Nurses Improving Patient Care and Safety
The past year has been another rewarding time for East Jefferson General Hospital. A lot has been accomplished when we think of technology, renovations, and the many projects that began such as the Infusion Center, Hybrid Surgical Suite, new Cath Lab, and others. We are most proud of the impact EJGH has made on the lives of our patients and families.

Our Performance Improvement Program was successful in improving many financial and quality metrics. These multi-disciplinary teams, with our physician leadership, collaborated on order sets, improved documentation, and best practices. Service line CRU PIP’s can tout improvements in financial indicators, ALOS, severity of illness, outcomes, patient safety indicators, and many other publicly reported measures.

We have embraced the philosophy of PLANETREE, putting our patients and families front and center of our processes. Patient-centered care assures we always have our priorities and focus where they should be. A few examples of improving the patient experience at EJ recently have been the “No Pass Zone”, “No One Dies Alone”, and the “Care Partner” programs. More patient-centered activities will be organized as our volunteer facilitators share the 11 dimensions of PLANETREE with the entire organization.

Another way our organization has elevated the care of our patients is by increasing the number of certified professionals. Specialty certification is a true gauge of a caregiver’s ability to provide excellent care and show they are experts at what they do. EJGH has been blessed by having more certified RN’s than the average Magnet hospital. The hard work that it takes to become certified is strictly voluntary, but indicates the commitment our team members have to our patients.

I can’t think of a better team than our EJ Team! It is a pleasure and honor to work with you all.

Judy Brown, CPA, MHA, FACHE
Executive Vice President and
Chief Operating Officer

Judy Brown, Chief Operations Officer (left) with Erin Young, RN, MSN, CRRN, Director of the Patient Experience
Nurses Improving Patient Care and Safety

…through innovation

Emergency Medical Services Heart Failure Program .................................................. 3
EJGH Opens State-of-the-Art Hybrid Surgical Suite .................................................. 4
Cardiology Technology Helps Improve Patient Safety .............................................. 5
Lean Approach to Emergency Department Patient Flow ........................................... 5

…through evidenced based practice

Heart Failure Study & Teach Back ............................................................................. 7
Pain Management Study ............................................................................................ 8
Reducing Hospital Acquired Infections ...................................................................... 9
Stopping Early Elective Deliveries ............................................................................ 10

…through professional excellence

Great 100 Nurses ......................................................................................................... 11
Certified Nurses ......................................................................................................... 12
Career Ladder ............................................................................................................ 13
Nightingale Awards .................................................................................................... 13
Leadership in Professional Organizations ................................................................ 13
Donna Swartzfager Memorial Awards ...................................................................... 14
Team Member Recognition ......................................................................................... 14
Evidence-Based Practice Showcase Winners ............................................................ 15

…through community service

Community Volunteer Program .................................................................................. 16
Susan G. Komen Grant ............................................................................................... 17

…through caring and compassion

Patient and Family Advisory Council ....................................................................... 18
Including Patients in Root Cause Analysis ............................................................... 18
The Patient Care Model ............................................................................................. 19
Our Mission, Vision and Values ................................................................................ 19
a letter from the Chief Nursing Officer:

Nurses Improving Patient Safety

In my years of nursing, I truly believe that this may be one of the greatest times for the nursing profession, and in particular, for the nurses here at EJGH. Our nurses are impacting patients in ways we may never have thought possible even a decade ago.

Nurses are taking larger roles in the complete patient experience and are leading the way through innovation, evidence-based practice, caring and compassion, as well as going outside the walls of the hospital to provide direct community service. In short, our nurses are delivering excellence in patient care through the highest levels of professionalism, advanced certifications and education.

While we have accomplished so many great things in 2014, we expect even greater achievements for the future. Our role as administrators is to ensure that our staff has the commitment and resources needed to provide the care our patients deserve. It is this dedication that has made us a nationally respected Nurse Magnet facility and one that allows patients to have confidence in their community hospital.

Ruby Brewer, RN, MSN/MBA
Sr. Vice President, Chief Quality Officer and Interim Chief Nursing Officer
Nurses improving patient care and safety…

EJGH’s Cardiovascular Program is in continuous pursuit of efforts to foster better quality and outcomes for cardiac patients. Our team of highly trained, experienced physicians and cardiac team members is dedicated to providing patient-centered and coordinated care. EJGH physicians pioneer new procedures, devices and technology with a passion that only comes from an innate desire to perfect clinical excellence for our patients. The transformations that have taken place over the last year are a testament to EJGH leaders, physicians and team members and their commitment to enriching our cardiac care program to better serve the community.

EJGH Emergency Medical Service (EMS) is always on the cutting edge. A recent EJGH EMS pilot study is no exception. Mike Guillot, EMS Director, Dawn Lemoine, EMS Supervisor, and Luke Strack, EMS Educator, piloted an innovative practice that sends paramedics to the homes of chronically ill community members who are at high-risk for readmission to the hospital.

EJGH EMS are not only committed to the pilot, but they wanted to be as knowledgeable about the chronic treatment of heart failure as possible. They recognized that moving from the critical, pre-hospital phase of heart failure treatment to the chronic, post-discharge management of heart failure would take additional learning. The EMS team leads attended the medical staff grand rounds lecture on the medical management of heart failure, as well as the nursing/interdisciplinary heart failure course, which focused on assessment, pharmacology, patient education, quality/research, and improving outcomes for heart failure patients. EMS also participated in case reviews of heart failure patients they brought to EJGH, and the outcomes of care in-hospital and post-discharge.

The EJGH EMS department was recognized during our site visit for Heart Failure Accreditation through the Society of Cardiovascular Patient Care for this innovative program and implementation plans. EJGH Medical Executive Committee quickly endorsed the pilot, acknowledging the potential for EMS to impact the success of our most high-risk patients in their heart failure self-care and remaining in their home environments in our community.

One such impact was made by Mike Ortiz, EMT-P, EJGH EMS, who went for his weekly visit with a heart failure patient and discovered that the patient gained five pounds of fluid. When the patient made it clear that he wasn’t going to report his weight gain to his physician, Mike called the heart failure program and proactively reported it. The information about weight gain, along with Mike’s assessment and the patient’s current medications were brought to the patient’s cardiologist, who was able to give instructions for adjusting the patient’s medication and repeat of lab work. The patient remains at his home in our community, and Mike is a hero for fostering this innovative relationship, making the critical assessment, and communicating the information effectively to improve our patient’s outcome.
EJGH Opens State-of-the Art Hybrid Surgical Suite

East Jefferson General Hospital is dedicated to remaining a national leader in not only the treatment of routine cardiac care, but also the complex cardiac surgical cases that require advanced care. To accommodate the rising number of patients who need specialized treatment and surgical procedures, EJGH opened one of the most advanced hybrid surgical suites in our region.

“The new hybrid suite at EJGH allows our cardiovascular physicians to combine state-of-the-art imaging with a world-class operating room,” says Dr. James Perrien, Cardiologist with East Jefferson General Hospital. “It opens the horizons for us to be able to do more advanced procedures safely and with greater efficiency. This is a major addition to our array of cardiovascular services that we offer to the community.”

The hybrid surgical suite combines elements of a cardiac catheterization lab and an operating room to allow surgeons, nurses and techs to perform cardiac and surgical procedures in the same operating room without moving the patient. This is a tremendous advantage for the patient and the surgical team, as the suite can accommodate all the technology and diagnostic equipment needed for the most complex and delicate surgical procedures.

“We are one of the very few hospitals in our region to invest in a hybrid suite. We believe this is just one of the reasons we are national leaders in cardiac care.”

Dr. James McKinnie
EJGH Electrophysiologist
Cardiology Technology Helps Improve Patient Safety

In addition to the introduction of the Hybrid Surgical Suite, EJGH has led the region in technological updates that is advancing patient safety. These program updates represent some of the latest technologies available, giving EJGH physicians and nurses real-time data and information that allows for greater care. Some of the advancements include:

Xcelera Application
Cardiologists now do electronic Structured Reporting for Echocardiograms and are available in the electronic medical record immediately upon completion of the read, and no longer wait for transcription and e-sign. The Xcelera application allows the cardiologists to use structured reporting for echocardiograms generating a report immediately after physician interprets the study. Rapid report availability leads to quicker diagnosis and treatment for the patient.

X-per Application
The X-per Application is the Cath Lab Hemodynamic and Reporting system that allows for Procedure Record in EMR soon after the case for other clinical staff to see, including what was done, medications given and supplies used. Communication is critical in healthcare, and handoff communication is a high patient safety risk according to the Joint Commission. Increasing the availability of diagnostic testing documentation is an important step in protecting our patients.

Topera EP Mapping System
Topera’s 3D Mapping System is the first diagnostic tool designed to identify the patient-specific, unique electrophysiologic source that sustains serious heart rhythm disorders. Trials reveal approximately 80 percent of patients are A-Fib free over one year following a single procedure.

Impella Hemodynamic Support System
The Impella 2.5 is a percutaneous heart pump that is used to provide partial circulatory support during a heart procedure. It can be removed once the heart no longer needs the support after the heart procedure, as determined by physician.

LEAN Approach to Emergency Department Patient Flow

Most Emergency Departments (ED) are able to provide immediate care for the sickest patients who present for care. From 1995-2005, the number of ED visits increased by nearly 20 percent and the number of hospitals have decreased by nearly 10 percent. The American Hospital Association (2005) reported that 69 percent of urban EDs are over capacity, resulting in crowded conditions and ambulance diversions.

Emergency departments can optimize care for all patients by using good process combined with good design (Welch, 2012). A number of metrics are available to benchmark emergency flow and quality in the literature today and are used by health-care leaders to understand where weakness and strengths exist. Our emergency physicians, nurses and staff work with administrators to innovate, improve process, and solve logistical and operational challenges to promote flow and improve quality.

Emergency care can be unpredictable and the sickest patients must have priority to resources. However, most Emergency Departments are capable of providing timely care for the sickest patients without delaying services for lower acuity patients if data driven process improvements are implemented to expedite care (Welch, 2012).

At East Jefferson, we continually strive to improve the patient experience while improving how we manage flow through our own logistical and operational challenges. Like most hospitals, our Emergency Department was designed years before the complexity of care changed in our aging (continued on page 6)
LEAN Approach to Emergency Department Patient Flow  
(continued from page 5)

population. Literature warns us that as the Baby Boomers reach their senior years, they will hit the ED like a tidal wave if we are not prepared. There is added impetus to focus on ED flow with the Centers for Medicare and Medicaid Services (CMS) announcing the value-based purchase model of payments tied to arrival-to-provider-time and left without being seen (LWBS) markers for intake performance. The Joint Commission has implemented a leadership standard that requires hospitals develop and implement plans to ensure efficient patient flow is demonstrated throughout the hospital. We have had a significant decrease of boarded hours in our Emergency Department due to the innovations in place to manage flow throughout the building.

The workload for our team is not level throughout the day, but the emergency department does have a relatively high degree of predictability. We know we will be busiest from 11am - 11pm and Mondays are generally our busiest day. We know the day after a major holiday is very busy and the day after any major festival or parade will be predictably hectic in the ED. With data we are able to trend our needs to plan ahead to meet the demands of our extreme variations in census and arrivals. To improve internal flow within the department and improve time to provider, our team uses data to help us predict and plan a cyclical daily opening and closing of areas according to patient arrivals.

Process Change though LEAN Leads the Way

An additional objective was to balance the work for our doctors by creating a different care model. Operational research was used by our team to organize and present innovations tested around the country to improve flow and time to provider. Our LEAN Team initially focused on patient intake known as Front End and Split Flow. Our team of nurses, doctors, techs, clerks and registration staff reviewed literature before we conducted our value stream mapping to redesign the intake process and sorting of patients to the different care areas. Process mapping was used during our Door-to-Doctor Kaizen to look at current state and plan future state as we identified waste and opportunity for improvement. Time metrics were used to identify current arrival-to-provider-times, ED length of stay (LOS), and Left-Without-Being-Seen (LWBS) rates.

“Geaux Zone” Created for Efficient Patient Flow

Using our LEAN tools to identify waste and to try out different solutions, our team identified the model they wanted to pursue for our future state. The old “Fast Track” area was rebranded and given the name “Geaux Zone”. The triage process is still in place to allow quick registration and a short intake. The team minimized the triage form to reduce the amount of time the patient is kept in a non-value area and to limit wait times since we know waiting is a waste.

We are able to identify high risk patients faster and able to do quick EKG’s for cardiac patients to improve our recognition of atypical presentations of acute coronary syndrome. The change in the care model occurs after triage when the nurse identifies if the patient is eligible for “chair care,” which is done in our previous fast track area. The name of the area has changed to Geaux Zone (named by one of our doctors and voted on by the group to reflect our community’s French Acadian ancestry). The difference in care is that lower acuity patients do not stay in rooms throughout their visit. Less sick patients are not undressed or bedded; instead they are seen in an expedient manner and treatment is begun. This model of care allows more patients to be seen in the same space and decreases time to provider. This rapid turnover required resources to shift as the nurses care for more patients in a four bed area of our ED. This process has allowed our doctors to see additional patients in a small area of our ED and has decreased wait times to see a doctor during peak surge in census.

EJGH Measures Success

Metrics identified in our LEAN Kaizen to monitor LWBS has shown a decrease from over 2 percent, to less than 1 percent since implementation. Time-to-Doctor has shown a decrease in the busiest months from 40 minutes to 28 minutes. This is during a time frame that we are typically seeing higher volumes and have less hospital beds available for admits. This means Press Ganey Scores are trending up and staff satisfaction is higher when patients are happier. Our team feels we have identified a great care model which will allow us to meet the growing demands for emergency care.

Our entire staff had some part in the Kaizen and embraced this change as we did our “try it” sessions. As a department, we look forward to continued improvements as we use LEAN as a foundation to identify waste and improve our process on patient flow.

The LEAN Team included a multidisciplinary team of doctors, nurses and leaders:

Charles Ochello, MD
John Wales, MD
Roland Waguespack, MD
Craig Caplan, MD
Michele Davenport, RN BSN
Tracey Turney, RN BSN CEN
Vinnie Bonadona, RN BSN
Misty St Pierre RN BSN
Danielle Andre RN BSN
Cheryl Carter MSN, RN
Layne Mistretta, MSN, RN, CEN, LNC

In the Geaux Zone, lower acuity patients are seen in an expedient manner, allowing more patients to be seen in the same space with shorter wait times to see a doctor.
Heart Failure Study and Teach Back

Nurses on our heart failure unit are true nursing professionals. In addition to implementing the latest evidence about the best practices and care of heart failure patients, they generate new nursing knowledge by conducting original research. Through their previous experience with the “Improving Heart Failure Outcomes” national Magnet hospital research study, these nurses determined that they wanted to enhance the expert patient education sessions provided by the Cardiac Rehab clinicians and Clinical Dieticians with regular reinforcement of key concepts through teach-back. In 2014, the heart failure unit began an original research study to determine if a more interactive approach to heart failure patient education would improve their patients’ outcomes even more. Their study will close in 2015, and results will be shared locally and nationally. Patient responses have been very positive and preliminary outcomes have been excellent so far for the patients who have been enrolled in the research study.

Heart Failure 30-Day Readmission
Unadjusted for Risk, Non-Indexed

- 2013 Before Dr. White
- 2014 With Dr. White in HF Clinic

<table>
<thead>
<tr>
<th></th>
<th>All Payers</th>
<th>Traditional Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Before</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>2014 With Dr.</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>White in HF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Multi-Disciplinary Approach Leads to Successful Pain Management Study

Pain management began to develop as an initiative in early 2011, as EJGH clinicians were faced with challenges and fears regarding optimal care and monitoring of acute and chronic pain. The healthcare team was not only caring for patients with acute and chronic pain, but was also being evaluated on their patients’ perception of the care that was delivered. The HCAHPS (Healthcare Consumers Assessment of Hospital Providers and Systems) survey had resulted in non-favorable scores in this area. As a Magnet organization, EJGH knew it was essential to create a change.

A multi-disciplinary core group of leaders, physicians, pharmacists, therapists, and nurses were called to the table and they began an 18-month journey to meet the pain management needs of our patients. The team gathered input from multiple sources, including: alternative medicine, acute post-surgical pain, oncology, palliative care, emergent care, and chronic care. The original purpose of this diverse group was to formulate action plans to address pain on all fronts and to focus on the patients’ needs and outcomes (the patients’ perception of pain management).

Through our affiliation with M.D. Anderson Cancer Network™ and guidance from our clinical pharmacy and palliative care leaders, the team solidified and presented a comprehensive order set/power plan for management of acute pain for the opioid naïve patient. At the time, this order set appeared to give the team a clinically safe, structured approach to manage pain for this high risk population.

Frontline input at the core of improvement

While focusing on the patients’ needs, the voices of frontline staff were also heard as we obtained feedback from our NDNQI nurse satisfaction survey. As a result of this feedback, the team designed a formal interdisciplinary learning video that was shared with all nursing and clinical staff to educate on their role in pain management.

In 2012, the original team dispersed, and a smaller focus group began to meet intermittently to monitor the effects of the prior action plan. This focus group, or the “pain think tank”, was faced with continued challenges to change the perception of care regarding pain management. Due to EJGH leadership believing there may be barriers between the patients’ needs and the current healthcare delivery model, a formal research project was suggested.

“A Study of Knowledge and Attitudes of Registered Nurses and the Effect on Perceptions of Pain Management as Reported by the Adult Patient” was approved by the IRB (Institutional Review Board) in January 2013. The purpose of this research project was to investigate the impact of knowledge and attitudes of registered nurses on the perceptions of pain management in their adult patients as reported in patient satisfaction scores (HCAHPS).

In early 2013, members of both the original core group and the “pain think tank” joined with individuals from other disciplines to form a Pain Committee. The Pain Committee was added to EJGH’s shared governance VOICE consortium and continued on the path to improving excellence in pain management. This began with a kickoff “Pain Resource Nurse Program” that offered specialized training in pain management to 21 EJGH clinicians from almost every department.

Positive impacts on pain management perceptions were becoming evident; by the end of 2013, all HCAHPS metrics on pain management were improving. Research continues to date, and preliminary responses show a deficit in knowledge versus attitudes. Mandatory pain education was offered to all bedside nurses to assist in development of clinical skills and enhance knowledge of opioids, non-opioids, and adjuvant therapies to pain management. The response to the mandatory education was overwhelming positive – nurses felt as if they had gained critical knowledge to address the needs of their patients. In addition, the EJGH Foundation awarded one of their selective INSPIRE grants to this area of focus, and a specialized geriatric pain management course was made possible by these funds in April 2014.

Our patients deserve optimal care

EJGH’s clinicians are challenged to stay updated in current best practice guidelines, and that includes guidelines regarding pain management. In the face of restrictions of current nurse practice guidelines, the oncology and palliative care teams recently petitioned the Louisiana State Board of Nurses to adapt their scope of practice for the Registered Nurse to be permitted to administer Ketamine in the palliative care settings. Ketamine is an anesthetic drug by class; however, given in sub-anesthetic doses, it has proven to benefit those patients who suffer from refractory pain despite aggressive opioid therapies. The nursing and physician teams have submitted current evidence-based practice guidelines, similar state board rulings from around the country, and a host of supporting literature to assist in promoting change.

As our pain management team has evolved over the last few years, our accomplishments and focus have remained constant. The team’s priority is to positively impact the outcomes of pain management and to operate in full support of the mission of EJGH: to provide care and comfort for our patients.
Reducing Hospital Acquired Infections

At East Jefferson General Hospital, infection prevention is a wide-ranging team process, involving hundreds of people. From the Infection Control Nurses to the Prevention Team champions, doctors, nurses, and other healthcare staff, there is a strong commitment to eliminate hospital-acquired infections.

We have five Teams – Hand Hygiene, CLABSI, CAUTI, VAP, SCIP – working together on multiple aspects of infection prevention. This multidisciplinary approach involves physicians, surgeons, hospital executive leadership, nursing, allied health, environmental services and more.

We targeted “Zero” infections for several years and many areas reported zero infections utilizing “checklists and bundles” to increase compliance.

There were zero infections for patients with Central Lines on 2-East (23 months), 3-East (21 months), 7-East (21 months), SNF6 (21 months), SNF7 (37 months), Rehabilitation (41 months), NICU (12 months).

In addition, there were no infections for patients with Foley Catheters on 5-West (13 months), SNF6 (12 months) and SNF7 (23 months). Removing the Foley is an important strategy in preventing these infections. With the help of a daily justification system and a nurse-driven Foley removal protocol, Foley utilization decreased by 12 percent in 2013 and by 36 percent since we began this project in 2008.

Significant improvement was seen in patients who were ventilated. Adult Vent associated pneumonia rates decreased by 71 percent in 2013 over the previous year. Strategies that included maintaining Head-of-Bed at 30 degrees or greater, oral care and readiness to wean protocols contributed to this improvement. ICU noted a 19 percent decrease in vent utilization in 2013 over the previous year.

The SCIP Team has reported significant increase in core measure monitoring. This ensures that patients are receiving the correct antibiotic and at the right time. Other measures include temperature monitoring, glucose monitoring, antibiotic discontinuation and a Staph decolonization protocol to name a few.

Of the many initiatives, hand hygiene remains at the forefront of all prevention measures. Since the Hand Hygiene Champion program was initiated in 2009, hand hygiene improved by 38 percent for team members over a five-year period. From signing an “oath”, to using the “two-hands-up” reminder symbol to passing out life saver candy “when caught in the act”, the staff has embraced hand hygiene as a cornerstone of infection prevention.

The number of lives saved as a result of these various infection prevention measures is hard to quantify, but we know preventing infections leads to less suffering, improves patient satisfaction and reduces length of stay.


**EJGH at the Forefront on Stopping Early Elective Deliveries**

Much clinical evidence supports the belief that there is no reason to perform elective deliveries prior to 39-weeks gestation. Rather, the California Maternal and Quality Care Collaborative states that “multiple recent studies indicate that elective deliveries <39 weeks carry significant increased risk for the baby (odds ratios 2.0–3.0 compared to infants born between 39 and 41 weeks).”

Other identified complications are: increased NICU admissions, increased transient tachypnea of the newborn (TTN), increased respiratory distress syndrome (RDS), increased ventilator support, increased suspected or proven sepsis, increased newborn feeding problems, and other transition issues. Due to these negative and preventable findings, the American Congress of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics among others have long advised against elective deliveries before 39 weeks.

For these reasons and others, various hospitals throughout the state of Louisiana have already voluntarily adopted a “39-week policy” over the past few years. Among these facilities, and others nationwide, a 20 percent reduction in NICU stays has been reported.

*For our efforts and because we were early program adopters, East Jefferson General Hospital was recognized by the March of Dimes and Louisiana Hospital Association as one of only eighteen Louisiana hospitals to have reduced the number of elective inductions and cesarean deliveries performed before 39 completed weeks of pregnancy. Through this initiative, EJGH is giving more babies a healthy start in life.*

![EJGH Early Elective Delivery Data](image)
EJGH 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 17 EJGH nurses for their dedication and for their commitment to excellence in patient care. Honorees were recognized during the 28th annual “Great 100” celebration.

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

- Jason Bordes, RN, 6-East
- Laquana Davis, RN, Outpatient Oncology
- Nicolle Fox, RN, 9-Rehab
- Anna Heim, RN, Breast Cancer Navigator
- Cheryl Martinez, RN, 6-East
- Rachel Munoz, RN, Outpatient Oncology
- Heidi Nugent, RN, 6-East
- Joan Rickmeier, RN, PICC
- Amanda Ronquille, RN, 7-East
- Laura Schilling, RN, ICU
- Dana Schmitt, RN, Woman & Child Clinic
- Melissa Shubert, RN, 6-East
- Vicki Strecker, RN, 7-East
- Ashley Theriault, RN, 6-East
- Tina Tran, RN, ICU
- Deborah Trascher, RN, SNF
- Candice Waguespack, RN, 2-East
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. EJGH was honored in 2011 to be the only hospital to receive the prestigious American Board of Nursing Specialties Award for Nursing Certification Advocacy. This generous support of nursing specialty board certification results in excellent care for our community.

EJGH is proud to report that we have 250 certified nurses on staff. The percentage of board-certified nurses practicing at EJGH exceeds the national average for all Magnet hospitals which translates to high quality nursing, better patient outcomes, and excellence in professional practice.

The nursing staff would like to thank the EJGH Auxiliary for providing $12,090.50 in nursing scholarships to 44 nurses for certification assistance in 2014. Nursing certification and education is at the heart of the Auxiliary’s mission and they fulfill that mission by offering financial support to those in need.
Nightingale Awards

EJGH was proud to nominate four outstanding nurses for Louisiana State Nurses Foundation and the Louisiana State Nurses Association's Nightingale Award. We could not have been more excited that two won statewide awards. Brittani Naccari won Nurse Rookie of the Year while Debbie Schmitz won Outstanding Community Achievement by a Registered Nurse. Our other nominees were for Layne Mistretta for Nurse Mentor of the Year and Sydney Dupont for Nurse Educator of the Year.

The event was held on February 22, 2014 and was a special time when the nursing profession honors its own. It is touted as the “academy awards” of nursing and health care, recognizing quality service, commitment and excellence for registered nurses in the state of Louisiana.

Leadership in Professional Organizations

David Alexander, CISA CIA CRMA
Board Vice President, Greater New Orleans - Information Systems Audit and Control Association

Janis Avery, CPMSM
Certified Professional Medical Staff Manager (National Assoc. of Medical Staff Services) President, Louisiana Chapter of NAMSS

Susan Bailey, BS RRT CPFT
President of Chapter 9, Louisiana Society for Respiratory Care

Helen Calmes, BS PharmD MBA
Secretary of Louisiana Society of Health System Pharmacist and Delegate to the National Convention

Donna Carbajal, RN RRT RRT-NPS MBA, CJCW
President 2014-15, New Orleans Association for Healthcare Quality

Rebecca C. Charneco, BSN RNC-MNN LCCE
President, Greater New Orleans Breastfeeding Awareness Coalition

Christine Vega Cole, BSN RNC-LRN
Vice President, Greater New Orleans Breastfeeding Awareness Coalition

Stacy M. Collins, MHIM RHIA CHTS-IM
Board of Directors & Reward and Recognition Chair, Louisiana Health Information Management Association

Christine Comeaux, RN-BC
Treasurer, Greater New Orleans Chapter of American Association of Critical Care Nurses

Joe Eppling, MN RN CRRN NEA-BC
Award Chair, New Orleans District Nursing Association Board

Courtney Guidroz, BSN RN-BC CRRN
Treasurer, Greater New Orleans Chapter of American Association of Critical Care Nurses

Michael Guillot, Paramedic, BS
Region One LERN Board Member and Jefferson Parish 9-1-1 Advisory Board

Tiffany Holdsworth, BSN CMSRN
Past President, Academy of Medical Surgical Nurses

Victoria Johnson, RN BSN PCCN
President, New Orleans District Nursing Association (NONDA)

Jennifer Manning, ACNS-BC, DNS, CNE
President, Epsilon Nu Chapter of the Sigma Theta Tau Honor Society of Nursing

Layne Mistretta, MSN RN CEN LNC
Board of Directors, Louisiana State Emergency Nursing Association

Lori Morris, RN BC
Co-membership chair, New Orleans Association for Healthcare Quality

Wendy Ohle
Treasurer of our Louisiana Society of Directors in Volunteer Services (LSDVS)

Jay Schwab, BS BCNSP
Chairman of Professional Education, Louisiana Society of Health System Pharmacist

Bonny Lynn Weiss, RN BC PMH
Regional Advisory Council, Alzheimer’s Association

Kathryn White, MSN RN and Pam Turner, RN BSHA CPHQ
Activities Chairpersons, New Orleans Association for Healthcare Quality
Nurses Improving Patient Care and Safety through Professional Excellence

Donna Swartzfager Memorial Fund

The Donna Swartzfager Fund provides financial awards to EJGH 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 EJGH.

2014 Award Recipients include:

**Heather Abadie** – Labor and Delivery

**Jennifer Russell** – Emergency Department

**Janis Sita** – Nurse Education

The total amount awarded to these nurses was $2,200.

## RECOGNITION

We would like to recognize the following nurses or certified nursing assistants for the following awards and accolades:

### New Orleans City Business Magazine - Health Care Hero

Joseph Eppling, MN, RN, NEA-BC

### EJGH Team Members of the Month

Michelle Blanke, RN, February 2014

Jennifer Hanemann, RN, PCCN, May 2014

Karen Silady, RN, MN, CEN, October 2014

### EJGH Leader of the Quarter

David Broussard, RN, BSN, Care Management, *Leader of the 3rd Qtr*

### EJGH Great Catch of the Month/Quarter/Year

<table>
<thead>
<tr>
<th>Delores Alveris</th>
<th>Jennifer Hanemann, RN</th>
<th>Melissa Minnis, RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Archer, RN</td>
<td>Beth Hathaway, RN</td>
<td>Stacey Monroe, RN</td>
</tr>
<tr>
<td>Angela Atchley, RN</td>
<td>Lisa Hickey, RN</td>
<td>Lisa Morgan, RN</td>
</tr>
<tr>
<td>Patty Barrow, RN</td>
<td>Kathy Higginbottom, RN</td>
<td>Kristen Muhoberac, RN</td>
</tr>
<tr>
<td>Monica Betz</td>
<td>Sharon Huffman, RN</td>
<td>Maureen Nelson, RN</td>
</tr>
<tr>
<td>Melissa Bolden, RN</td>
<td>Mattie Jones</td>
<td>Heidi Nugent, RN</td>
</tr>
<tr>
<td>Kelly Braud, RN</td>
<td>Predina Jordan, CNA</td>
<td>Anita Paddock, RN</td>
</tr>
<tr>
<td>Stephanie Cantrell, RN</td>
<td>Tiffany Johns, RN</td>
<td>Emile Patron, RN</td>
</tr>
<tr>
<td>Calli Catalanotto, RN</td>
<td>Michelle Johnson, RN</td>
<td>Twila Richardson, RN</td>
</tr>
<tr>
<td>Rochelle Cazaubon, RN</td>
<td>Mahboobeh Kalbassi, RN</td>
<td>Jessica Rogers, RN</td>
</tr>
<tr>
<td>Wanda Cieslinski, RN</td>
<td>Angell Luter, RN</td>
<td>Linda Silverstein, RN</td>
</tr>
<tr>
<td>Johanne Craighead, RN</td>
<td>Pam Luwe, RN</td>
<td>Tanya Solly, RN</td>
</tr>
<tr>
<td>Laquana Davis, RN</td>
<td>Tanna Marshall, RN</td>
<td>Cheryl Teate, RN</td>
</tr>
<tr>
<td>Katie DeJean, RN</td>
<td>Cheryl Martinez, RN</td>
<td>Rodney Timmerman, RN</td>
</tr>
<tr>
<td>Cindy Dimaggio, RN</td>
<td>Jeffrey Matrana, RN</td>
<td>Steve Traylor, RN</td>
</tr>
<tr>
<td>Stephanie East, RN</td>
<td>Kim Matthys, RN</td>
<td>Stacey Ventola, RN</td>
</tr>
<tr>
<td>Bridget Furlow, RN</td>
<td>Chantel Mehrten</td>
<td></td>
</tr>
<tr>
<td>Keith Gleason, RN</td>
<td>Tammy Melito, RN</td>
<td></td>
</tr>
<tr>
<td>Patreka Goins, RN</td>
<td>Haley Miller, RN</td>
<td></td>
</tr>
</tbody>
</table>
Evidence-Based Practice Showcase Winners

The following projects were chosen as the May 2014 EBP Showcase winners:

1ST PLACE:
2 East:
Christina Hoppe, BSN, RN-BC
Nicole Jones, MN, RN-BC, APRN, ACNS-BC, CCNS, CHFN
Administration of Cardiac Medication Prior to Surgery Prevent Complications

2ND PLACE:
CAUTI:
Amanda Ronquille RN, BSN, ONC
Brandi Longo RN, BSN, PCCN
Courtney Guidroz RN, BSN, RN-BC
Michelle Blanke RN, BSN, CNOR
Does Emptying the Urine in the Tubing Into the Foley Catheter Drainage Bag Before Patient Transport Decrease Catheter Associated Urinary Tract Infections

3RD PLACE:
CLABSI –
Krystal Davis RN, BSN, CMSRN
Tammy Dwelle RN, BSN, ONC
Monica Johnson RN, MSN, MBA-HCM, CMSRN, ONC, LNC, LSNA
Heidi Nugent RN, BSN, CMSRN
Amanda Ronquille RN, BSN, ONC
Does Use of A Chlorhexidine Gluconate (CHG) Impregnated Sponge Dressing in ALL Inpatient Central Lines Decrease the Rate of Central Line Associated Blood Stream Infection (CLABSI)

The following projects were chosen as the November 2014 EBP Showcase winners:

1ST PLACE:
Care Management Department – Lori Morris, RN
Can readmissions and length of stay be decreased by effective teaching strategies of respiratory inhalers in the inpatient Chronic Obstructive Pulmonary Disease patient population?

2ND PLACE:
2 East, Cardiac Telemetry Unit:
Tammy Gillespie, RN-BC
Christina Hoppe, BSN, RN-BC
Melissa Daigle, BSN, RN-BC
Nicole Jones, APRN, ACNS-BC
Preventing post procedure pericarditis pain in convergent/hybrid maze patients

3RD PLACE:
ICU:
Mary Rowe, BSN, RN, CCRN
Karen Schembre, BSN, CCRC
Linda Hendricks, RN
Holly Parker, RN
Joseph Sims, RN-BC, CCRN
Scott Hunter, BSN, RN
Does the use of the confusion assessment method in (ICU-CAM) assessment tool in critical care patients lead to early identification and subsequent treatment of delirium?

HONORABLE MENTIONS:
Pharmacy:
Cheryl Boutan, PharmD
Helen Calmes, PharmD, MBA
Angela Kellum, PharmD
Laneka Mumphrey, PharmD Candidate
In patients who state allergy to iodine, what considerations should be made prior to administering amiodarone?

Pharmacy:
Cheryl Boutan, PharmD
Helen Calmes, PharmD, MBA
Danielle Banks, CPhT
Areaine Johnson, PharmD
Is this medication reconciliation completed by pharmacy technicians a safe and cost-effective alternative to the current practice of nurse based medication reconciliation?

EJGH Career Ladder

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.

EJGH is proud of our 118 registered nurses that participated in Career Ladder in 2014.
Community Volunteer Program

The EJGH 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. In 2014, over 850 team members and leaders participated in over 100 community events. They were excited to have new opportunities they could be involved in; some used it as a way to get to know team members they had never met, while some planned a coordinated effort and rallied their co-workers to join them. Team members enjoyed themselves while donating their time to new experiences, making new friends and involving themselves in the community.

2014 Community Outreach Events included:

• Blood Pressure Screenings at Clearview Mall, Whole Foods and Senior Centers
• Jefferson Parish Convention Bureau – Family Gras
• EJGH Girls Night Out
• New Orleans Youth Leadership Council – Wednesdays at the Square
• EJGH Annual Volunteer Awards Luncheon and Christmas Party
• EJGH EMS – Mock Car Crashes at local high schools
• French Quarter Festival
• New Orleans Jazz and Heritage Festival
• Jefferson Parish SPCA – EJ/SPCA Day & Pet Fest
• EJGH Foundation – Pre-Golf Party and Golf Tournament
• EJGH Foundation – ‘Up on the Roof’ Beer Tasting
• Second Harvesters – Bayou Boogaloo
• EJGH Skin Cancer Screening
• Living Well with Diabetes Community Program
• Lake Ponchartrain Foundation – Lake Town Festival & Bucktown Bash
• American Heart Association
• WYES – International Beer Tasting Fundraiser & Beatles Tribute Concert
• Hospital Beautification Days
• GNO Breast Feeding Awareness Night Out
• Sushi Fest
• Tipitina’s – Rhythm & Blues 5K Fundraiser
• Kenner Night Out Against Crime
• EJGH Foundation Fundraiser at Martin's Wine Cellar
• Lung Force Walk
• EJGH Trunk or Treat, Easter Egg Hunt & Santa for Seniors
• Leukemia & Lymphoma – Light the Night Walk
• Making Strides Against Breast Cancer
• Crescent City Fall Classic
• Celebration in the Oaks
The Foundation at EJGH receives Grant from Susan G. Komen New Orleans

The Foundation at EJGH was named a Susan G. Komen “For the Cure” New Orleans 2014 grant recipient. Our second year in a row as a grant recipient, this $17,000 grant allowed the hospital to provide 100 free screening mammograms to the uninsured and under-insured in our community. Nurses were instrumental to the success of the program and for helping to detect breast cancer in women throughout our community.
Nurses improving patient care and safety…

THROUGH caring & compassion

Patient and Family Advisory Council

In early 2012, EJGH began working together with our patients and families to provide a more positive hospital experience. Fifteen patients or family members were invited to serve on the first EJGH Patient and Family Advisory Council. Ten of those remained active members who help us look at the patients point of view, perspectives and experiences overall and integrate it into our service and quality improvements. Through their unique perspectives, they give input on issues that impact care, ensuring that the next patient or family member’s journey is easier. Council members gain a better understanding of the healthcare system, appreciate being listened to and having their opinions valued. They become advocates for the patient and family centered healthcare in our community and they better understand how to become an active participant in their own healthcare. Council members have been instrumental in providing ideas and suggestions on projects such as signage throughout the hospital and other facility improvements. The Patient and Family Council remains active and is a vital part of our culture toward patient-centered care.

Including Patients in Root Cause Analysis

There are many publications that address the Pros and Cons of including patients and/or family members on Root Cause Analysis (RCA) Teams. ISMP (Institute for Safe Medication Practices) outlined in their newsletter of June 5, 2008 such indicators. Patients and family members were interviewed and described the emotions that they experience after serious medical errors as being guilt, fear and a feeling of being alone. Healthcare providers have also experienced similar emotions. They fear further harm and/or retribution for voicing their opinions about the error. They have also indicated a feeling of being totally alone as they tend to avoid contact with the victims of error.

The key factor needed is honest and direct communication. The patient and family members want to understand how and why the error happened and they need to know that the event resulted in learning and action that will prevent similar occurrences.

To this point, we invited a patient to an RCA meeting to voice feelings about their experience to the group. Similar to prior studies on the subject, the patient expressed fear and loss of trust. Many factors were discovered that afforded us an opportunity to improve our line of communication and the patient was allowed to be a participant in determining actions needed. The overall reaction of the patient and the staff was very positive and the patient verbalized a feeling of greater control as a result of his feedback being not only heard but acted upon.
The Patient Care Model

The patient care model is centered on the patient and their family. Nurses improving patient safety through innovation, evidenced based practice, professional excellence, caring and compassion, and community service aligns with this model as well as the EJGH 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.