



Director Jaimee Goodman, MSN, RN, CNML (third from left) is picture with the Perinatal Navigators Sara Fagg, MSN, RN, Shane Wilson-White, BSN, RN and Christina Keller, MHA. Read more about their impact on breastfeeding rates on page 18.

Nursing Excellence Report 2019



Welcome to the 3rd Annual Nursing Excellence Report

I am incredibly proud to present our 3rd annual report of nursing excellence at Union Hospital! Between these covers are examples of brilliance in quality outcomes, leadership, and service. The Patient Care Services division has worked diligently over the course of 2018 to move the mark in amazing ways. Read on to find these stories and more.

TRANSFORMATIONAL LEADERSHIP

Professional Practice Model

Nursing units identify what it means to them

"Building Leadership from Within"

How ED performed succession planning with Assistant NCMs

STRUCTURAL EMPOWERMENT

Promotion of 17 PACE RNs in 2018

Meet the faces of clinical excellence

New RN Degrees and Certifications

Celebrate clinical nurses taking the next step

"Growing Daisies"

Recognition of Patient Care Services employees

"Reducing Time to Save Cardiac Tissue"

Interdisciplinary teamwork and improved patient outcomes

EXEMPLARY PROFESSIONAL PRACTICE

Nurse Sensitive Indicators

Improvement in Falls, Pressure Injuries, CLABSI, & CAUTI

2018 NDNQI RN Survey

Making a better work environment

"Improving Operational Efficiency Across Departments"

Nursing impact on efficiency with inpatient dialysis care

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

"Innovation in Urinary Management"

A house-wide example of creativity in patient care

"Improving Breastfeeding Rates Through Technology"

Perinatal Nurse Navigators pave the way with an app

These stories represent a fraction of the amazing work that is happening within our walls. While this report is meant to reflect on the work of 2018, it is also a means of beginning the new year. Check out the back cover for a peak at the future of nursing at Union Hospital and the entire Union Health System!

This is sure to be an exciting year as Union Hospital has submitted its document to pursue initial Magnet® designation in 2019! Hop over to the homepage to read the document in its entirety...including some of the stories noted right here in this report.

Thank you for making Union Hospital the best place to live out our mission. Compassionate healthcare of the highest quality simply isn't possible without your hard work and dedication.



Rhonda Smith, MSN, RN, NE-BC
Vice President of Patient Care Services and Chief Nursing Officer



Nursing Mission

We exist to provide compassionate care of the highest quality.



Nursing Vision

To be recognized for providing exceptional care.



Nursing Philosophy

We believe in:

- Providing patient centered care using a collaborative, multidisciplinary approach.
- Delivering compassionate, holistic care of the highest quality.
- Striving for excellence in patient outcomes through continuous performance improvement utilizing evidence based practice.
- Preserving and protecting the health, safety and rights of the patients and community we serve.
- Providing patients, families and community with understandable education to promote an optimal level of health and wellness.
- Promoting a culture that supports empowerment, trust, advocacy and accountability.
- Optimizing the use of technology through innovation to enhance patient care throughout the health care continuum.
- Maintaining a fiscally responsible environment through being trustworthy and accountable.

Patient Care Services Strategic Plan for 2019

Strategic Plan Supporting System Priorities

Excellence in Quality and Safety – Reducing Harm

- Reduce the number of central line infections from prior year
- Reduce the number of patient falls with injuries from previous year
- Reduce the number of patient with hospital acquired urinary catheter associated infection from prior year.
- Reduce the incidence of hypoglycemia (BG < 40mg/dl) for patients receiving insulin or oral hypoglycemic agents.
- Reduce the door to antibiotic time for open fractures in the Emergency Room.
- Increase OR efficiency as evidence by decreasing and maintaining turnover times

Excellence in Employee Engagement

- Maintain outperformance for 4/5 PES Categories in the RN NDNQI Survey
- Medical Staff/RN collaboration
- Employee engagement of other clinical staff as measured by Advisory Board, growing percentage of highly engaged associates from prior year
- Provide a safe environment for staff
- Increase participation in Professional Advancement of Career Excellence (PACE) program

Excellence in Education & Innovation

- Increase the number of RN's with bachelor degrees from prior year
- Increase the number of RN's with professional certification from prior year
- Conduct a minimum of two nursing research projects

Excellence in Patient Experience

- Maintain or improve on 21 value based purchasing points.

Transformational Leadership

Professional Practice Model: What Does it Mean to Us

The components of the PPM provide a purposeful and strategic direction through eight interconnecting components. Focused on the patient (at the center), the model depicts a care delivery system that promotes interdisciplinary patient care in a collaborative practice environment.

Much of 2018 focused on understanding what the Professional Practice Model (or PPM) meant to Union Hospital Clinical Nurses. Read on to see the individual aspects of the model and what Magnet Council members discovered when they began asking their own unit what each of these components meant.



These components are encircled by the core supporting structures of innovation, collaborative empowerment, community integration and transformational leadership that exist to support the advancement of nursing and inter-professional practice at Union Hospital.

PPM COMPONENT	DEFINITION	WHAT IT MEANS TO UH NURSES
Interdisciplinary Shared Governance	The structure for shared decision making in which the nurse enacts professional accountability for decisions on policy, procedure, processes and practices.	
Benner's Novice to Expert Theory	Benner acknowledges individual professional development from entry to expert level in nursing and patient care professions	Most units identified the nurse residency program and the orientation/preceptorship experience as the best example of seeing this theory in practice.
Performance Excellence	The expectation that patient care practices result in excellent customer satisfaction and patient outcomes. Excellence in patient care can only be achieved in an environment of collaboration.	This component is evident on unit "journey to excellence" boards and within the nurse-sensitive indicators.
Exemplary Practice	Entails the consistent application of knowledge and evidence to demonstrate the highest quality professional practice. Measurements include the NDNQI clinical and nurse satisfaction data.	Nurses noted specific examples of quality outcomes in practice, such as prevention of hospital-acquired infections, reduction of length of stay, and reducing door-to-PCI times (ED).
Professional Scope and Standards	Application of standards of professional practice are the basis for the provision of nursing care. These standards exist as a guide for the highest quality of care.	Nurses identified a multitude of professional organizations' practice guidelines in use, including InfusioNurses Society, American Academy of Medical-Surgical Nurses, American Society of Peri-Anesthesia Nurses, and many more.
Clinical Informatics	The technical elements that support and enhance the efficient delivery of care with generation of useful data used for continual quality improvement.	Nurses participate in teams that work to improve the medical record, while constantly learning more about the impact of technical systems.
Professional Development	Professional development of employees at all levels, is facilitated and supported by the organization. Professional development is critical in advancing the career and image of nurses.	Nurses identified several opportunities for professional development, including internal opportunities such as cross-training responsibilities and education (like blitzes, M&M conferences, etc.), and the support for advancing degrees and professional certifications. 2EC nurses even identified they have "grown" several successful advanced practice nurses!
Clinical Research	The vision for Union Hospital is that patient care services would become a primary participant in nursing focused research for the advancement of professional nursing knowledge.	Clinical nurses played a vital role in research in 2018, assisting with data collection for a national study funded by the Association for Healthcare Research and Quality in the NICU.

Building Leadership from Within: Succession Planning for the NCM Role



In 2016, there was turnover of the Nursing Care Manager (NCM), and Assistant Nursing Care Managers (ANCM) in the Emergency Department (ED). Sonya Sampson, BSN, RN, CCRN, the new ED NCM, had significant prior management experience in the Pediatric Intensive Care environment at another facility. The three newly promoted ANCMs had no prior leadership experience beyond serving in a charge nurse role. Mentoring these individuals began upon their hire. Kelly Mills, MSN, RN, CEN, TCRN, System Director for Trauma, Emergency Department, & EMS identified that succession planning for the NCM role should be considered.

The ED Leadership team, including Sonya, Kelly, the Clinical Educator, and the ANCMs, met biweekly to discuss goals, action plans, operational and safety issues, and more. Through these meetings, the ANCMs

expressed the desire for continued training and mentorship in the management portion of their role. Kelly began researching topics and programs to develop the management portion of their role to prepare them as possible candidates for succession to the NCM role. In December 2017, the Emergency Nurse Association (ENA) developed and deployed their first edition of the "Emergency Department Manager's Survival Guide". This was purchased and a plan for utilization of this guide as a mechanism to mentor and develop the ANCMs management skills for future succession planning was developed. The sections covered in this guide correlated to the components needed of the NCM role such as operations, human resource management, professional development for the leader, quality and safety, legal and regulatory, and finance.

In January 2018, Kelly deployed the guide to the ED Leadership team in an innovative format to match everyone's busy schedules. She used an email conversation format to share the readings, highlight key points, and share her own thoughts about the material. Ongoing chapter-by-chapter review continued in a journaling format via email communication. Kelly initiated the discussion of two chapters at a time along with pertinent attachments of organizational specific information that correlated to the chapter topics. Conversations within the ED Leadership team around the presented topics occurred within the email chain and at the biweekly face-to-face meetings as questions came to mind.

The ANCM team continues to learn and grow from the content and discussion around the ENA material, with guidance from Kelly. Arming the ANCM level with the skills required to be a successful NCM supports a seamless transition in the event of a vacancy in the role.

Structural Empowerment

PACE Promotions & Renewals

Renewals Spring 2018:

Michelle Gutish, MSN, RN,
CCRN, PACE RN4 - NICU

Jennifer Jaeger, BSN, RN,
CCRN, PACE RN3 - NICU

Renewals Fall 2018:

Martina Voges, BSN, RN,
CCRN, PACE RN3 - ICU

Kathy Elia, BSN, RN, IBCLC,
PACE RN3 - Mother/Baby

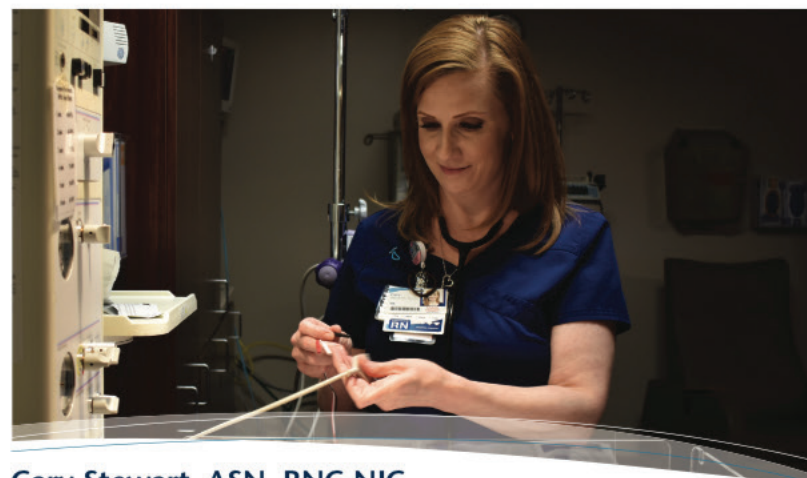
Janet Crucitti, BSN, RN,
CPN, PACE RN3 - Pediatrics

Promoted Spring, 2018



Tara Byrd, BSN, RN, CEN

is a highly skilled emergency room clinical nurse and a PACE RN3. Tara has focused her career on caring for those who are traumatized, and vulnerable. As a Sexual Assault Nurse Examiner (SANE) Tara fosters best practice for evidence and documentation management which supports both compassion and clinical excellence. Tara is a sought-after preceptor for nursing students and newly licensed nurses alike. A peer quote "Tara helps new nurses find confidence and think like an ER nurse!" Because of her expertise and passion for trauma care, Tara was recently promoted to Trauma Care Coordinator for Union Hospital's Level III Trauma Center. Congratulations on your growing career and thank you for serving as an example of nursing excellence.



Cary Stewart, ASN, RNC-NIC

is a Neonatal Intensive Care nurse and PACE RN2. Because maintaining body temperature can be difficult for premature infants, Cary conducted a performance improvement project on hypothermia which included significant peer education to support best-practice in maintaining normal body temperature. Cary volunteers regularly for community events promoting safe sleep and is certified in infant massage. Cary is frequently acknowledged by the families she touches.

Additional Recognition

Over the course of 2018, 4EA and the Therapy department worked collaboratively to dramatically reduce patient falls and injuries on 4EA. The Progressive Mobility trial involved several improvements, including a streamlined tool in the patient rooms, equipment resources such as extra walkers, education for all members of the care team, and a newly hired Mobility Technician.

The collaborative efforts of the nurses, Patient Care Technicians (PCT), Therapy staff including the Mobility Tech, and leadership of both departments proved effective! 4EA reduced their falls 50% overall, and reduced falls with injuries by 70% (from 10 injuries in 2017 to only 3 in 2018)!

Structural Empowerment



Hannah Boyd, BSN, RN, CEN, TCRN

is a certified emergency and trauma care nurse who has a magical connection with pediatric patients, their parents, and their needs. Her experience and knowledge of ER nursing and clinical connection with thousands in our community led her to design parent-friendly education for fever care and correct medication administration. Hannah is an instructor for the Trauma Nurse Core Course and an expert preceptor and mentor. Her affinity for child and adolescent patients was appreciated and recognized with a Guardian Angel Award given by the parents of an adolescent patient. What better compliment than to learn that you “took the fear away” for a child.



Shawn Depasse, BSN, RN, IBCLC

is a Neonatal Intensive Care clinical nurse and PACE RN3. Shawn supports our new mothers as a certified lactation consultant to help them realize their desire to breastfeed. Over the past year, Shawn partnered with a NICU team to develop a diverse educational program to assist parents in recognizing feeding cues, which is an important part of how an infant communicates hunger. She shares her love of babies with her love of sewing and has supported several community agencies by providing handmade blankets and pillow cases to comfort children in stressful situations.



Amy Purdy, ASN, RNC – NIC

is a Neonatal Intensive Care clinical nurse and PACE RN2. Amy has worked this year on assisting peers with education on the “cooling cap” equipment used to care for premature infants with special conditions. This cooling therapy is designed to reduce the demands on the brain in premature infants. Amy assumed the responsibility of making follow up phone calls to parents to learn from their experiences with the nursing care provided. Compliments abound! Amy has expanded her interest in providing the best experience for the NICU patient and family by being a representative to the Maternal Child Services Patient Satisfaction Task Force. From the many recognitions she has received from her patient’s parents – she is living the mission of Union Health.



Spring Eyler, ASN, RN, CMSRN

is a member of our nursing Resource Center and a PACE RN2. Spring delivers excellent nursing care on many units which requires her to have diverse knowledge of patient populations. Completing the Trauma Care After Resuscitation program this year is one way she maintains her clinical excellence. She is the co-chair of the Policy and Procedure committee which has the responsibility of maintaining practices and policies guiding nursing care. Spring was recognized this year for participating in planting the “pinwheel garden” for child abuse prevention month outside the courthouse. Peer clinical nurses know when Spring is assigned to their unit it will be a great day!

Structural Empowerment



Debra Marley, BSN, RN, PCCN

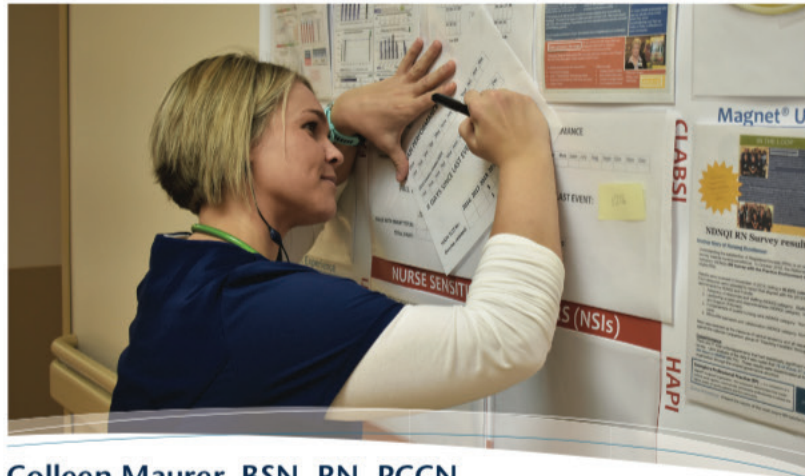
is a clinical nurse and Assistant Nursing Care Manager of 2EB, our designated stroke unit, and a PACE RN3. An active member of shared governance, she serves as co-chair of the Evidence-Based-Practice Council and works with peer clinical nurses to review and implement the best and safest nursing care for our patients. She worked this year on education for her peers on creating a healthy work environment and eliminating bullying in the workplace. For Deb, asking “why do we do that?” is like going on a surprise trip to a new destination – always seek the best!

Promoted Fall, 2018



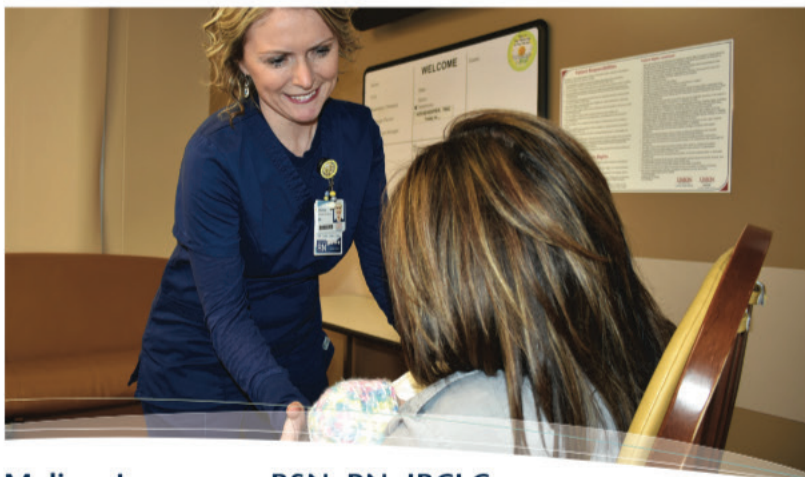
Emily Bradshaw, BSN, RN, PCCN

is a clinical nurse on 2EB, our designated stroke unit, and a PACE RN3. Emily was nominated, and completed, the Leaders on the Horizon program, an educational support for aspiring leaders. As a unit leader, Emily is a co-founder of the 2EB Unit Council and works with the unit team on areas for a healthy work environment and clinical excellence. Emily was recognized many times this year for her exceptional care of patients and families and received this compliment from her patient “every question I asked, she answered”. Emily is passionate about patient education and understanding as a critical part of excellent nursing practice.



Colleen Maurer, BSN, RN, PCCN

is a clinical nurse and Assistant Nursing Care manager on 2EB, the designated stroke unit, and a PACE RN3. Colleen serves as co-chair of the Magnet@ Council and has coordinated the clinical nurse voice in identifying and verifying the many stories of nursing excellence in Union Hospital’s first application for designation as a Magnet@ facility. She is recognized for her passionate clinical knowledge, and her dedication to sharing the contributions of nurses to excellent patient care.



Melissa Lemmons, BSN, RN, IBCLC

is a clinical nurse on Mother/Baby and a PACE RN3. Melissa is both a patient care nurse and a lactation consultant on her unit which allows her a unique opportunity to know her patients. Melissa is a member of the unit-council and worked with her lactation consultant team to educate clinical nurses on breastfeeding practices and policies in support of seeking Baby Friendly USA Designation. Melissa has a passion for teaching and prepared several topic sections for the annual Maternal-Child Services education blitz in support of breastfeeding and clinical nurse comfort in assisting our new mothers.

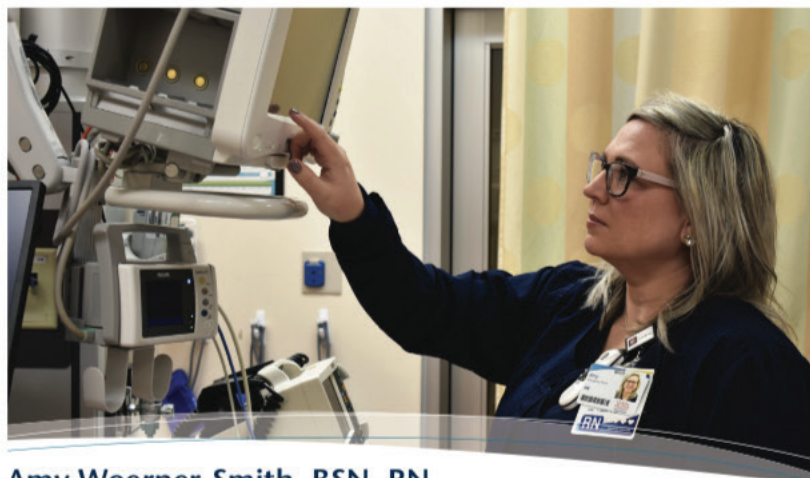
Structural Empowerment

Promoted Fall, 2018



Jennifer Wright, ASN, RN, ICCE, IBCLC

is a clinical nurse on Mother/Baby and a PACE RN2. Jenny is a certified lactation consultant who assists women in attaining their goals for breastfeeding whether in the Labor Room, NICU, Pediatrics or any area of the hospital. She builds a nurse-patient bond before delivery because she is also a certified childbirth educator. After reading a CDC update on cleaning breast pump pieces, Jenny initiated a policy change and designed new patient education to insure correct cleaning techniques were used to eliminate the opportunity of bacteria passing to the baby. Jenny is a leading advocate for infant safety and best-practice in nursing excellence for babies and mothers.



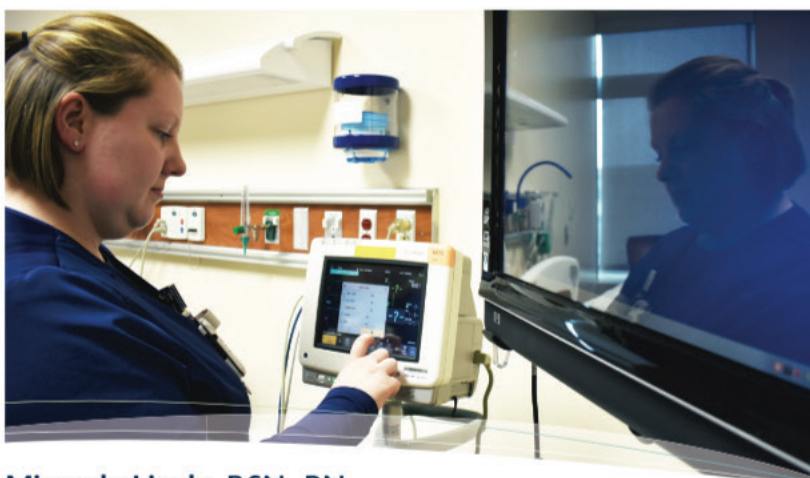
Amy Woerner-Smith, BSN, RN

is a clinical nurse in the Emergency Room and a PACE RN2. Holding baccalaureate degrees in both nursing and community health provides Amy with a unique sense of how community and ER care merge and support one another. Amy is a certified Car Seat Safety Technician and participates in car seat safety clinics throughout the area. Keeping our children safe is one intervention she provides to help reduce preventable injury and trauma. Amy is a member of the ER Unit Council working with peers to review scheduling practices, workflow design and events to support a healthy work environment.



Megan Souder, BSN, RN, PCCN

is an Assistant Nursing Care Manager on 2EB, the designated stroke unit, and a PACE RN3. Megan worked with her peers to design a unit orientation resource for new nurses joining the team on 2EB. Throughout the year, Megan has shared best-practice information on stroke and stroke care in support of our designation as a Primary Stroke Center. Megan supports community efforts in Alzheimer's research and care. She is a recognized resource for this specialty and for welcoming staff to 2EB as a "family of nurses".



Miranda Lively, BSN, RN

is a clinical nurse on 2EB, the designated Stroke Unit, and a PACE RN2. Patient safety is a particular focus with Miranda. She worked with a team to develop an educational video on the I-Bed safety feature of the patient beds. This project increased peer knowledge and use of technology for patient safety. Miranda serves as a charge nurse, preceptor and capstone preceptor which she feels have been great opportunities to organize and prioritize patient care. She is both a patient advocate and a peer advocate through her work with the 2EB Unit Council.

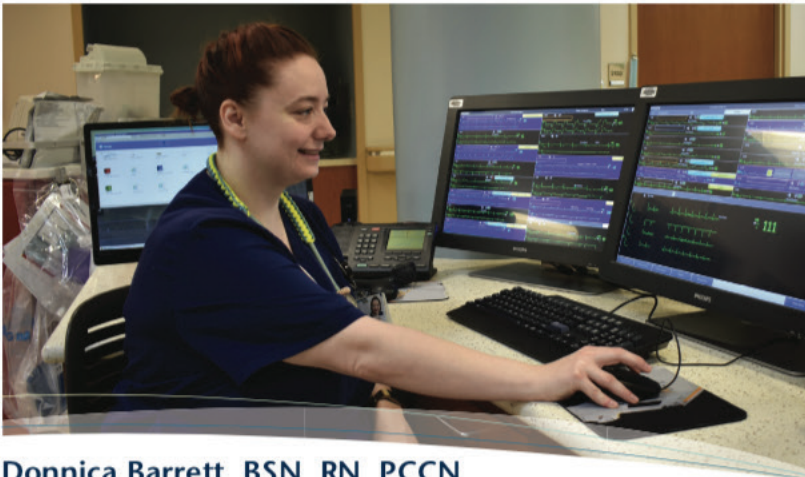
Structural Empowerment

Promoted Fall, 2018



Kara Wilson, BSN, RN, CEN

is a clinical nurse in the Emergency Room and the first of the PACE nurses to advance a level to PACE RN3. Kara is one of the founding nurses of the Sexual Assault Nurse Examiner (SANE) nurse team and continues to work on best-practice implementation for that patient group. Kara is a member of the inaugural Nurse Mentor program in the ED and has served as a resource, guide and support for a new ED registered nurse – the goal being increased engagement and retention on the unit. She is also a veteran nurse voice, with over 10 years ER experience, to the unit-council and shares her passion for excellent patient care and patient advocacy in that venue.



Donnica Barrett, BSN, RN, PCCN

is a clinical nurse on 2EA, cardiac telemetry, and a PACE RN3. She has a passion for working with students, new graduates, and new clinical nurses on her unit. Donnica was recognized by a physician for her astute assessment skills in identifying and communicating a patient change in condition. She is a patient advocate and models those behaviors well. Donnica is active in the Professional Practice and Development Council of shared governance helping to plan educational programs and support nursing certifications.



Tammy Walker, BSN, RN

is a clinical nurse on Labor & Delivery and a PACE RN2. As an experienced Labor & Delivery nurse, Tammy has shown leader qualities within her team and with the many new nurses and students she supports as a preceptor. Tammy is a member of the unit council and works with her peers to create an informative education piece for patients scheduled for induction of labor. Her commitment as a patient advocate is known among her peers a voice for women in labor who may not have a strong support system. Tammy is active in reviewing policies against the most current evidence in support of patient safety, positive outcomes, and satisfaction in the birthing experience.



Amy Vincent, BSN, RNC-OB

is a clinical nurse on Labor & Delivery and a PACE RN3. Amy is a Fetal Monitoring Instructor and provides that specialty training to registered nurses and medical residents. Her active participation in OB nursing national and state professional organizations has allowed her the opportunity to introduce new technologies and advances in evidence-based practice. She currently serves as the secretary/treasurer of the Indiana Chapter of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Amy was asked to share her knowledge with her peers by presenting on preeclampsia at the department's annual education blitz. Amy is a sought after preceptor and mentor for peers and students – her passion for clinical excellence and patient advocacy are well known and highly respected.

Growing Daisies

Union Hospital is proud of the care delivered by the nursing team. This pride stretches into recognition of jobs well done and care that is above and beyond expectations. In 2018, Union Hospital began awarding the DAISY award® for extraordinary nurses. The DAISY award® is a national platform to recognize excellence in nursing care. Two Registered Nurses (RN) were awarded this prestigious honor in 2018 after nominations from patients or colleagues and selected by a team of their peers from an ad hoc team of the Professional Practice and Development Council. Read their stories below:



Congratulations DAISY Award Winner!



Erin Straw, BSN, RN, 2EC Intensive Care Unit

"Erin has shown a true compassion for her career. My client was in ICU and is a total assist type of patient, only having full function of her right arm. Erin would take the time from her busy schedule and order all meals for my client as well as preparing the plate of food which allowed my client easier ability to eat. Erin took the time to braid my client's hair after making sure her personal hygiene was complete. Erin spoke to my client using terminology that she could understand. Every 30 minutes Erin would peek her head in the room to see if we needed anything or if she could be of assistance. I have been with my client for close to 5 years and Erin is the first medical personnel I have come across who treated my client with such respect and compassion. Erin would come in the room smiling and eager to help. Erin listened to the advice of her co-workers who had cared for my client. I cannot speak highly enough of Erin."

Do you know a nurse deserving of recognition, check out the DAISY award® nomination forms located online at <https://www.myunionhealth.org/about-us/nursing-excellence/daisy-award-form> or at each nurses station.



Congratulations DAISY Award Winner!



Brittney Sampson, ASN, RN, 2EA Telemetry

"My 91-year-old grandmother was readmitted to Union after her hip replacement. She was admitted to 2EA due to her history of A-fib. Brittney Sampson was so compassionate to my grandmother during her 4-day stay. My grandmother was having very intense pain and then later required frequent bed changes. As a nurse myself, I know she was a heavy patient in Brittney's already busy day. Brittney always took the extra time with my grandma and went out of her way to answer questions of myself and numerous other family members that were present daily. Brittney really took the lead in coordinating her many doctors to get a plan in action for my grandmother and to get her feeling better. Grandma was finally discharged to Providence and is doing well. My whole family was very impressed with Brittney and to thank her from the bottom of our hearts."

"Brittney was truly caring and compassionate. When my mother-in-law was a patient, Brittney answered our questions and if she didn't know she found out from someone who did. She kept us informed on all test results and procedures. She showed genuine concern for her patient's comfort and needs and was quick to provide her or us with anything needed. She understood our concerns and was always willing to help. She is a true asset to UH and we hope she will be acknowledged as such.

Thank you, Brittney."

Structural Empowerment

Reducing Time to Save Cardiac Tissue

The Union The Union Hospital Emergency Department (ED) sees over 55,000 patients annually with an estimated 8,000 patients presenting with chest pain. As an accredited Chest Pain Center through the Society of Cardiovascular Patient Care, this patient population receives evidence-based care by following the standardized guidelines for best practice.

Problem

In November 2017, the Chest Pain (CP) Committee members were preparing for the upcoming accreditation visit. During their review, a performance issue was noted related to increasing door-to-Percutaneous Coronary Intervention (PCI) times. Chest pain standards detail the desired time from arrival in the ED to treatment with PCI for a patient suffering a myocardial infarction (MI) be 90 minutes or less. Our ED data noted mean door-to-PCI times above 60 minutes. While this outperforms the best practice of 90 minutes or less, quick intervention contributes to better patient outcomes, and the department desired a higher standard of care.

The Ad Hoc team made up of key stakeholders in the care of this patient population noted a big contributor to the delay was the time it took for labs to result out, specifically the door-to-troponin result time.

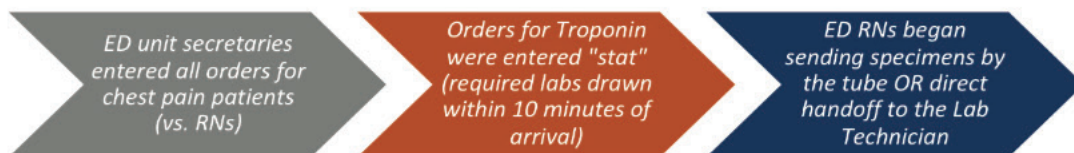
Goal

The Ad Hoc team recognized that a key component to reducing door-to-PCI time was ensuring troponin lab values were available as quickly as possible (within 60 minutes of arrival to the department). As a result, a goal was set to reduce the overall door-to-PCI time by focusing on the door-to-resulted troponin time. Achieving this goal required multiple milestones to be met for each patient including: door to ordered troponin of less than 5 minutes; door to collection of troponin of less than 11 minutes; and door to resulted troponin of less than 60 minutes (the time the lab result is posted in Cerner).

Intervention

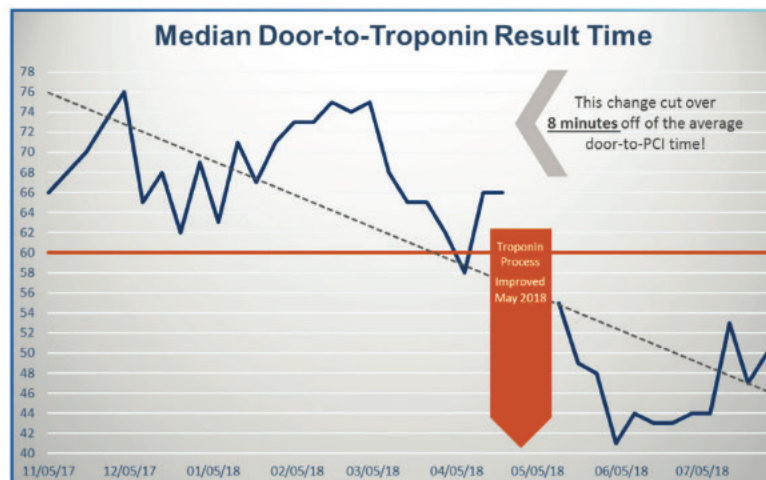
The complexity of this patient population required two distinct cycles of refinement to improve the outcome. After observations by a focus group, the process was altered to include affixing a yellow "stat" sticker on blood specimen tubes when a troponin was drawn. When this failed to improve the outcome, the nursing and laboratory staff went back to the drawing board.

In April and early May 2018, 70 observations of the process were completed to examine the process from collection of the specimen (ED) to specimen handoff (ED and Lab) to resulting in Cerner (Lab). The observations found several opportunities where the process could be improved. On May 4, 2018 a three-pronged intervention was implemented based on the observations.



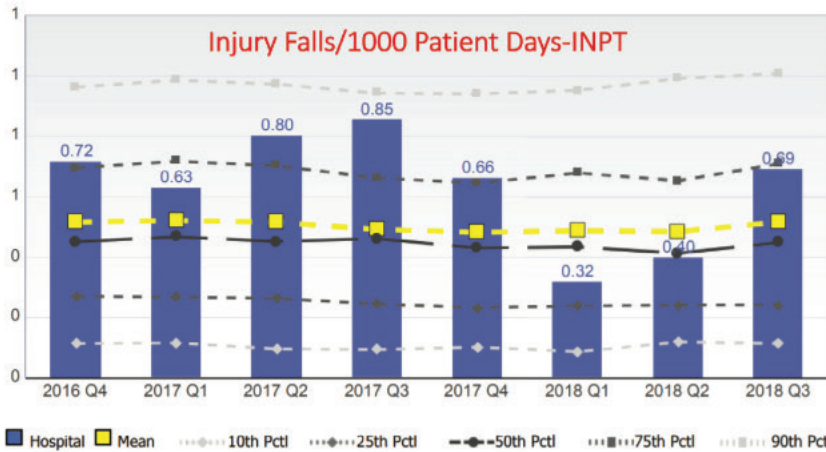
Outcome

All the moving parts on the intervention came together to create a consistent, standardized, interdisciplinary solution to the problem. A chest pain patient before the intervention waited on average 58-75 minutes before a troponin result was available and a treatment plan was set into motion (up to and including a PCI). The outcome of improved door-to-PCI time was greatly impacted by the focus on one aspect of a complex patient population. Through careful observations, honest evaluation, and true ownership of the problems, the patients reap the benefit of prompt results and timely treatment.



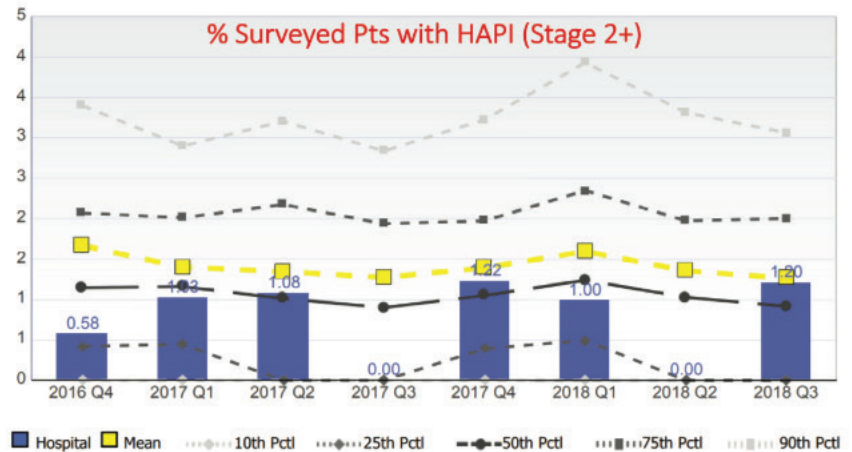
Nurse Sensitive Indicators Improving!

Nurse sensitive indicators have improved over the course of 2018! The graphs seen here depict the results for Union Hospital overall, but several units have made major improvements. Here are some highlights:

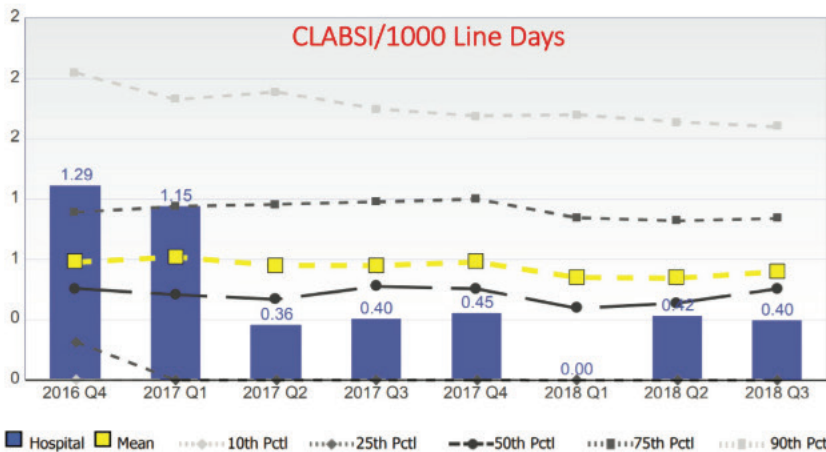


- 4EA achieved a 30% reduction in falls and an 80% reduction in falls with injury by June 2018!

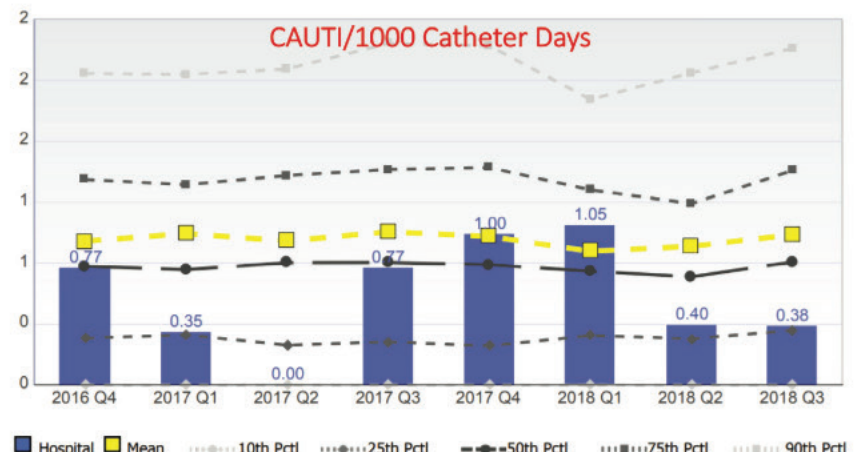
- 2EA reduced falls...with ZERO patient falls in July, September, & October!



- HAPI has been consistently well below the mean for 2 whole years!



- ICU achieved just over one year without a CLABSI!



- Overall reduction in CAUTI across the house – with new CAUTI Champions educated across multiple units.

NDNQI RN Survey Finds a Hidden Gem in 2West Pre/Post Cath RNs



Understanding the satisfaction of Registered Nurses (RNs) is an essential part of Union Hospital's journey towards nursing excellence. In October 2018, the National Database of Nursing Quality Indicators' (NDNQI) RN Survey with the Practice Environment Scale (PES) was issued to 578 eligible RNs. Results were received in November of 2018, noting a 90.83% overall participation rate (525/578).

Each year the results are carefully analyzed by nurse leaders and unit

staff to best understand how and where to impact the work environment. Results are considered at the unit level and assessed for outperformance. The results of the 2018 survey found that **18 of 21 units (85.7%) scored better than the mean** (NDNQI benchmark) in at least three of the four selected categories. This far exceeds the minimum requirements of the Magnet® Application Manual and represents improvement from previous years.

This year it was noted that the RNs on 2West Pre/Post Cath outperformed the mean in every single category of the PES! An analysis of the last 3 surveys revealed that 2West RNs were not happy with their work environment (2015, 2016, and 2017 scores). In fact, in 2016 and 2017 they outperformed in 0/4 categories, and only outperformed in 1/4 categories in 2017. Brenda Williams, BSN, RN, CMSRN, Nursing Care Manager of 2West, notes that the staff cannot pinpoint one single change that improved their work environment so drastically. Rather, she notes continued transparency and honest communication with one another, good rapport with physicians, rounding with physicians, and working as a team have contributed to the successful survey scores.

This unit has experienced drastic changes in staffing, patient types, and even their unit name over the last few years. Despite major changes that impact their work environment drastically, they have rallied together as a team and improved! Brenda notes positive changes have been occurring within the unit and in support of the unit, including their new Clinical Educator Jamie Readinger, MSN, RN, CCRN; more information about PACE; and increased interest in pursuing professional certifications. Brenda's team continues to be engaged at the hospital level and is showing growth in key areas of nursing performance!

This is really a great group of people. Their hearts are in the right place and they care about their patients, each other, and doing the right thing.

Brenda Williams, BSN, RN, CMSRN

Improving Operational Efficiency Across Departments

Seamless Care for Patients and Caregivers.

Providing quality patient care from one department to the next comes with a special set of challenges, particularly when one department is a contracted service. Inpatient dialysis services at Union Hospital are provided by a contracted agency housed within the hospital. To ensure patients receive quality care at the best cost, the manager of the dialysis unit collaborates well with Union Hospital leaders to improve patient care. Amber Fennell, BSN, RN, CMSRN is the Nursing Care Manager (NCM) for 4EA, Medical, a unit that frequently cares for patients in renal failure requiring dialysis treatments. During a monthly operations meeting between representatives from Union Hospital and the dialysis service in early 2018 it was noted there were significant ongoing costs associated with delays in dialysis treatments. Amber recognized that these costs represented a direct impact on patient care and satisfaction resulting from delays in treatment and frequent scheduling changes.

In February 2018, Amber met with Susan Chambers, BSN, RN, CCRN, Associate Director of Medical-Surgical Nursing. Susan and Amber reviewed the quality, safety, and finance metrics of the inpatient dialysis service. They discussed the implication of delayed dialysis treatments for patients. It was determined a better understanding of causative factors was necessary to address the issues surrounding the delays. Amber worked with the dialysis manager to formulate a process for daily communication of the rationale for each delay, emailed to pertinent nurse leaders.

After a thorough analysis of the data, two major reasons for preventable delays were identified including issues with meal trays and transportation. Patients were not receiving meal trays in time to go to the morning dialysis appointments, resulting in their refusal to leave the unit on time. Additionally, the morning dialysis breakfast trays had restricted options (versus the full room service menu) due to the early hour they needed to be delivered to the unit. Transportation issues were found to be related to a lack of process and expectations for the Transporters, resulting in inconsistent dialysis treatment start times.



4EA nurses and leaders worked with Nutrition Services, Fresenius Inpatient Dialysis and the Transporters to safely and efficiently improve patient care by decreasing dialysis delays.

In May 2018, Susan, Amber, and the dialysis manager met to formulate an action plan to address the dialysis delays. Leaders from Nutrition Services and Imaging Services (supervisors for the Transporters) were contacted to review delays and assist in formulating action steps to reduce late trays and transportation delays. Changes were made quickly to ensure the delays were addressed with methods that met every stakeholder's needs including:

- A paper dialysis patient menu is faxed to dietary daily to ensure patients receive an early breakfast tray with food choices selected by the patient, thus preventing late trays with dissatisfying menu offerings.
- Transportation delays were addressed by utilizing a newly designed transport log sheet that tracks the pick-up and drop-off of patients to and from the dialysis unit. Any deviation from the 30-minute pick-up/drop-off times is reviewed with the Transporter and his/her manager.
- When delays occur on other patient care units, Amber contacts that specific NCM with the reason for delay, allowing for appropriate staff education and follow-up to occur.

Collaboration between leaders and clinical staff from nursing, dietary, dialysis, and the Transporters allowed the process to be improved. This collaboration, in addition to the input of key stakeholders that owned the issues around the delays, led to consistent and sustained operational improvement through the remaining quarters of 2018.

NICU Research Study Update

In the Summer of 2018, data collection was completed in the NICU to participate in a study about patient outcomes and parent satisfaction. Union Hospital was selected as one of 24 NICUs in the United States to collect data through a written parent survey given at the time of the neonate discharge to home. This study is one arm of a three-part national multi-hospital study funded by the Association for Healthcare Research and Quality (AHRQ).

Between July 23, 2018 and August 24, 2018 **Debra Marley, BSN, PCCN, 2EB** Clinical Nurse; **Spring Eyler, ASN, RN, CMSRN**, Resource Center Clinical Nurse; and **Amy Allen, MSN, RN, AGCNS-BC**, Med-Surg Clinical Nurse Specialist interviewed the parent(s) of 10 infants within 24 hours of their anticipated discharge. If the parent(s) consented to participate, they were issued a written survey which was then placed in a sealed envelope. Each survey was returned to the University of Pennsylvania for analysis by the lead researcher.

At this time, many of the other 23 facilities have wrapped up data collection and the analysis phase of the study begins in early 2nd quarter 2019. Once analyzed, webinars will be scheduled for participating organizations to understand their individual data. Stay tuned to learn more!

Thank you to Jennifer Harrah, BSN, RN, CNML, NCM of NICU; Jaimee Goodman, MSN, MBA, RN, CNML, System Service Line Director of Women and Children's Services; and the Clinical Nurses of the NICU for your help in this study!

Congratulations to our New Degree and Certification Recipients!

New Degrees in 2018:

2EA
Hallie Talpas, BSN
2EB
Sydney Turner, BSN
2EC
Matthew Pape, BSN
3EA
Emily English, BSN
3EC
Megan Temples, BSN
3EC2
Brittany Low, BSN
4EA
Taylor Criss, BSN
4EC
Lisa Purcell, BSN
Crystal Shannon, BSN
ED
Kara Wilson, BSN
Amy Compton, BSN

Labor & Delivery

Melissa Hunt, MSN
Mother-Baby
Leanne Woodfall, BSN
Pediatrics
Whitney Cruse, BSN
2WD
Diana Elmore, BSN
Jennifer Knowles, BSN
PACU
Paula Harden,
BSN
Resource Center
Ashley Collins, BSN
Brakayla Hillis, BSN
Quality Management
Jennifer Greiner, MSN
Michelle Comer, BSN
Diabetes Education
Dale Voges, MSN
Clinical Educators
Jennifer Walker, MSN
Heather Hargis, MSN

New Certifications in 2018:

2EB
Emily Bradshaw, PCCN
Colleen Maurer, PCCN
Megan Souder, PCCN
2EC
Kerri Archer, CCRN
Dennis Boyd, CCRN
Shawntae Brewer, CCRN
Angelica Hughes, CCRN
Garry Payne, CCRN
Jade Wright, CCRN
3EA
Robin Mullen, ONC
Jamie Poore ONC
4EC
Crystal Shannon, CMS-RN
ED
Whitney Bartley, CEN

NICU

Tara Littlejohn, RNC-NIC
Labor & Delivery
Amy Vincent, RNC-OB
Mother-Baby
Tiffany Moseley, RNC-MNN
Surgical Services
Melissa Harper, CNOR
Cardiac Rehab
Kailee Burdick, CNE
Ashley Davis, RN-BC
Carla Reinoehl, CCRP

Nurses who obtained a NEW certification or degree in 2018 that were not featured in this edition should contact Amy Allen at alalen@uhhg.org to ensure you're added to the next edition!



Evidence Based Council members met to discuss the progress of the new method of urinary management.

Innovation in Urinary Management

Creative problem-solving is required in the ever-changing world of healthcare. Often an age-old problem can be mitigated with innovative ideas or solutions. In 2018 a new method of urinary management was introduced to reduce the utilization of urinary catheters, in an effort to prevent the risk of infection.

Catheter-associated urinary tract infections, or CAUTIs, are associated with increased morbidity, mortality, and costs. Female patients are at a higher risk of developing a CAUTI and

yet they are 61% more likely to have an indwelling urinary catheter while hospitalized. In early 2017, Annette Smith, MSN, RN, AGCNS-BC, Clinical Nurse Specialist ICU/Telemetry noticed chatter on the National Association of Clinical Nurse Specialists (NACNS) listserv about emerging female external catheters to reduce the utilization of indwelling catheters in the hospitalized patient. Male external catheters (Texas/condom catheters), have been relatively mainstream as a practice option for years. Female external catheters were starting to grow in popularity as an option on the market, with two brands available at that time.

Product trials were completed on 2EB in 2017, with each of the two-available female external catheters considering ease of use, leakage of urine in the bed or within the tubing and collection systems, patient satisfaction, and desire to continue using the product. Both products had similar features and collected urine in the same way (through a proprietary system of suction tubing, absorbent sock, and wicking soft cover with a silicone sleeve) and used the existing wall suction set up in the patient rooms.

By March 2018, the first device trialed was recommended for full adoption by the clinical staff of 2EB and the Evidence Based Practice (EBP) Council. The product was brought on as an alternative to the indwelling urinary catheter specifically for female patients. Education was completed through a variety of methods in May 2018, including classroom sessions, rounding presentations by the representative, training of clinical experts at an EBP Council meeting, and by continued rounding “just in time” training through June when a patient was using the device or had an indwelling catheter and met criteria to use this product instead. The device was made available in the supply closets of all inpatient units on May 16, 2018.

The device itself represents an innovative, cost-effective, and efficient nursing process to manage urine in female patients that may have previously had an indwelling urinary catheter anchored. Random audits of indwelling urinary catheter utilization were completed as Annette rounded through the units to coach and educate, and by early June, a 17% decrease in female indwelling urinary catheter utilizations was recognized (from 61.4% in May to 44.4% in June). Clinical nurses have continued to share feedback, especially as their skepticism has turned to praise!

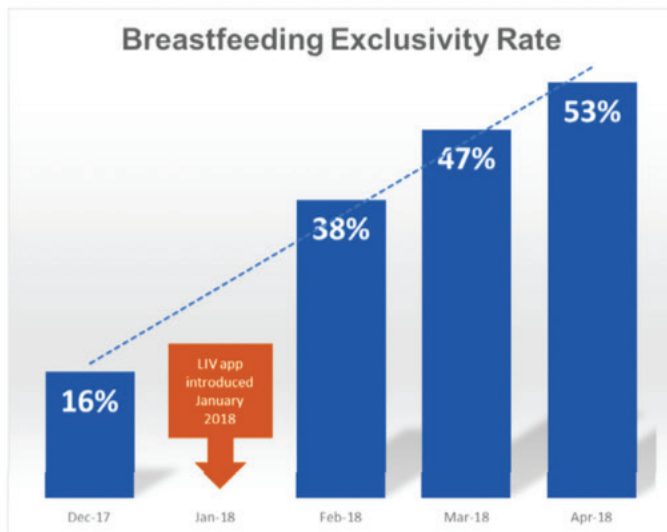
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a new method, idea, product

Improving Breastfeeding through Technology

Breastfeeding exclusivity, defined as infants that receive all nutrition solely from breastfeeding, is the best practice that hospitals and ambulatory care settings are encouraged to strive for in newborn care. Support and education greatly influence a patient's breastfeeding relationship with their new infant, and this often expands



well beyond the hospital experience. Perinatal Nurse Navigators were already in place and employed by Union Hospital to be present in affiliated obstetrical providers' offices. This translates to about 70% of the over 2,000 births at Union Hospital annually being impacted by the work of these navigators. Their role is to provide perinatal education, support, and resources leading up to the patients' deliveries and post-partum care.

In the fourth quarter of 2017, Hicham Rahmouni, MBA and Daniel Hardesty, MPA from the Richard G. Lugar Center for Rural Health, A Division of Union Hospital; along with Jaimee Goodman, MSN, RN, CMNL, Women and Children's Service Line Director attended a meeting hosted by the Indiana State Department of Health (ISDOH) for recipients of the Safety PIN grant (dedicated to reducing infant mortality). There,

Hicham, Dan, and Jaimee were introduced to the "LIV" app. LIV, pronounced "live", is an app created by the ISDOH to assist healthcare providers in improving infant and maternal health in Indiana. It is designed for patients to download to their phone or tablet for easy access to education, information, and Indiana resources.

The trio introduced the Navigators, including Shane Wilson-White, BSN, RN; Sarah Fagg, MSN, RN; and Amy Spitler, BSN, RN, RNC-OB, to the app in December 2017. At that time the rate of exclusive breastfeeding for Union Hospital was only 16%. The Navigators set a goal to increase breastfeeding exclusivity rates in the post-partum period by using features of the app during their prenatal teaching with patients.

The Navigators began using the LIV app instead of paper teaching materials in January of 2018 for breastfeeding education during prenatal visits, encouraging expectant parents to download the app on their own device for access to the material at any time. The navigators utilized the "breastfeeding benefits" and "breastfeeding fact sheet" sections specifically to teach expectant mothers about benefits of breastfeeding for both the mom and the baby.

This simple change dramatically increased breastfeeding exclusivity. By April 2018 the rate of exclusive breastfeeding was up to 58%. Using a teaching tool that puts the material readily available in the patients' hands has helped promote a breastfeeding culture at the time of delivery and in the post-partum period.

Union Hospital was designated as a Baby Friendly facility in January 2019 as a result of the hard work and dedication of the clinical nurses of the Women and Children's service line.



Our Nursing leadership team discusses best practices with HFAP surveyor.

Our Future: Nursing at Union Health

As our system becomes more aligned to provide the highest quality healthcare, the future of nursing will grow and change. Many things are on the horizon and each is designed to ensure Union Health is stronger, more resilient, and prepared for the future. Here's a peak at what is in store for the nursing division in 2019 and beyond.

Union Hospital Terre Haute

- Preparation for the next phases of the Magnet® journey to excellence, including an anticipated site visit to validate our excellence
- Progressive Mobility has expanded and is in the early stages of implementation on 2EA with a second Mobility Technician starting in late 2018
- The recently formed PCT Council is developing a recognition program for non RN staff that are a crucial part of the care delivery team. Dubbed the "Sunshine Award," this program will complement the DAISY award® program in place for registered nurses.
- Nurse Practitioner managed observation unit on 4EC
- HFAP triennial survey
- Patient safety fair
- Remote Sitter deployment
- Transition to Real Time for patient experience survey
- Continued Cerner enhancements

Union Hospital Clinton

- Gap analysis and preparation to pursue American Nurses Credentialing Center's Pathways to Excellence designation
- Alignment and participation in Shared Governance structures with UHTH
- HFAP annual survey
- Expansion of the PACE program to Clinton
- Patient safety fair
- Telemetry remotely monitored from Terre Haute
- Transition to Real Time for patient experience survey
- Continued Cerner enhancements

