



Nursing Notes

December 2011



Congratulations to the 3rd Quarter DAISY Award Recipients!

The Professional Practice Council has chosen Bronson's 2011 third quarter recipients of the DAISY Award. Congratulations to Melissa Heacock (Cardiology), Sheryl Myers (OB, L&D, Antepartum) and Michelle Wilson (MICU).



Melissa Heacock, RN



Sheryl Myers, RN



Michelle Wilson, RN

Read excerpts from their nominations on page 2.

DAISY Award recipients are chosen based on the criteria in the nomination form which recognizes a nurse who:

- Makes a special connection with the patient and family
- Includes patients and families in the planning of their care
- Does an excellent job educating patients and families
- Works well with the healthcare team to meet patient and family needs
- Makes patients and their families feel comfortable
- Goes above and beyond

WMU Honors Former Bronson Nurses

On Thursday, November 7, two Bronson School of Nursing alumni and former Bronson employees were



Lois Richmond

among 12 individuals inducted into the Outstanding Alumni Academy of the Western Michigan University (WMU) College of Health and Human Services (CHHS).

Lois Richmond was honored by the Interdisciplinary Health Services program for her leadership and innovative contributions to health-care provision, administration, nursing, and the community.



Jackie Wylie

Jackie Wylie received an honorary recognition from the WMU Bronson

School of Nursing for her leadership and significant contributions benefiting nurse education and advancing the nursing profession.

Nurses Continue to Work to Improve Patient Safety and Satisfaction/HCAHPS

Bronson Methodist Hospital adult inpatient units continue to partner with patients and families to improve patient safety and satisfaction by focusing on bedside handover and purposeful rounding. Here is an update by unit:

Neurovascular Unit

Nurses using "TEMP" tool developed by General Medical Unit (GMU) for purposeful rounding; tracking rounding times on patient doors; started bedside handover in November.

Orthopedic Surgical Unit

Nurses using "TEMP" tool for purposeful rounding and documenting on patient doors; nurses also doing bedside handover; started patient care assistant handover in November.

Trauma Care Unit

Nurses doing bedside handover; noticing fewer incident reports; nurses rounding; nurses developed new model with team leader per pod who leads huddles throughout the day to coordinate care; last quarter started meetings for patients' families to meet with care team.

General Surgery Unit

Nurses & PCAs performing purposeful rounding using "TEMP" methodology; RN shift report process has been streamlined through the use of voicemail; staff remains focused on improving call light responsiveness; multidisciplinary rounds have been implemented. RNs and PCAs starting bedside handovers on November 29.

General Medical Unit

Nurses and patient care assistants using "TEMP" tools for purposeful rounding and documenting on patient doors; started bedside handover in November.

Adult Medical Unit

Continuing to incorporate bedside handovers to ensure they are done consistently; TEMP rounding was introduced in mid-October; has been doing interdisciplinary rounds for approximately five years, introduced the BOOST 8P triggers this spring to better identify patients at high risk for readmission and put interventions in place

Medical Intensive Care Unit

Nurses continue doing bedside handovers and double checks on high risk meds; con-

tinue to perform daily multidisciplinary rounds, including patient and family members, focusing on the daily plan of care

Cardiology

Nurses/PCAs continue to perform purposeful rounding; changing to use "TEMP" tool and tracking record to align with other med-surg units; focused change of shift handovers occurring at the bedside

The Divisional Nursing Shared Governance Council Professional Practice Committee is also working to develop a standardized handover tool. If you have suggestions on how to improve patient safety or satisfaction on your unit, please talk with your manager or shared governance representative.



3rd Quarter 2010 DAISY Award Nominations Excerpts



**Med/Surg:
Melissa Heacock**

I was working with Melissa on 7/10/11 night shift. One of her patients was a very friendly man with no family or friends.

He enjoyed talking with her about her dogs, and told her that he didn't use to be so lonely because he had two German shepherds, but they both died and left him all by himself.

Melissa received permission from the charge nurse, called and woke up her boyfriend and asked him to bring one of her dogs up to visit her patient, which he did (bless his heart!). Her patient told her he is never able to sleep at night. After visiting with Melissa's dog, he slept for 3 hours. When he woke up, he told Melissa that her dog was the "Magic Dog of Sleep," and that he was amazed that he was relaxed enough after the visit to get 3 solid hours of sleep in the middle of the night, which was almost unheard of for him. It was an innovative, kind, compassionate act of stellar care that truly made a difference in the life of her patient. I know that he will never forget his visit with Melissa's dog. I think her act exemplified nursing at its finest, and she deserves the Daisy Award!

Nominated by: Tammy W.

Quality Fair — Putting Patients First

Thank you to everyone who participated in this year's Quality Fair! The theme was "Putting Patients First," and more than 20 departments and committees demonstrated how they were using Bronson's performance improvement Plan-Do-Check-Act model to put patients first. Topics ranged from purposeful patient rounding to checklists for improving teamwork. If you have ideas on how Bronson can continue to put patients first in quality and safety, e-mail ptsafety@bronsonhg.org



Stacey Finley (far right) presents Julie Kiel and Beth Peuler from Pediatrics with the "Best PDCA Award" for the Quality Fair poster entitled "Purposeful Rounds Don't Bug Patients." The poster was designed by Tiffany Steffel, Jennifer Holmes, and Mary Bergeron. Congratulations to Pediatrics and all the departments who participated!



**Critical Care:
Michelle Wilson**

On 8/25/11, my mother was suddenly moved to the ICU for numerous health problems. When I arrived in her room,

I was greeted by her nurse, Michelle Wilson. I spent the entire day with my mother and I quickly realized that Michelle wasn't just any nurse and was truly passionate about her role as a nurse. She was incredibly compassionate to not only my mother, but also our family. The day was full of emotion and as my mother began her first dialysis, we were anxious as to the outcome. As day turned into evening, my sisters and I decided to go get something to eat. Well, as luck would have it, it wasn't long after we left that my mother took a sudden turn for the worse. Michelle did what she was supposed to do and quickly went to my mother's chart and called the contact numbers. When she did not get a response, she then thought back to the discussions she heard as to where we were going and took it upon herself to call the restaurant and described us to the person who answered the phone. We were then able to rush back to the hospital and be at our mother's bedside. I will forever appreciate Michelle and the extra mile she went to find us at such a critical moment in our lives.

Nominated by: Katie I.



**Other:
Sheryl Meyers**

When I went into L&D I was very nervous because I was being induced due to some medical issues... I was

worried that my daughter was a vaginal birth and wanted to avoid a C-section if possible. On the morning of Thursday, September 8, I met the woman who was going to be my nurse for the day. Little did I know that she would be like an angel that day and go above and beyond to make sure me and my family had a great experience. ...she came in and just wanted to know about who I was as a person. She wanted to know what my goals were for my L&D, my fears and any questions I had... She started to address topics before I ever had a chance to even ask... She also had this calming effect over me. She was just so sweet and caring and seemed more like a long-time friend than someone I had just met hours before. There is no doubt that she and I were able to make a very special connection that day and one that I feel I will have forever with her... She went above and beyond to try for a vaginal birth with me when things got complicated and the talk of a C-section came up. She also made sure that the doctor on call knew what my wishes were and that he was on board with our plan. It is because of her that I got through my labor in one piece and that I did in the end get my vaginal birth...

I will always remember this amazing woman... She truly impacted my birthing experience in such an important way.

Nominated by: Vanessa H.

Petting Zoos Coming for Epic Devices

This month there will be several opportunities for patient care staff to share their opinions of the device options being considered for point of care documentation/computing.

Epic Device Fair/Petting Zoos for a typical patient room

Date	Time	Intended For <i>But others are welcome! Trying to control traffic, space in the room is limited.</i>
Dec. 6, 2011	4:00 p.m. – 6:00 p.m.	South Pavilion 3 rd floor staff
Dec. 7, 2011	8:00 a.m. – 10:00 a.m.	South Pavilion 4 th floor staff
Dec. 13, 2011	11:00 a.m. – 1:00 p.m.	South Pavilion 2 nd floor staff Med/Surg staff North Pavilion staff
Dec. 15, 2011	8:00 p.m. – 10:00 p.m.	South Pavilion 1 st floor staff
Dec. 16, 2011	3:00 p.m. – 5:00 p.m.	All
<i>ED and OR are not typical patient rooms and will be assessed separately at another time.</i>		

The petting zoos will be held in a mock patient room on the second floor of the BMH North Pavilion. Watch for more details coming soon.

Center for Learning Develops Patient Education Plans

Did you know there are 36 education plans developed and available for your use on the Center for Learning's Patient Education intranet page? You can get to this page by clicking on the Center for Learning link on the left hand side of the Bronson intranet home page. Next, select the Education Plans link at the top of the web page.

There are also education records posted with the education plans to use if the documentation has not been built yet in HED. If you have questions about any of these plans, contact Jackie Wahl at 341-6287.

The education plans you will find include:

Abdominal Hysterectomy	Non-epileptic Spells
Appendectomy	Psychogenic Seizures
Atrial Fibrillation	PICC Line
Blood Glucose Monitoring	Port-A-Cath
Carbohydrate Counting	Pradaxa
Cervical Fusion	Preventing Breathing Problems after Surgery
Cholecystectomy	Preventing Falls at Home
Clostridium Difficile Infection	Preventing Falls in the Hospital
Colon Resection	Preventing Problems after Surgery
Diabetes Type	Self-Catheterization – Female
Gestational Diabetes	Self-Catheterization – Male
Heart Failure	Short-Term Hemodialysis Catheter
Hickman Catheter	Stroke or TIA
Hip Replacement – Anterior	Tracheostomy Care
Hip Replacement – Posterior	Vaginal Hysterectomy
Homecare after Mitomycin C Bladder Instillation	Vancomycin-resistant Enterococcus
Knee Replacement	Warfarin
Lovenox	
Multidrug Resistant Staphylococcus	

Emergency Department Uses CUIBAIL Checklist to Improve Patient Safety/Satisfaction

Nurses and patient care assistants (PCAs) in Bronson Methodist Hospital's Emergency Department (ED) are using the CUIBAIL checklist as a consistent way to improve handovers and communication with patients and staff during shift change.

Marti Nuyen, RN, an ED preceptor, teaches new staff about the importance of handing over care as evidenced-based practice and The Joint Commission standard. She saw an opportunity to standardize how the department was handing over care and, with the support of nursing leaders and the ED Performance Improvement Committee, she formed a task force last fall to develop the checklist tool and implement the new practice. In quirky ED humor, Jeff Schlabach, PCA suggested CUIBAIL and the acronym stuck!

Marti and Jeff worked with Jamie Whelan, PCA; Chris Salmon, RN; Laurie Sweet, RN; and Andrea Barrows, RN to survey staff, identify the most important items, roll it out department wide and re-survey to measure effectiveness. Eighty-five percent of staff find the CUIBAIL tool easy to use and approximately three out of four staff feel it's becoming a habit, helps with peer accountability, and improves staff comfort level with taking over patients' care. Most important, the patients feel the impact too! There was an 8.8 percent increase in patients' perception of staff caring for them as a person since the ED starting using this tool.

"I just want everybody to be 100% on the bandwagon," says Marti. "It's the right thing for the patient and for the staff."

Chart in Kilograms

Chart weights in kilograms only, not pounds. Our scales have the ability to weigh in both pounds and KG, so it is crucial that the correct weight measure is chosen.

New Skin Product

Since November 14, the medical/ surgical and critical care units have been stocking a product that will help manage moisture, friction, and bacterial or fungal organisms in skin folds. InterDry®Ag is a cloth that is impregnated with anti-microbial silver complex. It is a white cloth that comes in a roll (similar to aluminum foil) and the nurse will cut off the appropriate size to be used. Refer to the Nurse Practice Calendar, November 14, for instructions and more information.

Important points:

- Cleanse skin in the skin fold with a washcloth prior to placing the fabric
- Place the fabric in the skin fold, leaving two or more inches exposed
- Secure with tape if needed
- The moisture will wick away from the skin fold and evaporate from the fabric
- Replace every five days or as needed

Tornado Warnings To Have Two Levels

Starting Sunday, January 1, Bronson Methodist Hospital will use two levels during a tornado warning.

Level 1: Doppler issued tornado warning
Level 2: Significant threat to Bronson

The different levels allow the hospital to clarify when to move critical patients, stop surgery and diagnostic procedures, and evacuate staff. Managers and safety champions will be asked to update their emergency preparedness procedure manual and department specific response accordingly. Contact Lisa Hardesty at 341-6374 or hardestl@bronsonhg.org with questions.

BMH Re-verified as Level I Trauma Center

We are pleased to announce that Bronson Methodist Hospital (BMH) has been re-verified as a Level I Trauma Center by the Committee on Trauma of the American College of Surgeons (ACS). Bronson has provided the highest level of care for critically injured patients since 1989, longer than any other hospital in southwest Michigan.

RN Satisfaction Survey Ends

Thank you to all of the RNs who completed the RN satisfaction survey. The average unit response rate was 76 percent, which was an increase from last year. The Vascular Access Specialist Team, General Medical Unit, and Neurovascular Unit had 100 percent participation – Kudos to you! Overall, our scores were higher in all areas of the Practice Environment Scale than they were in 2010. Nurse Managers will be sharing the unit level information with their staff over the next few weeks.

NPAL Reminder

The next application period for the Nursing Professional Advancement Ladder is January 1-21. If you have questions concerning NPAL application, please don't hesitate to contact your unit Professional Practice council representative or Kim J. Brown at brownki@bronsonhg.org.

Volunteer Opportunity: SKI HELMET BLITZ

Sunday, Dec. 11, 10 a.m. to 2 p.m.
Bronson Gilmore Center
Contact Deb Carpenter at 341-8830 or carpentd@bronsonhg.org

OSU and NVU Switching to Provide More Specialized Patient Care

Starting Monday, December 5, the Orthopedic Surgical Unit (OSU) and Neurovascular Unit (NVU) at Bronson Methodist Hospital will be switching locations. The move provides an opportunity to expand and centralize care for the neuroscience team while allowing the OSU team to focus more specifically on the orthopedic patient population.

Logistics & Services

- NVU will move up to the third floor of the West Pavilion – rooms W350-W393. This includes the Neuroscience Monitoring Unit (NMU) and will include 12 rooms for neuro critical care, which will be completed in January. An opening date for this area has not yet been determined. Bronson is seeing more patients with head injury, stroke, spine and back issues. To accommodate this increasing demand and complexity, Bronson's neuroscience team will be able to provide care across the continuum in one location.
- The NMU, previously called the Epilepsy Monitoring Unit, will double from two rooms to four. As the only unit of its kind in southwest Michigan, there is a growing need to expand capacity for diagnostic monitoring for neurological conditions, especially epilepsy. Once the new unit opens, patients as young as age five through older adults will be evaluated.
- The OSU will move down to the first floor of the East Pavilion – rooms E102-E125. Previously, about 60 percent of OSU patients were orthopedic surgeries and 40 percent were medical. After the move, the majority of patients will be orthopedic. This will provide staff more opportunity to concentrate on this patient demographic.

Move Week

Patients admitted before December 5 will remain in the same room until discharge. There will be some crossover initially. Nurses on both units have been cross trained to provide care for both patient types during the interim. Patients admitted after December 5 will be sent to OSU or NVU according to principal diagnosis.

Questions

Contact Marla Atkinson (OSU), Josh Ruhtrup (NVU), or Stephanie Bayma (NMU) with questions.

Bronson Nursing Notes is published monthly by Bronson Healthcare Group. If you have a topic you would like addressed in this publication, please call 341-7018 or send your request to mercerg@bronsonhg.org.

Bronson Updates Med Reconciliation Policy to Follow National Patient Safety Goal

Since September 19, Bronson Methodist Hospital has been following a revised medication reconciliation policy. The changes primarily affect transitions of care from inpatient to procedure area and back. A physician/proceduralist is required to review medication pre- and post-procedure. However, completing the continue/stop medication list is no longer required for patients going from the inpatient unit to Interventional Radiology, Endoscopy, or Cath Lab (for TEE only). There are no significant changes to the inpatient admit and discharge process. Remember to discuss with and give the patient and/or family a medication list. Please contact Kathy Stoll at (269) 341-8332 or stollk@bronsonhg.org with questions.

Lesson Learned: Help Prevent "Stolen Dose Medication Errors"

What happened:

A patient was scheduled to receive a dose of regular insulin before every meal. It was timed for 0900, 1200, and 1700. At 1700, the patient didn't want dinner. The nurse omitted the 1700 dose of insulin. At 1830, the patient ordered dinner and the nurse scanned the regular insulin. The nurse got a prompt that the dose was early (it only saw the next day's 0900 dose). However, the nurse overrode the message and gave the dose. Therefore, the patient missed the 0900 dose the next morning.

What we can we learn:

- If the patient doesn't want dinner at the time indicated, delay the dose until you are sure dinner will not be ordered later. If you omit a medication, it means that dose will not be given, even later. The system sees only the next dose that is due. Then, when the next dose is given, it will take the next available time and possibly "steal" a dose.
 - Pay close attention to alerts, instead of quickly bypassing them.
- Bronson Methodist Hospital has received several of these reports in the last four months. Please use the IntelliDOT omit dose function properly to avoid missing patient medications.

Project NICHE 10 Year Anniversary Celebration

Tuesday, Dec. 6, 11 a.m. to 1 p.m.
Bronson Gilmore Center Lobby

- Come celebrate more than 10 years of excellent, evidence-based care for older adults.
- View the new Bronson Project NICHE video.
- Join us for refreshments.



Gerontologic Certification Review Class

Monday, December 12,
8 a.m. to noon
Bronson Gilmore Center

Presented by Rita LaReau, MSN, GNP BC. Sign up through e-Learning. For questions and contact hours, contact Rita LaReau, Jane Morrow, or Karla Souden.

Conversations in Clinical Ethics

Thursday, December 15,
Noon to 1 p.m.
Gilmore Center Auditorium

"Ethical issues with confidentiality and access to clinical information — Who wants to know?"
Sign up in Bronson e-Learning for a FREE lunch.

Good News

BMH General Surgery Unit nurse **Gretchen Michelle Hinga, RN** has completed her BSN through Chamberlain College of Nursing. Congratulations!

Five Bronson RNs have successfully passed the NCC Certification exam for Neonatal Intensive Care. Congratulations to **Kari Blair, BSN RNC-NIC; Heather Gartke, RNC-NIC; Rebecca Pomeroy, RNC-NIC; Lauren Fleming, BSN RNC-NIC;** and **Lynne Horodyski, BSN RNC-NIC.**

Congratulations to four MB/APU nurses, **Kristi Alton, RN; Michelle Garneau, RN; Linda Huston, RN;** and **Nicci Huneke, RN;** who received their national nursing certification this past October 25, 2011. These nurses received certification in Maternal/Newborn Nursing after testing in September. This demonstrates professional achievement in their area of expertise, mother-baby nursing.