



Mississippi Baptist Medical Center



2018 Nursing Annual Report



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Message from Brenda Howie, Chief Nursing Officer



Welcome to Mississippi Baptist Medical Center's 2018 Nursing Annual Report. In this report, you will see evidence of MBMC nurses' commitment to providing exceptional care to our patients and their families. Our nurses, in collaboration with our team partners, coordinate the care of patients and families through daily multidisciplinary meetings (MDM rounds), bedside shift report, documentation in the electronic health record, and communication throughout the day or night to provide the best possible patient care.

Shared Governance is essential to our culture of excellence and continues to focus on improving patient outcomes in alignment with our organizational and nursing strategic goals. It is exciting to see organizational level changes due to clinical nurses' participation in various councils, teams, and projects. We are experiencing great results from our first wave of Kata Teams, and looking forward to coaching new groups with even more clinical nurses involved. Additional performance improvement training is starting in February including several clinical nurses. We will learn new techniques, which support our efforts to hardwire excellence across the organization.

Your compassion, commitment, and dedication to the nursing profession and providing excellent patient care are to be commended. Thank you for leading our Journey to Excellence. I appreciate each of you and I am very glad to be part of your team.

Sincerely,

A handwritten signature in cursive script that reads "Brenda Howie".

Brenda Howie, Ph.D., MSN, RN, NE-BC



FY2018 Nursing Facts and Figures

2,492 Employees

24,388 Admissions

963 Nurses

538 Inpatient Beds

41.71 Avg. Nurse's Age

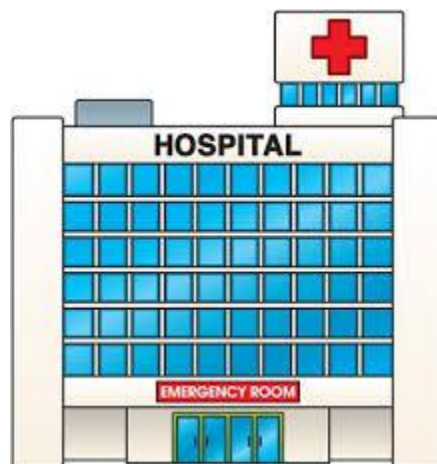
8.5 Avg. Years of Experience

310 Avg. Daily Census

1,873 Babies Born

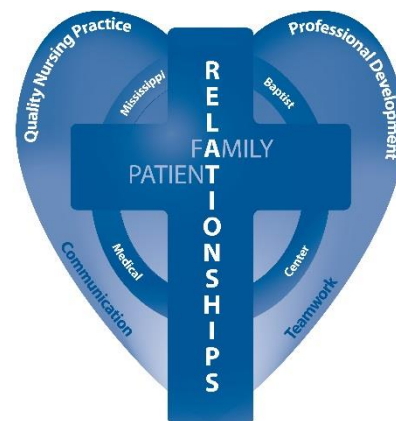
15,961 Surgical Cases

68,725 ED Admissions



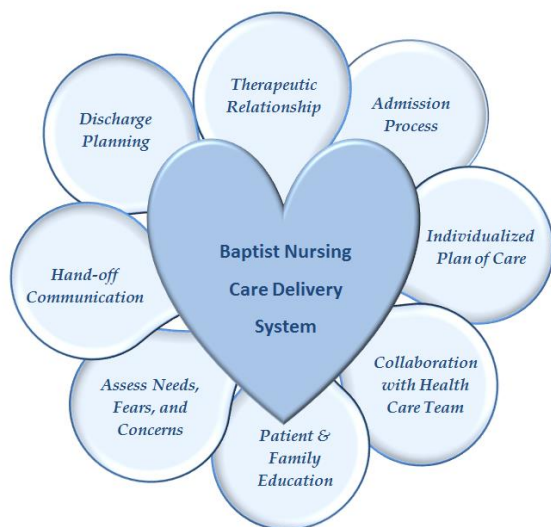
Professional Nursing Practice Model

As part of professional nursing practice at MBMC, we have defined our professional practice model (PNPM) and care delivery system (Baptist Nursing). A schematic of each has been designed to describe what we believe in and how we deliver care to our patients and families.



We believe in patient-family centered care in a Christian healing environment. Effective **communication** with patients, families, and the healthcare team is essential to quality care and safety. **Teamwork** and collaboration demonstrate the value that everyone's role is important. We are committed to provide the highest quality care utilizing evidence-based practice. Nurses at MBMC believe in life-long learning and **professional development** to expand our knowledge and skills to continuously improve **quality outcomes**.

Baptist Care Delivery System



The integrated delivery system at MBMC, known as “Baptist Nursing,” is part of the professional practice model and focuses on teamwork, individualized care, therapeutic relationships, assessment, and hand-off communication from admission to the discharge for the patient and family.

MBMC Nursing Mission, Vision, and Values

Our **Nursing Mission** is to provide care, comfort, and compassion while nurturing the mind, body, and spirit of our patients and their families.

Our **Vision** is to promote excellence in nursing by making a difference in the lives of others through quality and compassionate care.

Commitment to Our Christian Healing Ministry

Our passion is our patients, through a Christ-centered approach.

We are committed to serving the patients' unique needs. We are committed to quality care and nursing excellence.

Ownership

We are accountable for our judgments and actions.

We are devoted to upholding our ethical and moral responsibility.

We utilize our knowledge and skills to make decisions in our patients' best interests.

Multidisciplinary

We believe the whole is greater than the sum of the parts.

By collaborating with other disciplines, we are better able to treat the whole patient. We believe that each individual is essential to the successful functioning of the team.

Professional Development

We believe in professional growth.

We encourage continuing education, membership in professional organizations, and professional certifications.

Autonomy

We are empowered to participate in the decision-making processes pertaining to patient care. We are permitted and expected to practice independently within the scope of professional standards.

Support

We support one another and treat each other with loyalty and respect.

We work as a team and recognize the unique contributions each individual brings.

Stewardship

We are called to be good stewards, to always do the right thing for our patients, families, community and each other. We are committed to using our resources responsibly.

Innovation

We stay on top of emerging trends and continually embrace change.

Through evidence-based practice, we explore ways to improve patient care.

Outcomes

Anticipating patient needs is crucial to positive patient outcomes.

Outcomes are measured on each individual unit and department. We continually identify and implement opportunities for improvement. We are problem-solvers and decision-makers.

Nurture

We treat the whole patient: mind, body, and spirit.

We build relationships by caring for our patients, families, colleagues, and self.

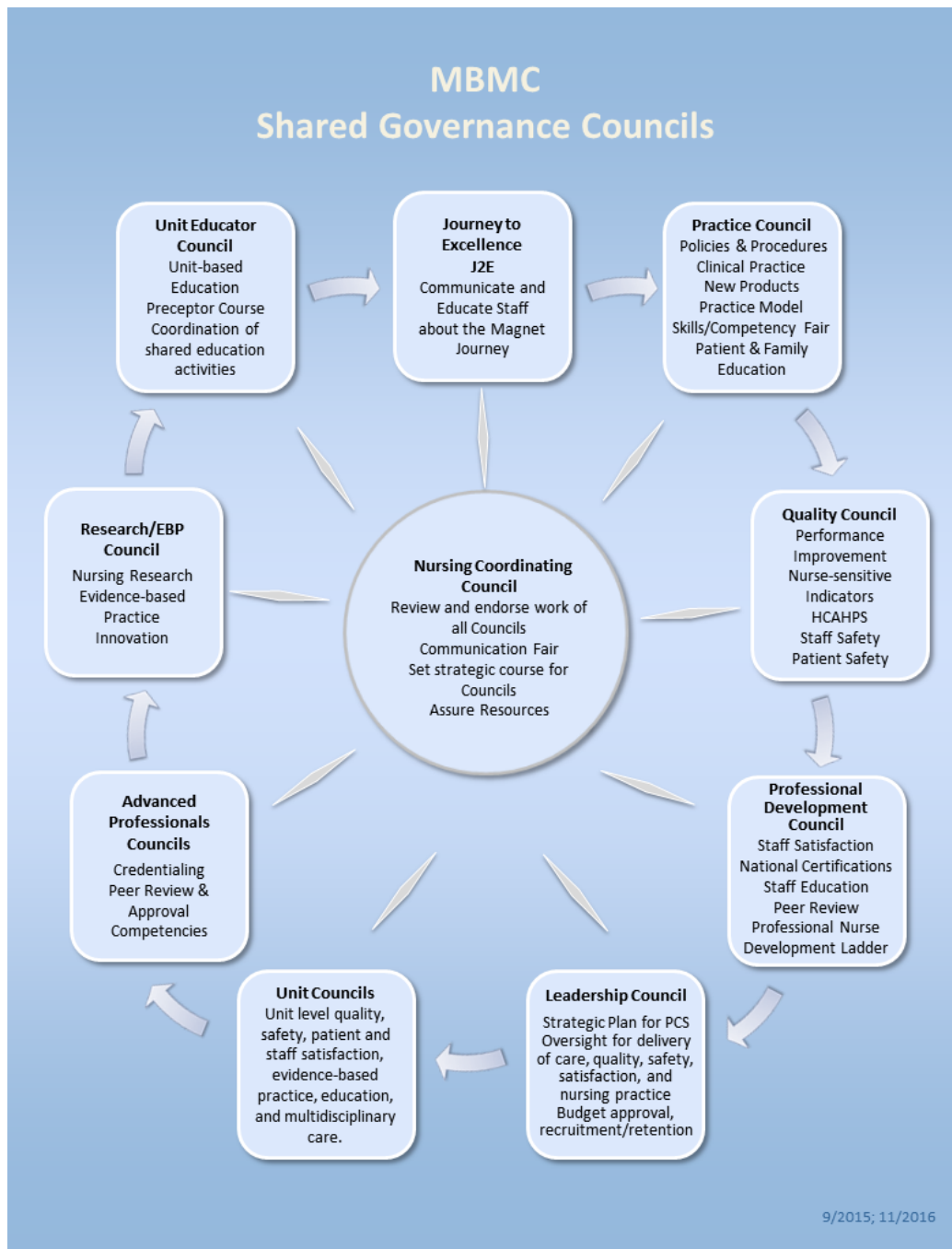
Nursing Strategic Plan

FY 2019 Nursing Strategic Initiatives and Goals

	Objectives	Key Initiatives	Performance Metrics	Ownership
RIGHT CARE	<ul style="list-style-type: none"> Attract, select, educate, and retain best talent in a healthy work environment 	<ul style="list-style-type: none"> Analyze recruitment and retention trended data Increase clinical nurse involvement in recruitment, selection, and retention initiatives Support Professional Development <ul style="list-style-type: none"> Continuing Nurse Education Professional Nursing Development Ladder Focus on the Future Increase percentage of RNs with a BSN or higher by 1% annually (2018 baseline <u>56.8%</u>) Increase percentage of RNs with national certification by 0.5% annually (2018 baseline <u>27.64%</u>) 	<ul style="list-style-type: none"> Retention Rate Employee Engagement Survey RN Satisfaction Survey Nurse participation in Shared Governance, CNEs, PNDL, Focus on the Future and Recruitment and Retention activities 	Executive Level CNO/ Departmental Level Director/Manager/ Staff/ Shared Governance Councils
	<ul style="list-style-type: none"> Enhance our culture of excellence 	<ul style="list-style-type: none"> Professional Practice Model: Patient/Family centered care Baptist Nursing Care Delivery System Service Best Practices <ul style="list-style-type: none"> AIDET, PATH, HEART, Service 1st Orientation to MBMC culture Shared Governance 	Patient Experience <ul style="list-style-type: none"> Inpatient Outpatient Ambulatory Emergency Department 	Executive Level CNO/ Departmental Level Director/Manager/ Staff/ Shared Governance Councils
RIGHT CARE AND RIGHT TIME	<ul style="list-style-type: none"> Recognition as a provider of exceptional care 	<ul style="list-style-type: none"> Use evidence-based practice to support all quality initiatives and conduct nursing research to gain new knowledge Support processes for maintaining Magnet Designation for MBMC Maintain a state of constant readiness for JC, CMS, Disease Specific certifications, & other recognitions/distinctions of excellence Continually improve nurse sensitive quality indicators 	<ul style="list-style-type: none"> CMS Quality Metrics NDNQI Nurse Sensitive Indicators Value Based Purchasing Core Measures Disease Specific Certification Performance Measures 	Executive Level CNO/ Departmental Level Director/Manager/ Staff/ Shared Governance Councils
RIGHT PLACE	<ul style="list-style-type: none"> Continue to support our community health needs Build stronger relationships with Schools of Nursing 	<ul style="list-style-type: none"> Partnering to improve community health Volunteerism Schools of Nursing: Provide clinical and practicum time for students 	<ul style="list-style-type: none"> Participation in Health screenings and events Nurse Volunteer Hours Partnerships with Schools of Nursing 	Executive Level CNO/ Departmental Level Director/Manager/ Staff/ Shared Governance Councils
RIGHT COST	<ul style="list-style-type: none"> Improve efficiency of patient care 	<ul style="list-style-type: none"> Control and reduce costs of operation Improve patient throughput Efficient utilization of labor and supplies Increase clinical nurse input into budgetary process 	<ul style="list-style-type: none"> LOS Productivity Controllable Expenses 	Executive Level CNO/ Departmental Level Director/Manager/ Staff/ Shared Governance Councils

Shared Governance Model

At MBMC, we are committed to the journey of excellence and the community, which is essential to achieving success. Our confidence comes from the value of every member of the healthcare team and the knowledge that the people delivering care at the bedside, know most about how to do that well. Having a shared vision (patient-centered care) and sharing thoughts, innovations, and best practices fuels the journey forward and enables all of us to higher levels of success.





Highlights from Shared Governance

Unit Educator Council

Chair: **Bill Stoltzfus, BSN, RN, CEN, CCRN**

- Coordinated with MBMC Stroke Team and BMHCC Stroke Advisory Committee to develop documentation, order sets, and training for Epic nursing documentation
- Continued to provide training and realistic mock code scenarios for numerous hospital nursing units in conjunction with the Mock Code Council
- Provided education tools related to MBMC Oxygen Protocol Orders.
- Continue to develop and conduct Preceptor Training for staff RNs that serve as preceptors to new nursing employees.
- Worked with Pharmacy and Nutrition Services to refine diet delivery and insulin administration times

Practice Council

Chairs: **Megan Boyer, BSN, RN and Lisa Smith, MSN, RN**

- Annual patient care Competency Fair for RNs, PCAs, and Unit Clerks: 1,268 attended!
- Key Policy & Procedure Updates in 2018
 - Continue MBMC high-risk medication RN double-check procedure
 - Collaboration with Pharmacy to clarify Heparin protocol on order sets to reduce confusion
 - Remote telemetry policy – major revisions to reduce alarm fatigue and improve quality
 - Suprapubic catheter policy
 - Documentation of AcuDose discrepancy checks; weekly AcuDose controlled substances check
 - PCA code programming change

Quality Council

Chairs: **Melanie Smith, BSN, RN-BC and Amanda Sue Hasley, BSN, RN**

- Role of monitoring nurse sensitive indicators for falls, hospital acquired pressure injuries, CLABSIs, CAUTIs, and patient experience
- Continue to partner with units and other areas to improve NSIs and Patient Experience by requesting action plan reports from the units\areas not meeting goals. Several best practices shared between units through Quality Council's mentoring and encouragement
- Participated in development, education and implementation of the Organization's Safety 1st Program, phases 1 and 2

Nursing Professional Development Council

Chair: Morgan Ginn, BSN, RN

- Celebration of our Certified nurses in March 2018
- Nurses week and our Nurse of the year in May 2018
- Annual needs assessment for RNs at all levels with correlated action plans for most frequent requests. For example, basic EKG knowledge was identified and addressed with two EKG courses open to all RNs.
- Professional Nurse Development Ladder (PNDL) team is a sub-group of the Nursing Professional Development Council. In FY 2018, **318** applications were reviewed with a 94.3% success rate.
- We are proud to be a voice for the staff and help provide exceptional opportunities in the future to continue to have nurses at the bedside delivering exceptional care.

EBP & Research Council

Chairs: Lacey Farmer, Med, BSN, RN and Gigi Smith, BSN, RN

- Revised format for EBP Workshops Part One and Two; incorporated into new graduate seminars for large cohort in summer of 2018 (over 60 participants)
- Mentored and facilitated five completed nursing research studies and one application in progress

Journey to Excellence Council

Chairs: Molly Stillions, BSN, RN and Nicole Bailey, BSN, CCRN

- J2E All Unit Council and J2E Core Council focused on celebrating excellence and challenging units to demonstrate intentional efforts to welcome new staff and team building on all shifts. Bulletin boards updated throughout the year.
- The aim of the J2E All Unit Team is to champion nursing excellence by sharing ideas of how to celebrate quality on each unit and challenge staff to focus on patient/family centered care.

Nurse Coordinating Council

Chair: Melanie Smith, BSN, RN-BC

- Every governing council and unit practice council chair reports and votes for shared governance decisions
- Coordinated the Organization's Communication Fair PowerPoint for HealthStream
- Continue to have units/areas share on such things as retention\recruitment, patient experience data and action plans, how they are keeping moral and teamwork going during the nursing crisis, professional development, and positive patient/family letters.

Sharing the Work is Fun!

PNDL Team spending hours to support professional development.



J2E Sharing a coke with 5S staff, just to say thank you for all you do!



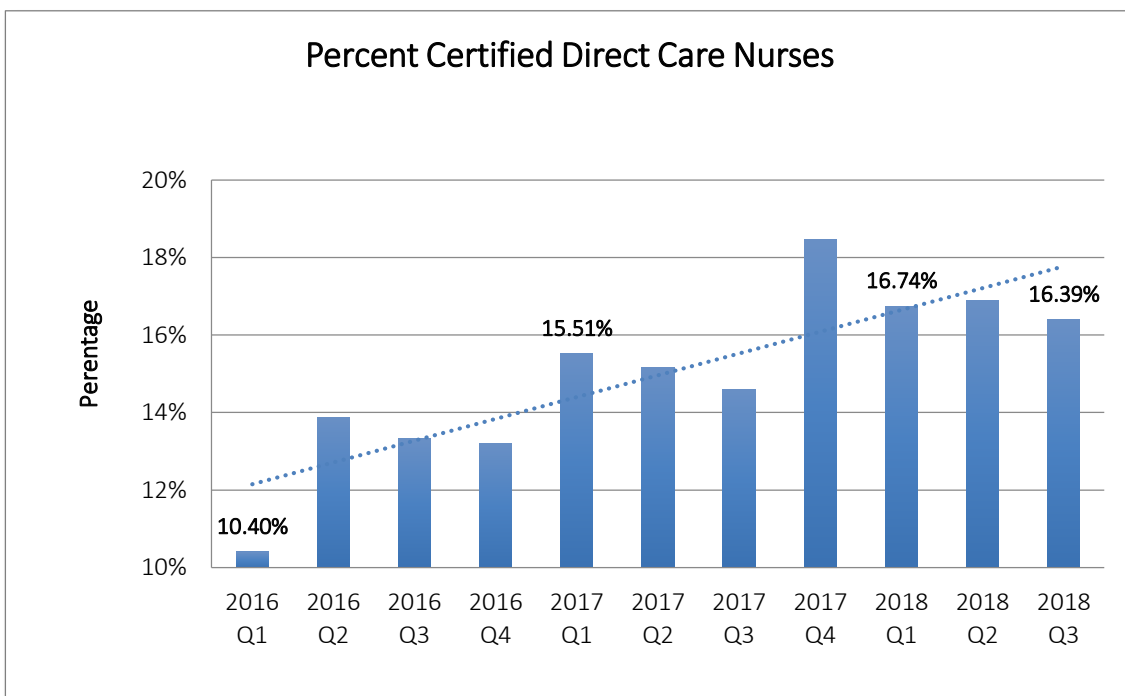
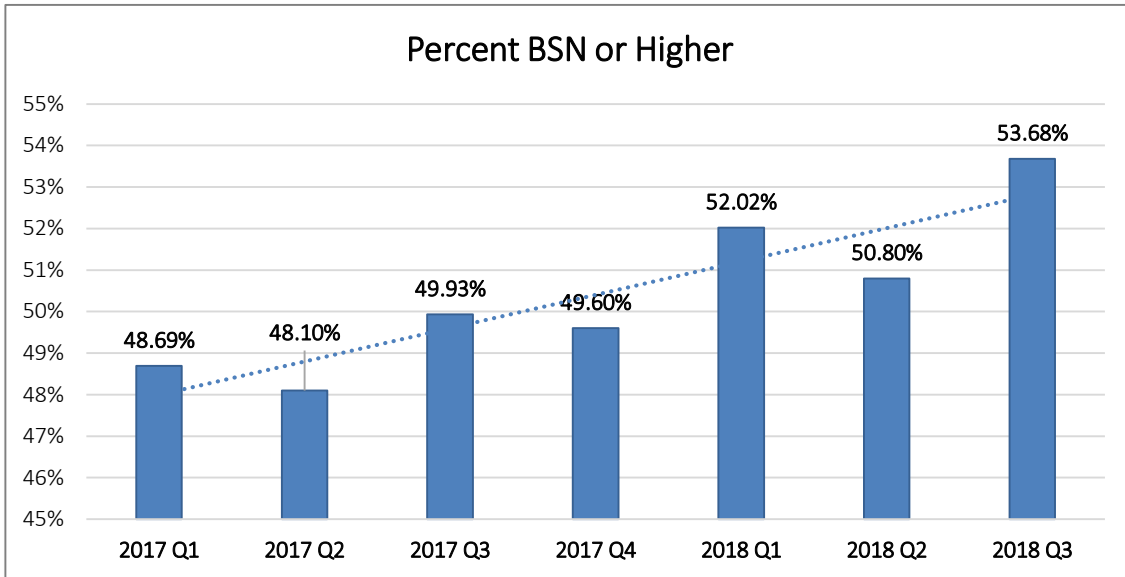
Case Management Council with great participation!



Celebrating National Certification Day in the lobby.

Professional Development News

Life-long learning is a foundational belief of our practice model and set of values. Through professional development, we gain more knowledge, skills, and abilities that improve the quality of patient care. These are two of many measures of professional development at MBMC. Latest available data is 2018 Q3 for “Increasing Formal Education of Clinical Nurses” and “Clinical Nurses with National Certification.”



Focus on the Future

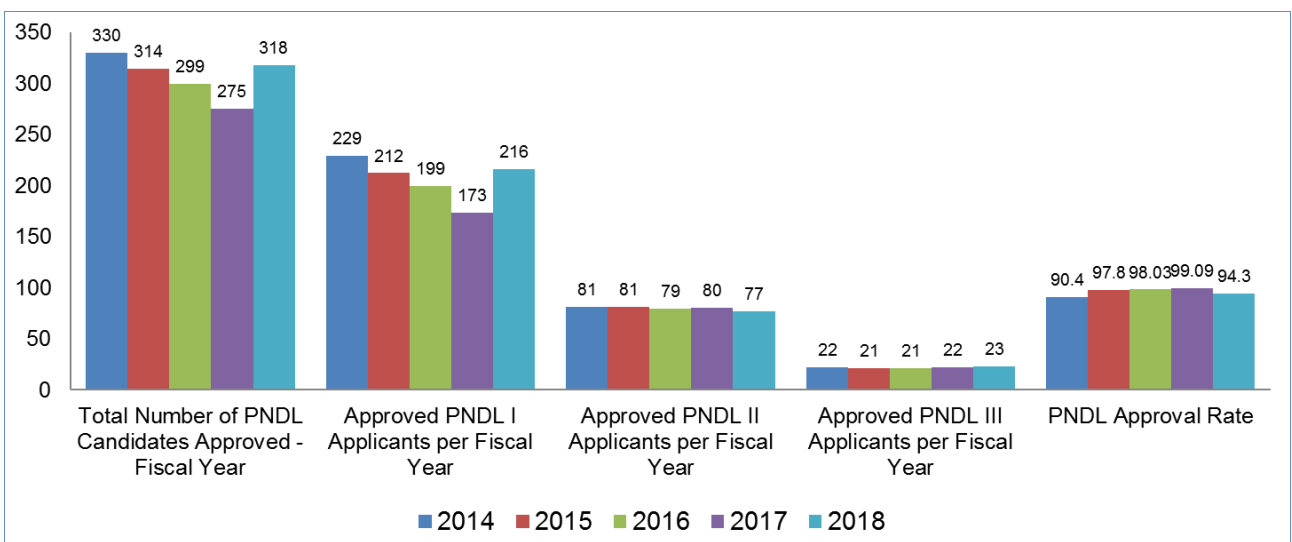


Focus on the Future Fund (FOF) supports professional development of nurses at MBMC. Participation is voluntary and open to a registered nurse with a minimal contribution of \$5.00 per paycheck. The reimbursement benefits are up to \$350 per year. A great return on investment. Funds support members to attend seminars, professional conventions, and special education activities. Initial national certification costs are eligible for coverage according to criteria. FOF committee also supports guest speakers on campus and certification preparation courses. Membership has increased to 285 participants. **Join the Club!**

Focus on the Future Support			
	2016	2017	2018
National Certifications	\$3,475	\$10,748	\$6,355
Seminars, education events, nursing conventions	\$3,363	\$7,645	\$2,370
Instructor fees for certification prep	\$4,300	\$4,254	\$4,500
Scholarships	\$200	\$1,000	0
Reward and Recognition of new members	\$20	\$200	0

Notice the significant increase in funds spent to promote professional development from 2016 to 2018.

Professional Nurse Development Ladder Participation



Publications and Research

Michael C. Roberson, PhD, DNAP, CRNA

Michael completed his second doctorate (Ph.D.) in 2018 from William Carey University. His research was titled "Refusal of Epidural Anesthesia for Labor Pain Management by African American Parturients: An Examination of Factors." An article has been accepted by the *American Association of Nurse Anesthetists* journal, to be published in the summer of 2019.



Lynne C. Currie, DNP, FNP-C, Baptist Heart

Lynne has completed her work on a research study titled "Impact of Early Mobility post Transcatheter Aortic Valve Replacement in a Community Hospital." The research was a retrospective study examining the impact of a protocol that Lynne authored to implement early mobilization for TAVR patients. Lynne is an innovator and an outstanding patient advocate.

Lynne graduated from the University of Alabama with her Doctorate in Nursing Practice in December of 2018.



Antonella (Toni) Marchionna, DNP, MSN, NP-C, MBMC Emergency Department

"Nursing Efficacy: Achieving positive outcomes in CAUTI prevention" was the title of Toni's research project while completing her DNP from Chamberlain University. She was interested in whether the presentation of evidence-based practice content would improve the knowledge base and self-efficacy of ED nurses in the determination to place a urethral catheter in the ED patient.



Tina Magers, Ph.D., MSN, RN-BC

Tina's ongoing work on catheter-associated urinary tract infections (CAUTIs) was captured in a case example in the fourth edition of Bernadette Melnyk's and Ellen Fineout-Overholt's book *Evidence-Based Practice In Nursing And Healthcare: A Guide To Best Practice (2018)*.

Reward and Recognition

Nurse of the Year 2017

Tina Magers, Ph.D., MSN, RN-BC
Nursing Excellence and Research
Coordinator



Nurse of the Year 2018

Nicole Bailey, BSN, CCRN
Clinical Nurse SICU
J2E Council Chair



Nurse Caregivers of the Month in 2017

February



Adrienne Russell, MSN, RN, CN-BN
Women's Breast Center

June



Ana Recinos, BSN, RN
Clinical Nurse, 3B

July



Kitty Pitts, BSN, RN, RRT
Clinical Nurse, CVR

August



Kara Oswald, BSN, RNC-OB
Clinical Nurse, Labor & Delivery

Nurse Caregivers of the Month 2018

April



Nancy Lamparty, ADN, RN
Clinical Nurse, 5D

August



Bridget Allen, ADN, RN-BC
Clinical Nurse, Float Pool

September



Barbara Thompson, LPN
Clinical Nurse, SBH

October



Teresa Ellerbusch, BSN, RN
Stroke Program Coordinator

November



Jerridine Howard, LPN
Nutrition & Bariatric Center

December



Judy Altman, BSN, RN
Clinical Nurse, 5N

Excellence in Nursing Awards Recipients

2017 Winners

March 2017

Nurse Educator

Megan Wilson, BSN, RN-BC
Unit Education Coordinator, 4D

Nurse in Inpatient Clinical Practice

Heather Bell, BSN, RN, CCRN
Staff Nurse, AICU

Nurse Manager

Bethany Hill, MSN, RN-BC
Nurse Manager, 5N, 5S

Nurse Mentor

Chalon Huffman, ADN, RN, CCRN
Staff Nurse, ED

Nurse Rookie

Kelly Collier Davies, ADN, RN
Staff Nurse, 5S
5S Urology Surgical Unit

Nurse Team

Endoscopy Center

Nurse Lifetime of Nursing Service

Janice Smith, ADN, CGRN, RN
Staff Nurse
Endoscopy Center

September 2017

Nurse Educator

Megan Boyer, BSN, RN
Unit Education Coordinator, 3N

Nurse Inpatient Clinical Practice

Andrew Latham, ADN, RN
Nursing Supervisor, Float Team, Rapid Response Team

Nurse Outpatient Clinical Practice

Tonya Ball, BSN, RN, OCN
Oncology Services Navigator

Nurse Rookie

Alex Harvey, BSN, RN
Staff Nurse, 4D

Nurse Team

Cardiovascular Step-Down Team
3 North

2018 Winners

March 2018

Nurse Educator

Lisa Oberhausen, ADN, RNC-NIC
Unit Education Coordinator, NICU

Nurse in Inpatient Clinical Practice

Kristy Quenneville, BSN, RN-BC
Staff Nurse, 3B

Nurse in Outpatient Clinical Practice

Sherry Cooper, ADN, RN, CDE
Nurse Manager
Baptist Premier

Nurse Manager

Cara Chandler, BSN, RN
Nurse Manager, 5D, OPIC

Nurse Mentor

Nicole Bailey, BSN, CCRN
Staff Nurse, SICU

Nurse Preceptor

Gwen Adams, ADN, RN
Staff Nurse - Surgery
Cardiovascular Surgery

Nurse in Non-traditional Setting

Brandi Ware, MBA, BSN, PMP, RN-BC
Manager
Clinical Application Team – Information
Services/Applications

Nurse Team

Baptist One Care – RN Credential Trainers

September 2018

Nurse Inpatient Clinical Practice

Sara Porter, BSN, RN
Staff Nurse, 5S

Nurse Manager

Greg Hamm, BSN, CEN, RN
Nurse Manager, SICU, CVR

Nurse Preceptor

Sarah Shore, ADN, RN-BC
Unit Education Coordinator, 1N

Nurse Rookie

Sheryl Fairley, ADN, RN
Staff Nurse, 5S

Nurse Team

5 South Surgical Unit

Nurse Sensitive Indicators

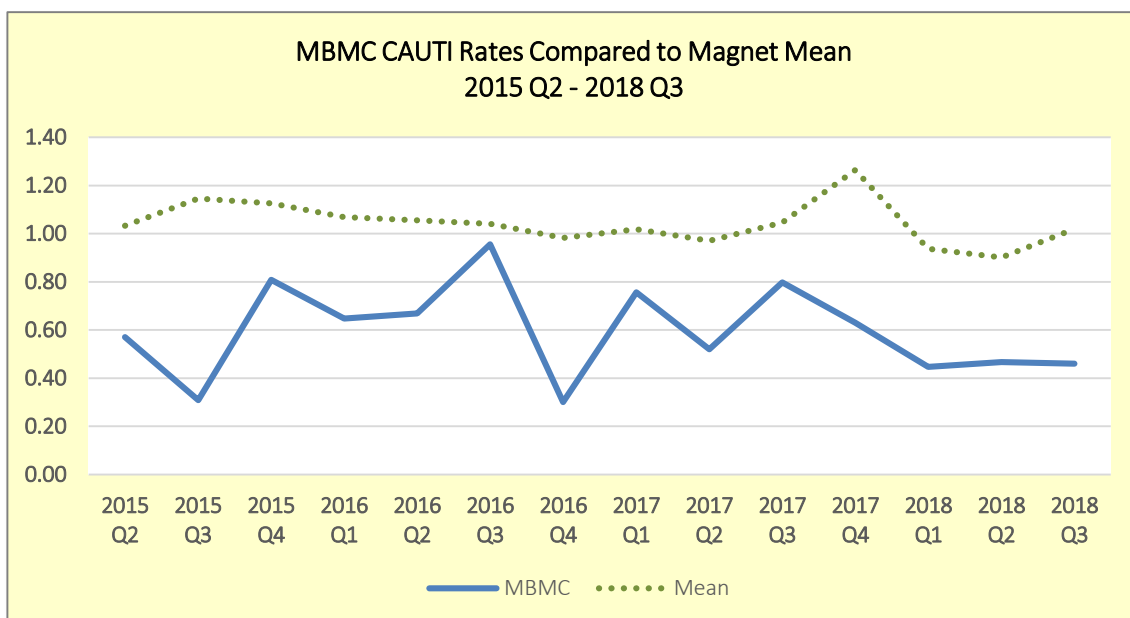
Our commitment to excellence includes monitoring, trending, and reporting patient clinical outcomes. We compare several outcomes to the National Database of Nursing Quality Indicators (NDNQI), which is a database that includes the majority of other Magnet® hospitals. The goal is to provide the very best care possible and *for most of the units to outperform the mean of the majority of the hospitals, most of the time.*

Catheter Associated Urinary Tract Infections (CAUTIs)

Goal: Improve patient outcomes by reducing the frequency and risk for CAUTIs.

Results: It is exciting to review the CAUTI outcomes, because we have been over **three years**, better than the Magnet® Mean!! Thank you for your dedication to excellence!

Actions: The **nurses** and **patient care assistants** are champions to reduce unnecessary device days. The care they provide at the bedside reduces infections with hand hygiene and through consistent implementation of best practices in the care of a patient with a Foley® catheter.



Central Line Associated Blood Stream Infections (CLABSIs)

Goal: Improve patient outcomes by reducing the frequency and risk for CLABSIs.

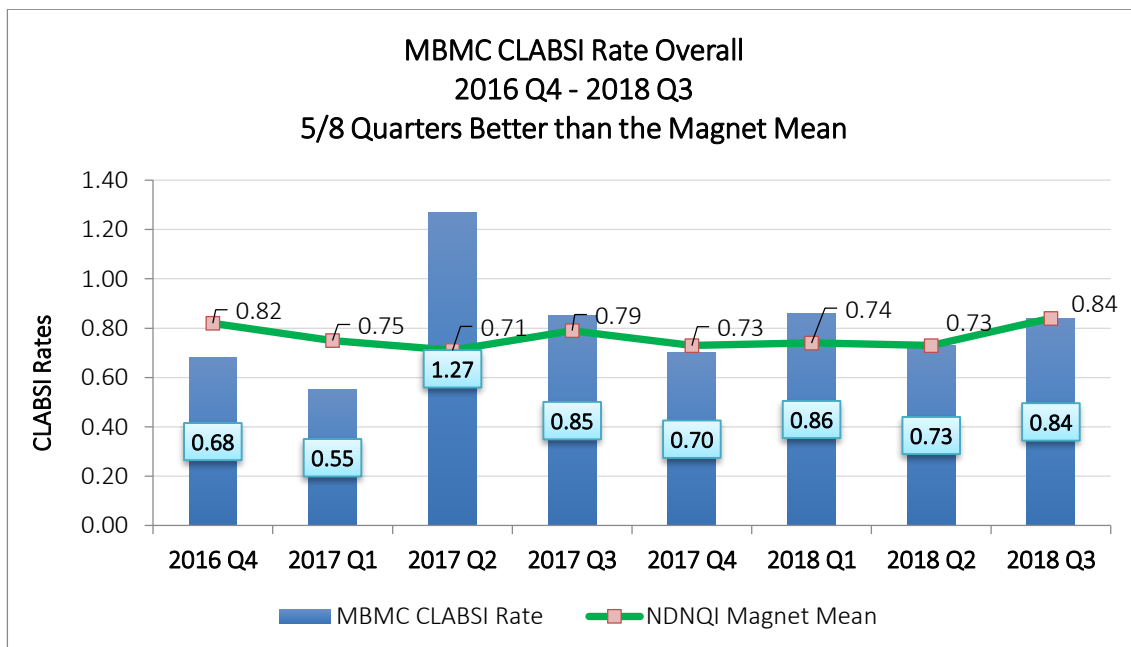
Actions:

- Investigation report and action plan development for each identified CLABSI. Peer to peer review in the Quality Council.
- Continuity of who changes CL dressings, when possible.
- Prevalence study – choosing a day to look at all central line dressings for compliance with standards
- Unit based Central Line Champions
- 2017 and 2018 Competency Fair included CL care
- November CLABSI Champion Training Class

Results:

Five out of eight quarters, MBMC outperformed the Magnet Mean. The last three years of CLABSI events trended slowly downward: CLABSIs in 2018 through November were 20; 2017 were 21 compared to 23 in 2016.

Implications to Practice: Small amount of progress, but a need for continual improvement. Consistent use of best practices, every time, every patient, every day. Peer to peer accountability. Use hand-off report to look at CL dressings.



Patient Falls

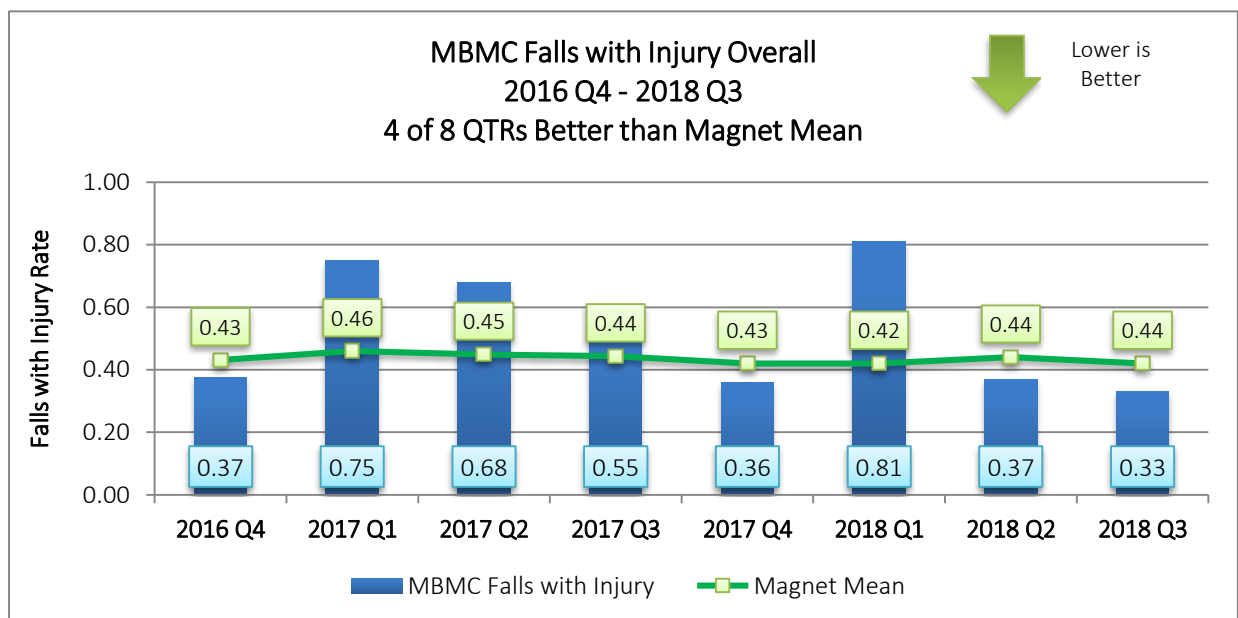
Patient safety is a primary concern of all employees at MBMC. Through continuous quality improvement and clinical practice based on the best evidence, we strive to provide the highest quality of patient care. Patient falls are a challenge and we endeavor to keep all patients safe.

FY 18 Goal: Reduce Falls with Injury rates by 30% from an amount of 0.68 to 0.48 as calculated by overall inpatient falls with injury/patient days X1000. NDNQI defines Injuries as any minor, moderate, major, or death.

Results: In FY 18, there was a 23.5% reduction to 0.52. Not to our goal, but a 17% reduction in FY 19 will reach the Magnet mean of 0.48. In the second and third quarters of calendar 2018, the results indicated MBMC's scores outperformed the Magnet mean. Work in progress, with continued improvement needed. Thank you to everyone for your patient-centered care and commitment to high quality patient care.

Actions:

- System review of policies and procedures to increase best practice prevention of falling and harm if a patient falls
- New policies coming in March of 2019 and included in the Spring Competency Fair
- Transparent data available on the unit level
- Quality council follows falls with injuries with monthly peer-to-peer reporting of action plans and case reviews



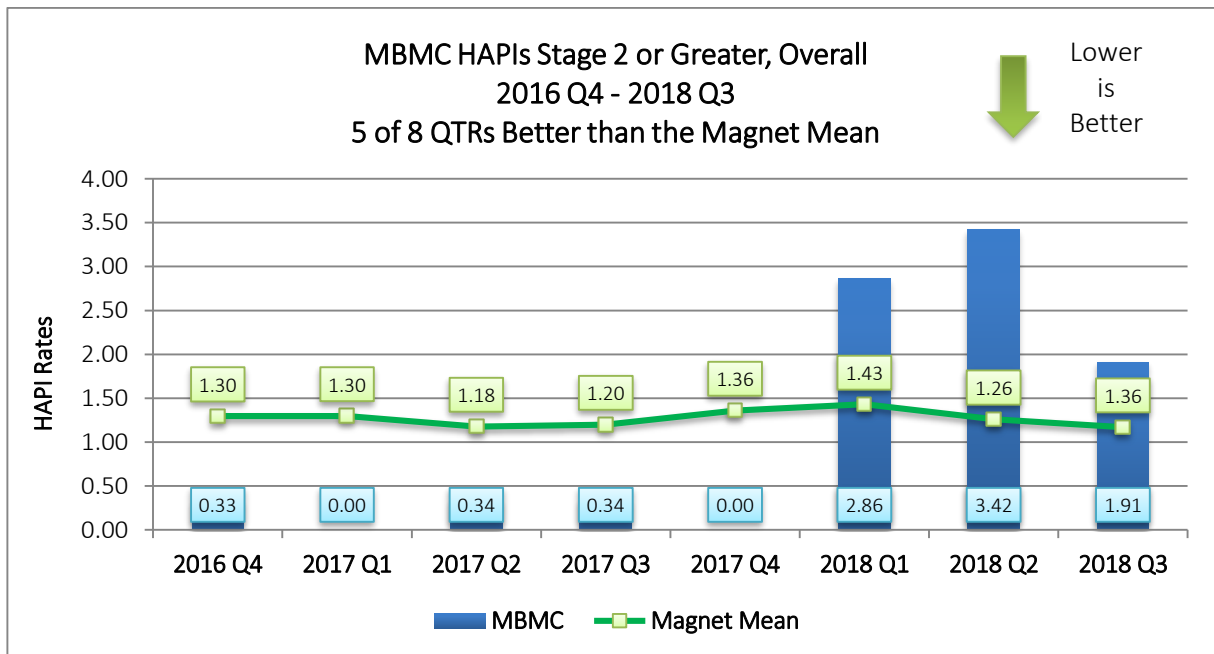
Hospital Acquired Pressure Injuries (HAPIs)

The Agency for Healthcare Research and Quality (AHRQ) is a U.S. government agency that functions as a part of the Department of Health & Human Services (HHS) to support research to help improve the quality of health care. In June of 2018, AHRQ updated the national scorecard on hospital-acquired conditions, including updated cost estimates. The latest estimate for a pressure ulcer/injury is \$14,506 per event with a range of cost varying from \$12,313 – \$41,326. These events are considered “never events” and are not reimbursable.

Goal: Reduce HAPIs at stage two or greater and outperform the Magnet mean most of the time.

Results: In the last eight quarters, MBMC has outperformed the Magnet mean five quarters. See the trend in 2018 with a significant increase in HAPI events, stage two or greater.

Action: Our Quality Council and units are collaborating to investigate the causes and actions to prevent the events from happening again. Action plans from units experiencing the events are presented to the Quality Council monthly. Wound and skin education coming in February 2019.



Patient Experience

Mississippi Baptist Medical Center (MBMC) is committed to improving patient experience through enhanced quality, safety, access, efficiency, and service. In keeping with the three-fold ministry of Christ — Healing, Preaching and Teaching — MBMC is committed to providing quality health care. We create excellent patient experiences, repeatedly, by listening to our patients' feedback and we work to create an exceptional experience. We do this by ensuring that communication with our patients is clear, respectful, and frequent. Creating a healing environment and being responsive to patient needs also contributes to exceptional care. Nurses work closely with all departments to coordinate care resulting in high patient experience scores. Fiscal year 2019 Inpatient scores have trended down; and Outpatient/Ambulatory and ED scores are trending up. Together we strive for that outstanding patient experience, whenever patients experience services at MBMC.

Fiscal Year 2018 October 2017 – September 2018

Inpatient HCAHPS Domains	Top Box %	Top Box PR (Goal is 50 PR)	# surveys returned
1. Overall Rating of the Hospital 0-10	78.7	76	1130
2. Communication with Nurse	82.0	62	1142
3. Responsiveness of Hospital Staff	69.5	60	1032
4. Communication with Doctors	87.4	88	1141
5. Hospital Environment	71.4	70	1138
6. Pain Management (Oct-Jan)	73.8	70	165
7. Communication about Medications	65.2	55	623
8. Discharge Information	86.9	43	1081
9. Care Transitions	58.3	74	1135

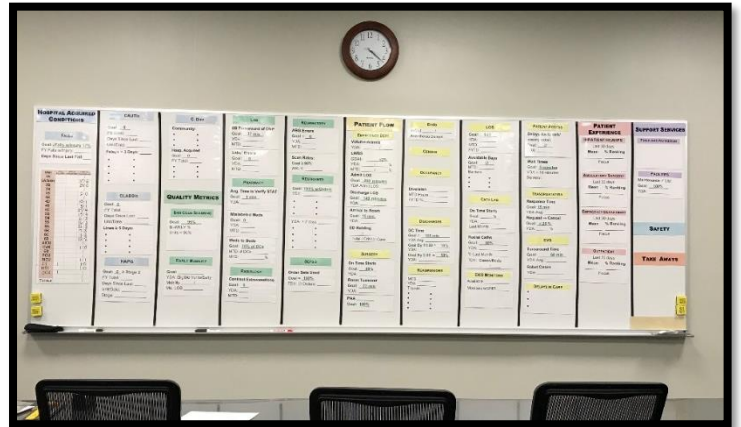
Outpatient & Ambulatory CAHPS Domains	Top Box %	Top Box PR (Goal is 50 PR)	# of Surveys returned
1. Overall Rating of Facility 0-10	82.7	30	1499
2. Likelihood of Recommending	84.5	53	1486
3. Communications About Your Procedure	89.4	27	1510
4. About Facilities & Staff	95.2	18	1507
5. Preparations for Discharge & Recovery	93.9	22	1500

Emergency Department Press Ganey Domains	Mean %	Mean PR (Goal is 50 PR)	# of Surveys returned
1. Overall Rating	82.4	15	914
2. Arrival	79.3	14	908
3. Nurses	84.3	13	902
4. Doctors	81.8	13	902
5. Tests	85.1	11	754
6. Family or Friends	84.3	12	772
7. Personal/Insurance Info	87.3	17	877
8. Personal Issues	77.5	18	901
9. Overall Assessment	81.0	22	903

Innovation

Morning Huddles

Quality improves with peer accountability and transparency of data. Each morning at 8:30, representatives from the organization, both clinical and non-clinical, meet for the daily “Huddle.” Outcome metrics from real-time data is presented to celebrate success and review opportunities. Most days the Huddle is completed in 15-20 minutes. Nursing then stays to look at anticipated discharges and staffing for the next shift. This practice is supported by several best practice compendiums, including the Institute for Healthcare Improvement (IHI). “Huddles enable teams to look back to review performance and to look ahead to flag concerns proactively” (IHI, 2019).



What is a Kata Team?



Matthew Berry, Melanie Smith, Bill Stoltzfus, and Tripp Dixon discussing the work of the Sepsis Kata Team.

Innovation is on the move with new Kata teams formed in 2018. Kata is a method of making small, incremental changes toward improvements every day. It is a scientific way of thinking for quality and process improvement. The Kata teams include members from across the organization including clinical nurses. Teams are working on Sepsis, ED throughput, early discharges, as well as others. Are you interested? Let your Nurse Manager or Director know you would like to contribute. New teams will be developed on an ongoing basis.

American Association of Critical-Care Nurses (AACN) – New Jackson Chapter

In 2018, Nicole Bailey, BSN, CCRN had a vision to restart a Greater Jackson chapter of AACN. The association's website states "Chapters promote and advance the mission and vision of AACN at the local level. They make a difference in the healthcare profession and in their local communities, offering opportunities for leadership, education, and service." The first meeting was at a local restaurant to begin the journey to improved patient outcomes and professional development through local community partnerships. The chapter now has 20 members from four local hospitals. Thank you to the local chapter for your leadership in the journey to excellence in our community!



Would you like to join? Find the national AACN membership information at the website below and contact Nicole for a membership form in the local chapter. <https://www.aacn.org/membership> nicole.bailey@bmhcc.org