

TABLE OF CONTENTS

PPMH NURSING BY	THE NUMBERS	3
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- MISSION & VISION OF NURSING 4
 - RAPID RESPONSE TEAM 4
 - NURSE RESIDENCY PROGRAM 5
 - PROFESSIONAL DEVELOPMENT
 OCN Certification
 - RECOGNITIONS
 DAISY
- TIGR PATIENT EDUCATION VIDEOS 7
 - COMMAND CENTER 7
 - BLESSING OF HANDS 8
 - SIMULATION CENTER 9
 - INFUSION 10

CNO MESSAGE

When I wrote my CNO message for the 2020 PPMH Nursing Annual Report, I knew it was a year that would never be forgotten, but I thought we could put the coronavirus pandemic in our rearview mirror. Unfortunately, we ended 2020 and moved into another pandemic surge for 2021. Once again, we continued the ebb and flow of patient volume afflicted with the coronavirus. New strains of this virus had entered the picture, causing different systemic responses for our patients but remaining just as deadly.

Throughout this time, our nurses continued heroic efforts in bringing compassionate nursing care to our patients while dealing with what appeared to be never-ending changes to guidance from the CDC. The recommended monoclonal antibody infusion, Bamlanivimab, showed new promise for patient



outcomes. Thus, we quickly established a nurse-driven dedicated care site. It grew into a well-run operation with the support of so many others—and tapering off the monoclonal antibody infusion provided well over 2,889 infusions in FY 2021.

As I reflected on the pandemic events of 2020 and 2021, the profound impact of nursing care was ever-present. Undoubtedly, many wondered why or how this could happen, especially in the United States, where we have the best medicine and most advanced care and technology. Like the rest of the world, we were in the face of this virus, and while that was true, our collective group of nurses, whether on the front line in direct care or in some other nursing, education, or leadership role, never gave up. If you ever wondered about the value of what nursing provides to healthcare, the pandemic clearly demonstrated that "for such a time as this," nurses stood strong and relentlessly battled this virus.

"For such a time as this..." is a biblical quote (Esther 4:14) that has profound meaning and symbolism for what we do as nurses daily. One of our board members presented several of us in senior leadership with a picture frame that had this quote as an inscription. When I read this inscription, I was deeply impacted by her thoughtfulness, acknowledging the resolution that of everything I have ever done in my career as a nurse or that any other nurse has done, it is these moments in time when responding to the pandemic that we will forever remember. If you as a nurse have ever questioned or wondered about your impact on others, it is "for such a time as this" that nursing's value and heroic efforts had far-reaching impact on the countless patients served. Your role as a nurse is not to be taken lightly. The sacred oath we all take as nurses through the Nightingale pledge could not have been more symbolic than for such a time as this.

Velyn M. Chenick Evelyn M. Olenick, DNP, RN, NEA-BC

SVP & Chief Nursing Officer

NURSING BY THE NUMBERS



GENERATIONAL DEMOGRAPHICS

10.16%

32.25%

BABY BOOMERS (1946 - 1964) GENERATION X (1965 - 1980)

47.43%

10.16%

GENERATION Y (1981 - 1996)

GENERATION Z (1997 - LATER)

0.27% AMERICAN INDIAN OR ALASKA NATIVE

2.17% UNKNOWN

0.27%
NATIVE HAWAIIAN
OR OTHER
PACIFIC ISLANDER

3.93% ASIAN

0.81% HISPANIC OR LATINO

63.96% CAUCASIAN

1.08% TWO OR MORE RACES

27.51% BLACK OR AFRICAN AMERICAN



NURSE TURNOVER

PHOEBE North PHOEBE PUTNEY MEMORIAL HOSPITAL

27.67%

24.42%

13.84%

14.88%

19.81%

2018

2018

29.85%

2019

16.71%

2020

18.79%

10.14%

2021

24.80%

ZUZI



88.08% 9.89% FEMALE MALE

MISSION AND VISION OF NURSING

Phoebe's nursing team is optimizing quality by strengthening partnerships between patients, families and healthcare providers.

NURSING MISSION

In support of Phoebe's mission, our nursing team is committed to ensuring the delivery of quality, compassionate and competent nursing care.

NURSING VISION

To be nationally recognized as a nurse culture committed to excellence; valuing quality outcomes, professionalism, collaborative practice and a patient/family centered approach to care.

RAPID RESPONSE TEAM

The approval of a dedicated Rapid Response nurse is a HUGE accomplishment for Phoebe Putney Memorial Hospital. The work was started back in March 2020 and was taken to the finish line by a multidisciplinary team early in March 2021. Nancy Doolittle, VP Emergency & Critical Care Services, was the executive sponsor with the support of Carol Owens, Director of Critical Care and Hemodialysis Services, and Traci Akins, Director of Phoebe Putney Health System Patient Safety. As staffing permits, we are currently trialing a staffed Medical Emergency Team (MET) nurse from the Critical Care Division.

The dedicated Rapid Response nurse will attend all Code Blue and Medical Emergency calls in addition to doing surveillance rounds for quality and safety. As the nurse makes daily rounds, they will assess patients at risk for patient deterioration, as well as doing bedside education and coaching for the clinical staff on the nursing units.

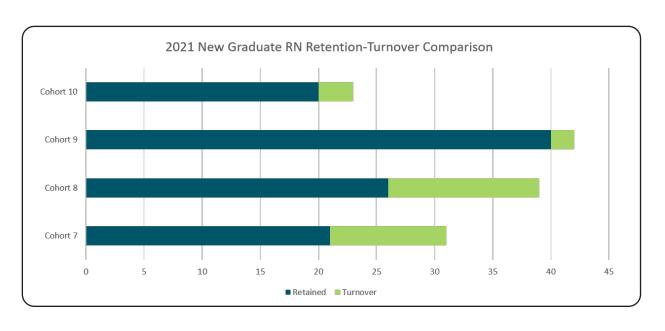


NURSE RESIDENCY PROGRAM

- The Nurse Residency Program was redesigned in 2021 to create a more cohesive program focusing on streamlining the new graduate nurse (NGN)'s transition and creating an environment that produced clinically confident and professionally competent nurses.
 Retitled Nurse Residency 2.0, the newly formatted program sought to bring NSTEP, Practice-Based Learning (Clinical Orientation), Nursing Professional Development Workshops, and Post-Orientation Transition under one umbrella.
- Using the Vizient program as the foundation for Nurse Residency 2.0, the curriculum was divided into phases. NGNs would continue on-boarding into NSTEP, Phase 1, focusing on clinical skill enhancement and simulation reinforcement of time management, prioritization, and delegation. The second phase, Clinical Orientation, followed NSTEP. It consists of unit-specific practicebased learning combining didactic training with bedside care. Phase 3 continues to be a work in progress, but aims to formalize the post-orientation transition period to build clinical confidence to care for patients independently by slowly increasing patient volume and/or acuity.
- Enrolled 135 new graduate RNs in four cohorts (January, February, June & September)
- 9 first year LPNS were included in the program
- Restructured program enrollment to begin on first day of hire – Cohort 9 (June 2021) was first cohort to have 100% enrollees start NRP on same day as hospital orientation.



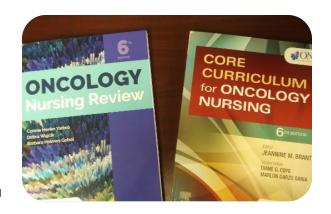
- First-year new graduate RN turnover for 2021 is currently at 19.4%, a 12.5% decrease from 2020!
- The NGN attends monthly 4-hour professional development workshops intended to build professional competence throughout the year. Topics include nursing professionalism, role transition, nurse burnout, clinician well-being and self-care, conflict management and resolution, workplace incivility, health equity, cultural competence in the nursing environment, shared governance, and evidence-based practice.
- An evidence-based project is one of the requirements for graduation from the program. Projects have included research on the early ambulation of ventilated patients, creative scheduling, incorporation of breast milk technicians, ultrasound- guided PICC placement of neonates, improving SBAR at shift change, and rectifying patient care through fall prevention.



PROFESSIONAL DEVELOPMENT

OCN CERTIFICATION

Fourteen Oncology Nurses have committed to pursing an Oncology Nursing Certification. We have 14 Nurses actively seeking certification in Oncology. Both the 7th Floor Oncology Unit at Phoebe Putney Memorial Hospital and the Phoebe Cancer Center have partnered together to sponsor the FreeTake Agreement, an opportunity offered by the Oncology Nursing Society. The FreeTake Agreement, beginning on August 24, 2021 with an end date of August 24, 2022, allows



candidates to sit for the OCN Exam at no charge. If the candidates do not obtain certification on their first attempt, they are allowed an additional opportunity at no charge. The FreeTake Agreement helps to reduce some of the test anxiety the

candidates may feel surrounding the exam process. By providing free certification exams with an additional opportunity if needed, Phoebe continues to exhibit strong support for education and success!

Some of the activities to help our staff on their quest for certification include:

- Weekly study sessions available both In-Person and on TEAMs
- Study materials provided at no charge.

RECOGNITIONS

DAISY AWARD

The Diseases Attacking the Immune System (DAISY) Award was established by the DAISY Foundation in 2000 by the family of J. Patrick Barnes, who died of complications of an autoimmune disease at the age of 33. During Patrick's hospitalization, his family was awestruck by the clinical skills, care and compassion his nurses provided not only to Pat, but also to the entire family so they created this national award to say thank you to nurses everywhere. Each DAISY Award Honoree is recognized at a public ceremony on his or her unit, and receives an award certificate, a DAISY Award pin and a beautiful Healer's Touch hand-carved stone sculpture. Additionally, the unit will celebrate with cinnamon rolls a favorite of Patrick's during his illness.

PAST WINNERS

Randall Balkcom ICU

Laura Hershberger Coumadin Clinic

Lauren Mitchell Mother Baby

Samantha Blackwell

Alyssa Hurst

Chelsea Morrow

Mother Baby

4 AB

Savannah Brinson 6 AB

2 C

Kimberly Bartlett Johnson Holly Swan 4 AB

Mary Hart Wound Care John Kilpatrick CCU

Rebekah Williams Mother Baby

























TIGR PATIENT EDUCATION VIDEOS





TIGR (Telephone Initiated Guided Response) offers health education videos and helpful hospital information through the patient in-room telephone. TIGR also offers a feature that allows nursing staff to launch patient education videos from the computer. With TIGR, patients can access specific health information to help answer any questions they may have regarding their diagnosis, medications, etc. Education provided by TIGR videos allows the patient time to formulate questions or identify concerns that can be discussed with the provider or nurse. TIGR videos empower our patients by giving them autonomy over their health care and have proven to enhance patient's visits and increase overall patient satisfaction.

In 2021, we exceeded our goal of 10,000 TIGR videos, ending the year with 10,374 patient education videos played.

COMMAND CENTER MANAGING THROUGH THE PANDEMIC

by Scott Kavanaugh

When our COVID journey started in March 2020, I do not think any of us thought we would still be handling the ups and downs in 2021. The Central Staffing Office continued to source contract employees to fill our vacant positions as well as ensuring the staffing was adequate for our COVID and non-COVID population. The Central Staffing Team worked diligently to provide RN, Respiratory Therapist, LPN, and Pharmacy resources to meet the needs of our patients. The Team collaborated with other non-bedside departments to secure resources to meet the needs of the patient and the organization. Each shift, the Central Staffing Office assessed the resource needs, available resources for these needs, and shifting or assigning resources to meet those needs. Our Safety Partner Program provided 1:1 observation for those patients with a safety risk or in need of additional observation.

The Command Center Staff supported the assignment of unit and bed to meet the needs of the patients. During the pandemic surges, the Command Center RNs and Logistics Teams worked with various departments to shift placement, change the unit focus as indicated and open/close units based on patient need. This staff carefully capacity had been



Although we faced many challenges during 2021, the Central Staffing Office and Command Center worked collaboratively with all other departments to ensure our patients were provided access to high quality healthcare at the right time in the right location. Working side by side with Nursing Leaders and staff, together we were able to achieve the goals of Heal Me, Be Nice to Me and Keep Me Safe.



BLESSING OF HANDS

These are no ordinary hands.

These are the hands of a nurse.

These are the hands that help us do our work.

These are the hands that carry out the skills that make nursing possible.

Let us remember our hands and be grateful for what they do.

For the eyes may see, the mouth may speak, but it is the hands that hold, the hands that heal, the hands that give the caring touch.

These are the hands that feel the first breath of a new born child.

These are the hands that feel the last breath of a dying one.

These are the hands that hold a family, who has just lost a loved one, These are the hands that clap for joy at the healing of a disease. These are the hands that insert tubes that bring healing to the body.

These are the hands that touch a forehead and tell, within a degree, normal or febrile.

These are the hands that feel a pulse and know fast or slow, weak or strong, effective or for naught.

These are the hands that restrain the angry from self-harm.

These are the hands that compress the sternum to bring back life.

These are the hands that clean unspeakable places on another person's body but do so with dignity and respect which allow that person to feel like a human being again.

These are the hands of different people not just black or white, but all.

These are not the hands of male or female, but both.



Other hands may build buildings or write books. Some hands may even pull the trigger or plunge the knife but these are the hands of life.

These are the hands that take up the task passed down from so long ago-to bring healing to the sick, comfort to the afflicted, hope to the hopeless.

But these are not the hands of the timid and weak who look for direction outside themselves.

These are the hands of a nurse. These are the hands of a doctor. These are the hands of respiratory therapists. These are the hands of those who clean, of those who cook, of those who lead and make difficult decisions. These are the hands of a person that does a job that not everyone can do. These are the hands of strength, compassion and love.

These are my hands.

Adapted from
"Reflections on the Hands of a Nurse"
by Mark Darby. Creative Musings April 25, 2005

SIMULATION & INNOVATION CENTER

- During the 2020-2021 school year, Phoebe introduced the Phoebe Healthcare Pathway for Seniors program, in conjunction with Lee County High School's Work Based Learning program. Students rotated through various areas of the hospital to learn more about healthcare careers and obtain hands-on experience. Ten students were selected for the inaugural group.
- SOWEGA AHEC Pathway to Medicine: 10 participants attended a day of hands-on training in the Phoebe Simulation & Innovation Center. They participated in the first 5 minutes of a code blue simulation, practiced clinical skills (intubation and venipuncture), learned about EKG strips and listened to heart and lung sounds. They also attempted a safety escape room.
- Hosted ASU's Health & STEM Camp in June 2021; 30 high school students (9-12th grades) from area schools came to the Simulation & Innovation Center and enjoyed learning about simulation, practiced moulage techniques, and listened to heart and lung sounds.

- Hosted 33 sophomores from 4C students and provided them with a code blue simulation, as well as with hands on practice of clinical skills.
- Hosted 31 Future Business Leaders of America students from Monroe High School; provided them with a code blue simulation, as well as with hands on practice of clinical skills to hopefully get them interested in healthcare as a career.
- Provided academic clinical for 1,726 nursing students from Abraham-Baldwin Agricultural College, Albany Technical College, Albany State University, Andrew College and Georgia Southwestern.

We host students with the intent of encouraging them to seek a career in healthcare and hopefully come to work at Phoebe!



TOTAL LEARNERS (JANUARY 2021 – DECEMBER 31, 2021): 4905

PHOEBE EMPLOYEES 2,538

STUDENTS 1,726

HELPING HANDS

NSTEP

NURSE EXTERNS

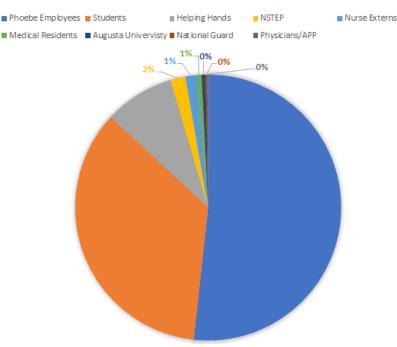
MEDICAL RESIDENTS

AUGUSTA UNIVERSITY

NATIONAL GUARD (HELPING HANDS)

PHYSICIANS/APP

SIM TOTAL LEARNERS: 4,905



MONOCLONAL ANTIBODY INFUSION TREATMENT



NEW COVID-19 TREATMENT SHOWS PROMISING RESULTS FOR PHOEBE PATIENTS

PRESS RELEASE Albany, Ga. – "Please, everybody out there, wear a mask. Please, wear a mask." That was Alvin Moment's plea to southwest Georgians as he sat in an outpatient infusion room at Phoebe North receiving an experimental treatment for COVID-19. Moment is a mechanic in Mitchell County and regrets he did not always wear a mask on the job. A week before he ended up at Phoebe North, he began experiencing COVID-19 symptoms. "I've been having chest pains. My head has been hurting really, really bad, and my body's been aching all over just unbearable pain. I wouldn't want nobody to have this," Moment said. He also suffered other common COVID-19 symptoms such as loss of taste and shortness of breath.

Unfortunately, the person closest to him contracted the virus as well. A couple of days after Moment got sick, his wife developed symptoms. "Are you okay, baby," Mr. Moment asked Joceyln Moment as nurses brought him into the infusion room with her so they could receive their therapy together. Because of their health history and the fact they were diagnosed with COVID-19 early in their illness, a physician referred them for this new treatment. "My husband and I went to the emergency room, and they recommended that we come and try this because we're both diabetic," Mrs. Moment said.

The monoclonal antibody treatment is approved for a small subset of referred COVID-19 patients, and it has shown outstanding early success at Phoebe. In early January, Phoebe began utilizing the therapy to treat mild to moderate COVID-19 in patients at high risk of progressing to severe illness from the virus. "These are outpatient intravenous infusion treatments that are administered over several hours. The treatment may be appropriate for patients who have co-morbidities or are at least 65 whose illness has not progressed to a level that would require them to be hospitalized or to be prescribed oxygen therapy. So far, we are exceedingly pleased with the level of success

we are seeing," said Dianna Grant, MD, Phoebe Putney Health System Chief Medical Officer.

The Food and Drug Administration (FDA) issued emergency use authorization for two versions of monoclonal antibody treatment – bamlanivimab and a combination of casirivimab and imdevimab. While the FDA continues to evaluate the safety and effectiveness of the therapies, they have shown in clinical trials to reduce COVID-19-related hospitalizations and emergency room visits in patients at high risk of disease progression.

"We are administering both therapies at Phoebe North and one of them at Phoebe Sumter. Patients must be referred by a physician and go through an initial screening to ensure they are appropriate patients for the treatment. We are working with community physicians and our emergency center physicians so that when they identify patients they believe would benefit from the therapy, we are able to provide the service quickly to those patients," Dr. Grant said.

The FDA describes monoclonal antibodies as "laboratorymade proteins that mimic the immune system's ability to fight off harmful antigens such as viruses." The antibodies used in these treatments are specifically directed against a protein that is part of this coronavirus, and they are designed to prevent the virus from attaching to and entering human cells. According to the FDA, there are currently no other adequate, approved and available COVID-19 treatments for the authorized population.

Many of the patients treated by Phoebe have shown significant and rapid improvement in their symptoms. Thankfully, that is the case for the Moments. "The next day, I felt like a champ. The medicine went right to work," Mr. Moment said. "I still have a little bit of a cough. Other than that, I feel much better." Mrs. Moment added. Three days after their treatment, their taste was returning, and the Moments were looking forward to returning to life as normal. "I'm doing great," Mr. Moment said. "I'm on my second cup of coffee this morning. I'm so glad we got that treatment."

