

Celebrating
50+ Years
Carteret
HEALTH CARE

2017|2018 NURSING
ANNUAL REPORT





A Message from Cindy Jones Vice President, Patient Care Services

I am pleased to share Carteret Health Care's 2017-2018 Nursing Annual Report. This report highlights the many successes of our team throughout the year. I would like to extend a huge thank you for all the hard work of our staff. As I think of words that describe the nursing staff of CHC; dedication, commitment, and determination come to mind. They are strong and always focused on safety and quality. The theme of this year's report is '50 years of service', and is a reflection of the commitment of Carteret Health Care to provide the highest level of care to our residents and visitors of

Carteret County. I hope you enjoy this Nursing Annual Report as much as I have. You will smile, laugh and maybe shed a tear as you review the report. I am very proud of the CHC team and feel grateful to know them and work beside them. Again, I thank our team for everything they do each and every day.

Cindy Jones, MBA, MHA, BSN, RN, NE-BC, FACHE

Special Thank You...

I would like to extend a thank you to our Editor-in-Chief, Sherry King, BSN, RN, NE-BC, Director of Cancer Services. Your dedication to our patients, staff and leadership team is obvious by all who know you. The 2017 Nursing Annual Report was a true labor of love and you ensured this annual report reflected the hearts of our staff.

Over the past year, Sherry not only continued to lead the Cancer Services Team but served as Chair of the Nursing Executive Council and continued her pursuit of higher education. I feel humbled to have had the opportunity to work with her for many years, Sherry is a true asset to Carteret Health Care.

2017|2018 **NURSING** ANNUAL REPORT

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Editor-in-Chief

Sherry King, BSN, RN, NE-BC
Director of Cancer Services



A glimpse through the past...

1967

100 beds in the hospital

6 post-operative
recovery beds

4 emergency room beds

4 labor room beds

177 full time staff



... at CHC throughout the years.

2017

135 licensed beds

10 post-operative
recovery beds

33 emergency treatment
areas

6 birthing suites and
9 postpartum rooms

1,030 full staff





A 28 bed Morehead City Hospital is built on the Morehead Waterfront. A dock was constructed to receive patients who arrived by boat from the waterways and high seas.



Dr. John Morris, along with other community leaders, began a campaign to raise funds for a new hospital by selling peanuts!

1912

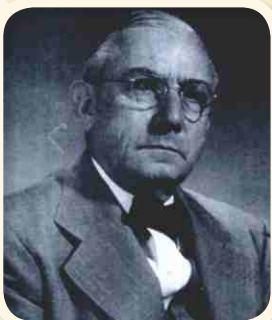
1939-45

1967

1918

1958

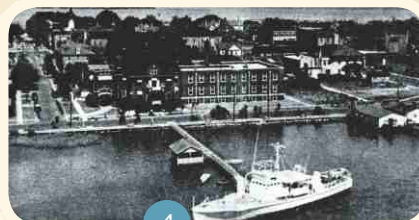
Dr. Ben Royal (pictured) and Dr. William Headon established the first hospital in Morehead City. It consisted of 7 beds on the 2nd floor of a downtown building.



During World War II, the Department of Navy contributed funds for the building and completion of a 30-room addition to serve the influx of servicemen, their families and local residents.



July 30...doors open in current location costing \$2.1 Million in construction and \$238,000 in equipment. There were 12 Physicians and 177 employees.





Completion of 4th Floor Construction. Pediatrics and Nuclear Medicine relocated to the 4th Floor.

South Wing of 4th Floor completed for Physical Therapy (dedicated to Dr. Laurie W. Moore)

1977

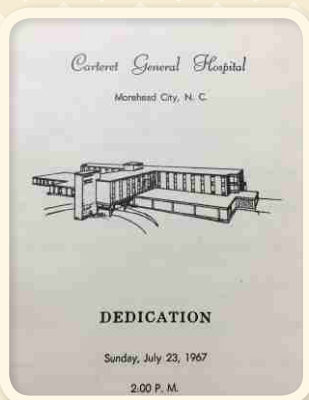
1981

1976

1978

Volunteer Auxiliary starts.

Fred Odell begins his 30 year career as President and CEO.





North Expansion including Laboratory, Radiology, and Emergency Department completed.



Opened the Raab Outpatient Clinic, named for Dr. Spencer Raab. Also acquired Taylor Extended Care (formerly known as Sea Level Hospital), and Eastern Carteret Medical Center. Sea Level Hospital was originally supported by the four sons of Maltby Taylor of Sea Level.

1985

1988

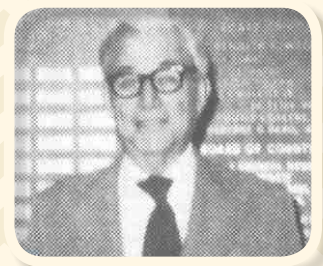
1992

1993

CCU and PCU relocated to 4th Floor. CCU was dedicated to Dr. Theodore Salter (pictured).



Completed a Surgical Services addition, dedicated to Dr. Way (pictured). The John E. Way, MD Surgery Suite opened in July.





Opened Cardiac Rehabilitation.

Carteret Home Health & Hospice of Carteret County become divisions of the Hospital.



MRI services added.

1997

2002

1996

1998

Coleman Radiation Center and Brady Birthing Center (named for Dr. W.M. Brady, pictured) open. Mr. and Mrs. J. Phillips Coleman donated \$1.2 million towards cancer treatment and inspired the creation of the CGH Foundation.

Emergency Department completed.

Outpatient Imaging Center opens.

Sleep Lab opens with two beds.





Renovations of space were made to convert to primarily private beds and replace all patient beds

Opened new 8800 sq. ft. CGH Imaging Center at 3402 Arendell Street, dedicated to John W. Gainey, MD (ribbon cutting pictured)

Increased bed size from 117 to 135 inpatient beds

CGH Specialty Clinic opened at 3601 Bridges Street

Hosted the first Hospital Gala, benefitting the Hospital Foundation.



Became a tobacco-free campus

Opened Learning Center for Diabetes (ribbon cutting pictured)

Became second largest employer with 1,100 employees, 65 active physicians.

Dedicated Joint Replacement Orthopedic Surgical Unit

2004



Opened a 32-bed, all private rooms surgical patient wing

2006



Added Spine Surgery to service line

Implemented Meditech (new computer system for electronic medical records)

2005



2007



Added Lap-band Weight Loss Surgery

Therapy Dog services were started.

Purchased Century Care property on Penny Lane.

2008





Educational training center opens

2009

2011

Fred Odell, Hospital President, retires after 30 years.

Dick Brvenik selected as new President. (pictured)

Riley, a telestroke robot, joins our team benefitting stroke patients in partnership with Wake Forest Baptist Medical Center Stroke Neurology Center. (pictured)

Purchased Bridges Street property where Wound Center and outpatient rehabilitation is located along with adjacent warehouse and parking lot.

Opened Carteret Medical Group (CMG), a multi-specialty medical practice.

1st Hospital in Carolinas to add Makoplasty, robotic orthopedic technology for hip and knee replacement. (pictured)

Partnership with the UNC Lineberger Comprehensive Cancer Center and UNC Cancer Care to enhance medical and radiation oncology services.

Opened Wound Center (pictured) offering specialized treatment for chronic and non-healing wounds. April 2012

Began hospitalists program.

Opened Seashore Imaging to expand MRI options through a partnership with Coastal Radiology Associates and Eastern Radiologists.

Telepsychiatry services added

Cutting edge Telehealth program reduces readmissions for heart and COPD patients.

2012





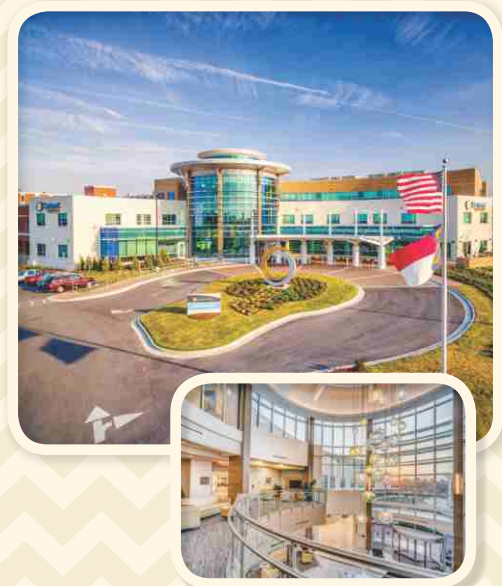
Web based patient portal,
My Health portal added.

Added first 3D Mammography in
Carteret County. (pictured)

Down East Medical Associates joins CMG.

Added inpatient dialysis services
(pictured)

CMG expanded into Cedar Point
at 1165 Cedar Point Blvd, Suite H.



2013

2014

2015

Started Pharmacy
Residency Program.



Expanded services with 112,000 sq. ft.
addition including a new Cancer Center,
Women's Center, Progressive Care and
Critical Care areas, along with new
3-story Harvey Lobby and main entrance.
Project cost was under \$53 million with
over \$5 million contributed by generous
donors to the Foundation.

Carteret General Hospital becomes
Carteret Health Care Medical Center

Added Cardiac Catheterization Laboratory and interventional radiology services

Added Inquicker to reduce emergency wait times for non-emergency needs.

Opened newly renovated inpatient pediatric unit.



2017

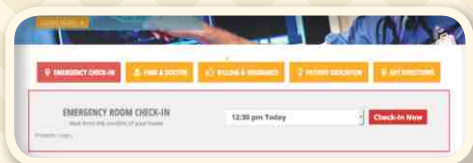
The heart of healthcare in Carteret County remains the same. Compassion ran deeply then, and will continue on...

2016



Received Highest Breastfeeding Friendly designation.

First NC Hospital to offer infant digital footprint scanning for enhanced safety of babies. (pictured)



Nursing Strategic Plan

PURPOSE: To support achievement of the CHC Nursing Strategic Plan through significant contribution by the nursing staff members

PATIENT and FAMILY EXPERIENCE

GOALS

- 100% - IP; MCH; ED - 24 hour/Follow up phone calls
- Meaningful/complete discharge planning (beginning on admission) as evidenced by Patient Perception of involvement with discharge plan and positive self management responses/teach backs

STRATEGIES

- Recognize staff and teams with exceptional patient/family services and share stories at start of meetings.
- Follow-up on all complaints within 24 hours or next business day and develop process for identification of consistent themes (CMS Requirement).
- Round on 100% of inpatients consistently.
- Discharge phone calls completed.
- Getting back to basic nursing concepts.

METRIC/OUTCOME

- Improvement on HCAHPS by 1% with a base score of 80%.
- ED - Improve Press Ganey overall mean score 87.3.
- 90% closure of complaints/100% contact within 24 hours.

PATIENT CARE QUALITY and SAFETY

GOALS

- Unit level information about clinical quality indicator trends (National Database for Nursing Quality Indicators).
- Reduce falls with injury to below national average for similar size hospitals.
- Reduce readmissions with inpatient and outpatient Care Coordination Programs.
- Enhance patient education.
- Reduce length of stay and assure appropriate level of care with Palliative Care Team.
- Increase number of patients with education regarding advance directives.

STRATEGIES

- Debrief after each fall and mislabeled specimen.
- Engage staff regarding current unit trends for clinical indicators, National Database of Nursing Quality Indicators (NDNQI), and continue to develop improvement strategies.
- Determine specific NDNQI indicators, and engage staff regarding current trends/improvements for those specific indicators.
- Improve products for skin care and protocol development.
- Standardize skin care between hospital and Home Health.
- Fully assess patient needs/supports prior to discharge and refer to appropriate resources.
- Reduce number of patients who go home with no community services.
- Initiate referral of appropriate patients to the Palliative Care Consult Team to address symptom management, advance directives, and health care utilization.

METRIC/OUTCOME

- Reduce all falls to less than 50 per year.
- Reduce readmissions with Care Transition Program to 8%.
- 100% review of patient events every week and events closed out within 7 days or action taken with Event Review Team.
- Reduce Pressure Injury prevalence to value of 2.5.
- Referral of 5-7% of daily inpatient census for palliative care consult.

GOALS

- Review and update nursing clinical policies, protocols, and procedures for evidence and organized in a review cycle and approved by VP Patient Care Services.
- Increase all nursing staff knowledge regarding the use of evidence in nursing practice.
- All RNs and LPNs will practice within the scope of the state practice act.
- Increase the number of staff with a BSN or higher and increase number of staff with a professional certification.
- Develop Mentorship Program.

STRATEGIES

- Recognize all staff with education and certification advancements.
- Partner with universities to increase BSN enrollment.
- Promote knowledge of Tuition Reimbursement Policy for advanced nursing degrees.
- Inventory current nursing clinical policies, protocols, and procedures. Identify gaps and initiate new processes as needed to complement interdisciplinary processes, including online accessibility to all staff.
- Review state practice acts with RNs and LPNs regarding accountability for their practice in the state's practice act, and make practice changes as necessary.
- Offer structured opportunities with senior nursing leadership to enhance understanding of advanced nursing roles, i.e.-nurse educator, nurse executive, IT nurse, nurse clinical expert.

METRIC/OUTCOME

- Current nursing clinical policies, protocols, and procedures will be centralized and placed online for staff. These will be evidenced-based and signed by the VP Patient Care Services by the end of FY18.
- 100% of Nurse Executives will have a BSN by end of FY 20.
- 100% of Nurse Executives will have a professional certification by the end of FY18
- 37% of RN's will have a BSN by end of FY2020 (Current state 30%).

GOALS

- Increase frontline staff engagement in N2E, Councils (PEC, NC EBP, CNA QI).
- Increase frontline staff engagement in nursing shared decision making.
- Increase engagement amongst OR.
- 100% completion of leadership training by nurse leaders within 18 months.
- Development of shared decision model.
- 75% Inpatient CNA roles trained in phlebotomy.
- Develop and implement Patient Support Partner (PSP) role.

STRATEGIES

- Consistent frontline staff nurse attendance in a shared governance meeting.
- Consistent CNAs attendance at support staff CNA Quality Improvement Meetings and minutes circulated.
- Consistent leadership attendance at new Nursing Leadership Forum.
- Schedule conducive to staff attendance/prescheduled.
- Define purposes of teams.
- Communication of information back to individual department.
- Multidisciplinary team to provide training, education and collect data on laboratory metrics.
- Organizational team to develop job description, training modules and manage stages of implementations.
- Develop support staff council.
- Conduct CNA engagement survey October 2017.

METRIC/OUTCOMES

- Staff nurse meeting attendance in N2E, PEC, and NC EBP >75%.
- Leadership attendance at Nurse Executive Council >75%.
- 100% Nursing staff represented on clinical and operational interdisciplinary teams.
- Council attendance >75% per council.
- 80% Accuracy rate of draw following three months of independent practice in phlebotomy.
- 95% Acceptance rate of inpatient specimens drawn by Patient Support Partner (PSP).
- 75% Inpatient CNA role transition to Patient Support Partner (PSP) role.

GOALS

- Reduce RN turnover and associated cost
- Reduce CNA turnover and associated cost
- Meet FY17 budget
- Enhance Kronos partnership
- Enhance/Re-develop NRP
- Clearly ID and Review Direct vs. Indirect Worked Hours
- Align with National Benchmark for Non-product FTE%
- Ensure schedules are released on time
- Align with National Benchmarks for Clinical Episode-Based Payment Measure

STRATEGIES

- Enhance/add OR attendants to ACE program
- Re-Survey CNA for work environment
- Explore nursing Fatigue Policy
- Comparable RN Pay Review
- Develop Draft Day
- Develop/Ensure compliance with Standard of Care for six CEBPM measures:
Condition Measures: Cellulitis, GI Hemorrhage, Kidney/UTI, Procedural Measures:
Aortic Aneurysm, Cholecystectomy & Common Duct Exploration, Spinal Fusion

METRIC/OUTCOMES

- CNA Turnover reduction post ACE program (get from C. Rose)
- Reduce RN turnover to 10%
- Nursing Vacancy Rate of 5% or less per NDNQI

“

The best way to
find yourself
is to lose yourself
in the service of
others.

— Mahatma
Ghandi

”



Nurse Executive Council

The Nurse Executive Council (NEC) is one of the four councils that make up the shared decision making model at Carteret Health Care. The purpose of the NEC is to manage resources as defined in the strategic plan and nursing conceptual framework. This council is Chaired by Sherry King, and is comprised of inpatient and outpatient nursing directors, as well as the Vice President Patient Care Services. The council meets monthly to examine the delivery of patient care as it is affected by the availability of human, fiscal, material, support, and systems linkage resources. Members of this council are represented in other councils of the shared decision making model to ensure collaboration throughout the organization.

“

Have a heart that never hardens, a temper that never tires, and a touch that never hurts.

— Charles Dickens

”

VP Patient Care Services
Cindy Jones, MBA, MHA, RN, NE-BC, FACHE

Director of Patient Experience
and Critical & Progressive Care Units
Tonya Fluellen, MSN, RN, NE-BC

Director of Surgical Services
Leeann Gupton, RN

Division Director Outpatient Services
Phyllis Renfrow, BSN, RN, NE-BC

Director of Regulatory & Value Based Reporting
Anna Elizabeth (Liz) Moore, BSN, RN-BC, CNOR

Director of Cancer Center
Sherry King, BSN, RN, NE-BC

Director of Quality, Clinical Practice
& Nursing Excellence
Cindy Rose, MSN, RN, NE-BC

Director of Maternal Child Health
Robin Mobley, RNC-LRN

Director Care Coordination
& Community Health Programs
Betsy Lane, BSN, RN, CDE

Director of Emergency Services
Robin Hills, RN



Professional Excellence Council

The purpose of the Professional Excellence Council is to inspire, develop, and support leadership and professionalism in the delivery of care at Carteret Health Care. Participation in this council enables staff to mature and grow professionally, as they gain confidence in adopting evidence-based practices, secure their commitment to nursing excellence, and heighten organizational pride as they celebrate successful outcomes of their efforts. The PEC provides opportunities and recognition for the professional growth of our clinical staff (Nurses and certified Nursing Assistants), including promotion of advanced degrees and specialty certifications. The PEC is also accountable for the implementation of the Nursing/CNA ACE program.

The Professional Excellence Council (PEC) has begun to work on some exciting new projects this year. With a restructured team of representatives from each of the organizational departments, we are examining our process of recognizing our hard-working and innovative professionals. The Achieving Clinical Excellence (ACE) Program as it exists today consists of four levels of professional achievement, which can be realized by fulfilling a set of requirements within our pillars of excellence. Our team is refining the pillars and the application process to ease the heavy burden of assembling the portfolios that document the work and educational experiences of the applicant throughout the years of service at Carteret Health Care and Community Organizations. It is our goal to encourage our employees to not only strive for Professional Excellence, but to celebrate their accomplishments by allowing us to recognize and reward those efforts that bless our patients and their families. PEC members give extra time and effort outside of planned meetings to streamline and facilitate the process of recognition for ACE participants. PEC members are willing to assist others in creating their portfolios by conducting several workshops per year.

The PEC also takes great joy in recognizing our co-workers for becoming more educated. New advances, degrees, or certifications are recognized biannually at our Patient Care Conferences. In addition, an annual breakfast is held every March in honor of our Certified Nurses where they are also provided a small gift. The planning to celebrate this year's group of dedicated Certified Professionals has already begun. A sub-committee is ready to recognize and applaud the hard work and effort required to achieve the certification!

We hope the efforts of the PEC will encourage excellent patient care, community service, and also strive to make CHC a place to call HOME for the professionals of the medical industry. High turnover of employees can be problematic in every area of our pillars of excellence. We are researching ways to increase job satisfaction in an effort to retain the best patient care professionals the industry has to offer. While we understand the challenges our current economy and changing healthcare laws present, we also know that within the heart of the healthcare worker is the desire for positive patient outcomes. The patient's satisfaction and ours go hand-in-hand. We must give the best care available at a minimal cost without reducing the compassion for patients and comradery among our co-workers that makes working at CHC a pleasure and a joy. Our team participates in policy review and networks with other organizations for bright ideas to improve the work environment. This year, we have looked at fatigue, and its effects on patient outcomes, and are seeking ideas for battling fatigue in the healthcare environment for years to come.



MEMBERS AND ADVISORS

Back row **Kristen Walker, Heather White, Sonjia Garner, Bobbi Jones, Claudia Lind and Robin Mabely**

Front Row **Brooke Fulcher, Katie Dixon, CeCe Peters, Denise Young**

Not pictured Anita Cole, Dawn Enterline, Nancy Garland, Tracy Ethridge, Tiffany Helbert, Cindy Jones, Patricia Massey, Kara Stuart

Nursing Clinical Evidence-Based Practice Council

The role of the Nursing Clinical Evidence-Based Practice Council (NC EBP) defines the parameters and use of professional practice standards, and oversees the application of evidence-based practices and models of care. The council governs practitioner behaviors and advancement of professional practice, develops goals for consistency in clinical practice, nursing research, and position descriptions of nurses and those to whom they delegate. The council is structured to have 11 RN voting members and 2 CNA (non-voting) members. The Council is also composed of representatives from the Nurse Executive Council, Quality Department, IT Department, and Education Department.

This Evidence-Based Practice Council has successfully improved different practices throughout the hospital to ensure that Carteret Health Care is providing the best patient care. Ideas for practice improvement have been obtained from staff members, travel nurses, and members of the NC EBP Council.

2017-2018 Process Improvements

- The Blood Product Administration policy was updated to include a 22g catheter as an appropriate device through which to administer blood product.
- A Ticket to Ride Program was created to improve communication between radiology, transport, and nursing.
- A Screening Tool was implemented for substance abuse during Pregnancy
- High Alert Meds/ Bolus from infusion bag was assigned to a task team for further research.
- Usage of Mid lines instead of PICC lines
- Replaced the current Potassium with the more cost efficient Effer-K
- Implement nursing computerized non-medication verbal and telephone orders
- Improvement of discontinuation of medications before Cardiac Testing
- Filter needles change to an OSHA recommended product
- Added dialysis to admission past medical history
- Ensured surgery prep baths are being performed with appropriate materials
- Lovenox administration re-education provided
- Addressed IV solution shortage
- Changed all Q8 hour medications, along with heparin to 0600, 1400, and 2200 scheduled administrations.
- Change to large alcohol pads
- Utilization of oral syringes for administration of oral medications
- Documentation of I&O from PRN to every 6 hours
- TJC Pain standards reassessment
- TED Hose availability in Pyxis
- Standardized approved abbreviations for medical record use.



MEMBERS AND ADVISORS

Back row **Shannon Guy, Beth Maness, Tracey Farrell, Nina Miller, Renee Lott, Margaret O'Meara-Beacham**

Front row **Nichole Graham, Adriana Ajamian, Erica Anderson, Anita Wittel, Brittney Matthis**

*Not pictured **Beth Spivey, Cindy Jones, Cindy Rose, Chris Deluljis, Edna Taylor, Lauren Johnson, Teresa Schray***

Coordinating Council

The purpose of the Coordinating Council is to coordinate the work of all the CHC Nursing Shared Governance Councils toward the achievement of the nursing strategic plan. The Coordinating Council also mediates any conflict that arises from the councils. The Coordinating Council keeps apprised of regulatory changes and any new work that emerges outside of the strategic plan, and helps to ensure that any new work is assigned to the appropriate council for action and implementation.



MEMBERS AND ADVISORS

Back row **Kara Stewart, Erica Anderson, Kriste Richardson, Angela Best, Brittney Matthis, Chris Deluliis**

Front row **Lauren Ball, Sherry King, Katie Dixon, Karan Jones**

Not pictured Gaye Fulcher, Kelly Marek, Cindy Jones, Robin Mobley

Did you know...



ANA Definition of Nursing:
nursing is the protection, promotion,
and optimization of health and abilities,
prevention of illness and injury,
alleviation of suffering through the
diagnoses and treatment of human
response, and advocacy in the care of
individuals, families, communities, and
populations.

4,720,082

According to the National Council of
State Boards of Nursing (NCSBN),
there are 4,720,082 active RN licenses
in the U.S. as of December 31, 2017.

159,778 in North Carolina.



In 1982, the ANA Board of Directors
formally acknowledged May 6 as
National Nurses Day!

In 1859, Florence Nightingale's book,
"Note on Nursing" was published.

In 1965, the first disposable medical
glove was developed and
manufactured by the Ansell Rubber
Co. Pty. Ltd.

CARTERET HEALTH CARE

Patient and Family Experience

Maternal Child Health Department



Over the past year, Carteret Health Care has continued to strive for excellence. The Maternal Child Health Department has been awarded five out of five stars from the North Carolina Breastfeeding Friendly Designation. Carteret Health Care Maternal Child Health Department has also been the recipient of a grant awarded by the North Carolina Breastfeeding Coalition in support of our efforts to promote and protect breastfeeding.

Along with having an International Board Certified Lactation Consultant (IBCLC) on staff, six of our department's nurses are in the process of becoming Certified Lactation Educators (CLE), which will be completed by the year's end. The grant awarded by the North Carolina Breastfeeding Coalition was distributed to these six staff nurses to help with their cost in obtaining this certification. Having multiple CLE's on staff will allow for increased availability of breastfeeding support and education for our patients and families. While working closely with the IBCLC, the CLE's will be able to assist with completing breastfeeding rounds, education, and management of the breastfeeding support phone line.

The Maternal Child Health Department's initiative of recovering our Cesarean Section moms in our OB Post Anesthesia Care Unit has been a success over the past year. Having mothers recover in their own private recovery room facilitates safe skin-to-skin contact between mothers and infants in the immediate post-birth hours. This allows for early breastfeeding and bonding between mother and infant. Our staff's continued commitment to improving the health of the mother-baby dyad will allow for continued increase in patient satisfaction as well as improvement of breastfeeding initiation, duration, and exclusivity.



HCAHPS

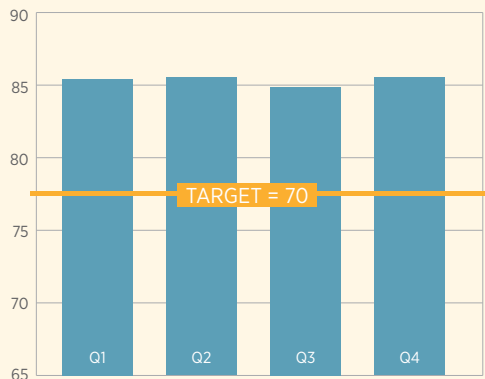
Hospital Consumer Assessment of Healthcare Providers and Systems

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a patient satisfaction survey required by CMS (Centers for Medicare and Medicaid Services) for all inpatient hospitals in the United States. These survey questions allow patients to give a perceptual score to various specific questions related to the care they received while hospitalized. Each specific question has an established benchmark for all hospitals to seek to achieve. Several of these HCAHPS questions are very nursing specific.

Our nursing goal at Carteret Health Care is to exceed these benchmarks established by CMS. Below are graphs that show how the nursing staff at Carteret Health Care has surpassed the established benchmark goals in the categories of communication with patients, treating patients with courtesy and respect, and response of nurses during the 2017 fiscal year. As you can see, these graphs show a very favorable perception from our patients related to these questions. Although our achievements are above the benchmark currently, we plan to reach even higher levels next year!

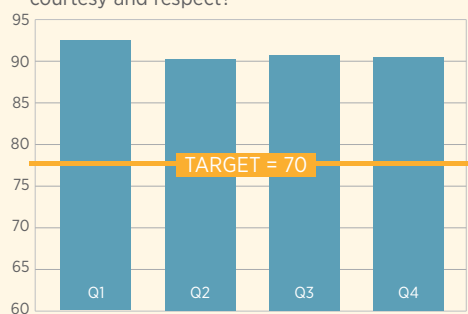
HCAHPS FY17

Communication with Nurses

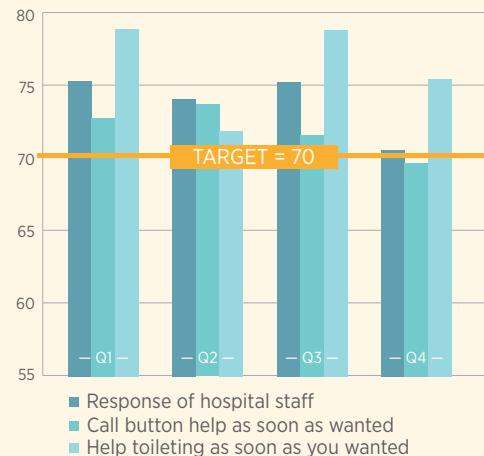


Nurses Treated You with Courtesy and Respect

How often did the nurses treat you with courtesy and respect?



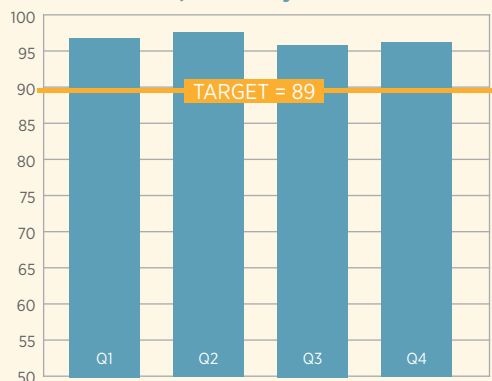
Response of Nurses



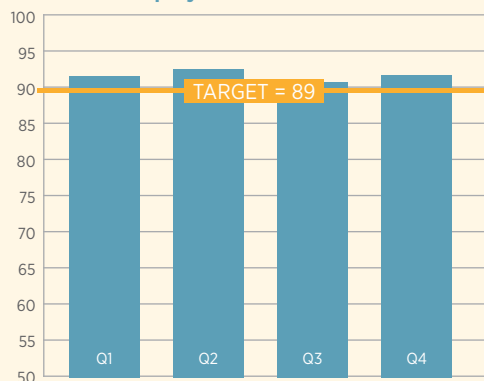
PRESS GANEY FY17

Press Ganey is the survey vendor that Carteret Health Care utilizes to collect and submit publically reported scores. Along with collecting feedback related to the HCAHPS questions, Press Ganey sends separate surveys to patients to assess the patient's perception of the level of friendliness and courtesy toward patients, perception of how well nurses were perceived to keep patients informed and the perceived level of skill of the nurse. As demonstrated in the graphs below, the nursing staff predominately exceed established benchmarks. Carteret Health Care nurses make the organization proud!

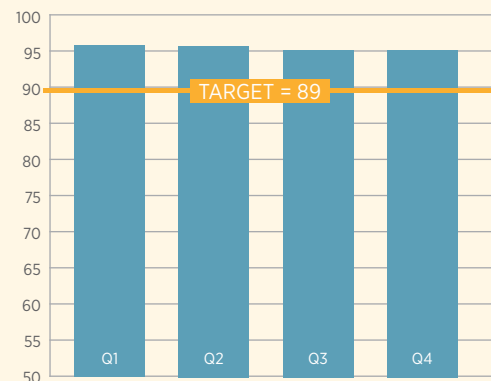
Friendliness/Courtesy of the Nurses



Nurses kept you informed



Skill of the nurses



CARTERET HEALTH CARE

Patient Care Quality and Safety

Five Years of Healing

Carteret Health Care's Wound Healing and Hyperbaric Center celebrated 5 years of service April 17, 2017. The Wound Center specializes in evidence-based guidelines in treating all types of wounds including diabetic foot ulcers, venous stasis ulcers, pressure ulcers, skin tears, post-surgical incisions, radiation wounds, burns, traumatic injuries, and any other type of wound that does not heal within 30 days. We have treated and healed over 4600 different wounds since opening. The last five years have shown an increasing volume of wound care and hyperbaric patients. CHC partners with Healogics, Inc. to provide this most needed specialty to our community. Patients can self-refer or be referred by any primary care or specialty physician.

CHC Wound Center received several performance awards over the last four years. The purpose of Healogics performance awards is to acknowledge the hard work, dedication, and accomplishments of the Wound Care Center's staff and physicians who deliver care, treatment, and services in a manner that exceeds the performance of other similar centers. Our awards are as follows:

Center of Distinction | 2013, 2014, 2015, 2016

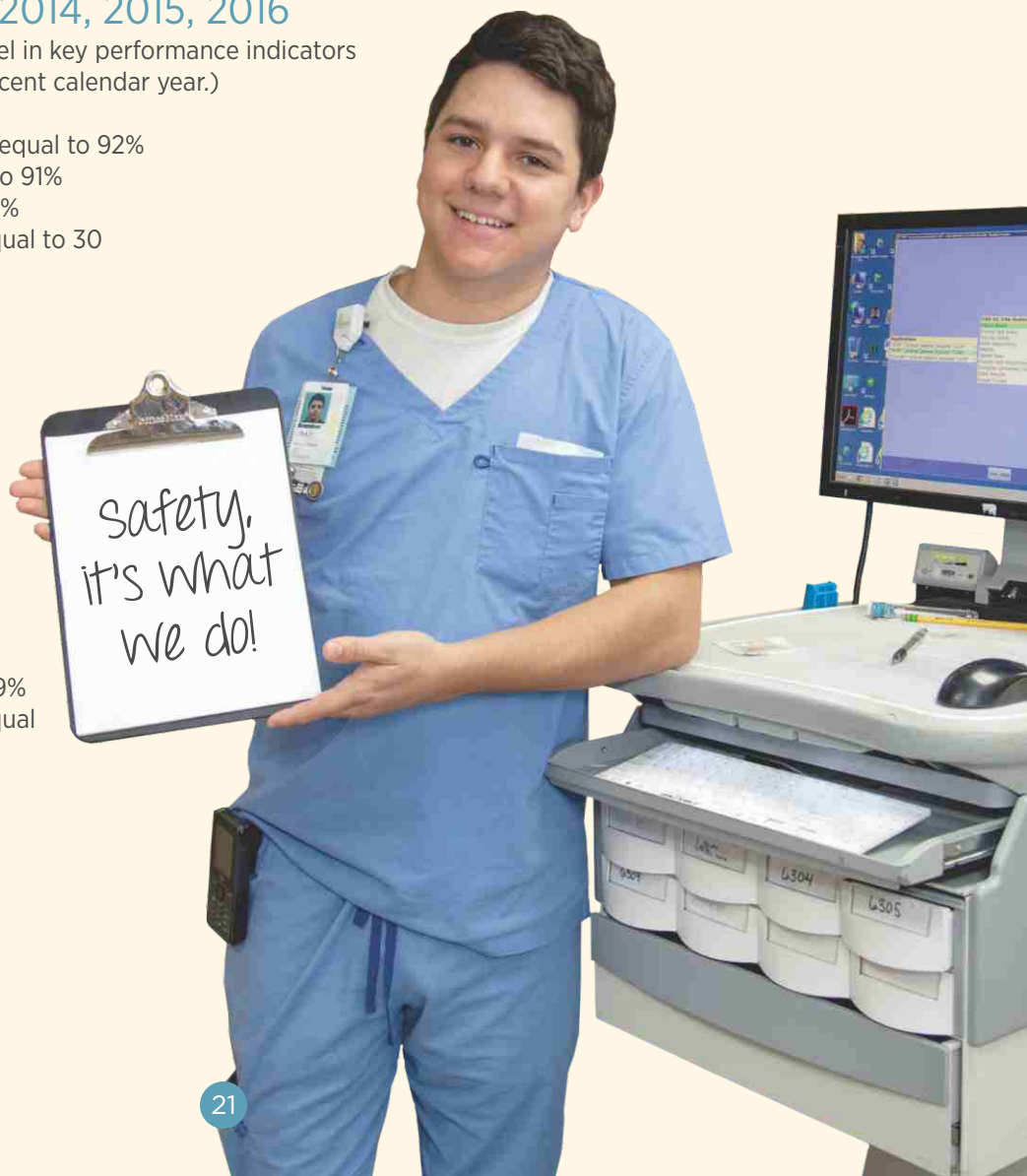
To qualify for this award, the center must excel in key performance indicators (rolled up average of each month for most recent calendar year.)

- ✓ **Open for at least 12 months**
- ✓ **Patient Satisfaction** — Greater than or equal to 92%
- ✓ **Healing Rate** — Greater than or equal to 91%
- ✓ **Outlier Rate** — Less than or equal to 19%
- ✓ **Median Days to Heal** — Less than or equal to 30

Robert A Warriner III, MD Center of Excellence Award

To qualify for this award, the center must excel in Key Performance Indicators (rolled up average of each month for each of the last two calendar years.)

- ✓ **Open for at least 24 months**
- ✓ **Patient Satisfaction** — Greater than or equal to 92%
- ✓ **Healing Rate** — Greater than or equal to 91%
- ✓ **Outlier Rate** — Less than or equal to 19%
- ✓ **Median Days to Heal** — Less than or equal to 30



Radiation Oncology

At Radiation Oncology (also known as Coleman Radiation), nurses April Husenita and Kristin Walker care for patients undergoing several types of radiation therapy, including advanced Stereotactic Body Radiation Therapy, and Stereotatic Radiosurgery. This involves taking the initial history, and providing an ongoing assessment of the patient's overall health, pain, and distress. In several cases, depending on the type of cancer and /or the patient's physical and mental health, patients benefit from seeing a social worker or nutritionist. In addition, April and Kristin provide initial and ongoing education according to their patients' specific needs. Also, patients are educated on the possible side effects they will experience depending on what body area is receiving the radiation. Lastly, April and Kristin advocate for their patients by communicating with the radiation oncologist regarding their patients' needs and implementing interventions to help manage the effects of their radiation therapy.



Visual Communication Tools

In an effort to provide a safe environment for patients receiving chemotherapy, nurses in CHC's Cancer Center are trialing a new safety process. The stop sign is used as a visual communication tool to make sure nurses are not interrupted during times of critical data review or drug calculation.

Performance Improvements

Performance Improvement is very important at Carteret Health Care. Certified Nursing Assistant Nathan Thomas, is working on changing linens with a new process in 2017. Carteret Environmental Services staff placed linen carts in every inpatient room with environmentally friendly reusable bags. Staff can change out linens in a snap with carts designed with back safety in mind.



HOME HEALTH AND HOSPICE

Awards and Recognition



Carteret Home Health and Hospice is proud to announce that both divisions of the agency have earned distinctions as a top 20% Superior Performer for Satisfaction. The achievement from Strategic Healthcare Programs (SHP) recognizes organizations for achieving an overall score that ranked in the top 20% in the SHP National Home Health Care Consumer Assessment of Healthcare Providers and Systems (HCAHPS) benchmarks. "We are proud that our commitment to quality home health and hospice care has earned us this achievement. We want to continue to be the provider of choice in home health and hospice in Carteret County by providing the community with the care and support needed in the places they call home," states Cindy Jones, Vice President Patient Care Services.



Carteret Health Care Home Health and Hospice is proud of their 2016 designation at HomeCare Elite. HomeCare Elite honors the top-performing agencies as measured by five categories: quality of care (outcomes), best practice (process measure) implementation, quality improvement and consistency, patient experience (HCAHPS), and financial performance. The 2016 HomeCare Elite was compiled using publicly available data from Home Health Compare and the Centers for Medicare & Medicaid Services (CMS) Cost Reports. The HomeCare Elite also recognizes the Top 100 and Top 500 providers nationwide. Out of 9,406 agencies considered, 2,353 are HomeCare Elite.

HomeCare Elite began in 2005. Over the course of this program, only 110 agencies achieve HomeCare Elite recognition every year. Additionally, out of this year's 2,353 home health agencies, only 1,391 repeated recognition from 2015 to 2016. This accomplishment is not easy and we are proud to recognize our agency and staff members who work hard to provide quality home care each and every day!

“

Definition of a nurse:

To go above and beyond the call of duty. The first to work and the last to leave. The heart and soul of caring. A unique soul who will pass through your life for a minute and impact it for an eternity. An empowered individual whom you may meet only for a 12 hour period, but who will put you and yours above theirs.” — Anonymous

”

CLINICAL INFORMATION TECHNOLOGY

Accomplishments

New Functionality

- Implemented Endotool Technology and the seamless flow of documentation done in Endotool to the Electronic Medical Record (EMR).
- Implemented Phase II of the Oncology module. Providers can now enter treatment plans electronically in Meditech which flows to the pharmacy, Electronic Medication Administration Record (eMAR), nursing, lab, nurse navigator, social worker and the EMR. Patients now receive written discharge instructions and schedule of future appointments.
- Certascan - digital imprint of the newborn's foot for permanent reference.
- Implemented Jabber technology in the Oncology Clinic to improve real time communication among the various levels of caregivers.
- Provided seamless communication using Zip-it notifications to the telemetry techs whenever a patient is admitted, transferred or new orders are written for telemetry. .
- Implemented Special Procedure notification of PICC/TEE/Cardioversion orders via zipit to improve scheduling of these services.
- Transitioned all providers to the Provider's Status Board. The documentation specialists now communicate electronically with individual providers.
- Electronic transmission of prescriptions by inpatient providers.
- Support and assist with implementation of the Athena provider office EMR for Carteret Medical Group (CMG).

Improved Documentation/Safety

- Developed documentation for the following new services: Newborn Sepsis Screening Tool, Transcutaneous Bilirubin, Aromatherapy and Intra Aortic Balloon Pump.
- Provided monitoring reports for Organism Susceptibilities Antibigram and Compiled Organism for Antibiotic Stewardship.
- Improved workflow with consent forms auto printing when ordering the following procedures: Cardiac Cath, TEE and Cardioversion. Also developed work flow and order sets for TEE and Cardioversion.
- Provided a report as part of the patient's discharge instructions which details the last medication dose administered before the patient left.
- Improved handoff communication by providing an SBAR report for transporters.
- Participated with the Multidisciplinary Committee to create a new policy and two template letters for Lab and ED that addresses the appropriate steps to be taken to communicate Critical Values after a patient is discharged.
- Built and implemented five new Body Fluid analyses orders for Cell Counts and Differentials.
- Heparin documentation and order sets were redesigned to improve safe ordering and administration.
- Pain assessment/reassessment were redesigned to improve processes and increase compliance. This included the discharge process as well.
- Developed an ED indicator to indicate when blood cultures are drawn resulting in quicker administration of first dose of antibiotics.
- Increased Dragon Voice Recognition utilization by 370% by providers. PDOC utilization by providers increased drastically with multiple new templates provided.
- Complete revision of sedation documentation and order sets.
- Responder mapping revisions to improve nursing workflow.

Certifications

- CHC was recognized by the American Hospital Association as a Most Wired Organization. We are one of only 13 hospitals in NC's 129 facilities to receive this recognition and strive to leverage information technology to enhance patient care, clinical outcomes and operating efficiencies.
- Two updates to Meditech technology in order to meet Meaningful Use Stage 3 requirements.
- Made documentation changes to comply with Bariatric and Total Joint Certifications. Provided reports for monitoring.

Paper Reduction

- Implemented an Electronic EMTALA log book in Maternal Child Health replacing the paper log book.
- Built and implemented a way for staff to order miscellaneous lab tests that are usually sent to reference labs. This replaces a paper process.

Teamwork

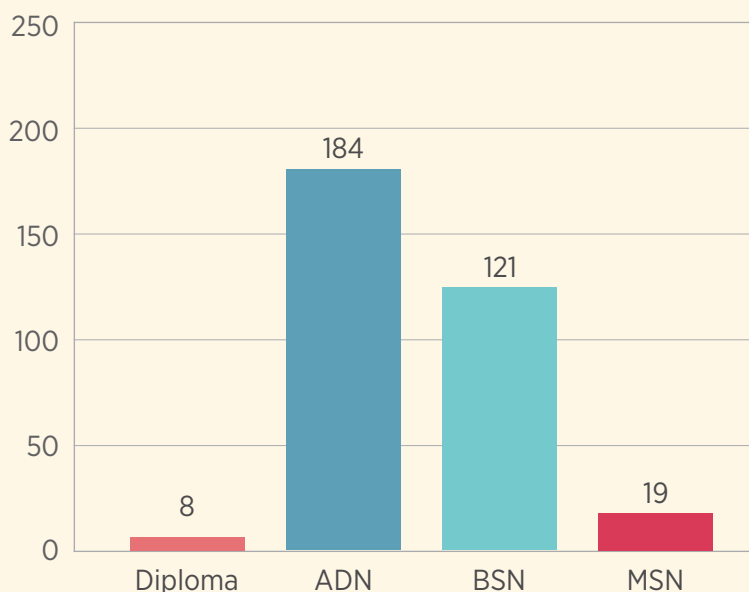
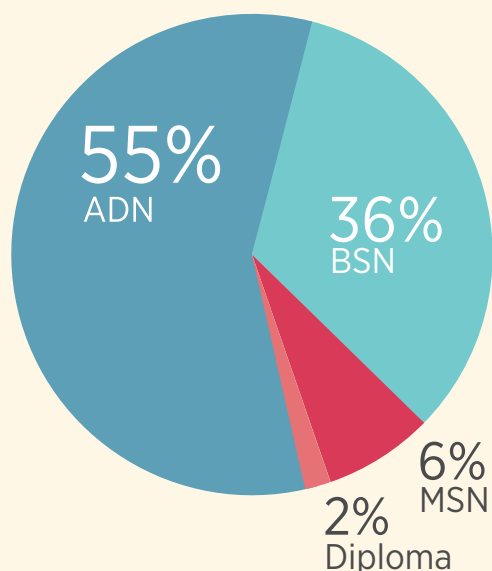
- Participated on the following Rapid Improvement Events: Reduce Readmissions, Heparin, CDiff, Pneumonia Readmissions, Stroke, ED Construction, Lab Turn Around Times, IP Intake Processes/Correct Level of Care, CEU Unit Workflow and Medication Reconciliation.
- Participated in nursing governance through the Professional Excellence, Nursing Clinical Evidence-Based Practice and Coordinating Councils.

CARTERET HEALTH CARE

Nursing Clinical and Leadership Excellence

Nursing Degree Achievements

332 Total Registered Nurses



Associate Degree Nursing Program

KAY TOSTO, ADN FACULTY, CARTERET COMMUNITY COLLEGE

The Associate Degree Nursing (ADN) program at Carteret Community College strongly values its relationship with Carteret Health Care for their clinical rotations. Our students have wonderful patient care experiences on Progressive Care and 3rd Surgical inpatient units. Senior students rotate to alternative sites or areas, which include Carteret Home Health & Hospice, Critical Care Unit, Emergency Department, and the Cancer Center. In 2018 we are very excited that freshman students will be assigned to Day Surgery, OR and PACU, following a patient from preop, to intraop, postop and inpatient.

Nurses in all areas of the hospital are invaluable in assisting our faculty and students in patient care and collaboration, mentoring, and often recruiting them for future employment at the hospital. Health care providers, which include Nurse Practitioners, Physicians, and Surgeons, acknowledge our students and frequently include them in teaching and when establishing a nursing plan of care for the day.

When deciding on a guest speaker for the 2017 ADN Pinning Ceremony, faculty and students unanimously chose Luis Badillo, RN from the Cancer Center. Students who spent clinical time in the Cancer Center where Mr. Badillo works stated they were impressed with his knowledge, character, professionalism, and his willingness to take time to teach them about cancer care in the outpatient clinical setting. He delivered an excellent speech explaining his path in health care to where he is today, a current BSN student, and challenged the students to continue their endeavors to excel in the profession of nursing. His words were inspirational to the students and audience as well. The hospital can be very proud to have Luis Badillo as one of their staff nurses.



Data Collection Improvements

Twelve nurses and CNAs trained with laboratory staff to become competent to draw labs on the Medical unit. Data collection demonstrated a positive trend throughout the twelve week trial in areas including accuracy and specimen acceptance rate. The year 2018 will bring about three additional cohorts of this program. This means that labs can be drawn by staff working at the bedside. Based on the outcomes of this trial, a new role called Patient Care Technician (PCT) is being developed to include phlebotomy activities in the job description. Professional development is important to nursing services at Carteret Health Care.



CHC Recognizes Nursing Excellence

Carteret Health Care recognizes nursing excellence twice per year: in October for the Mildred Clapsadl Award; and May for the Georgia Lewis Award. The Clapsadl & Lewis Nursing Excellence Awards are open to all clinical RNs and LPNs at Carteret Health Care who have a minimum of three consecutive years of employment, and a minimum of 1000 hours worked each of these years.

Allison Cannon Named Carteret Health Care's 2017 Clapsadl Award Recipient

Allison Cannon, RN in Carteret Health Care's Critical Care Unit, was awarded the 2017 Clapsadl Award in front of her peers, co-workers, family members, and administration. Named in honor of Mildred Clapsadl, RN, the award recognizes the impact and importance of nursing on patient care. Ms. Cannon was one of many nominated from over 300 nurses, RNs and LPNs at Carteret Health Care.

Cindy Jones, VP Patient Care Services, presented the award to Ms. Cannon and shared, "Allison was selected because her peers and co-workers nominated her for all the compassionate extras that she does for patients and her team. In addition to setting the example and focusing on teamwork, Ms. Cannon is a role model for nurses, educators and peers." A co-worker shared that Allison is frequently seen as a patient advocate with her kind and gentle way. Her patients are her top priority and she assures they are comfortable and all their needs are met. Tonya Fluellen, Director of Patient Experience, Critical and Progressive Care, and Allison's Clinical Director stated, "I am so happy to see Allison receive this award! Allison is a shining example of a caring, competent and dedicated nurse. Allison goes over and beyond not only to deliver excellence in care to her patients, but also takes time to care for and educate the family members as well. Allison is a loyal team member and an asset for the Critical Care team. We are so blessed to have Allison as a member of the Carteret Health Care Team."

Ms. Jones also noted that a co-worker shared, "Allison is always helping her team and she admits patients and is a second set of eyes when there are concerns about a patient. When mentoring others, she not only explains how to do something, but the importance of the process and why." Another peer stated that Allison is a wonderful person and nurse and she deserves to be honored with the Clapsadl Nursing Excellence Award.



Laura Ray Recognized with Nursing Excellence Award

Laura Ray, RN of Carteret Health Care's Medical Surgical Department, received the Lewis Excellence Award during National Nurses Week and Hospital Week. Named in honor of Georgia Lewis, RN the award recognizes the special impact and importance of nursing on patient care and our community's health. Ms. Ray was one of many individuals nominated from hundreds of nurses at Carteret Health. She received several nominations from her co-workers, who wanted to recognize her for her superior patient service and dedication to the hospital. Cindy Jones, Vice President Patient Care Services, presented the Nursing Excellence Award to Ms. Ray in front of her clinical peers and administration during a called meeting.

Ms. Jones congratulated her and shared, "She was selected because she is an expert clinical nurse who is a true model leading the way. Ms. Ray inspires us and sets the example for all nursing staff." Every day she goes the extra mile to see that patient's and co-workers' needs are met. A co-worker shared that Ms. Ray often stays late and works extra with a smile. She works with every department, where ever and whenever she is needed. Ms. Ray steps up to all roles and needs, whether as a Clinical Coordinator, Clinical Leader, bedside nurse on the unit or trialing a new concept with a mid shift position. She was instrumental in beginning the Arrival Holding Unit and often said "whatever we need!"

Regardless of her title or project, Ms. Ray is a patient champion. She always puts patients first and role models that behavior to her peers. She takes time to listen and recognizes the smallest details in her assessments that ultimately drive safe patient care. Another co-worker elaborated on Ms. Ray, "She deserves to be recognized. Nursing is a movement, but there are few that lead the pack like Laura." Patients frequently acknowledge Ms. Ray's kind and gentle ways as she makes sure they have the very best care possible.



Recognizing Our Certified Nurses

Thank you for your dedication to nursing excellence!

CRITICAL CARE

Harry Rutherford MSN, RN, CCRN Critical Care Registered Nurse
Danielle Saikali BSN, RN, CCRN Critical Care Registered Nurse
Katherine Long BSN, RN, CCRN Critical Care Registered Nurse
Tracey Farrell RN, CCRN Critical Care Registered Nurse

PROGRESSIVE CARE

Mary Holt RN, RN-C, PCCN Medical-Surgical Certification,
 Progressive Care Certified Nurse
Carolyn Hutchinson RN, PCCN Progressive Care Certified Nurse
Francis Tooker MSN, RN, PCCN Progressive Care Certified Nurse
Katie White BSN, RN, PCCN Progressive Care Certified Nurse

MEDICAL-SURGICAL-ORTHOPEDICS

Michele Alger RN, ONC Certified Orthopedic Nurse
Nicole Hall RN, CNML Certified Nurse Manager Leader
Kara Stuart BSN, RN, CMSRN, CNML Certified Medical-Surgical Registered Nurse, Certified Nurse Manager Leader
Kelly Burton RN, CMSRN, ONCRN Certified Medical-Surgical Registered Nurse, Orthopedic Nurse Certified Registered Nurse
Erin Gull RN, CMSRN Certified Medical-Surgical Registered Nurse
Jo Henderson MSN, RN, CMSRN Certified Medical-Surgical Registered Nurse
Michele Parker RN, CMSRN Certified Medical-Surgical Registered Nurse
Norma Smith MSN, RN, CMSRN Certified Medical-Surgical Registered Nurse
Rebecca Bailey RN, CMSRN Certified Medical-Surgical Registered Nurse
Teresa Fulcher RN, CMSRN Certified Medical-Surgical Registered Nurse
Lisa Sparks BSN, RN, CMSRN Certified Medical-Surgical Registered Nurse
Valerie Roe RN, CMSRN, CNML Certified Medical-Surgical Registered Nurse, Certified Nurse Manager Leader
Beth Spivey RN, CMSRN Certified Medical-Surgical Registered Nurse
Laura Ray BSN, RN, CMSRN, CWON Certified Medical-Surgical Registered Nurse, Certified Wound Ostomy Nurse
Allison Stebner RN, ONC Certified Orthopedic Nurse
Kelly Browning RN, CBN Certified Bariatric Nurse
Tonya Dixon RN, CNML Certified Nurse Manager Leader
Cecelia Habra RN, CMSRN Certified Medical-Surgical Registered Nurse
Elisa Torres RN, CMSRN Certified Medical-Surgical Registered Nurse
Danielle Windham RN, CMSRN Certified Medical-Surgical Registered Nurse
Pam Smith RN, CMSRN Certified Medical-Surgical Registered Nurse
Stephanie Holbrook RN, CMSRN Certified Medical-Surgical Registered Nurse
Katherine Wade RN, CMSRN Certified Medical-Surgical Registered Nurse
David Springle RN, CMSRN Certified Medical-Surgical Registered Nurse
Laken Brown RN, CMSRN Certified Medical-Surgical Registered Nurse
Sharon Lewis RN, CMSRN Certified Medical-Surgical Registered Nurse

SURGICAL SERVICES

Mary Baldwin RN, CNOR Certified Nurse Operating Room, Certified Laser
Heather White RN, CNOR Certified Nurse Operating Room
Patti Riehl RN, CNOR Certified Nurse Operating Room

HOME HEALTH & HOSPICE

Linda Smith RN, CHPN Certified Hospice and Palliative Nurse

EDUCATION

Sonjia Garner BSN, RN, CPAN Certified Post Anesthesia Nurse
Edna Taylor RN, RNC Inpatient Obstetrics Certification
Susan Hastings BSN, RN, CEN Certified Emergency Nurse

ALLWELL

Martha Kenworthy MSN, RN, CDE, ACNS-BC Certified Diabetic Educator, Adult Clinical Nurse Specialist Board Certified

RISK MANAGEMENT

Daphne Jones RN, CNOR Certified Nurse Operating Room

SPECIAL SERVICES

Teresa Schray RN, VA-BC Vascular Access Board Certified
Michelle Lasky BSN, RN, PCCN Progressive Care Certified Nurse

CARE TRANSITIONS

Jennifer Joyner BSN, RN, CMSRN Certified Medical-Surgical Registered Nurse
Terri Medlin BSN, RN, CCCTM Certified Care Coordination and Transitional Management
Beth Thrower RN, RNC-OB, CCM Inpatient Obstetrics Certification, Certified Case Manager

EMERGENCY DEPARTMENT

Lesley Taylor BSN, RN, PCCN Progressive Care Certified Nurse
Scott Flowers RN, CEN Certified Emergency Nurse
Carol Beliveau BSN, RN, CEN Certified Emergency Nurse
Claudia Lind BSN, RN, BC-SANE-A Board Certified Sexual Assault Nurse Examiner-Adult and Adolescent
Dixie Stewart BSN, RN, MSRN-C Medical-Surgical Registered Nurse Certified
Cathy Sherman MSN, RN, CCCTM Certified Care Coordination and Transitional Management

MATERNAL CHILD HEALTH

Kayla Kaufman RN, CLE Certified Lactation Educator
Marg Darby RN, RNC-EFM Electronic Fetal Monitoring Certification
Cecilia Peters MSN, RN, RNC-EFM Electronic Fetal Monitoring Certification
Monica Alexander RN, RNC-OB Inpatient Obstetric Certification
Mary Patton RN, RNC-OB Inpatient Obstetric Certification
Janet Prosser BSN, RN, RNC-OB Inpatient Obstetric Certification
Kim Roberts RN, IBCLC International Board Certified Lactation Consultant
Michelle Wade RN, RNC-OB Inpatient Obstetric Certification
Bonnie Weeks BSN, RN, RNC-OB Inpatient Obstetric Certification
Tish Prosser RN, LCCE Lamaze Certified Childbirth Educator
Kerri Beck RN, RNC-OB Inpatient Obstetric Nursing
Norma Guthrie RN-CLE Certified Lactation Educator
Elizabeth Maness RN-CLE Certified Lactation Educator
Michelle Barrett RN-CLE Certified Lactation Educator
Jessica Hines RN-CLE Certified Lactation Educator
Mollie Nelson RN-CLE Certified Lactation Educator

Recognizing Our Certified Nurses

continued...

CANCER CENTER

Luis Badillo RN, OCN Oncology Certified Nurse

Rosemary Conley RN, OCN Oncology Certified Nurse

Debrah Dingee RN, OCN Oncology Certified Nurse

Tara Dyer RN, OCN Oncology Certified Nurse

Melissa Hamilton BSN, RN, OCN Oncology Certified Nurse

April Husenita BSN, RN Certified Radiation Oncology

Kristin Walker BSN, RN Certified Radiation Oncology

PATIENT FAMILY SERVICES and QUALITY

Heather Siebert RN, CMSRN Certified Medical-Surgical Registered Nurse

Tracy Ethridge RN, RNC, LPC Board Certified Psychiatric-Mental Health Nurse,
Licensed Professional Counselor

Marie Cheek RN, CMSRN Certified Medical-Surgical Registered Nurse

NURSING LEADERSHIP

Cindy Jones BSN, RN, NE-BC Nurse Executive Board Certified

Phyllis Renfrow BSN, RN, NE-BC Nurse Executive Board Certified

Cindy Rose MSN, RN, NE-BC Nurse Executive Board Certified

Tonya Fluellen MSN, RN, NE-BC Nurse Executive Board Certified

Sherry King BSN, RN, NE-BC Nurse Executive Board Certified

Robin Mobley RN, RNC Low Risk Neonatal Certification

Betsy Lane BSN, RN, CDE Certified Diabetic Educator

Liz Moore BSN, RN, RN-BC, CNOR Board Certified Case Management,
Certified Nurse Operating Room

WOUND CARE

Katie Orr RN, CWCN Certified Wound Care Nurse

POST ANESTHESIA CARE

Sue Moser BSN, RN, CAPA Certified Ambulatory Perianesthesia Nurse

Leslie Morris BSN, RN CMSRN Certified Medical-Surgical Registered Nurse

Kay Tosto MSN, RN, RN-BC Board Certified Medical-Surgical Nurse

Nurse Residency Program

The CHC Nurse Residency Program is structured to guide the new graduate as they transition into professional clinical practice. Understanding the entire patient care experience enhances their ability to coordinate care across the continuum for every patient at the right time, every time.

Learning is experiential, and with their fresh eyes and enthusiasm, they have made valuable contributions to our organization:

- Developed multi modal skin care product education, including a poster board presentation circulated to specific nursing units, and a short video that could be viewed 24/7 on our intranet.
- Developed and delivered an evidence based poster board presentation to units specifically in need of education about the placement and verification of Dobhoff feeding tubes.
- Participated in preventative health care by administering over 500 flu shots to staff at our Annual Competency Fair.

We congratulate all the CHC Nurse Residents for successful completion of our program, and celebrate their progress in becoming valued team members of the Emergency Department, Progressive Care Unit, Medical/Surgical Units, and Maternal Child Health Department.

“

Nursing is an art:

And if is to be made an art, it requires an exclusive devotion as hard as preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts. — Florence Nightingale

”

FORENSIC NURSE EXAMINER PROGRAM

What is Forensic Nursing?

Forensic Nursing, as outlined in the Forensic Nursing: Scope and Standards of Practice, is the practice of nursing globally when health and legal systems intersect.

What is a Forensic Nurse?

A forensic nurse is a nurse who provides specialized care for patients who are victims and/or perpetrators of trauma (both intentional and unintentional). Forensic Nurses are NURSES first and foremost. However, the specialized role of forensic nurses goes far beyond medical care; forensic nurses also have a specialized knowledge of the legal system and skills in injury identification, evaluation and documentation. After attending to a patient's immediate medical needs, a forensic nurse often collects evidence, provides medical testimony in court, and consults with legal authorities.

Are there different types of forensic nurses?

Forensic nurses work in a variety of fields, including sexual assault (as Sexual Assault Nurse Examiners or SANEs), domestic violence, child abuse and neglect, elder mistreatment, death investigation, corrections, and in the aftermath of mass disasters.

What is a SANE?

A Sexual Assault Nurse Examiner is a registered nurse who completed specialized education and clinical preparation in the medical forensic care of the patient who has experienced sexual assault or abuse. The SANE will provide comprehensive health care to survivors of sexual assault. In some communities, SANEs are called Forensic Nurse Examiners.

In order to offer comprehensive care, the role of the SANE includes evaluating and treating the patient in a holistic way, being mindful of both the acute and long-term consequences of sexual violence victimization. The SANE can gather a culturally and developmentally appropriate medical history and a history of the assault, with an essential understanding of the medical and legal implications of both. Gathering this history lays a foundation to offer the patient suitable options in care, which may include forensic evidence collection, testing and treatment or prevention of sexually transmitted diseases and the human immunodeficiency virus (HIV), pregnancy prevention, and immediate and follow up services with community-based sexual assault advocacy, and medical and law enforcement partners. The SANE ultimately provides culturally sensitive, developmentally appropriate, trauma-informed, and patient-specific evaluation and treatment. SANEs are also prepared to testify in a criminal or civil trial as a fact or expert witness and understands the ethical obligations of their testimony and the limitations as well.

Forensic Nursing at Carteret Health Care

We have a 24/7 program currently with four SANE/FNE's, one is board certified. We also have a RN in training to become FNEs.

We are active Members of the Carteret County Sexual Assault Response Team (SART). A Sexual Assault Response Team (SART) is a multidisciplinary interagency team of individuals working collaboratively to provide services for the community by offering specialized sexual assault intervention services.

Teams are specialized to fit the needs of each community and generally have goals of increasing reporting and conviction of sexual assaults and countering the experience of sexual trauma with a sensitive and competent response. The local SART consists of representatives from the District Attorney's Office (DA), Law Enforcement (LE), Child Protective Services (CPS), Rape Crisis, the Department of Defense (DoD) Sexual Assault Prevention and Response Coordinator (SARC), Probation officers and CHC SANEs.

We are also active members of the DoD SART team, which includes the Commanding Officer, the Sergeant Major of MCAS, members of the Judge Advocate General (JAG), Uniformed Victim Advocates (UVA's), the Naval Criminal Investigative Services (NCIS), the Provost Marshall Office (PMO), LE from surrounding counties, DA's office from Craven and Carteret County, Marine Family Services, the SARC, base chaplains and the SANE's from Carolina East and Carteret Health Care.

We are active members of the IAFN (International Association of Forensic Nurses) and the state chapter of the IAFN. We attend and present at conferences on a regular basis. We teach new SANE nurses at the annual SANE training at UNC School of Nursing. We team up with the DA's office and teach at the county schools about Human Trafficking and Sexting.



Forensic nurses play an integral role in bridging the gap between law and medicine. They should be in each and every emergency room.



— Joseph Biden, Vice President United States of America, from *Forensic Nursing: a Handbook for Practice*.

⁶ Holloway, Mavis and Swan, Amanda.1993. A & E management of sexual assault. *Nursing Standard* 7:45.

⁷ O'Brien, C. 1996 (A). Sexual assault nurse examiner (SANE) program coordinator. *Journal of Emergency Nursing* 23:5.

⁸ Speck, Patricia M. and Aiken, Margaret M. 1995. 20 years of community nursing service: Memphis sexual assault resource center. *TennesseeNurse*.

⁹ Ledray, Linda E. and Chaignot, Mary Jane. 1980. Services to sexual assault victims in Hennepin County. *Evaluation and Change* (special issue).

¹⁰ Antognoli-Toland, Paula. 1985. "Comprehensive program for examination of sexual assault victims by nurses: A hospital-based project in Texas." *Journal of Emergency Nursing*. 11:3.

¹¹ Ledray, L.E., & Simmelink, K. 1997. "Efficacy of SANE evidence collection: A Minnesota study." *Journal of Emergency Nursing*, 23(1): 75-77.

¹² Lenahan, G. 1991. "Sexual Assault Nurse Examiners: A SANE way to care for rape victims." *Journal of Emergency Nursing*, 17(1).

CARTERET HEALTH CARE

Staff Engagement

Bright Ideas Program

CHC possesses a vast amount of potential in our most important resources - OUR EMPLOYEES. Our commitment to improving our organization involves a system that encourages employees to submit ideas on a regular basis, based on our pillars of Excellence: Safety, Quality, Service, Team, Finance, and Growth. Ideas submitted here will be forwarded to the appropriate areas to be considered for implementation, and individuals will be rewarded and recognized for their contributions. Bright Ideas is another avenue for staff and nursing shared decision making! Below are just two examples of how nursing has been positively impacted through this process. Both examples have been implemented.

#1 Bright Ideas Suggestion by a PCU nurse:

Change the standard every 8 hour Heparin dosing schedule from 0800/1600/2400 as the current schedule is detrimental to patient satisfaction and not conducive to sleep. Alternate schedules to consider; 2300/0700/1500 or 1400/2200/0600 to better align heparin administration with current medication administration times.

#2 Bright Ideas Suggestion by a Nurse Resident:

Place a picture (angel, dove, etc.) on the door when a patient has passed away. The picture would provide communication to all staff of the delicate situation and provide privacy and consideration for grieving loved ones.



Achieving Clinical Excellence Program

Allison Stebner IV
 Nina Gaskill IV
 Susan Staley III
 Cathy Bittner IV
 Kelly Browning IV
 Sherry Ward IV
 Beverly Logan III
 Kim Roberts IV
 CeCe Peters IV
 April Husenita IV
 Katherine Long IV
 Keri Wabrowetz III
 Pam Baxter IV
 Lisa King III
 Valerie Roe IV
 Laura Ray IV
 Claudia Lind IV
 Tonya Dixon IV
 Sherri Rose III
 Gail Gillis IV
 Jo Henderson IV
 Patty Riehl IV
 Sue Moser IV
 Michelle Lasky IV
 Leslie Morris IV
 Sue Darden IV
 Georgia O'Neal IV
 Kim Brittingham IV
 Jennifer Joyner III
 Katie Dixon III
 Ashley Manuel III
 Katie Odham-Ashwell IV
 Eileen Stumpf II
 Rene Turner IV
 Brook Fulcher III
 Kara Stuart IV
 Karen Gurney IV
 Michelle Wade IV
 Nicole Hall IV

CARTERET HEALTH CARE

Finance and Growth

Draft Day | Internal RN Transfer Process

Draft Day is a new program designed to make the transfer process more organized and transparent for everyone. Upon organizational review of nursing turn-over rates, time to fill a vacant position, and number of internal transfers accomplished, it was identified that there were opportunities for improvement. We are now excited to be able to share a new house-wide process for internal RN transfers. For each “Draft Day” event, RN’s will have an opportunity to communicate their desire to transfer to another department or engage in new growth opportunities at CHC. Draft Day provides the ability for growth both clinically and professionally. Our first Draft Day was held May 8, 2018. There were multiple open forums throughout March, as well as, additional detailed information shared at the monthly N2E meetings.

	National Benchmark	CHC 2016	CHC 2017
RN Turnover Rate	13.2 %	19%	20%
Time to Fill Position	55 days	90 days	133 days
Internal Transfers	N/A	22	3

“

The character of the nurse is as important as the knowledge she possesses.

— Carolyn Jarvis

”



CARTERET HEALTH CARE

Highlights from the CHC Balanced Scorecard 2017

* Performance Award Metric

** Case Mix Adjusted

Pillars	Initiatives	10.1.15 to 9.30.16	10.1.16 to 9.30.17	Target	Stretch	10.1.17 to 3.31.18
Quality Committed to Ongoing Quality Improvement and Safe Patient Care that Distinguishes Carteret Health Care	Reduce HAI/HAC Rates (CAUTI)	4.0 (1/12-12/13)	1.08%	≤3%	≤2%	0.0%
	Reduce HAI/HAC Rates (CDIFF) Not Present on Admission (HO)	N/A	90 Cases Overall HO = 29 CO = 61	12 (As calculates per 10,000 patient days)	11 (As calculates per 10,000 patient days)	11.8 (As calculates per 10,000 patient days)
Service Excellence Committed to Exceeding the Expectations of our Customers	Top Quartile Patient Satisfaction Scores					
	HCAHPS Overall Top Box Score Inpatient*	73.70%	76.80%	79%	80.50%	75.2%
	Hospital ALOS (IP excluding newborn)	4.3	4.28	≤4.1	≤4	4.12
	ED Admitted LOS (Median)	303	283	284	277	272
	ED Discharge LOS	N/A	180	175	165	162
Growth/Vision Carteret Health Care Strives to be the Best Choice Hospital by Expanding to Meet Community Needs	Home Health and Hospice Services Referral Growth	N/A	Average Daily Census 143 Home Health 14.43 Hospice	Average Daily Census 145 Home Health 15 Hospice	Average Daily Census 150 Home Health 17 Hospice	156 Home Health 17 Hospice
	Overall Surgical Volumes (Total Procedures)	Volumes 4430	Anticipated Volumes 4659	5%	6%	2490 7.3%

“ It is not how much you do, but how much love you put in the doing. ”

— Mother Teresa

CARTERET HEALTH CARE

Community

Carolina Honduras Health Foundation

The week of July 1-8, 2017, a team of health care professionals went to Honduras in a humanitarian medical trip to serve remote villages there. The group provided free medical services, prescription medications, and an eye clinic. They served 558 men, women, and children who traveled on foot (in some cases for hours) to receive the medical attention. The team members were Emergency Department nurses Dixie Stewart and Gail Gillis, area nurses Angela Moore and Christa Hathaway, Emergency Department Doctor Jeremy Selley, and twelve other medical and nursing professionals.

Thousands of people in the Department of Colon, Honduras rely on the nineteen annual clinics provided by the Carolina Honduras Health Foundation (CHHF). CHHF provides care for patients with hypertension, diabetes, asthma, parasitic infections, muscular and orthopedic problems from a lifetime of manual labor, hunger and malnutrition, and many other chronic conditions. Babies are delivered, acutely ill patients are sent to distant hospitals for care, and referrals are made to specialists. These services are provided through donations to CHHF by caring people like you.

There are few, if any health care options for Honduran citizens in the remote areas served by CHHF. Volunteer nurses, physicians, nurse practitioners, physician assistants, pharmacists, dentists, optometrists, and EMS personnel each pay their own fare and trip fees to serve the poor in isolated villages. CHHF also provides community education in local schools and churches. Topics regarding disease, teen pregnancy prevention, sanitation and the importance of immunization and nutrition are covered. Working side-by-side with community leaders, teachers, and pastors, families learn how to avoid parasitic infections and respiratory illnesses like asthma. They also learn basic hygiene, preventative dental care, and diabetes management.

Carteret Health Care and the Emergency Department staff were instrumental in providing supplies, medications, and financial support to our first team to Honduras in 2017. Gail Gillis, RN led a second team September 21-29, 2018.

If you would like to volunteer as a team member, or provide support for the work of Carolina Honduras Health Foundation, please contact CHHF at www.chhf.org. Your support will help the miracles continue. Thank you for caring!

Open House and Meet the Nurses Day

OPEN HOUSE
& Meet the Nurses Day!

SATURDAY
JULY 29, 2017
9:00AM-11:00AM

The community is invited to come and tour our Comprehensive Cancer Center, Catheterization Lab, 2nd Medical, the Postpartum floor and much more... This event also includes two screenings, poster presentations, a glance back into the history of the hospital, the 2016 Annual Report, and smiling faces of our wonderful nurses and staff! Light refreshments will be served!

A glance back...

1916 1918 1967 2005

On July 29, 2017, nurses of Carteret Health Care invited our community to come out and meet us, the people who compassionately care for them when they are in need.

It was a beautiful Saturday morning with just a bit of drizzling rain. Our nurses came together with smiles and warm greetings to provide various screenings and education to our community patients. Our nurses volunteered from all specialties of our organization. We provided patients an opportunity to have their blood glucose and their blood pressure checked. Stroke education was a focus with informational fliers providing stroke prevention education including risk factors. YouTube videos were played detailing the symptoms of stroke and this education was a big hit, especially enjoyed by some of the children in attendance. Information was shared regarding our Bariatric Excellence Program. Tours were offered to our Oncology Services, Cath Lab, and Surgical Area. Tours were very popular! Refreshments were available and all appeared to enjoy their visit.

Meet the Nurses of Carteret Healthcare was so successful, we plan to have another such opportunity in the future!



3500 ARENDELL STREET
MOREHEAD CITY, NC



Georgia Lewis & Mildred Clapsadl

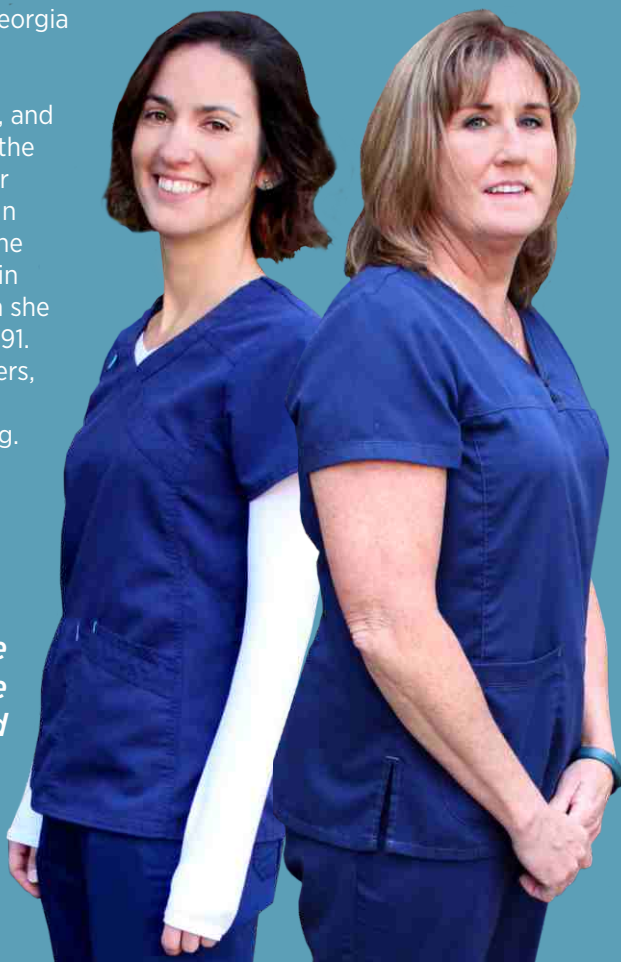
Carteret Health Care Nurses

Georgia Lewis

When our hospital first opened its doors in 1967, Miss Georgia Lewis was a member of the original hospital staff. Miss Georgia was a staff nurse who worked in all patient care areas including the Emergency Room, Medical, Surgical, and Obstetrics. She was a staff nurse at the original Morehead City Hospital. Her diverse skills were continually used in multiple areas of the Hospital, but she expanded her critical thinking skills in the house supervisor role, a position she held until her retirement in March 1991. She served as a mentor for staff, peers, and physicians – always proud to represent the Department of Nursing.

The first Lewis Award was 2004 to Norma Smith.

***Laura Ray recipient of the
2018 Carteret Health Care
Lewis Excellence Award***



Mildred Clapsadl

Mildred Clapsadl was a professional staff nurse and a night supervisor at the original Morehead City Hospital. Ms. Clapsadl came to Carteret Health Care when it opened in July 1967 serving primarily as day supervisor. Shortly thereafter she was promoted to Director of Nursing and remained in this capacity until 1976, when she returned to the supervisor role.

Ms. Clapsadl wore many hats, assisting in all patient care areas and earning the respect of the professional staff as well as others who knew her. She served in the supervisor role until her retirement in December 1988.

The first Clapsadl Award was in 2003 to Edna Taylor.

***Allison Cannon recipient of the
2018 Carteret Health Care
Clapsadl Award***