

# Nursing Annual Report



2022

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# WELCOME LETTER

FROM PATTY JO, VP NURSING/CNO



Patty Jo, VP CNO Nursing

I am proud and excited to present the 2022 Annual Nursing report which showcases the contributions that you, our Nursing team, have made to achieve excellence in patient care. The information within this report serves two purposes, recalling the improvements and initiatives we made last year and demonstrating the strength of the direct care nurse's leadership with driving the organizational strategies.

I have always felt that Nurses can do anything once we place our focus on the task at hand. Within this report you will see this play out. Metrics that needed improvement and the intentional focus that drove the work. It is not through just your leaders; it is all of you and your ability to use your voices to identify our gaps and realize the solutions.

We continue to work on stabilizing the staffing throughout the hospital. I know it comes with your dedication to assist our novice nurses to grow stronger and build a platform of competency and inquiry. Building the foundation is as critical as not to have our "house" crumble as we continue to grow and care for our community. One example of strengthening that foundation is the creation of the Clinical Nurse Education Facilitator role to assist in building the depth of practice from advanced beginner to expert clinicians. Working alongside the clinical educator, preceptors, and our leaders to ensure success for our staff in meeting the demands of the changing clinical environments and escalating patient care needs.

Recognizing the ongoing challenges of work intensity, numerous strategies were put into place to assist our nurses. Additional Vascular access staff, increased Infection Prevention staff, clerical support for the leaders so they can be more present on the unit and the LPN throughput team are just a few examples. Our outcome measures clearly show the success of those strategies.

Take the time to really read the enclosed information and to understand the intentional work that is being done by many of your peers through our Shared leadership Council. These are the solutions that staff just like you are implementing to change our work environment and support the practice of nursing and a healthy and safe work environment.

You are Celebration and it is you that makes the difference. The community feels the difference which is why they choose AdventHealth Celebration for their care. Our work is not easy, but it is God's work and at the end of the day it is so rewarding.

Thank you for the privilege to work by your side.

A handwritten signature in black ink, appearing to read 'Patty Jo'.

Patty Jo Toor, RN, BA, MSN  
VP Nursing/CNO – AdventHealth Celebration



# 2022 NURSING GOALS

At the beginning of 2022, we established the following goals and focus for nursing in 2022. This process includes data, analysis and identification of trends, the voice of leaders, and the voice of our nursing front line staff. The table below identifies our goals, strategies, and owners. It is intentional that the voice of our SLC is integrated in this plan.

Topic	Goal	Interventions	Team
Patient Experience >75 <sup>th</sup> % Inpt 87 <sup>th</sup> ED 44 <sup>th</sup> OAS 56 <sup>th</sup>	Improve HCAHPS score for "Hosp. staff talk with you re: "help" at home.	Education, define "help" and discharge home based on health, leader visit completed 7/22 Continue hourly visit, leader visit and hand off at bedside	Caitlin McDowell Sibyl Vazquez Christina Singh Dave Markle Eric Esden Danielle Obermark
LOS/Readmissions 4.07 (3.91)	Meet GMLOS/DRG	New Sepsis coordinator role and partnership with transition clinic/cardiology for CHF care to ensure proactive support	Patty Jo Toor Kaylin Muentes Paula Carrera Betty Vanvield Sara Sextone
Capacity Mgt 100%+	Enhance proactive approach to capacity mgt and decrease delays during movement between units. Opening of C5W	Unit assignment for leader responsibility of overflow areas Proactive staff weekly Staffing/acuity tool daily Bed Mgt. GE tile Case Mix Index 1,62	Stephanie Glasser Cheryl Rochester Suja Mathew Stacy Crawford Michelle O'Flaherty
MDR (multidisciplinary rounds) In-progress >2023 cont,	Develop structure for MDR all patients/units daily	Time designated for each unit. Preparation Structured information Bedside staff, CM, Pharmacy, MD, etc.	Dr. Doleh Greta Torres Theresa Myers Michelle Ceravolo Brody Leis Sonia Mendez
Infection prevention HH 83% (goal 90)	Complete 200 HH observations/month/unit to meet Leapfrog compliance and support < HAI	HH champions	Luz Caicedo Chelsea Egger Sibyl Vazquez Jessica Stein Kristen Wagoner
NSI (HAPI, Falls, CLABSI, CAUTI) See graphs	All NSI will perform at or above the national alike unit benchmark based on NDNQI	Action plans (unit specific) based on performance. Standards of practice for each EBP/PS&Q.	SLC/S&Q chair Kristen Baker Stacy Crawford Korie Gibbs Debbie Laughon
Stabilize workforce In Progress > 2023	Number of resignations/exits to be <12 month to reduce overall turnover.	PJ/Shezel to meet with any potential candidates. Support for growth through (talent care/PEP) Pledge program PDR focus on recognition Leader development monthly programs Certification goal each unit.	PD&R chair Stephanie Glasser Andrea Williams Leah Crescenti Valeria Correa Ortiz

As you review the annual report identify progress, success, and barriers. Be sure to share your thoughts with your leaders. Our success is tied to each nurse and team member.

# OUR PROFESSIONAL PRACTICE MODEL

## What is a Professional Practice Model (PPM)?

A Professional Practice Model is the graphic depiction and framework of how we practice, collaborate, and develop professionally to provide the highest quality care for those served by AdventHealth.

## How was AdventHealth's PPM written?

Our PPM has evolved over ten years ago. It is guided by our mission and supported by the eight principles of CREATION Health. By incorporating these elements into our processes and practices, we transition from Whole Person to Whole Person Care. Each year the Shared Leadership Council reviews the PPM to verify the relevance to our nursing practice, recommend any changes, and communicates the outcomes to the nursing staff at Advent Health Celebration.

## PROFESSIONAL PRACTICE MODEL DESCRIPTION OF ATTRIBUTES

### Person-Centered Care

We extend the healing ministry of Christ through Person-Centered Care which is guided by our CREATION Health principles to embrace the whole person through the care continuum (Mind, Body, and Spirit).

### Professional Development

We support the advancement of knowledge and practice while fostering accountability and lifelong learning. We believe that professional development enhances well-being and fulfillment of purpose.

### Innovation Practice

We promote clinical excellence by applying the best available research results, clinical expertise, and patient perspective when making decisions about healthcare.

### Inclusive Culture

Inclusion is the acceptance of every individual. AdventHealth, we foster cultural competence and show love and respect to all members of our organization and community.

### Shared Decision Making

Shared decision making is a collaborative approach that enables professionals to contribute to their practice through participation in practice councils, committees, and process improvement.

### Quality and Safety

We are committed to drive and sustain safe, high-quality healthcare through collaborations and teamwork. Professional standards, ethical principles, regulatory compliance, and evidence-based practice guide our care.

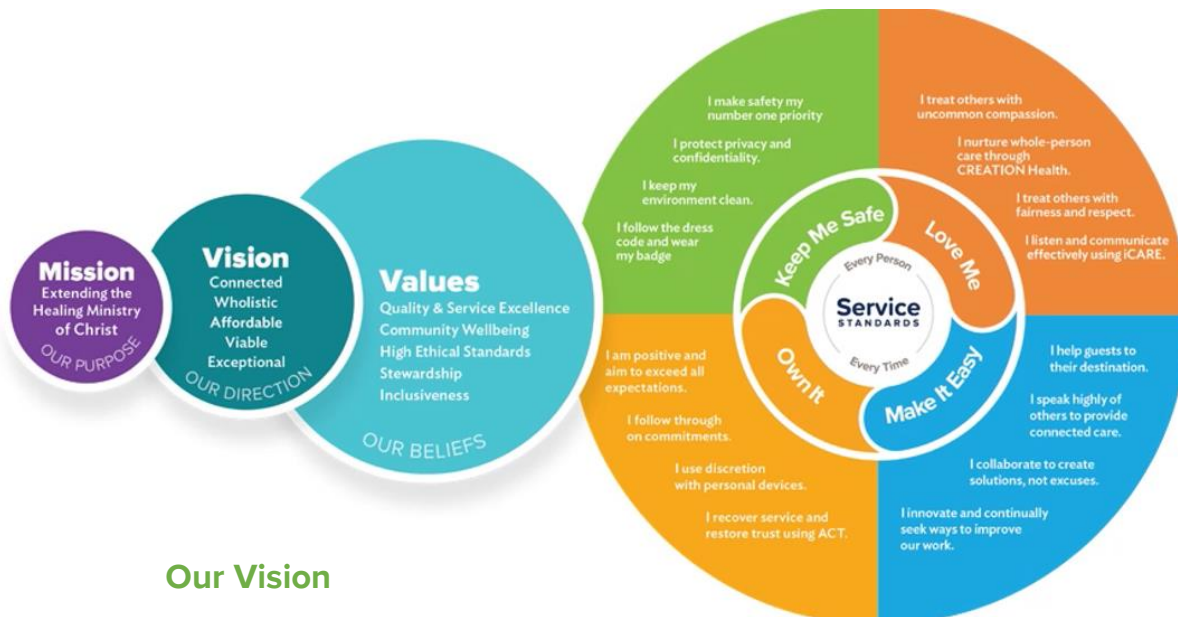


# OUR MISSION, VISION, AND VALUES

## Extending the **Healing Ministry of Christ**

### Our Mission

Our faith-based mission is the foundation for everything we do. This means that we work day and night to provide the best, most advanced medical care to our patients in a compassionate environment that is focused on whole person – mind, body, and spirit.



### Our Vision



- C** **CONNECTED**  
Connecting the dots from A-Z
- W** **WHOLISTIC**  
Healthy mind, body and spirit
- A** **AFFORDABLE**  
Cost transparency, efficiency and options
- V** **VIABLE**  
Sustaining resources for the future
- E** **EXCEPTIONAL**  
Care and service to our team and our patients

Driven by our faith-based mission and guided by our whole-person approach, AdventHealth will be known as a leader in consumer-focused clinical care. This reputation — which makes us a trusted household brand by 2030 — will result from the realization of our strategic aspirations and will promote our continued efforts to help those we serve feel whole. AdventHealth notes that our growth brings “a greater responsibility and opportunity” ... “to shape the future of healthcare”.

Terry Shaw, Vision 2030

# THE WHOLE CARE EXPERIENCE

Our commitment to our brand promise- feel whole- invites us to stay engaged in how we care for our consumers, our communities and each other as we immerse in innovative events focused on our mission, vision, values and service standards. Every team member plays an important part in helping cultivate a unified culture across AdventHealth. It's our goal that we stay inspired to engage our consumers by delivering a consistent exceptional experience for every person, every time.

The Whole Care Experience is a signature experience at AdventHealth; it is our interactive four-hour immersion into our common cultural framework and service standards. The Celebration of The Whole Care Experience is our annual event that allows us to continue the journey by providing us time to celebrate each other and recall what it means to live out our service standards.



Our service standards guide our everyday decisions and actions. Not only with our patients but as we interact with each other and our community members. Each week in the energizer, we learn more about our service standards by telling stories. The power of stories brings a visual to the individuals hearing the story; stories connect our hearts with what we do, and they connect our actions to our feelings and emotions. AdventHealth supports annual campaigns where employees can nominate others or themselves as exemplars for “Love me, Own it, Keep me Safe, and Make it Easy.” The process integrates recognition and demonstrates our team’s commitment to the pillars that make AdventHealth Strong.

Our Service Excellence awards recognizes both individuals and teams based on the following criteria.

## Individual Recognition Criteria:

- Story specifically demonstrates one of the service standards categories.
- Above and beyond story related to everyday work.
- Team member’s actions created an exceptional experience or outcome for a consumer or fellow team member.
- Others could learn from the story and do the same.



Charles Vickery,  
RN  
Recipient of the  
2022  
KEEP ME SAFE  
AH Service  
Standard  
Reward

# THE WHOLE CARE EXPERIENCE

## Team Recognition Criteria:

- Story specifically demonstrates one of the service standards categories.
- Above and beyond story related to everyday work.
- Entire team was involved in creating an exceptional experience or outcome for consumer(s) or team member(s).
- Story demonstrates collaboration with other teams. If story includes more than one team, we ask that you submit a separate nomination for each.
- Others could learn from the story and do the same.



Nursing  
Education  
Team  
Recipients of  
the 2022  
MAKE IT EASY  
AH Service  
Standard  
Reward

A key component of fostering a culture of safety is empowering team members to speak up when they identify a safety or quality concern. **Speak Up For Safety!** is a program that celebrates team members who identify and voice their concerns about patient safety. Psychological safety and transparency are enhanced when team members are recognized for speaking up about a safety concern. The goals of this program are to enhance safety awareness and encourage our team to Speak Up when issues are identified.



Department of Safety &  
High Reliability  
Central Florida Division- South



Lisa Phillips, RN

Lisa Phillips, RN Ortho Clinical Care Coordinator, spoke up for safety when she identified that antibiotics ordered to be given post-operatively were disappearing in EPIC resulting in patients not receiving antibiotics. A chart review identified that antibiotics were only given correctly post-operatively 17% of the time due to medications disappearing from the chart related to the phases of care. The concern was escalated resulting in greater discussion of the issue and the formation of a work group to address the issue.



Darlene Beloit, RN

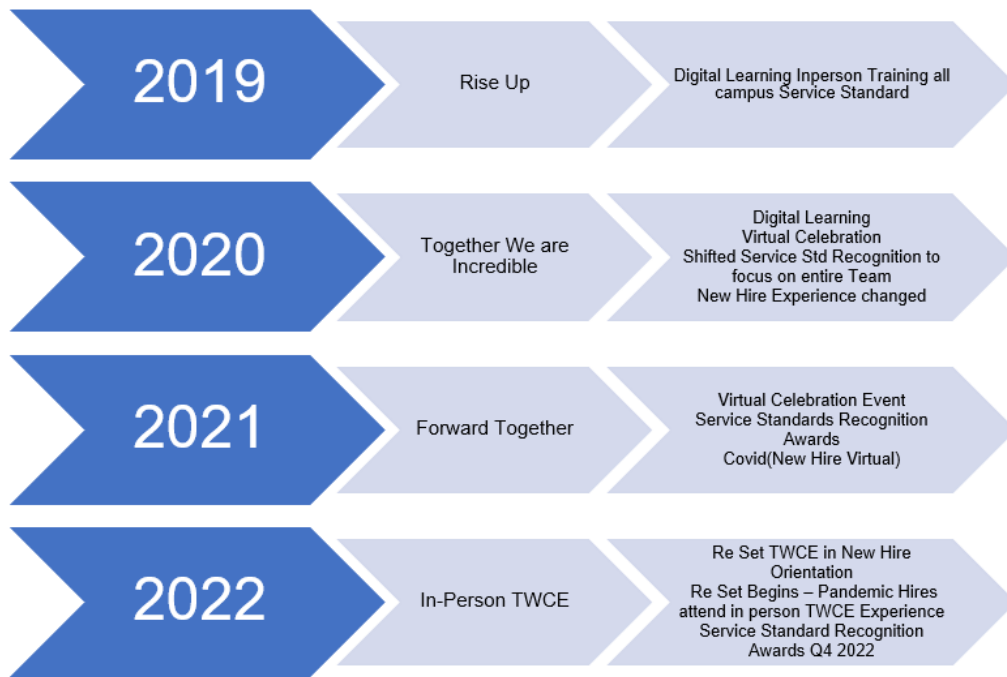
Darlene Beloit, RN and Leonora Davis, RN spoke up for safety when a Baker Act patient eloped from the unit. Darlene had a higher level of understanding in realizing that the patient was at high risk for suicide and she and Leonora followed behind and prevented the patient from jumping off of a balcony. They brought the patient back safely to her room.



Leonora Davis, RN



# THE WHOLE CARE EXPERIENCE



## Diversity, Equity and Inclusion (DEI)

Our calling to help people feel whole follows the example of Christ's healing ministry and represents our mission "To extend the healing ministry of Christ," and leads us to investigate the needs of our community members in our Diversity, Equity and Inclusion program.

Our program plan for Diversity, Equity and Inclusion has existed for many years, based on common community healthcare challenges, such as obesity, and maternal child health. In 2022, we were able to use our campus specific data to be more specific about populations that we see challenged by the healthcare system. This is driven by complex diseases, limited resources and ever escalating chronic diseases. Data helped to identify two populations that experience readmissions: young adult Type I diabetic females and middle-aged males with hepatobiliary disease. A two-year detailed plan was developed at the end of 2022 with an interdisciplinary team of subject experts to develop resources to support both patient populations. The team will use social determinant questions/screening to identify the patients on admission and to support them with specific education and community resources. By the end of 2023, we will have developed the program and additional support for these patients with a goal to reduce readmissions.

## AdventHealth Celebration DEI Council

On May of 2022, AH Celebration CEO, Doug Harcombe, announced the creation of the Diversity, Equity and Inclusion Council. Members of the council would provide strategic direction and management to foster inclusivity, health equity and diversity for the Celebration team and community.

Key AdventHealth Celebration DEI Council responsibilities included:

- Review and support the deployment of benchmarks and best practice models that improve health outcomes
- Sponsor community engagement and partnership initiatives that drive wholeness within marginalized communities and address social determinants of health
- Championing and communicating strategic and operational plans to close identified health equity gaps
- Engage in self-reflection and shaping other leaders thinking and self-reflection on cultural competency and humility
- Sponsor initiatives to source, retain, and develop team members from diverse background at every level of the organization
- Provide accountability for facility-based DEI strategic initiatives

The goal is that the DEI Council is to make a profound impact on the well-being of those we serve and work alongside.

# THE WHOLE CARE EXPERIENCE

## 2022 AdventHealth Celebration DEI Council Members

Persaud, Adriana  
Simmonds MD, Alric V.  
Williams, Andrea  
Laughon, Deborah  
Harcombe, Douglas  
Torres-Diaz, Greta  
Cordero Ortiz, Javier  
Questell, Kirstie  
Outlaw, Minyon  
Toor, Pattyjo  
Velazquez Martin, Deisa

Laskowski, Sharon  
O'Neal, Shezel  
Crawford, Stacy  
Palacios, Beth  
Zaiback, Julie  
Hess, Ann  
Heintzelman, Sarah  
Logan, Eileen  
Villavicencio, Cynthia  
Robinson, Samuel  
Davis, Xiomara  
Reeder, Sandra

### Enhanced support for employee whole person care

Chaplains, Krista Castleberry, the Ginger App, in addition to the Employee Assistance Program. Prior to Covid, while many experienced stresses from home and work; it seemed easier to navigate. Our campus has a wonderful team of chaplains that lead us in prayer, chapel services, and support our spiritual Ambassadors. Krista Castleberry, our mental health advocate has become a common face at Celebration. She is available to support our employees one on one, as well as rounding the units, and introduces “well-being” breathing during orientation. Wellness is a continuum, one day at a time. The Ginger App offers an “anytime” resource for our team members, as well as our Employee Assistance Program is an option for resources. Our goal is that each person feels whole.



# RTLS TAGS & STRATUS INTERPRETER

In 2018, the Shared Leadership Council was informed of an increase of violence against our staff. After many discussions on a way we can increase the personal feelings of safety for our staff and the environment of the organization, we agreed on RTLS staff safety duress tags. These tags are now being used in all inpatient units. With so many units utilizing these devices, we will be rolling out new rechargeable tags in early 2023. We plan to expand to other departments, such as, Transport and EVS.

## Why should you wear it?

The RTLS staff duress tag is designed to be accessible, discreet, and easy to use. When a staff member **double presses** the button on their assigned tag, it will send an instant alert to security and the designated computers in the unit. This allows security and others on the unit to see who needs help and an update to date location of that staff member. As we continue to have the increased violence, it's important to wear it. You never know when you are going to be in a situation when you feel unsafe.



## Stratus Interpreter Devices

According to policy #010.024 AdventHealth must provide access to communication devices to ensure meaningful care. The way we have been able to make this happen, is with the Stratus interpreter devices. As we pull usage reports quarterly, we request the need for more devices as needed.

According to the report below, we had 34 trackable devices with those devices being used for over 25,000 minutes in a six-month span. At the beginning of 2023, we now have 44 devices throughout the campus. We are already requesting to add more devices as well as replacing all the old stands to the bright green ones.

Overall Summary				
T.Devices	T. Monthly Avg. (Prev 6 Months)	Max Sustainable	T. Minimum per device group (Prev 3 months)	Minimum Sustainable
34	25,632	64	22,196	55

I can't find my Stratus device!

What do I do?

All our Stratus devices are equipped with tracking tags. If you can't find your device, reach out to Samantha Kulczar. She will be able to help locate the stand and even provide log in information if the device is logged out. For any other issues, please place a ticket into AIT.



# EDUCATION TEAM

In 2022, the Education Department began transitioning to the Association of Nursing Professional Development (ANPD) Standards of Practice. The ANPD is our National Association for Professional Development Practitioners (Educators). The Association outlines best practices and guidelines for an education team focusing on 6 key throughputs or responsibilities. These are Onboarding/Orientation, Education, Competency Management, Role Development, Collaborative Partnerships, and Inquiry. These 6 topics offer a framework to guide our practice and influence intentional department activities.

We have also grown in team numbers as we opened additional units and procedural areas, divided the ICU areas, and offered additional support from the Facilitator program.

## Competency Validation – Skills Through Gamification



Skill and knowledge validation is an education core competency. By utilizing the needs assessment results C2W and C4W had themselves a staff meeting that was fun and interactive and met unit goals and objectives. There were quizzes, escape rooms, and hands on with equipment. Topics included for C2W chest pain, neuro stroke, safety, falls and skin and a scavenger hunt for policies. C4W covered infection prevention, skin and wound documentation and Fall prevention strategies.

## Role Development – Career Fair Certification Support



The Education Team supported the 2022 Career fair by promoting National Certification. We gave information explaining the process for certification and were able to link folks with the Employee Tuition Reimbursement team as AH will reimburse the cost for prep classes and the cost for the test.

## Collaborative partnerships – Community Outreach



Acting upon our AdventHealth Love Me Service Standard, the Education Team volunteered in the community to check blood pressures. We were able to inform community participants of their blood pressure and give educational materials regarding heart and cardiovascular health.

## Onboarding and Orientation – Onboarded 760 Team Members



In 2022 the Education Team onboarded 760 team members either new to the organization or moving roles, across all areas of the hospital. The Educators completed skill validation, created schedules, progressed critical thinking skills and supported continuous learning.

## Inquiry – Research Studies



Evidence Based Practice is what guides our work. New knowledge translation is vital to improving patient care and outcomes. In addition, creating new knowledge via research can support ideas. The team has been involved with the creation, design, implementation, and dissemination of numerous IRB research studies, with topics such as Night Educators, LPNs, Facilitators, Nursing Sensitive Indicators.

## Education – Needs Assessment



The needs assessment is a great way to identify gaps in practice and direct education. We have reversion the Preceptor Bootcamp, trained new service lines such as C5W in PCI, supported new service line accreditations, educated on EPIC using the Sway format, implemented education for new product conversions, skills fairs, simulations, MH Drills and many other campus specific objectives.

# DEVELOPING THE PIPELINE TALENT FROM WITHIN

Healthcare institutions across the nation are struggling to sustain the workforce post COVID19 pandemic due to critical staffing shortages. Several strategies, including new care delivery models such as the LPN program are being used to sustain the workforce. At AdventHealth Celebration, several initiatives are in place to reduce the work intensity and to support team members' growth and development.



The Pipeline Development Program which focuses on entry level team member from nonclinical departments to join clinical team members as PCT I's has intentionally been a focus to expand their training with phlebotomy and EKG, and CNA Licensure Examination to progress to PCT II's. Other team members such as PCT II's are also being cross trained as Health Unit Coordinators (HUC's) and Monitor Technicians (MT's) to broaden their scope of practice.



Another concept that was introduced last year included a Campus-Wide Career Fair to enable team members to learn about growth and development opportunities from within the campus. Hiring team members who are already familiar with the mission, culture and values of the hospital creates a win-win situation for both the employees and the leaders. This internal pipeline will have a positive impact in solving some of the staffing challenges.

One of AACN standards to sustain a Healthy Work Environment includes Adequate Staffing. Through the leadership support our teams receive paid class attendance, competency skills acquisitions and tuition reimbursement, building a program that fuels our pipeline with the right talent from within could be the catalyst that is needed to create a culture that supports team members professional and yielding a bigger impact on their personal lives.



# NEW SURGICAL PROCEDURE

## **First Robotic Assisted Transvaginal Hysterectomy in Central Florida**

In August 2022, the Surgery team at Advent Health Celebration alongside Dr. Stockwell, performed the first robotic assisted transvaginal hysterectomy in Central Florida. The surgical procedure was performed using the Hominis Surgical System. This system is the first FDA approved robotically assisted surgical device for performing transvaginal hysterectomy.

The Hominis Surgical System uses minimally invasive surgical instruments inserted through the vagina (transvaginal approach) and a video camera inserted laparoscopically through a small incision on the abdomen for visualization of the instruments inside the patient. The transvaginal approach requires fewer incisions on the abdomen compared to conventional laparoscopic hysterectomy. During the procedure, surgeons in the operating room control the instruments from the Hominis Surgical System console.

Dr. Stockwell's surgical team, Albert Ndulue CST, Anthea Ytienza, RN, and Baky Potter-Perez RN attended training in June of 2022 and participated in multiple "dry run" rehearsals in July, in preparation for the first case on August 3rd.

Advent Health Celebration was the third hospital in the United States to perform robotically assisted transvaginal hysterectomies and Dr. Stockwell was the first female surgeon to perform this procedure in the country.



# DEPARTMENT ACHIEVEMENTS

## C2W-PCU

PCU-C2W had quite an incredible year when it came to accomplishments. First off, we were Awarded the Team Daisy Award which is an incredible honor!! Speaking of Awards, we had multiple nursing excellence award winners as well as two different Iris Award winners on our unit! For the year of 2022 we also had an RN turnover rate of only 10.11%. Several of our staff also grew into leadership roles during 2022 including a Nurse Manager's role and 2 ANM roles on other units. Our Nurse Tech process has created a solid pipeline for bringing in staff as Nurse Techs and transitioning them to RNs as they graduate. This has helped maintain our staffing and continue to build our culture on the unit!



## CDU

The observation unit has lots of exciting and proud moments during 2022. We welcome some new team members. Celebrate nurses who have been with the organization since 2008. Give thanks for our team during nurse week, the gift of life with birthdays and new births. Thankful for our fury friends. Welcome a new manager as Beth transition to the new 5SU multisystem PCU and end the year in style with a celebration bash.

## Cardiology

Our cardiology program continued to grow during 2022. During the year the service line added 4 new cardiologists: Dr. Anderson, Dr. Thaker, Dr. Potts, and Dr. Dublin. This resulted in an increase in procedures and the need to hire new team members. November 2022, the unit ran all 6 rooms and had a new high volume of 380 cases. The team is made up of different disciplines and is exemplary in working together to care for the patients and families and to make sure that work is prioritized to avoid delays or extended hospitalizations. The growth of the service line also supported promotions, and a need for additional leaders to cover the diverse services from non-invasive to open heart surgery. The commitment of the program to support, diagnose and treat cardiovascular disease is another example of AdventHealth's destination care.



# DEPARTMENT ACHIEVEMENTS

## MSICU

We have come a long way and are working to keep getting better! This year we officially split into 3 Specialty Intensive Care Units. We converted from a full PCU overflow unit staffed with only PCU level Travelers, to an ICU with mixed core and traveler staff. We have managed to maintain our family-oriented culture of teamwork, even with staffing and census challenges presented before us. We continue to onboard, train and facilitate the growth of both our new nurses as well as our seasoned nurses, to build a strong group that can handle any acuity of patient that comes our way with confidence in their practice. We keep open lines of communication with our ancillary team members and work together with our providers to assure that best plan for our patients and to help them as much as we can to get them back to baseline. We plan this year to build on education by re-introducing lectures that will enhance our evidence-based practice driven care. They will be presented by our Providers and healthcare partners, with intentional efforts in infection prevention, reducing avoidable delays in care and transition, and patient/family education in regard to their diagnosis/ care plan (to help decrease avoidable re-admissions). Thank you for your support in our plans for the future, together we can ALL DO THIS!



## CVICU

The ICU at AdventHealth Celebration continues to amaze “post-daze” of the COVID pandemic. Within partnership of our providers, and fellow clinical teams, we were able to accomplish so much!

2022 brought us:

- 3-star STS rating (Society for Thoracic Surgeons) for our isolated CABG patient population. This award is only given to 6-10% of isolated CABG programs across North America.
- DNV certified comprehensive stroke certification for Celebration campus!
- Expansion of our neuro and neuro surgical patient populations.
- Expansion of our cardiac and cardiac surgical patient populations.
- 309 days CLABSI free with piloted bundled care approach with CHG dressings and KURIN diversion device.
- Piloted Ceribell, point of care EEG for seizure identifications.
- We survived a Hurricane deployment together.
- Piloted Smart AI technologies in our isolated CABG population via Edwards and our hemisphere devices.
- We had a fire within the unit!
- Expanded from 40 ICU beds to 42 ICU beds and 18 PCU level beds.
- Grand Opening and split into 20 bed CVICU, Neurosurgical ICU, Medical ICU's!

We are truly blessed to work with such amazing teams that allows us care for the most critical of patients. We are proud of the care delivered to our community and we look forward to 2023 together!





# DEPARTMENT ACHIEVEMENTS

## C2SU

- ❖ DNV Re-accreditation for Spine Excellence
- ❖ LPN-RN Program continues to grow as we expand their scope of practice
- ❖ More than 90% participation in the Glint surveys with an Esat of 87%
- ❖ Community involvement – Pink on Parade and Heart walk
- ❖ We celebrate our teams successes by acknowledging them thru group events such as the Orlando Soccer Game and Solar Bears.
- ❖ We have an annual event coming up: Multicultural Picnic on April 30.



## C5SU

C5SU in 2022 worked on staff retention. We did a survey to know the staff's opinion and to see what we need to improve. We started doing safety huddle and every month we had a different topic, we invited different departments like rapid response to talk about what to do when we have a code and to explain the code carts and how to use it. We started the monthly kudos to the staff; we created the employee QR codes to make it easy for everyone to nominate their peers. We make sure that we are fair and that every shift gets nominated. We did a summer pool party and Christmas party. We assigned super users for PEP, HAPI, and ARJO. When we did the post survey we saw a significant improvement, staff started feeling safe, 90% felt welcome and recognized. There was a 80% moral improvement in the unit and 70% felt that they can count on someone when they are overwhelmed.

## IMAGING

### 2022 Accomplishments

- CCTA Education & Collaboration to reduce barriers with new Epic CCTA workflow
- ED/Imaging Escalations Chat to reduce delays & improve interdepartmental communication
- MRGFUS program fastest growing program in US
- OBS/Imaging Escalation Chat to report out 4 times a day which patients are pending and LOS to keep us accountable and on track with discharges
- US guided IV placement training completed by Javier to reduce delays with hard sticks in imaging
- Successful implementation of Tech Assists in our imaging spaces to assist with throughput and patient care



# DEPARTMENT ACHIEVEMENTS

## MIU/NICU

BCMA in which postpartum has consistently remained >98% and NICU >99%. Daily CHG bathing and have greatly improved our overdue CHG.

Postpartum and NICU are leading the way for My Chart Bedside usage, interruptions avoided, and education with the iPad.

Process Improvements including Magnesium on MIU (these are high risk patients on a Magnesium drip), IV fluids and throughput from L&D, and in the NICU world- initiating Ram Cannula's after 3-5 minutes of PPV at delivery to prevent pneumothorax in the newborn.

Postpartum has joined the PACC (Postpartum Access and Continuity of Care) Initiative with FPQC (Florida Perinatal Quality Collaborative) and has been collaborating with our main ED as well as Palm Parkway and Flamingo Crossing to ensure they are aware of all initiatives to improve the post-natal care of our mother's in the community.

Postpartum and NICU has also initiated the Safe Sleep campaign and we are in the auditing stage to obtain bronze certification.

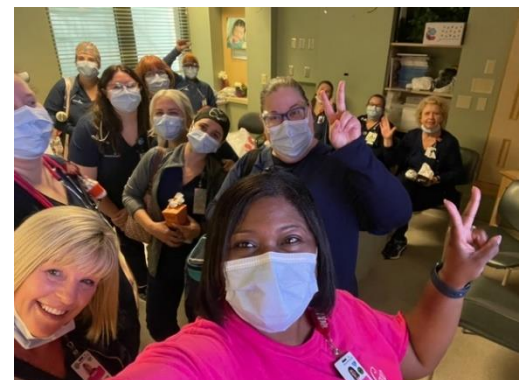
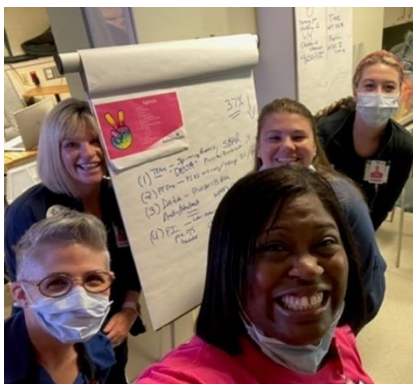
Maternal Level of Care- To obtain a level II certification for L&D and postpartum. This program aims to reduce maternal morbidity and mortality by encouraging the evolution of systems to help standardize perinatal regionalization and risk-appropriate maternal care. The goal is to verify the organization can provide the level of care needed for the complexity of its patients.



## L&D

Initiatives rolled out in 2022:

- We did our Operation Celebration PI project in September and achieved our aim of reducing the cesarean section rate below goal 23.9% (we achieved 23.7%).
- NTSV Champion peer recognition for the top performers helping mothers with vaginal births
- Cookie buttons to remind everyone that active labor starts at 6 cm 😊



# DEPARTMENT ACHIEVEMENTS

## C4W

The C4W PCU Oncology Unit is proud of their many accomplishments in 2022, as we worked on organizing the care of our patient population. The C4W Unit cares for a unique population of Oncology patients, one of them being the ENT Surgical Head and Neck population. The team worked diligently on many aspects of the care of this population, especially in regards of the patients with Tracheostomies. This was in response to the change in Tracheostomy products from System.

- The Team Developed a Performance Improvement Project, in Collaboration with the ENT Head and Neck PAs, to identify the differences in Tracheostomies from patient to patient. A Tracheostomy Sign is placed above each patient bed identify the size of the Tracheostomy in use and whether it is cuffed or uncuffed. If the trach is uncuffed it is reusable and should not be discarded. The PA will let the team know if the trach is downsized or exchanged for an Uncuffed. This process has greatly helped in ensuring we are correctly and efficiently using the correct product and developed greater Collaboration between disciplines.
- The C4W Team also developed a list of Supplies that are needed for the Tracheostomy/Laryngectomy patients to have upon discharge. This list was created with the Collaboration of our Head and Neck Coordinator Christen Litten, to ensure consistency of products and documentation upon DC. Patients are given a list of the supplies they receive, and the same information is placed in EPIC.
- The C4W Team worked in Collaboration with our unit's Dietician, Erin Elsass, to ensure that the type of tube feedings is documented correctly in EPIC. The name of the Tube Feeding is different than what is documented in EPIC. The types of Tube Feeding to be documented in EPIC were laminated and placed on the WOW for a quick reference for Nurses.
- Lastly, to ensure the supplies for G/J tubes are exchanged every 24 hours, a Feeding tube kit was developed in order allow the team to quickly grab supplies at one time instead of hunting and gathering. The evening HUCs ensure these G/J tube kits are made daily and are available to Nurses, to *Make it Easy* for the team.



## INFUSION CENTER

In 2022, the Infusion Center at Celebration had 13,830 patient visits. We ended our year with a labor productivity of 107%, a RN turnover rate of 7.6%, grew our team by 2 RN, and patient satisfaction scores in the 95th percentile. We continued to grow our Clinical Research Unit and added several phase 1 clinical trials. All of our nursing staff did Hand Hygiene Champion Training for heightened awareness and peer-to-peer accountability. In 2022, the Infusion Center focused on a variety of initiatives. One of those initiatives was continued patient safety. In order to continue to "Keep Me Safe", our staff implemented and added another layer of safety in the chemotherapy process by requiring a 2 RN, independent check of the patient's synopsis and medication spotlight. This is in addition to the current process in place that requires a 2 RN, independent check of the chemotherapy orders, BSA and dosing, and chairside chemotherapy check.

# DEPARTMENT ACHIEVEMENTS



## C3IU

For 2022 the Surgical Innovation Unit has continued to achieve the highest HCAHPS scores for AdventHealth Celebration. During the year we utilized C4MS to care for as many as 43 patients. By applying PDSA we were able to decrease the number of post-surgical antibiotic fall outs. While working in this fast-paced environment we have provided compassionate care, grow clinical skills using evidence-based practice, and help nurses achieve the next step in their career. We have been recognized for our team-oriented culture and commitment to patient safety. Our team strives to provide the optimal patient experience and healthy work environment for the staff.

## ED

As Celebration ED started off 2022, our team was certainly slimmer than desired. We kicked recruitment into high gear to support our team and our needs. We thought outside the box and opened the ED to different job roles. We incorporated PCTs, EMTs, Nurse Techs, and a record number of GNs and transition RNs into our department.

We recruited 97 new team members in 2022!

This is no easy feat. Thanks to all the hard work from our Educator Alicia, our leaders, and our preceptors, this was possible. I am proud of the growth of all of our team members and their willingness to step outside of their comfort zone to train our amazing new team members!

2022 brought about great changes, we became a comprehensive stroke center and got to analyze and perfect our ED stroke alert process. We are proud of the collaboration and response from our lab, PFS, CT, and nursing staff when a stroke alert is called (multiple per day). One of our newest EDNIPs, Rachel Casteel, who was part of the 2022 cohort currently has the fastest record on campus for door to TPA... 15mins !

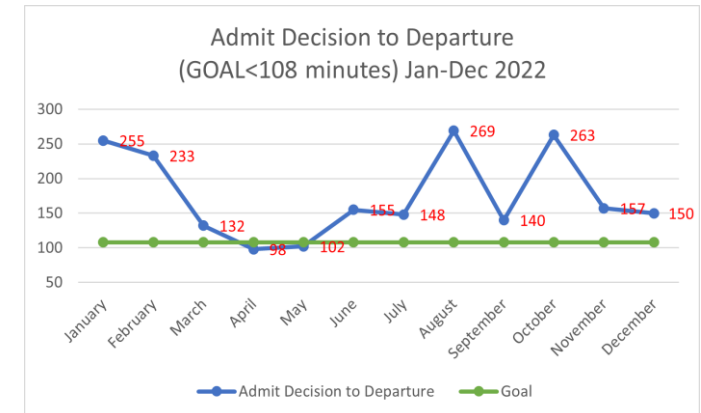
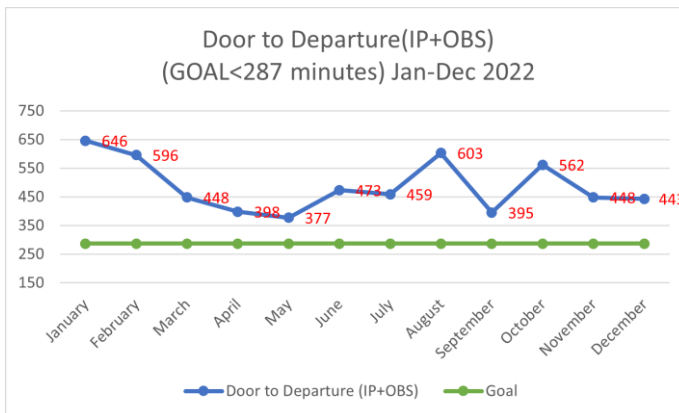
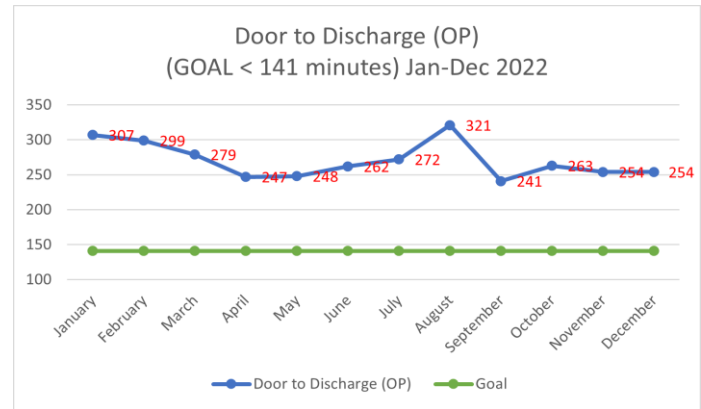
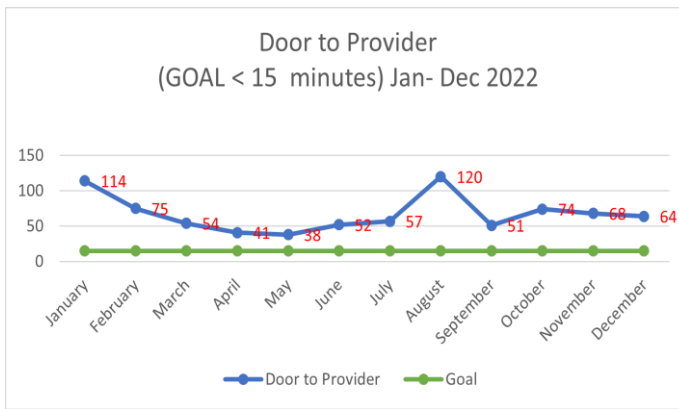
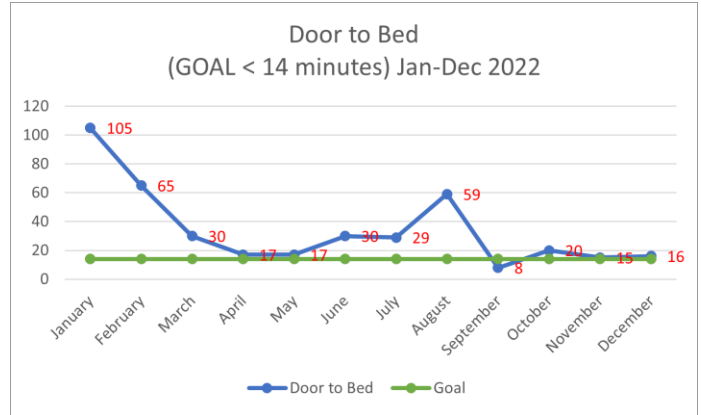
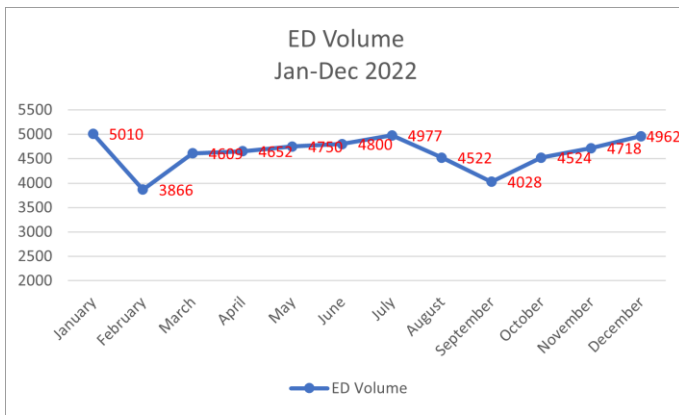
In 2022, our team had their focus on our patient experience, and throughput within the ED. Having our team learn and understand the importance, helped us deliver wholistic care to our community. Not just Celebration, but our Pediatric ED, and Palm Parkway.



# EMPIRICAL OUTCOMES

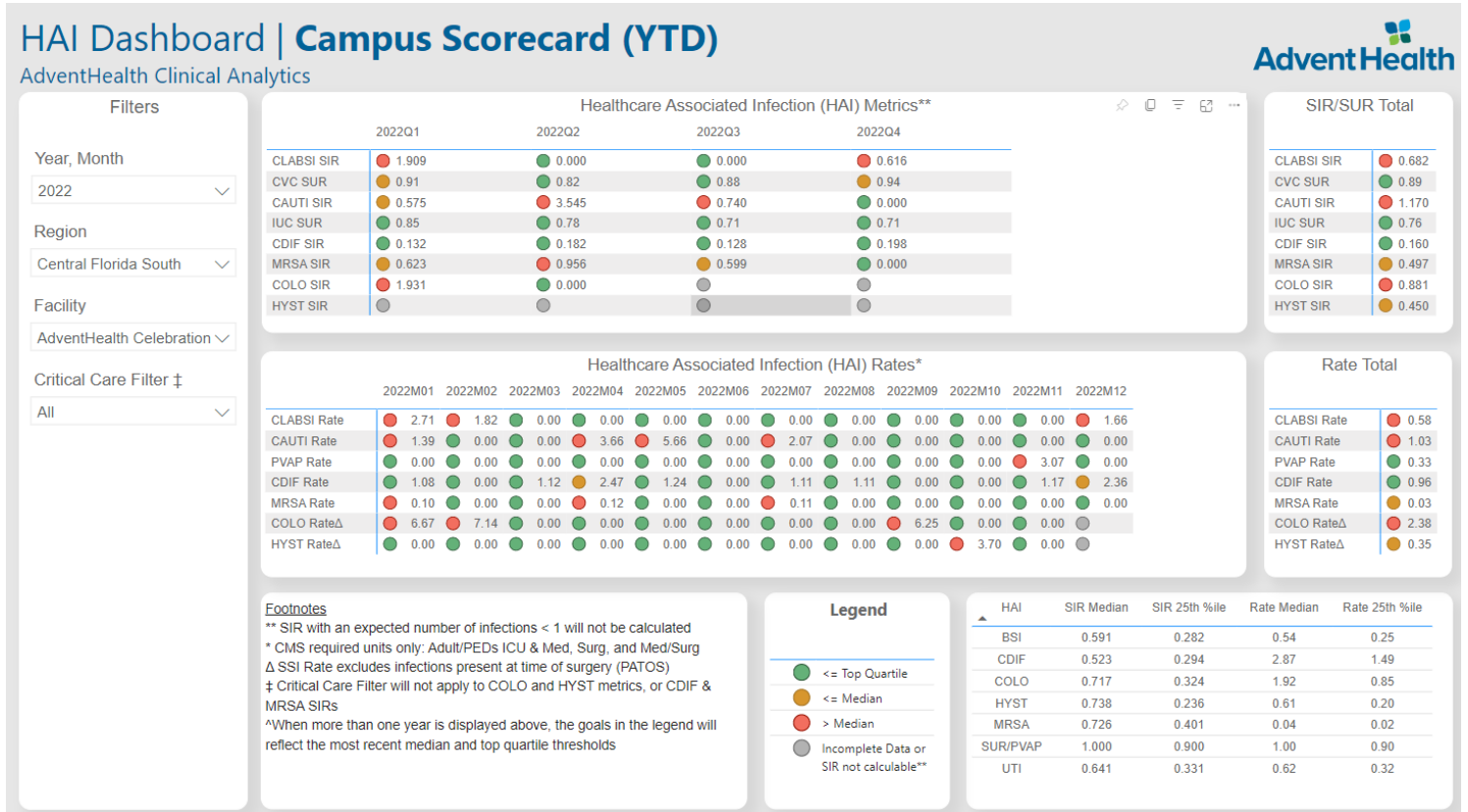


## Emergency Department Monthly Trends



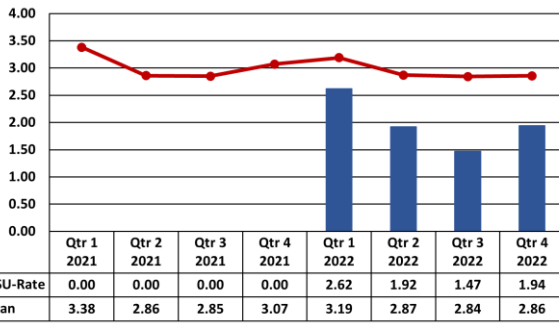
# EMPIRICAL OUTCOMES

While structures, processes and evidenced based protocols guide clinical care; Magnet requires organizations to demonstrate outcomes that happen as a result of the excellent nursing care. **Empirical evidence** is defined as the data and information obtained by creating assumptions over a specific topic, observing the collected data, and experimenting to prove or disprove a theory. Nursing sensitive indicators include CLABSI, CAUTI, HAPI and falls. Each graph represents 8 quarters of data for that measure with the target of being better than the national mean for five quarters. Other key clinical measures include infection rates and stroke pathway compliance.

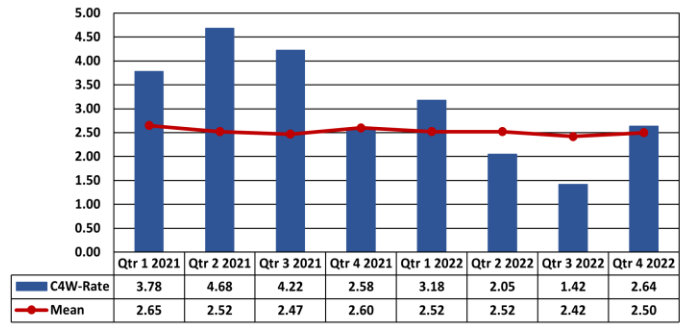


# FALLS PER 1,000 PATIENT DAYS

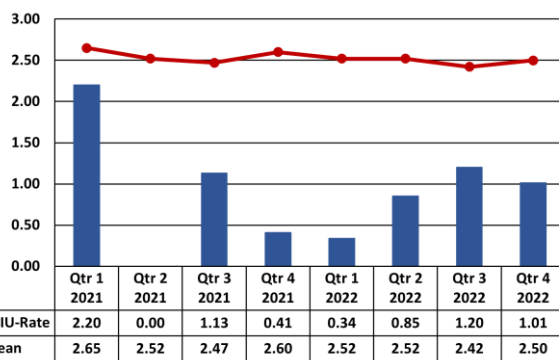
**C2SU 000200- Total Falls/1000 Patient Days  
AH Celebration- 8 Quarters**



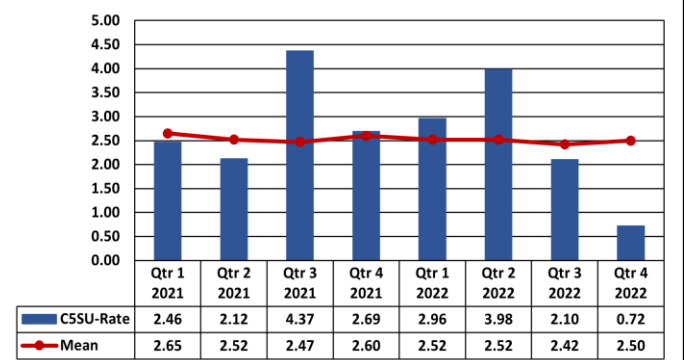
**C4W 003100- Total Falls/1000 Patient Days  
Celebration Health- 8 Quarters**



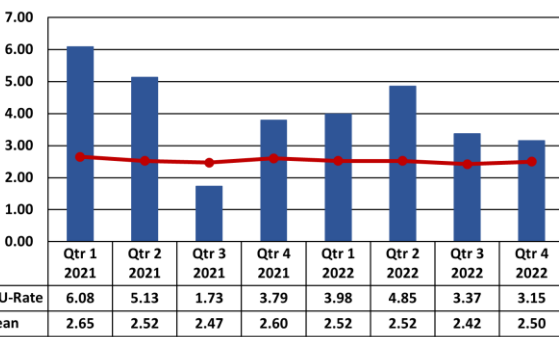
**C3IU 003200- Total Falls/1000 Patient Days  
Celebration Health- 8 Quarters**



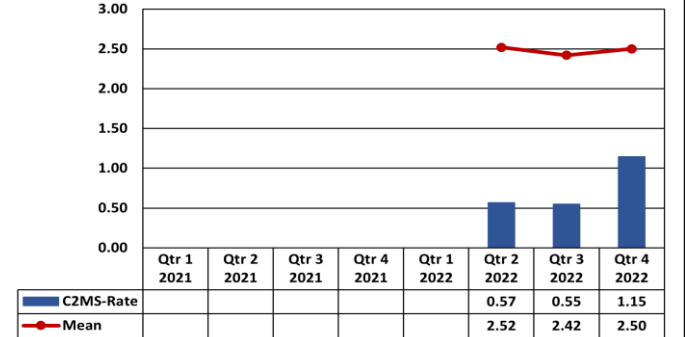
**C5SU 003202- Total Falls/1000 Patient Days  
Celebration Health-8 Quarters**



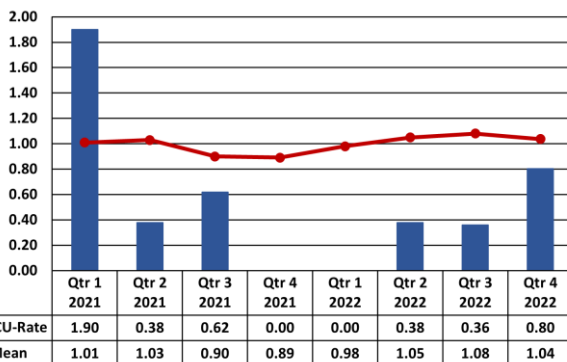
**PCU 003300- Total Falls/1000 Patient Days  
Celebration Health- 8 Quarters**



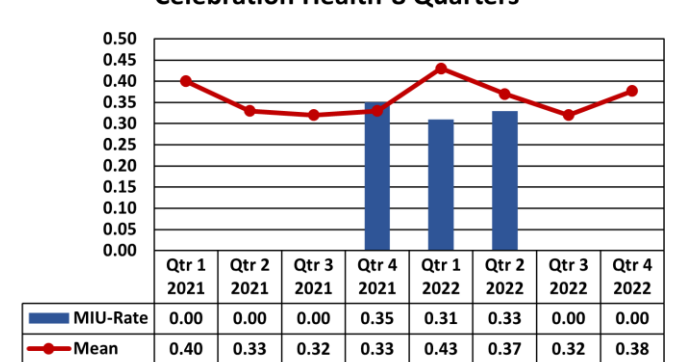
**C2MS 005100- Total Falls/1000 Patient Days  
Celebration Health- 8 Quarters**



**ICU 005150- Total Falls/1000 Patient Days  
Celebration Health- 8 Quarters**

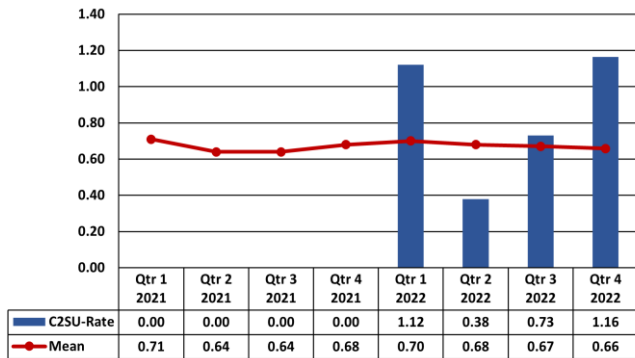


**MIU 6310- Total Falls/1000 Patient Days  
Celebration Health-8 Quarters**

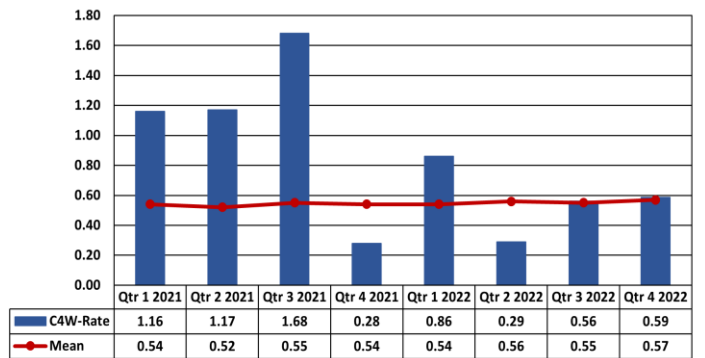


# FALLS WITH INJURY PER 1,000 PATIENT DAYS

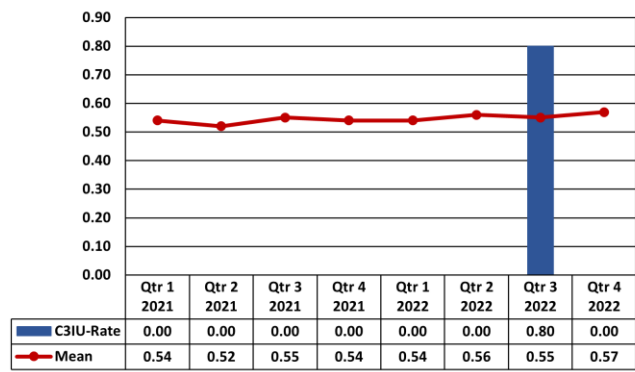
**C2SU 000200- Falls with Injury/1000 Patient Days  
Celebration Health- 8 Quarters**



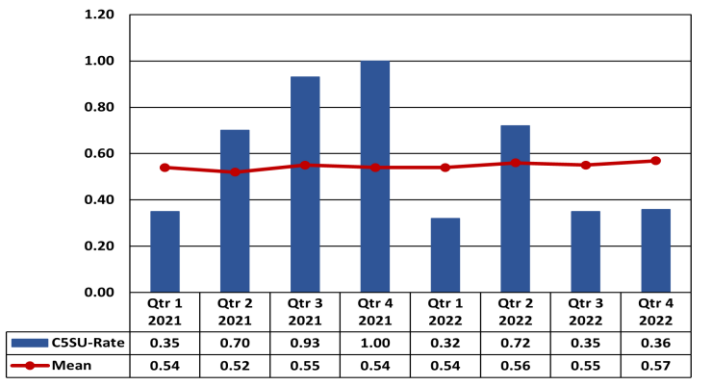
**C4W 003100- Falls with Injury Patient Days  
Celebration Health- 8 Quarters**



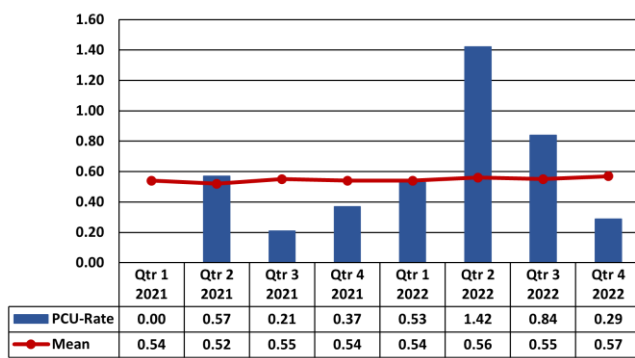
**C3IU 003200- Falls with Injury/1000 Patient Days  
Celebration Health- 8 Quarters**



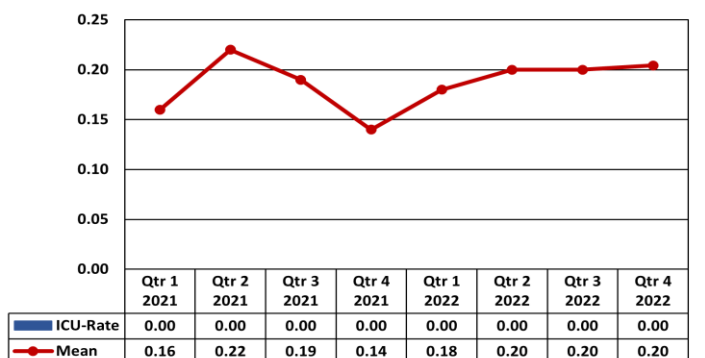
**C5SU 003202- Falls with Injury/1000 Patient Days  
Celebration Health-8 Quarters**



**PCU 003300- Falls with Injury/1000 Patient Days  
Celebration Health- 8 Quarters**

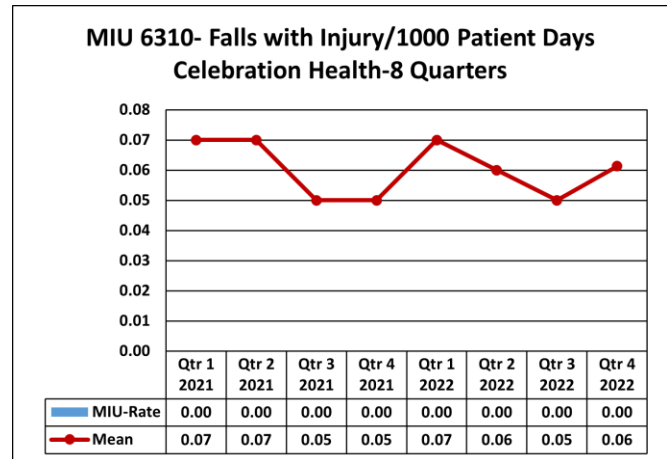
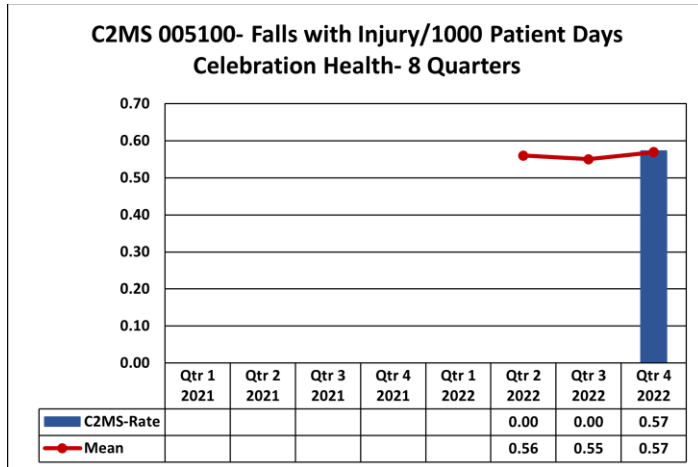


**ICU 005150- Falls with Injury/1000 Patient Days  
Celebration Health- 8 Quarters**





# FALLS WITH INJURY PER 1,000 PATIENT DAYS



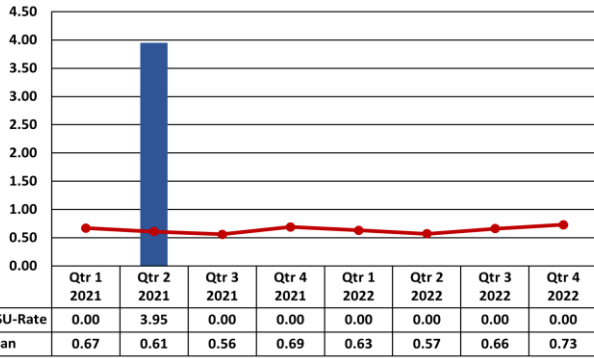
## Falls

According to AdventHealth (AH), falls are the unanticipated and unintentional descent to the floor, or another surface such as a person or an object with or without injury. Falls and their prevention are a National Patient Safety Goal for hospitals. Moreover, falls are considered a “never event” by the Centers for Medicare and Medicaid (CMS) and all falls are reported to the CMS annually. To make falls a greater risk, the CMS ruled in 2008, they would no longer pay for hospital acquired conditions (HACs) such as falls. With that said, the Centers for Disease Control and Prevention reported over \$50 billion was spent on medical costs from falls in 2020 and CMS only paid about 75% of that total.

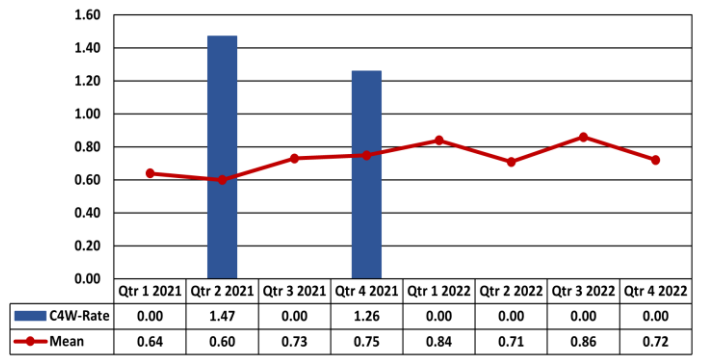
With the change to EPIC, we moved to a new falls assessment tool: Hester Davis Fall Risk (HDFR). It is completed on admission and each shift, as well as at any time there is a change in condition. This assessment tool integrates key factors including special conditions and specific medications. The nurse is responsible for determining the appropriate interventions and documenting them in EPIC. The higher the fall risk, the more safety interventions are needed from performing intentional hourly visits with the bed in low and locked position and a call bell at hand to an active bed alarm, a bed fitted with a lap belt, the patient moved closer to the nurse’s station with the door open and proactive toileting. High risk for falling with a HDFR value equaling 15 or more will also need to wear a yellow armband and non-skid socks as well as have a falls risk magnet on their door frame. They will usually have 2 or 3 side rails raised as reminders not to get out of bed without assistance. Other frequent interventions include hourly visits, especially the 5 P’s (Pain, potty, periphery, position and parting.) Bed Alarms are considered a safety intervention our teams have found that the entire team needs to be focused on responding to bed alarms to prevent falls. Additional steps include the appropriate documentation, especially a falls debrief if there is a fall, as this helps us understand the variables that contributed to the fall so that we can be more focused. Safety Huddles were a routine intervention for our teams, where we review all patients at risk twice a day, so that every team member is aware of those at risk. Nurses are responsible for the safety of all patients and preventing falls represents our AH service standards of love me, keep me safe, own it and make it easy. Please review the details of falls for your unit. One fall is one too many for me, you, and our patients and their families.

# CLABSI PER 1,000 CENTRAL LINE DAYS

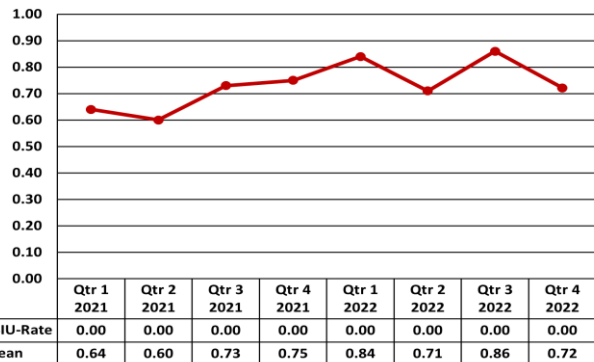
**C2SU 000200- CLABSI/1000 Central Line Days**  
Celebration Health- 8 Quarters



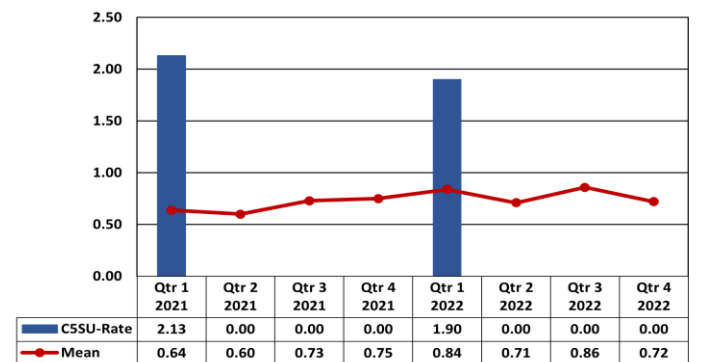
**C4W 003100- CLABSI/1000 Central Line Days**  
Celebration Health- 8 Quarters



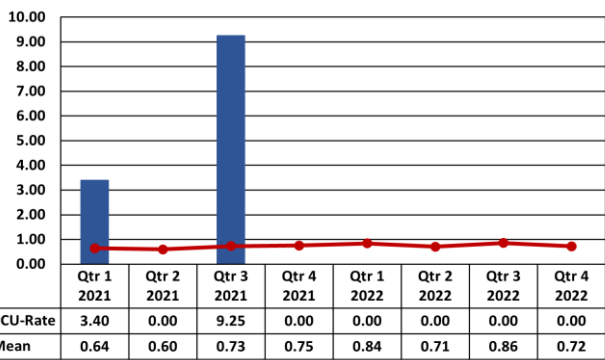
**C3IU 003200- CLABSI/1000 Central Line Days**  
Celebration Health- 8 Quarters



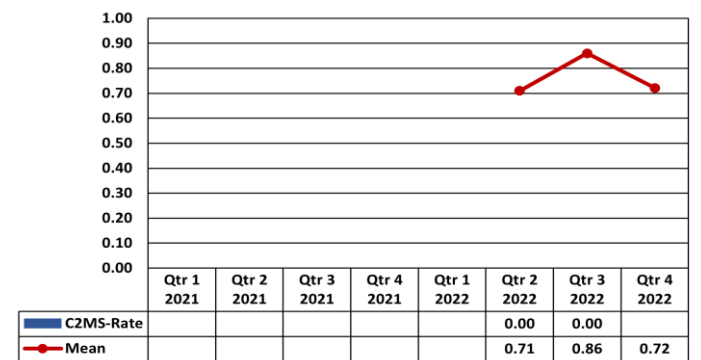
**C5SU 003202- CLABSI/1000 Central Line Days**  
Celebration Health-8 Quarters



**PCU 003300- CLABSI/1000 Central Line Days**  
Celebration Health- 8 Quarters



**C2MS 005100- CLABSI/1000 Central Line Days**  
Celebration Health- 8 Quarters



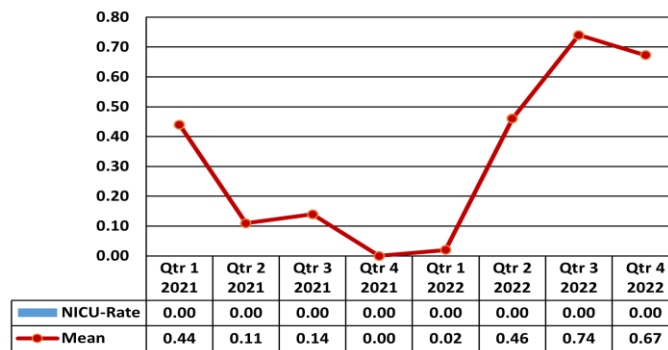
# CLABSI PER 1,000 CENTRAL LINE DAYS

## CLABSI

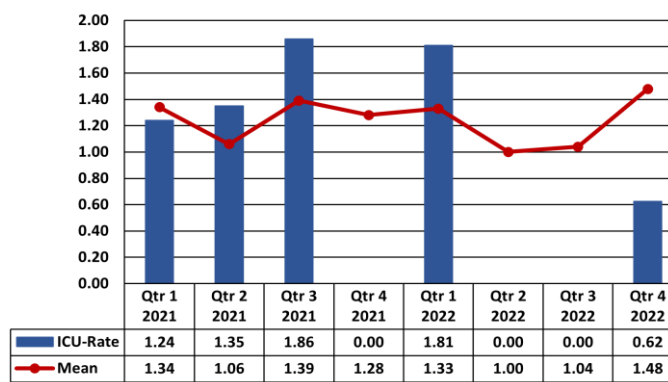
Central Line Associated Blood Stream Infection (CLABSI) is a healthcare acquired condition (HAC) and just like falls, Centers for Medicare and Medicaid (CMS) has ruled against a full reimburse for these conditions since 2008. CLABSIs are indicative of greater costs related to prolonged hospitalization as well as increased mortality and morbidity. It has been reported that each CLABSI costs \$70K or more with an annual cost upwards of about \$20 billion. All CLABSI are reported monthly from lab resulted infections to the hospital and unit leadership by the Infection Prevention department. Further, IP monitors all central lines for dressing application's length of time and securement; outdated IV tubing; signs and symptoms of infection; as well as green Curoc caps on all needleless claves or ports not in use. Unit leaders are also checking patient chart reports daily for appropriate documentation, timing of necessary dressing changes and visualizing each central line on their unit to decrease the incidence of CLABSI. Per policy and procedures (P&P), nurses are to observe each patient's central line dated dressing, IVs, site, and tubing during the bedside handoff. All CLABSI are reported to the Centers for Disease and Prevention which provides national infection rate data. Training for all nursing team members occurs at hire and annually with a return demonstration of completing a central line dressing.

Other key points to prevent CLABSI's include following the 5 moments of hand hygiene. The 5 moments include washing hands with an alcohol product or foam, or with soap for 15 seconds or more before touching the patient or performing an aseptic/clean procedure; after exposure to body fluids; or after touching the patient and their surroundings. A few more actions include the patient completing a daily CHG bath, if not allergic. Nurses scrub the hub of the needleless access for 10-15 seconds before each use. Documentation is another point, as we have adjusted to the changes from Cerner to EPIC. We are blessed to have an active IP and Vascular Access team to support the work of ensuring safety for our patients with central lines. Line rounds provide routine assessment of whether a line is needed for a patient's medical treatment, as well as the timing of dressing changes and the condition of the dressing. Teamwork promotes our Keep me safe service standard for these patients.

**NICU 6315- CLABSI/1000 Central Line Days  
Celebration Health-8 Quarters**

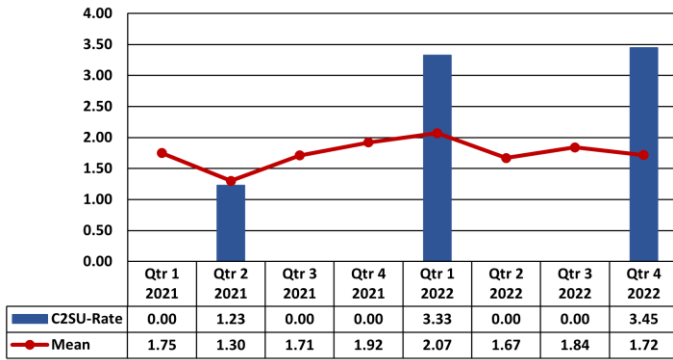


**ICU 005150- CLABSI/1000 Central Line Days  
Celebration Health- 8 Quarters**

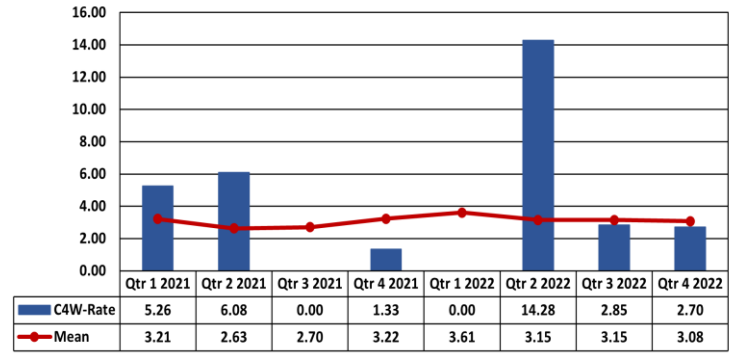


# SURVEYED HOSPITAL ACQUIRED PRESSURE ULCERS

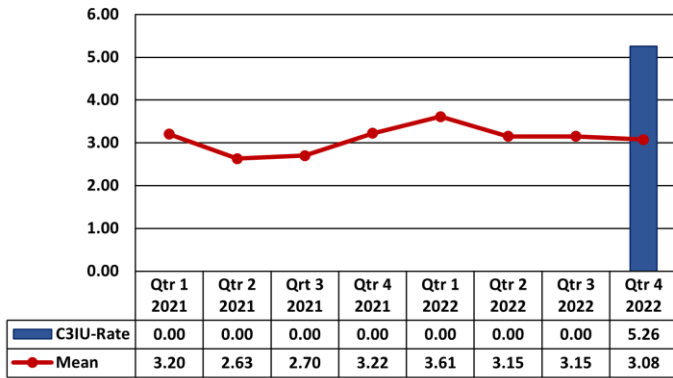
**C2SU 000200- Surveyed Acquired Pressure Ulcers  
AH Celebration- 8 Quarters**



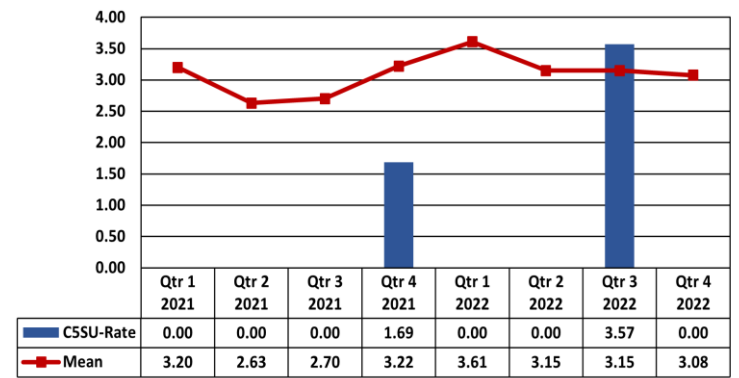
**C4W 003100- Surveyed Acquired Pressure Ulcers  
Celebration Health- 8 Quarters**



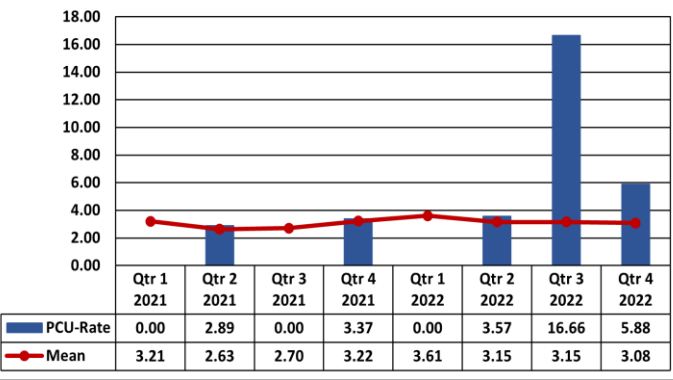
**C3IU 003200- Surveyed Acquired Pressure Ulcers  
Celebration Health- 8 Quarters**



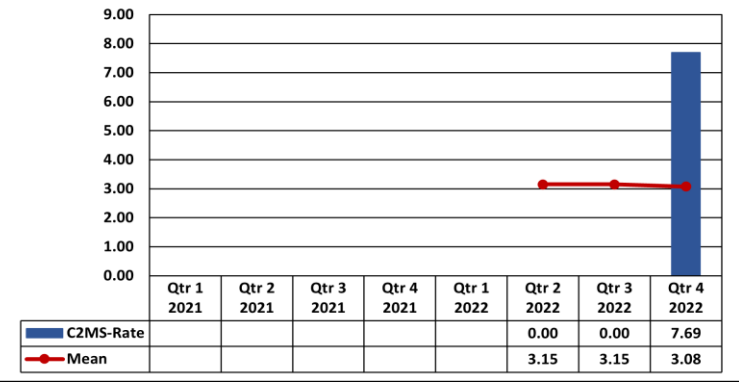
**C5SU 003202- Surveyed Acquired Pressure Ulcers  
Celebration Health-8 Quarters**



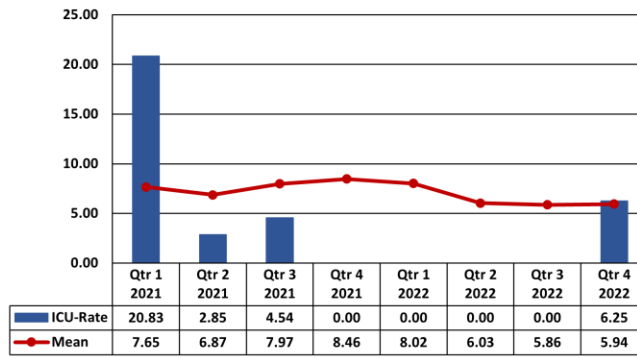
**PCU 003300- Surveyed Acquired Pressure Ulcers  
Celebration Health- 8 Quarters**



**C2MS 005100- - Surveyed Acquired Pressure Ulcers  
Celebration Health- 8 Quarters**

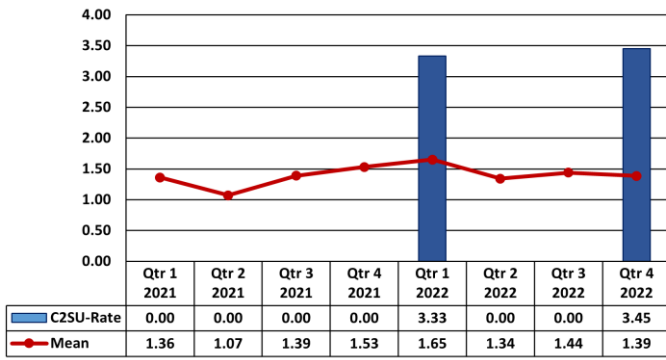


**ICU 005150- Surveyed Acquired Pressure Ulcers  
Celebration Health- 8 Quarters**

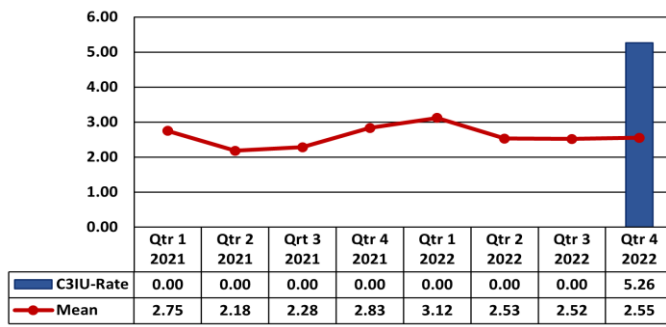


# SURVEYED HOSPITAL ACQUIRED PRESSURE ULCERS +2

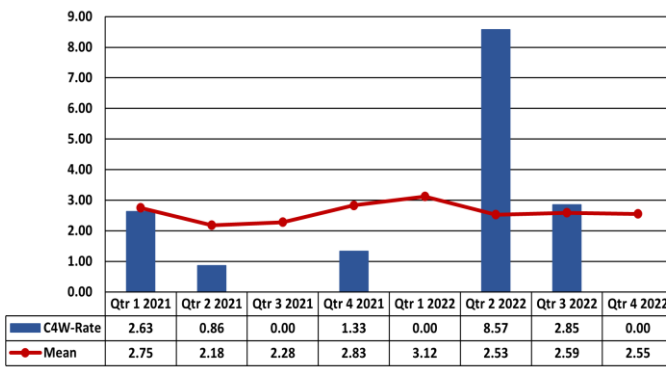
**C2SU 000200- Surveyed Acquired Pressure Ulcers +2  
Celebration Health- 8 Quarters**



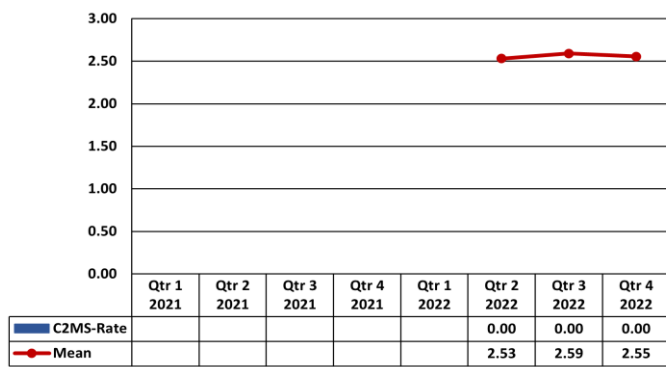
**C3IU 003200- Surveyed Acquired Pressure Ulcers +2  
Celebration Health- 8 Quarters**



**C4W 003100- Surveyed Acquired Pressure Ulcers +2  
Celebration Health- 8 Quarters**



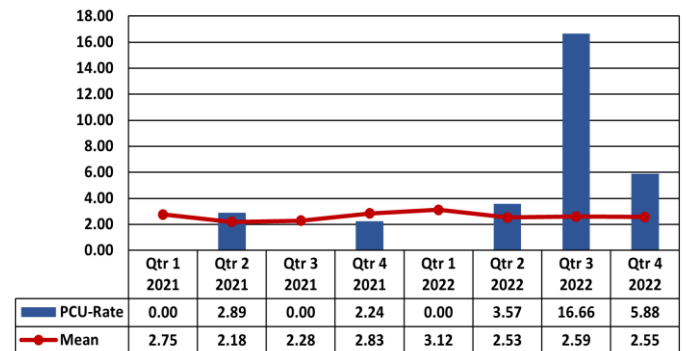
**C2MS 005100- Surveyed Acquired Pressure Ulcers +2  
Celebration Health- 8 Quarters**



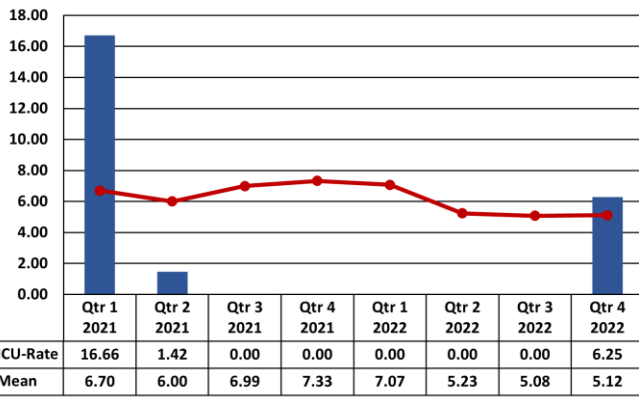
## HAPI

A higher incidence of morbidity and mortality is associated with a pressure injury. As our patient acuity has increased, we see patients at higher risk for these injuries. As a magnet facility, we conduct monthly HAPI surveillance, which includes assessing and inspecting each inpatient's skin and a retrospective monthly chart audit to identify documentation gaps. Common gaps include failure to document pressure injuries on admission and photographs. After the monthly assessments, the findings are reported to the manager, including the patient specifics, so the nurse manager can follow up with individuals identified during the assessment process. The clinical educators support this work in conjunction with unit champions. The Education Team uses the data from NSI and the annual Needs Assessment to drive educational interventions. Using SWAY accessed through QR codes, team members receive real-time, concise educational sessions on different topics. One specific topic related to HAPI is the SWAY on the Skin and Wound Management Panel. This panel is ordered on every patient and includes appropriate interventions for skin protection, wound care consult, and dietary supplements. Daily skin assessment through the Braden Scale is critical to identify any redness or signs of pressure. Team members also received reeducation during an in-service from the manufacturer of the waffle overlay. This in-service reeducated the team on indications for using and managing the waffle overlay to reduce pressure while the patient is in bed. Finally, we use the 3-stage and 5-stage protocols to determine the appropriate products to use for patients.

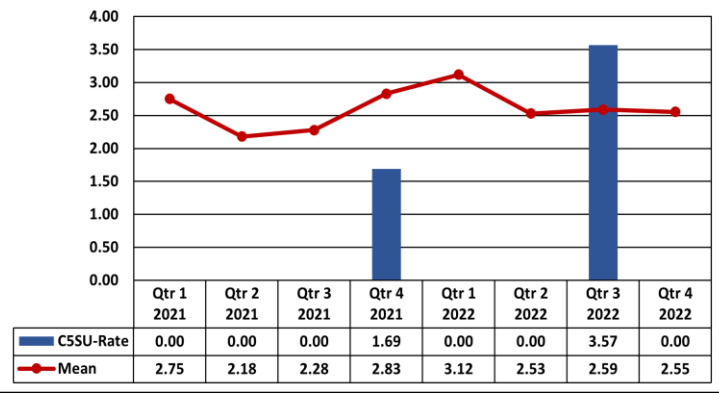
**PCU 003300- Surveyed Acquired Pressure Ulcers +2  
Celebration Health- 8 Quarters**



**ICU 005150-Surveyed Acquired Pressure Ulcers +2  
Celebration Health- 8 Quarters**

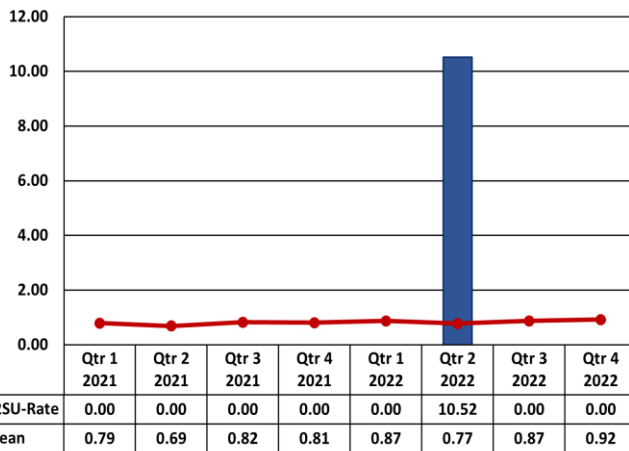


**C5SU 003202- Surveyed Acquired Pressure Ulcers +2  
Celebration Health-8 Quarters**

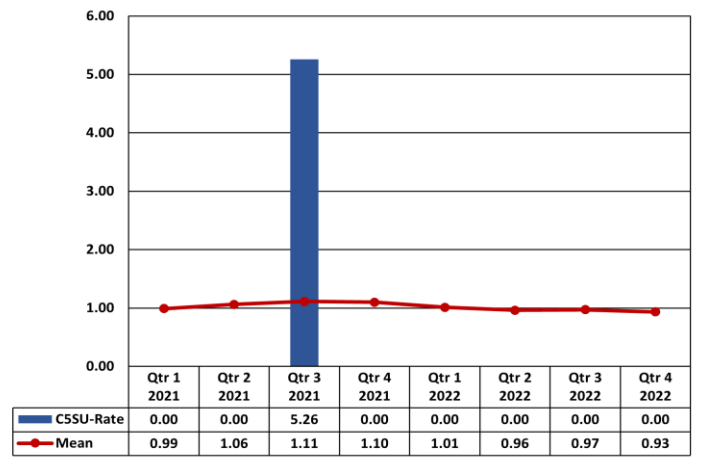


# CAUTI PER 1,000 CATHETER DAYS

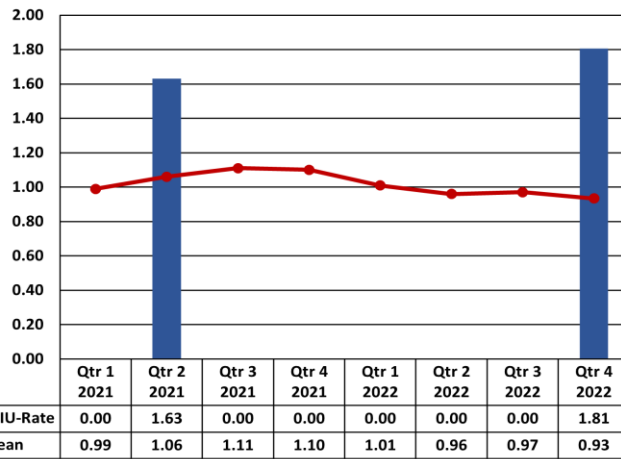
**C2SU 000200- CAUTI/1000 Catheter Days  
Celebration Health-8 Quarters**



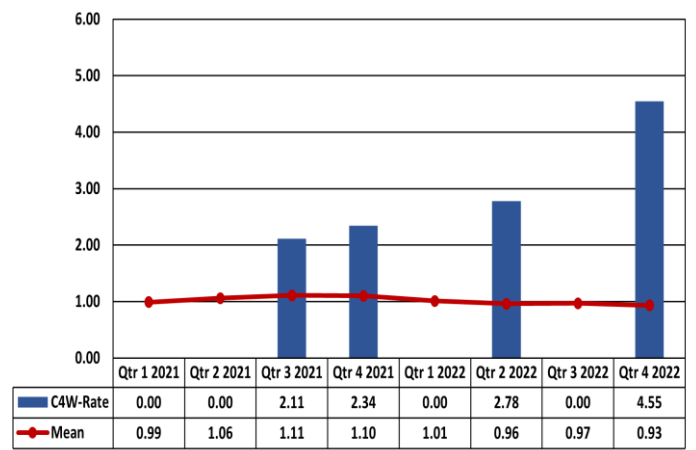
**C5SU 003202- CAUTI/1000 Catheter Days  
Celebration Health-8 Quarters**



**C3IU 003200- CAUTI/1000 Catheter Days  
Celebration Health-8 Quarters**

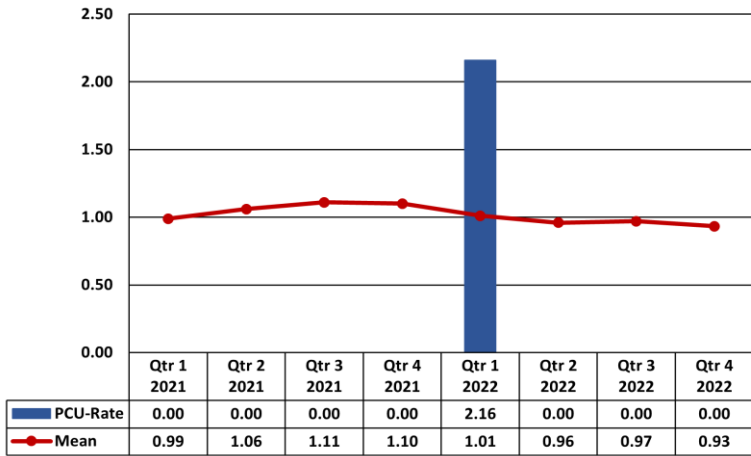


**C4W 6097-CAUTI/1000 Catheter Days  
Celebration Health-8 Quarters**

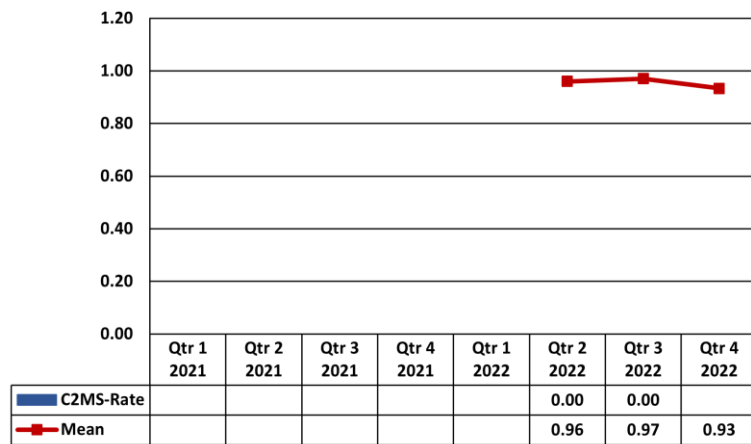


# CAUTI PER 1,000 CATHETER DAYS

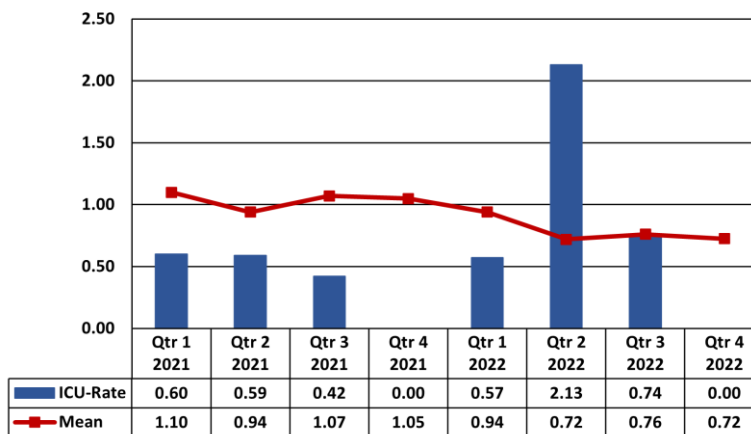
PCU 003300- CAUTI/1000 Catheter Days  
Celebration Health-8 Quarters



C2MS 005100- CAUTI/1000 Catheter Days  
Celebration Health- 8 Quarters

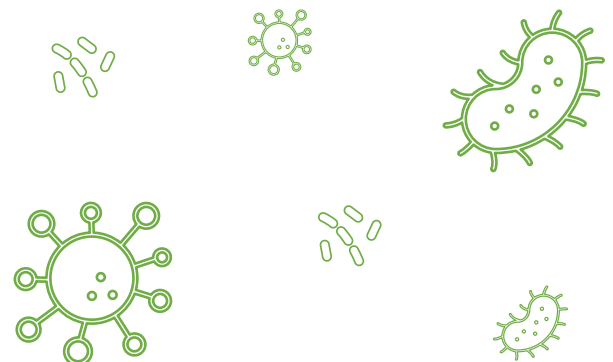


ICU 005150- CAUTI/1000 Catheter Days  
Celebration Health- 8 Quarters



## CAUTI

Catheter-Associated Urinary Tract Infections can be life-threatening. All CAUTIs are assessed monthly from laboratory reports. Indwelling urinary catheters (IUC) are assessed and cleansed with 4% CHG at least once every shift, 10 to 14 hours apart. Patients with IUCs are monitored by the unit's leaders and the Infection Preventionist for documentation of CHG peri care every shift and a CHG bath at least once daily. The IUCs are also visually checked by the nurses at the change-of-shift bedside handover. During our shift safety huddles, administration posts a Daily Outcomes Log with information on patients with overdue CHG baths. This recently added intervention allows for daily accountability. IUC insertion now also requires two nurses to assist in maintaining sterility. The Education Team uses the data from NSI and the annual Needs Assessment to drive educational interventions. Using SWAY accessed through QR codes, team members receive real-time, concise educational sessions on different topics. CHG bathing, perineal care, and hygiene have been focused topics that directly relate to CAUTI. All CAUTIs are reported to nursing leadership, including the unit's director and nurse manager, for follow-up and forwarded to the CDC, which provides data on national infection rates.



# STROKE PROGRAM

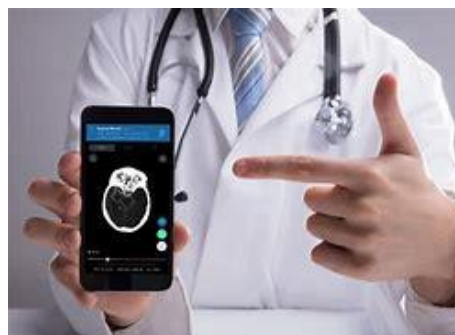


## Stroke Program Scorecard - Process Measures

Celebration	Target	Current Goal	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	2022 YTD	Rolling 12 months
<b>Stroke Alert Volumes</b>																
# of ED Stroke Alerts w/ Stroke (INR, tPA, tPA&INR)			19	10	11	15	16	6	30	18	18	34	31	23	231	231
NIHSS Documented		90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Stroke Alert Process Measures</b>																
Door to ED Physician Assessment	≤ 10 min	85%	93%	100%	100%	83%	87%	83%	86%	100%	100%	97%	85%	95%	92%	92%
Door to Stroke Team	≤ 15 min	85%	93%	100%	100%	83%	100%	83%	93%	100%	100%	97%	93%	95%	95%	95%
Door to CT Initiation	≤ 20 min	85%	92%	88%	89%	82%	80%	100%	92%	94%	100%	92%	91%	82%	90%	90%
Door to CT Results	≤ 45 min	85%	93%	100%	100%	92%	100%	83%	96%	82%	87%	85%	87%	82%	90%	90%
Lab Order to Results	≤ 45 min	85%	47%	63%	91%	100%	63%	50%	54%	87%	100%	100%	70%	61%	73%	73%
Stroke Alert to ASMD on Video	≤ 20 min	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%	100%	100%	100%
ASMD Call to on Video*	≤ 15 min	85%	100%	100%	100%	100%	100%	100%	100%	94%	100%	100%	100%	100%	100%	100%
Door to Monitored Bed (tPA / Hemorrhagic)	≤ 3 hrs	60%	38%	67%	67%	75%	-	100%	71%	0%	75%	14%	89%	25%	57%	57%
Door to Monitored Bed (Medical Mgmt)	≤ 3 hrs	60%	40%	25%	50%	63%	23%	50%	15%	10%	30%	13%	17%	21%	25%	25%
Door to Monitored Bed (Total)	≤ 3 hrs	60%	39%	43%	57%	67%	23%	75%	35%	8%	43%	14%	48%	22%	35%	35%
Door to Transfer to CSC	≤ 2 hrs	80%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Stroke Alert tPA Process Measures</b>																
<i>*Goals applicable 2020 forward</i>																
Avg. Door to Needle	≤ 45 min		35	31	26	48	-	45	30	52	42	29	41	35	34	34
Door to IV tPA ≤ 60 min	≤ 60 min	85%*	100%	100%	100%	75%	-	100%	100%	100%	100%	100%	100%	100%	97%	97%
Door to IV tPA ≤ 45 min	≤ 45 min	75%*	100%	100%	100%	75%	-	50%	100%	-	100%	100%	100%	100%	94%	94%
Door to IV tPA ≤ 30 min	≤ 30 min	50%*	33%	100%	100%	25%	-	0%	75%	-	100%	75%	50%	100%	59%	59%
<b>Stroke Alert INR Process Measures</b>																
Median Door to Groin (ED-Non Transfer)			-	-	-	-	120	71	126	116	-	-	122	75	113	113
Median Door to First Pass (ED-Non Transfer)	≤ 90 min		-	-	-	-	133	82	134	136	-	-	137	88	124	124
Door to First Pass (ED- Non Transfer)	50%		-	-	-	-	0%	100%	0%	0%	-	-	0%	50%	13%	13%
Median Door to Groin (ED-Transfer)			-	-	-	-	-	-	-	-	-	17	-	-	17	17
Median Door to First Pass (ED-Transfer)			-	-	-	-	-	-	-	-	-	37	-	-	37	37
Door to First Pass (ED-Transfer)	≤ 120 min		-	-	-	-	-	-	-	-	-	100%	-	-	0%	100%

## Celebration Stroke Program Achievements 2022

- ❖ Celebration became a certified Comprehensive Stroke Center – **June 15, 2022**
- ❖ Since becoming a Comprehensive Stroke Center, the stroke patient volume has doubled
  - Stroke Alert Volume 2022 = **891 patients**
  - Total of confirmed strokes 2022 = **407 patients**
  - Total tPA cases 2022 = **45**
  - Total of INR Thrombectomy cases 2022 = **29**
- ❖ Continued use of the Viz.ai. app for all stroke alerts – seeing a decrease in Door to Groin and Door to First Past times in thrombectomy patients when the Viz.ai app is used
- ❖ Started using a desktop Viz.ai app for the ED physicians and Radiologists to make communication easier





# NURSING NEEDS ASSESSMENT

Learning begins with an annual environmental assessment of the current practice, clinical outcomes, new equipment/interventions, regulatory compliance/review for high-risk procedures, and input from nurses at all levels about needs and request from clinical team members/leadership. QR codes are used to connect the assessment questions to units or groups of staff with like needs. In small units, focus groups and brainstorming are used to be sure that the voice of the team is heard and is integrated into the plan for the next year. The campus education team integrates the findings into an annual education calendar to support communication and planning. Key courses such as orientation, annual skills, leadership, and precepting are offered multiple times across the year. Simulation is another aspect of learning, with a simulation lab and sim tech support on the campus. One common simulation is mock codes, which occur on day and night shifts to develop and maintain skills. Hands on, active learning promotes adult learner engagement and improves retention.

<b>Top Clinical Content RN/LPN</b>  (Based on voice of the nurse)	Sepsis Chest Tubes EPIC Trach Care Stroke Protocol Tamponade Precautions PleurX Drain	Post Procedure Cardiac Protocols Baker Act / Restraints ICU Swan Ganz, Sheath Pulls ICU Drug Medications Glucomander	Educator/SME Focus Pts. Cauti Change in Condition Sepsis EPIC
<b>NM/DON/AVP</b>	Mentoring Workforce changes Empowering others Engaging staff	Compassion fatigue Analyzing Variances in Performance and Finance Current Trends	Basics Review for all new leaders Communication Diversity/Equity
<b>ANM</b>	Growing self & others Performance Improvement Healthy Work Environment Conflict Management	Self-care Labor Strategies Current Trends	Basics Review for all new leaders Communication Diversity/Equity SVRA (Violence)

AdventHealth Celebration Campus education is ongoing at the unit and campus level supported by Educators/SME in-person huddles, in-services, and continued education courses. Annual skills fairs are held for the various clinical areas incorporating adult learning that is engaging and interactive. For convenience, carts are used to round for key changes such as central line dressings due to an increase in CLABSI. Mock codes are held monthly on both shifts. Skills review and return demonstration, as well as “Culture at Celebration” provide the new nurse a first step in learning. Educators are supported with resources including the Medical Library and subject matter expert from across the system.

AdventHealth System Nursing Education offers virtual and in-person offerings to support various learning needs. They publish course offerings providing great flexibility for the individual to obtain education. Core Required education is communicated from System Nursing Education, using a quarterly offering structure to distribute the education across the year. At times, practice changes such as new equipment or treatment interventions will need to be developed in a critical timeframe and these needs are addressed with vendor and subject matter experts. Accountability is a critical role of the leader for this required education. This is monitored through ALN compliance reports.

## Outcomes of education include:

- ❖ Clinical competence
- ❖ Likelihood to recommend (customer satisfaction)
- ❖ Market & Community Services
- ❖ Retention

## Outcomes of education include:

- ❖ Diversity Equity and Inclusion
- ❖ Safety
- ❖ Employer of Choice
- ❖ LeapFrog A
- ❖ Magnet

# TRANSFORMATIONAL LEADERSHIP

AdventHealth Celebration uses this leadership framework as the foundation of growth and development. The model is a platform to align course objectives and a guide for coaching, mentoring and our bi-annual “Talent Care” development process. We believe and support the idea that every nurse is a leader.



**Transformational Leadership** is about leadership that influences others to achieve a common goal, vision, or purpose. Key attributes of a transformational leader are that they are both visible and accessible to their team members. They listen, they challenge the team to solve problems, they empower the team to lead change, and they provide a forum where input is welcome. Communication is bi-directional and focused on improvement. Transformational leaders are only as effective as the members of the team who take ownership and lead. Transformational leaders support the development of a culture of excellence where everyone makes a difference for patients, families, team members and the community served.

Celebration focused on supporting new and existing leaders with a variety of learning opportunities to support their personal growth and development. We completed our first leader mentoring program with 24 individuals and started the second 6 month mentoring program with 34 individuals. This program is built on the concept of self-assessment and reflection to really understand the individual's strengths and weaknesses. Mentors offer a solid foundation of listening and a few questions to make the person think about where they have opportunities. Several of our mentees from the first class became mentors in the second class. Evaluations support the outcomes and value of this program, as well as many of these individuals applied for other opportunities after completing the program.

**Table 1 Pre- and Post- Comparison**

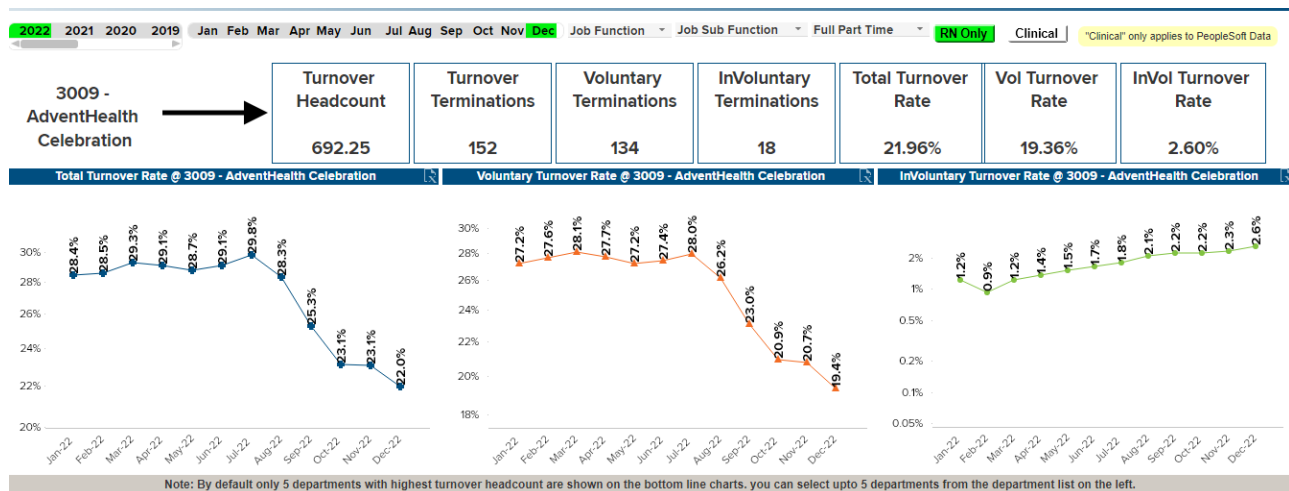
	All participants <sup>a</sup>			Mentee <sup>b</sup>			Mentor <sup>b</sup>		
	Pre (n=36)	Post (n=22)	p	Pre (n=25)	Post (n=16)	p	Pre(n=11)	Post (n=6)	p
Leadership Competency	30.14(6.79)	35.51(3.61)	.001	28.24(6.98)	34.88(3.77)	<.001	34.46(3.86)	37.22(2.66)	.117
Self Assessment	47.26(6.60)	51.57(5.57)	.013	45.90(7.14)	51.88(6.22)	.010	50.36(3.85)	50.75(3.63)	.808
Mentoring Skill	46.94(8.37)	51.09(7.54)	.063	45.36(8.62)	50.25(8.04)	.041	50.55(6.82)	53.33(6.06)	.578
Total Score	124.35(18.02)	138.17(14.54)	.004	119.50(18.19)	137.00(16.43)	.005	135.36(12.26)	141.30(7.87)	.510

- After intervention, all participants significantly improved their scores on the two subscales, leadership competency and self-assessment, and the total with p value <.001, .013, and .004 respectively.
- After intervention, mentees significantly improved their scores on all three subscales (leadership competency, self-assessment, and mentoring skill) and the total with p value <.001, .01, .041, and .005 respectively.
- There were no statistically significant changes for mentors after intervention.

Leadership classes are built on the needs assessment and foster an open environment of collaboration and networking to help leaders feel that they are not alone on this journey. We were able to provide 50+ individuals the opportunity to complete “Crucial Conversations” training, as well as other clinical associated virtual and in-person classes. All leaders completed an interactive 16-hour program on AdventHealth Leadership; where we were able to better understand the importance of mission in leadership.

# RETENTION 2022

While recovery from COVID began in 2021, 2022 found our campus with shortages in many areas, especially nursing and a need to recruit as well as to come up with different approaches to finding alternatives to workforce support other than travelers. Our executive team set monthly retention targets to start the journey of stabilizing the workforce. They also initiated a Work Intensity sub-groups with our most senior executives. Patty Jo Toor worked in partnership with other CNO's to fully understand the drivers of work across the organizations. Initiatives looked at education workload linked to the high number of hires, Student Intern programs expanded to Nurse Techs and Advanced Nurse Techs, Virtual Nursing was implemented at some of the campuses, and Designated Education Units (DEU's) were launched. In addition, the Preceptor program was hardwired and offered monthly to support the hiring. We also expanded the LPN/RN model to other units across the organization. The LPN/RN model was a source of interest across organizations and the US, with national presentations to share our learnings. Stabilizing the workforce was paramount to navigate the rising acuity of our patients and to ensure a positive work environment for our teams. Celebration implemented our whole person care support plan beginning with a mental health / wellness consultant: Krista Castleberry. Krista partnered with the chaplains and our wellness team to provide support across our teams as they faced stress at work and at home. Ginger, an application was launched to provide another source of support that was available at any time of the day or night. In addition to our Employee Assistance Program, it was valuable to have support and understanding that life was not back to normal and it takes time to heal.



**Human Resources** held recruiting events and AH created our own internal agency “staff flex” where AH employees could accept short term assignments at other campuses. This provided a layer of support, better than travelers in a financial way, but even more so because these teams knew our mission, values and lived our culture. Other program changes supported a changing environment to improve retention and keep our team members here at the campus. This included new **tuition programs**, a revised **clinical ladder** and extension of the ladder to include LPN's and ANM's. **Direct hires** were implemented in the fall, to foster decreasing the time to fill a position. The key focus was based on “mission fit” as the foundation and that skills could be developed.

With over 700 clinical staff hired, our education team expanded to have **two-night educators**, and we added **facilitators** to re-build a depth of practice and critical thinking. This team began their work after new nurses completed orientation. We found it so successful that the program was expanded to include all training programs, i.e. TTAC, TAP, and even our CCN's. Each nurse completed a self-assessment of confidence and competence and worked closely with the facilitator in day-to-day clinical scenarios. The facilitator also completed periodic evaluations and chart audits to help monitor the improvement of each nurse. Nurses exited the program at 4 months for the PCU's and 6 months for the ICU. One significant outcome from this work included increased RRT's and decreased need to call a code, as the nursing team developed their skills and knowledge.

**Talent Care** also played a part in retention, with bi-annual meetings between team members and their leader focused on growth and development. These meetings included peer input, a self-evaluation and a developmental discussion where objectives were identified and resources to support those plans were identified. Our Shared Leadership Professional Development and Retention Council addressed Action Request Forms around Floating, the importance of taking breaks and understanding psychological safety in the workplace. **AdventHealth System launched their Nursing Governance Council**, providing a forum of bedside nurses to review suggestions and offer input into the strategies being investigated. Sara Gale, RN C2W is a member of this council.

The progress was slow and steady as you can see from the graphs. By the end of 2022, RN turnover had decreased to 21.96%. It was not one thing that made this happen, it was leadership, teamwork, and investigation and willingness to try. This work was not over and 2023 would see additional strategies to support the work of caring for our patients. Think about your unit, what changes did you see to support this improvement.

# STRUCTURAL EMPOWERMENT

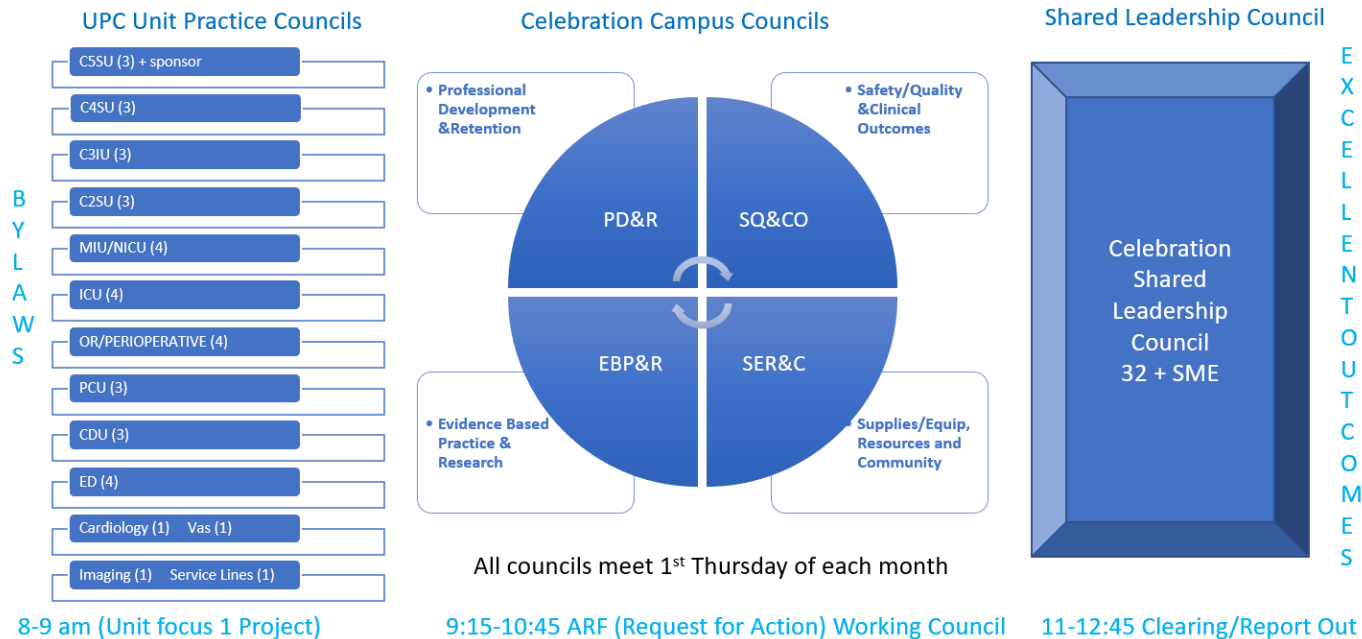
## Voice of the Nurse is critical at AdventHealth Celebration

Structural Empowerment is one of the critical areas to represent the voice of nurses. Each year members from each unit are selected to participate in Shared Leadership, as a council member. Members identify a preference for a specific council and one member is chosen to be the chair for the year. The chair works closely with the Director Sponsor assigned to the council to navigate the items identified as challenges or opportunities using evidence-based practice, standards, policies, and procedures. The council works collaboratively with subject matter experts to assess the problem and recommend suggestions for change to resolve the issue. The councils are supported by subject matter experts, i.e. informatics, lab and imaging, pharmacy, HR, Supplies and educators.

## Shared Leadership Structure Celebration 2022

All members apply/approved by Manager

Monthly Nursing Summary Newsletter



One critical responsibility of the council members is bi-directional communication: taking information to the units and bringing ideas and concerns from the units to the councils. Deborah Laughon is the Shared Leadership Council Sponsor. Her role includes support, education, coaching, and connecting resources. Our CNO Patricia Toor, brings any important issues to this team to discuss and make recommendations.

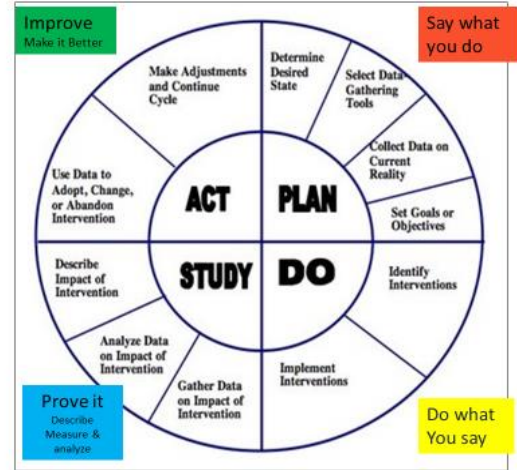
The model also supports unit practice through a specific amount of time that is used to identify unit problems and each unit is required to complete a process improvement project annually.

# Shared Leadership Process Improvement Structure

Annually, Shared Leadership and Unit Practice Councils showcase their process improvement projects in a virtual event allowing our teams to develop presentation skills, as well as how to identify and solve problems, using a systematic structured process and integrating evidence-based practice.

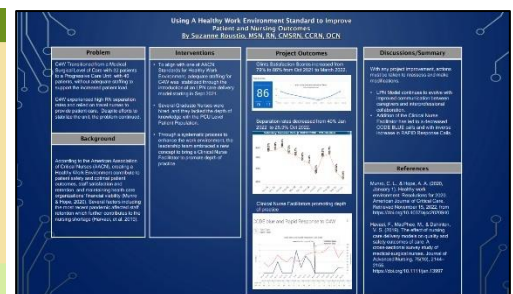
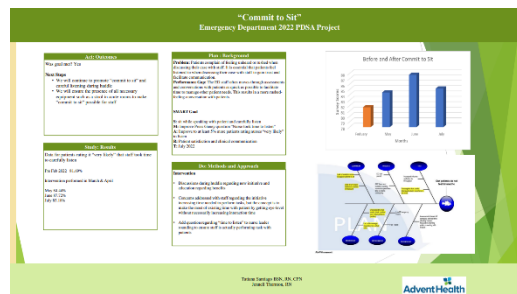
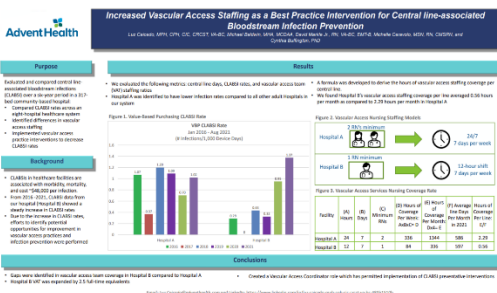
## Structure and Documentation

- PDSA model...
- Fish Bone
- Virtual Posters
- Showcase work



## 2022 Virtual Poster Fair

PDSA Topic	Presenter	Department
Implementation of a Leadership Mentor Program	Hannah Hallman-Quirk	Serv. Lines
Commit to Sit	Tatiana Santiago, Jennell Thornton	ED
Increasing RN Specialty Certification Percentage	Suzanne Davies, Hannah Hallman-Quirk, Samantha Kulczar	EBP&R
Unit Retention and Morale	Brielle Scoliere, Anais Cartagena, Andreia Coura de Moura, Lisette Grymes	C5SU
Medications that should not be crushed	Danielle Hartung	PS&Q
Improve Hourly Visits	Marisa Berger, Iodine Dalid, Joy Tibbe, Melanie Arnaldo, Beth Cartwright	CDU
Increase Nurse Recognition	Kristina Garcia, Joy Tibbe	PD&R
Using a Healthy Work Environment Standard to Improve Patient and Nursing Outcomes	Suzanne Roustio	C4W
Increased Vascular Access Staffing as a Best Practice Intervention for CLABSI Infection Prevention	Luz Caicedo, Michael Baldwin, David Markle, Michelle Ceravolo, Cynthia Buffington	VAS/Infection Prevention
Decrease the number of falls in C2W	Kristina Garcia, Danielle Hartung, Justin Dodd, Sara Gale	C2W
Creating a Golden Hour Rule	Kristin Baker, Sara Ellis, Riki Scales	Women Services
Reducing CLABSI in the ICU	Julia Chambers, Kaitlin Kennett, Melanie Martin	ICU
CCTA Throughput	Evelyn Rosa, Jim Beck	Imaging Nurses
Hand Hygiene	Maria Montenegro, Kareece Allman, Kimberly Apodaca, Chris Morrison, Evelyn Duron	CSU



# 2022 SHARED LEADERSHIP



## SE&S

Allman, Kareece  
 Arnaldo, Melanie  
 Briscoe, Paulette  
 Cartagena, Anais  
 Ceravolo, Michelle  
 Gibbs, Korie  
 Gale, Sara  
 Hernandez, Karen  
 Nadelman, Melissa  
 Krantz, Courtney  
 Martinez Cruz, Julio  
 Naldo, Gabrielle  
 Rochester, Cheryl  
 Wagoner, Kristen

## PD&R

Beck, Jim  
 Crescenti, Leah  
 Desir, Marie  
 Duong, Chau  
 Garcia, Kristina  
 Glasser, Stephanie  
 Lawson, Judy  
 Leis, Brody  
 Rosa, Evelyn  
 Scott-Kraft, Julie  
 Tibbe, Joy  
 Williams, Andrea

## EBP&R

Davies, Suzanne  
 Hallman Quirk, Hannah  
 Kulczar, Samantha  
 Sanders, Marissa  
 Hartung Danielle  
 Santiago, Tatiana

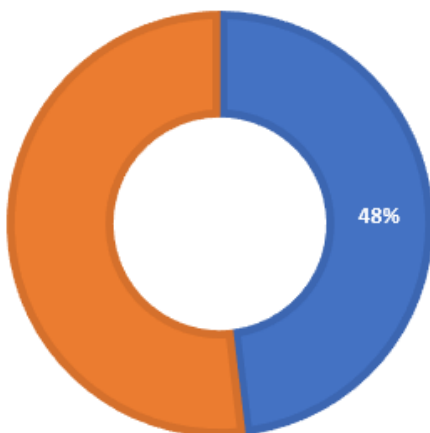
## PS&Q

Argento, Megan  
 Apodaca, Kimberly  
 Avila, Paola  
 Baker, Kristin  
 Heierman, Natalie  
 Berger, Marisa  
 Correa-Ortiz, Valeria  
 Crawford, Stacy  
 Dume, Cindy  
 Laskowski, Sharon  
 Markle, David  
 Philor, Nicole  
 Nguyen, Nam  
 Ortner, Cassandra  
 Scoliere, Brielle  
 Quintero, Margie  
 Rhoden, Megan  
 Thornton, Jennell  
 Shoemaker, Jennifer

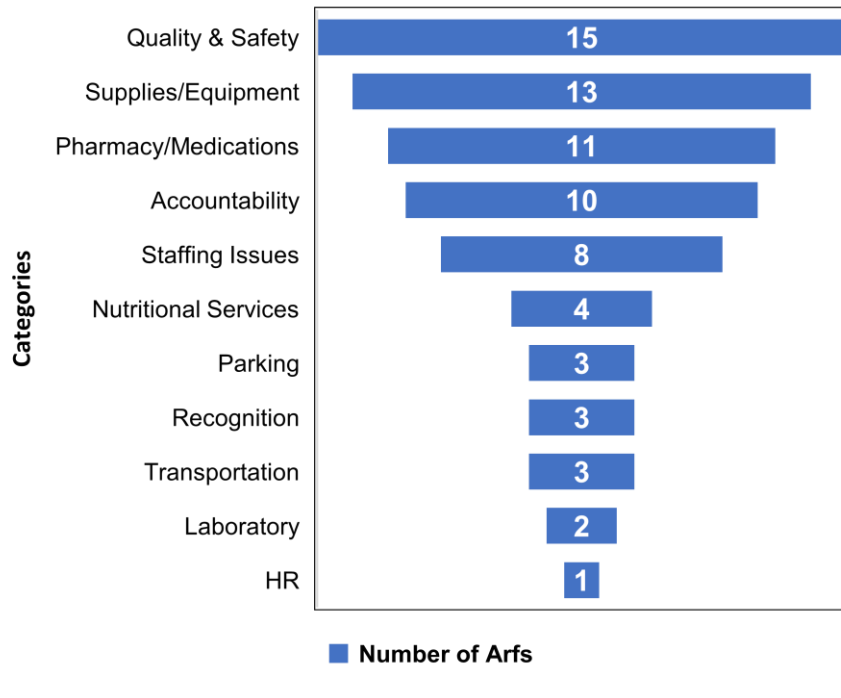
The chart below shows a summary of Action Request Forms (ARF's) for 2022. This year the ARF's were more complicated, requiring additional time to collaborate with interdisciplinary partners and to work through technical / documentation associated with our EPIC change.

## 2022 ARF COMPLETION

■ Percent of completed ARFs   ■ ARFs not closed



## 2022 ARF Categories



The shared leadership process is documented using Action Request Forms, SBAR-C (Subject, Background, Assessment, and Recommendation- Communication) and a monthly newsletter to communicate their work. They also complete an annual evaluation to help identify successes and make recommendations for improvement.

# 2022 SHARED LEADERSHIP

Each year we look back to see accomplishments and challenges related to Shared Leadership. This is important as it helps guide our changes and ensure success in the goal to incorporate “the voice of our nursing team” into the practice of nursing.

In review of the unit and council annual reviews, we noticed that several units experienced changes in membership, making it challenging to keep track of the projects and to find project work often supported with leadership/staff vs staff alone. As we have seen life at work and home was impacted by COVID, many staff are invested in advancing their own formal education; all resulting it changes in membership.... And for the right reason.

The following units completed an annual report for 2022: C2SU, Women’s, C2W, C5SU, (Vascular/Thoracic), C4W, ICU, CDU, C4W. We also received a report from S/Q, S/E & C, & PD&R councils.

Key points are noted below:

## Outcomes:

- ❖ Interpreter devices (stratus) increased availability
- ❖ Fluid Intake form
- ❖ MD/RN process to support < LOS; promoting appropriate planning and discharge
- ❖ New Nursing Awards and recognition process (Unit and campus levels) more meaningful
- ❖ Implemented Safety Huddle C2W
- ❖ Implemented unit recognition kudos C2W
- ❖ Improved hand hygiene compliance
- ❖ Increasing national certifications
- ❖ Improved CHG bath charting and follow up
- ❖ Collaboration across disciplines to improve care: Pharmacy, Wound care, Transportation
- ❖ Medication education: crushed list
- ❖ Hourly rounding improved
- ❖ Increased engagement in Lensboard
- ❖ Improved unit morale, engagement and retention
- ❖ LPN/RN Workflow for nights
- ❖ Improved relationship with educator/facilitator with NR, TTAC, new team members to support nurse growth
- ❖ Using Healthy work environment framework to improve patient and nursing outcomes.
- ❖ Implementation of Kurin device to reduce blood

## Recommendations:

- ❖ Increase delegation across members
- ❖ Complete SBAR’s real time
- ❖ Be specific re: getting input from members re: discussion points (assignments- guided process)
- ❖ Expand communication of SLC Newsletter to LENS boards
- ❖ QR code for ARF’s to make it easy (in addition to web site) and make ARF’s more accessible
- ❖ Enhance recognition nomination process to be more specific and meaningful (team)
- ❖ Provide printable newsletters for units
- ❖ Unit to own dissemination of SLC in a fun and meaningful manner to connect with all team members for the unit.
- ❖ Enhance opportunity for team members to participate through ARF submission
- ❖ Increased SLC involvement by nursing members and extend this to unit members.

## Most Proud of:

- ❖ Projects: Falls
- ❖ Submitting Abstracts
- ❖ Recognition program for nursing
- ❖ ARF: Safeguarding patient in the hallway in imaging
- ❖ Golden hour
- ❖ Active safety huddle – kept patients and staff safe and had fun
- ❖ Staff more engaged

## Challenges:

- ❖ Increase nominations for all recognition programs
- ❖ Sometimes too many ARF’s and many are complicated, resulting in not being able to follow up timely

# 2022 SHARED LEADERSHIP

## 2022 SLC Newsletter Topic: Healthy Work Environment (HWE)

The work around the importance of the work environment in healthcare isn't new. In the 90's, professional organizations completed research to identify factors that support a healthy work environment. The evidence suggests that when there is a healthy work environment nurses are able to provide the highest standards of compassionate care and leave work feeling fulfilled and joy based on their contributions to the care of others. The American Association of Critical Care Nurses (AACN) identified standards to support the overall health of the work environment, better nurse staffing and retention, less moral distress and lower rates of workplace violence.

A healthy work environment is described as one where people are valued, treated respectfully and fairly; where personal and professional growth is supported, communication and collaboration are championed and there is a sense of community and trust at all levels, which enables effective decision making. A healthy work environment comprises competent employees, appropriate workloads, effective communication, collaboration, and empowerment, which leads to positive outcomes for patients, employees, and the organization. AACN identified 6 areas for establishing and sustaining a healthy work environment. The healthiest work environments integrate all six standards to help produce effective and sustainable outcomes for patients and nurses (AACN 2022)

During 2022 we spent time learning about each of the different aspects of a healthy work environment and we completed education and assessments to measure our work. Nurses have become very important following the COVID pandemic. This is in part due to the scarcity of nurses and in part due to the cost of turnover. Healthcare doesn't function well without nurses. As you review the year-end report, think about how you see the work environment at AH Celebration and what things might become a critical intervention, as there are many from recognition, support for education and growth development through our new Professional Excellence Program. We work on understanding psychological safety and what was important to nursing. You are key to a healthy work environment and taking care of you is a first step.

## 2022 SLC Newsletter Topic: Healthy Work Environment (HWE)

Feb 2022: Intro to HWE

Mar 2022: HWE: The Leader's Perspective

Apr 2022: HWE: Communication and Collaboration Essentials

May 2022: HWE: True Collaboration

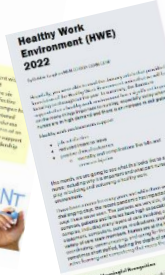
Jun & Jul 2022: HWE: Effective Decision Making

Aug & Sep 2022: HWE: Meaningful Recognition

Oct 2022: HWE: Authentic Leadership

Nov 2022: HWE: National Assessment

Dec 2022: HWE: Impact on Job Satisfaction





# CLINICAL EXPERIENCE

BRING YOUR  INTO IT...

Our goal is to transform patient and family experiences through our service standards, purposeful actions, and best practices to achieve experience excellence. Everything we do for our patients and team members is an extension of the AdventHealth mission to **Extend the Healing Ministry of Christ**.

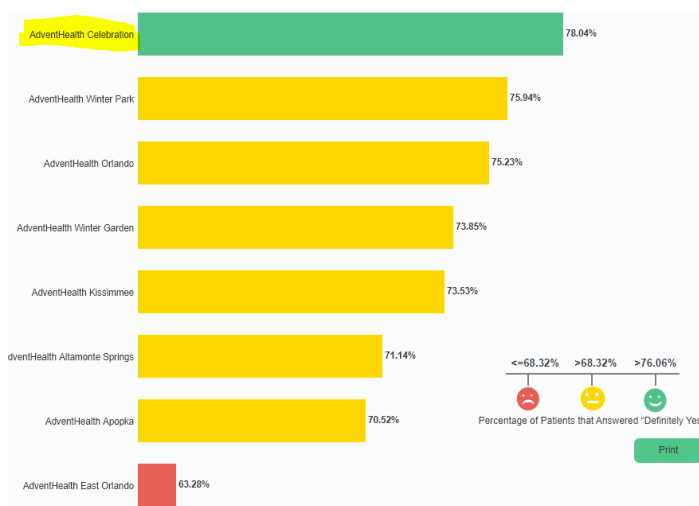
## At AdventHealth Celebration, we bring our Mission to life by

- Supporting robust experience culture and alignment across the campus
- Inspiring, developing, and empowering team members and leaders from all departments and units
- Developing and integrating seamless, person-centered experiences for our consumers

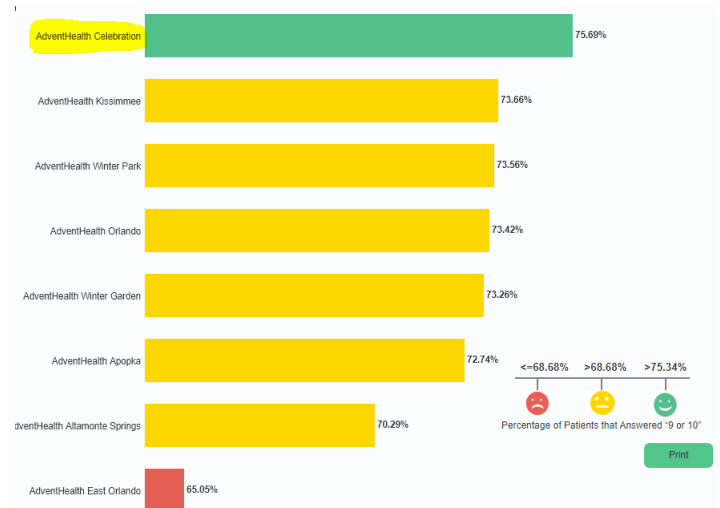


**The Voice of our Consumer** We believe that understanding the perception of our patients is crucial for improving how we deliver care. We survey patients to gain insights into their perceptions of their experiences and the care we provide to them. Surveys capture the quality of our services from the patient's perspective. This information drives meaningful changes in the way that we interact with our patients and families as well as our clinical processes and hospital environments.

**OVERALL RATING 2022** by discharge date



**WILLINGNESS TO RECOMMEND 2022** by discharge date

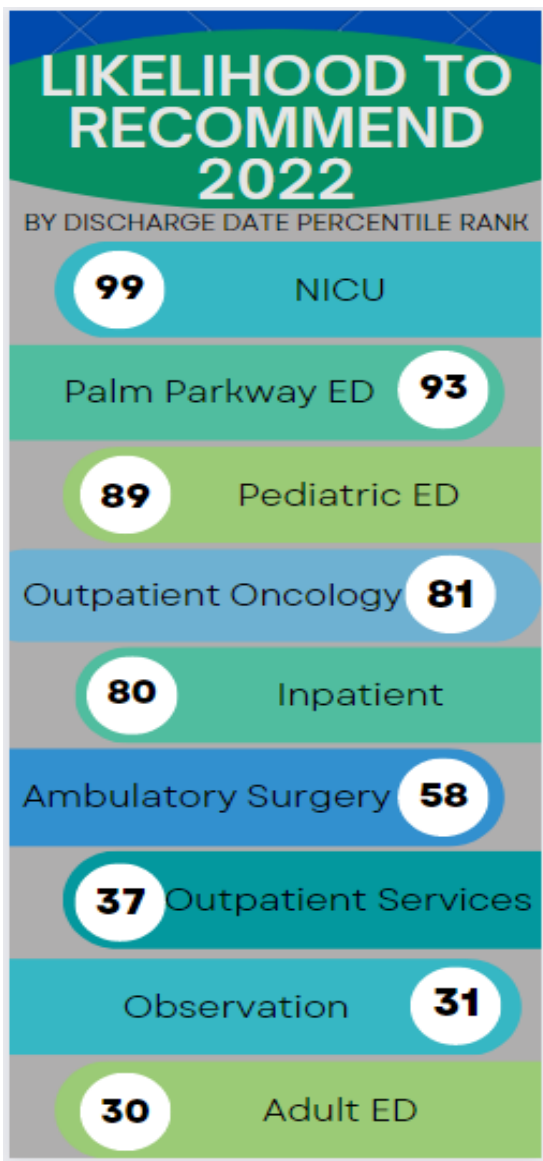


2022 was a very successful year for Clinical Experience and our patients told us we had much to celebrate! Consistently high patient volumes, campus construction and growth, a new electronic medical record system, and even a hurricane challenged us, but we ended the year with top results in Inpatient Overall Rating and Inpatient Willingness to Recommend for the Central Florida Division, South Region.

*Together, we are the patient and family experience.*

# CLINICAL EXPERIENCE

BRING YOUR  INTO IT...

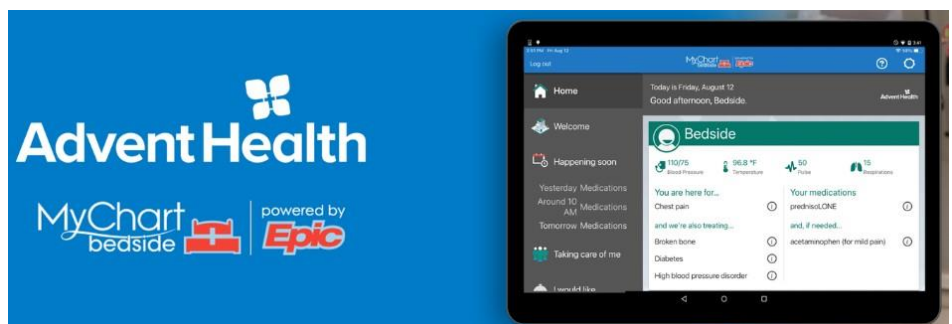


The following are some examples of how we brought Clinical Experience to life in 2022 across the campus and our 9 distinct survey groups.

- An intentional, continued focus on the 3 most impactful interactions to drive clinical experience – focused **Leader Visits** on patients, **Bedside Handover** with the patient included in the conversation and intentional, proactive **Hourly Visits**. (Frequent visits in ED, L&D and ICU / Comfort visits in NICU)
- Quarterly Professional Development and Clinical Experience Leadership classes which focused on the growth and development of our campus leaders.
- Clinical Experience expectations set during campus orientation for nurses and techs.
- Newly developed Advanced Preceptor class containing Clinical Experience curriculum
- Nutritional Services Leader Visit training
- Care Management specific Clinical Experience training
- iCARE refresh training for all ancillary team members
- Clinical Experience stations at ED and Women's departments skills fairs
- Quarterly Corporate sponsored setting-specific experience roundtables to share ideas and best practices
- Relaunch of our Patient Family Experience Council
- Monthly HCAHPS, Ancillary, OASCAHPS and Outpatient/Ambulatory Care clinical experience work group meetings to sharpen focus on the key drivers of Likelihood to Recommend.

2022 brought our change to Epic and the launch of the **MyChart Bedside** communication tool for inpatients and observation patients.

In just 4 short months, celebration set the pace for the entire company with bedside usage of this tool. We ended 2022 with 37% of our patients using MCB.



Together, we are the *patient and family experience.*

# PATIENT & FAMILY EXPERIENCE COUNCIL

The Patient Family Experience Council (PFEC) was established in December 2015. The council is comprised of community members, patient safety officer, bedside nurse, and the clinical experience manager and director of professional development. The charter of the PFEC Council guides the actions, as well as the environmental changes that are of interest for consumers, especially our community patient and family members. During 2022 we implemented the AdventHealth PFEP Engagement plan; educate, integrate, validate, and sustain. Celebration's PFEC is the second council from the system structure to develop new councils across the corporation.

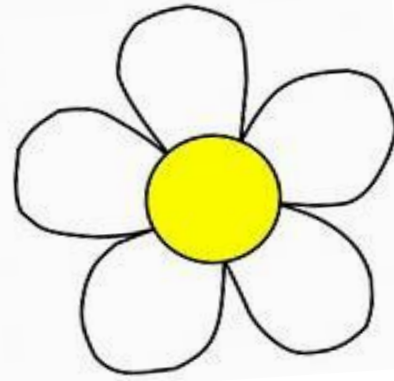
Educate	Integrate	Validate	Sustain
<p>Focus on educating the stakeholders on program purpose and state of readiness. One of the points of education focused on the value of diversity for this council. Celebration reviewed our charter and sought opportunity for new members.</p>	<p>This phase serves to coordinate efforts around recruitment and selection. The engagement plan provided new material about the councils and recruitment tools (application and interview questions).</p>	<p>This phase serves to validate the members' understanding of roles and responsibilities and to ensure we provide meaningful opportunities for engagement with community members. Celebration updated our orientation plan to align and ensure consistency.</p>	<p>The sustain phase serves to access the level of engagement of our members. Several of our initial members decided to step off the council for other community groups. Celebration focused on recruiting and ensuring members that are interested and that represent the community served.</p>

[AdventHealth Consumer Experience - Diverse-Voices-Matter.pdf \(sharepoint.com\)](#)



# 2022 DAISY NURSE LEADER AWARD

Nurse leaders create an environment of compassion and recognition for others motivating their staff. Despite working under tremendous pressure, this Nurse Leader demonstrated being a role model, mentor, and enhanced the image of nursing.



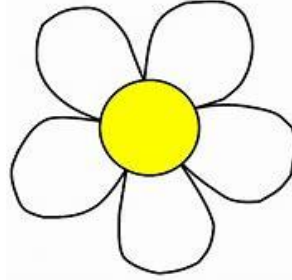
**Victoria Wild, RN**  
C2W ANM

## ***Nomination:***

“I wanted to take a moment to express what an amazing nurse Vicki is. Vick holds many roles here at AdventHealth and facilitates them well. On evening she was the only ANM/Charge for C2W and despite staffing challenges and everything else that was not in our favor she managed to keep the unit afloat and even bring a sweet treat (ice cream) for the soul. Another staff member was covering 2MS and she checked in on them throughout the night to make sure they were supported and went out her way to make sure they were informed as well. In such a stressful situation, dealing with all the different personalities and anxieties of the nurses plus ensuring patient safety, Vicki was a rockstar and that CANNOT go without mention. Another staff member has also stated that “She made sure everyone was taken care of and made sure all the duties she needed to do regarding the down time and epic were completed. She was even quick to help with a declining patient we ended up sending to the ICU. She truly made the entire night as easy as she could for all staff.”

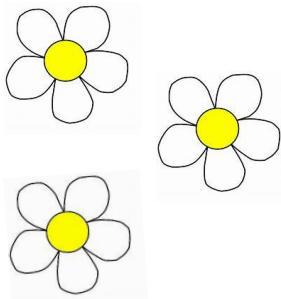


# 2022 DAISY TEAM AWARD



## Celebration C2SU Team

Kimberly Apodaca, RN  
John Lonsdale, RN  
Mercy Daniel, RN  
Alyssa Caneda, RN  
Veronique Kean, RN



### ***Nomination:***

"We had "Stellar" Care from so many Caring and Professional Nurses from Neighborhood F Second Floor, Room 266. We thank ALL these Nurses from the bottom of our hearts for their dedication to their patients.

We'd love to nominate the following Nurses for their compassion, professionalism, empathy and proficiency:

1. Kimberly. Compassionate, went beyond the call of duty to make sure my mom was comfortable.
2. John...Truly loving and caring Nurse, was always patient in answering our concerns. John was truly exemplary.
3. Mercy: I am so grateful to Mercy for her loving patience towards my mother. Whenever she was assigned to my mom, she made sure to make a thorough assessment of my mom's health condition. Her warm gesture to help calm my mother during the nighttime will always be greatly appreciated by me and my family.
4. Alyssa: A wonderful, sweet and a professional nurse. Her care for my mom was endearing. She would help my mom to calm down by gently speaking to her as she treated her.
5. Veronique: A Superb Nurse that excelled in her care, empathy and patience for my mother. We felt at ease when Veronique was my mom's night Nurse. She was sweet, and just all around stellar as a true professional. Thank you from the bottom of our hearts for understanding my mom's condition; being such a pillar for the family.

# 2022 DAISY AWARD WINNERS

To receive a Daisy Award or even to be nominated is an absolute honor. In 2022, we received nominations from patients, staff, and physicians expressing their gratitude for the hard work and dedication that these nurses give. These nominations exemplify the type of care that our patients receive daily.

## January & February



**Brody Leis,**  
RN | C3IU

## March & April



**Melissa Nadelman,**  
RN | C4W

## May & June



**Pascale Oertel,**  
RN | C3IU

## July & August



**Mary Hankewycz,**  
RN | ICU

## September & October



**Mohammad Shoaib,**  
RN | C5W

## November & December

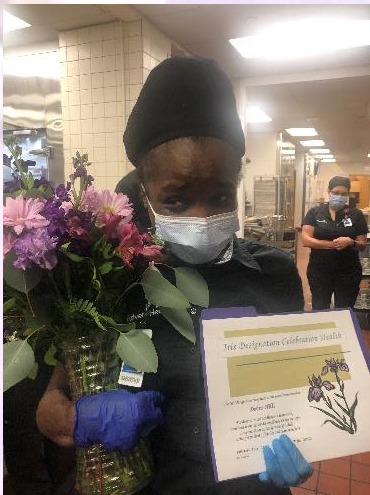


**Gizet Gonzalez,**  
RN | C5W

# 2022 IRIS AWARD WINNERS

These IRIS Honorees have been recognized for being role models of our Service Standards (Keep Me Safe, Love Me, Own it, Make It Easy), team work, and providing excellent patient care. Alongside these Honorees other supporting staff members were nominated for an IRIS award in 2022 by their patients and peers, for providing excellent service.

## January & February



**Debra Hills,**  
Nutritional  
Services

## March & April



**Jaleal Maloney,**  
PCT | C2W

## May & June



**Herby Bernard,**  
PCT | C3IU

## July & August



**JoAnn Gonzalez,**  
PCT | C2W

## September & October



**MeChell McCall,**  
PCT | C4W

## November & December



**Mariagely Cabrera,**  
PCT | CSR

# 2022 NURSING AWARD WINNERS



**Sara Ellis**  
Dolphin Award



**Dimitri Crespo**  
Monarch Award



**Azeb Gebresadick**  
Eagle Award



**Julie Spurlock**  
Owl Award



**Paula Paul**  
Monarch Award



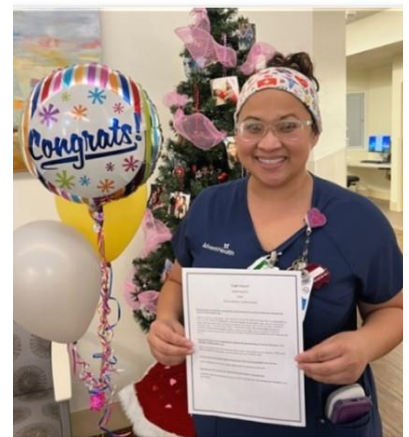
**Gizet Gonzalez**  
Owl Award



**Ashley Simpson**  
Phoenix Award



**Katherine Diaz**  
Dolphin Award



**Jackie Pajarillo**  
Eagle Award



# CELEBRATING CERTIFIED NURSES IN 2022

AdventHealth recognizes the following 27 Registered Nurses who obtained or joined a team at Celebration in 2022 with professional certifications that enhance their knowledge, skills, and practice to contribute to better patient outcomes in their specialty.

Amber Hosier **CCRN**

Andrea Corden **PCCN**

Azeb Gebresadick **PCCN**

Blair Williams **CEFM**

Christen Litten **OCN**

Christine Benson **PCCN**

Evenette St Lot **PCCN**

Hannah Chokanis **CEFM**

Hannah Greene **CV BC**

Jamie Campbell **CEFM**

Joanne Goebel **CEFM**

John Machesko **CCRN**

Joseph Merlin **PCCN**

Joy Tibbe **PCCN**

Marelys Cruz **VA-BC**

Maria Pagano **ONC**

Marissa Sanders **CEFM**

Mathew Wilkinson **CCRN**

Melanie Gomez **PCCN**

Michelle Vogt **RNC-DB**

Moly Mathew **PCCN**

Monica Castillo **CAPA**

Rita Meeks **OCN**

Sherlett Baxter **CCRN**

Suja Phillip **CCRN**

Suzanne Roustio **OCN**

Yana Skoochod **RNC NIC**

## How targets are set

Targets are established during our annual nursing strategic plan meeting, with bedside RNs from Shared Leadership Council (SLC), Nurse Managers and Directors, in a meeting led by the CNO.

Each unit leader establishes a unit goal for new certifications considering the following points:

- Current percent of certified nurses
  - Certification / specialty type
  - Practice setting
- Previous two-year certification rates and progress
- Nursing turnover/unit
- Participation rates for Clinical ladder
- Consideration of organizational initiatives to support certification success
- Other external factors i.e., nursing shortage, ability to recruit for specialty

These numbers are then tallied for unit goal and for campus to determine the strategic certification goal.

## Strategies to meet goal

- Financial support for testing: cost of test as part of the \$5250 annual EdAssist program
- Study resources are available for check out through the educator for each unit. The organization has a CCRN and PCCN e-course review available to all nurse
- Units set annual clear targets
- Talent Care (bi-annual performance / developmental goal setting) includes certification
- PEP 2020 offered 3 points for certification 3 levels max 7% and 2022 New Clinical Ladder Program (PEP) includes 3 points for certification and these points can support individual ranking of up to 5 levels to a maximum a 20% differential of their base pay

## How nurses are supported to achieve or maintain certification

- **Specialty Opportunities** - Nurses have opportunities to grow within our campus, there are a variety of specialties that are open for nurses to expand their practice, not only clinical areas but also advanced practice opportunities
- **Financial support** - Expanded to include more training and education offerings and to support renewal as well as the initial certification.
- **Recognition** - Includes annual recognition events including gift, celebration pictures and food. Certification Names are displayed in Nursing Award Center Celebration, and Annual report. Certificates, and a letter signed by the CEO mailed to the nurse at the time of award are also given as a part of the recognition

# 2022 CELEBRATIONS

## 2022 Nurses Week



## CELEBRATE CERTIFIED NURSES MARCH 19

## 2022 GN Milestone Celebration



# 2022 CELEBRATIONS

## 2022 Preceptor Celebration



## COMMUNITY INVOLVEMENT

### May 2022 Medical Pipeline

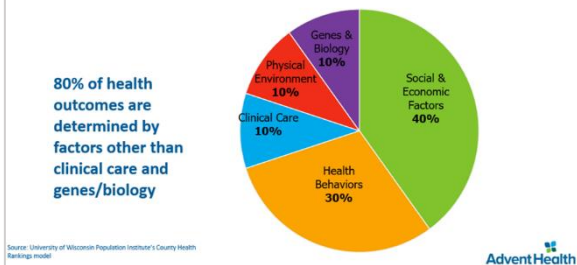
### Nov & Dec 2022 Medical Pipeline Ventura and KOA Elementary School



# COMMUNITY INVOLVEMENT

As health care providers, we have all encountered patients from different cultural, ethnic, socio-economic, and even educational background with health beliefs that vary from our own. These beliefs can sometimes create health issues that individuals are not aware of. The most recent pandemic has enlightened us to the complexities of health, healthcare, and health related issues around the world. An individual's state of health plays a major role on how they adapt to society. These social determinants can further reflect how members of society value the community in which they live in. As health care team members who are committed to transform lives, we meet the community members at their point of needs whether it is social, or health related.

## Social Determinants of Health



## Surgical Services Family Day



Surgical Services Family Day is a day where surgical services team members can bring their families to work so they can learn what we do every day at work. We have different stations to show some of the procedures we perform and the technology we use. Some of the stations we had last year in December were intubation station with a mannequin, beating heart (open chest mannequin), GI anatomy game, infection prevention (hand hygiene), sterile processing (surgical instruments), Intuitive robot (family members get to use it in the operating room), and more! We also have music, food, and giveaways in the Mangroves Conference Room where we start and end the tour.

## Kensington Apartments



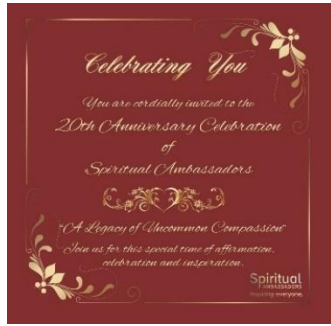
On November 18, 2022, a group of nurses and allied health partners from AdventHealth Celebration extended our mission beyond the hospital wall and conducted a mini-Health Fair and Blood Pressure screening event at the Kensington Apartments located in Kissimmee, FL. Several participants had abnormal blood pressures – some verbalized that “it will be high,” so they were not surprised. Others were not aware that their blood pressures were high. Blood Pressure education and other educational materials were provided.

Our engagement within the community to promote health is essential to remain connected with them so we can identify health care priorities and implement services that they mostly need and will benefit from. Through our continuous quest to create healthy communities, healthy cities, healthy states, healthy nations, we will lead efforts to create a healthy world.



# 2022 SPIRITUAL AMBASSADOR EVENTS

## 20<sup>th</sup> Anniversary



## Spreading Love to Ukraine



## Love Me Ice Cream Celebration



## Valentine's Day



# 2022 SPIRITUAL AMBASSADOR EVENTS

## Mother's Day



## National Day of Prayer



## Spiritual Ambassador Training



## Week of Spiritual Renewal



# STRATEGIC PRIORITIES: 2023

2022 ended with many successes. As the year ends, we always stop and reflect on the successes and identify our challenges for the upcoming year. The process is “reflective”, and our approach is to celebrate and then “regroup” for the challenges ahead. In some cases, our work crosses over the years. For example, clinical experience is one of our priorities every year. It doesn’t mean that we have not met goals, just that the end point is ever changing, as we benchmark nationally; as everyone else gets better, we need to get better. The strategic plan is developed with input from our nursing team members from SLC, leaders of nursing and ancillary areas, and our DON’s and CNO’s. Goals and initiatives are owned by SLC councils. (See below) We build our nursing priorities on the strategic priorities of AH, as well as our Celebration Campus goals. The structure keeps the nursing division focused on meeting objectives and continually improving. The metrics are discussed in the SLC councils with adjustments to interventions based on course of improvement or changes in the priority for the campus. The SLC works closely with the CNO, Patricia Toor, the Nursing Directors and clinical staff crossing all units to accomplish goals.

Topics/Responsible Party	Description/Key points/Metrics	Goal
Clinical Experience (Clinical Quality)	Strategies include consistency for these actions: >90% <ul style="list-style-type: none"> <li>• Leader visit</li> <li>• Handoff at the bedside</li> <li>• Hourly Visits</li> <li>• My Chart Bedside to &gt;150pts /day</li> </ul>	Goal: Meet or exceed 75 <sup>th</sup> in likelihood to recommend.
Kindness (PD&R)	Survey	Qtrly assessment will demonstrate improvement from baseline. Responses will help define kindness based on the team’s perception
MD Satisfaction (PD&R)	Three specific questions will improve from 2022 <ul style="list-style-type: none"> <li>• Effective communications RN/MD regarding patient care</li> <li>• Satisfied with expertise of nurses</li> <li>• Satisfied with the performance of nursing staff</li> </ul>	Scores >30 <sup>th</sup> %
Certification (PD&R)	Unit goals	75% Units will meet or> goal & Overall % increase toward goal >51%
BSN+(PD&R)	Unit goals	75% Units will meet or> goal and overall % increase toward goal of 80%BSN+
NSI (CLABSI) (CAUTI) (Falls) (HAPI) (EBP&R)	Using EBP to guide practice/policies ensure that all NSI are above the national mean for each unit. <ul style="list-style-type: none"> <li>• Annual skills to reinforce practice / procedure for all BS RN’s</li> </ul>	The majority of the units will exceed the national mean the majority of the time.
Retention/Turnover (PD&R)	RN annual goal 27.7% with monthly goal of < 1.4%	RN Monthly actual will be <1.4%
Documentation (EPIC) to reflect nursing care key points (Operations & Community)	Sway (focused education) to address gaps with increase in chart audit after education. Monthly peer chart, leader annual chart review and new hire educator chart review	Chart audits will indicate improvement. Unit educator / Facilitator to use standard tool and score to assess performance outcome >85%
LOS/Readmissions (Team & patient Safety)	Target goals LOS 4.4 overall <ul style="list-style-type: none"> <li>• MD/RN Rounds participation</li> <li>• Identify and close loop initiation of consult for social determinant gaps through training and education</li> </ul>	Total LOS will meet goal of 4.4
Hand Hygiene (EBP&R)	Through hand hygiene champions, collect <ul style="list-style-type: none"> <li>• 200 observations / month</li> <li>• Goal 90%</li> </ul>	200 observations/month Target 90%
RN Satisfaction/Participation (PD&R)	<ul style="list-style-type: none"> <li>• SLC participation with emphasis on communication to unit teams</li> <li>• Restructure council based on feedback from evaluations</li> <li>• PDSA projects for council (2) and units (1)</li> </ul>	The majority of the units will exceed the national mean in ¾ composites. Participation goal 75%

# Nursing Annual Report



2022