC

Balkom, Rebecca
Ferguson, Jonilea
Roberts, Michelle
Townsend, Lindsey
Welch, Rebecca
Wiggins, Steve
Zambito, Cynthia

WCC

Richards, Wadella

SJ/C NURSES LEADING THE WAY

Now more than ever, Nurses are uniquely positioned to use their knowledge, talent and skills to influence not only clinical practice at the bedside, but also healthcare in our communities within Regional, State and National settings. There are many nursing professional organizations that Nurses can join to find education, networking opportunities, CE credits, career assistance, and targeted resources to support their clinical practice.

St. Joseph's/Candler provides support for nurses memberships in professional organizations by providing assistance with paying for national certification through scholarships, and more recently, through the ANCC Success Pays program.

Nurses on Boards

In response to the 2010 Institute of Medicine report: The Future of Nursing: Leading Change, Advancing Health, which recommends increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve community health, many SJ/C Nurses have taken up the call to voluntarily serve on local, regional and state community boards.

Sherry Danello, DHA, MSN, RN, NEA-BC
Steward Center for Palliative Care
Ronald McDonald House

Mary Owen, MSN, BSN, RN, CNOR
AORN – National Legislative Forum Committee
Georgia Council Smoke Coalition
Savannah Technical College Advisory Board -
Surgical Technologist Program

Antonio Arata, MBA, BSN, RN, NE-BC
Barnabas Center for Counseling

Timothy Freeman, BSN, RN, CCRN
Hospice Savannah
Greater Area Savannah AACN Chapter - President

Alicia Motley, MBA, BSN, RN, NE-BC
Georgia Nurses Foundation – Board Secretary
Georgia Organization of Nurse Leaders-
Member at Large

Beverly Youmans, BSN, RN, OCN
Southeast Georgia Oncology Nursing Society -
President

Dorethea Peters, MSN, RN-BC, SCRN
Georgia Stroke Professional Alliance -
Past, President

Carol Barbee, MSN, RN, APRN-FNP
APRN council of Coastal Georgia- Treasurer
Executive Board member

Susan Howell, EdD, MSN, RN, NEA-BC
South University Nursing Program
Advisory Committee

Carey Freeland, MSN, RN, CCRN
Greater Area Savannah AACN Chapter

David Bennett, MSN, RN, CCNS, CCRN
Greater Area Savannah AACN Chapter

Kristi Kelly, MBA, RN
Georgia Association of Home Health Agencies -
Vice President

Kimberly Walden, RN, MHS
Georgia Association of Home Health Agencies -
Region 5 Director

Rita Allen, BSN, RN, CIC
APIC Coastal Empire Chapter- President

Bonnie Yeater
Greater Savannah Area Critical Care Chapter

Tressa Horsley
AWHONN for Women's Service

NATIONAL PROFESSIONAL NURSING AND PROFESSIONAL HEALTHCARE ORGANIZATIONS

Our St. Joseph's/Candler nurses are active participants in a variety of professional nursing and healthcare organizations. Our Nurses are involved with the following organizations:

PROFESSIONAL NURSING ORGANIZATIONS

Academy of Neonatal Nurses	Association of Women's Health
American Association of Credentialed Nurses	Association of Women Health Obstetrics and Neonatal Nursing
American Association of Critical Care Nurses	Emergency Nurses Association
American Association of Long Term Care Nurses	Georgia Organization of Nurse Leaders
American Association of Managed Care Nurses	Oncology Nursing Society
American Association of NeuroScience Nurses	National Association of Orthopaedic Nurses
American College of Cardiovascular Nurses	Association for Nursing Professional Development
American Nurses Association/ Georgia Nurses Association	American College of Healthcare Executives
American Organization of Nurse Leaders	Southeast Georgia Oncology Nursing Society
American Radiologic Nurses Association	Infusion Nurses Society
American Society of Perianesthesia Nurses	Sigma – Nursing Honor Society
Association of Professionals in Infection Control	American Society for PeriAnesthesia Nursing
Association for Vascular Access	Wound, Ostomy, Continenence Nursing Society
Association of Nurse Executives	Georgia Society for Hospital Risk Management
Association of Peri-operative Operation Room Nurses	Society of Gastroenterology Nurses and Associates
Association of Rehabilitation Nurses	National League of Nursing

PROFESSIONAL HEALTHCARE ORGANIZATION

Alliance of Continuing Medical Education	American Hospital Association
American Diabetes Association	Georgia Hospital Association
American Hospital Association	Georgia Infection Control Network
American Society of Hospital Pharmacists	National Association for Healthcare Quality
Sickle Cell Association	National Association for Medical Staff Services
Georgia Association for Medical Staff Services	Society for Healthcare Epidemiology of America

NOVEL CORONAVIRUS PANDEMIC

Antonio Arata, MBA, BSN, RN, NE-BC, Director of Critical Care

Leigh Craft, MPH, MSN, RN, ONC, Director of Medical/Surgical Services

Susan Howell EdD, MSN, RN, NEA-BC, Director of Professional Practice/Specialty Services/
Infection Control

In January and February of 2020, none of us knew that our world would be turned upside down. We began the year with the expectation of continuing the exciting and rewarding work we do every day, but by early March 2020, we all knew it was very likely our lives would be changed forever by the COVID-19 pandemic.

The first positive case in Georgia was identified on March 2, 2020. Things quickly escalated from there and when the decision to cancel the second largest St. Patrick's Day parade in the U.S. was declared by the Mayor on March 11, we all knew this was going to have huge impact on Savannah, Georgia, and likely all of the United States. We immediately restricted all visitors and mandated that all coworkers wear masks while working in shared space. Activities in all departments were ramped up to include additional emergency preparedness. Health Screeners and extra Security were placed at all entrances to keep our facilities safe and to restrict access by the general public. Important health self-monitoring information was provided throughout the health system to educate all coworkers of their responsibilities for keeping practicing preventive measures.

When patients with symptoms of COVID – 19 began to appear in our Emergency Departments, our normal patient populations stayed away from the hospitals. Elective surgeries were cancelled by patients and surgeons and for several weeks and an eerie quietness blanketed our normally high volume capacity Emergency Departments, high census inpatient areas, and busy procedural areas.

The Directors of Critical Care and Med/Surg Services were tasked with developing a COVID – 19 Surge Plan that would allow us to expand and contract census in rapid fashion based on the COVID positive census while also ensuring there would be beds for our regular patient population. The concept was born that we would run two separate hospitals within a hospital on each campus. We would run one hospital per campus for our COVID patients and one hospital per campus to accommodate our usual patient populations. This surge plan was coupled with plans developed for Emergency Department COVID-19 patients as well as Women's and Children's COVID-19 readiness. Not knowing what to expect, the plan was developed with the goal of being able to expand and contract based on volume.

First, we identified where our COVID units should be located. We knew we would need both Medical - Surgical, Stepdown and Critical Care levels of care. At St. Joseph's we identified the 10 bed Medical - Surgical ICU and the 17 bed Medical – Surgical Unit on 5 South as the most practical areas to use as COVID units. At Candler, we requested temporary walls with doors be built in the ICU and on 6 North. For Candler ICU, we designed a series of temporary segregation walls and doors to be placed to allow anywhere from 6, 10, 14 and up to all 20 ICU beds for COVID+ patients if needed. On 6 North we placed a temporary wall and doors to separate the new COVID rooms from regular rooms. Our plan included four surge levels, increasing the number of COVID+ beds at each level. Additionally, we utilized auditorium and meeting room space on each campus to create 15 more monitored overflow patient beds per hospital if COVID+ cases exceed our normal bed capacity.



From the beginning, our goal was to create a realistic and fluid surge plan to provide for COVID+ patients and continue our normal operations simultaneously while protecting the safety of all patients and staff. At the time of this writing and almost ten months into the pandemic we are proud to report that our plan has served us well. With the support of ALL coworkers from every department SJ/C has successfully continued our mission: Rooted in God’s Love, we treat illness and promote wellness for all people.

Nursing and physician leadership met routinely at the beginning of the pandemic to develop processes and policies to ensure the safety of our staff and patients. Every step of the way our laboratory, pharmacy, materials management and environmental services colleagues were focused on testing, medication procurement and dispensing, obtaining and maintaining supply of personal protective equipment and cleaning of the COVID units.

Frequent tips for patient care staff, entitled *Nightingale Tips*, were electronically disseminated to all nurses and patient care staff for reference and review. These tips covered topics such as correct methods for donning and doffing PPE; conduct of nasopharyngeal swab collection; masking and hand hygiene. Our CEO, Paul Hinchey, sent out weekly COVID updates electronically and through text. Every avenue was used to communicate with staff in the health system.

During the initial phase of the pandemic, the community responded with tremendous support of the clinical staff. Area restaurants brought food into the hospitals for the staff on the COVID units. The hospital system also supported the staff- by having such events as “Dinner on Us”, boxes of produce at Thanksgiving and fun contests, such as “whose eyes are these?” behind the masks.

The first vaccines were delivered and administered on December 16th. The process is ongoing.





www.sjchs.org

Our Mission

Rooted in God's love, we treat illness and promote wellness for all people.

Our Values

Compassion • Quality • Integrity • Courtesy • Accountability • Teamwork

St. Joseph's Hospital

11705 Mercy Boulevard
Savannah, GA 31419
(912) 819-4100

Candler Hospital

5353 Reynolds Street
Savannah, GA 31405
(912) 819-6000

St. Joseph's/Candler Pooler Campus

101 St. Joseph's/Candler Drive
Pooler, GA 31322

St. Joseph's/Candler Bluffton Campus

100 Buckwalter Place Boulevard
Bluffton, SC 29910