

# THE COLORS OF COMPASSION

Nursing Annual Report FY 22



**Message From VP/Chief Nursing Officer:**

It is always rewarding to look back and admire the accomplishments of such a diverse and accomplished team. The last two years have provided us with a view of the nursing profession in ways that we could not have imagined. In all of my nursing experience, I don't think I have seen such adversity, such dedication or such selflessness. The way you, our nurses have risen to the challenges and have truly gone above and beyond to provide care to our patients has been nothing short of remarkable. You faced challenges that we could not have foreseen, and you demonstrated resilience and passion to be present for and to care for the needs of our community. One of the highlights of this year was the opportunity to host our first annual Nursing Excellence awards, congratulations to our honorees.

I am in awe of each of you and I am grateful for your giving hearts, your serving nature, for your dedication to your patients, for your commitment to be the best nurse and leader that you can be. You are great examples of inspiration, and I can't wait for our readers to learn more as they read about your accomplishments. Thank you for your contribution to our ability to deliver our mission daily; "To extend the Healing Ministry of Jesus Christ". Your professional excellence is lighting the way of our future and for the provision of excellence in the form of care, experience, and outcomes for our patients.

Finally, and most importantly, I want to say a well-deserved thank you to all of our entire nursing team for your consistent hard work and compassion, and I celebrate the dedication of individuals and nursing teams who make up the amazing CHRISTUS St Michael ministry.

*Louise Thomsett, RN  
VP/CNO*

Within the framework of the Magnet Model, this Nursing Annual Report highlights key stories and accomplishments that represent **EXCEPTIONAL LEADERSHIP, EXCELLENT CLINICAL PRACTICE, OUTSTANDING INTERDISCIPLINARY COLLEGIALITY, QUALITY OUTCOMES, COMMUNITY OUTREACH AND PROFESSIONAL DEVELOPMENT.**

**TRANSFORMATION**

**LEADERSHIP-** Describes how our leaders are directing the organization and what processes are put in place to help the hospital achieve exceptional patient care.

**STRUCTURAL EMPOWERMENT-** describes the process we take to provide quality care through a Professional Practice Model.

**EXEMPLARY PROFESSIONAL PRACTICE-** describes our practices and processes used every day in our professional practice and the outcome that professional practice has achieved.

**NEW KNOWLEDGE, INOVATIONS, AND IMPROVEMENTS-** demonstrates the evolving technology and quality improvements we make to provide better patient outcomes.



**Back to the BEDSIDE**

When our COVID numbers were increasing and staff was stretched thin, we asked for help at the bedside. Big THANK YOU to Clinical Education, Quality Assurance, Surgical Services, and Women's and Children's for providing support to our units in need. You stepped up to help with patient care and family support. We appreciate all associates for the care you provided our community. Each of you put the patient and family before yourself.

**NDNQI results for 6 South!**

NDNQI results show decrease in falls, improvement in pressure injury, CLABSI & CAUTI. In midst of COVID, associates in quarantine and while orienting new graduate nurses, Jodi Williams, 6 South Manager, implemented new processes to decrease all safety measures. Mandatory skills lab and education on documentation was expected for each nurse. The Pressure Injury Algorithm was put into place which identifies interventions to prevent pressure injuries. Education, accountability, and coaching has brought great improvements to their unit. GREAT JOB 6 SOUTH, your efforts are being noticed.

**DRAGON BOAT RACE FESTIVAL**

Hands on Texarkana hosts fastest growing team sport. As many as 10,000 people attended the event. Teams of 20 paddlers and a drummer propel 46-foot-long "dragon boats" along a 300-meter course. Christus St. Michael supported their festival with 3 different teams.

Rangers in Motion (top picture); The CHRISTUS Heroes (middle picture); The Holy Rowers (bottom picture).




**Labor & Delivery Breakroom update**



Leadership provides update to L&D break room. The wellbeing of our nurses provides a positive work environment for our patients.

## THE COLORS OF COMPASSION

 Certified Lactation Consultants, [Melissa Duncan, BSN, RNC-NIC, IBCLC](#) and [Klorisa Withers, BSN, RN](#), were recognized in August 2021 with the IBCLC Care Award. This award has been presented to CSM biannually since 2013 for nurses' exceptional projects that improve and support breastfeeding in the community.

# Mission in Action

CHRISTUS St. Michael Associates took the opportunity to give back to our community through our "Mission in Action" initiative. Needed items were donated to Mission Texarkana and Domestic Violence Prevention. Associates contributed to the organizations' "Wish Lists."



**2,372** pairs of new socks were donated to Randy Sams Outreach Shelter in Texarkana during the "Sock Hop" hosted by Nursing Associates. All our projects demonstrate dedication to our mission of extending the healing ministry of Jesus Christ.



Nursing units throughout our facility collected canned and staple foods for donation to Harvest Regional Food Bank. Harvest Regional Food Bank has helped feed Northeast Texas and Southwest Arkansas families for over 25 years. Accepting, and distributing food that is served at local food pantries, soup kitchens, shelters, schools, and other agencies that provide hunger relief.

# THE COLORS OF COMPASSION

CHRISTUS HEALTH-Christus St. Michael Health System																
Simulation Data Log																
Year	Total Simulation usage hours (include preparation time)	Number of Students	Number of Facilitators	Physicians	RNs	NP / PA	LPN's	CNA's	Allied Health	Other Personnel	Medical Students	High Fidelity	Mid Fidelity	Low Fidelity	Task Trainer	Staff actors
FY 2021	1264.5	3232	487	32	2402	43	216	167	76	342	7	87	3	90	375	127
FY 2022	1837	6078	836	33	3869	51	371	302	202	1247	0	103	0	380	1000	195

Simulation is an example of continuing education assessment. Implementation plans are conducted to improve nursing knowledge and impact patient outcomes. Our simulation center has increased numbers in FY 2022. System-wide there was a total of 15,900 learning encounters and CHRISTUS St. Michael responsible for 6,078 of those encounters.

**Daisy Award** is a recognition program that honors nurses for extraordinary compassionate, skillful care they provide. Daisy is a national program honoring the compassionate care and clinical excellence our nurses bring to their patients daily. Nominations are submitted by patients and their family.

### Daisy Award Honorees

- July- Kevin Sipes, RN- 6 South & Laticia White, RN- 6 South
- August- Lyndsay Poe, RN- Mother-Baby Unit
- September- Stepheny Austin, RN- 4 North
- October- Lakisha Lowe, RN- 6 North
- November- Melissa Duncan, RN- NICU
- December- Trisha Tribble, RN- 6 South
- January- Andrea Howell, RN- 6 North
- February- Molli Phillips, RN- SICU
- March- Breanna Jones, RN- Mother- Baby Unit
- April- Autumn Aikin, RN- 4 North
- May- April Reichenberger, RN- 6 South
- June- Molli Phillips, RN- SICU

To view our DAISY Award Honoree stories, click [HERE](#).

**Sunshine Award** is a recognition program that honors and celebrates the compassion, joy, and aptitude our Support Associates provide each and every day. Stories are shared by patients and/or their families about how the Support Associate made a difference in a way they will never forget.

### Sunshine Honorees

- July- Lauren Greathouse, CNA- 6 North
- August- David Phills, LVN- 5 South
- September- Savanna Hamilton, CNA- Mother Baby Unit
- October- Tammy Nipps, CNA- 5 South
- November- Candi Potts, CNA, 6 South
- December- Mercedes Bellew, CNA, 3 South
- January- Sylvia Pace, CNA, 4 North
- February- Susan Woodward, CNA, 6 North
- March- Kasey Gibson, CNA, 4 North
- April- Kasey Gibson, CNA, 4 North
- May- Melinda Mitchell, CNA, 4 North
- June- Lauren Greathouse, CNA, 6 North



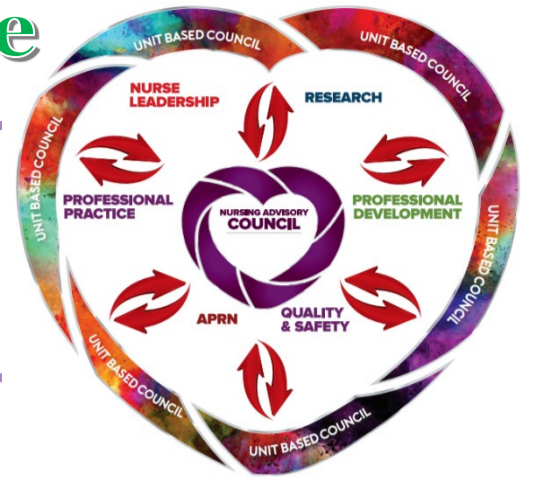
Nurse Residency Paint & Sip for reflective practice during interprofessional communication and self-care seminar.

**CHRISTUS ST. MICHAEL HEALTH SYSTEM NURSE RESIDENCY PATHWAY PROGRAM IS ACCREDITED WITH DISTINCTION AS A PRACTICE TRANSITION PROGRAM BY THE AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION IN PRACTICE TRANSITION PROGRAMS.**

# THE COLORS OF COMPASSION

## Nursing Professional Governance

*Nursing Professional Governance at CHRISTUS St. Michael ensures nurses have an active voice in shaping their practice environment and influencing patient outcomes. Our Professional Governance Model supports continuous flow of collaborative communication between each unit-based council, the organizational level nursing councils, and the nursing advisory council which are led by clinical nurses.*



### **Nursing Advisory Council**

Made up of unit-based council chair from each nursing department. Coordination of councils and central communicator.

### **Research Council**

Supports the professional nurse by creating a culture that encourages and fosters the application of evidence-based practice into all clinical areas as a standard of care. Promotes nursing research activities through definitive educational offerings, communication, and resources.



### **Quality and Safety Council**

Responsible for identifying and monitoring quality, patient experience, and workplace safety.



### **Professional Practice Council**

Responsible for all standards of professional nursing practice including policies & procedures, care delivery systems, and interdisciplinary collaboration.





## Professional Development Council

Responsible for the accountability of continuing education and professional growth. Including orientation and residency; preceptors and mentors.

## Magnet Champions

Responsible for nursing communication, recognition, and retention. Plans Certified Nurses Week & Nurses Appreciation Week. Facilitates the Daisy and Sunshine award program.



# Congratulations

*To our nurses who have furthered their degree in nursing:*

Brandy Dobbs, BSN  
Breanna Wiley, BSN  
Delnesia Jackson, BSN  
Essie Njenga-Rose, BSN  
Jana Boquin, MSN  
Jennifer Buster, MSN  
Jowana Billingly, BSN  
Kassandra Blanton, BSN  
Kathryn Rich, BSN  
Kaysee Grice, BSN  
Laura Escobar, BSN  
LouAnn Hulett, BSN

Marissa Nolen, LVN  
Megan Martin, MSN  
Rachel Noble, RN  
Rebecca Spears, BSN  
Robin Fowler, BSN  
Shawna Moser, MSN  
Tamara Linwood, BSN  
Tina Tyson, MSN  
Tresa Mills, BSN  
Trisha Tribble, BSN  
Victoria Hooker, RN

*To our newly certified nurses:*

Adrianna Valentine  
Allison Crank  
Amber Rowland  
Amy High  
Ashley Wilson  
Breanna Wiley  
Brittany Web  
Carmen Hoffmeyer  
Carrie Dupas  
Catherine Ambil  
Cheryl Scales  
Cheyenne Solley  
Christine Haycox  
Erika Shan  
Gina Watkins  
Jami Yeager  
Jamie Murphy  
Jennifer Adams  
Jessica Malca Pastakia

Kayla Long  
Keandrea Elijah  
Kristen Miller  
Kim Strand  
Latoya Spellman  
Lindsey Johnston  
Maggie Smith  
Mandy Howell  
Pattie Meadows  
Roxanne McCune  
Rebecca Childs  
Shalynn Wilbure  
Shareka Brown  
Sheila Brown  
Sierra Page  
Tammy Ives  
Teresa Dempsey  
Tiffaine Stevens



- **GI lab** meets our Magnet goal of having 80% of their nurses holding a BSN or higher.
- **2 South, Labor & Delivery, NICU** and **Clinical Education** meets our Magnet goal of having at least 50% certified nurses.

# THE COLORS OF COMPASSION

## Mission in Action. Rooted in Strength.

Nursing Awards 2022 was included in celebrating nurse's week. On May 12<sup>th</sup> at Silvermoon Theatre, CHRISTUS St. Michael offered an extra special recognition to those nurses who go above and beyond every single day. Nurses were nominated within each department and Nurse Leader within any department.



### Nurse of the Year Award

This award was presented to the nurse who exemplifies the CSM Professional Practice Model. This nurse models CHRISTUS St. Michael's mission, vision, and core values. The nurse delivers excellent standard of care and is compassionate. Provides patient and family centered care. This nurse is a change leader in their department and unit and drives for quality patient outcomes.

Hospital Wide Honoree: Stephanie Fritts, NICU  
Honorees: Amanda Roa, Mother Baby; Amy Ware, ICU; Angela Berry, PACU; Angela Kidd, Labor & Delivery; Brenda McMurrian, 3 South; Chase Stephenson, 6 South; Destiny Rodgers, PCU; John Solley, Rehab; Joyce Lemieux, Cath Lab; Kaitlin Sipes, Surgery; Kayla Townsend, ED; Kimberly Bredehoeft, Atlanta; LaKisha Lowe, RCU; Latoya Spellman, Day Surgery; Patty Jones, Cancer Treatment; Shelly Carl, Float Pool; Stephanie Fritts, NICU; Stephanie Williams, Dialysis; Treasa Mills, Pain Management/GI lab.

### Rookie of the Year Award

This award was presented to the nurse with less than 2 years of experience, who exemplifies the CSM Professional Practice Model. The nurse models CHRISTUS St. Michael's mission, vision, and core values. Delivers excellent standard of care and is compassionate. Provides patient and family centered care. Drives for quality patient outcomes.



Hospital Wide Honoree: Harli Kilgore, ICU  
Honorees: Bailey Taylor, Rehab; Christopher Stafford, 3 south; Faith Lipham, ED; Gabriella Quinn, NICU; Graham Sams, 6 South; Harli Kilgore, ICU; Jaylie Abernathy, Atlanta; Juan Delgado, 5 South; Kirsten Anderson, Mother Baby; Laressa Harris, Float Pool; MaKenzi Cross, Labor & Delivery; Rosa Olguin, PCU; Timothy Hawthorne, RCU.

## Structural Empowerment Role Model

This award was presented to the nurse who empowers nurses with the ability to utilize resources, information, support, and opportunities to achieve goals. This nurse is involved in shared decision-making (unit based council, nursing council, hospital decision-making group involvement/leadership). This nurse influences nursing practice and process. Is a lifelong professional learning and has community ties through volunteering and serving in the community.



Hospital Wide Honoree: Barbara Wright, Labor & Delivery  
 Honorees: Amanda Roa, Mother Baby; Angela Watson, NICU; Barbara Wright, Labor & Delivery; Breanna Willey, 6 South, Cheyenne Solley, PCU; Holly Perez, RCU; Jessica Pastakia, Day Surgery; John Solley, Rehab; Kaitlin Sipes, Surgery; Kayla Townsend, ED; Lauren Zeigler, ICU; Nancy Turner, 5 South; Ryan Martin, Float Pool; Tami Hancock, Atlanta.

## Transformational Nursing Leader

This award was presented to the RN Lead or Clinical Director that promotes teamwork and boosts team morale and self-esteem. This leader motivates high performance and excellence and empowers nurses to lead and own their own practice. The leader models CHRISTUS St. Michael's mission, vision, and core values. Inspires teams to be optimistic, positive, and encouraging to others. This leader encourages evidence-based practice. The transformational nursing leader is trustworthy and maintains integrity; communicates effectively; understands and respects diversity; is patient focused and encourages continuous learning.

Hospital Wide Honoree: **Rebecca Barr**  
 NICU Clinical Director



## Hospital Wide Honorees

Nurse of the Year: Stephanie Fritts, NICU

Rookie of the Year: Harli Kilgore, ICU

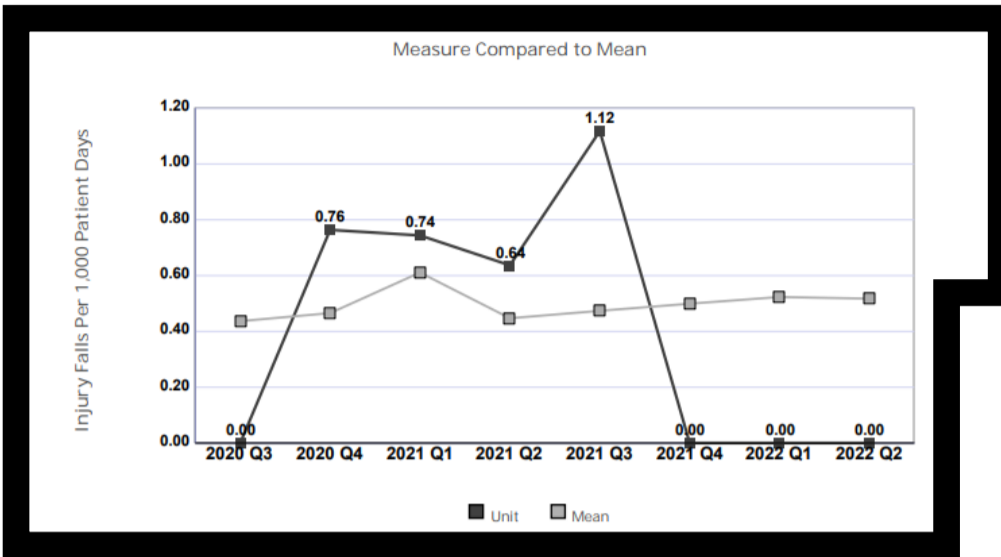
Structural Empowerment: Barbara Wright, Labor & Delivery

Transformational Nursing Leader: Rebecca Barr, NICU Clinical Director

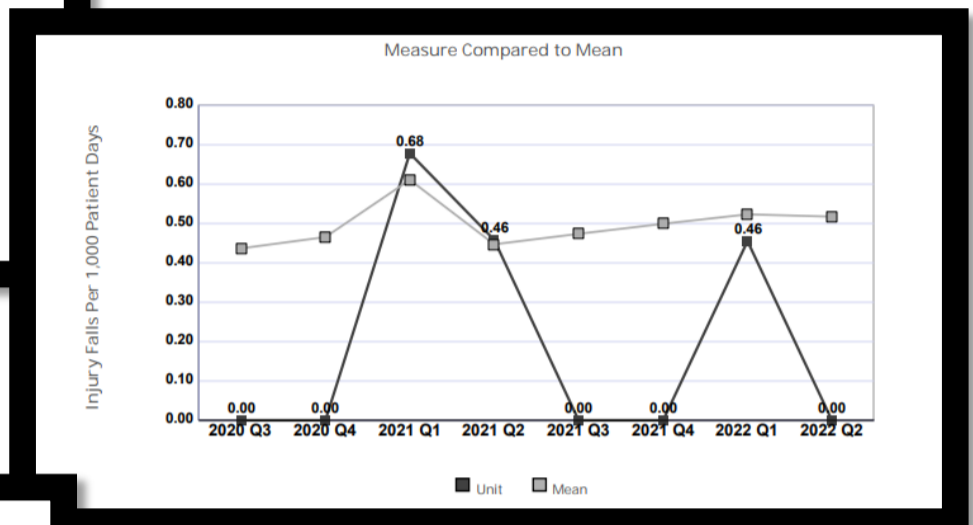


## NDNQI Improvements in Falls

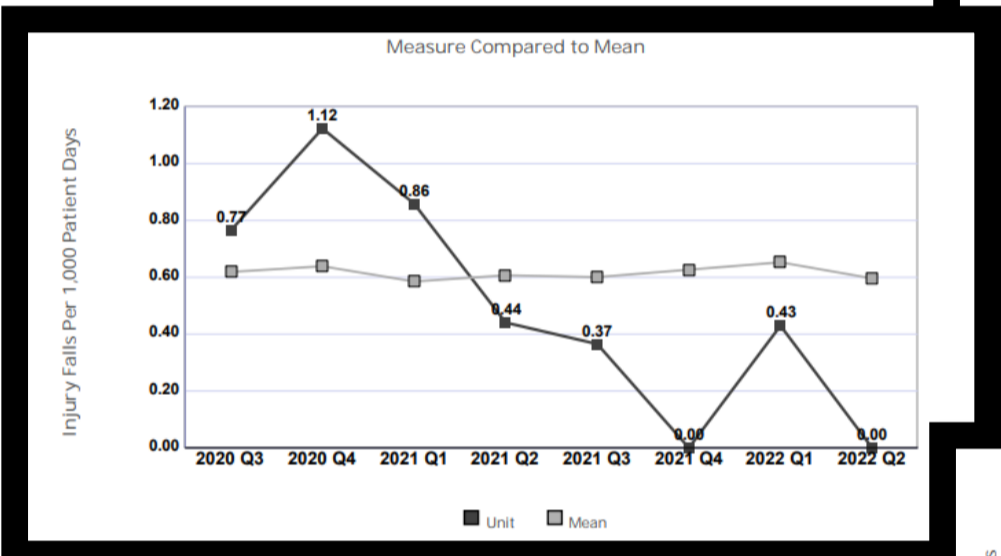
### 3 South



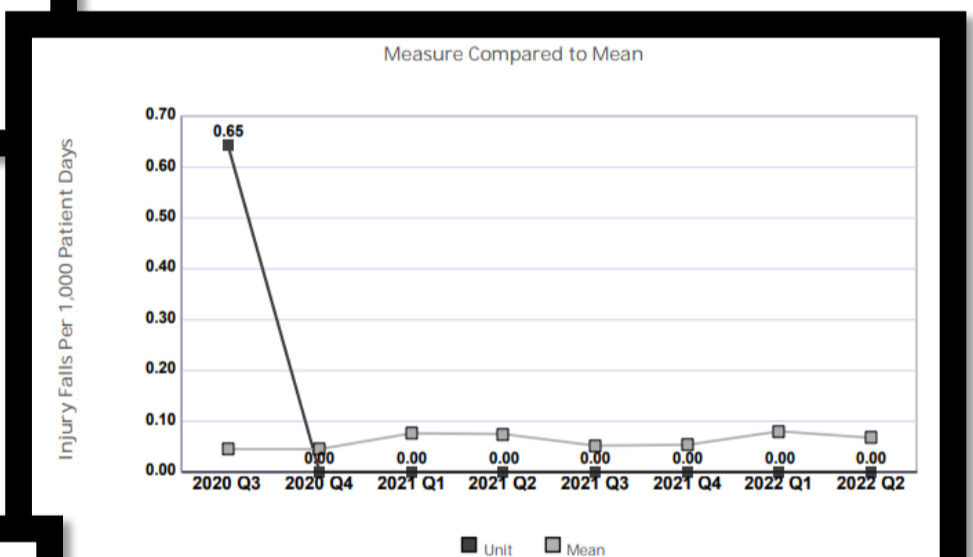
### 5 South



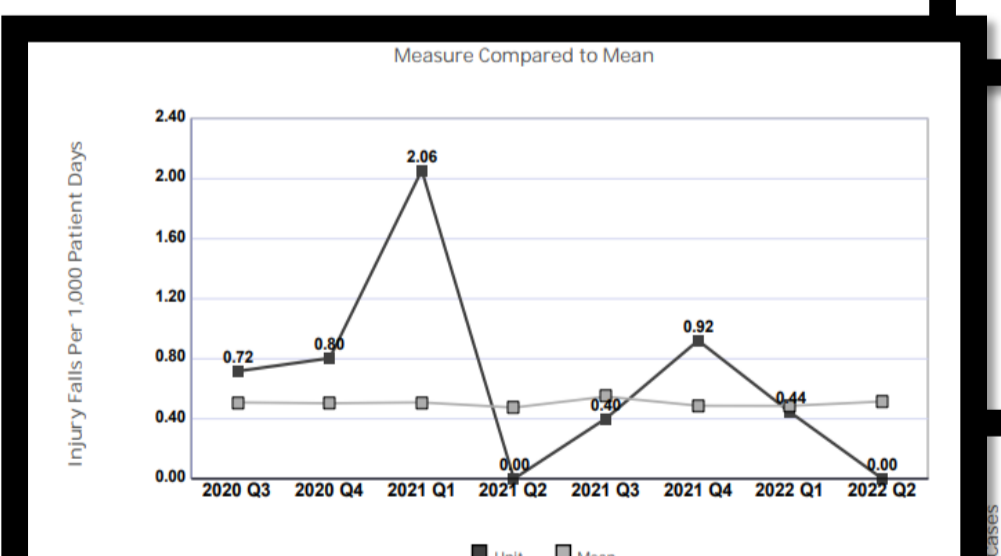
### 6 South



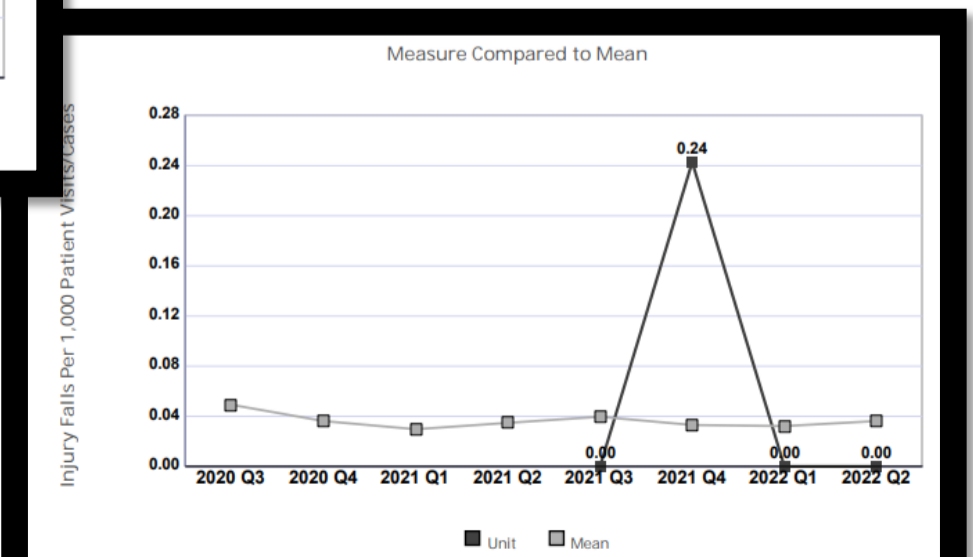
### Mother Baby



### PCU



### Cancer Treatment Center





# Qualified Bilingual Staff Program



## QBS Certified Associates:

- Amy Laguna- Spanish- Level 1
- Aylin Martinez- Spanish- Level 1
- Brenda Dennis (Sandoval)- Spanish- Level 1
- Carolyn Flores- Spanish- Level 1
- Guada Orena- Tagalog- Level 1
- Jessica Malca- Spanish- Level 1
- Jessica Rivas Pena- Spanish- Level 1
- Laura Escobar- Spanish- Level 1
- Laura Laguna (Aguilar)- Spanish- Level 2
- Marlene Morales- Spanish- Level 1
- Romulo Rosas Bustamante- Spanish- Level 2

The Qualified Bilingual Staff (QBS) program trains bilingual, dual role associates in proper interpreting skills during a medical encounter and addresses the ethical and legal aspects of interpreting.

The QBS program increases CHRISTUS Health's capability to set a high standard of quality of care and provide culturally and linguistically appropriate services for our Limited English proficient (LEP) patients and their families.

## Emergency Department Performance Improvement

The Emergency Department's Unit Based Council (UBC) is making wonderful improvements for their unit. Some of their accomplishments for FY 22 include patient intake flow, charge nurse rounding, patient experience, employee lounge updates, discharge to depart.

"As the UBC chair for the Emergency Department, I am honored to represent and serve the department. This group came together with a vision to make the ED a better place to work and serve our community." -Kayla Townsend



CHRISTUS  
is the place  
to be!!

Events were held to celebrate our nurses and show appreciation for the work you do, from free tea, *NURSE* t-shirts at The Ranchers Wife to RED WHITE AND YOU, and Nurses' night out at Red Bone. All the activities were held to treat our nurses and to invite the community to see what all CHRISTUS St. Michael has to offer.



# Research Collaboration...

CHRISTUS St. Michael partnered with TAMUT-T Department of Nursing to begin CSM/TAMU-T Nursing Research Collaborative. In this program, TAMUT nursing faculty facilitate a 12-month long program that guides CHRISTUS St. Michael nurses through the nursing research process from choosing a research topic all the way through to research dissemination.

**Additional Opportunities for CAUTI Reduction When Bundles are Not Enough:  
Is a Two-Person Urinary Catheter Insertion the Answer?**

*Jennifer Buster, MSN, RN, CCRN, Shawna Moser, MSN, RN,  
G. Nicole Fant, MSN, RN, & Guada Orena, BSN, RN*

Problem	Review of Literature	Methods	Results																							
<p><b>Problem</b></p> <ul style="list-style-type: none"> <li>The Agency for Healthcare Research and Quality suggests that up to 70% of catheter insertions break sterile technique.</li> <li>CAUTI defined based on National Healthcare Safety Network standards.</li> <li>Despite risk reduction measures for CAUTIs, as well as the implementation of a same-driven protocol for urinary catheter removal, the rate of breaking urinary catheter (IUC) use remains high.</li> <li>Both the rate of IUC utilization and CAUTI occurrence led facility administrators towards the decision of an interventional study. A review of current processes yielded that recommended best practices were already utilized.</li> </ul> <p><b>Purpose</b></p> <ol style="list-style-type: none"> <li>To determine if requiring two licensed nursing professionals to be present during IUC insertion will decrease the facilities' CAUTI incidence rates. The role of the second nurse is to stop the IUC insertion if there is a break in sterile technique and resolve starting over with a new IUC.</li> <li>To determine if nursing demographics affect CAUTI incidence rates, with more experience (age, years of practice) and higher educational preparation (degree, specialty certification) positively impacting adherence to proper sterile technique during IUC insertion.</li> </ol> <p><b>Phases:</b></p> <ul style="list-style-type: none"> <li>Nurse Recruitment</li> <li>Education</li> <li>Implementation/Data Collection</li> </ul> <p><b>Donabedian Model of Quality</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid gray; padding: 5px; width: 30%;"> <p><b>Structure</b>—setting in which care occurs, qualifications of providers, administrative processes.</p> <ul style="list-style-type: none"> <li>Emergency Department</li> <li>Licensed nurses (RNs and LPNs)</li> </ul> </div> <div style="border: 1px solid gray; padding: 5px; width: 30%;"> <p><b>Process</b>—components of care delivery process</p> <ul style="list-style-type: none"> <li>IUC two licensed nursing professional insertion process</li> </ul> </div> <div style="border: 1px solid gray; padding: 5px; width: 30%;"> <p><b>Outcome</b>—restoration of function, or survival evaluating the effect of the patient outcome.</p> <ul style="list-style-type: none"> <li>CAUTI Rates</li> </ul> </div> </div>	<p><b>Review of Literature</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Author/Year</th> <th>Design/IOE</th> <th>Sample</th> <th>Findings</th> </tr> </thead> <tbody> <tr> <td>Briggs &amp; Ross (2017)</td> <td>Random Observation</td> <td>IUC Noted provided</td> <td>Zero CAUTIs in ICU for 16 months</td> </tr> <tr> <td>Gilmanovsk &amp; Skurina (2017)</td> <td>Quasi-experimental Case Control Study</td> <td>Medical ICU Convenience Sampling N=142</td> <td>No change in utilization rates; CAUTI rates decreased from 2.24 to 1 per 1000 catheter days</td> </tr> <tr> <td>Bellomo (2015)</td> <td>Random Observation</td> <td>One unit in major teaching facility Not provided</td> <td>No significant difference between the number of device days. CAUTI rates were reduced by 39% six months after initiation of the two-person urinary catheter insertion procedure</td> </tr> <tr> <td>Rhoads, Beatty, Benson, Petri, Thompson, &amp; Murphy (2017)</td> <td>Agency for Healthcare Research &amp; Quality Checklist for reducing CAUTI, OUP Initiative</td> <td>Emergency Department 220 catheters placed with 2 infections resulting</td> <td>Significant decrease in insertion related CAUTI rates, 75% decrease sustained for at least one year</td> </tr> <tr> <td>Fletcher-Gutierrez &amp; Cecil (2018)</td> <td>2 Person insertion with a checklist</td> <td>Three in-patient units over 3 months 55 completed checklists</td> <td>Implementing the 2 Person UCP helped reduce the risk of contamination</td> </tr> </tbody> </table> <p><b>Research Questions</b></p> <ul style="list-style-type: none"> <li>In adult patients requiring urinary catheter insertion in the emergency department, how does a two-person insertion process affect CAUTI rates over three months?</li> </ul> <p><b>Hypotheses:</b></p> <ol style="list-style-type: none"> <li>Requiring two licensed nursing professionals to be present during IUC insertion will decrease the facilities' CAUTI incidence rates.</li> <li>Nursing demographics affect CAUTI incidence rates, with more experience (age, years of practice) and higher educational preparation positively impacting adherence to proper sterile technique.</li> <li>Requiring two licensed nursing professional to be present during IUC insertion will decrease IUC utilization in the ED.</li> </ol>	Author/Year	Design/IOE	Sample	Findings	Briggs & Ross (2017)	Random Observation	IUC Noted provided	Zero CAUTIs in ICU for 16 months	Gilmanovsk & Skurina (2017)	Quasi-experimental Case Control Study	Medical ICU Convenience Sampling N=142	No change in utilization rates; CAUTI rates decreased from 2.24 to 1 per 1000 catheter days	Bellomo (2015)	Random Observation	One unit in major teaching facility Not provided	No significant difference between the number of device days. CAUTI rates were reduced by 39% six months after initiation of the two-person urinary catheter insertion procedure	Rhoads, Beatty, Benson, Petri, Thompson, & Murphy (2017)	Agency for Healthcare Research & Quality Checklist for reducing CAUTI, OUP Initiative	Emergency Department 220 catheters placed with 2 infections resulting	Significant decrease in insertion related CAUTI rates, 75% decrease sustained for at least one year	Fletcher-Gutierrez & Cecil (2018)	2 Person insertion with a checklist	Three in-patient units over 3 months 55 completed checklists	Implementing the 2 Person UCP helped reduce the risk of contamination	<p><b>Methods</b></p> <ul style="list-style-type: none"> <li>A quantitative, quasi-experimental research design was utilized with a sample of Emergency Room nurses in a 311-bed acute care facility and to 43-bed sister facility in Northeast Texas.</li> <li>Nurse champions were educated on the two-person IUC insertion process and use of the audit tool created for this study.</li> <li>Nurses were consented to participate in the study and then received the same education the nurse champions received.</li> <li>Nurses who were consented completed the audit tool after IUC insertion and placed to audit tool in a folder for the ER nurse manager.</li> <li>The researchers collected the audit tools weekly.</li> <li>One sample t-tests were used to test for differences. Means and SD were reported for demographic variables.</li> </ul> <p><b>Results</b></p> <ul style="list-style-type: none"> <li>58 licensed professional nurses consented to participate in the study and received process education.</li> <li>\$2,794, 0.13%</li> <li>26 audit forms were returned and validated.</li> </ul> <p><b>CAUTI Rates</b></p> <p><b>Hypothesis 1: No difference in CAUTI rates (p = .133)</b></p> <p><b>Hypothesis 2: No difference in nursing demographics and process compliance.</b></p> <p><b>Two-Person IUC Insertion Process Compliance</b></p> <p><b>IUC Utilization Rates</b></p> <p>Based on central supply inventory reports:</p> <ul style="list-style-type: none"> <li>An average of 500 IUC trays were stocked in the EDs per quarter of FY 2021.</li> <li>An average of 100 IUC trays were restocked to the EDs each quarter of FY 2022 that spanned the data collection phase of this study.</li> </ul> <p><b>Limitations</b></p> <ul style="list-style-type: none"> <li>A corporate directive decreased acceptable IUC insertion orders from one to just a one month into the study.</li> <li>A new system policy governing IUC placement, care, and maintenance which included the directive to stop IUC insertion in the ED until the patient arrived on the inpatient unit was released two months into the study.</li> <li>The study sites received a surge of COVID-19 patients throughout the course of the study, exacerbating pre-existing staffing constraints.</li> <li>Agency nurses from an emergency staffing agency were deployed to both study sites throughout the course of the study. These nurses were substituted rapidly and did not receive education regarding, nor were consented to take part in the study.</li> <li>A study tool intended to allow for inclusion of either the inserting nurse or releasing nurse not having been consented to participate in the study.</li> <li>The outcome effect could have improved the performance of the nurses training in IUC.</li> </ul> <p><b>Conclusions</b></p> <ul style="list-style-type: none"> <li>Due to numerous limitations encountered throughout this study as well as the small number of audit tools returned, only one of the three hypotheses could be confirmed in a statistically relevant manner.</li> <li>Repeating this study with a larger sample size would be beneficial to identify if a two-person IUC insertion technique can decrease CAUTI rates.</li> </ul>
Author/Year	Design/IOE	Sample	Findings																							
Briggs & Ross (2017)	Random Observation	IUC Noted provided	Zero CAUTIs in ICU for 16 months																							
Gilmanovsk & Skurina (2017)	Quasi-experimental Case Control Study	Medical ICU Convenience Sampling N=142	No change in utilization rates; CAUTI rates decreased from 2.24 to 1 per 1000 catheter days																							
Bellomo (2015)	Random Observation	One unit in major teaching facility Not provided	No significant difference between the number of device days. CAUTI rates were reduced by 39% six months after initiation of the two-person urinary catheter insertion procedure																							
Rhoads, Beatty, Benson, Petri, Thompson, & Murphy (2017)	Agency for Healthcare Research & Quality Checklist for reducing CAUTI, OUP Initiative	Emergency Department 220 catheters placed with 2 infections resulting	Significant decrease in insertion related CAUTI rates, 75% decrease sustained for at least one year																							
Fletcher-Gutierrez & Cecil (2018)	2 Person insertion with a checklist	Three in-patient units over 3 months 55 completed checklists	Implementing the 2 Person UCP helped reduce the risk of contamination																							

This study was performed in CHRISTUS St. Michael Health System. We would like to acknowledge the Office of Research & Academic, CHRISTUS Health for their support in completing this project. Study authors do not have any financial relationships and/or conflicts of interest to disclose.

*The goal of this Pilot study, in the Emergency Department, was to determine whether a two-person foley catheter insertion technique could decrease catheter associated urinary tract infection rates. This study will be repeated throughout the entire hospital.*

THE FIRST RESEARCH COLLABORATION INCLUDING FIVE CSM NURSES, WHO PRACTICATED TO COMPLETE 2 NURSING PROJECTS.

- Jennifer Buster, MSN, RN, CCRN; Shawna Moser, MSN, RN; and Guada Orena, BSN, RN, CMSRN, CNN**
- Additional opportunities for CAUTI Reduction When Bundles Are Not Enough: Is a Two-Person Urinary Catheter the Answer
- Angela Watson, MSN, RNC-NIC and Barbara Wright, MSN, RNC-OB**
- Insight into Compassion Fatigue Since Covid-19: Quality of Life in the NICU Nurse

THE 2<sup>ND</sup> COHORT KICKED OFF IN MARCH 2022 AND INCLUDES 3 CSM NURSES.

- Jennifer Buster, MSN, RN, CCRN; Shawna Moser, MSN, RN**
- Partner up for CAUTI Prevention: Is Two Person Urinary Catheter Insertion the Answer?
- Barbara Wright, MSN, RNC-OB**
- Evaluating the level of comfort in ER nurses providing emotional support to patients who have undergone a pregnancy loss.

## Other Research...

The American College of Surgeons Committee on Trauma (ACS COT) led a multi-center study that aimed to fill the gap on non-lethal firearm injuries and identify the individual and community-level risk factors for these injuries. This study was funded by a grant from the National Collaborative for Gun Violence Research and used the infrastructure of the Trauma Quality Improvement Program (TQIP) to develop a nationally representative dataset on non-lethal firearm injuries. This study collected data on injury location, intentional/unintentional, what were the circumstances and setting, as well as the mental health aspects of these shootings.

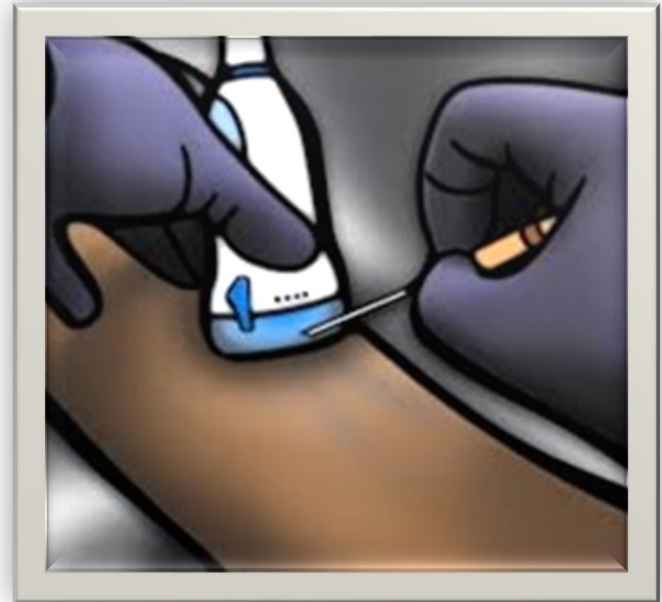
This study allowed us to participate in collecting these data elements that will be placed in the data elements manual for trauma registrars so that this data can be analyzed for years to come. -Lauren Jamison, Trauma Program Manager.

# Innovative practice happening at our Hospital.

## Adoption of the Ultrasound-Guided Peripheral IV enhanced nursing practice and patient experience.

In response to nursing request and data showing increased usage of Rapid Response for difficult IV starts, Clinical education pursued formal training for any nurse interested to receive training in the use of ultrasound to place difficult IVs and difficult lab draws. The foundation helped purchase SonoSim, which is a simulation-based training program that can train on a variety of ultrasound procedures including vascular access. 80 nurses have already enrolled in the training since the start of the SonoSim program.

In addition to the purchase of the SonoSim training, an additional Site Rite ultrasound device was purchased to support the practice of ultrasound guided IV placement. The New Site Rite is kept in the Nursing Resources office and can be checked out by nurses trained to person ultrasound guided vascular access.



WEIGHTED BLANKETS WERE ADDED TO THE NURSING OFFICE FOR PATIENTS WITH A HEAD INJURY AND CONFUSED PATIENTS. THE BLANKET CREATES A NURTURING, SOOTHING, AND CARING SENSATION FOR THE PATIENT. WEIGHTED BLANKETS HELP PATIENTS FEEL MORE GROUNDED, SAFE, AND CONSOLED DURING THEIR STAY IN THE HOSPITAL.



## The Tortoise Prone Turning and Positioning System was a new way of achieving high-quality, effective, and efficient patient care.

During the height of COVID, units were placing more patient in the prone position to help with oxygenation. The system is to help place the medically fragile patient safely in the prone position. The Tortoise prone is engineered to help improve the comfort and safety of both the patient and nurse during moving and repositioning the patient. This system is now stocked and readily available for the proned patients.