

Department PI Projects 2025

Ministry	Department Name	Title	Aim
Providence St. Peter	1-South	Reduce time to admission from admit order	By the end of 2025, 85% of patients will be transferred to 1-South within 90 minutes of receiving admit orders.
Providence St. Peter	Acute Med Tele Unit	Fall policy pilot	By the end of 2025, 100% of all falls on the Med-Tele floor will have the updated post-fall assessment documentation completed and submitted to the Fall PI Committee.
Providence St. Peter	Acute Neuroscience	Reportable hospital-acquired pressure injuries (HAPIs) reduction with implementation of documented four-eye skin assessments.	Implement four-eye skin assessments on greater than 90% of new admissions to the Neuroscience department and document these assessments in the EPIC Skin Integrity Comment to reduce reportable HAPIs.
Providence St. Peter	Cardiac Services	Streamline cardiac rehab referral process	By the end of 2025, 90% of Cardiac patients will receive a Cardiac Rehab Referral utilizing the NCDR platform for tracking.
Providence St. Peter	Cardio-Vascular ICU	Reduce missed breaks	By the end of 2025 missed break periods will be reduced to <= 10% missed breaks.
Providence St. Peter	Case Management	Improve throughput through case management (CM) driven multi-disciplinary rounds (MDR)	By the end of 2025, have a reduction in GMLOS to achieve or exceed the 1.28 goal.
Providence St. Peter	Clinical Decision Unit	CDU: We ask because we care	By the end of 2025, 95% of patients in the CDU will have all four components completed on the SO/GI prior to discharge.
Providence St. Peter	Clinical Laboratory	Blood Culture Contamination Rate	AIM or objectives: Decrease length of stay and cost to patient and hospital. Domain/Strategic plan: Transform our Future → patients served. Population: All Inpatients. Rationale: Quality metrics identified as needing or potential for improvement. Measure of Success: Compare historical or last year to 2024 rates. Data Source: Epic/Beaker data.
Providence St. Peter	CT Department	Increase Swallow Screen Compliance in ED	In 2025, 90% of ED patients that have a Head CT will have had a swallow screen alert sticker placed on them. We will also measure and increase swallow screen compliance to 90%.
Providence St. Peter	Education	NAC Preceptor Training	By the end of 2025, 85% of NACs at Providence St. Peter Hospital with the organization for 6 or more months will receive "Improving your Preceptor Practice for the UAP" training.
Providence St. Peter	Emergency Department	Reduce falls with injury in the Emergency Department	By the end of 2025, reduce falls with injury by 85%.
Providence St. Peter	Family Birth Center	Reduce the incidence of Cesarean sections in NSTV, regardless of patients of race or ethnicity	By Nov 2025, our NSTV cesarean rate will be decreased to a consistent rate of 23% in all our patient regardless of race or ethnicity
Providence St. Peter	Food & Nutrition	Improve food temperature monitoring compliance	By the end of 2025, 100% of temperature monitoring and corrective action for hot and cold holding, refrigeration, and freezer will be completed.
Providence St. Peter	Food & Nutrition	Improve malnutrition diagnosis compliance	By the end of 2025, MDs will agree with 85% of malnutrition BPA alerts within clinical workflow from clinical dietitians.

Providence St. Peter	Food & Nutrition	Increase patient satisfaction with meals	by the end of 2025, Press Ganey Meals Overall will be >60%ile rank for top box.
Providence St. Peter	Food & Nutrition	Increase percent of patients screened for malnutrition.	By the end of 2025, 95% of adult and geriatric patients will be screened for malnutrition using the NRS-2002 within 24 hours of admission.
Providence St. Peter	Food & Nutrition	Improve tray accuracy to ensure safe and satisfactory patient meal service	By the end of the 2025, 100% of audited patient meal trays and test trays will be accurate.
Providence St. Peter	Hospital at Home	Hospital at Home - Compliance Initiative	By the end of 2025, 95% of patients in the Hospital at Home program will have all four components completed on the SO/GI prior to discharge.
Providence St. Peter	IMCU	Reduce use of briefs in the IMCU	By the end of 2025, an 80% reduction of briefs usage on the IMCU.
Providence St. Peter	LLOS	LLOS: We Ask because we Care	By the end of 2025, 95% of patients on the LLOS will have all four components completed on the SO/GI prior to discharge
Providence St. Peter	Main Operating Room and Surgery West	Maximizing Operating Room (OR) Utilization with first case on-time starts (FCOTs) in the Main OR and Surgery West	By the end of 2025, 95% of all surgical cases in the Main Operating room and Surgery West will start by 0730.
Providence St. Peter	Med Renal	vRN's impact with length of stay.	By the end of 2025, 75% of patients on Med-Renal will have a discharge turnaround time <= 120minutes from time of discharge order.
Providence St. Peter	Neuro-Trauma ICU	Reduce missed breaks	By the end of 2025 missed break periods will be reduced to <= 10% missed breaks.
Providence St. Peter	Oncology Unit	Reduce the CLABSI rate in patients with central lines on Oncology unit.	By the end of 2025, 92% of patients with central lines will have CHG wipes/showers done daily and documented.
Providence St. Peter	Orthopedics	CHG compliance	By the end of 2025, 95% of patients in the Ortho unit with central lines and perioperative patients will have a CHG bath completed and documented daily.
Providence St. Peter	Palliative Care	Enhancing Early Palliative Care	Palliative Care will increase the percentage of early Palliative Care consults to 45% within the next 12 months
Providence St. Peter	Patient Access Services	Reduce WSPH number of incomplete, inaccurate, delayed, or missed Washington Worker's Compensation Report of Accident (ROA) and Activity Prescription (APF) forms.	By the end of 2025, 90% of SPS Emergency Department patients with a new injury/illness potentially covered under Washington Worker's Compensation insurance will have an accurate Report of Accident and Activity Prescription form completed no later than three business days following hospital discharge.
Providence St. Peter	Patient Placement and Capacity	Patient Placement Process Improvement	By the end of 2025, decrease the current request to assigned by 50%. By the end of 2025, decrease lateral transfers to under 4%.
Providence St. Peter	Pharmacy	Increase Medication Barcode Scanning (BCMA) Compliance	By the end of 2024 medication barcode scanning compliance will be > 95%.

Providence St. Peter	Progressive Care Unit (PCU)	Reduce missed meals and breaks	By the end of 2025, missed meals and break periods will be reduced by 10%.
Providence St. Peter	PSPH PT/OT/SLP Acute	Rehab Average Patients Seen Per Day	By the end of 2025, PSPH will complete an average of 70%.
Providence St. Peter	Quality Dept.	HRP feedback to reporters, and associated caregivers, for "loop closure" and improved faith in the HRP unusual event reporting process.	Within the next 3 months, the QPS team will provide feedback for 90% or greater of all the events submitted within 7-10 days. The feedback will address how the event is being escalated and will express appreciation for the reporter's willingness to speak up for safety within the designated feedback to reporter field in HRP.
Providence St. Peter	Respiratory Therapy	Compliance with VAP Bundle to reduce rate of VAE in our patients	By the end of 2025, we will have a process to collect, analysis, and trend the incidence of VAP with the goal of a reduction in VAP cases compared to 2024.
Providence St. Peter	SADU, Endoscopy, PAC, IR	Perioperative collection of patient demographic information	By the end of December 2025, 90% of all inpatients 13 or older going through Perioperative Services including SADU, Endoscopy, PAC and IR are screened for patient demographic information before discharge.
Providence St. Peter	Special Care Nursery	Feeding plans for Preterm Admission to SCN	By the end of 2025, 95% of all preterm babies <35 weeks gestation admitted into the Special Care Nursery will have a feeding plan in place within 12 hours of admission.
Providence St. Peter	Sterile Processing / Operating Room	Reduce error rate with Surgical Procedure Case Carts.	By October 2025, 90% of surgical case carts will be 100% accurate excluding uncontrollable circumstances associated with supplies, vendors, equipment out for repair, etc.
Providence St. Peter	Surgical Unit (7th Floor) and Infection Prevention	Reduce CAUTIs on the Surgical Unit	By the end of 2025, have a 75% reduction in CAUTIs on the surgical unit.
Providence St. Peter	TeleSitter	Standardizing Remote Visual Monitoring unit workflow going paperless to digital.	By the end of 2025, 100% of admissions and discharges will be in digital format for two hospitals served - Providence Centralia Hospital and Providence St. Peter Hospital.
Providence St. Peter	Venous Access Team	IV Medication Line Optimization	By the end of 2025, reduce infiltrations and extravasations involving Dobutamine and Amiodarone by at least 15% on IMCU and PCU.
Centralia Hospital	CCU and PCU	Sepsis/RRT Nurse Use and Performance	By the end of 2025, a Sepsis/RRT nurse will be staffed greater than 70% of the day shifts per month.
Centralia Hospital	Diagnostic Imaging	Reduction in Stroke Door to CT Time	By the end of 2025, 95% or more of patients who present to the Emergency Department in Code Stroke will have their CT scan within 15 minutes of presentation.
Centralia Hospital	ED	Reduce patients leaving without being seen (LWBS) in the ED	By the end of 2025, the ED will reduce LWBS rate to less than 2%.
Centralia Hospital	Family Birth Center	Reduce NTSV C-Section	By the end of 2025, achieve and maintain the NSTV rate below the national standard of 23.6%
Centralia Hospital	Laboratory	2025: Specimen Rejection Rate	AIM or objectives: Decrease length of stay and cost to patient and hospital. Domain/Strategic plan: Transform our Future → patients served. Population: All Inpatients. Rationale: Quality metrics identified as needing or potential for improvement. Measure of

			Success: Compare historical or last year to 2024 rates. Data Source: Epic/Beaker data.
Centralia Hospital	Med East	Reduce device-related skin injuries on Med East	By the end of 2025, there will be zero device-related skin injuries on Med East.
Centralia Hospital	Medical South and Surgical Acute	Reduce missed meals and breaks	By the end of 2025, 95% of nursing staff will receive 95% or greater of their meals and breaks.
Centralia Hospital	Patient Access Services	Reduce WCH number of incomplete, inaccurate, delayed or missing workers compensation report	By the end of 2025, 90% of (hospital name) Emergency Department patients with a new injury/illness potentially covered under Washington Worker's Compensation insurance will have an accurate Report of Accident and Activity Prescription form completed no later than three business days following hospital discharge.
Centralia Hospital	PCH PT, PCH OT , PCH SLP	Rehab Average Patients Seen Per Day	By the end of 2025, PCH will complete an average of 80% of the daily caseload visits.
Centralia Hospital	Respiratory Therapy	Respiratory Therapy: Improve Ventilator Associated Pneumonia (VAP) Trending and Monitoring	By the end of 2025, we will have developed a method for tracking and trending VAP to implement strategies for VAP reduction by collecting sputum specimen on 80% of ventilated patients at time of intubation.
Centralia Hospital	Surgical Services	SSI Reduction	By the end of 2025, PCH Surgical Services will have a 40% reduction of Superficial SSIs from 2024.