Nursing

Chief Nursing Executive: Winnie Doyle
Professional Practice Leaders: Cheryl Evans & Larisa Volman

Number of Members of Discipline:
- Charlton FTE: 1243, Total RN: 1607
- King FTE: 35, Total RPN: 477
- West 5th FTE: 347, Total Nurses: 2084
- Total FTE: 1625

Clinical Practice Achievements

SJHH nurses have been key contributors to and leaders of multiple nursing, interprofessional, and corporate initiatives to advance clinical practice. We gratefully acknowledge the collaborative interprofessional work that has contributed to these advancements, and present the following as a sampling of this work throughout 2015.

Quality & Safety

- We continue our partnership with the Registered Nurses Association of Ontario (RNAO), initiated in 2006, as a Best Practice Spotlight Organization (BPSO), providing provincial leadership in the implementation and evaluation of multiple nursing Best Practice Guidelines (BPGs). This ongoing initiative has included the implementation of multiple clinical and healthy work environment BPGs, and funded research into BPG implementation strategies related to falls prevention. The focus of this work over the past couple of years has been on implementing the following BPGs: Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour (in Acute Mental Health) and Facilitating Client-Centred Learning (in Kidney-Urinary), and planning the implementation of best practices related to the Assessment and Management of Pain BPG. Our ongoing commitment as a BPSO builds upon our capacity for both evidence-informed clinical practice and management decision-making within nursing and contributes to creating and sustaining an evidence-informed practice culture that benefits patients/families, nurses, and the organization.

- Implementation of the Facilitating Client-Centred Learning BPG was enabled within the Kidney-Urinary Program through the completion of a successful Advanced Clinical Practice Fellowship and included a focus on the use of teach-back as a key patient education approach, and the L.E.A.R.N.S. model of care delivery. Surveys were conducted with home dialysis patients and staff, and related education concerning best practices was provided.

Nursing Vision:
We will make a difference in the lives of those we care for, our organization, and the future of our community, through achievement of excellence in nursing and commitment to a culture of nursing innovation, empowerment, leadership, and accountability.

Scope of Practice:
The practice of nursing is the promotion of health and the assessment of, the provision of care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.
The following resources were developed for use within hemodialysis and peritoneal dialysis:

- Learning style assessment tools
- Patient Education tools
- Teach-Back documentation tools

This work will inform future initiatives, and has been presented internally and at peer-reviewed national and international conferences. In addition, the Diabetes Service has also reviewed their patient education program against the BPG recommendations, and have incorporated a teach-back component into their patient education initiatives. These changes have been very positively evaluated by staff and patients.

- Within acute mental health, the Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour BPG is being implemented. This work also builds on a successful ACPF completed within the Psychiatric Emergency Service. This has involved implementation of a care path which incorporates multiple related RNAO BPGs, including Establishing Therapeutic Relationships, Crisis Intervention, and Client-Centred Care. As part of this initiative, education has been provided related to best practice recommendations, skills fairs have been held to support staff in the introduction of crisis plans, and staff surveys have been conducted.

- SJHH nurses are increasing our collective capacity to successfully implement and sustain nursing best practices in multiple ways: as Best Practice Champions, through attendance at RNAO BPG Summer Institutes, “Mind the Gap” Skin and Wound, Chronic Disease Management, and Mental Health and Addictions Institutes, participation in Advanced Clinical Practice Fellowships (ACPFs) as fellows, mentors, and application reviewers, and as RNAO BPG development panel members and reviewers.

- In 2015, we were successful applicants to an RNAO request for proposals to pilot the implementation of nursing order sets within an electronic documentation system. Nursing order sets help to translate evidence into practice by providing clear, concise, actionable evidence-based intervention statements that can be readily incorporated into nursing clinical practice and support evidence-informed decision-making. Through this pilot, we will leverage technology to advance the implementation of the following RNAO BPG’s: Assessment and Management of Diabetic Foot Ulcers in People with Diabetes and Strategies to support Self-Management in Chronic Conditions: Collaboration with Clients. This initiative will occur within outpatient nephrology, beginning in January 2016 and ending in June 2017.

- We continue to support our staff nurses to pursue opportunities to advance their practice through RNAO Advanced Clinical Practice Fellowships, and this year we were pleased to support an application from Acute Mental Health to implement the BPG on Person and Family-Centred Care.

- The Professionalism in Nursing BPG continues to provide a useful framework for our BPG implementation activities, and has been threaded throughout General Clinical Orientation for all new nursing hires.

- We continued our work to implement and sustain the Integrating Smoking Cessation into Daily Practice BPG across SJHH sites. At the West 5th Campus, a 4-year follow-up study of the Implementation of the Smoke Free/Tobacco Initiative was completed, and demonstrated strong support for the initiative from patients and staff. This implementation built upon the Professionalism in Nursing, Integrating Smoking Cessation into Daily Nursing Practice, and Client-Centred Care BPGs.
The Falls Prevention Steering Committee has continued to provide leadership in the implementation of falls prevention best practices, including the following key initiatives launched/endorsed by the committee:

- Managerial review of all falls occurring within their clinical areas within a 72 hour time-frame in order to monitor performance, implement patient and/or unit-specific falls prevention strategies in real-time, and provide a mechanism to prompt a review of falls prevention standards with staff.
- Use of a Debriefing Tool following all patient falls at the unit level. This enables identification and implementation of patient and/or unit specific falls prevention strategies in real-time.
- Use of the SIRST reporting tool that monitors unit performance related to adverse events in real-time. It is readily accessible by all managers and can be used to prompt discussion with point-of-care staff related to general or specific patient safety indicators, including falls.
- Inclusion of falls risk and incidents as part of unit safety briefings to capture real-time issues, resulting in more effective debriefing, resolution, and prevention.
- Introduction of an Ambulatory Falls Prevention Policy
- Introduction of falls risk assessment into electronic documentation within EPIC and RAI
- Quarterly and monthly review of falls performance data by the Steering Committee, including reviews of fall rates, rates of completion of falls reviews, and data trends.
- Mandatory completion of the Falls e-Learning Module 2 by clinical staff

Monthly falls performance data is also reviewed by managers, who are provided with a summary of their unit's performance specific to falls including:

- Total number of reported falls on their unit
- Rate of fall reviews completed relative to the total number of reported falls,
- Falls rate per 1000 patient days, and
- Trending data in comparison to previous month’s performance.

We continue to collaborate with our clinical partners at HHS in an effort to continuously improve our falls prevention program. This includes cross-representation on our respective organizations’ Falls Steering Committees.

Unit-based falls assessment and prevention work has included:

- Within Senior’s Mental Health, RAI assessment and clinical risk assessment is completed on admission for every patient. Multiple fall prevention strategies have been implemented, including safety huddles, clinical monitoring, low bed position, bed alarms, Falls Strategy cupboard, patient & family engagement, bedside safety board, programs (walking, singing, dancing), and focus on proper footwear. Data demonstrates lower re-admission rates and due to a few repeat fallers, an increase in falls but a reduction in injurious falls.
- Geriatric Services developed a digital order set for falls assessment and bone health. The order set includes medication review, rehabilitation, diagnostics, falls prevention & management, and external referrals.
Across the King Campus, including the Outpatient areas, a review of falls incidents was undertaken, and revealed the majority occurred either inside of the building but not within the clinical areas, or outside of the building. Falls prevention strategies introduced here include falls information and data presented on quality boards, increasing numbers of volunteers, providing an education package sent directly to patients prior to their scheduled visit, ambulatory councils, and regular auditing of progress. Within Urgent Care, a falls risk assessment is completed on all admitted patients.

- During National Falls Prevention Month in November, SJHH hosted the inaugural Falls Prevention Conference. This was a collaborative approach to developing city-wide falls prevention strategies, and included representation from SJHH, HHS, Public Health, and St. Joseph’s Home Care. This half-day conference included addresses by multiple experts presenting a variety of falls prevention approaches, and was both well-attended and highly rated by clinicians, who identified concrete learnings they would incorporate into their practice as a direct result of this event.

- RNAO has introduced Nursing Quality Indicators for Reporting and Evaluation (NQuIRE), the first international quality improvement initiative of its kind, consisting of a database of quality indicators derived from recommendations within RNAO’s clinical BPGs. In 2015, we began reporting on pressure ulcer prevalence, falls, and breastfeeding rates.

- The RNAO BPG: Strategies to Support Self-Management in Chronic Conditions: Collaboration with Clients was implemented within the Kidney-Urinary Program as part of its strategic direction, and included development of patient educational materials for renal transplant recipients related to healthy lifestyle choices and self-monitoring of blood pressure and weight, implementation of the RNAO BPG: End of Life Care During the Last Days and Hours within Nephrology, which included the development of patient education materials and introduction of palliative care best practices, and completion of an ACPF within Home Dialysis, involving implementation of the Facilitating Client-Centred Learning BPG, with a focus on The Woman Abuse BPG provided a foundation for the continued implementation of trauma-informed care approaches and related research into staff and patients’ perceptions of their care pre and post-implementation within the Mental Health and Addiction Program.

- SJHH nurses participated in bridging the research to practice gap through contributions to the development or review of RNAO Best Practice Guidelines:
  - Adult Asthma Care Guidelines for Nurses: Promoting Control of Asthma: Ann Bartlett
  - Nursing Care of Dyspnea: The 6th Vital Sign in Individuals with Chronic Obstructive Pulmonary Disease (COPD) Nursing Order Set: Ann Bartlett
  - Practice Education in Nursing: Pat Ford

- Throughout our BPSO work, there is an increasing focus on evaluation, sustainability, and outcome data, and we have seen improvements in patient health outcomes in areas of falls, pressure ulcers, breastfeeding, and smoking cessation. Best practices and evaluation activities are routinely incorporated into new organizational initiatives.

- In 2015, planning began to support the implementation of the RNAO BPG: Assessment and Management of Pain. The steering committee has reviewed pain assessment criteria contained within accreditation standards, evaluated current state against BPG recommendations, and consulted with peer organizations with experience and expertise in this area. The major focus of BPG implementation will be the introduction of a pain assessment policy, recognizing that accurate pain assessment is a critical step in achieving optimal pain management for all patients. The policy will establish expectations for consistent pain assessment using standardized, validated tools and support the implementation of evidence-informed nursing best practices regarding pain assessment and management.
The Skin and Wound Care and Enterostomal Therapy nursing team has provided leadership to the Skin and Wound Care Steering Committee in the implementation of pressure ulcer prevention and management best practices, and advanced skin and wound care quality across SJHH in multiple ways through the following activities:

- The Skin and Wound Care and Enterostomal Therapy nursing team has provided leadership to the Skin and Wound Care Steering Committee in the implementation of pressure ulcer prevention and management best practices, and advanced skin and wound care quality across SJHH in multiple ways through the following activities:
  - Development and continued implementation of an organizational pressure ulcer prevention strategy: In collaboration with Quality and Patient Safety, the team has improved the pressure ulcer prevalence audit process in 2015 by establishing a regularly scheduled, evidence-informed, and sustainable process. This new process is designed to engage point-of-care nursing staff, collect reliable data, and provide timely results to staff in all inpatient areas. The process is outlined in the Pressure Ulcer Prevalence Audit Toolkit developed by the team and posted to the SJHH intranet. Highlights of the strategy and outcomes were presented in multiple SJHH and external forums. Over the past year, this process has demonstrated a reduction in pressure ulcer prevalence on Charlton-site inpatient units.

- Staff engagement and development of the Wound Care Resource Nurse (WCRN) Team: Point-of-care nurses made a significant contribution to the success of the Pressure Ulcer Prevention Strategy, and other wound care-related initiatives in the past year. The addition of many new WCRNs over the past year, to an organizational total of 38, reflects the enthusiasm that nursing staff have for developing wound care expertise. WCRNs are backfilled by their managers to receive training provided by the Skin and Wound Care team. “Wound Care Blitzes” have been developed, in which brief, 5 minute huddles for staff, on an alternating topic every 2 months, have been developed. Through these forums, WCRNs bring new skin and wound information back to their colleagues, on topics ranging from assessment and management of skin tears to swabbing techniques, and reviews of assessment and management of Stage 1 and 2 pressure ulcers.

- Resources and product enablers: As part of our commitment to deliver the best treatment to the right patient at the right time, the Purchasing Department collaborated with the skin and wound care clinical product lead for wound care supplies and WCRNs to trial new dressing, ostomy, continence, and other products. Policy has been created by the team to support the use of these products where needed. Additional education has been provided to support nursing staff in the use of negative pressure wound treatment systems over the past year. The skin and wound team also continues to provide input into the use of appropriate skin care products and surfaces to support skin health and prevent skin breakdown.
Enhanced Recovery After Surgery (ERAS): The Skin and Wound Care Team Enterostomal Therapist represents our hospital on a provincial committee in reviewing the ERAS guidelines. The committee is currently publishing an addendum specific to the colorectal population who require a diversion.

Knowledge Translation: In the past year, the skin and wound care team has been involved in the development of educational resources, including an interactive E-Learning module with a focus on skin breakdown, that is based on RNAO Best Practice Guidelines for pressure ulcer prevention and management and will be available soon. The Skin Health and Wound Management intranet page has been updated, and evidence-based educational information has been provided. A new feature allows staff to post questions in a section titled “Frequently Asked Questions”. All members of the Skin and Wound Care team provide ongoing educational opportunities by engaging staff, patients, and family members in “teachable moments” as they arise during their consultations. Monthly orientation is also provided by the team to all new nursing staff on SJHH skin and wound care principles and best practices. In addition, a new pamphlet has been developed to support the role of patients and families in the prevention of pressure ulcers. Opportunities to enhance skin and wound care expertise at the West 5th site have also been explored, including supporting the attendance of West 5th site nursing staff at the RNAO “Minding the Gap” Skin and Wound Institute. Members of the skin and wound team have helped to advance nursing practice broadly by presenting the successful SJHH Pressure Ulcer Prevention and Management program in multiple external and peer-reviewed forums.

The Digital Order Set Project has provided the Skin and Wound Care Team with the opportunity to contribute to the development of electronic, evidence-informed order sets for Stages 3, 4 and unstageable pressure ulcers, leg ulcers, and diabetic foot ulcers. Evidence-informed protocols for nursing-initiated skin and wound care interventions have been adapted to meet SJHH standards and resources. These include those for the prevention and management of Stage 1 and 2 pressure ulcers and skin tears. Through the development of these order sets and protocols, the skin and wound team has helped to enable evidence-informed skin and wound practices by nurses and other practitioners across the organization.

The Skin and Wound team provided leadership in ensuring that SJHH met or exceeded all Pressure Ulcer Prevention and Management Required Organizational Practices set by Accreditation Canada in 2015. Policies and procedures have been reviewed and updated and tools have been developed to support these best practices moving forward.

The Department of Nursing lead major initiatives to reduce the incidence of hospital-acquired infections: pneumonia and catheter-associated urinary tract infection. The Hospital-Associated Pneumonia Working Group developed and implemented an evidence-based policy on oral care for patients at risk of aspiration, and ensured the availability of associated signage and supplies required to meet the policy requirements. A series of walkabouts were conducted to ensure staff awareness of the new Oral Care Protocols and to obtain their feedback on the initiative. Audits of oral care practices for patients at risk for aspiration were completed by the members of the working group during the Spring. In the Fall, a tool to help identify indicators for risk of aspiration was developed. Throughout the year, usage data for suction toothbrushes was tracked for all units as a measure of compliance with the new oral care policy. In December, a safety briefing tool developed for nursing huddles in General Internal Medicine was reviewed, which includes Oral Care for patients at risk for Aspiration. Use of this tool will be monitored, and it may serve as a useful model for other areas to follow.
The Catheter-Associated Urinary Tract Infection (CAUTI) Reduction Working Group developed evidence-based policies and order sets for both indwelling and intermittent catheterization and procured inclusive all-in-one catheter kits to support infection prevention and control best practices. These initiatives involved implementing best practices to ensure indwelling catheters are inserted for appropriate evidence-based indications only and are promptly discontinued, with an automatic stop-date 24 hrs post-insertion, unless otherwise ordered or reordered. Audits are being conducted to monitor the implementation in practice, and unit-based data will be shared with key stakeholders as part of these continuous quality improvement initiatives.

Nurses worked with our interprofessional colleagues to develop sepsis risk assessment tools and clinical order sets to improve early recognition, treatment, and outcomes for patients with sepsis.

Nurses were key to planning and implementing the St. Joe’s Early Warning Score System in pilot areas in 2015. Adapted from the United Kingdom’s National Early Warning Score (NEWS), this system standardizes regular assessment and response to acutely ill patients by applying an evidence-based scoring system to patients’ vital signs. The literature supports that the implementation of these measures significantly improves early recognition of physical deterioration, allowing for more rapid and appropriate clinical response and resolution to improve patient outcomes and reduce the incidence of preventable deaths in hospital. This initiative was piloted within the Surgical Program in 2015, and will be evaluated and spread across Surgery and to other clinical areas in the coming year.

In collaboration with our Pharmacy colleagues, nursing co-lead a review of our parenteral monograph processes and structures. This work included consultation with external peer academic health science centres and review of externally available monographs. As a result of this review, the Ottawa Manual was confirmed as the foundational adult parenteral monograph reference for SJHH, an interprofessional Steering Committee, co-chaired by Directors of Nursing and Pharmacy, was formed to oversee the transition to these monographs, and parenteral monograph development and approval processes were streamlined for enhanced sustainability. In 2015, this initiative culminated in the introduction of a full parenteral drug manual, including information re subcutaneous and intramuscular administration routes. This manual provides a comprehensive, standardized, and evidence-based parenteral monographs to support safe nursing medication administration across SJHH. Over 200 monographs were reviewed, updated, and approved, including monographs for 75 medications for which there was no previously existing monograph available as a resource. Monographs include vital information to support safe medication practice, including indications and contraindications/cautions, special status notifications (e.g. high-alert or special access drugs), administration information, minimum monitoring requirements, potential adverse effects, dosage information, and compatibility and stability information. SJHH monographs are now hyperlinked to key supporting documents (policies, medical directives, titration tables, etc.) and have been cross-referenced against infusion pump guardrails, which were also fully updated. In addition, a policy was developed to support practice, and the monographs were made readily accessible through the Point of Care Tools tab on the SJHH intranet homepage. An evaluation of user satisfaction with the monographs is currently being conducted.
Change

- Through the staff nurse-lead Releasing Time to Care (RTC) initiative, formal and informal nurse leaders are continuing to support a culture of continuous quality improvement, staff engagement, patient safety, outcome measurement, and operational efficiency and standardization. Nurses are actively engaged in leading change processes at the point-of-care, using quality improvement tools such as huddles, safety crosses, and PDSA cycles to improve both the process and outcomes of care. Safety crosses are being used in many areas to track rates of falls, pressure ulcers, medication incidents, infection, seclusion, elopement, self-harm, and code white. This real-time data is then reviewed with key stakeholders who are best positioned to both analyze the information and identify and implement quality care improvements. Through RTC support structures, quality improvement initiatives are being successfully aligned with other SJHH organizational structures, such as Unit-Based Nursing Practice and Quality Councils to facilitate sustainable improvements.

- Nurses across SJHH were supported to work to their full scope of practice through updated job descriptions, policy revisions, implementation of medical directives, and opportunities for professional development through support for attendance at internal and external educational events. In addition, nurses within the Medicine program have been supported in the use of valid and reliable tools to determine appropriate patient assignments based on the College of Nurses of Ontario (CNO) 3-Factor Framework, and the creation of working teams, called patient care collaboratives, of at least three RNs and RPNs who work together to plan and coordinate nursing care delivery that is responsive to evolving patient care needs. This implementation is being evaluated on an ongoing basis to ensure that key quality indicators are met.

- Throughout 2015, work continued to integrate and sustain clinical monitoring within the Mental Health and Addictions Program (MHAP) into a daily practice with specific focus on therapeutic engagement with patients. This has included policy development to support practice, use of a peer mentorship model as part of the implementation strategy, and inclusion of clinical monitoring indicators into TOA process within MHAP. This initiative has been formally evaluated through research project in collaboration with McMaster School of Nursing. Outcome measures include rates of seclusion, chemical and physical restraint, falls, Unauthorized Leave of Absence, and clinical monitoring frequency. In addition, staff focus groups have been conducted and patient satisfaction information has been obtained.

- Current state re nursing policies and procedures was reviewed, internal and external stakeholders consulted, and best/promising practices related to nursing policy development and management were identified. An overall framework and action plan was developed to revive and sustain an effective nursing policy process and structure moving forward. To date, considerable progress has been made, including:
  - Membership, terms of reference, and committee processes were reviewed and revised as appropriate to achieve the goal of expeditious policy review and approval & efficient use of limited committee resources
  - A Policy & Procedure submission form to be completed by the Policy Lead and to be submitted electronically with all policies submitted for review
  - A Policy and Procedure Toolkit was developed, including templates for creating a powerpoint presentation and a Frequently Asked Questions document for rollout
Unit-based Nursing Practice Councils were key to shaping decision-making regarding nursing practice at the unit level and implementing important nursing practice advances within many clinical areas. A sampling of their accomplishments includes:

**Urgent Care:**
- Provided education related to urgent labour and delivery & diabetes management
- Developed patient education videos streamed in waiting areas to address frequently asked questions, infection prevention and control practices, and information regarding wait times

**Mother & Baby Unit:**
- Reviewed and revised nursing documentation tools (kardex and flow sheets), updated education pamphlets & TOA sheets, and developed a template for leading team huddles

**Nephrology:**
- Reviewed and revised nursing documentation tools (kardex, flow sheets, & discharge forms) and infection control signs
- Revised palliative care flow sheets and developed the “Precious Moments” Palliative Suite information booklet for patients and families
- Ensured compliance to Accreditation Canada required organizational practices
- Provided input into digital order sets and initiated the use of whiteboards

**Seniors Mental Health:**
- Reviewed and revised the nursing flow sheet, which provides a user-friendly and comprehensive overview of clinical care, triggers FAPIE documentation, and will assist with electronic record management and unit-to-unit TOA. It will also help to streamline the process of gathering information prior to patient care conferences and team meetings
- Implemented a number of fall-reduction strategies, including:
  - Lowering the height of beds
  - Use of crash mats
  - Use of no-skid socks at bed time
  - Frequent gait assessment
  - Built-in clamps
  - Use of top bedrails only
  - Use of safety calendars to identify trends

**Intensive Care Unit:**
- Developed and implemented a successful critical care bowel protocol, in collaboration with interprofessional colleagues. The protocol is a nursing-driven algorithm and is triggered upon initiation of oral or enteral feeding or at physician discretion.
- Developed and implemented a critical care constipation relief regime, in collaboration with interprofessional colleagues. This order set is utilized when the bowel protocol is no longer achieving the desired results.
- Instituted the ICU Waiting Room Communication Board, which includes several slides containing general ICU information, introduces team members involved in patient care, addresses frequently asked questions, and provides helpful resources in times of crisis.
- Developed ICU Contact/Business Cards to provide quick reference information to families, and information re how to contact the ICU unit & Manager for patient updates or to address issues or concerns.
A policy review and approval form was developed for use by the committee to ensure the approval process is focused on key requirements: involvement of relevant content experts, including point-of-care nurses; consultation with relevant stakeholders (eg. IPAC, Risk, etc.); recent literature and best practice documents cited; activity is within nursing’s scope of practice; cross-referenced and hyperlinked to relevant internal documents (e.g. policies, protocols, parenteral monographs, etc.); legislative requirements referenced if applicable; provision of clear and appropriate direction for nursing practice.

Increased presence is planned for this committee on the Department of Nursing site of the Intranet, with all applicable documents/tools available there and committee members and meeting dates listed.

The policy template was revised to be more user-friendly and to include all sites of a Program, reflect the broad categories of regulated health professions who can write orders, and to reflect the CNO expectation of all nurses to refrain from performing any activity for which the requisite knowledge, skill, and ability for safe performance and management of potential outcomes is lacking.

In addition, the Nursing Advisory Council provided delegated authority for nursing policy subcommittees within Hemodialysis and Women’s and Infants Programs, under the leadership of the Nursing Professional Practice and Policy Advisor, to review, revise, and approve nursing policies within these areas. To date, over 80 policies have been reviewed as part of this process, and this work is ongoing.

Community

- The Nursing Advisory Council (NAC) is a key nursing governance structure at SJHH. Using a shared governance approach, NAC provides an important leadership forum for nurses to advise on key nursing issues, share expertise, help to facilitate change, and engage in collaborative decision-making related to nursing practice, education, and research. An evaluation conducted by NAC members confirmed an increased sense of engagement by members, and alignment of activity with the Council’s vision of advancing quality care outcomes by providing leadership in evidence-informed patient and family-centred care, upholding excellence in nursing professional practice, education, and research, and playing an integral role in enhancing the interprofessional practice environment.
- Through continued participation in MOHLTC funding initiatives, new nursing graduates were hired and supported through extended mentored orientations.
- Canadian Nursing Association (CNA) certification continues to be supported and promoted across the support for initial CNA certification.
- In 2015, Nursing once again co-lead the 9th annual Best Practices Open House, an annual event that has grown out of our RNAO Best Practice Spotlight Organization initiative. With approximately 125 people in attendance, and an impressive 60 posters.
The Nursing Transfer of Accountability (TOA) Steering Committee has continued to provide leadership in breaking down barriers to effective communication to help ensure that transitions in care are seamless, safe, and effective. The TOA process includes three key elements to effectively communicate critical patient information: verbal handover guided by an optional TOA sheet and the patient chart, a bedside safety check completed by two nurses, and documentation. The documentation comprises of date, time, and signature by both practitioners to confirm that a verbal handover and bedside safety check occurred.

Specific key initiatives launched/endorsed by the committee in 2015 include:

- **Shift-to-shift TOA is now implemented in all inpatient areas, including the Mental Health & Addictions Program (MHAP), where the process has been adapted to maximize opportunities for technology to improve communication, including an excel spreadsheet on the Smart Board to guide handovers.**
- **Implementation of the Unit to Unit TOA has begun in the Medicine and Surgery areas. In addition to the key elements highlighted above (verbal handover, bedside safety check, and documentation), criteria has been developed for escorted and unescorted transfer (i.e. when would a nurse accompany or not accompany the patient and porter during transfer). The goals for 2016 are the expansion of this implementation to all other areas, including MHAP, outpatient clinics, and discharge to the community.**
- **TOA is incorporated into the Patient & Safety component of the corporate orientation**
- **The MHAP TOA working group lead the roll-out of the unit-to-unit and unit-to-community TOA across the Program, and met monthly to review the MHAP data, track progress, and identify and implement process improvements.**

All inpatient units complete a monthly shift-to-shift TOA audit, which includes chart audits, patient feedback, and discussion with the nurses. Monthly TOA performance data is reviewed at the TOA Steering Committee and at the Quality Councils to monitor progress and identify and implement process improvements as needed. Managers and Directors are provided with a summary of their unit’s performance on TOA including the compliance rate for each indicator. Managers also post the TOA scorecards on their unit Quality Boards.

- **Ongoing areas of focus include (1) ensuring TOA documentation is signed by both nurses at the change of shift, (2) ensuring consistent completion of bedside safety checks, and (3) ensuring consistent audit submissions.**
- **Considerable planning has been completed to support the unit to Diagnostic Services and Endoscopy TOA process implementation in 2016.**
- **Medications on transfer has been added to the TOA form to allow medications to safely move during the patient transfer from one unit to another to prevent duplicate work, delays in patients receiving needed medications, and also additional costs associated with the same medication being dispensed twice. Work is ongoing to test this approach and monitor progress.**

**Interconnection**

We continue to initiate and maintain productive relationships with our community partners to advance nursing at SJHH, including effective collaboration with LHIN-4 provider partners, the Registered Nurses Association of Ontario, our BPSO collaborators, and our local academic partners, McMaster University and Mohawk College. In addition, we have developed highly successful regional and provincial partnerships.
Academic Pursuits

Clinical Teaching

- 29 Masters and PhD-prepared SJHH nurses tutor nursing students through clinical faculty appointments with McMaster University School of Nursing; 3 are currently in progress.
- SJHH nurses also contribute to student learning through part-time clinical lecturer & faculty roles within local college nursing programs.

Internal Teaching

- Nurse Educators support quality practice and the ongoing professional development of nursing staff and interprofessional colleagues by developing, delivering, and evaluating high quality competency-based orientation and continuing education inservices and programs across all SJHH clinical areas and sites. Clinical orientation programs include Clinical Medical-Surgical and Mental Health Orientation, Critical Care Essentials, and competency-based orientations that are specific to each clinical area.
- Nurse mentors and Nurse Educators contributed significantly to creating a firm foundation for practice for our new nurses by coordinating an outstanding nursing clinical competency-based orientation program.
- In 2015, the Nursing Education team undertook a review of the general nursing orientation program, and revised the program and content. The resulting program is more streamlined and focused. Content that was redundant or available in alternate formats, such as e-learning, was removed, and a focus on effective communication and learning through case-based scenarios was added. The revised program is appropriately aligned with CNO Standards, nursing best practices, corporate and nursing priorities, and accreditation required organizational practices.
- A major vascular access initiative has been undertaken, with considerable input from the Nursing Education team, with the goals of supporting nurses to attain and sustain proficiency in consistent implementation of best practices related to vascular access skills. In consultation with point-of-care nurses, Directors and Managers, strategies were implemented to improve competency in IV initiation, venipuncture for blood specimen collection and care and maintenance of central lines.
- Nurse Educators continue to embrace and advocate for innovation within our dynamic health care environment. Over the past year, many in-services, education sessions, workshops, and eLearning modules have been developed, facilitated, coordinated and delivered across sites. These included supporting the implementation of new equipment and products, and supporting the implementation of multiple best practices, policies and initiatives, as well as required organizational practices associated with accreditation processes. The team continues to encourage CNA certification and has supported this by offering exam-preparation workshops.
The Critical Care Essentials Program was also reviewed and updated this year. Major revisions included:

- Introduction of vascular access skills sessions (central line insertion, central line maintenance including infection prevention and CVP monitoring, arterial line insertion, maintenance and utilization).
- Sessions were also revised to reflect active teaching-learning approaches characterized by the introduction of highly interactive teaching-learning situations, and use of case studies as the foundation for problem/issue exploration. There was a significant reduction in the use of didactic approaches centred on the use of powerpoint presentations, and an increased focus on critical thinking and clinical decision-making.
- 4 simulated mock code scenarios were introduced, with learner hands-on participation. These scenarios build on existing knowledge and curriculum already presented in previous sessions.
- A CD is provided to new learners well in advance of the CCE session to enable the review of materials prior to the sessions and encourage more active participation and interaction with the content within the program.

This initiative has included:

- Certification of Nurse Educators in venipuncture, PICC bloodwork, and PICC dressing changes to enable sustained and direct just-in-time support to staff nurses when and where it is needed.
- The development of an IV Team request card database, which allowed a deeper understanding of the nature of the requests to the IV Team. Based on this data, Nurse Educators now have more specific information to better understand the specific learning needs of the nurses within their clinical areas.
- Development by the IV Team of a nurse observation card which is completed by the IV Nurse to report real time practice issues directly to unit managers and educators to facilitate their immediate follow-up.
- A successful pilot project was completed involving DCD/CCU and tested an educator model to include process mapping, tools, 1:1 training and focus groups. This successful initiative will provide a proven model to spread these innovations across all clinical areas.

This ongoing work has resulted in increased vascular access competency, and nurses collaborating with unit experts to increase their own competency and confidence. This focus on skill improvement and competency enables nurses to deliver better care to patients and reduce incidents and infections. This work to date has also resulted in a significant decrease in the incidence of bacterial infections.

In 2015, Lisebeth Gatkowski, Nurse Educator, was the recipient of the prestigious RNAO Leadership in Nursing Education (Staff Development) Award for her ongoing work in implementing nursing best practices.

RNAO Advanced Clinical Practice Fellowship

Through Advanced Clinical Practice Fellowships (ACPFs), nurses partner with a recognized nursing expert for a mentored intensive learning experience that develops clinical, leadership, or knowledge transfer expertise & skills within a chosen focus area. The following ACPF was completed in 2015 by Linda Mills:

- Incorporating Teach-Back Techniques into Everyday Practice in the Independent Dialysis Program: Implementation of Best Practice Guideline: Facilitating Client-Centred Learning, with a Focus on the LEARNS Model of Care Delivery.
Scholarly Pursuits

Research


Chaimowitz, G., Furimsky, I., Driscoll, D., Sanson, T. - Implementing the Dynamic Appraisal of Situational Aggression (DASA) on the secure and general forensic units.

Crowe, A. Risk factors associated with post-operative complications of wound healing in adult renal transplant patients.


Furimsky, I. Utilizing the Essen Climate Evaluation Schema to evaluate the social climate on forensic inpatient units.

Holt, K. Fostering hope in persons with mental illness: An interpretive description of nurses’ experiences.

Hudd, L., Willison, K. and Eyles, P. Advanced Practice Nursing (APN) Role Delineation Survey of Nurse Practitioners (NP’s) and Clinical Nurse Specialists (CNS’s) Working Within the St. Joseph’s Healthcare (SJHH) System.

Kajah, P. Exploring the Relationship between Hope and Self-Management of Chronic Kidney Disease.

Kolawole, O., Furimsky, I., Chaimowitz, G. The utility of treatment orders in the restoration of fitness to stand trial: A Canadian study.


McKinnon, M., Simons, S., Oremus, C., & Holt, K. Partnerships in Medication Management (PIMM).

A new initiative was undertaken to build nursing research capacity through the development of research at SJHH with the unifying theme of hope. This initiative links to SJHH strategic directions and BPSO® nursing initiatives, and includes research with our partner School of Nursing faculty at McMaster University, funded by The Nursing Advisory Council Nursing Research Award Program. Through organizational funding provided by the SJHH Research Institute and directed through the Nursing Advisory Council, the Nursing Research Program was established with the objective of supporting nurses to engage in independent research activities. Two nursing research projects were supported in 2015:

- **Title:** Evaluation of a Collaborative Model for Patient Care Delivery  
  **Researchers:** Kelly LoPresti, Liz Barrett, Carolyn Gosse, Donna Johnson, Gaya Amirthavasar, Lawrence Mbuagbaw, Julianna Camera

- **Title:** Evaluation of Building Nursing Research Capacity with a Unifying Theme of Hope: The Research Community of Practice  
  **Nurse Researchers:** Helen Kirkpatrick and Janet Landeen


Martin, M-L, Gatkowski, L., Szypula, F., Wilson, F. & Bang, D. Patients’ and Staff Perceptions about the Care of Patients with Abuse or Trauma Experiences.

Martin, M-L., Kirkpatrick, H. & Johnston, J. Evaluating Patient and Staff Experiences with a Tobacco Initiative in a Mental Health Setting Four Years after Implementation.

Hudd, L., Willison, K. & and Eyles, P. Advanced Practice Nursing (APN) Role Delineation Survey of Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs) Working within the St. Joseph’s Healthcare Hamilton (SJHH)

Alliston S. Are we paying enough attention to the implications of severe skin breakdown in infants being treated for Neonatal Abstinence Syndrome?

**Publications**


Membership on External Committees

While not an exhaustive list, SJHH nurses contribute to multiple national, provincial, regional, and local external committees, including:

- Council of Academic Hospitals of Ontario
- Regional Peritoneal Dialysis Steering Committee
- Chronic Disease Management Think Tank
- LHIN Chief Nursing Executive and VP Committees
- Cardiovascular Assess Devices Patient Education Committee
- Stroke Education Committee
- McMaster Committee for Partnerships in Nursing Research
- McMaster Undergraduate Committee Executive Council
- Mohawk Continuing Education Advisory Committee
- McMaster/Mohawk Curriculum Advisory Committee
- LHIN Foot Care Committee
- Ontario Stroke Network Board of Directors
- Mohawk College Foundation Board
- Mohawk College Alumni Association
- As raters for the McMaster Online Rating of Evidence (MORE) System
- MOHLTC Rehab Alliance Committee for Frail Seniors
- Regional Committee for the Enhancement of Elder Friendly Environment (CEEFE)
- McMaster/Mohawk/SJHH/HHS Academic Partnerships Committee
- Regional Medication Information Committee
- HHS Nursing Advisory Council
- Hamilton Diabetes Collaborative
- SOON (Southern Ontario Obstetrical and Neonatal Nurses)
- 2015 COPD Quality Based Procedure Baseline Report Validation Panel - Health Quality Ontario & Ministry of Health and Long-Term Care
- Caring For MyCOPD Programs HNHB LHIN
- Expert Panel Member for the Value Demonstrating Initiative on Chronic Obstructive Pulmonary Disease: Pulmonary Rehabilitation - Health Quality Ontario & Ministry of Health and Long-Term Care.
- Bariatric Surgery Provincial Case Costing Task Force
- Quality Improvement Project to standardize the data indicators for community based mental health and addiction agencies in Ontario, Canadian Mental Health Association (CMHA) and Addiction and Mental Health Ontario (AMHO)
- AMHO Leadership Council
- Community Stakeholder’s Working Group on Drug Induced Psychosis
- Burlington Community Foundation’s Mental Wellness Alliance’s Co-ordination & Resource Integration task group
- Burlington Community Foundation Mental Wellness Alliance Leadership Team
- Advisory Committee for the Drug Treatment Funding Program (DTFP) – a partnership of Addiction and Mental Health Ontario, CAMH, & Pine River Institute
- Regional Geriatric Program
- Rehab Care Alliance –Task Group for Frail Seniors / Medically Complex Patients, MOHLTC
- HHBN -LHIN Assess and Restore Intervention project steering committee & provincial meeting
- HNHB LHIN Hospice Palliative Care Program, Early Identification Working Group
- Home Dialysis Interest Group
2015 Nursing Excellence Awards

182 nurses were nominated for Nursing Excellence Awards in 2015, recognizing exemplary achievement across all nursing domains. These nurses represented the best of the profession and SJHH, and highlighted the important contributions of nurses to quality care. The 2015 award recipients were:

<table>
<thead>
<tr>
<th>AWARD</th>
<th>AWARD RECIPIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health &amp; Addiction Nursing</td>
<td>Michelle Carrigan</td>
</tr>
<tr>
<td>Surgical Nursing</td>
<td>Christine Doucette</td>
</tr>
<tr>
<td>Women’s &amp; Infants’ Nursing</td>
<td>Kristy Waddell</td>
</tr>
<tr>
<td>Critical Care Nursing</td>
<td>Amy Groen</td>
</tr>
<tr>
<td>Emergency/Ambulatory Nursing</td>
<td>Lisa Castaldi</td>
</tr>
<tr>
<td>Medical Nursing</td>
<td>Leo Godreault</td>
</tr>
<tr>
<td>Preceptorship / Mentorship</td>
<td>Heather Sholer</td>
</tr>
<tr>
<td>Star on the Horizon</td>
<td>Jonathan Buma</td>
</tr>
<tr>
<td>Nursing Education</td>
<td>Elisa Bolognone</td>
</tr>
<tr>
<td>Nursing Research</td>
<td>Neala Hoad</td>
</tr>
<tr>
<td>Nursing Leadership</td>
<td>Heather Hobbs</td>
</tr>
<tr>
<td>Robertson Memorial Award</td>
<td>Nursing Education Team</td>
</tr>
</tbody>
</table>
Continuing Education:

The Canadian Nurses Association (CNA) offers certification in 20 areas of nursing practice. CNA certification is a prestigious, nationally recognized nursing specialty credential for registered nurses. Achieving and maintaining this certification confirms that a nurse meets or exceeds a national standard for expertise within a specialty area of practice, and demonstrates ongoing commitment to continuous learning and professional development. In 2015, through the generous support of the M. Patricia Krukowski Memorial Fund and Toyota Motor Manufacturing Canada Inc., the St. Joseph’s Healthcare Foundation established a fund to support nurses to obtain this credential. This year, the following SJHH nurses achieved Canadian Nurses Association (CNA) national certification:

<table>
<thead>
<tr>
<th>NAME</th>
<th>CNA Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Groen</td>
<td>Critical Care Nursing</td>
</tr>
<tr>
<td>Andrea Kossakowski</td>
<td>Perinatal Nursing</td>
</tr>
<tr>
<td>Anna Janik</td>
<td>Medical-Surgical Nursing</td>
</tr>
<tr>
<td>Christine White</td>
<td>Psychiatric Mental Health Nursing</td>
</tr>
<tr>
<td>Jennifer Lowe</td>
<td>Psychiatric Mental Health Nursing</td>
</tr>
<tr>
<td>Joseph (Saji) Sebastian</td>
<td>Psychiatric Mental Health Nursing</td>
</tr>
<tr>
<td>Karen Albert</td>
<td>Psychiatric Mental Health Nursing</td>
</tr>
<tr>
<td>Kimberly Jones</td>
<td>Psychiatric Mental Health Nursing</td>
</tr>
<tr>
<td>Kristine Wachmann</td>
<td>Critical Care Nursing</td>
</tr>
<tr>
<td>Marsha Dinsmore</td>
<td>Psychiatric Mental Health Nursing</td>
</tr>
<tr>
<td>Sandra Forster</td>
<td>Gerontological Nursing</td>
</tr>
<tr>
<td>Tanya Zodila</td>
<td>Psychiatric Mental Health Nursing</td>
</tr>
<tr>
<td>Tarrah Long</td>
<td>Gerontological Nursing</td>
</tr>
<tr>
<td>Viji Joseph</td>
<td>Psychiatric Mental Health Nursing</td>
</tr>
<tr>
<td>Bojana Vucenic</td>
<td>Psychiatric Mental Health Nursing</td>
</tr>
</tbody>
</table>

External Presentations


Barrett, J., Chapman, B. and Joyner, M. Utilize a Benefit Framework to Measure Outcomes and Identify Opportunities for Practice and Business Improvements. 4th National Summit on Data Analytics for Healthcare, Toronto, ON. December, 2015.


Martin, M-L., Gatkowski, L., Szypula, F., Wilson, F., Bang, D., Rehman, Y. Trauma Informed Care: The Perceptions of Patients & Staff 4 Years after Implementation. Custody & Caring 14th Biennial International Conference on the Nurse’s Role in the Criminal Justice System, Saskatoon, Canada, October 7-9, 2015.


Martin, M-L., Gatkowski, L., Szypula, F., Wilson, F., Bang, D., Rehman, Y. Trauma Informed Care: the Perceptions of Patients & Staff 2 Years after Implementation. Daphane Cockwell School of Nursing, Ryerson University, 7th Annual Nursing Research Day: Research Leadership: Leveraging Intervention Research for Better Outcomes, Toronto, Canada, June 9, 2015.


Martin, M-L., Kirkpatrick, H., Johnston, J., Rehman, Y. Evaluating Patients’, Families’ & Staff Experiences with a Tobacco Initiative in a Mental Health Setting. Poster presentation at The State of the Art Clinical Approaches to Smoking Cessation, 7th Annual Ottawa Conference, University of Ottawa Heart Institute, Ottawa, Canada, January 23 – 24, 2015.


Saunders, H and Melligan, G. Optimizing the collaboration between Detention Centre and Mental Health Services through the use of Community Treatment Orders for mentally ill offenders in Hamilton, Ontario. Provincial Human Service & Justice Coordinating Committee Provincial Conference. Toronto, ON. November, 2015.


Willison, K., & Winemaker, S. LEAP (Learning Essential Approaches to Palliative and End of Life Care) Workshop for the Hamilton Family Health Team. Sponsored by the Division of Palliative Care. Hamilton, ON. May, 2015.

Willison, K., & Winemaker, S. Workshop presentation at McMaster University’s Continuing Health Sciences Education Department in conjunction with the Division of Palliative Care. Managing Care Transitions. Hamilton, ON. June, 2015.

External Poster Presentations


Court, M., & Gatkowski, L. Meeting the Psychological Needs of Families of Persons with Dementia. Canadian Federation of Mental Health Nurses’ Conference, Niagara Falls, ON. October 2015.


Constantinescu, V. Patient Engagement: Learning With and From one Another; Patients and Providers on the Same Improvement Path. 7th Annual University of Toronto Centre for Quality Improvement and Patient Safety (C-QuIPS) Symposium. Toronto, ON. September, 2015.


Martin, M-L., Gatkowski, L., Szypula, F., Wilson, F., Bang, D., Rehman, Y. Patients & Staff Perceptions about the Care of Patients with Abuse/Trauma Experiences. Mechanisms of Risk, Resilience & Treatment Responses, Department of Psychiatry and Behavioural Neurosciences, 27th Annual Research Day, McMaster University, Hamilton, Canada, April 29, 2015.


Leadership:
Influential roles in many interprofessional initiatives, through leadership in nursing best practice review, implementation and evaluation as an RNAO BPSO, Releasing Time to Care initiatives, and through leadership in several corporate priority areas, such as parenteral monographs, integrated core clinical competencies, advancing person-centred care, falls prevention, transfer of accountability processes, clinical monitoring, and reduction of pressure ulcers and hospital acquired infections: pneumonia and catheter-associated urinary tract infections, and early identification and management of sepsis.

Discipline Goals 2016

Quality & Safety
- BPSO—Implement and Sustain Nursing Best Practices:
  - Participate in NQuIRE & maintain BPSO designation
  - BPSO areas of focus: Assessment and Care of Adults at Risk for Suicidal Ideation & Behaviour, Assessment and Management of Foot Ulcers for People with Diabetes, Facilitating Self-Management of Chronic Conditions, and Assessment and Management of Pain
  - Introduce nursing order sets into the electronic health record as a pilot initiative
- Provide Leadership in Identifying and Implementing Best Practices in:
  - Reduction in Hospital Acquired Infections: Pneumonia and UTI
  - Reduction in Patient Falls
- Policies and Procedures
  - Review and revise and build structure to sustain policy best practices

Change
- Enable Nursing Practice that Reflects CNO Standards and Regulatory Requirements
- Review policies/procedures/processes that impact on nursing practice
- Continue to provide supports for all nurses to work to the full scope of practice

InterConnection
- Transfer of Accountability—Monitor & sustain shift-to-shift processes and Implement and evaluate unit-to-unit processes
- Supporting Safe Medication Practice—Parenteral monographs: review and Sustain and Expand medication reconciliation initiatives

Community
- Recruitment and retention
  - Optimize MOHLTC New Graduate Guarantee funding
  - Standardize nursing clinical orientation processes
- Continued engagement of point-of-care nursing staff in nursing best practice and quality improvement initiatives and decision-making at the corporate NAC

Research & Education
- Promote and support nursing research
  - NAC Research Award
  - Collaborate with external partners to enhance research opportunities & build internal capacity
- Continue to promote CNA certification and offer nursing professional development opportunities