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In 2011, Florida Hospital Waterman embarked on several initiatives that served to impact nursing and advance the practice of nursing in our facility. As with any implementation of new initiatives there have been some challenges. However, I am honored to announce that the Florida Hospital Waterman Division of Nursing is introducing the first Nursing Annual Report. It is my goal that this report will showcase the improvements in the practice of nursing that resulted from the prominent work of many. I proudly highlight the following examples:

- Implementation of Computerized Physician Order Entry (CPOE)
- Implementation of Medication Positive Patient Identification (MPPID)
- Individualized Plan of Care (IPOC)
- “Always the Best Patient Experience” Journey
- DAISY Award Program development and implementation
- Design and implementation of Shared Governance Model
- Clinical Ladder re-introduction
- Quality Initiatives
- Construction of a Simulation Laboratory

As a team, we have committed to make opportunities and propel nursing to the forefront of our profession and our community. It is through collaboration that we all can work as partners with physicians and other healthcare colleagues to lead, change and advance the common goal of Always the Best Patient Experience.

As we journey through the next year, I envision nurses practicing at the highest level, providing impeccable care, full of compassion and prepared to lead in the changing healthcare arena for our community. I am confident that our accomplishments in 2012 will be even more exciting. Inside the pages of this report, you will have a glimpse of what we have done and what we are expecting for 2012. It is definitely great to be a nurse!

Always the Best,

Patricia Dolan, RN, BSN, MS
Vice President and Chief Nursing Officer
Journey to Improve “Always the Best” Patient Experience

The Always the Best Patient Experience Has Begun to Demonstrate the Best Patient Care!

In 2011, Florida Hospital Waterman launched the Always the Best Patient Experience initiative to improve quality, safety, and satisfaction for our patients. FHW is now a full year into its journey to hardwire evidence-based methods for aligning processes, goals, and behaviors. The year’s achievements include three Leadership Development Institutes during which all directors, managers, charge nurses, supervisors, and team leads participated in training on the evidence-based practices:

- Rounding for outcomes
  - Hourly rounding on patients by staff
  - Leaders rounding on patients
  - Leaders rounding on staff
- Aligning leader evaluations with desired behaviors
- Employee thank you notes

Additionally, nurse leaders participated in quarterly Nursing ReBoot Camp sessions to refresh and strengthen the leadership skills that are essential for maintaining a competent and compassionate staff.

Consistent and effective hourly rounding on patients is one of the most effective drivers of care improvement. In September, 371 nurses and patient care technicians completed hourly rounding training. Hourly rounding on patients bundles routine care with an assessment of pain management, positioning, bathroom needs, and an environmental check. Each round is documented on the rounding log posted in the room. Results are improved pain control and communication, reduced falls, and reduced frequency of call lights.

October’s roll-out of hourly rounding on patients was combined with installation of new whiteboards in patient rooms. The whiteboards outline the daily care plan so that patients and care providers collaborate on a summary of the patient’s pain management goals, daily goals, scheduled procedures, and questions for physicians.

Fire Starter Awards

Let’s Ignite Always the Best Patient Care Experience!

The Florida Hospital Waterman Fire Starter Award was established in late 2011. Winners of this quarterly recognition of outstanding accomplishment are Florida Hospital Waterman individuals or teams who have demonstrated measurable improvement in performance, patient satisfaction, or internal customer satisfaction. Fire Starter Award winners ignite and inspire the spirit of excellent care.

The 2011 Fire Starter Award recipients were:

- The Emergency Department, ED Registration, and ED Guest Services, for reducing “door to doc” time to an average of 14 minutes
- The Pressure Ulcer Team, ICU, and 3 North, for their PI study in which hospital-acquired pressure ulcers were decreased to 3.2% — well below the national benchmark of 4.8%
Emergency Care

Redesign: The main interior of the Emergency Department was redesigned to enhance openness and improve functionality. There have been numerous staff and visitor compliments on the renovation.

Two Way Radio Program: This was implemented to allow staff real time communication with anyone in the Emergency Department. This has been wildly successful.

"Pull to Full" Program: This resulted in the elimination of wait times in the Emergency Department waiting room. Thousands of our patients and families have been seen by a provider with an average wait time of less than 20 minutes.

EMS Offload Program: A paramedic off loads EMS patients immediately upon arrival and initiates care completion.

Recruitment: Qualified staff lends itself to excellence in Emergency Medicine. We made a conscious decision to eliminate temporary/agency nurse usage in the Emergency Department. This led to hiring new staff, building a strong team and excellence in care during times of higher than anticipated patient volumes.

Leadership: The Emergency Department leadership team provided support to staff by doubling the number of patient care tech’s during high volume times. This equated to one patient care tech per nurse when volumes peaked. In addition, patients of less acuity were kept vertical. This allowed us to incorporate a “results pending lounge” where patients wait for test results, making acute beds more available to patients in acute need.

Awards: The Emergency Department was the recipient of the first Fire Starter Award. This award is given to teams or individuals for outstanding accomplishments.

Emergency Department Volumes:

<table>
<thead>
<tr>
<th>Year</th>
<th>Visits</th>
</tr>
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<tr>
<td>2010</td>
<td>46,946</td>
</tr>
<tr>
<td>2011</td>
<td>49,676</td>
</tr>
</tbody>
</table>

Managing the Diabetes Patient

Exemplary Professional Practice for Always the Best Patient Experience

Diabetes management for the hospitalized patient has always been challenging. They experience changing environments, irregular food intake, unusual medications, and procedures, as well as the body’s natural and unpredictable response to illness. Despite the current research literature about the effects of uncontrolled glucose levels on all other morbidities, glycemic management has frequently taken a back seat to other presenting illnesses. Through the dedication of the Florida Hospital Waterman Diabetes Collaborative, physicians, and nurses, our diabetic patients are now receiving state of the art expert care.

EndoTool

Our journey began in 2008 with the addition of a computerized program for safe administration of insulin drips called EndoTool®. Starting in our ICU department, this tool resulted in patient’s quickly reaching glycemic target without significant hypoglycemia. Florida Hospital Waterman was the first of the Adventist Health Systems to roll out EndoTool® into our Operating Room Suites. The next advancement came with the opening of our Cardiovascular Intensive Care Unit when we proved that post CABG patients, even those without diabetes, benefitted perioperatively by tight glucose control utilizing the EndoTool® program. During the last 4 years, we have been able to capture glycemic control within an average of less than 5 hrs and have obtained a hypoglycemic rate (<70 mg/dl) of less than 1% by utilizing this tool. In addition, the majority of glucose levels are maintained between 100-149 mg/dl providing ultimate safety for our patients and congruent with ADA and AACE guidelines.

Orthopedic Surgical Diabetic Patient Pilot

The incidence of diabetes continues to soar. “If current trends continue, 15% of American adults — or more than 37 million Americans — will be living with diabetes by the end of 2025.” (Gallup Health) Florida Hospital Waterman has reflected this trend by identifying that at least 50% of hospital admissions on any given day have diabetes, pre-diabetes or medication induced hyperglycemia.
What An Exciting Year for Clinical Informatics and Florida Hospital Waterman!

On July 6, 2011, after many months of preparation, training and hard work by all departments and our physicians, we successfully rolled out Computerized Physician order Entry (CPOE). We had over 60 Super Users throughout the hospital to assist the physicians, nurses, and anyone else affected during the transition. Everyone did a fabulous job and our CPOE numbers well exceeded expectations with more than 90% of all orders being entered into the system by providers.

The ED physicians eliminated paper T-Sheets and are now 100% electronic using PowerNoteED. Inpatient Power Note usage for progress notes went from 9% to 57% of inpatient days. Clinicians now have immediate access to legible physician orders.

Just when things started to settle down, we began training for our November 1st Medication Positive Patient ID (MPPID). MPPID has added another layer of safety for our patients when medications are being administered. In addition to our two patient identification process, nurses are now scanning the patient and the medication to ensure the medication ordered is administered to the correct patient. Our overall rates are above 90% for scanning compliance with many units scanning at over 95%.

If that were not enough, November 1st we also rolled out the new Interdisciplinary Plan of Care (IPOC). IPOCs enable all disciplines to easily review and contribute to the patient’s plan of care. A variety of evidence based IPOCs are suggested based on data entered during routine nursing documentation, and interdisciplinary consults are placed to enhance collaboration between disciplines and individualize patient care to the patient’s assessed needs.

So what’s coming for 2012?

Be on the look out for continued enhancements to Cerner streamlining nursing documentation and workflows. Coming the first half of 2012, physicians will be able to print their prescriptions directly from Cerner when completing their medication reconciliation at discharge.

Our ECG machines will synchronize with Cerner eliminating the need to scan the paper printouts into the electronic record. We will roll out the Patient Agendas which will be given to each patient with information about their care, tests ordered, etc.

In June or July we will be participating in a major Cerner Code upgrade that will enable many new optimizations. Therefore, the second half of next year will be very busy with enhancements to nurse and physician workflows. Smart IV pumps’ will be another patient safety initiative in 2012.

Managing the Diabetes Patient, Continued

Taking a proactive approach, nursing has once again stepped up to the plate to advance their knowledge base of the diabetes disease process by instituting the Diabetes Resource Trainer (DRT) program. Initiated in 2010, this year long program is taught by Certified Diabetes Educators who impart their level of expertise in the field of diabetes to the participants. Increasing the knowledge base and critical thinking skills of the bedside nurse insures that best practice is delivered. There have been 10 graduates of the program in 2011 and currently enrolled are an additional 12 nurses. In addition to the DRT Program, “Advanced Diabetes Management in the Hospital Setting” classes are being offered to all nursing staff to help build their knowledge base in the event they are unable to make the year long commitment.

Pharmacy Management Pilot

Florida Hospital Waterman is currently piloting a program for pharmacy to adjust insulin dosing on a daily basis in order to improve and maintain glycemic control during the patient’s hospital stay. This project is set to run from February to May of 2012 and will determine if improved glycemic control is gained by a pharmacy driven program.

Clinical Informatics

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Surgical Services

The Best and the Brightest is the Focus of Surgical Services

Surgical Services is comprised of the following departments:
- Ambulatory Services Unit
- Anesthesia Department
- Operating Room
- Post Anesthesia Care Unit
- Sterile Processing Department
- Endoscopy

Florida Surgical Care Initiative (FSCI):
Florida Hospital Waterman is one of over 100 hospitals in Florida participating in this collaborative to improve surgical care and outcomes. The program is based upon the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) which is the gold standard in measuring surgical outcomes. Data is collected on 20 patients every 8 days and those patients are followed for 30 days post op in order to identify any occurrences (complications). Severity adjusted data is due to be released in early March which will compare our outcomes to the other participating hospitals. Early data analysis indicates we have an opportunity to improve our care for colorectal patients.

Cardiac Surgery at Florida Hospital Waterman:
In November 2011, Florida Hospital Waterman proudly achieved our goal of providing cutting edge cardiac surgery. This journey has evolved over an extended period of time, and on November 1, 2011, we performed our first OPCAB (Off Pump Coronary Artery Bypass). Data suggests that, when possible, the off pump approach reduces post operative morbidity, especially in women. As of this writing, we have performed 54 cardiac surgery procedures, with the majority able to be performed off pump. This program is possible due to the hard work and dedication of the Cardiac Surgery Team, including OR nurses and techs, Anesthesia providers, and Perfusionists. THANK YOU to all team members.

Service for our Surgeon Partners:
The department staff is working very hard to provide an efficient “shop” for our surgeons. We define efficiency as having skilled staff as well as a minimum amount of downtime between surgical cases. We have chosen to begin by getting our day started on time. In December, we made incision on time in 77% of our first cases. This is well above the 75th percentile in the nation, as measured by Healthcare Advisory Board data. In the nation, those hospitals who make on time incisions 46% of the time are at the 75th percentile. Our department well exceeds that metric. Way to go team!!

A minimum of time between cases is defined differently, depending on who you are. An OR nurse defines this as patient out to next patient in. A surgeon defines this from the time he/she closes the patient and then makes an incision on the next patient. We measure both data items. Preliminary results indicate:

Patient Out to Patient In:
December 2011 23.2 minutes (Healthcare Advisory Board 75th percentile 23.2 minutes.)

Perioperative Glycemic Control:
In 2010, our Perioperative Team embarked on a study that was published regarding elevated blood sugars during the perioperative period on diabetics and non-diabetics. In 2011, using the results from that study, the team gathered patient information on all inpatients that had elevated blood sugars above 180. This included treatment given while in the surgical arena and monitored the next three blood sugars after leaving PACU. This information was taken to multiple committees including the Department of Surgery, Anesthesia, and Department of Medicine. Due to the alarming results of out of control blood sugars, 2012 has been deemed “The Year of Glycemic Control.” The Joint Replacement Unit (5N) has been trained and staffed to manage Endo Tool patients. Prior to this, all Endo Tool patients have been cohorted in ICU and CVICU.

Blocks in Pre-op:
At the beginning of 2011, we were doing eye-blocks and femoral nerve blocks routinely in the Pre-op Area. As the year progressed, several Orthopedic Surgeons requested shoulder blocks. The Anesthesia group was then trained and currently we are seeing a daily increase in volume.

With the expertise of our Cardiac Anesthesiologists, we have also been able to add thoracic blocks for our video assisted thoracic surgery patients resulting in a 100% improvement of the initial post-operative pain.

Endoscopy Volume:
Even with the continued loss of patients to the area Ambulatory Centers, Endoscopy increased volume of total patients by 29.2%, and total minutes by 19.3%. Outpatient volumes increased by 34.1% and inpatients volumes by 19.7%. The endoscopy staff was able to continue to serve after hour and weekend needs of the endoscopist even though volumes continued to increase.

Journey to Improve “ALWAYS THE BEST” Patient Experience
The mission of the Florida Hospital Waterman Nursing Clinical Ladder program is to motivate and reward the registered nurse for advancing the practice of nursing. It is a voluntary system for recognizing and promoting advanced clinical practice for non-management, full and part-time staff that demonstrate exemplary clinical knowledge and skills. This program offers support and incentives to participate in activities embedded in our pillars of excellence: Education, Service, Leadership, and Quality.

Florida Hospital Waterman Nursing Clinical Ladder is based on a point system. Each enrolled nurse will keep track of points earned during the program year. The program has two levels with a minimum number of points required to qualify for each level. Achievement of a level will qualify the professional nurse for a pay incentive.

This program serves to promote nursing autonomy and strengthen professional growth to improve patient outcomes. To date, the number of participating nurses to the program and past year stipends are:

- **2008/2009:** 104 Nurses $169,500
- **2009/2010:** 98 Nurses $154,000
- **2011:** 125 Nurses are planning on participating

In our NetLearning Computer Based Learning (CBL) system, there are 89 new classes this year on topics such as Stroke, Hyperglycemia Management, Coronary Disease, and many others. In addition to the 89 CBL’s that were constructed, we offer over 400 live classes from basic to advanced Nursing/Healthcare Provider skills. Examples include Trauma Nurse Core Curriculum, Foley Catheter Insertion, EKG Interpretation, Chest Tubes, Domestic Violence, Prevention of Medical Errors, Rapid Response Team Training, Code Management, new product introductions, and many more.

Healthcare Professionals may earn all of the CEU’s needed for license renewal including mandatory and elective credits (most are without charge) through our NetLearning CBL’s and the accredited Live classes.

In addition, many Community Courses are offered to help increase the health and knowledge of our community including CPR, First Aid, How to Live to be 100, Blood Pressure Control, and Prenatal Classes. Florida Hospital Waterman Conferencing Center also hosts many local community Support Groups.

Florida Hospital Waterman is an accredited American Heart Association Training Center. In 2011 we served to train:

- **CPR:** 46 classes – over 500 participants
- **ACLS:** 26 classes – 303 participants
- **ACLS Physician Only:** 6 classes
- **PALS:** 8 classes – 64 participants
- **NRP:** 6 classes – 68 participants
- **TNCC:** 2 classes – 38 participants
- **Heart Saver CPR:** 5 classes – 100 participants

The 2011 Annual Skills Fair honored those scientists before us that were “Always the Best” in what they achieved so that we may give “Always the Best” patient care. The Fair consisted of 24 individual hands-on and didactic stations designed to validate, improve, and increase the knowledge and skill level of the clinical staff. A total of 575 clinical staff from all departments attended this event.

Healthcare Professionals may earn all of the CEU’s needed for license renewal including mandatory and elective credits (most are without charge) through our NetLearning CBL’s and the accredited Live classes.
Creating Shared Partnership for Always the Best Patient Experience

Florida Hospital Waterman believes that communication is essential for the provision of quality patient care and for creating Always the Best environment and circumstances for patients as well as colleagues. We believe that the Shared Governance Model functions as the voice of nursing in issues which impact practice. We commit to impeccable nursing care working in partnership with our patients and colleagues. It is our conviction that this is crucial in providing an environment that promotes evidence-based practice and quality outcomes. Therefore, the Nursing Shared Governance Model (below) was developed.

At Florida Hospital Waterman, shared governance is a dynamic based on the principles of partnership, accountability, equity, and ownership. It is through empowering the bedside clinical nurse to use shared decision-making that practice is advanced.

The following councils represent our shared governance model:

- Professional Development Council
- Quality and Performance Improvement Council
- Clinical Informatics Council
- Patient Satisfaction Council
- Evidence Based Research and Education Council

Awards

The DAISY Award for Extraordinary Nurses

The DAISY Award is a nationwide program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses everyday. Florida Hospital Waterman is proud to be a DAISY Award Hospital Partner, recognizing one of our nurses with this special honor every quarter.

The DAISY Award (Diseases Attacking the Immune System) was created by the family of Patrick Barnes who died in 2009, of Idiopathic Thrombocytopenia Purpura (ITP), at the age of 33. He died within eight weeks of diagnosis.

“We were awestruck by the clinical skill, competence, and judgment of Patrick’s nurses brought into his room every day. And on top of that, we were moved and, at times, emotionally overwhelmed by the kindness, the compassion, sensitivity, communication, and the caring with which they treated not only Pat, but also all of us in his family.”

~ Bonnie Barnes, Patrick’s mother

In collaboration with The American Organization of Nurse Executives (AONE) and Cinnabon® each award recipient receives a small statue handcrafted by an African tribe symbolizing caring, a certificate of recognition, and the nursing unit receives cinnamon buns. During the presentation of the award, the nurses are asked that whenever they enjoy a cinnamon bun or savor the aroma of cinnamon they remind themselves they are truly special.

Congratulations to the 2011 DAISY Award winners

- Mary Lee, RN
  4 South

- Cyndi Eason, RN
  Women and Children’s Services
Breast Care Coordinator

For the last two years, Florida Hospital Waterman is proud to offer a Breast Care Program. Our Breast Care Coordinator works closely with a multidisciplinary team of experts in diagnostic imaging, medical and radiation oncology and surgery to guide and support women as they navigate through a confusing and sometimes stressful journey. Making the Best Connection can happen in a variety of ways. Women are connected with our Breast Care Coordinator through their physician, following surgery, through other team members and of course by a self-referral. Regardless how the connection is made, our Breast Care Coordinator will provide one-on-one support and compassionate assistance. This includes understanding patient and family needs, providing resources and pertinent information all while identifying ways to make the experience more comfortable, understandable, manageable and just The Best!

As we provide The Best Connection for Breast Care, we will:
- Serve as an educator, advocate and guide
- Provide information
- Identify resources
- Assist with communication with physicians and other team members

Nurse Week Celebration

Florida Hospital Waterman celebrates Nurses Week each year to acknowledge the amazing skills and abilities that our nurses possess and contribute to advance the practice of nursing. The festivities include two seating’s of a sit down dinner with keynote speakers. This event is very popular and promotes collegiality and unity among our nursing staff.

Clinical Excellence Awards are also presented during Nurses Week. These awards are given to the Graduate Nurse of the Year, the Preceptor of the Year, Charge Nurse of the Year, and Nurse of the Year. The recipients receive flowers, framed certificate, engraved statute, picture in the Orlando Sentinel and a premium parking place for an entire year. In 2012, Florida Hospital Waterman is excited to have Rich Bluni, author of Inspired Nurse, here in May.

Gracious Giving by the Foundation

In keeping with the FHW Foundation’s mission to support FHW in healthcare excellence through charitable giving, the Foundation was pleased to fund the high fidelity SimMan 3G, named Walter Waterman, by the employees, in the amount of $175,000. The donation was made by Board members and donors with a passion to provide onsite tools for our staff to continue learning and to elevate their expertise in clinical knowledge. The benefits of this generous gift will be multiplied in the future through exceptional patient care by our highly trained nurses and healthcare professionals.

Simulation Laboratory and Training

Improving nursing knowledge, skills and patient care is always a difficult task for hospital educators to undertake with confidence. With the edition of our newly acquired SimMan 3G human body simulator, nurses are taken through simulation scenarios that provide repetitive learning opportunities without placing any patients at risk during the learning process. This high fidelity simulator was made possible through the generous donation from our Foundation!

Practice Makes Perfect and Perfect Makes Always the Best Patient Experience

Named “Walter Waterman” by the employees at Florida Hospital Waterman, which is an acronym for Waterman’s Automated Lifelike, Training and Educational Resource. Walter will reside in his newly renovated Simulation Lab with a “go live” date for utilization slated for April 2012. The Florida Hospital Waterman Education Department aspires to provide innovative ideas and excellence in education through our hands on simulation exercises. Welcome Walter Waterman to our family of “Always the Best.”

Nurses are Always the Best
January 2011 marked a significant transition to nursing excellence at Florida Hospital Waterman when the decision was made to join and participate in the National Database for Nursing Quality Indicators (NDNQI). The mission of NDNQI is to aid the registered nurse in patient safety and quality improvement efforts by providing researched-based comparative data on nursing care and the relationship to patient outcomes. NDNQI is the only national nursing quality measurement program which provides hospitals with unit-level performance comparison reports to state, national, and regional percentile distributions. All indicator data are reported at the nursing unit level but the biggest benefit is being able to compare how we benchmark with the 1,500 participating U.S. hospitals that use NDNQI data to improve patient safety and quality of patient care. The table below is just a small sample of the information we receive.

### National Database for Nursing Quality Indicators

#### Reducing Restraint Use

Over the last 10-15 years, medical research has produced strong evidence that restraints do not prevent injury, and may in fact represent a safety hazard for patients. These findings, combined with a heightened concern of physical and psychological harm, loss of dignity, violation of a patient’s rights, and even death prompt the nursing staff at FHW to continually explore ways to prevent, reduce and eliminate restraint usage. 2011 was a landmark year in decreasing restraint usage!

#### Preventing Hospital Acquired Pressure Ulcers

In early 2011 two nursing units (ICU 2N and PCU 3N) made the decision to change from annual to quarterly Skin Prevalence walks. These two nursing units also created a Pressure Ulcer/Skin Team and met each month to develop ideas and strategies for preventing skin breakdown. They were initially disappointed with their first quarter prevalence study findings but the fire was started and by the second quarter they significantly improved and soon all the nursing units were included. They achieved some amazing results in 2011 and the team has been invited to the HillRom “Farm” in Batesville, Indiana for more learning and growing!

#### Prevent Patient Falls/Injuries

Progress has been made on many nursing units to reduce the number of inpatient falls and prevent patient injury. One of the best ways to prevent falls is hourly rounding which is evidence-based with a focus on pain, potty and positioning (some of the primary causes of patient falls).

#### Total Falls per 1000 patient days

<table>
<thead>
<tr>
<th>Variable</th>
<th>2010</th>
<th>2011</th>
<th>2010 %</th>
<th>2011 %</th>
<th>National Median</th>
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<tr>
<td>2N Total Falls per 1000 patient days</td>
<td>1.55</td>
<td>1.39</td>
<td>39.98</td>
<td>33.98</td>
<td>1.90</td>
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<tr>
<td>18</td>
<td>2N Total Falls per 1000 patient days</td>
<td>1.14</td>
<td>0.93</td>
<td>39.98</td>
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</tr>
<tr>
<td>35</td>
<td>Total Falls per 1000 patient days</td>
<td>2.53</td>
<td>2.19</td>
<td>39.98</td>
<td>33.98</td>
</tr>
<tr>
<td>45</td>
<td>Total Falls per 1000 patient days</td>
<td>2.14</td>
<td>2.64</td>
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<tr>
<td>50</td>
<td>Total Falls per 1000 patient days</td>
<td>2.21</td>
<td>1.45</td>
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<td>55</td>
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<td>2.77</td>
<td>2.77</td>
<td>39.98</td>
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**2012 Pressure Ulcer Team**

![Image of 2012 Pressure Ulcer Team results]

#### Injury falls per 1000 patient days

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<th>2010 %</th>
<th>2011 %</th>
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<td>2N Injury Falls per 1000 patient days</td>
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<tr>
<td>35</td>
<td>Injury Falls per 1000 patient days</td>
<td>0.63</td>
<td>0.63</td>
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<td>33.98</td>
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<tr>
<td>45</td>
<td>Injury Falls per 1000 patient days</td>
<td>0.63</td>
<td>0.63</td>
<td>39.98</td>
<td>33.98</td>
</tr>
<tr>
<td>50</td>
<td>Injury Falls per 1000 patient days</td>
<td>0.63</td>
<td>0.63</td>
<td>39.98</td>
<td>33.98</td>
</tr>
<tr>
<td>55</td>
<td>Injury Falls per 1000 patient days</td>
<td>0.63</td>
<td>0.63</td>
<td>39.98</td>
<td>33.98</td>
</tr>
</tbody>
</table>
Improving Core Measures

The nursing staff has increased our compliance with all core measures during the past year. The nurses work as a team with the physicians striving to achieve the 75th percentile for all of the measures. This is accomplished through Core Measure Committee meetings where there is much discussion of various ways to meet the measures. There has been a concerted effort to increase staff education which has proven worthwhile. The initiation of instruction sheets during surgery case hand offs increases staff awareness of when to discontinue the Foley catheter, stop the antibiotics and begin VTE. The staff has increased compliance for appropriate discharge instructions for CHF patients and for smoking cessation education for all core measures.

Nurse Impacted Core Measures

<table>
<thead>
<tr>
<th>Acute Myocardial Infarction</th>
<th>Goal</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin administered</td>
<td>≥ 96.23</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Adult Smoking Cessation Advice and Counseling</td>
<td>≥ 99.31</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Primary PCI received within 90 minutes of hospital arrival</td>
<td>100%</td>
<td>n/a</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Heart Failure

<table>
<thead>
<tr>
<th>Goal</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Instructions</td>
<td>≥ 97.63</td>
<td>98.8%</td>
<td>95.1%</td>
</tr>
<tr>
<td>Adult cessation of smoking advice and counseling</td>
<td>≥ 97.63</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>CHF Overall Appropriate Care Score</td>
<td>≥ 97.63</td>
<td>95.43%</td>
<td>97.33%</td>
</tr>
</tbody>
</table>

ICP - Surgical Care Improvement Project

<table>
<thead>
<tr>
<th>Goal</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate prophylactic antibiotic received within one hour prior to surgical incision</td>
<td>77.4%</td>
<td>97.8%</td>
<td>100%</td>
</tr>
<tr>
<td>Prophylactic antibiotic discontinued within 24 hours after surgery</td>
<td>37.4%</td>
<td>37.8%</td>
<td>85.5%</td>
</tr>
<tr>
<td>Cardiac surgery patients with controlled IPH preoperative serum glucose</td>
<td>97.4%</td>
<td>n/a</td>
<td>75%</td>
</tr>
<tr>
<td>Surgery patients with appropriate sani removal - no Rashes</td>
<td>37.4%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Foley Catheter Removed on POD 1 or POD 2 (but within 96/24 ICU)</td>
<td>97.4%</td>
<td>n/a</td>
<td>95%</td>
</tr>
<tr>
<td>Perioperative Temperature Management with immediate postoperative normothermia &gt;98.6</td>
<td>97.4%</td>
<td>n/a</td>
<td>100%</td>
</tr>
<tr>
<td>Patients on beta blocker therapy pre-admission who</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pneumonia

<table>
<thead>
<tr>
<th>Goal</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal Vaccination</td>
<td>≥ 96.77</td>
<td>95.8%</td>
<td>100%</td>
</tr>
<tr>
<td>Blood cultures on Arrival for ICU Patients</td>
<td>≥ 96.77</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Blood cultures performed in the ED prior to initial antibiotic received in the hospital</td>
<td>≥ 96.77</td>
<td>95%</td>
<td>94.4%</td>
</tr>
<tr>
<td>Adult smoking cessation advice and counseling</td>
<td>≥ 96.77</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Influenza Vaccination</td>
<td>≥ 96.77</td>
<td>99.2%</td>
<td>96.1%</td>
</tr>
<tr>
<td>PN Overall Appropriate Care Score</td>
<td>≥ 96.77</td>
<td>95.80%</td>
<td>95.58%</td>
</tr>
</tbody>
</table>

A SPECIAL THANKS AND ACKNOWLEDGEMENT TO OUR INCREDIBLE CONTRIBUTORS, WHO MADE THIS REPORT POSSIBLE:

Patricia Dolan, RN, MS | Vice President and Chief Nursing Officer
Amy Giraldo, MLS, PHR | Manager, Patient Experience and Staff Development
Rick Golab, BS, CNMT | Director, Diagnostic Imaging
Mary Johnson, RN | Quality Assurance Coordinator
Susan Payne, RN, MSHA | Director, Critical Care Services
Richard Pearce, RN, BS, MBA | Director, Heart Center
Karen Shaffler, RN, BS, CPHQ | Director, Quality Management
Florence Shrago, RN, MSN, RN-BC | Director, Clinical Informatics
Deanna Spears, RN, BS, CDE | Coordinator, Diabetes Management
Madge Springer, BS | Director, Human Resources
Cheryl Thaler, RN, MSN, NE-BC | Director, Medical Surgical Nursing and Special Care Services
Linda Trocino, RN, MSN | Manager, Clinical Education
Heather Wood, RN, MN | Director, Surgical Services

Words from the Top

"With great pride I would like to acknowledge and thank our entire team of nurses for the many accomplishments detailed in this report. By celebrating your achievements and honoring your commitment to excellence, we are reinforcing our pledge to providing the highest level of care and professionalism for our patients and their families. Always The Best!"

– Ken Mattison