

Dear Colleague:

2006 was a remarkable year for Bronson as our organization achieved a number of significant milestones that have put Bronson in the national spotlight for clinical excellence. Notably, the 2005 Malcolm Baldrige National Quality Award, selection as a Solucient 100 Top Hospital, and being one of just three hospitals in the U.S. recognized by the American Hospital Association for leadership and innovation in quality, safety and patient care. We are also proud to continue to be named by *Working Mother* magazine as one of the nation's 100 best companies to work for.

These achievements are the result of the dedicated efforts of Bronson nurses, in partnership with fellow employees and our medical staff, to collectively raise the bar on performance to reach Bronson's vision of being a national leader in healthcare quality. Thanks to you, Bronson patients and families can expect to receive care and service that meets or exceeds the highest national standards.

On behalf of the Board of Directors and Bronson's executive team, thank you for your commitment to nursing excellence. I am proud to be associated with you!

Sincerely,



Frank J. Sardone
President & CEO



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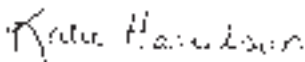
Dear Colleague:

Bronson's vision is to be a national leader in healthcare quality. Nurses at Bronson help us achieve that vision on a daily basis through their constant pursuit of excellence. We continuously challenge our practice by "raising the bar" to higher levels. Our nurses practice in a professional environment where patients and families come first. Nurses at Bronson strive for the best possible outcomes for our patients.

As our journey continues, it is important to pause and reflect on our accomplishments and celebrate our achievements. As the Chief Nurse Executive, I am honored and proud to share the 2006 nursing outcomes booklet with you. The outcomes presented in this book represent the synergy of combining leadership, expertise, pride, respect and compassion to demonstrate the impact that nurses have on achieving our vision.

Thank you to all of our nurses for their passion and commitment to excellence for our patients and their families.

Sincerely,



Katie Harrelson, MSA, RN
Vice President, Patient Care Services
Chief Nurse Executive



BRONSON'S PHILOSOPHY OF NURSING EXCELLENCE

Bronson nurses believe that nursing excellence results when leadership, expertise, pride, respect and compassion interconnect to form unique relationships with their patients, families, colleagues and community. The impact of these synergistic forces is evident as their patients and families become partners in care while gaining strength and independence and as the community at large transitions into a healthier society.

Bronson's healing environment creates a quality atmosphere where patient safety and timeliness in the execution of work are daily top priorities. Nursing practice is patient- and family-centered, evidenced-based and autonomous within an integrated care delivery system. Empowerment via shared decision-making and nurse autonomy is essential to reach and sustain nursing excellence.



LEADERSHIP

Accountability, coaching, coordination of care, flexibility, promoting a healthy work environment, loyalty, mentoring, professional organization participation, risk taking, shared decision making, team building

EXPERTISE

Autonomy, competency, critical thinking, evidence-based practice, interdisciplinary collaboration, peer review, professional development

PRIDE

Affirmation, engagement, commitment, creativity, innovation, recognition, role modeling, role satisfaction

RESPECT

Acknowledgment of patient autonomy, partnership and collaboration with patients, families and colleagues in care and decisions, diversity of thought and knowledge, ethics, forgiveness, honesty, trust

COMPASSION

Advocacy, caring, comfort, empathy, holistic, resiliency, understanding of patient and family needs

IMPACT

Clinical excellence, cost effectiveness, efficiency in care delivery, healing environment, safety

Purpose Statement

Bronson will be a national leader in nursing care quality by providing excellent nursing services using evidence-based practices. Guiding professional practice will be the focal points of information sharing, dignity and respect, and partnership and collaboration with patients, their families and the community.

Trauma & Emergency Services

Composition

- Trauma & Emergency Center (T&EC)
- ExpressCare
- Clinical Decision Unit (CDU)
- Trauma Program



Neil Johnson, MSA,
BSN, RN, CEN
Nursing Executive
Director

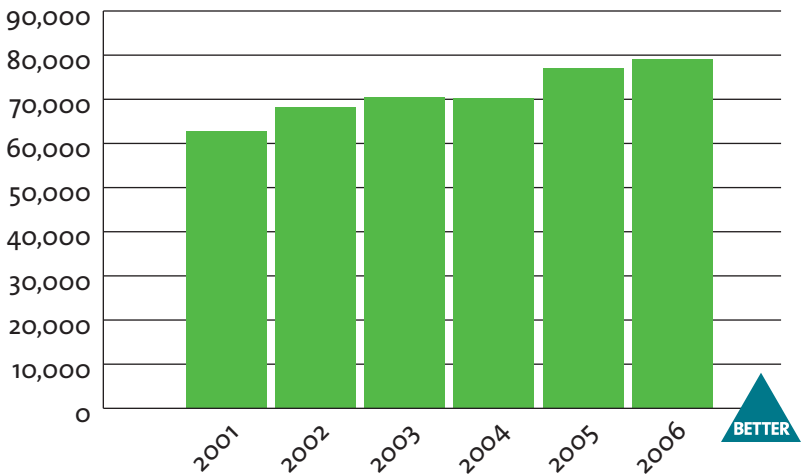
Management Team:

Area	Nurse Manager	Unit Coordinators	Shared Governance Leaders
Trauma & Emergency Center	Carrie Kotecki	Carolyn Allen Mark Durham Susan Mastenbrook Steve Polega	Laurie Sweet Laura Temple
ExpressCare	Carrie Kotecki	Sue Wilton	
Clinical Decision Unit	Carrie Kotecki		
Trauma Program	Rita Cox		

2006 Highlights for Trauma & Emergency Services

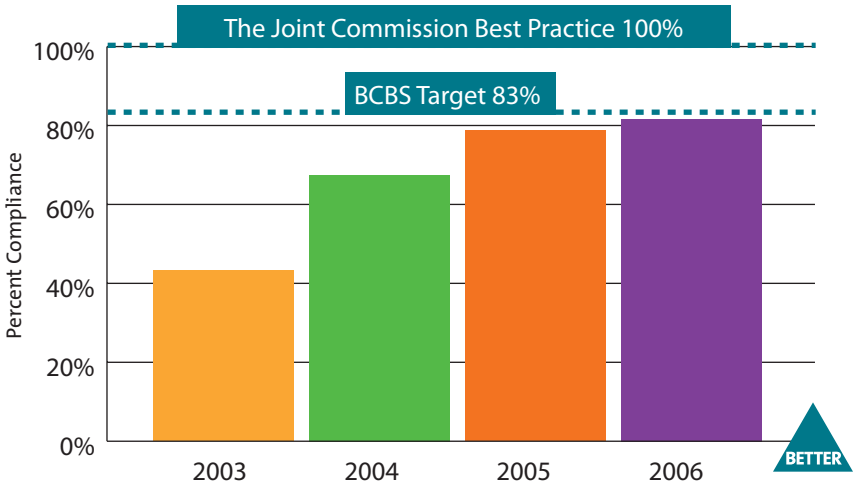


Emergency Room Visits



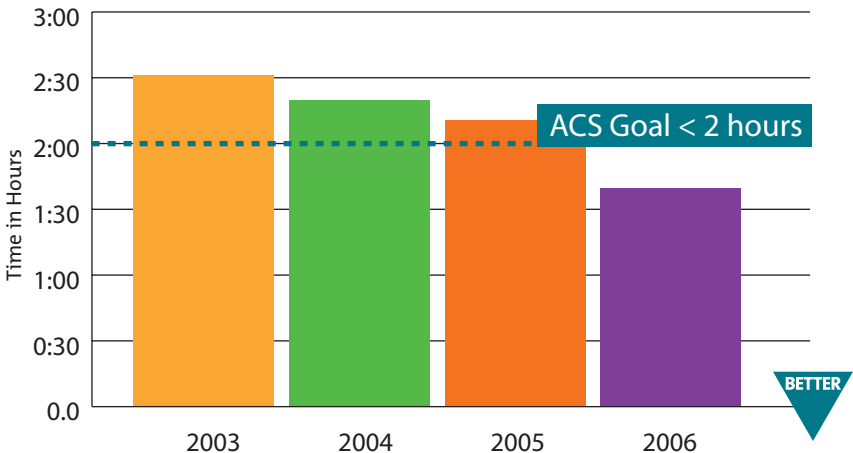
Antibiotics Given in 4 Hours Community Acquired Pneumonia


Research demonstrates that patients who receive their first dose of antibiotic within four hours of admission have a significantly decreased risk of mortality. The T&EC has made significant improvements towards the Blue Cross Blue Shield (BCBS) target for Michigan of greater than 83 percent and the best practice target of 100 percent.



Emergency Department Length of Stay for Alpha Trauma Activations

The American College of Surgeons (ACS) has defined the national goal for length of stay in the ED as less than two hours.





I want to send a message of appreciation for the wonderful care my wife received from all of the staff at Bronson Hospital. My wife had outpatient surgery on her shoulder in February. She had excellent care in the outpatient department. I took her home in the afternoon. We both took a nap. When we awoke, I suspected that I was having a stroke. I immediately called friends. One friend stayed with my wife while the other drove me to Bronson ER. The ER staff immediately started assessment of my condition. I was admitted to two nights for observation and received the full range of diagnostic testing. While I was inpatient, I received excellent care. All of the staff from the doctors, nurses, PCAs, the transporters to the dietary staff were knowledgeable, helpful, sensitive and caring. My wife came back to the ER soon after with dehydration and a severe migraine. She again received the same excellent care. These three days were a nightmare for our family, but the Bronson staff made the situation much more manageable because of their concern. Please relay our appreciation to your staff. We recognize their hardwork and appreciate their high level of skills in dealing with us both physically and emotionally.

Sincerely,
P. B.

Inpatient Surgical Services

Composition

- Surgical Intensive Care Unit (SICU)
- Orthopedic Neurological Unit (ONU)
- Stomal Therapy
- House Manager/Clinical Bed Coordinators
- Regional Referral Center



Julianne Williams,
BSN, RN

Nursing Director

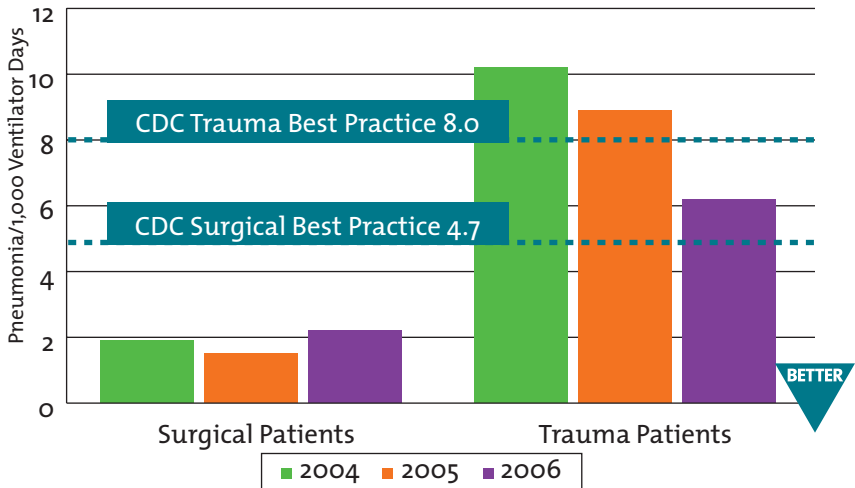
Management Team:

Area	Nurse Manager	Unit Coordinators	Shared Governance Leaders
Surgical Intensive/Trauma Intensive Care Unit	Mary Hood	Caryla Marsh Sally Ossewaarde Josh Ruhrop	Jackie Axe Gwen Boyle Jean Minger Candy Porter
Ortho/Neuro Unit	Sara Zuidema	Steve Allen Julie Stroh	Denise Heath Heidi Phillips
Stomal Therapy	Mary Hood		
House Manager/Clinical Bed Coordinators			
Regional Referral Center			

2006 Highlights for Inpatient Surgical Services

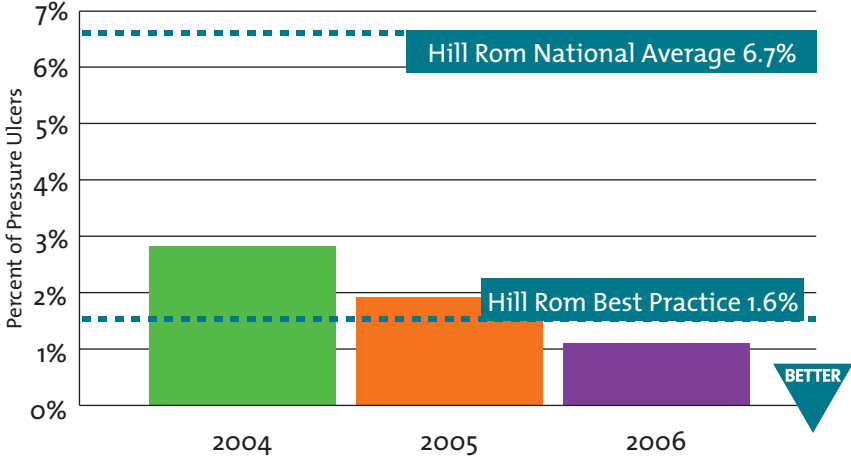
Surgical Intensive Care Unit Ventilator Associated Pneumonia Rate

Through Keystone, SICU has seen significant improvements in their VAP rate and have outperformed 90 percent of the hospitals across the country by achieving the Centers for Disease Control & Prevention (CDC) 10th percentile. The CDC's 10th percentile is based on less than 2.2 surgical patients and less than 4.3 trauma patients acquiring VAP.



Ortho/Neuro Unit Hospital Acquired Skin Breakdown

Hill Rom indicates that the national average for hospital acquired skin breakdown is 6.7 percent. Best practice is less than 1.6 percent.



Cardiology Services

Composition

- Medical Intensive Care Unit (MICU)
- Cardiac Telemetry Unit
- Post Procedure Unit (PPU)
- Volume Influx Pool (VIP)
- Cardiac Cath Lab
- Cardiovascular/Ultrasound Services
- Cardiac Rehabilitation



Michelle Link, BS, RN
Nursing Director

Management Team:

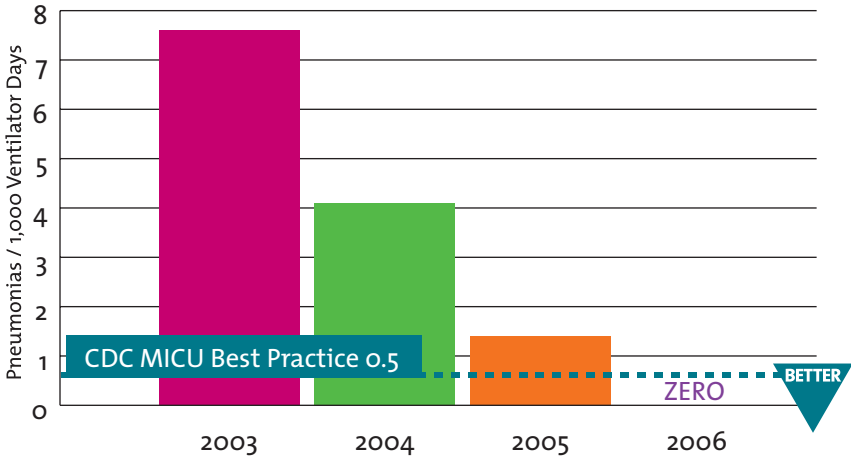
Area	Nurse Manager	Unit Coordinators	Shared Governance Leaders
Medical Intensive Care Unit	Carla Cook	Kim Chamberlin Tina Geering	Brad Cummins Kara Greene
Cardiac Telemetry Unit	Alison Dickinson	Carrie Crippen Jennifer Cummins Jan Kabboord Erin Termeer	Maggie Benny Judy Niesen Amanda Stover
Post Procedure Unit	Melinda Gevaart	Cheryl Ferree	Erica Nagra
Volume Influx Pool	Cindy Ezelle		Sue Boot Terese Seagle
Cardiac Cath Lab	Melinda Gevaart	Phil Reed	Karla Close Phil Reed
Cardiovascular/ Ultrasound Services		Holly Tarner	
Cardiac Rehabilitation		Holly Tarner	

2006 Highlights for Cardiology Services

Medical Intensive Care Unit

Ventilator Associated Pneumonia Rate

Through Keystone, MICU has seen significant improvements in their VAP rate and have outperformed 90 percent of the hospitals across the country by achieving better than the CDC 10th percentile of 0.5. The MICU has not had a VAP in 20 months.



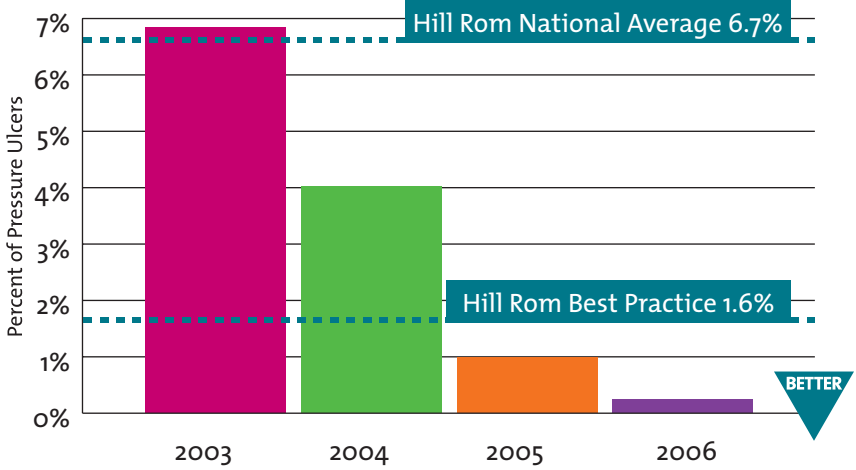
Dear Bronson,

The nursing staff on 4 East ICU has been superlative. Every nurse on this unit deserves recognition for their efficient, professional care coupled with their warm humanity. Jen from Respiratory deserves great thanks as well. Drs. Pedraza and Kang were very thorough and willing to answer every question. Finally, Dr. Halpin's nurse Carmella has gone beyond expectations with her care for my father and her concern for my mother.

Thank you Bronson.
Judith Krommendyk

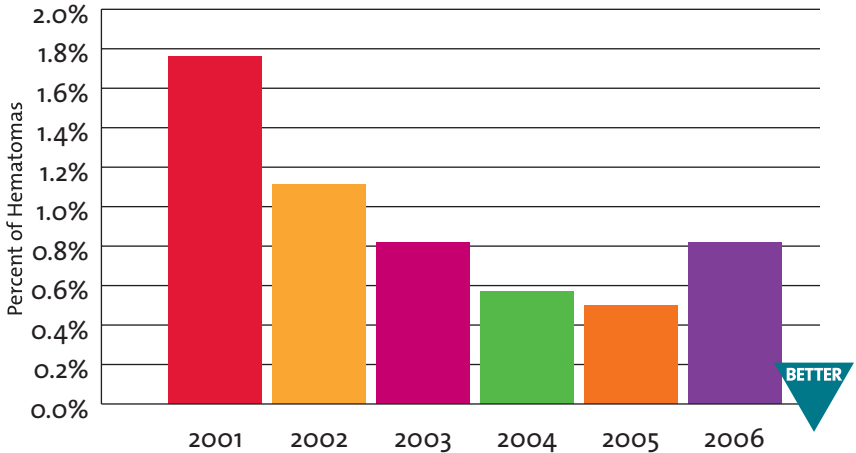
Cardiac Telemetry Unit Hospital Acquired Skin Breakdown

Hill Rom indicates that the national average for hospital acquired skin breakdown is 6.7 percent. Cardiology has improved to better than the national average and the national best practice benchmark of 1.6 percent. Cardiology has not had a hospital acquired ulcer in 11 months.



Inpatient Post Heart Catheter/Intervention Hematoma Rate

Bronson has shown marked improvement in overall inpatient hematoma rates for the past several years.





Katie Harrelson, RN, MSN
VP Patient Care Services/CNE
1 Healthcare Plaza
Kalamazoo, MI 49007

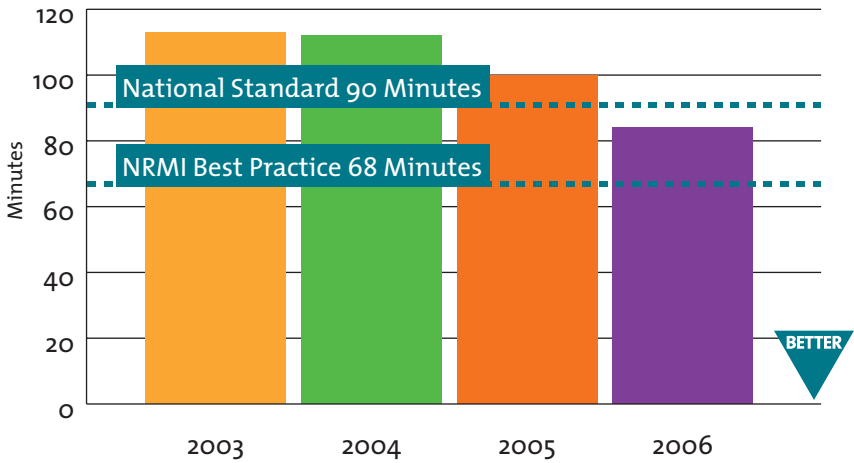
Dear Ms. Harrelson,

I wanted to take this opportunity to let you know of the excellent nursing care I received when I was a client at Bronson. From my admission through the ER to my discharge from the cardiology unit, I was impressed with the attention and professionalism I saw. While it was difficult to be on the receiving end of care, your staff made the encounters much more bearable. I would like to especially mention the staff on the 4th floor. The RNs and the Patient Care Technicians were professional and caring in every way. They obviously had much respect for each other and I had the sense they were a great team. The ancillary staff also contributed to a positive experience with a good sense of when to come in and clean or do their maintenance work. A real star on the unit was the RN who I saw the most often, Steve. His calm competent demeanor and caring approach really made a difference for me. I especially appreciated his assistance in helping me acknowledge and begin dealing with the impact of the cardiac arrhythmia on my life, both psychologically and physically. He is a great role model for other nurses! I have watched with interest the media reports on the Malcolm Baldrige National Quality Award that Bronson has received. I am sure you and your staff have worked hard to achieve this honor. That award, as great as it is, is just a reflection of the real strength of Bronson — the excellent direct care that you and your staff provide to patients. So, I thank you and your nursing staff for working so hard to provide the best.

Sincerely,
Elaine Van Doren, PhD, RN
Associate Professor
Kirkhof College of Nursing
Grand Valley State University,
Grand Rapids, MI

Time From Arrival to Primary Percutaneous Coronary Intervention for the Acute Myocardial Infarction

Research demonstrates that patients who receive treatment in the cath lab in less than 90 minutes have better outcomes. The T&EC and the cardiac cath lab have worked collaboratively to achieve the national standard of 90 minutes. They continue to work toward the National Registry of Myocardial Infarction best practice target of 68 minutes.



Case Management/Medical Social Work

Composition

- Case Management
- Medical Social Work



Jackie Wahl, MSN, RN,
CNA-BC

Nursing Executive Director

Management Team:

Area	Nurse Manager		Shared Governance Leaders
Case Management	Laura Davenport	Joanne Bowes – Unit Coordinator	Kelly Kulczyk
Medical Social Work		Christee Dyk – Lead Medical Social Worker	Rachel Owens

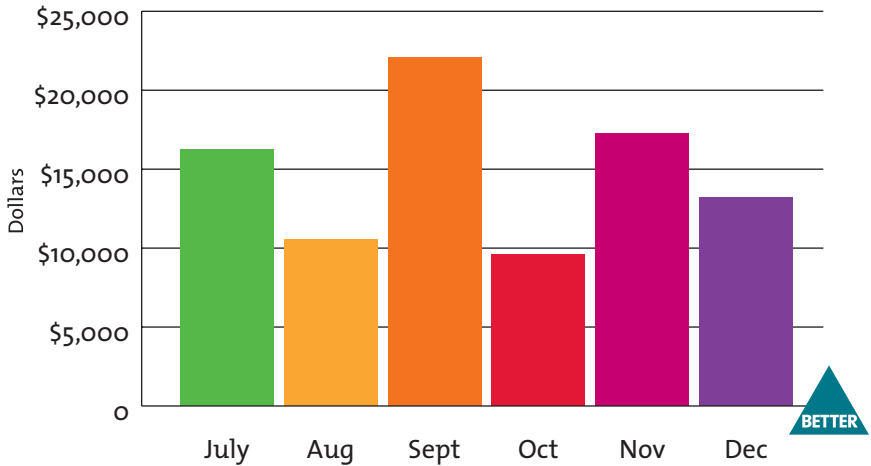
Case Management/Medical Social Work



Daily Cost Savings:

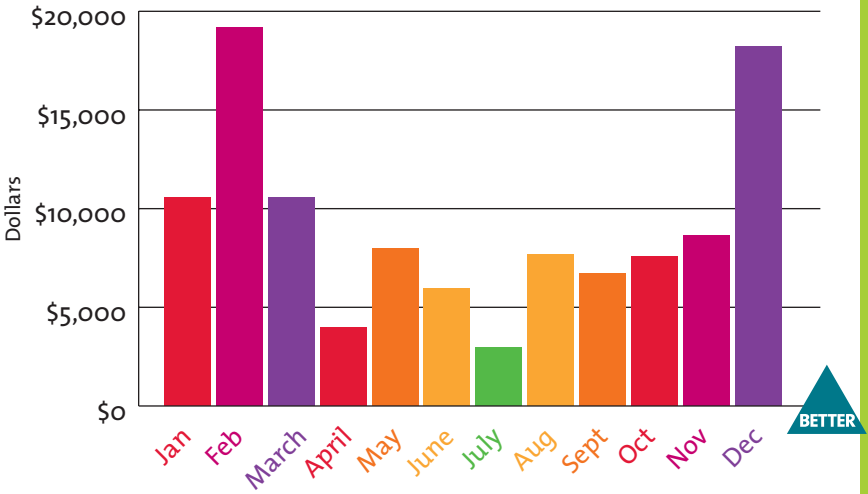
\$ 1366.00

Cost Avoidance Related to Work Interventions



ED Admit/Divert Cost Avoidance

Case Management has saved the organization a total of \$110,010 through their efforts in the ED.



Medical Services/Professional Practice

Composition

- Adult Medical Unit (AMU)
- General Care Unit (GCU)
- General Medical Unit (GMU)
- Radiology Nurses



Nancee Hofmeister,
MSN, RN, CNA-BC
Nursing Director

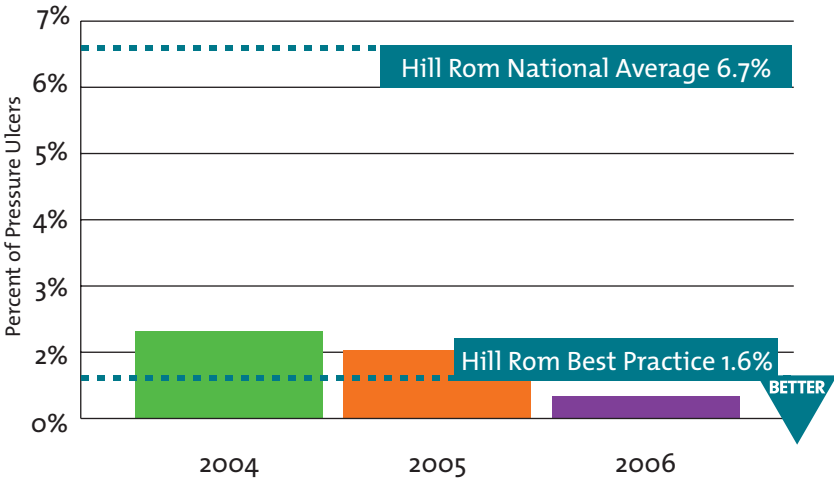
Management Team:

Area	Nurse Manager	Unit Coordinators	Shared Governance Leaders
Adult Medical Unit	Natasha Watson	Elaine Hall Mike Koehler Shannon Seeberger	Nicole Miller Jennifer Weaver
General Care Unit	Cindy Gentz	Tracy Bradstreet	Sharon Anderson-Western Amy Schense
General Medical Unit	Cindy Gentz	Ilene Ambrose Charlia Porath	Jennifer Rhodes Jennifer Wolfe
Radiology Nurses	Marla Atkinson		Lissa Garrod

2006 Highlights for Medical Services

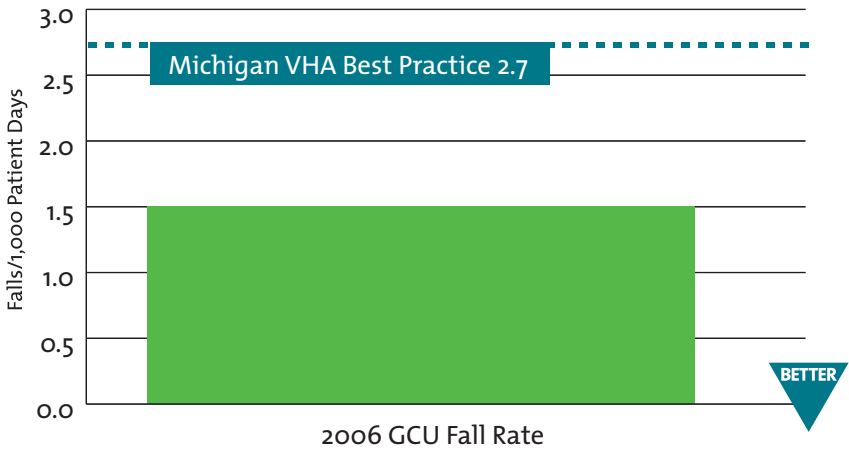
Adult Medical Unit Hospital Acquired Skin Breakdown

Hill Rom indicates that the national average for hospital acquired skin breakdown is 6.7 percent. The AMU has improved to better than the national average and the national best practice benchmark of 1.6 percent.



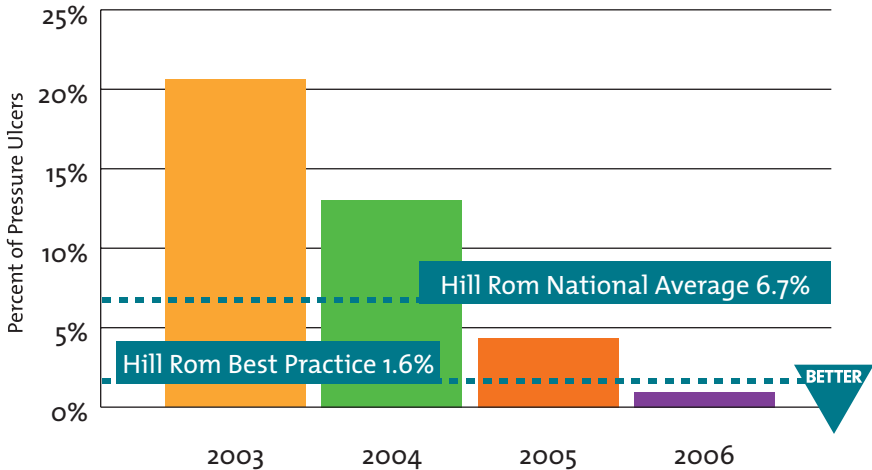
General Care Unit Fall Rate

The GCU opened on August 1, 2006. Since opening, it has demonstrated best practice in the prevention of falls by outperforming the Michigan VHA best practice benchmark rate of 2.7 falls per year.



General Medical Unit Hospital Acquired Skin Breakdown

According to Hill Rom, the national average for hospital acquired skin breakdown is 6.7 percent. GMU has improved to better than the national average and the national best practice benchmark of 1.6 percent.

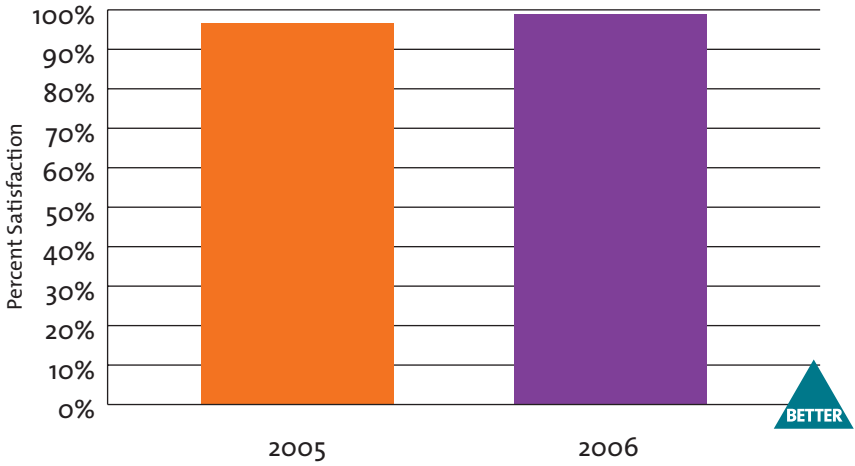


April, 2006

To whom it may concern, my husband was diagnosed with Burkitt's lymphoma in mid-February and was hospitalized at Bronson for six weeks. Since that time, he was an inpatient around Easter for chemotherapy and will receive subsequent treatments there as well. My father was a patient at Bronson several times for an extended illness and I am a former Bronson nurse. My husband has received excellent care on 4 West. The staff on the oncology/GMU, including ancillary staff, go out of their way to make us comfortable. The nurses are skilled, knowledgeable and compassionate. Everyone on the unit shows sincere concern. My father also received excellent care when he was a patient in your facility. Based on the care both of the most important men in my life have received at Bronson, you are deserving of the awards that have been bestowed upon the facility. Thank you very much for your attention. I will continue to choose Bronson as our hospital and recommend it to others. The 4 West team deserves a pat on the back. We are truly grateful to them for helping us through this time and making our lives easier.

Respectfully,
C.H.

Radiology Nursing Patient Satisfaction with Nursing Care



Peri-Operative Services

Composition

- Outpatient Surgery
- Surgical Services Float Pool
- Cardiac Surgery Unit (CSU)
- Post Anesthesia Care Unit (PACU)
- Endoscopy
- Pre-op and Pre-Admission Testing
- Inpatient Surgery Services
- Reprocessing & Sterilization Services
- General Surgery Unit (GSU)



Patty Krajewski, BSN, RN
Nursing Director

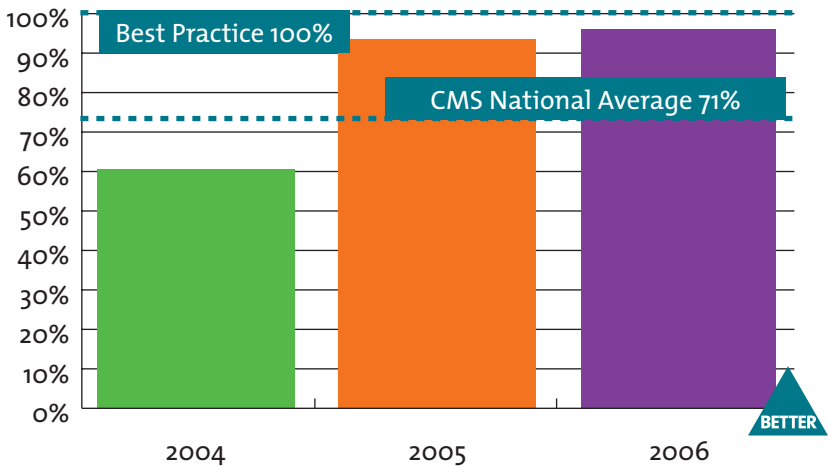
Management Team:

Area	Nurse Manager	Unit Coordinators	Shared Governance Leaders
Outpatient Surgery	Cathy Groggel	Fran Carpp Terry Crowe Gloria Lowrance	Jamie Chiles Jill Schaaf Laurie Stamas
Surgical Services Float Pool	Cathy Groggel		
Cardiac Surgery Unit	Julie Switek	Denise Wolthuis	Grace Kerwin
Post Anesthesia Care Unit	Julie Switek	Crystal Williams	Meghan Citarella
Endoscopy	Julie Switek		Nancy Ausema Marcia Cairns
Pre-op and Pre-Admission Testing	Julie Switek	Betsy Beatty	Mary Shook
Inpatient Surgery Services	Julie Fiebiger	Phyllis Bolton Terie Caldwell Sue Copeland Andy Stockwell	Allison Forward Jane Haselow Rhonda Kienitz Cathye Sportel Laurie Stamas Maggie VanderWoude
Reprocessing & Sterilization Services	Denise Postula		
General Surgery Unit	Mark Messer	Anika Meyers Theresa Redmond Martha Roberts Nicole Sukich	Donne Rohr Jessica Wolthuis

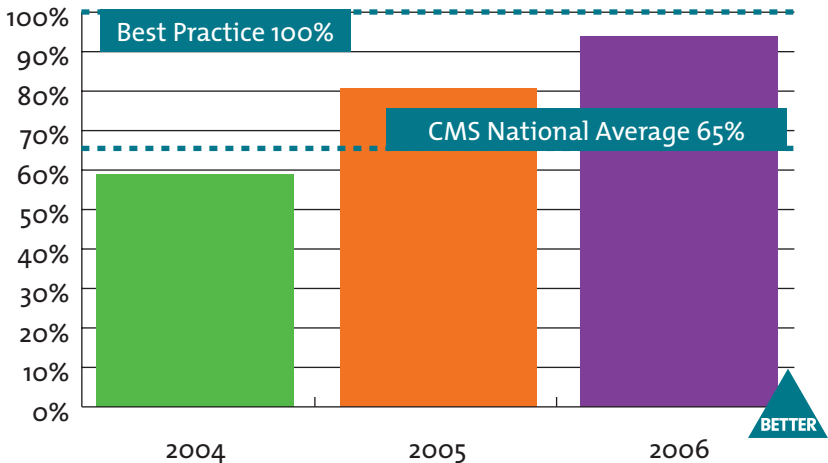
2006 Highlights for Peri-Operative Services



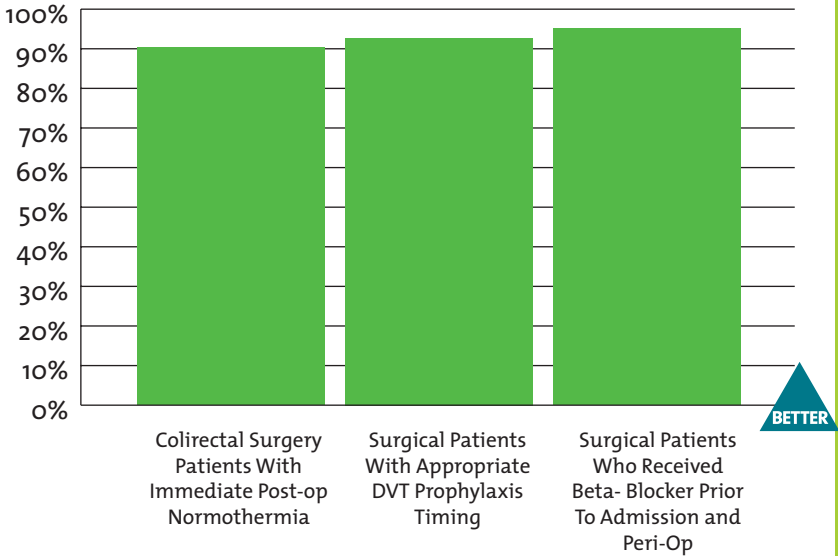
Percent of Surgical Patients Who Received Prophylactic Antibiotics Within One Hour of Surgical Incision



Percent of Surgical Patients Who Received Prophylactic Antibiotics Whose Antibiotics Were Discontinued Within 24 Hours After Surgery

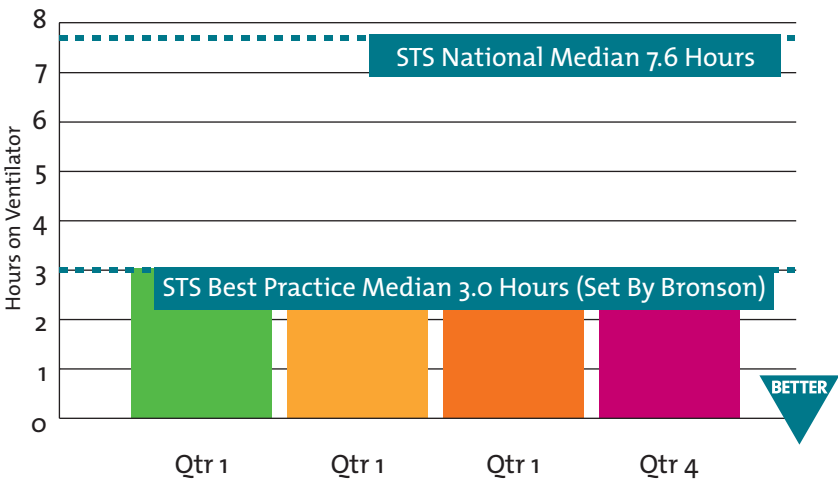


Surgical Care Improvement Project



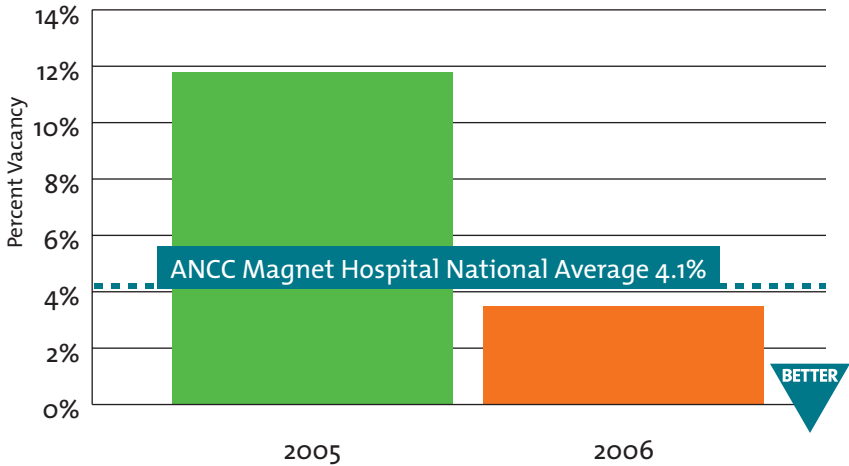
Cardiac Surgery Intensive Care Unit Coronary Artery Bypass Graft (CABG) Post Operative Vent Hours

The Michigan Society of Thoracic Surgery identified Bronson as the median benchmark for CABG post operative vent hours. The Society of Thoracic Surgeons (STS) median was 7.6 hours.

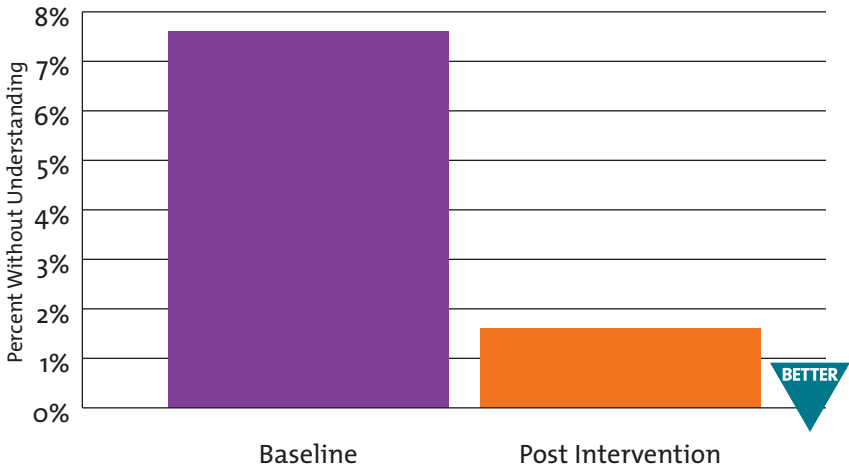


General Surgery Unit Average Monthly RN Vacancy

The American Nurses Credentialing Center (ANCC) reports the national average monthly RN vacancy for Magnet hospitals as 4.1 percent. In 2006, the GSU was at 3.5 percent, a significant improvement over the 2005 11.8 percent rate.



Endoscopy Department Percent of Patients Who Did Not Understand Their Discharge Instructions



Women’s & Children’s Services

Composition

- General Pediatric Unit
- Neonatal Intensive Care Unit
- Obstetrics
- Pediatric Intensive Care Unit



Sandra Hart, MSA,
BSN, RNC

Nursing Director

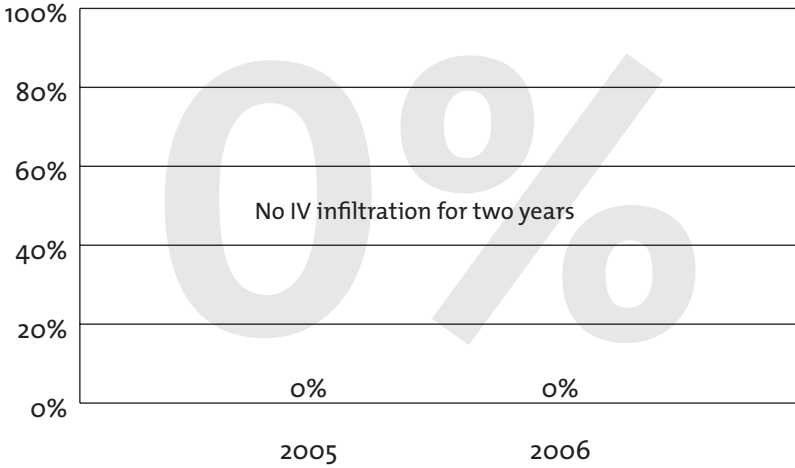
Management Team:

Area	Nurse Manager	Unit Coordinators	Shared Governance Leaders
General Pediatric Unit	Diana Allor	Carol Martin Deb Slater Mary Woodhouse	Polly Kragt
Neonatal Intensive Care Unit	Tina Sullivan	Kathy Lentz Roxanne Newton Emily Senske	Janice Courtney
Pediatric Intensive Care Unit	Diana Allor		
Obstetrics	Monica Dow-Hepner	Jennifer Burhans Sally Harrington Catherine VanDyk	Nicole Muir Joan Smith

2006 Highlights for Women's & Children's Services

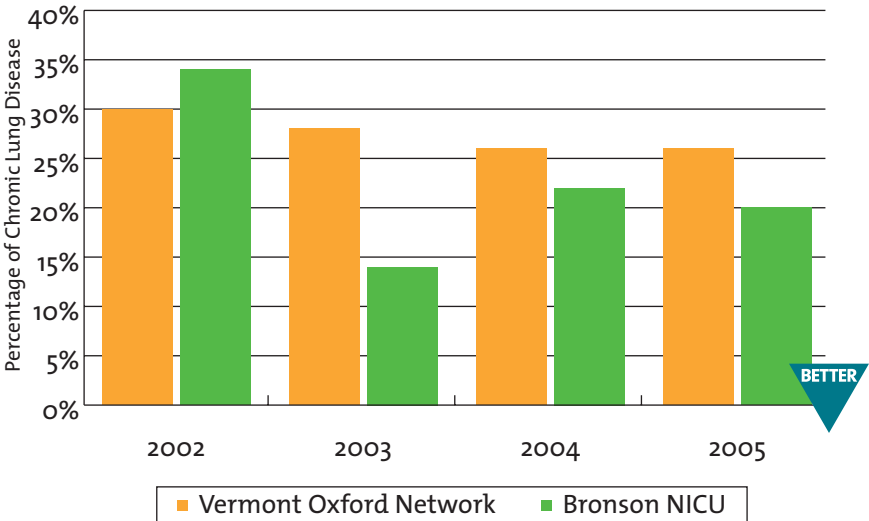
General Pediatric Unit Percentage of Peripheral Intravenous Infiltration

With no peripheral IV infiltrations in two years, Pediatrics continues to be at best practice.



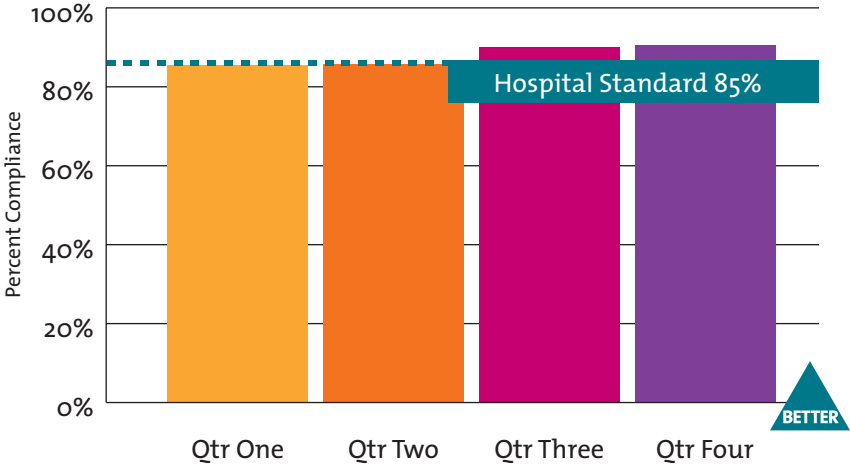
Neonatal Intensive Care Unit Percentage of Chronic Lung Disease

Percentage of chronic lung disease in infants 501-1500 grams, as measured against the Vermont Oxford Network database of 557 Neonatal Intensive Care Units.



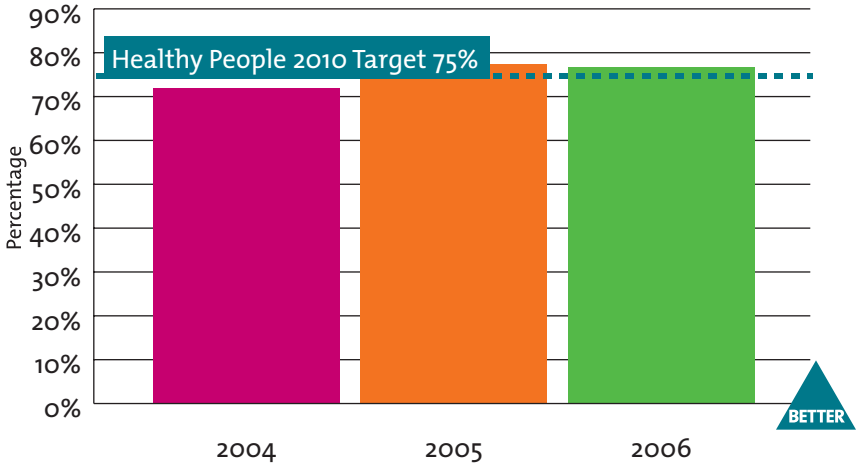
Pediatric Intensive Care Unit “It’s OK to Ask”

The Children’s Hospital at Bronson set the standard that more than 85 percent of all patients would receive education on how they can be a participant in their care.



Obstetric Unit Mothers Will Breastfeed Their Infants

Healthy People 2010 has targeted that 75 percent of mothers will breastfeed their infants. OB has surpassed this goal for the last two years



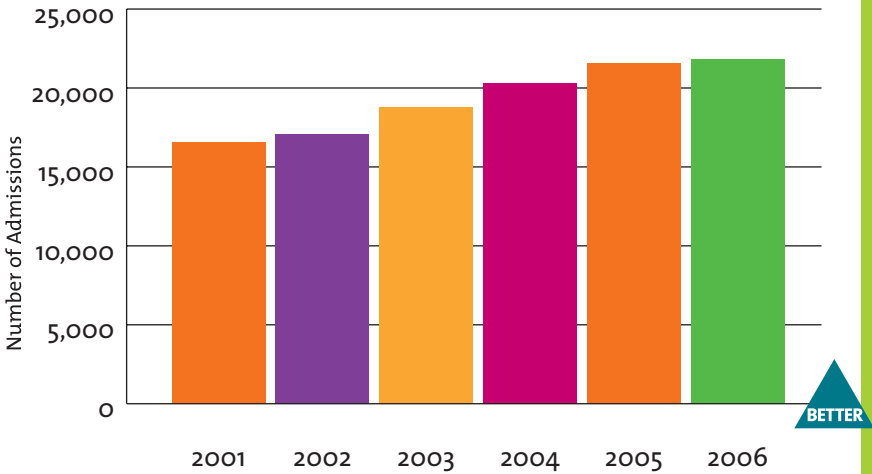
Dear Bronson,

Thank you from the bottom of our hearts for all you did to make our stay so special. Everyone was so kind and caring in all they did. The dietary people were amazing with good food and quick service. All departments seemed to work so well together. Thank you to the lactation consultants who helped to make breastfeeding a success for us — despite the tough start. Thank you to all the nurses in postpartum — especially Dawn who tirelessly worked with both baby and me to help us breastfeed, even at 5:30 in the morning. She was so kind. Finally, I'd like to say a huge thank you to the Labor & Delivery nurses and staff, all the way to the doctor. Your kindness during my unexpected C-section will never be forgotten. As nervous as I was, your gentleness made me calm and your skills made me trust. A big thank you goes to Bini, my dayshift nurse, for watching us so closely and assisting in the birth of a healthy baby boy. I am forever in your debt. You will never be forgotten.

Sincerely,
S. V.

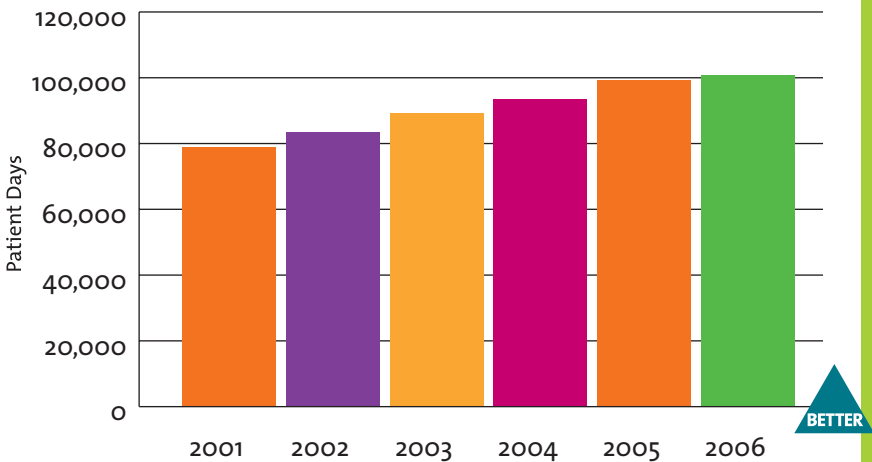
Patient Volumes

Patient Admissions



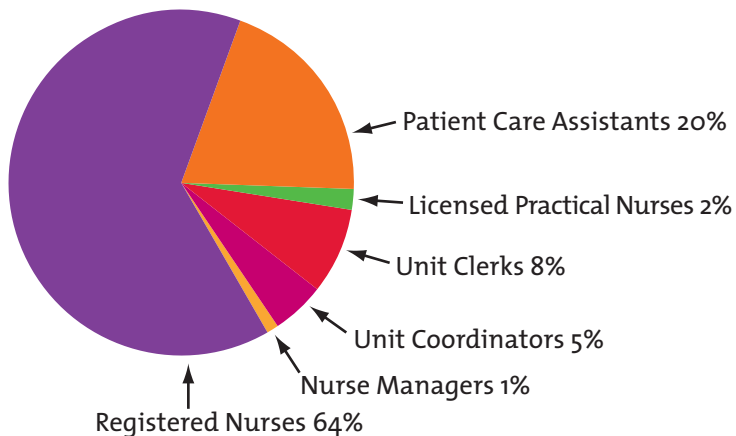
Patient volumes continue to increase. The GCU opened on August 1, 2006. This added 10 additional inpatient beds. The opening of the North Pavillion in April 2007 will make space for 40 new beds in 2008.

Patient Days

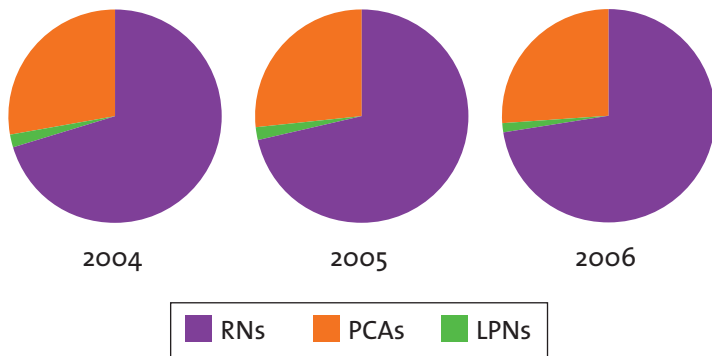


Nursing Resources

Nursing Team Composition 2006



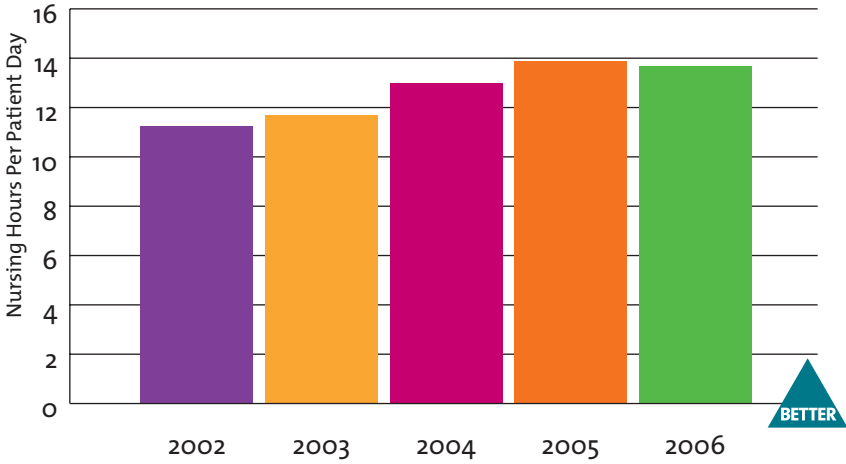
Skill Mix



"I feel needed, respected and an asset to the team!"

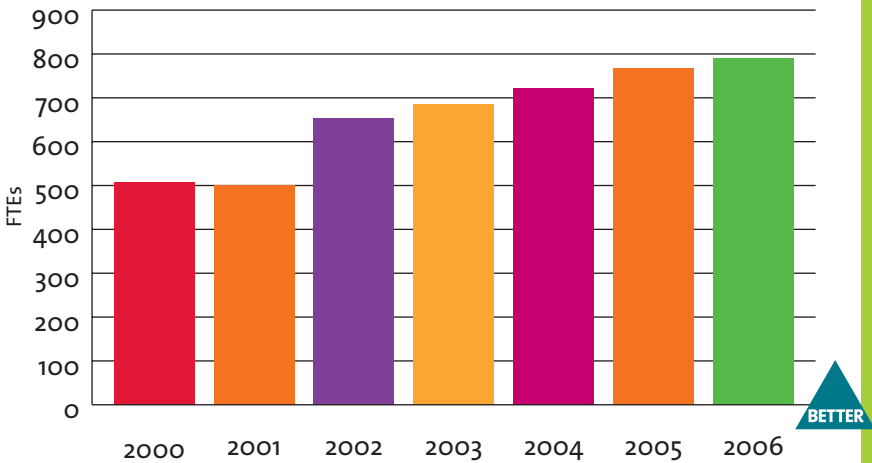
—Nancy Muszynski, RN

Nursing Hours Per Patient Day



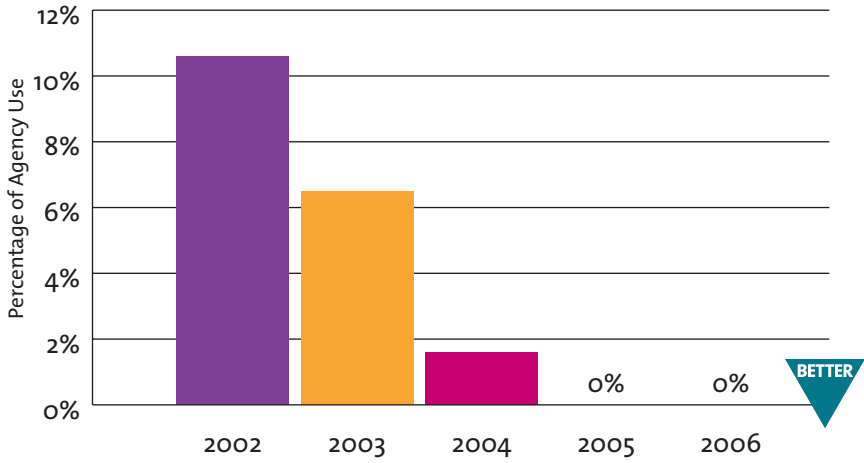
Nursing has increased bedside resources to allow a smaller RN to patient ratio.

Full-time Equivalent (FTE) of Direct RN Caregivers



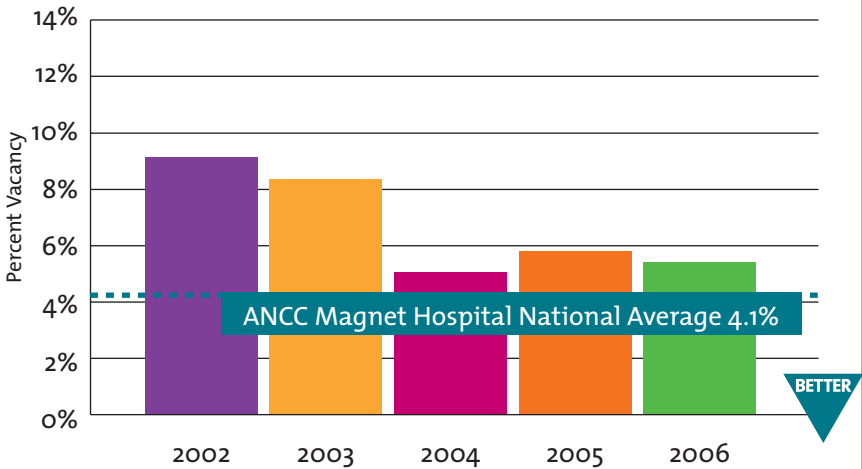


Traveler/Agency Use



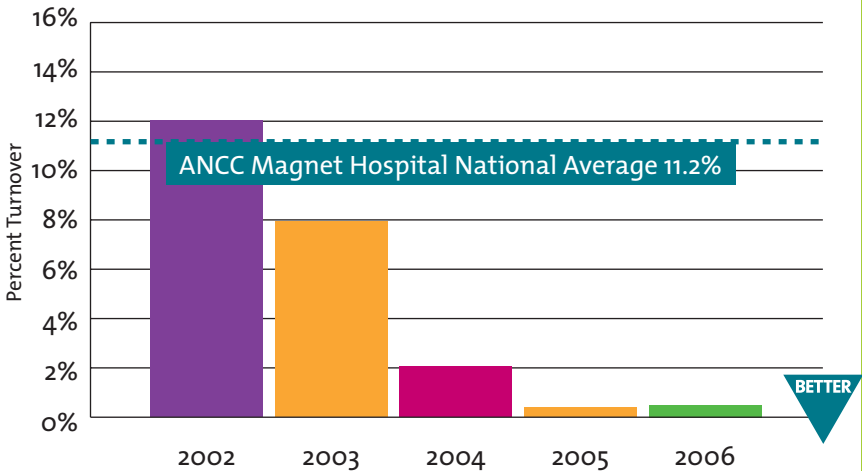
Average Monthly RN Vacancy

There is a nursing shortage throughout the country. The American Nurses Credentialing Center (ANCC) reports the national average monthly RN vacancy for Magnet hospitals as 4.1 percent.



Average Monthly Voluntary RN Turnover

The ANCC reports the national average monthly voluntary RN turnover for Magnet hospitals as 11.2 percent.



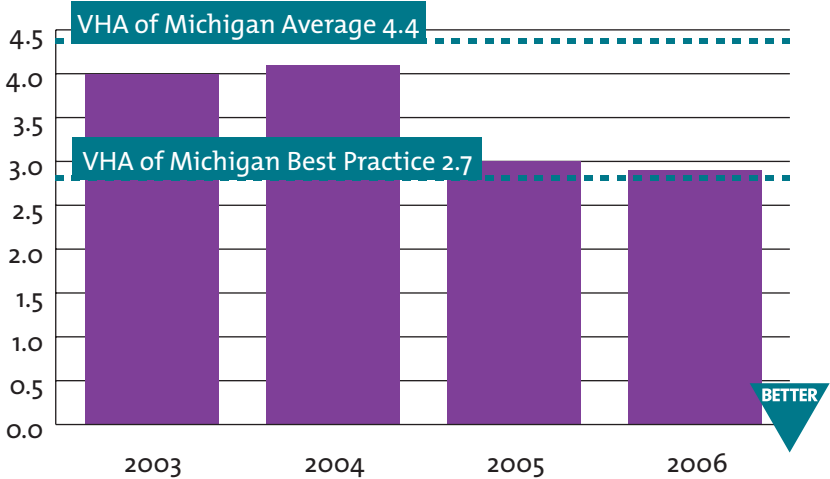
“I’ve worked here over 20 years and I wouldn’t think about working anywhere else! Bronson is like an extended family to me. We really work together well and we’re all about great care.”

— Darlene Zirngibl, RN

Nursing Quality

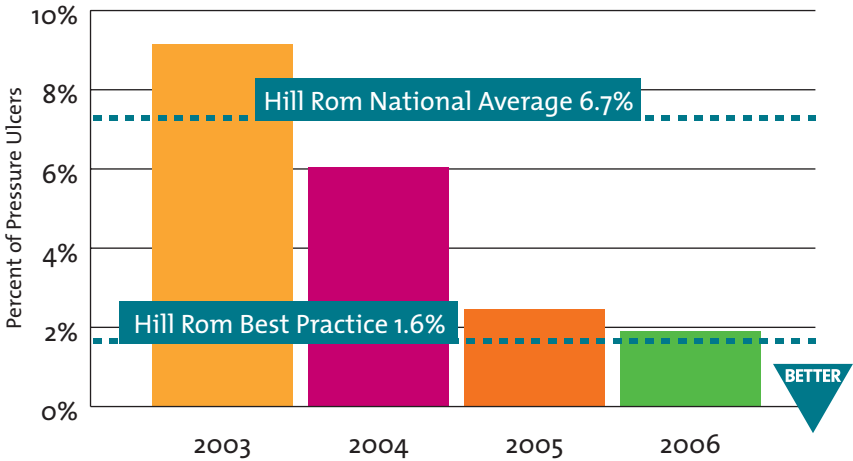
Fall Rate

A VHA of Michigan study on falls reports Michigan's state average at 4.4. The state's best practice is 2.7. Nursing's 2007 goal is to achieve best practice.



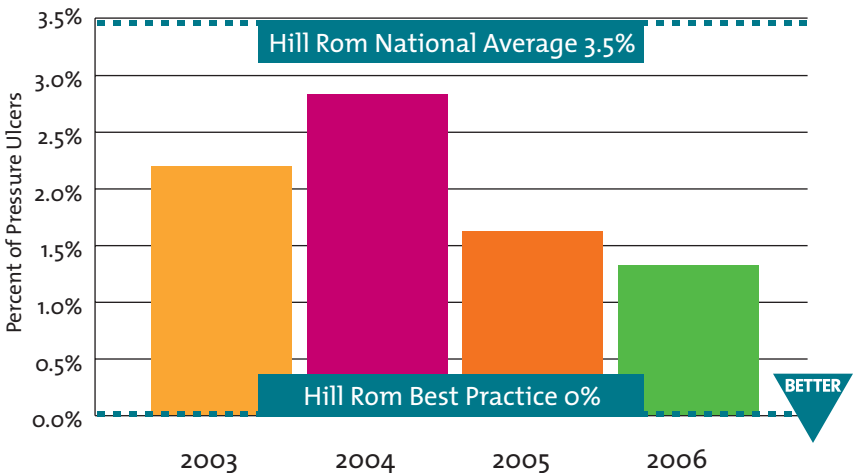
Hospital Acquired Pressure Ulcers

According to Hill Rom, the national average for hospital acquired skin breakdown is 6.7 percent. Bronson has improved to better than the national average and is approaching the best practice benchmark of less than 1.6 percent.



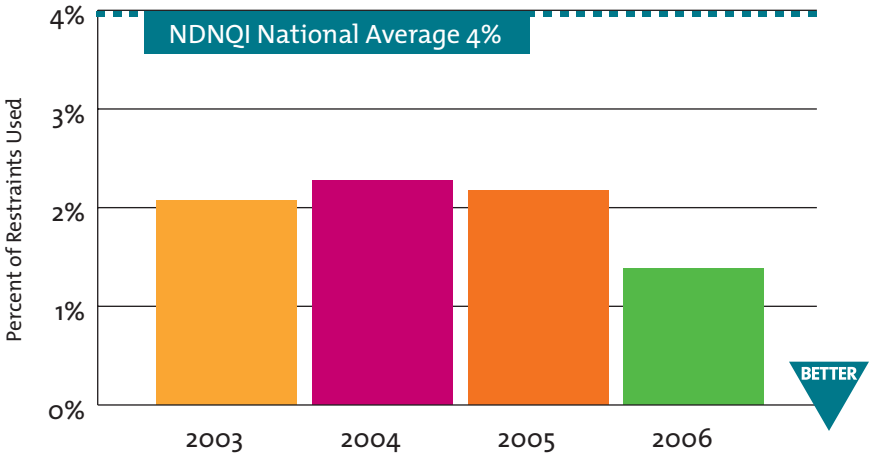
Hospital Acquired Pressure Ulcers Stage II and Beyond

Bronson has demonstrated significant improvement in preventing stage II breakdown and is consistently better than the Hill Rom national average of 3.5 percent. We are actively working towards the best practice benchmark of 0.0 percent.



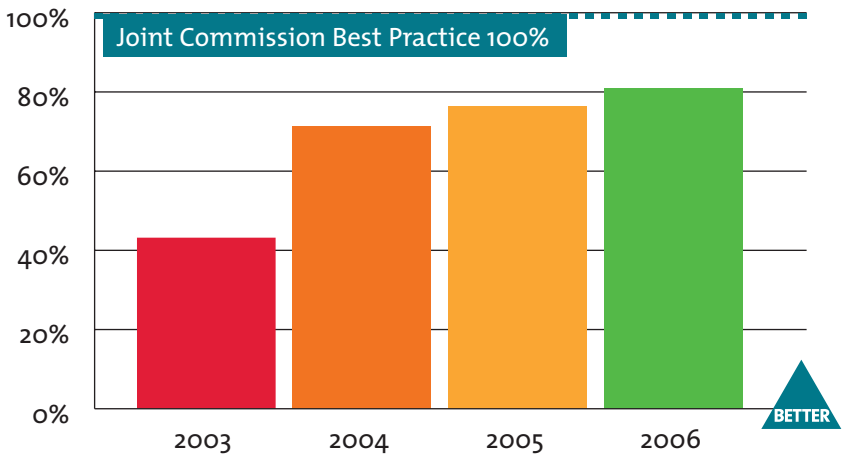
Hospital Restraint Use

Alternatives to restraints are used when possible. Bronson's restraint usage remains well below the National Database of Nursing Quality Indicators (NDNQI) National Average of 4.0 percent.

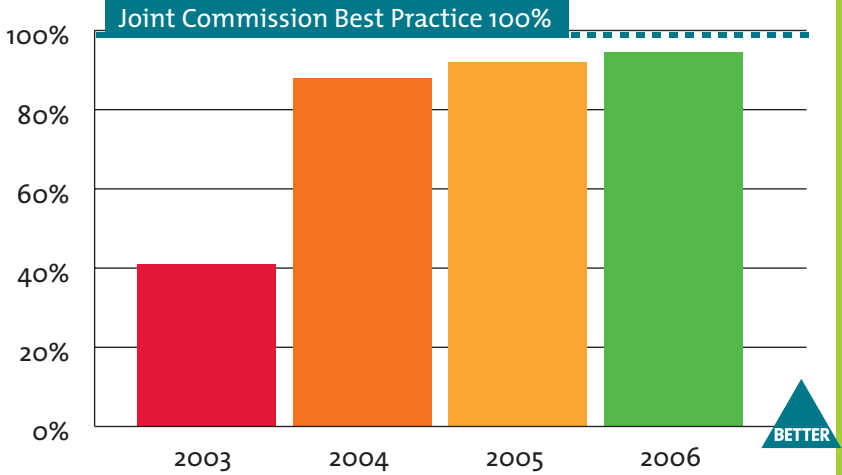


The Joint Commission Core Measures

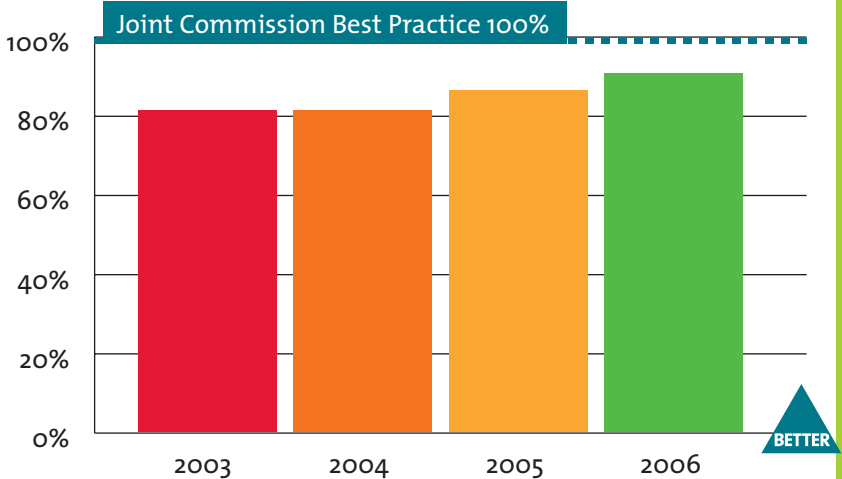
Community Acquired Pneumonia Antibiotics Given within Four Hours of Admission



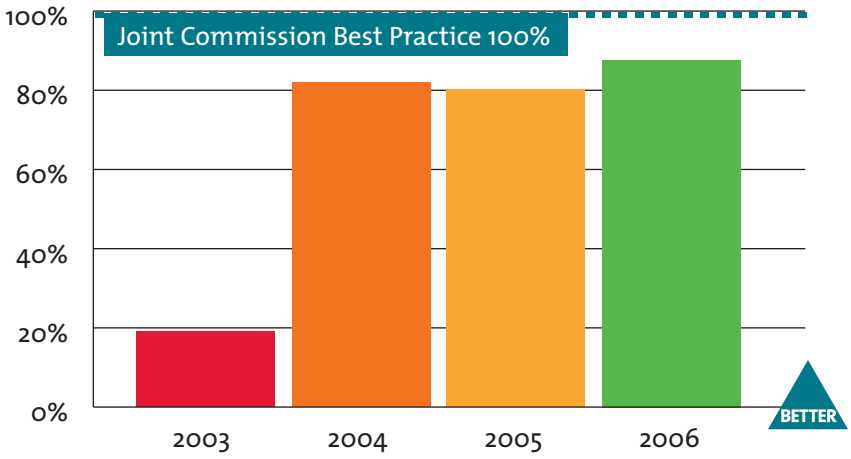
Community Acquired Pneumonia Adult Smoking Cessation



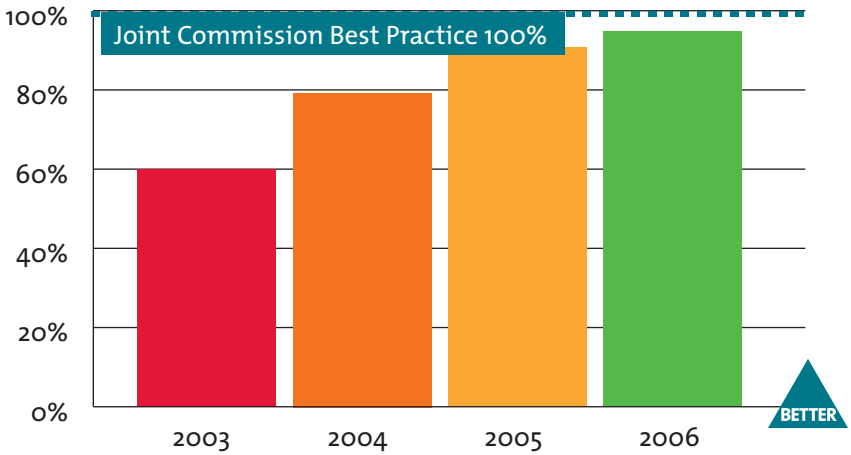
Community Acquired Pneumonia Blood Cultures Collected Prior to Antibiotic



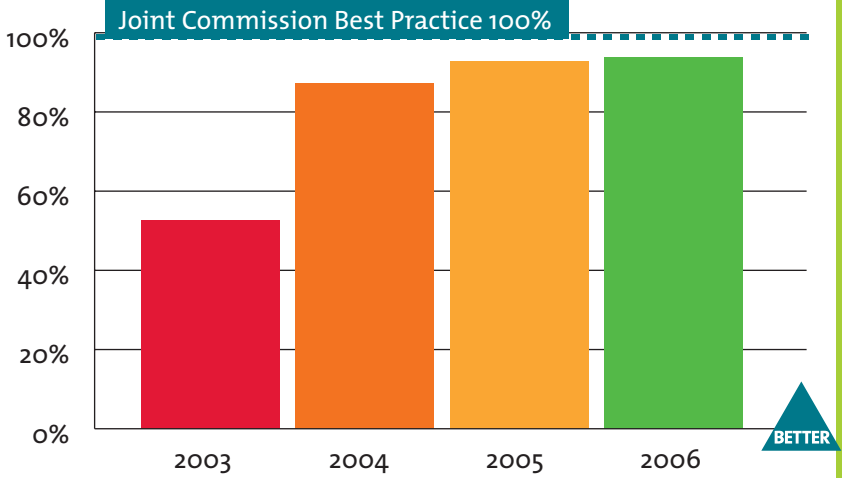
Community Acquired Pneumonia Pneumococcal Screening



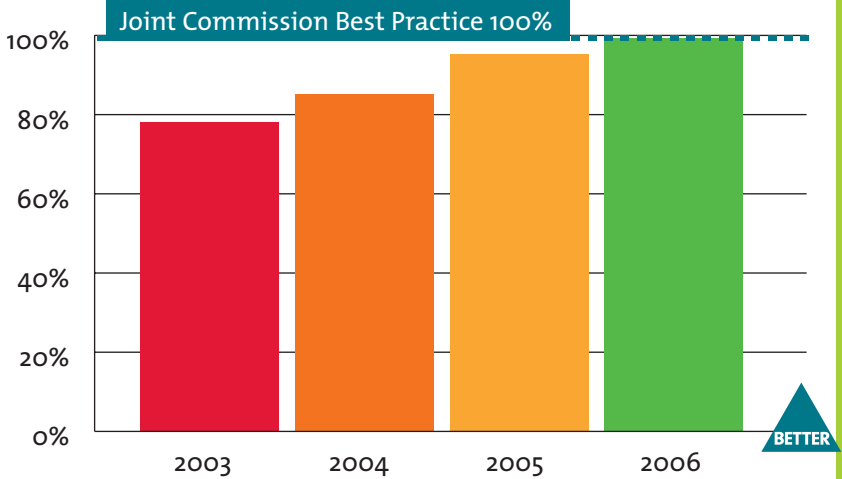
Congestive Heart Failure Discharge Instructions



Congestive Heart Failure Adult Smoking Cessation



Acute Myocardial Infarction Adult Smoking Cessation



Awards and Recognitions

Quality and Service

American Hospital Association-McKesson Quest for Quality® Citation of Merit 2006



This national award honors hospital leadership and innovation in quality, safety and commitment to patient care. Bronson was one of only three U.S. hospitals recognized in 2006. To receive the award, an organization must demonstrate its commitment to achieving the Institute of Medicine's (IOM) six quality aims: safety, patient-centeredness, effectiveness, efficiency, timeliness and equity.

The Leapfrog Group's Hospital Quality and Safety Ranking

For the third consecutive year, Bronson was in full compliance with these national safety standards based on the National Quality Forum (NQF) 30 Safe Practices. Bronson is the only hospital in southwest Michigan reporting a full circle for meeting all of the Leapfrog safe practices criteria. A full circle puts Bronson in the top 25th percentile of hospitals reporting. (www.leapfroggroup.org)

Solucient® 100 Top Hospital 2005

Bronson achieved this honor for being one of the top 100 hospitals in the nation for clinical, operational and financial performance. This was a 2011 goal achieved earlier than anticipated based upon outstanding performance in nine measures: mortality, complications, patient safety, length of stay, expense per discharge, operating profit margin, cash-to-total-debt ratio, tangible assets per discharge and growth in patient volume. The designation is not applied for; rather, Solucient studies all U.S. hospitals to determine national benchmark performers. According to this study, Top 100 Hospitals treat sicker patients requiring more complex treatment, yet have better patient outcomes and lower costs.

HealthGrades™ 2007

One of our long-term goals is to achieve 5-star clinical performance in every Bronson service as rated by HealthGrades, the nation's leading healthcare rating company. Strong partnering with our medical staff has resulted in significant improvement in our ratings positioning Bronson as a national leader in healthcare quality. In 2006, HealthGrades announced that Bronson is among

the top 10 percent of hospitals in the nation for stroke care and vascular surgery, among the top five percent in the nation for joint replacement surgery, and was the top rated cardiac program in southwest Michigan. In addition, the hospital received 5-star ratings in several clinical services including: the treatment of heart attack, atrial fibrillation, stroke, abdominal aortic aneurysm, carotid endarterectomy, community acquired pneumonia, pulmonary embolism, total knee replacement, total hip replacement and back and neck surgery with spinal fusion. HealthGrades ratings take into account varying degrees of patient severity from hospital to hospital and measure whether patient outcomes for each of more than two dozen procedures and diagnoses are better than expected (5-star), as expected (3-star), or worse than expected (1-star). Bronson had an average star rating of 3.39 that places us among the top 25 percent of hospitals in the analysis.

Organ Donation

Bronson Methodist Hospital, in collaboration with Gift of Life Michigan, has been recognized for achieving outstanding organ donation rates by the U.S. Department of Health and Human Services (HHS). This is the second consecutive year Bronson has been recognized for this achievement. The Medal of Honor is in recognition of HHS's Breakthrough Collaborative goal for hospitals around the country to achieve organ donation rates of 75 percent or greater. Bronson was one of only 16 hospitals in Michigan to earn this recognition.

Governor's Award

For the third year in a row, Bronson has received the Governor's Award of Excellence for Improving Care in the Hospital and Emergency Department Setting. The Governor, in concert with Michigan's Medicare Quality Improvement Organization (MPRO), sponsors the award, which is bestowed to hospitals that are embracing evidence-based medicine and quality improvement initiatives to advance healthcare in Michigan. Led by designated physician champions and project leaders, Bronson used proven, evidence-based practices to produce successful measured outcomes in selected clinical areas. Selected areas included acute myocardial infarction (heart attack), heart failure and surgical infection prevention for inpatients, as well as pneumonia and acute myocardial infarction for the Emergency Department.

MICU Receives the AACN Excellence in Collaboration Award for 2006

Bronson's Medical Intensive Care Unit (MICU) multidisciplinary team was selected to receive the American Association of Critical Care Nurses (AACN) Excellence in Collaboration Award for 2006. Receipt of the award was based on a patient exemplar/case study and patient care and performance improvement outcomes. Linda Benson, Shirley Tucker and Jennifer Ziegler completed the award application process and exemplar.



Special thanks goes to Katie Harrelson and Jane Janssen who wrote outstanding letters of support. Thanks also to the multidisciplinary team members, including MICU Staff Nurses; Linda Benson; Lou Ann Bristol; Kim Chamberlin; Carla Cook; Diane Delhey; Hetal Desai; Richard Van Enk, PhD; Eric Feucht, MD; Hyun Kang, MD; Gabriel Pedraza, MD; Cindy Gaines; Sarah Gulbranson; Kay Hanson; Mary Jane Johnson; Cheryl Knapp; Michelle Link; Glenda Pietryga; Holly Tarner; Shirley Tucker; Lora Valdez; Laura VanderMeer; Jennifer Ziegler; and staff of the Respiratory Therapy, Rehabilitation and Pastoral Care Departments.

The award was presented at the AACN National Conference in May 2006. Congratulations to everyone involved for their focus on clinical excellence!

"We are here for the patient and all work together for the common goal. The MICU collaboration award from AACN is a great example of this."

Anne Maihofer, RN
Medical Intensive Care Unit

Bronson Nursing Leaders Honored

Neil Johnson, Bronson Executive Director of Nursing, was honored by Western Michigan Business Review as one of its "Business Leaders Under 40." The article cited several accomplishments, including an initiative to reduce waiting time and improve patient satisfaction scores in the Emergency Department, with an almost 30 percent increase in patient volume.



Glenn Carlson, MSN, RN, CCRN, Clinical Nurse Specialist in Adult Critical Care and Orthopedic Neurological Unit, was selected as a runner-up for the 2006 Nightingale Awards for Nursing® in the areas of Education & Research. Glenn received special recognition for this accomplishment at the Nightingale Award dinner on May 10, 2006. This award is evidence that



Glenn's colleagues believe him to be one of the finest nurses in Michigan.

Epilepsy Foundation of Michigan Honors Bronson Nurse

Arlene S. Gorelick, President of the Epilepsy Foundation of Michigan, presented Stephanie Bayma, RN, of Bronson Methodist Hospital, with the Flame of Hope Advocacy Award. This award is given to someone who is a tireless advocate for his or her patients and provides exceptional care.



The Foundation feels that Stephanie embodies the true spirit of an "Advocate." She has gone above and beyond her role as a nurse, taking every opportunity to educate, support and encourage her patients, as well as other people with epilepsy. She believes in the Foundation's mission of "empowering people with epilepsy to live productive lives" and is always willing to help. Congratulations Stephanie!

Nursing Receives Quality Transformation Award

Cindy Gaines presented on the topic of nursing scorecards at the 2006 CareScience National Conference in Orlando, Florida. Based on her presentation, her work with nursing scorecards, and engaging staff in making improvements, Cindy was awarded the Quality Transformation Award at the conference. Although Cindy was presented with this award, she shared that it is "a reflection of the work of the Clinical Quality Committee. They have worked hard to improve nursing outcomes. It is my privilege to work with them." Cindy is seen here with the members of the Clinical Quality Committee.



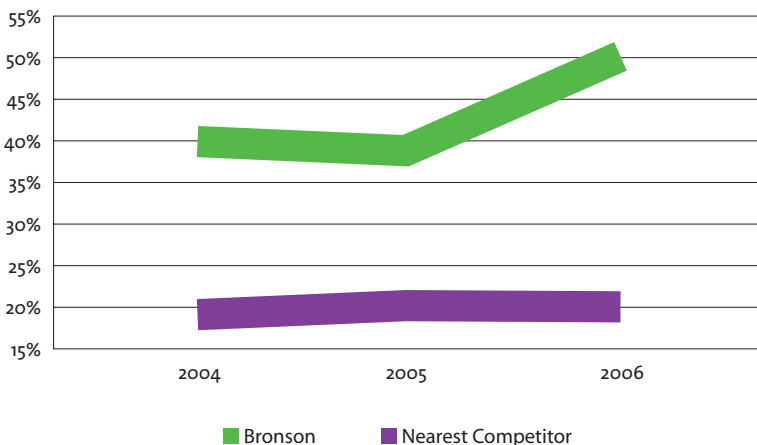


Peri-Operative Skin Assessment Poster Receives Blue Ribbon

Betsy Beatty, Debbie Kuiper and Deb Brown from Surgical Services and Holly Wohlfert from Education Services presented a poster presentation at the 2006 Association of Peri-Operative Registered Nurses (AORN) 53rd Congress in Washington, DC on March 19-23, 2006. The poster presentation shared the peri-operative skin assessment tool developed by the team to identify patients at high risk for skin breakdown. The poster was selected by the Congress as a blue ribbon winner for Clinical Excellence. The Congress recognized only 10 of 112 posters presented at this year's event. Congratulations to all involved in this project!

Consumers Say Bronson Nurses are Best

According to a Community Perception Survey fielded in November 2006 by Professional Research Corporation (PRC), more Kalamazoo area residents chose Bronson than any other hospital when asked which hospital has the best nurses.



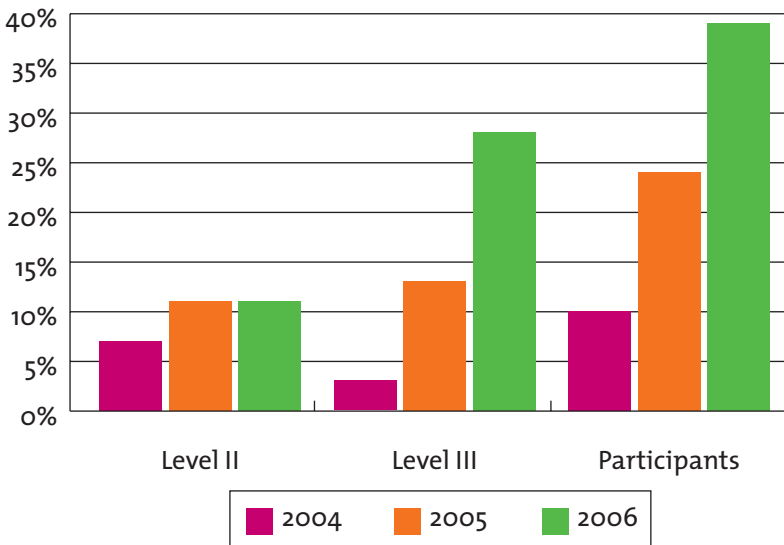
Source: Arbor Associates, Inc./2006 PRC

Professional Development



Nursing Professional Advancement Ladder Participation

The nursing professional advancement ladder was created by the Professional Practice Committee in 2004. It was revised in 2005, expanding from three to four levels. Membership among RN staff is optional.



"I have been here almost 35 years and I have never been bored with my job. You can grow and expand your practice here."

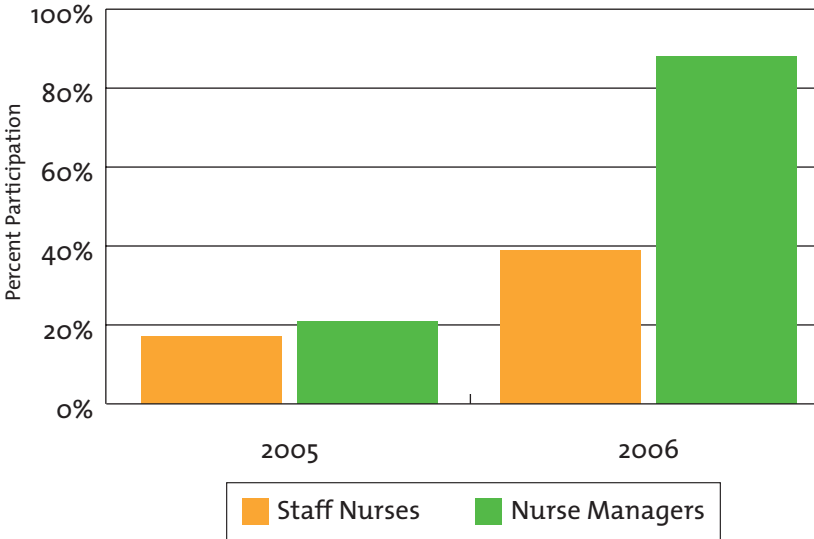
—Peggy Malnight, MSN, RN

Neonatal/Pediatric Outcomes Coordinator

Nursing Professional Advancement Ladder 2006 Recipients

Name	Department	Level Achieved
Cara Babin	GMU	II
Christina Burkhard	MICU	II
Brad Cummins	MICU	II
Denise Heath	ONU	II
Rosetta Jones	Cardiology	II
Anne Maihofer	MICU	II
Melissa Miller	PPU	II
Connie Sargent	OP Surgery	II
Denise Sonier	MICU	II
Ruth Tatara	OB	II
Sandra Yonkers	GSU	II
Wendy Albertson	NICU	III
Bobbie Avery	MICU	III
Kari Blair	NICU	III
Dorothy Bosse	OP Surgery	III
Debra Brown	IP Surgery	III
Jamie Chiles	OP Surgery	III
Teri Connors	BVH Rehab	III
Janice Courtney	NICU	III
Judith Cronin	OB	III
Amy Drallette	T&EC	III
Sara Forsyth	MICU	III
Polly Kragt	Peds	III
Margaret Landon	PICU	III
Marisa Leighton	GMU	III
Deborah Lyons	CVL	III
Dorothy Mack	PICU	III
Gail Mercer	BVH Rehab	III
Misty Miller	PPU	III
Erica Nagra	PPU	III
Susan Novotny	T&EC	III
Wendy Petersen	Preadmission	III
Jill Riley	IP Surgery	III
Jill Schaaf	OP Surgery	III
Laurie Stamas	OP Surgery	III
Amanda Stover	Cardiology	III
Nancy VanDerHeide	MICU	III
Norma Ward	Peds/PICU	III
Jennifer Zeigler	MICU	III

Membership in a Professional Nursing Organization



Educational Accomplishments

Congratulations to all those who have worked so hard to complete their degrees in 2006!

Bachelor's of Science in Nursing (BSN)

- Jennifer Burhans – Obstetrics
- Tracy Bradstreet – General Care Unit
- Rita Cox – Trauma Services
- Brad Cummins – Medical Intensive Care Unit
- Terry Crowe – Ambulatory Surgery
- Amy Drallette – Trauma & Emergency Center
- Debra Griffioen – General Care Unit
- Cindy Kragt – Bronson Vicksburg Hospital
- Mark Messer – General Surgery Unit
- Susan Novotny – Trauma & Emergency Center
- Joanna Olsen – Neonatal Intensive Care Unit
- Kim Peekstock – Obstetrics
- Carol Segerdahl – Bronson Women's Services
- Amanda Stover – Cardiology

Master's of Science in Nursing (MSN)

- Melissa Harrington – Neonatal Intensive Care Unit
- Collette Rice – Neonatal Intensive Care Unit

2006 Nursing Excellence Award Recipients



Leadership Award
Cindy Kragt, RN
BVH



Rising Star Award
Jamie Marshall, RN
AMU

Hazel Latondress Excellence in Professional Nursing Award Recipients



Compassion Award
Amanda Gerken, RN
PICU



Respect Award
Ruth Pushie, RN
MICU



Pride Award
Dorothy Bosse, RN
Ambulatory Surgery



Expertise Award
Delia Snide, RN
OB



Impact Award
Jill Schaaf, RN
Ambulatory Surgery

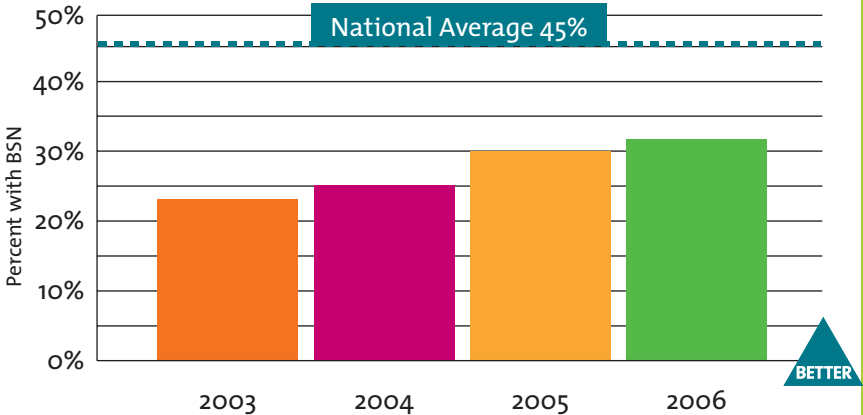
Michigan Center for Nursing Institute of Nursing Excellence

The Institute for Nursing Excellence provides an opportunity for recognition, leadership training, reward and renewal to registered clinical nurses dedicated to nursing leadership. This year's participants were nominated by their peers and selected from hundreds of applications. Congratulations!

- Denise Heath, ONU – Spring 2006
- Dorothy Bosse, Outpatient Surgery – Fall 2006
- Erica Nagra, Post Procedure Unit – Fall 2006
- Jill Schaaf, Outpatient Surgery – Fall 2006

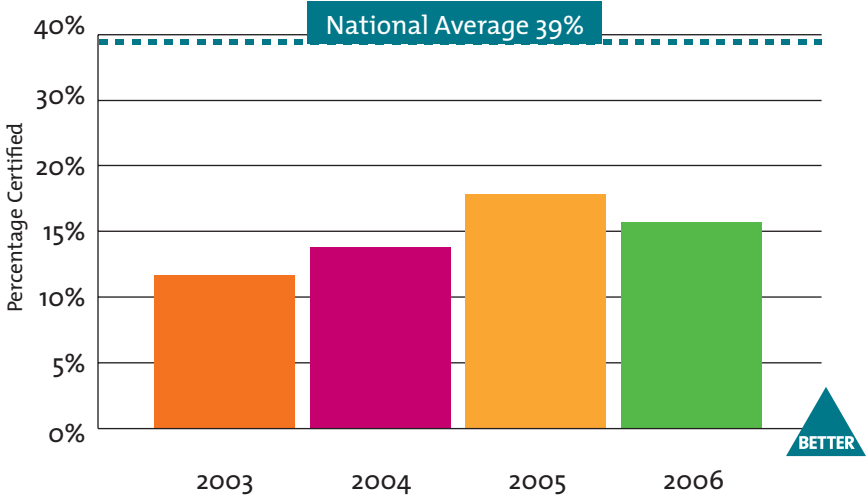
Percentage of Nursing Staff with a BSN Degree

The national average of nurses with a BSN degree is 45 percent. Bronson's 2007 goal is to increase to 35 percent.

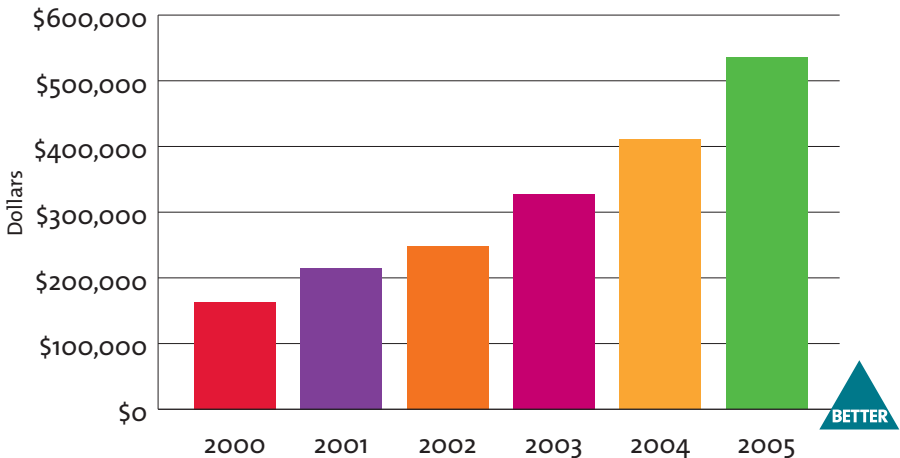


Percentage of Nurses with a Certification in Area of Specialty

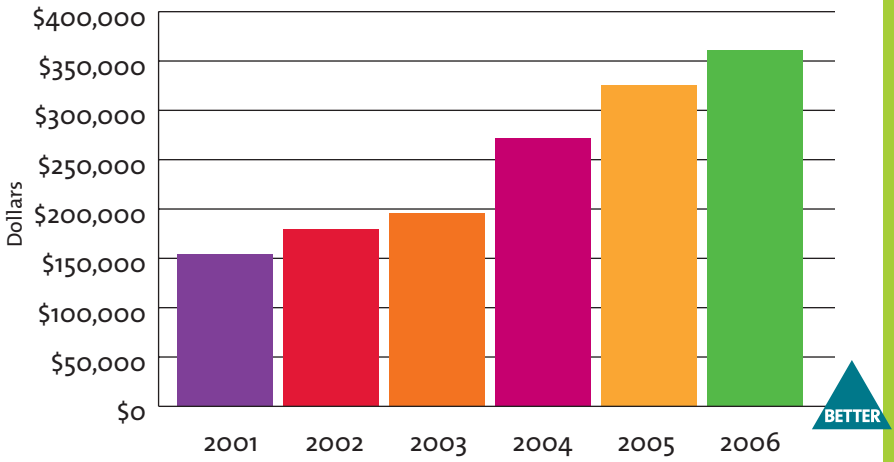
The national average of nurses with a certification in their area of specialty is 39 percent. Bronson's 2007 goal is to increase to 25 percent.



Tuition Reimbursement Dollars for Nurses To Attend School



Continuing Education Dollars for Nurses to Attend Conferences



Adjunct Faculty

Linda Benson, MS, RN, APRN-BC, CCRN – Rapid Response Nurse
Western Michigan University

Carolynne Buckner, BSN, RN – Staff Nurse NICU
Kalamazoo Valley Community College

James C. Chilla, BSN, RNc – Staff Nurse OB
Kalamazoo Community College

Lucille Czerwinski, MSN, RNC, APRN, BC – Clinical Nurse Specialist
Western Michigan University

Jenifer Filipowicz, BSN, RN – Staff Nurse Trauma and Emergency
Center
Kellogg Community College

Wendy Kershner, RN, MSN, PNP, IBCLC – Lactation Consultant
Western Michigan University

Dorothy Mack, BSN, RN, CCRN – Staff Nurse PICU
Western Michigan University

Suzie Nahan, MSN, RN – Staff Nurse MICU
Western Michigan University

Dennis Powless, BSN, RN, CCRN – Staff Nurse MICU
Kellogg Community College

Denise Robinson, MSN, RN – Clinical Operations Improvement
Spring Arbor University

Amy Rogers, BSN, RN – Staff Nurse MICU
Kellogg Community College

Norma Ward, BSN, RN, CCRN – Staff Nurse, Pediatrics
Indiana University

Evidence-Based Practice Changes Implemented in 2006

“In my department, I find that I am empowered to do things differently if I can show good cause, such as a better patient outcome, lesser cost or easier for the staff. Bronson recognizes that evidence-based practices should be implemented whenever possible, and I enjoy being a part of that process. Being able to initiate changes when I see something that can be improved gives me satisfaction.”

—Debra Brown, RN, CNOR
Staff Nurse

- **MINI-COG™** implemented and available for Nursing documentation. The MINI-COG™ is a simple and easy screen for possible cognitive impairment that can be completed by all RNs. The instrument combines an uncued three-item recall test with a clock-drawing test. Patients with a positive screen are at increased risk for delirium, falls, dehydration, inadequate nutrition, untreated pain and medication related problems.
- **Oral Hygiene Procedure** updated by NICHE Council Geriatric Resource Nurses
- Implemented the use of the **PAINAD Scale** for all patients with cognitive impairment, instead of the FLACC scale which is for children.
- Implemented **Fever Management in Children Protocol** in the Trauma & Emergency Center. This protocol allows the care team to administer antipyretics at triage.
- The Trauma & Emergency Center developed and implemented a **SBAR Communication Tool** to improve communication and provide consistency of patient care/plan between shifts and units. Communication between team members (MD to RN, RN to RN, RN to PCA, PCA to PCA, etc.) has improved within the department since implementation in Fall of 2006.

- LIFE, LifeCare and South County Ambulances, in collaboration with the Bronson Trauma & Emergency Center, have added the **capability to obtain 12 lead ECG data in the field prior to the patients' arrival at the hospital**. This enables the team to activate the AMI call down (STEMI Alert) system at an earlier time and even prior to the patient arrival at the hospital. Through our capability to obtain data and stabilization rapidly, along with the rapid response of the Cardiac Cath Lab team, we have decreased our door to dilation time to an average of 84 minutes, improved from an average of 100 minutes in 2005.
- Initiated **Sepsis Call Down** to provide rapid response and intervention for early sepsis resuscitation within the Emergency Department to improve outcomes and survivability of severe sepsis.
- The ICUs have changed the care of the **ventilated tracheostomy patient** to be in line with the literature.
- Care for the patient with an **extraventricular drain** has been updated to be in line with the literature.
- SICU has redone the treatment guidelines for care of patients with **intracranial hypertension and management of cerebral oxygenation** to match the literature.
- The SICU has redone the care of the **spinal cord injured** patient to be in line with the literature.
- **DVT prophylaxis** order forms for screening and prophylaxis is all based on the recommendation of the American College of Chest Physicians.
- Through the use of the **Rapid Response Team**, we have seen fewer incidences of non-ICU code zeros.
- Development of two new **insulin protocols**, one for the ICU and one for the adult general medical surgical units.

- Development and implementation of a **Protein Calorie Malnutrition and Eating Disorders Clinical Pathway and Order Set** for the pediatric patient. Tools for patient and family communication are included in a multi-level plan of care based on the patient's clinical progression.
- Initiation of **night-shift multidisciplinary rounds** in the PICU to facilitate physician-nurse communication.
- Implementation of **Accupedia** to increase the safety of pediatric vasopressor and other medication drips in the PICU.

Nursing Research

“Bronson nurses are educated, practice-based healthcare providers. We are autonomous and critical thinkers.”

—Layne Endres, RN

Use of An Internet Support Group to Reduce Anxiety and Avoidance Behaviors for Electrophysiology Patients

Investigators: Linda Benson, MSN, RN, CCRN, Rapid Response Team; Deborah Lyons, RN, Staff Nurse-CSU; Melinda Gevaart, BSN, RN, Nurse Manager, CVL & PPU; and Tracy Bradstreet, BSN, RN, Unit Coordinator-GCU

Nursing Decisional Involvement

Investigators: Nancee Hofmeister, BSN, RN, CNA-BC and Cindy Gaines, MSN, RN, CNA-BC

VON Protocol: Improving Delivery Room Team Performance and Debriefing Skills

Investigator: Marshe Remyse, BSN, RN, Clinical Nurse Specialist - OB

Lunar III Protocol: Emergency Nurses’ Understanding and Practice of Selected National Patient Safety Goals

Investigator: Eileen Negri, RN, Nurse Educator

Nursing Students’ and Practicing Nurses’ Views of Nature of Science

Investigator: Brandy Pleasants, PhD, WMU

RN Satisfaction Survey

Investigator: Cindy Gaines, MSN, RN, CNA-BC

WMU/Bronson Simulation Research

Investigators: Cindy Gaines, MSN, RN, CNA-BC and Marshe Remyse, BSN, RN, Clinical Nurse Specialist - OB

Nurses’ Perceptions of Barriers to Hydrotherapy in Labor: A Pilot Study

Investigators: Mary Ann Stark, PhD, RN and Marshe Remyse, BSN, RN, Clinical Nurse Specialist - OB

Similarity in Nursing Representations: It’s More than Words!

Investigators: Sheri Falen, PhD, U of M

Attitudes of Nurses Toward Research

Investigators: Nancee Hofmeister, BSN, RN, CNA-BC

Comparison of Assessed Risk to Actual Breakdown of the Total Hip Arthroplasty

Investigators: Betsy Beatty, RN

Bronson-Sponsored Nursing Conferences

Multi-Dimensional Neonatal Care
April 27, 2006
Fetzer Center, Western Michigan University

Neuroscience Nursing Conference
May 11, 2006
Fetzer Center, Western Michigan University

Michigan Trauma Symposium
May 25, 2006
Marriott, East Lansing

Perspectives in Pediatrics 2006
September 21, 2006
Fetzer Center, Western Michigan University

Excellence in Cardiovascular Nursing
September 26, 2006
Fetzer Center, Western Michigan University

Perinatal Network Conference XXII
October 26, 2006
Fetzer Center, Western Michigan University

Nursing Research Symposium
November 7, 2006
Fetzer Center, Western Michigan University

Posters

Use of Chlorhexadine in the Neonatal Population for Skin Antisepsis

Sandra Hart, MSA, RNC, Director – Women’s & Children’s Services
and Mary Vemich, RN, Staff Nurse – NICU
Fifth Annual Forum for Improving Children’s Healthcare Quality
Orlando, Florida
March 16–18, 2006

Skin Integrity Risk Assessment: Development of a Reliable Intraoperative Tool

Holly Wohlfert, BSN, RN, Education Services, Debra Kuiper, RN, Staff Nurse – CSU, Betsy Beatty, RN, Unit Coordinator – Preadmission Center and Debra Brown, RN, CNOR – Inpatient Surgery
2006 Association of Peri-Operative Registered Nurses 53rd Congress
Washington, DC
March 19–23, 2006



Administration of Pre-Op Antibiotics Within 60 Minutes of Incision

Jamie McCune, RN, Clinical Project Coordinator – NICU and Emily Senske, BSN, RN, Unit Coordinator – NICU
NIC/Q 2005 Vermont Oxford Network
Albuquerque, New Mexico
March 31–April 2, 2006

Implementation of a Hospital-Wide Employee Influenza Vaccination Program

Richard A. Van Enk, PhD, Director – Infection Control, Marilyn Potgiesser, BSN, RN, Director – Human Resources, and William Corder, RN, Manager – ProHealth
National Association for Professionals in Infection Control (APIC)
June 2006

Implementation of a Hospital-Wide Employee Influenza Vaccination Program

Richard A. Van Enk, PhD, Director – Infection Control, Marilyn Potgiesser, BSN, RN, Director – Human Resources, and William Corder, RN, Manager – ProHealth
Michigan Society for Infection Control (MSIC)
September 2006

The Effectiveness of Evidence-Based Practice

Cindy Gaines, MSN, RN, CNA-BC, Nursing Administration; Marla Atkinson, BS, RN, Nursing Manager – Radiology; and Jennifer Wolfe, RN, Staff Nurse – GMU
Registered Nurses Association in Michigan Annual Conference
Holland, Michigan
September 14 & 15, 2006

EPIC II Program – Education and Prevention of Impaired Crashes

Chianti Allabaugh, BSN, RN
Safety Conference & Training
Muskegon County Road Commission
September 27 & 28, 2006

Improving Pre-Operative Communication by Having Bedside Nurse Accompany Patient to Surgery

Jamie McCune, RN, Clinical Project Coordinator – NICU and
Emily Senske, BSN, RSN, Unit Coordinator – NICU
NIC/Q 2006 Vermont Oxford Network
Philadelphia, Pennsylvania
October 13-15, 2006

Communication Improvement with Notification of NICU

Marshe Remynse, BSN, RN – OB, Clinical Nurse Specialist
NIC/Q 2006 Vermont Oxford Network
Philadelphia, Pennsylvania
October 13-15, 2006

Use of Chlorhexadine in the Neonatal Population for Skin Antisepsis

Jamie McCune, RN, Clinical Project Coordinator – NICU and
Emily Senske, BSN, RSN, Unit Coordinator – NICU
NIC/Q 2006 Vermont Oxford Network
Philadelphia, Pennsylvania
October 13-15, 2006

Nursing Led Interdisciplinary Rounds: A Systematic Approach to Evaluate the Occurrence of Geriatric Syndromes

Natasha Watson, BSN, RN, Nurse Manager – AMU; Nicole Miller, BSN, RN, Staff Nurse – AMU; Shannon Seeberger, BSN, RN; Amy Sugden, RN, Staff Nurse – AMU; Jamie Marshall, RN, Staff Nurse – AMU; and Rita LaReau, MSN, APRN, BC GNP – Geriatric, Clinical Nurse Specialist
The Critical Link Conference
South Bend, Indiana
October 19, 2006



Skin Integrity Risk Assessment: Development of a Reliable Intraoperative Tool

Holly Wohlfert, BSN, RN, Education Services and Debra Kuiper, RN, Staff Nurse – CSU
The Critical Link Conference
South Bend, Indiana
October 19, 2006



Knee Block Anesthesia for Arthroscopic Procedures

Connie Sargent, BS, RN-BC, Staff Nurse – Ambulatory Surgery and Tim Dunfee, MD – Orthopedic Surgery
The Critical Link Conference
South Bend, Indiana
October 19, 2006



It's Good to be Green: Surgery Sets an Example

Margaret VanderWoude, RN, Staff Nurse – Surgery and Connie Sargent, BS, RN-BC, Staff Nurse – Ambulatory Surgery
The Critical Link Conference
South Bend, Indiana
October 19, 2006



Building a Vital Emergency Department Case Management Program: Impact and Implications

Laura Davenport
6th Annual Case Management Conference
Michigan State University
Lansing, Michigan
November 16, 2006

The Effectiveness of Evidence-Based Practice

Cindy Gaines, MSN, RN, CNA-BC, Nursing Administration, Marla Atkinson, BS, RN, Nursing Manager – Radiology; Jennifer Wolfe, RN, Staff Nurse – GMU
Bronson Methodist Hospital Regional Nursing Research Symposium
Fetzer Center, Western Michigan University
Kalamazoo, Michigan
November 7, 2006

Knee Block Anesthesia for Arthroscopic Procedures

Connie Sargent, BS, RN-BC, Staff Nurse – Ambulatory Surgery &
Tim Dunfee, MD – Orthopedic Surgery
Bronson Methodist Hospital Regional Nursing Research
Symposium
Fetzer Center, Western Michigan University
Kalamazoo, Michigan
November 7, 2006

Nursing Led Interdisciplinary Rounds: A Systematic Approach to Evaluate the Occurrence of Geriatric Syndromes

Amy Sugden, RN, Staff Nurse – AMU
Bronson Methodist Hospital Regional Nursing Research
Symposium
Fetzer Center, Western Michigan University
Kalamazoo, Michigan
November 7, 2006

Skin Integrity Risk Assessment: Development of a Reliable Intraoperative Tool

Holly Wohlfert, BSN, RN, Education Services and Debra Kuiper, RN,
Staff Nurse – CSU
Bronson Methodist Hospital Regional Nursing Research
Symposium
Fetzer Center, Western Michigan University
Kalamazoo, Michigan
November 7, 2006

The Effect of Protocolized Nursing Interventions to Promote Sleep in the Hospitalized Elderly

Rita LaReau, MSN, APRN, BC GNP – Geriatric, Clinical Nurse Specialist;
Linda Benson, MSN, APRN, BC CCRN – Rapid Response Team; Kristie
Smith, BSN, RN, CCRN; Stacey Guffy, BSN, RN, Grace Manguba MBA
– Research; Kuanwong Watcharotone MS – Research
Bronson Methodist Hospital Regional Nursing Research
Symposium
Fetzer Center, Western Michigan University
Kalamazoo, Michigan
November 7, 2006



Skills Used to Improved Communication and Patient Safety

Marshe Remynse, BSN, RN – OB, Clinical Nurse Specialist
Bronson Methodist Hospital Regional Nursing Research
Symposium
Fetzer Center, Western Michigan University
Kalamazoo, Michigan
November 7, 2006

Presentations

Healthcare Leadership/Decisions in WMD Events

Carrie Kotecki, RN, Nurse Manager – Trauma & Emergency Center
Homeland Security Course
Anniston, Alabama
February 13–17, April 17–20 & August 14–18, 2006

Trauma Nurse Core Curriculum (TNCC)

Carrie Kotecki, RN, Nurse Manager – Trauma & Emergency Center
Emergency Nurses Association
Kalamazoo, Michigan
March 2–3 & September 28–29, 2006

Pain Resource Nurse Program

Lucille Czerwinski, MSN, RNC, APRN, BC – Clinical Nurse Specialist
American Society for Pain Management Nursing
National Conference
Orlando, Florida
March 30–April 2, 2006

Emergency Nursing Pediatric Course (ENPC)

Carrie Kotecki, RN, Nurse Manager – Trauma & Emergency Center
Emergency Nurses Association
Kalamazoo, Michigan
April 12–13 & October 26–27

When Dreams Don't Come True, Families Turn To You

Melody Couch, BSN, RNC
Spring Fling Nursing Conference, Lakeland Healthcare System
Paw Paw, Michigan
April 19 & 25, 2006

The Challenge of Assessing Pain in the Cognitively Impaired Adult

Lucille Czerwinski, MSN, RNC, APRN, BC – Clinical Nurse Specialist
Keynote Speaker Educational Seminar
South Haven, Michigan
April 26, May 2–May 4, 2006

The Challenge of Assessing Pain in the Cognitively Impaired Adult

Lucille Czerwinski, MSN, RNC, APRN, BC – Clinical Nurse Specialist
Borgess Hospital
Kalamazoo, Michigan
July 11, 2006

Acute Care Management for Older Adults

Rita LaReau, MSN, APRN, BC GNP – Geriatric, Clinical Nurse Specialist
National Conference of Gerontological Nurse Practitioners
Jacksonville, Florida
September 2006

Evidence-Based Practice and Journal Clubs

Lucille Czerwinski, MSN, RNC, APRN, BC – Clinical Nurse Specialist
Holland Hospital
Holland, Michigan
September 4, 2006

Bronson Methodist Hospital Project NICHE: Journey to Magnet

Rita LaReau, MSN, APRN, BC GNP – Geriatric, Clinical Nurse Specialist
10th Annual Magnet Conference
Denver, Colorado
October 2006

Pain Management in The Elderly

Chris Sickles, RN
NFLPN conference
Fort Lauderdale, Florida
October 9–13, 2006

Nursing Scorecards

Cindy Gaines, MSN, RN, CNA-BC – Nursing Administration
CareScience 2006 National Conference
Orlando, Florida
October 16, 2006

Utilizing CareScience to Report to a Healthcare Coalition

Mary Kindle, RNC, BSN, CPHQ and Linda Heystek, RN, BS, CPHQ
CareScience 2006 National Conference
Orlando, Florida
October 16, 2006

Nursing Leadership

Jane Morrow, RN, MPA, Education Services
Center for Nursing Excellence
Crystal Lake, Michigan
November 6, 2006

Disaster Planning

Carrie Kotecki, RN, Nurse Manager – Trauma & Emergency Center
Sigma Theta Tau
Kalamazoo, Michigan
November 29, 2006

The NICHE Program at Bronson Methodist Hospital: Developing a Geriatric Resource Nurse Program; Geriatric Syndromes; The Bronson Methodist Hospital NICHE Tool Kit

Rita LaReau, MSN, APRN, BC GNP – Geriatric, Clinical Nurse Specialist
Mercy Medical Center
Des Moines, Iowa
December 2006

Publications

***Symptom Experience and Emotional Distress After
Traumatic Brain Injury***

Bay, E., Bergman, K. (2006)
Care Management Journals, 7(1), 3-9

***Intimate Partner Violence Against Women: Findings From One
State's ED Surveillance System***

Glenn Carlson (2006)
Journal of Emergency Nursing, 32(1), 12-16

***Can Case Management Interventions Reduce the Number of
Emergency Department Visits by Frequent Users?***

Laura Davenport (2006)
The Health Care Manager, April-June

Generational Diversity and the Impact on the Nursing Shortage

Sandra Hart (2006)
Journal of Nursing Administration, January

***Collaboration, Credibility, Compassion, and Coordination:
Professional Nurse Communication Skill Sets in Health Care
Team Interactions***

Apker, J., Propp, K., Ford, W., and Hofmeister, N. (2006)
Journal of Professional Nursing, 22(3), 180-189

Closing Remarks

The value of nursing is measured by the impact we make. Nurses at Bronson are certainly having a positive impact on their patients, families and on the nursing community at large. Our nursing outcomes continue to improve each year. Each individual nurse at Bronson has contributed to at least one of the outcomes highlighted in this book. Thank you and congratulations to all for your daily impact.

Individuals highlighted in this book are your nursing colleagues who have gone above and beyond in their professional nursing practice. It may entail serving as leaders on the multiple councils, continuing education in nursing, obtaining national certification, publishing articles, poster presentations, or presentations at conferences. Thank you for your time, talents and energy in moving nursing practice forward at Bronson.



Nancee Hofmeister, MSN, RN, CNA-BC
Director of Medical Services/Professional Practice

Bronson Methodist Hospital

Bronson Methodist Hospital, located in downtown Kalamazoo, Michigan, is the flagship of Bronson Healthcare Group, a not-for-profit healthcare system serving all of southwest Michigan and northern Indiana.

With 343 licensed beds and all private rooms, Bronson Methodist Hospital provides care in virtually every specialty — cardiology, orthopedics, surgery, emergency medicine, neurology, oncology — with advanced capabilities in critical care as a Level I Trauma Center; in neurological care as a certified Primary Stroke Center by The Joint Commission; in cardiac care as the region's only accredited Chest Pain Center; in obstetrics as the leading BirthPlace and only high-risk pregnancy center in southwest Michigan; and in pediatrics as one of only four children's hospitals in the state.



The hospital is the recipient of the 2005 Malcolm Baldrige National Quality Award, the nation's highest presidential honor for quality and organizational performance excellence, and was named one of the nation's 100 Top Hospitals for 2005 by Solucient.



Bronson Healthcare Group is one of Kalamazoo's largest employers and is currently ranked by *Working Mother* magazine as one of the nation's 100 best companies to work for. With a workforce of more than 4,100, Bronson makes a significant contribution to the local economy. In 2005, Bronson provided more than \$48 million in community benefits through outreach and charitable care for the un- and under-insured. Bronson also serves the largest percentage of Medicaid patients of any Michigan hospital outside of the Detroit area.