1,879
TEAMMATES ACROSS THE SYSTEM

462
REGISTERED NURSES (DOES NOT INCLUDE ADVANCED PRACTICE RNs)

315
LICENSED INPATIENT BEDS

296
LONG-TERM CARE BEDS

11,905
INPATIENT AND OBSERVATION DISCHARGES

57,186
EMERGENCY DEPARTMENT VISITS

97,238
OUTPATIENT VISITS

8,031
SURGERIES/ENDOSCOPIES

887
BIRTHS

27,064
ONCOLOGY VISITS

252+
PHYSICIANS & ADVANCED PRACTITIONERS (114 EMPLOYED & 35 RESIDENTS & FELLOWS)
The 2017 Nursing Report to the Carolinas HealthCare System Blue Ridge Board of Directors, based on 2016 year-end data, will demonstrate the strategies of excellence within the five model components of Magnet Designation. This model guides the transformation of nursing at Carolinas HealthCare System Blue Ridge.

Nursing was highly engaged in five important accomplishments for Carolinas HealthCare System Blue Ridge over the past year. Those accomplishments include:

- Nurse led Safety Huddle for the entire organization at 10 a.m. daily
- Teammate engagement at the 90th percentile in the Press Ganey survey
- Canopy (nurse documentation) upgrade for streamlining the work of nurses
- GetWellNetwork™ installation to improve health literacy
- LEAN savings of $1.89 million
- 49 percent BSN completion rate

It is my pleasure and honor to share the highlights of the year in nursing. This report is reflective of the ways we are making a difference as we continue our journey to improve the professional practice environment for the provision of nursing care at Carolinas HealthCare System Blue Ridge.

This serves as a foundation for work we will do tomorrow to meet our vision of instilling joy and purpose in the profession of nursing.

FROM SUSAN BROWN
MHA, BSN, RN, NEA-BC, FACHE
Senior Vice President/Chief Nurse Executive

SUSAN BROWN, MHA, BSN, RN, NEA-BC, FACHE
SENIOR VICE PRESIDENT/CHIEF NURSE EXECUTIVE
Nurses Impact Changes in Strategic Priorities

By all standards, Carolinas HealthCare System Blue Ridge enjoyed a successful year in 2016. Nursing was fully engaged in leading change that impacted the system’s three strategic priorities: Patient and Family Centered Care, Provider and Teammate Unification, and Clinical Services Enhancement.

Kathy Bailey, Carolinas HealthCare System Blue Ridge President and CEO, is a registered nurse and was named one of Becker’s Top Women HealthCare Leaders. She inspires and motivates nurses at all levels of the organization. She set the expectation for a Meeting Free Zone from the hours of 8:00 to 10:00 a.m. daily. The goal is for leaders to be out in the organization with their teammates during this time, to better understand the organization and the issues that create employee and patient engagement. Her visionary leadership sets the tone for what matters most and is reflected throughout the nursing leadership organization.

Susan Brown, MHA, BSN, RN, NEA-BC, FACHE, Senior Vice President/Chief Nurse Executive (CNE), participates in the Carolinas HealthCare System Nursing Executive Leadership Council at the Carolinas HealthCare System level. In 2015, she became certified as an Advanced Nurse Executive through the American Nurses Credentialing Center (ANCC) and has been certified as a Fellow in the College of HealthCare Executives since 2009. On a local level, Susan provides advocacy and influence including an Annual Nursing Report to the Board. She shares a nursing dashboard report at the quarterly meetings of the full medical staff and monthly to the Medical Executive Committee.

Susan advocated for lowering the Span of Control for nurse managers and directors. She was able to demonstrate an opportunity to improve leader effectiveness, through implementation of the Clinical Supervisor Job role used in many other Carolina nursing organizations. This has allowed for succession planning and more leadership opportunities within the system. Unit-based Clinical Educators have also been hired into the nursing workforce due to the need to keep up-to-date with current evidence-based care and technology advances, and with the growing demand to hire new nurse graduates that thrive in a technology rich environment with the proper support and mentoring. On a community level, she participates on the Burke Community Health Needs Assessment and the Burke Substance Abuse Network. She sits on the Blue Ridge HealthCare Foundation Board and on the Carolinas HealthCare System Long-Term Care Board.

Da-Vida Roseman, MSN, RN, NEA-BC, Vice President of Nursing Operations, serves as the organization’s Patient Safety Officer. In that role, she leads the daily Patient Safety Call involving all leaders in the organization. During this call, leaders gain situational awareness of safety concerns throughout the system with a level of transparency that has created a real collaboration and responsiveness between and among disciplines. She also co-led the development of a system-wide initiative to implement a peer review nursing process through her work on the Carolinas HealthCare System Nursing Clinical Integration Council.

Da-Vida Roseman uses technology to lead a daily System Skype Patient Safety Huddle at 10 a.m.

Leslie Mull, BSN, RN, and Mary Pierce, RN, 2016 Chair and Co-Chair of the Shared Governance Coordinating Council at CHS Blue Ridge, represented the organization on the Carolinas HealthCare System Blue Ridge Shared Governance Council. This council has focused on items such as skill optimization, technology utilization and communication strategy with direct input into system-wide nursing goals.
Nurses’ Opinions Used to Design Surgical Services

Playing a vital role, nurses were involved at all levels of the plans to design a $26 million state-of-the-art renovation to Surgical Services on the Morganton campus. Surgical Services maintains a dotted line to the CNE for professional practice issues; with strong involvement and commitment to nursing shared governance. The Phase I OR move-in date was February 2017.

Resources Added for Nurse Optimization

Through the advocacy of nurse leaders began in 2015, complete implementation of the change to nursing structure through Skill Mix Optimization included hiring and training Unit Secretaries, Service Line Educators and Clinical Supervisors in order to decrease span of control in the nursing clinical departments. Resources were also added in clinical nurse leadership and in the float pool. Nurse leadership advocated for capital requests for the addition of state-of-the-art inpatient beds, technology, and the GetWellNetwork™.

Nurses as Advocates

Long-Term Care (LTC) nursing leadership Amy Garrison, BSN, RN and Linda Lackey, BSN, RN and Nancy Lovelace, MSSL, BSN, RN, NE-BC, identified a need to train additional certified nursing assistants in 2015 and in partnership with McDowell Technical Institute, hired and graduated their fourth class of candidates to meet patient demand. Non-nurses within the system are awarded scholarship funds if there is a desire and aptitude to pursue nursing or other health-related education. A number of certified nursing assistants are employed part-time or full-time throughout the system while attending nursing school; many of those are taking advantage of the tuition reimbursement offered by the system. With the difficulty in hiring qualified RNs, the LTC division made a decision to hire more LPN graduates in 2016.

David Everhart, MSN, RN, CEN, Emergency Services Director, advocated for renovations to the Emergency Department at a cost of $500,000, as well as for improved services to the Behavioral Health patient population, including working with the administrative team to present findings about scarce community resources for patient population to local officials elected to serve and allocate resources. He supported his shared governance council’s request to include a grief room for patient families suffering from a trauma or loss. He advocated for the education of his own team including 10 BSN candidates, 11 MSN candidates, and one DNP candidate.

Brandy Denton, BSN, RN, CCRN, Critical Care and Telemetry Unit Director, advocated for Open Visitation in the Critical Care Units, and worked with the Critical Care Medical Director to further develop daily Grand Rounds. Her team worked on Delirium Prevention and Screening for the Critical Care unit, and they continue
Terry Moore, BSN, RN, Director of Surgical Services, lead a LEAN team to eliminate waste while constructing the new OR suite.

Libby Dolen, MS, BSN, RN, NE-BC, Director of Nursing Practice for Family Birthing Center, Medical Surgical Unit and the Contingency Team, advocated for Zero Early Elective Deliveries with perfect results in 2016. She implemented daily huddles for all the teammates on the Medical Surgical Unit, and continued the huddles on the Family Birthing Center. She increased the pool of applicants for the Float Pool and supported the Retention and Recruitment Council of Shared Governance.

Carol Ervin, BSN, RN, Behavioral Health and Medical Detox Unit Director, implemented a new staffing model, employing Behavioral Health Techs. She was actively engaged at the community level, and with both Burke Substance Abuse Network and the Burke County Board of Health.

Terry Moore, BSN, RN, Director of Surgical Services, is currently pursuing a Master’s in Nursing from Liberty University. Terry’s team began a LEAN Learning Line in 2015. This worked helped eliminate waste while planning and building the new state-of-the-art Operating Room Suites.

Lisa Mangum, MSN, RN, MT, MSSL, CIC Director of Infection Prevention, led efforts to reduce infection rates overall. She collaborated with a multidisciplinary group to reduce antibiotic resistance through antibiotic stewardship. She began the practice of rounding on all patients in isolation daily to monitor the care, and worked to continue the improvement in hand hygiene rates throughout the system.

Jackie Lawrence, MSN, RN, Director of Nursing Education, redesigned nursing orientation to mirror that at Carolinas HealthCare System. She developed NCLEX Review Study groups for new graduates, and served as liaison for the 10 nursing schools that send students through our organization.

Nurse leaders enjoy the benefits of belonging to a nationally recognized system with monthly participation on Carolinas HealthCare System Quality Safety Operations Councils (QSOC’s), Clinical Value Analysis Teams (CVA), and Clinical Integration Task Forces. These activities serve to encourage collaboration and best practices for the various clinical service lines.
Structural empowerment is the Magnet component associated with nurses’ perceptions of autonomy and control over their practice environments. It is not much about hierarchical power as the professional respect and ability to gather resources to safely care for patients. Further strengthening practice are the strong relationships and partnerships developed among all types of community organizations to improve patient outcomes and the health of the communities they serve. This is accomplished through the strategic plan, structures, systems policies, and programs.

**Shared Governance Councils** provide each nurse within the organization a means to voice professional input in decision-making. The Shared Governance Coordinating Council, Professional Practice Council, Quality and Patient Safety Council, Nursing Informatics Council, Retention and Recruitment Council, and Safe Staffing Council, are actively involved in leadership activities. The staff nurse Chair of Quality and Patient Safety, holds a seat on the Quality and Safety Committee of the Board.

The **Advanced Care Practitioners (ACP) Council** was chartered in 2015 to engage ACPs in shared governance. The first council meeting was held in October 2015. Dennis Taylor, Doctor of Nursing Practice (DNP), with the Carolinas HealthCare System Center for Advanced Practice, is a resource for this council. The council meets quarterly, and has a core group of actively engaged members, both PAs and CNPs. Forty employed CNPs and PAs are credentialed to practice within the system.

**Self-Scheduling** – API/Shift Select is a web-based application that is used for self-scheduling. This system allows teammates the opportunity to access and view their schedule and/or put in requests from the convenience of their home.

**Carolina HealthCare System Best Practice Sharing** fosters a means for incorporating evidence-based standards into practice. Examples of best practice sharing include the Early Elective Delivery project and the Surviving Sepsis Campaign to save lives and improve care. In 2016, there were a number of evidence-based changes involving teams of nurses including: **Early Sepsis Detection Alerts (EDA) Alerts, C-Diff Bundles, and Catheter Acquired Urinary Tract Infection (CAUTI) Bundles**.

**LEAN Culture** – Training in LEAN methodology is a means to take waste out of the work done by nursing. Nurses are embedded in all clinical work teams to provide a voice in decision-making. All nurse leaders have been trained in LEAN Methodology and staff nurses are trained with “Just In Time” training when they are involved in a Rapid Improvement Event (RIE).

**RN SkillMix Optimization** – This is an ongoing project to understand how nurses can work at the top of their license through LEAN initiatives. Examples of this are:
- the strategy to hire Unit Secretaries for 24-7 units, which began in late 2015;
- hiring Certified Nursing Assistants in the Critical Care Units;
- and hiring Psychiatric Techs in the Behavioral Health Unit with a degree in Psychology or Social Work. These individuals have the skill set to lead groups on the unit, increasing services offered to patients.

**HealthCare Literacy Council** – A council led by nursing to improve communication with our patients. In October 2016, the Healthcare Literacy Council led a celebration of Health Literacy Month themed, “Be a Health Literacy Hero!” The event, coordinated with partnership with Burke Literacy Council, focused on identifying health literacy and taking action to solve problems associated with this.

**Nursing Recognition** – Daisy Award, VIA Recognition, Unit level teammate of the month awards, and Nurses Week are all examples of awards given for outstanding contributions to patient care.

**Community and the HealthCare Organization** - Carolinas HealthCare System Blue Ridge nurses take part in many community activities in partnership to address community healthcare needs. There is no shortage of opportunities to provide education and improve health in the community. A few examples are listed below:

- **Burke Wellness Initiative Meeting** - A collaborative of Burke County agencies. On this council, the CNE represents nursing. These agencies work together to complete the Community Health Needs Assessment (CHNA) for the community once every three years as required by law. In 2016 the Health Needs Assessment identified the top three Burke County health priorities through 2020 will be Mental Health, Substance Abuse and Poverty.
- **Burke Substance Abuse Network (BSAN)** is a coalition of providers, support groups, related
agencies and other stakeholders who come together to network, identify gaps in service and strategically plan response to community needs as they relate to the reduction of substance abuse and use in youth, young adults, their families, and all citizens of Burke County for long-term community health. The CNE, teammates from the Medical Detox Unit, and physicians join with other community leaders focusing on substance abuse since it is a critical issue facing Burke County. National statistics indicate that 5 to 10 percent of the general public has a chemical dependency problem, which translates to about 4,500 to 9,000 people in Burke County. Less than 13 percent of those get any treatment. An additional 20 to 25 percent of the general public abuse substances (up to 25,000 people in Burke County). This creates a tremendous human and financial burden on all aspects of our community. It is an issue that cannot be solved by any one provider, agency or funding source, however working together, the community can make a difference. Caregivers from the Emergency Department and the Medical Detox Unit have been involved in the network.

- Nurses throughout the organization participate in community activities such as Lady Fair, Men’s Fair and the annual Athletes at Heart free physicals given to student-athletes in 6th to 12th grade. During the annual Lady Fair event in March, the nursing team was actively engaged in promoting wellness and health screenings for the community at large. With the emphasis on community models, there is also new interest in the Faith Community Health program, formerly known as Parish Nurses.

The Transitional Nurse Program continued to gain momentum in 2014, with added responsibility for patient population management included under Medicare’s bundled payment programs. Several program updates have been provided over the past year by Amber Poteet, BSN, RN, to explain this innovative and important program. Funding has been secured from the Kate B. Reynolds Foundation to further grow this initiative in the coming year.

Nurses in the Family Birthing Center are actively involved in community education for new parents and work collaboratively with the Health Department.

Blue Ridge HealthCare Foundation - In recent years, the Blue Ridge HealthCare Foundation has been honored to support the nursing staff and programs at Carolinas HealthCare System Blue Ridge. Through targeted fundraising and special events, the Foundation has been able to support nursing in many ways including funding for new vital sign machines and upgrades for the Medical/Surgical unit, pediatrics and pediatric cardiology; funding for Artemis/eBroselow implementation; funding to supply a clothing closet for patients in need at discharge; funding for two vein finders for both Emergency Departments; funds for patient and family services; and funding for the overall nursing program to be used as needed.

Carolinas HealthCare System Blue Ridge Volunteers - The CHS Blue Ridge Volunteers use proceeds from gift shop sales and other fund-raisers to purchase items needed by nursing to benefit patients. In 2016, the Volunteers donated $38,494, which included funding the New Year’s baby basket given to the family of the first baby born in the new year, a mural for rehab, pedometers for diabetes patients, diabetes education, newborn stockings, caps and blankets, and discretionary funds for case management.

Mary Pierce, Clinical Supervisor on Medical-Surgical Unit, is shown here with Western Piedmont nursing students learning about C-Diff Bundles.
Shared Vision of Carolinas HealthCare System Nursing is, “to achieve distinction for excellence in nursing quality, education, relationships and innovation in an environment that instills purpose and joy in the profession of nursing.”

Relationship-Based Care Practice Model (RBC) provides a simple, yet elegant model for our nursing organization to achieve this vision with the return to the purpose of caring for and connecting with other human beings. The framework for the model is an environment that supports the other fundamental dimensions of leadership, teamwork, professional nursing practice, care delivery, resources and outcomes.

Taught to all RNs, RBC incorporates three crucial relationships at its core:

1. Relationship with patients
2. Relationship with self
3. Relationship with colleagues

Clinical Competency - In collaboration with Carolinas HealthCare System and with the goal of clinical integration, the organization transitioned to an evidence-based competency model in 2015. The Donna Wright Model of Clinical Competency provided the evidence to design a meaningful competency program with a standardized format. One hundred percent of the nursing team adopted this methodology to validate competencies in 2016, including long-term care and the clinical practices.

Peer Review - Adopted as a means to improve professional growth and accountability throughout the nursing organization. This best practice was established in collaboration with CHS, led by Da-Vida Roseman, MSN, RN, NEA-BC, researching best practice and serving as one of the lead architects of the system-wide policy. Professional Practice is differentiated by its ability to do peer review and this was a big step in terms of the professional growth of the nursing team.

Just Culture Model - Adopted by the North Carolina Board of Nursing (NCBON), is activated any time a nurse’s conduct or performance requires the need for disciplinary review. This assures that nurses will be provided a fair and equitable assessment that includes accountability and is free of bias.

Clinical Ladder – A means for bedside nurses to achieve recognition and reward for going above and beyond what is required in their work to advance their professional practice. In 2015, requirements for either a Bachelor of Science in Nursing (BSN) or a certification were added to the first step of the Clinical Ladder.

Educational Preparation Goals Background – “In North Carolina, 65 percent of new nursing graduates are being educated in Associate Degree Nursing (ADN) programs. In a longitudinal study conducted across the state, only 15 percent of ADN nurses completed a Bachelor’s Degree, and only 3 percent completed a Master’s in Nursing Degree (MSN)” (Foundation for Nursing Excellence 2012). A goal of North Carolina’s Foundation for Nursing Excellence is that 80 percent of the RN workforce is BSN prepared by the year 2020. Increased demand for the advancement of educational preparation of nurses is being driven by a number of forces, including the severity of illness of patients, and the complexity of the healthcare delivery system. These forces are requiring higher levels of critical thinking, problem solving and patient management skills throughout the continuum of care.

In order to meet the year 2020 goal of an 80 percent RN workforce, a number of strategies were adopted. Leadership asked that all registered nurses at Carolinas HealthCare System Blue Ridge hired beginning in 2014, sign an articulation agreement to complete their BSN within five years.

A BSN workforce goal of 50 percent was incorporated in the system’s Strategic Plan in 2012 and strategies and tactics were put in place to reach the milestone by the end of 2016. Additionally, a BSN or in some cases, a plan to complete a BSN within four years, became a requirement for promotion to Clinical Supervisor, Administrative Supervisor and for advancement on the Professional Advancement Career Ladder. Additionally, all nurse managers and above are required to complete a Master’s Degree by December 31, 2018. This is consistent with the goals of the Carolinas HealthCare System nurse leaders. To date, 49 percent of
the Acute Care nurses are BSN prepared; 61 registered nurses are in BSN programs and 26 are enrolled in MSN programs. A total of 76 acute care nurses and 102 teammates for the system received tuition reimbursement in 2015.

There are 45 Advance Practice Nurses credentialed as Allied Health Providers within the system, and this group, along with the Physician Assistants have formed the newest Shared Governance Council.

**Nursing Certifications** - American Nurses Credentialing Center (ANCC) certifications signifies training and testing for advanced proficiency in a professional organization of specialization such as, Medical/Surgical, Critical Care, Emergency Department or the Operating Room. To date, there are 33 nurses with advanced certifications recognized by the ANCC system-wide. Goals have been set to increase this number, starting with Nurse Leaders to achieve certification by 2019 and as a requirement to advance on the Clinical Ladder.

**Teaching Institution** - Ninety-eight nursing students from 10 schools in the area are completing clinical rotations and/or preceptorships at Carolinas HealthCare System Blue Ridge during the fall semester. The nursing team has partnered with clinical educators from Appalachian State, Lenoir Rhyne University, Western Carolina University, Western Piedmont Community College, Caldwell Community College, Davidson Community College, Foothills Nursing Consortium, Isothermal Community College and McDowell Technical Institute. Student nurses often decide where they will work based on their treatment and observations of culture during training.

**NEW KNOWLEDGE, INNOVATIONS, IMPROVEMENTS**

**Interactive Patient Care Comes to CHS Blue Ridge**

**GetWellNetwork™** – 2017 brought Interactive Patient Care (IPC) to Carolinas HealthCare System Blue Ridge. This is an emerging, innovative care delivery model based on the premise that a more engaged patient is a better patient with better outcomes. IPC is an approach in healthcare that emphasizes providing educational and entertainment resources to the patient at the bedside through the in-room TV. This approach is supported by interactive services that are designed to meet the patient’s individualized needs and provide healthcare workers with tools that deliver patient education, pain management and medication teaching, among other health concerns.

Creating a patient experience that leads to improved outcomes stems from engaging the patient throughout their care journey. Nurses are able to deliver more efficient and consistent education and care to their patients while improving operational efficiency.

**Lippincott Online** - Purchased with funding assistance from the Blue Ridge Community Foundation so the nursing team would have access to evidence-based practice for procedures on every nurse workstation.

**Policy Tech** - An on-line policy software that places evidenced-based policies on the workstations of all teammates. It is also possible for teammates to give real-time feedback and input into policies.

**CE-Direct** - An online continuing education program has been provided to all registered nurses in the acute care setting since 2012. This serves as a way for them to continue the pursuit of “just in time” education.
and to keep up with the latest research in their area of expertise. Additionally, it helps nurses meet their requirements for 30 hours of continuing education for RN licensure in North Carolina every two years or for certification in their area of specialty. A needs assessment survey of CHS Blue Ridge nurses in 2014 showed that the majority prefer to receive education in computer-based training and this feedback went into educational planning for 2015 and 2016. A total of 4,713 hours of Continuing Education credits were obtained through this valuable online resource in 2016.

**Tele-Psychiatry Videoconferencing** - Added as a service in the Emergency Department to help with timely evaluation of patients for psychiatric treatment and appropriate placement in 2015. Other improvements for this patient population included Carolinas HealthCare System services for patient placement, CHS best service-line consultation and best practice, and G4S transport. All of these improvements are essential to decrease the hours of behavioral health holding time per patient who accessed care through the Emergency Department.

**Tele-Stroke Videoconference** – Added as a service in the Emergency Department to help with timely evaluation of patients with symptoms of a stroke in order to implement the Stroke Bundle. Over the last two years, new and improved technology include bladder scanners, vein finders, bedside video-remote interpreters, upgraded CCU monitors, state-of-the-art critical care beds, eICU technology, and surgical services upgrades. Additional bariatric beds and lifts were purchased due to the patient population served and the assessed needs of teammates.

In follow-up to Rapid Response and Code Blue monitoring, the decision was made to purchase McGrath MAC video laryngoscopes to facilitate intubation needed for resuscitation. A capital request for bed replacement was completed to standardize inpatient rooms in 2016. Purchase of Smart Pumps and smart phones continues to be a priority for the organization and the local decision is on hold pending corporate purchasing decision with Cerner.

In collaboration with Carolinas HealthCare System and the medical staff, a **Surviving Sepsis Campaign** launched in 2014 based on the evidence and this work monitored on an ongoing basis for improved outcomes. When a patient is identified as septic, a Code Sepsis is called to generate a rapid response from the interdisciplinary team. The rapid response is especially important because many of the interventions needed to improve patient outcomes are time sensitive. In 2016, the identification of inpatients at risk was automated with real time alerts sent to the attending nurse if the web-crawler identified the patient at high risk for sepsis.

In 2014, an Information Technology (IT) generated **nurse-driven foley catheter removal protocol** was implemented and this practice was monitored for improved outcomes in 2015. Nurses evaluate the need for the ongoing foley catheter use each shift and remove if not indicated. This was monitored as a continuing priority in 2016, and the organization saw an 80.5 percent improvement in 2016.
CHS Blue Ridge Nursing Develops Own Scorecard

We benefit from our affiliation with the Carolinas HealthCare System by using the Nursing Clinical Integration Plan and participation in the shared strategic nursing priorities over the next year. In 2016, Carolinas HealthCare System Blue Ridge nurses collaborated on Clinical Integration initiatives to share best practices and optimize use of Canopy, our Electronic Medical Record program. CHS Blue Ridge nurse leaders developed a work plan modeled after the Carolinas HealthCare System work plan, and a scorecard for nursing that was shared with all levels of the organization.

Nursing outcomes are tracked through participation in a National Database for Nursing Quality Improvement (NDNQI) and by benchmarking with Carolinas HealthCare System. A dashboard developed in 2016

### Carolina HealthCare System Blue Ridge Scorecard

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Initiative Measures</th>
<th>2015 Threshold</th>
<th>2016 Target</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve Acute Care Quality &amp; Safety</td>
<td>Patient Safety Composite</td>
<td>0.821</td>
<td>0.716</td>
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<td></td>
<td>Hand Hygiene - Nursing Overall</td>
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<td>100%</td>
<td>88%</td>
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<td></td>
<td>CAUTI/1,000 Device Days</td>
<td>8</td>
<td>7</td>
<td>2</td>
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<tr>
<td></td>
<td>CLABS/1,000 Device Days</td>
<td>2</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td>H.A.C. Diff Cases</td>
<td>13</td>
<td>12</td>
<td>12</td>
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<tr>
<td></td>
<td>Sepsis (3 HR ED bundle)</td>
<td>65%</td>
<td>70%</td>
<td>63%</td>
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<tr>
<td>Alleviate Patient Suffering</td>
<td>System Likelihood to Recommend</td>
<td>59%</td>
<td>70%</td>
<td>64%</td>
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<td></td>
<td>*Overall Nurse Communication HCAHPS Domain</td>
<td>82%</td>
<td>83%</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>* Overall Pain Management: HCAHPS Domain</td>
<td>69%</td>
<td>73%</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>* Overall Responsiveness of Staff: HCAHPS Domain</td>
<td>70%</td>
<td>71%</td>
<td>70%</td>
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<td>Transformation of Acute Care Model</td>
<td>Length of Stay O/E</td>
<td>1.104</td>
<td>0.959</td>
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<td>System Readmission O/E</td>
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<td>Nursing Workforce Planning</td>
<td>New Grad Hires (YTD %)</td>
<td>28</td>
<td>60</td>
<td>46</td>
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<tr>
<td></td>
<td>BSN (acute care) baseline %</td>
<td>83</td>
<td>187</td>
<td>171</td>
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<tr>
<td></td>
<td>ANCC Certification</td>
<td>16</td>
<td>30</td>
<td>16</td>
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<td>Nursing Wellness &amp; Safety</td>
<td>Patient Handling Injuries</td>
<td>10</td>
<td>5</td>
<td>12</td>
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<td></td>
<td>Bloodborne Pathogen Exposures</td>
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<td>12</td>
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<td></td>
<td>Workplace Violence (assaults on a nurse)</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>Integrated Nursing Enterprise</td>
<td>Injuries with Restricted Days</td>
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<td>7</td>
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<td></td>
<td>Teammate Engagement</td>
<td>75</td>
<td>85</td>
<td>90</td>
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</table>
allowed for standardized reporting. In an increasingly complex environment with voluminous amounts of data, the nursing organization continues to look at ways to maintain focus, alignment and accountability, while addressing numerous competing priorities from regulatory agencies, corporate partners, and internally set goals and priorities.

Finding ways to maintain a work-life balance while meeting stated goals remains the commitment for nursing leadership. Developing the workforce of the future is our greatest challenge and most rewarding accomplishment and we push the educational goals out to the organization.

In 2016, the system hired 49 new graduates and retained 45 for a 92 percent retention rate. Two nurses went to long-term care but the remainder went to acute care.

### 2016 by the Numbers - Carolinas HealthCare System Blue Ridge Nurses

<table>
<thead>
<tr>
<th>Reported in 2017</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>PRN</th>
<th>Total</th>
<th>BSN%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>284</td>
<td>21</td>
<td>46</td>
<td>351</td>
<td>49%</td>
</tr>
<tr>
<td>Clinics, Case and Quality Management</td>
<td>51</td>
<td>2</td>
<td>4</td>
<td>57</td>
<td>35%</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>38</td>
<td>5</td>
<td>12</td>
<td>55</td>
<td>38%</td>
</tr>
<tr>
<td>Total System</td>
<td>373</td>
<td>27</td>
<td>62</td>
<td>462</td>
<td>45.8%</td>
</tr>
</tbody>
</table>

These numbers do not include 26 Advance Nurse Practitioners in the system working at the Master’s Level.

Millennials (or Gen Y) born 1977 and later have now surpassed other generational cohorts. About 42 percent of the RNs working within the system are in this cohort. The graph at the right shows that we need to continue to focus on the strengths that each generation brings to the workplace, and through shared governance continue to give all nurses a voice in the organization. In 2016, RNs retired in record numbers, many following a generous Voluntary Retirement Incentive Program offered by Human Resources to all employees 62 and older.

![CHS Blue Ridge System RN's by Age Group](image-url)

- Traditional Born Before 1945
- Boomer 1946-1964
- Gen X 1965-1976
- Millenial or Gen Y 1977-1995

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tradition Born Before 1945</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Boomer 1946-1964</td>
<td>145</td>
<td>114</td>
</tr>
<tr>
<td>Gen X 1965-1976</td>
<td>164</td>
<td>154</td>
</tr>
<tr>
<td>Millenial or Gen Y 1977-1995</td>
<td>158</td>
<td>195</td>
</tr>
</tbody>
</table>
For the third year in a row, the Nurse Engagement scores at Carolinas HealthCare System Blue Ridge outranked the national average in every category. What is even more encouraging, the scores were improved over the previous year!
## CHS Blue Ridge Nurse Engagement Results

### Highest Performing Items Compared to National Clinical Nurse Average

<table>
<thead>
<tr>
<th>Highest Performing Items Compared to National Clinical Nurse Average</th>
<th>Domain</th>
<th>ANCC Category</th>
<th>2016 Engagement Score</th>
<th>% Fav</th>
<th>Diff from Nat’l Clinical Nurse Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse leaders are accessible at Carolinas Healthcare System</td>
<td>ORG</td>
<td>Leadership Access and Responsiveness</td>
<td>4.10</td>
<td>87%</td>
<td>+0.37</td>
</tr>
<tr>
<td>Communication between physicians, nurses, and other medical personnel is good at CHS</td>
<td>ORG</td>
<td>Interprofessional Relationships</td>
<td>4.16</td>
<td>86%</td>
<td>+0.33</td>
</tr>
<tr>
<td>Nurse leaders share a clear vision for how nursing should be practiced at CHS</td>
<td>ORG</td>
<td>Fundamentals of Quality Nursing Care</td>
<td>4.20</td>
<td>86%</td>
<td>+0.33</td>
</tr>
<tr>
<td>I have sufficient time to provide the best care/service for our clients/patients.</td>
<td>EMP</td>
<td>Adequacy of Resources and Staffing</td>
<td>3.78</td>
<td>71%</td>
<td>+0.33</td>
</tr>
<tr>
<td>My department is adequately staffed.</td>
<td>ORG</td>
<td>Adequacy of Resources and Staffing</td>
<td>3.38</td>
<td>55%</td>
<td>+0.32</td>
</tr>
<tr>
<td>Senior nursing leadership is responsive to my feedback.</td>
<td>ORG</td>
<td>Leadership Access and Responsiveness</td>
<td>3.90</td>
<td>71%</td>
<td>+0.32</td>
</tr>
<tr>
<td>The person I report to is responsive when I raise an issue.</td>
<td>MGR</td>
<td>Leadership Access and Responsiveness</td>
<td>4.24</td>
<td>95%</td>
<td>+0.29</td>
</tr>
<tr>
<td>There is good collaboration between nursing and the different ancillary services.</td>
<td>ORG</td>
<td>Interprofessional Relationships</td>
<td>4.18</td>
<td>96%</td>
<td>+0.29</td>
</tr>
<tr>
<td>The person I report to supports free exchanges of opinions and ideas.</td>
<td>MGR</td>
<td>Leadership Access and Responsiveness</td>
<td>4.28</td>
<td>88%</td>
<td>+0.27</td>
</tr>
<tr>
<td>Different departments in my workplace work well together.</td>
<td>ORG</td>
<td>Interprofessional Relationships</td>
<td>3.94</td>
<td>77%</td>
<td>+0.27</td>
</tr>
</tbody>
</table>

## CHS Blue Ridge Nurse Engagement Results

### Lowest Performing Items Compared to National Clinical Nurse Average

<table>
<thead>
<tr>
<th>Lowest Performing Items Compared to National Clinical Nurse Average</th>
<th>Domain</th>
<th>ANCC Category</th>
<th>2016 Engagement Score</th>
<th>% Unfav</th>
<th>Diff from Nat’l Clinical Nurse Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>My department works well together.</td>
<td>EMP</td>
<td>RN to RN Teamwork and Collaboration</td>
<td>4.39</td>
<td>3%</td>
<td>-0.09</td>
</tr>
<tr>
<td>My department demonstrates a commitment to patient- and family-centered care.</td>
<td>EMP</td>
<td>Fundamentals of Quality Nursing Care</td>
<td>4.48</td>
<td>3%</td>
<td>-0.11</td>
</tr>
<tr>
<td>I am involved in quality improvement activities.</td>
<td>EMP</td>
<td>Fundamentals of Quality Nursing Care</td>
<td>4.01</td>
<td>5%</td>
<td>-0.12</td>
</tr>
<tr>
<td>Nurses in my department help others to accomplish their work.</td>
<td>EMP</td>
<td>RN to RN Teamwork and Collaboration</td>
<td>4.41</td>
<td>2%</td>
<td>-0.12</td>
</tr>
<tr>
<td>Within my scope of nursing practice, I have the freedom to act in the best interest of the patient.</td>
<td>MGR</td>
<td>Autonomy</td>
<td>4.27</td>
<td>3%</td>
<td>-0.13</td>
</tr>
<tr>
<td>Carolina Healthcare System makes every effort to deliver safe, non-free care to patients.</td>
<td>ORG</td>
<td>Fundamentals of Quality Nursing Care</td>
<td>4.27</td>
<td>4%</td>
<td>-0.14</td>
</tr>
<tr>
<td>Overall, I am satisfied with the expertise of the nursing staff.</td>
<td>EMP</td>
<td>Fundamentals of Quality Nursing Care</td>
<td>4.27</td>
<td>1%</td>
<td>-0.15</td>
</tr>
<tr>
<td>My department uses evidence-based practice in providing patient care.</td>
<td>EMP</td>
<td>Fundamentals of Quality Nursing Care</td>
<td>4.27</td>
<td>2%</td>
<td>-0.15</td>
</tr>
<tr>
<td>Nurses in my department help others even when it’s not part of their job.</td>
<td>EMP</td>
<td>RN to RN Teamwork and Collaboration</td>
<td>4.41</td>
<td>3%</td>
<td>-0.19</td>
</tr>
<tr>
<td>When appropriate, I can act on my own without asking for approval.</td>
<td>MGR</td>
<td>Autonomy</td>
<td>4.15</td>
<td>4%</td>
<td>-0.20</td>
</tr>
</tbody>
</table>

*No nursing practice environment items for CHS Blue Ridge scored below the National Clinical Nurse average.*
CHS Blue Ridge patient volume is following the national trend of slowly declining in-patient census in 2016.

- The organization improved in maintaining the goal of 1:5 RN ratio on Med/Surg and Telemetry, and 1:2 RN ratio in CCU. In fact, in 2016 we exceeded the goal of 1:5 Med/Surg staffing only 1.6% percent of days.
- For Med/Surg, the only month with a day that exceeded the target staffing ratio of 4.5 to 5.5 (avg = 5.0) was December, (one day with a ratio of 1:6.01).

For the Telemetry Unit, there were no months when the staffing ratio exceeded the target! For CCU, there were five months when the target staffing ratio of 1:2 was not met. During January and March, there were 5 days above the target, February (4), April (3) and December (1).

Hand hygiene compliance efforts led in partnership between nursing and medical staff, have dramatically improved since the initial Rapid Improvement Event (RIE). The organization continued to focus on this in 2016 with a goal of 100 percent hand hygiene compliance.
For ICU, there were 5 months where the target staffing ratio of 1:2 was not met. During January and March there were 5 days above the target, February (4), April (3) and December (1).

Hospital-Acquired Pressure Ulcers are below the national average. Hand hygiene compliance efforts led in partnership between nursing and medical staff, have dramatically improved since the initial Rapid Improvement Event (RIE). The organization continued to focus on this in 2016 with a goal of 100 percent hand hygiene compliance.

As discussed earlier, the organization has seen the expected downward trend with the nurse-driven protocols to remove foley catheters. In fact, the organization saw a 32 percent decrease in the foley catheter days year over year in the first year (2015) following roll-out of the protocol. Rates appeared higher than actual based on usage, because F/C days are down. 2016 saw an 80.5 percent improvement.

GOAL: Rate of hospital acquired pressure ulcers, state II and above, less than national mean (average) of similar units in hospitals with more than 500 beds

As discussed earlier, the organization has seen the expected downward trend with the nurse-driven protocols to remove foley catheters. In fact, the organization saw a 32 percent decrease in the foley catheter days year over year in the first year (2015) following roll-out of the protocol. Rates appeared higher than actual based on usage, because F/C days are down. 2016 saw an 80.5 percent improvement.

GOAL: Infection rate less than national mean (average) of similar units
Hospital Ventilator Associated Pneumonia/Events/Conditions (VAPs/VAEs/VACs) are below the national mean on average over the past eight quarters. The above outcomes were conditions that did not progress to pneumonia or VAPs that are more serious.

As discussed earlier, the organization has seen the expected downward trend with the nurse-driven protocols to remove foley catheters. In fact, the organization saw a 32 percent decrease in the foley catheter days even when there was a 5 percent growth in the inpatient volume year over year in the first year (2015) following roll-out of the protocol. Rates appeared higher than actual based on usage, because F/C days are down. There were a total of 8 infections (CAUTI’s) in 2015 and this dropped to only 2 CAUTI’s in 2016 for an 80.5% improvement.

Following a strong start to the year, the nursing team remained focused on meeting the nursing communication goal. The year ended just 1.2 basis point below the goal of 82.3 percent top (equivalent to the 75 percentile). With nurse communication as the main driver in improving the overall experience of care, the nursing team worked diligently in 2016 to understand the root cause of communication opportunities.

Utilizing the GetWellNetwork™ program “Commit to Sit” with patients, implementing a consistent nurse leader rounding process to the clinical supervisor welcome rounds and nurse executive rounds, nurses continued to focus on the patient perception of communication skills.
The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Pain Management team, led by Libby Dolen, David Roseman, and Dr. Lafferty, continued to work diligently in 2016 to support and hardwire the tactics implemented by the team in 2015 to improve the patient’s perception of pain management. The year ended with 70 percent top box, a 1.5 percentage improvement from the prior year. A promising upward trend continues given the complexity and difficulty of managing chronic pain patients. Nursing continues to lead the efforts around management of pain utilizing integrative therapies.

Ending the 2016 year just 1 percentage point below goal, the nursing team remained focused on the patient’s experience of responsiveness. Preceptors participated in additional training to enhance their skills and model intentional rounding with teammates. In addition, real time coaching was provided to the nursing team on intentional rounding with the help of our clinical educators. The year over year trend, beginning in 2015 is positive.

The fall rate was above the national benchmark in 2016. A task force has been formed to respond to the reasons for this increase, and a falls bundle based on recent research and evidence will be implemented. The results will be added to the Nursing Scorecard for 2017 and monitored closely for improvement.
Relationship Based Care
Commitment to My Co-Workers for Healthcare Teams

As your co-worker and with our shared organizational goal of excellent patient care, I commit to the following:

• I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every other member of this team.

• I will talk to you promptly if I am having a problem with you. The only time I will discuss it with another person is when I need advice or help in deciding how to communicate with you appropriately.

• I will establish and maintain a relationship of functional trust with you and every member of this team. My relationships with each of you will be equally respectful, regardless of job title, level of educational preparation, or any other differences that may exist.

• I will not engage in the “3Bs” (Bickering, Back-biting, and Blaming). I will practice the “3Cs” (Caring, Commitment, and Collaboration) in my relationship with you and ask you to do the same with me.

• I will not complain about another team member and ask you not to as well. If I hear you doing so, I will ask you to talk to that person.

• I will accept you as you are today, forgiving past problems and ask you to do the same with me.

• I will be committed to finding solutions to problems, rather than complaining about them or blaming someone for them, and ask you to do the same.

• I will affirm your contribution to the quality of your work.

• I will remember that neither of us is perfect, and that human errors are opportunities, not for shame or guilt, but for forgiveness and growth.

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Compiled by Marie Manthey