

9M

- Issued Pain pump keys to every nurse
- Instituted Wall of Fame
- Added 8 telemetry beds and became ACLS certified
- Discharge Nurse and CT walking rounds pilot
- Restructured multidisciplinary rounds

8M

- Implemented Discharge Nurse program
- Implemented Modified Self Scheduling to prevent over- and under-scheduling
- Improved missed workload by 75%
- Retained all New Grads
- Implemented Professional environment of care to include professional behavior, accountability, and respect of co-workers.

Georgia Heart Center

- Developed patient readiness checklist
- Improved flow from Chest Pain Center to Cath Lab
- Developed protocols for Sheath Pulling Team
- Reduced post-intervention hematomas

6E

- Supported development of partial hospitalization program
- Increased Psychiatric Liaison role
- Increased allergy armband compliance
- Made recommendations for Special Care Unit renovations
- Revised smoking policy for unit
- Increased patient satisfaction scores
- Expedited process for admission from MD offices
- Updated Magnet™ boards, surprise CT lunch, council project fund

6M

- PI projects for skin care, charge capture, chem. sticks
- Discharge Nurse
- Self scheduling.
- Participation in Nurse recruitment functions
- Coordinated numerous celebrations for staff, patients and families.

5E

- Initiated nursing/resident liaison team to work on resident/nursing issues
- Implemented reward and celebration processes
- Revised NE orientation process

completed with positive results from new NE

- Increased accuchecks to improve productivity
- Improved lab TAT for PTT
- Increased patient satisfaction scores
- Participated in unit renovation

5M

- Obtained phones for CTs to improve communication
- Piloted staff location tracers to improve access
- Implemented student bib and photo board
- Implemented Turn Clocks, waffle boots, Joint Works Patient notebook
- Improved patient satisfaction scores
- Hosted celebratory lunch for all staff
- Piloted Discharge Nurse/waffle boot

4E

- Initiated neuroscience certification study group
- Membership on stroke certification and other committees
- Surgery pt gift bags given upon d/c
- Involved in creating new computer/breakroom and new storage area for wheel chairs
- Consolidated neurosurgery/orthopedic surgery orders

4M

- Instituted self scheduling
- Piloted Discharge Nurse
- Organized bake sale for Magnet fundraising for \$700; donated 9 baskets.
- All staff members added to email
- “Celebration Committee” sponsored many celebratory events including Christmas party, gingerbread house contest, day and night dinners, and recognition plaques
- Refocus on shared governance with education, expansion of membership, articulated expectations, additional bulletin boards, active communication tree.

CVICU

- Encouraged several nurses to apply to on-site CRNA school.
- Early extubation PI improved length of stay.
- Early dangling PI project resulted in

increase from <20% to >80%

- Restructured CN role for increased continuity of assignments.
- Decreased number of CABG patients on ventilator > 6 hours.

4W

- Implemented Walker of the Day and Lap Board
- Piloted Discharge Nurse successfully.
- Implemented “Hero of The Heart” employee award.
- Created a new CT worksheet to include the CT shift change rounds and turn protocol
- Sponsored contests to name 4W newsletter and new floor slogan
- Sponsored CV surgeon appreciation luncheon.
- Implemented protocols which reduced atrial fibrillation rates in CABG patients
- Implemented standing orders to treat low magnesium
- Implemented modified self scheduling

Acute Dialysis Unit

- Developed new on-call policy
- Developed/ revised conductivity policy, hepatitis policy, dialysis flow sheet, terminal clean policy, machine numbering policy, and equipment log book
- Developed fittings and fixtures cart for ease of repair of machines
- Implemented suggestion box, and “shining star” program for employee recognition
- Restructured staffing to have a Preparation Tech (comes in early to feed patients and ensure they are ready for first shift)
- Magnet chair began advising staff of magnet progress during staff meetings
- Obtained blanket warmer for patient comfort

3E

- Added night representation to Unit Council
- Have obtained new patient equipment.
- Involved in recommendations and renovation of bigger break room with bathroom.
- Involved in ongoing PI to improve response times and patient satisfaction.
- Began newsletter and Employee of the Month.
- Implemented new charge capture checklist.

Family Birth Center

- Instituted boarder Baby in Level I to decrease unnecessary admissions to NNICU.
- Developed family parking pass system.
- Added pulse ox probes on PAR.
- Developed NAT policy/nurse to promote mother/baby bonding and increase satisfaction.
- Improved circumcision documentation to capture accurate charges.
- Localized most frequently used forms for “ready” access.
- Improved QA documentation by providing centrally located box/forms for discharged PCEA pumps.
- Organized formula closet.

L&D

- Revamped delivery carts for better patient care
- Renovated ultrasound room so patients could stay on unit
- Installed Maternal Transport phone with recording
- Initiated ACLS training requirement for RNs
- Increased self-schedule autonomy

NNICU

- Implemented touch times, quiet and dark environment based on developmental care
- Implemented peer review forms.
- Revised and improved CPR, car seat testing and parent education.
- Revised bedside drawers to make more organized and user friendly and raised height of refrigerator to be more ergonomic for staff
- Utilized Primary nursing for designated patients and created parent-friendly information cards
- Created special procedure cards to expedite gathering supplies for MD procedures
- Revised frequency of suction canister changes, Hepatitis Log and vaccine stocking to make it more readily available
- Created user-friendly discharge sheet for clip boards to improve continuity across shifts and to improve the discharge process.
- Created bedside white boards to assist families with identifying RN and CT by name.
- Created call groups to reduce amount of mandatory call.

- Created more efficient process for eye exams.
- Created Communication Tree and Council Board to inform staff of changes and solicit staff input.
- Developed Spanish-English tools for staff to enhance communication with Hispanic patients.

3W

- Updated all renal-specific policies and forms
- Developed “Turn Clock” for preventative skin care
- Developed “buddy system” staffing assignment to decrease response time
- Developed specific duties for MRs and participated in educating the MRs
- Developed standardized shift to shift reports and rounds for nurse to nurse, tech to tech, and nurse to tech communication.
- Developed “Caught in the Act of Excellence” recognition posters and rewards for employees that provide quality care.

TCU

- Developed and implemented critical care step down unit
- Unit Council functions incorporated into staff meetings
- Made eight baskets for Magnet fund raising
- Implemented monthly get togethers and celebrations
- Involved in obtaining new cardiac monitors
- Designated Wound Care team liaison nurse

Surgery Center

- Hosted several celebratory morale boosters
- Working with physicians, improved compliance with medication labeling on OR field, site verification documentation, and eye protection
- Revised comprehensive latex list of items in OR with signs placed in each room
- Recommended revisions to count policy

JFT, IPH, OPH, PACU, pre-op

- Improved procedure and patient sat-

- isfaction with marking mammograms
- Accommodated increased number of overnight stays by providing basic comforts such as TV, CD player and meal availability
- Improved allergy documentation
- Based on PI project results, renal diet trays were added to JFT stock to help meet dietary needs.

Cardiac Observation Unit

- Have hosted several celebratory events.
- Expanded Pyxis checks to night shift to share responsibilities.
- Reduced hematoma formation post-procedure.

Critical Care Center (STICU, MSICU, NICU)

- Increased Council participation
- Hosted several celebratory events, set goals and surveyed staff to assess issues
- Implemented 5 minute visitation rule to keep family in communication and comfort loop
- Developed new admission assignment guidelines
- Revised holiday vacation guidelines
- Redefined charge nurse role with reduction of patient assignments,
- Implemented CCC hyperglycemia protocol and placement of chemstick machines in patient rooms and glu- commanders on PAR
- Revised annual skills format
- Improved communication with emails at home
- Developed and implemented treatment record sheets
- Added frequently used items to PAR
- Added light weight transport monitors.

EC

- Implemented self scheduling
- Reduced supply costs.
- Expanded virtual nurse and Express Admit Unit.

C3M

- Implemented alternating CT/ RN rounding.
- Updated supply levels and implemented preprinted charge sheets, capturing \$15,000 in charges in one month
- Sponsored “back to basics” campaign

Pediatric ICU

- Revamped Council, adding new members from all disciplines and shifts.
- Revised visitation guidelines to continue to promote family centered care while maintaining patient confidentiality
- Initiated parent invitations to holiday celebrations.
- Organized and implemented ventilator protocol for PICU patients jointly with pediatric intensivists and advanced nurse practitioners to decrease risk and/or occurrence of VAP
- Revised and implemented central line care protocol to decrease risk of line associated infections
- Successfully implemented use of glucometer and protocol to improve patient outcome and decrease LOS
- Led “commitment to coworkers” campaign.

Center for Ambulatory Services

- Implemented post-op phone calls to patients to identify any problems
- Began PI project regarding overall and Block patient flow and wait times
- Strong staff involvement in magnet events/basket sales
- Hosted several celebratory and team building activities
- Implemented monthly staff and PCC meetings and newsletter, “The CASsette Carrier”,
- We have a “suggestion box” with an approved form for staff to share ideas and get recognition for it.
- Endo pre-op nurses call patients the day before their procedure to be sure they did their preps and to be sure they have proper directions to the facility, which has saved approximately 8 minutes in preop time.
- Endo implemented method to keep all the paperwork together

Central Georgia Fertility Institute:

- Success rate higher than national average
- All nurses advanced on Clinical Ladder in its first year

Children’s Health Clinic:

- Participated in numerous community activities – Children’s sidewalk chalk, Mr and Mrs. Baby Belk Contest, March of Dimes, Teen Center, Salvation Army Christmas stockings, Mercer Career Fair, Migrant Health Fair, Children with Special Needs Health Fair, Casino night, Ground Hog shadow day, Anysolider.com donations, pro am horse shoe for Ronald McDonald house.
- Developed knowledge of basic Spanish questions and strategically placed prompts and tools to improve simple communication with Hispanic patients.
- Expanding parking to increase patient satisfaction.
- Instituted on site patient safety surveys to obtain feedback.
- Implemented standardized post-circumcision care protocol.

Family Health Center

- Revised telephone triage, procedure nurse, chest pain and “patient bump” protocols.
- Increased revenue, patient flow (“Zone Nursing”), and staff security through staff initiatives.
- Implemented OMEGA lab system.

Home Health

- Home Health nurse added to transition care planning rounds
- Began transition to Point of Care laptops.
- Reduced call via implementation of Admissions nurse and prn staff.

Hospice of Central GA

- Added RN to hospital transition rounds to facilitate appropriate d/c

of hospice appropriate patients

- Assured RN staff now with active role in budgetary reduction, specifically have taken control of medication cost and material supply cost.

Neighborhood Health Centers

- Developed new process for patient scheduling to decrease patient wait time.
- Developed and researched Dyslipidemia and Insulin protocol

Urgicare Centers

- Decreased expenses and supply utilization despite increased census.
- Sponsored two families for Christmas.
- Involved in six ongoing PI projects.
- Increased revenue by 10%.
- Implemented self scheduling.

Women’s Ambulatory Health/NFP

- Scheduled lunch and learn opportunities for staff education/interest
- Started monthly staff birthday celebrations, “sunshine fund”
- Identified patient education needs and initiated PI projects to address
- Started a suggestion box for unit.
- Developed a new peer evaluation tool
- Began a monthly bulletin board with an employee “spotlight” and Unit Council news, designed a unit poster for magnet/nurse week, started an “employee spotlight” for unit staff meetings, posted a nursing research article each month for staff to read and sign a roster
- Provided input on budget/unit purchases
- Provided input for coordinator to address MD/nurse issues with residency program director.
- Followed up abnormal paps w/ pt. ed.
- Restructured Council so more active and smaller

Wound Care Center

- Conducted several PI projects including wound infection tracking and culture follow-up and standardized hospital admit process, which has greatly helped to unify and streamline our approach to this with different clinics and MD's
- We monitor 10 clinical outcomes routinely and pick 3 each quarter focusing on those we feel we can improve upon.
- Maintained tight knit Council with strong teamwork and pride.

WT Anderson

- Each nurse presented one EBP presentation for the year.
- Combined 5 flowsheets into one.
- Developed standardized diabetes management forms/ care protocol
- Implemented new nursing documentation form, patient history form for annual update, and medication reconciliation.
- Implemented celebratory structure.