About Bronson Methodist Hospital

Bronson Methodist Hospital, located at 601 John St. in downtown Kalamazoo, Mich. is the flagship of Bronson Healthcare, a not-for-profit healthcare system serving all of southwest Michigan and northern Indiana. With 434 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 the only Level I Trauma Center in southwest Michigan; in neurological care as a Joint Commission-certified Primary Stroke Center; in cardiac care as the region’s first accredited Chest Pain Emergency Center; in obstetrics as the leading BirthPlace and only high-risk pregnancy center in southwest Michigan; and in pediatrics as one of only six children’s hospitals in the state.

2014 Selected Achievements

- Magnet® Recognition for Nursing Excellence from American Nurses Credentialing Center
- Level I Trauma Center Verification by American College of Surgeons
- Cycle IV Chest Pain Center Accreditation from the Society of Cardiovascular Patient Care
- Healthgrades® Ratings
  - One of America’s 100 Best Hospitals for stroke care
  - Top 5% in the nation for neurosciences and treatment of stroke and neurosurgery
  - Top 10% in the nation for overall gastrointestinal (GI) services
  - Five stars for total knee replacement, spinal fusion surgery, neurosurgery, treatment of stroke, treatment of chronic obstructive pulmonary disease, treatment of GI bleed, treatment of sepsis, and treatment of respiratory failure
- Healthgrades Outstanding Patient Experience Award™
- Consumer Choice Award from the National Research Corporation
- Exemplar Status for Nurses Improving Care for Healthsystem Elders (NICHE) Program
- Blue Cross Blue Shield Association Blue Distinction Center+ for Cardiac Care, Knee and Hip Replacement, and Spine Surgery
- Get With The Guidelines™ Stroke Silver Plus Quality Achievement Award, Stroke Honor Roll
- Phase II Outpatient Cardiac Rehabilitation Program Certification by the American Association of Cardiovascular and Pulmonary Rehabilitation
We did it! In 2014, we again achieved the nation’s highest honor for nursing — Magnet® recognition. This is considered the gold standard, and only seven percent of U.S. hospitals have earned it. I am so proud and honored that the excellence we as Bronson nurses strive for every day was recognized on a national level.

We also had several other accomplishments, including being re-accredited as a Chest Pain Emergency Center and re-verified as a Level I Trauma Center, the only one in southwest Michigan. Our achievements continue to validate the great care and professional development displayed throughout the year.

Considerable time and energy has been devoted to increasing Bronson’s nursing visibility within the national professional arena in terms of publications and grant submissions. Two clinical quality improvement projects were identified as having significant potential for publication in peer-reviewed journals. Staff nurses wrote the manuscripts and both went through the review process, with one accepted for publication. A staff nurse-driven research project was also submitted to an external nursing organization in December, 2014. Great job to all of the nurses involved in efforts to highlight exceptional nursing practices at Bronson!

The healthcare industry is changing rapidly and we as nurses are at the forefront of innovation, quality and cost effectiveness. From safety surveillance to product improvements to research, we are making a difference! We’ll continue to look for ways to create compassionate customer experiences and optimize care for every patient every time across the continuum of care.

Bronson is a system, and nursing is committed to working together among the hospitals and across care settings to provide excellent healthcare at the best value. Our values of integrity, patient and family centered care, teamwork, evidence-driven improvement, education, and community commitment guide us.

We accomplished a lot in 2014 and will continue to do so in 2015 and beyond. Congratulations on another stellar year!

Denise Neely
Vice President, Chief Nursing Officer (CNO)
Bronson Healthcare, Bronson Methodist Hospital
Transformational Leadership

Participative Leadership

A strong vision, as well as clear strategic and quality plans, are hallmarks of Magnet™ recognized organizations. Nursing leaders at all levels demonstrate advocacy and support of staff. At Bronson Methodist Hospital (BMH), daily huddles, gemba walks, rounding, staff and shared governance meetings are some of the ways in which nurse leaders are able to inspire, motivate, coach, role model, and encourage team members. Input from bedside caregivers and collaboration with others to obtain new technology or services helps to improve patient safety and outcomes.

2014 Highlights

Pyxis Upgrade

From January to July 2014, BMH and Bronson LakeView Hospital Pharmacy, Nursing, Information Technology and Education Services collaborated to update Pyxis MedStation® ES systems. This project involved updating all of the Pyxis stations at both facilities to provide improved functionality. The new Pyxis system has many new features for enhanced patient and staff safety: a medication administration record-like screen shows medications due, a scan feature for medication return, additional pop-up bins, and a map of other stations that have medication in the case of an empty bin. More than 1,400 nursing, pharmacy, emergency medical technician and paramedic staff received bio identification and training. The system improves workflow and increases medication safety for patients and caregivers.
Glucostabilizer

In June of 2014, GlucoStabilizer® (a Food and Drug Administration (FDA)-approved intravenous (IV) insulin dosing software) was rolled out to all of the adult inpatient departments, including the medical-surgical and critical care areas. The GlucoStabilizer benefits patients and nursing by:

- Reducing the time needed to stabilize elevated blood glucose
- Reducing hypoglycemic events
- Reducing insulin infusion dosing calculation errors
- Standardizing care for patients with insulin infusions
- Providing safety features such as audible and visual alarms when blood glucose testing is due

Ebola Preparedness

To provide excellent care to patients with Ebola, or other highly contagious diseases (Category A pathogens), a volunteer task force was assembled in October of 2014 of over 40 nurses, physicians, respiratory therapists, and personnel from the Emergency Department, Lab and Radiology to develop a Special Contagion Unit to care for patients. Staff and physicians received special training in personal protective equipment (PPE), safe transport of patients, care of patients in isolation, disease processes, point-of-care lab functions, cleaning and waste removal, and employee safety. Subgroups were trained to assist with performing X-rays and obtaining specimens for analysis. Others assisted in making training videos outlining the steps of the processes involved in caring for a patient with a highly contagious disease. This volunteer group will continue to receive quarterly training and updates so that they are ready for any patient requiring their expertise.
Promoting Patient Safety with Medical Devices

BMH received two certificates from the U.S. Food and Drug Administration (FDA) for “Outstanding Contribution in Promoting Patient Safety with Medical Devices.”

In the first case, a central venous catheter was placed in a patient at BMH. Four days later a student nurse discovered the lumens were labeled incorrectly. The student nurse discussed with her preceptor on the Medical Intensive Care Unit (MICU) and they showed the physician. The physician contacted the vascular access specialist team (VAST) and a nurse from the team contacted a specialist in Environmental Safety who then submitted a Medical Product Safety Network (MedSun) report through the FDA. The FDA representative contacted the manufacturer and an Urgent Field Safety Notice was issued.

In the second case, the patient called Angela Layman, RN from the Bronson Methodist Hospital General Medical Unit, to his room. His bed was soaked with intravenous (IV) fluid and his IV was leaking. Both ends of the IV tubing were touching the bed linens and patient, exposing the central line to possible bacteria and germs. Angela called Shelly Hoogerheide, BSN, RN-ONC, unit coordinator, to the room. They examined the IV tube and found it was split and not connected properly. The nurses de-accessed the port-a-cath and re-accessed it using a new needle with new tubing. They saved the previous IV needle and tubing, filed a patient safety report, and contacted the specialist in Environmental Safety who then submitted a MedSun report. The manufacturer took corrective action to improve the product manufacturing process and MedSun published the case in their newsletter.

Thanks to the actions of these nurses, patients will be safer.
Neonatal Intensive Care Unit

Transformational leaders share results and set expectations for the future. Creativity and innovation was evident in the Neonatal Intensive Care Unit as staff and leaders worked together to share 2014 outcomes and set a course for 2015.
Shared Governance

Magnet™ structural environments empower staff to be involved in shared governance and decision making. The communication and collaboration among bedside caregivers and nurse leaders promotes excellence in clinical practice and professionalism.

Divisional Nursing Shared Governance Council
The Divisional Nursing Shared Governance Council (DNSGC) is a forum for information sharing, staff education, issue identification and input. DNSGC brings together, on a monthly basis, nursing unit representatives across the organization, as well as a representative from the Patient and Family Advisory Council, to coordinate, communicate and facilitate the practice of nursing.
Clinical Quality Council
The Clinical Quality Council (CQ) is responsible for initiating systemwide quality initiatives to improve outcomes. In 2014, CQ provided input, developed and/or implemented the following:

- Developed IV phlebitis, extravasation and infiltration Lines, Drains and Airways (LDA) flow sheet in Epic (image-1)
- Completed IV phlebitis, extravasation and infiltration LDA housewide education
- Revised IV phlebitis, extravasation and infiltration policy
- Provided input related to sitter use, including education and policy revision
- Updated the pain policy to help clarify pain assessments and documentation
- Proposed removing numbers defining mild, moderate and severe from pain medication orders
- Developed fall scripting for post-fall huddle
- Initiated secondary call back on IV pumps to eliminate roller clamp errors
- Reviewed and revised IV piggyback policy to use back flow as a standard to prime tubing (image-2)
- Provided input related to emergent event policy
- Provided suggestions on how to improve IV start kits (started seeing new kits in November)
- Collaborated with Lab partners “walk in my shoes” event to gain knowledge in the hopes of eliminating unlabeled/mislabeled specimens, contaminated specimens, hemolysis, clotting, and insufficient quantities. Guidelines to be developed in 2015
- Partnered with Environmental and Food Services to decrease falls – both departments have added fall prevention to their orientation and training of new staff
- Provided input related to fall policy, fall watch and precaution signs for system
- Provided recommendations and suggestions related to merging of urinary catheter policies, procedures and protocols
- Received education and training on action plan development to help with management of clinical quality initiatives
- Provided input and suggestions for improving and updating DNSGC bylaws
- Provided input related to in-room medication lockboxes
- Completed literature reviews for sequential devices and ambulation teams
- Welcomed the skin and wound committee who joined CQ in September:
  - Developed a skin care protocol flow diagram
  - Provided input related to type of bed decision flow diagram
  - Provided input related to associated dermatitis protocol
Professional Practice Council

Professional Practice Council (PPC) is designed to support professional nursing practice and provide an infrastructure where BMH nurses can achieve their professional goals. PPC also recognizes and celebrates nurses’ success. PPC 2014 accomplishments include:

- Selected 12 DAISY award winners
- Selected the first DAISY Team award during Nurses’ Week
- Reviewed and approved Nursing Professional Advancement Ladder (NPAL) binders (image-3)
- Provided input, assisted with development of float pool unit resource tools
- Provided input, assisted with further refinement of peer evaluation tool
- Provided input related to bronsonhealth.com nursing Web page
- Planned and coordinated Nurses’ Week events, including the Celebration of Nursing Excellence ceremony
- Completed additional revisions and updates for NPAL
- Implemented DAISY award changes/enhancements including surprise ceremonies and nighttime presentations for night shift winners
- Coordinated several “We are Bronson Nursing” events (image-4)
- Provided input and suggestions for improving and updating DNSGC bylaws
- Developed PPC charter
Advance Practice Nurse (APN) Council
Promotes and supports AP nursing throughout the Bronson organization. In 2014, the council:
• Provided recommendations to credentials committee for new staff
• Provided recommendations regarding RN role on Rapid Response Team
• Selected four APN Council representatives to sit on System APN Credentials Committee
• Created and implemented APN intern process
• Hosted quarterly APN networking breakfasts and/or dinner
  – March: Barbara Given, PhD, RN, FAAN & Kathy Dontje, PhD, FNP-BC presented, “Opportunities for Doctoral Education: Comparison of the PhD and DNP”
  – June: Denise Neely, MBA, BSN, RN discussed “The Role of the APN at Bronson”
  – December: Jane Janssen, MBA, BSN, RN, CPHQ, CPPS presented “Value Based Purchasing”
RN Certifications

Nurses validate mastery of skills, knowledge and abilities through certification. Due to the complexity of healthcare, assuring the public their caregivers are competent is vital. Patients and families, employers and nurses all benefit from certification because certification is a mark of excellence. Furthermore, research has shown that nurses who obtain certification:

• Demonstrate increased autonomy and empowerment
• Experience better career advancement and marketability
• Possess higher self-esteem and confidence in their ability to detect early signs and symptoms of complications with their patients
• Report enhanced collaboration

The following nurses obtained certification in 2014:

<table>
<thead>
<tr>
<th>RN Certifications</th>
<th>Location/Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracy Abbott, BSN, RN-BC</td>
<td>Trauma &amp; Emergency Center</td>
</tr>
<tr>
<td>Teagan Allison, MSN, RN, NP-C</td>
<td>Neurovascular Unit</td>
</tr>
<tr>
<td>Melanie Bridges, BSN, RN-C</td>
<td>Obstetrics-Labor and Delivery</td>
</tr>
<tr>
<td>Shellie Bush, BSN, RN, CWOCN</td>
<td>Stomal Therapy</td>
</tr>
<tr>
<td>Jennifer Carpenter, MSN, RN, CPN</td>
<td>Education Services</td>
</tr>
<tr>
<td>Elizabeth D’Angelo, MSN, FNP</td>
<td>Surgical Intensive Care Unit</td>
</tr>
<tr>
<td>Wendy Douglas, BS, RN, VA-BC</td>
<td>Vascular Access Specialist Team</td>
</tr>
<tr>
<td>Patricia Duncan, BSN, RN, VA-BC</td>
<td>Vascular Access Specialist Team</td>
</tr>
<tr>
<td>Conor Early, RN, CCRN</td>
<td>Surgical Intensive Care Unit</td>
</tr>
<tr>
<td>Angela Ekema, BSN, RN, CCRN</td>
<td>Medical Intensive Care Unit</td>
</tr>
<tr>
<td>Peter Heslinga, MSN, RN, CCRN</td>
<td>Medical Intensive Care Unit</td>
</tr>
<tr>
<td>Jane Janssen, MBA, BSN, RN, CPHQ, CPPS</td>
<td>Quality and Safety</td>
</tr>
<tr>
<td>Ruth Johnson, BSN, RN, CPPS</td>
<td>Quality and Safety</td>
</tr>
<tr>
<td>Dana Juhlin, BSN, CPN</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Grace Kerwin, BSN, PRN-BC</td>
<td>Post Anesthesia Care Unit</td>
</tr>
<tr>
<td>Valerie Messer, BSN, RN, SCRN</td>
<td>Neurovascular Unit</td>
</tr>
<tr>
<td>Lisa Osborn, BSN, RN, SCRN</td>
<td>Neurovascular Unit</td>
</tr>
<tr>
<td>Sara Saylor, BSN, CCRN</td>
<td>Surgical Intensive Care Unit</td>
</tr>
<tr>
<td>Betty Taylor, RN-BC</td>
<td>Adult Medical Unit</td>
</tr>
<tr>
<td>Sherrie Toth, BS, RN, CPPS</td>
<td>Quality and Safety</td>
</tr>
<tr>
<td>Brandi Watts, RN, CWOCN</td>
<td>Bronson Home Health Care</td>
</tr>
</tbody>
</table>
Advanced Degrees


The following BMH nurses obtained advanced nursing degrees in 2014:

**Bachelor’s Degrees**

<table>
<thead>
<tr>
<th>Name</th>
<th>Degree</th>
<th>Department/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethany Campbell, BSN, RN</td>
<td></td>
<td>Obstetrics, Labor and Delivery</td>
</tr>
<tr>
<td>Blair Cutler, BSN, RN</td>
<td></td>
<td>Cardiology</td>
</tr>
<tr>
<td>Angela Ekema, BSN, RN, CCRN</td>
<td></td>
<td>Medical Intensive Care Unit</td>
</tr>
<tr>
<td>Michelle Garneau, BSN, RN</td>
<td></td>
<td>Obstetrics, Mother/Baby Unit</td>
</tr>
<tr>
<td>Cathy Groggel, BSN, RN</td>
<td></td>
<td>Surgery</td>
</tr>
<tr>
<td>Tonya Hartman, BSN, RN</td>
<td></td>
<td>Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>Tina Keeler, BSN, RN</td>
<td></td>
<td>Ortho Surgery Unit</td>
</tr>
<tr>
<td>Erica McDermott, BSN, RN</td>
<td></td>
<td>Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>Bo Pastorick, BSN, RN</td>
<td></td>
<td>Medical Intensive Care Unit</td>
</tr>
<tr>
<td>Melissa Solis, BSN, RN</td>
<td></td>
<td>Neuro Critical Care Unit</td>
</tr>
<tr>
<td>Bini Stephen, BSN, RN</td>
<td></td>
<td>Obstetrics, Labor and Delivery</td>
</tr>
</tbody>
</table>

**Master’s Degrees**

<table>
<thead>
<tr>
<th>Name</th>
<th>Degree</th>
<th>Department/Unit</th>
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</thead>
<tbody>
<tr>
<td>Teagan Allison, MSN, RN, NP-C</td>
<td></td>
<td>Neurovascular Unit</td>
</tr>
<tr>
<td>Karlee Bruff, MSN, RN, NO</td>
<td></td>
<td>Volume Influx Pool-Women’s</td>
</tr>
<tr>
<td>Jennifer Burhans, MSN, RN</td>
<td></td>
<td>Obstetrics, Labor and Delivery</td>
</tr>
<tr>
<td>Karen Collins, MSN, RN</td>
<td></td>
<td>Obstetrics, Labor and Delivery</td>
</tr>
<tr>
<td>Toni Cornellier, MSN, RN</td>
<td></td>
<td>Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>Jaclyn Gibbs, MSN, RN</td>
<td></td>
<td>Obstetrics, Mother/Baby Unit</td>
</tr>
<tr>
<td>Elisia Grewe, MSN, RN</td>
<td></td>
<td>Infusion Center</td>
</tr>
</tbody>
</table>
Nurses Receive Scholarships

Congratulations to the Bronson Nursing Scholarship recipients! Eight registered nurses (RNs) were selected to receive the awards. There were 39 applicants from across the Bronson Healthcare system. Five RNs, who are pursuing Bachelor of Science in Nursing degrees, received $3,000 each. Three RNs, who are pursuing Master of Science in Nursing degrees, received $5,000 each.

The scholarships are made possible through the Bronson Health Foundation’s Margaret H. Varney Scholarship Endowment. Varney was a graduate of the Bronson School of Nursing and employee of BMH.

**BSN Award Recipients:**
- Sarah Cook, RN, Adult Medical Unit
- Conor Early, RN, CCRN, Surgical Intensive Care Unit
- Lisa Kubiak, RN, IBCLC, Breastfeeding Center
- Jennifer Schepel, RN, Ortho Surgery Unit
- Jennifer Swenson, RN, CCRN, Surgical Intensive Care Unit

**MSN Award Recipients**
- Rita Cox, BSN, RN, Trauma Coordinator
- Lauren Blaine, BSN, CCRN, Post Anesthesia Care Unit
- Ruth Tatara, BSN, RNC-OB, OB
Nurse Residency Program

The RN Residency program had a great year! In January 2014, 17 graduate nurses were hired at BMH. In May 2014, the program was expanded to the system and there were a total of 25 graduates participating (16 from Bronson Battle Creek). Thus, a total of 42 graduate nurses participated in the RN Residency Program. The National Council Licensure Examination (NCLEX) remained part of the program. Bronson graduates celebrated a 98 percent success rate for first attempt of the examination, compared to the national average of 68.95 percent.

The Nurse Residency Program is a “transition to practice” program that supports the role transition of new/recent graduates. The program consists of lecture, discussion, peer support, skills practice and networking with each other and leaders throughout the organization.
Exemplary Professional Practice

Nursing Professional Practice

The Bronson Methodist Hospital (BMH) Nursing Professional Practice Model and Relationship-based Care Model together provide the framework within which nurses achieve excellence in care delivery while supporting the organization’s mission, vision and values.

The Nursing Professional Model of Care depicts how nurses practice, collaborate, communicate and develop professionally to provide quality, safe, and effective care to patients, families and/or communities. The American Nurses Association (ANA) Scope and Standards of Practice are operationalized through the professional practice model.

Exemplary professional practice in Magnet™ recognized organizations is evidenced by effective and efficient care services, interprofessional collaboration and quality patient outcomes. Nurses collaborate with other disciplines to ensure comprehensive, coordinated and effective care. National benchmarks for patient care quality, patient satisfaction and nursing staff satisfaction are used to evaluate performance (American Nurses Credentialing Center, 2014).

Patient Satisfaction Ratings

Many nursing units were recognized for outstanding patient satisfaction in 2014. Units in the top 10 percent or higher for a Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) dimension:

**Nurse Communication**
- NCCU, Obstetrics, Pediatrics, TCU

**Pain Management**
- NCCU, Obstetrics, OSU, Pediatrics

**Cleanliness**
- AMU, EMCU, NCCU, TCU

**Care Transitions**
- AMU, GMU, GSU, NCCU, NICU, Obstetrics, OSU, Pediatrics

**Communication about Medications**
- NCCU, Obstetrics, Pediatrics

**Quietness**
- Obstetrics, Pediatrics

**Discharge Information**
- EMCU, GMU, GSU, NCCU, NICU, NVU, Obstetrics, OSU

**Response of Staff**
- NCCU, NICU, Obstetrics OSU, Pediatrics, TCU
Units in the top 10 percent or higher for how likely the patient is to recommend the hospital:

- AMU
- Cardiology
- EMCU
- GMU
- GSU
- NCCU
- NICU
- Obstetrics
- OSU
- Pediatrics

AMU
Pediatrics
GMU
Labor & Delivery (OB)
Outcomes

BMH outperformed the Press Ganey® National Database of Nursing Quality Indicators (NDNQI) mean for patient falls in every quarter over the past two years!

Call to STOP a Fall

BMH outperformed the Press Ganey® NDNQI mean for hospital acquired pressure ulcers in every quarter in the past two years!
BMH outperformed the Press Ganey® NDNQI mean for central line blood stream infections (BSI) for seven of the past eight quarters.

BMH outperformed the Press Ganey® NDNQI mean for ventilator associated events (VAE) for six of the past eight quarters.
DAISY Award

The DAISY Award is supported by the not-for-profit DAISY (Diseases Attacking the Immune System) Foundation. Bonnie and J. Mark Barnes created this foundation and award as a way to remember their son, J. Patrick Barnes. Patrick had a disease that attacked his body and was in the hospital for a long time. His nurses did such a great job with him that the Barnes family created an award that continues to recognize the excellent work nurses do every day.

Pamela Moore, BSN, RN, CCRN  
MICU
“Pamela’s grace, compassion, and encouragement made me get better so fast it surprised Gary and myself, I was able to be home on my 48 year wedding anniversary. She is the best.”

Kim Peekstok, BSN, RNC-OB  
OB – Labor & Delivery
“Her care and compassion is genuine and special. During a time of emotional and physical pain, Kim was our everything. She deserves praise and recognition for what an amazing person/nurse she is.”

Brian Harris, BSN, RN  
AMU
“…he was very open, approachable and focused on caring for my health. I felt like he made a connection to me and just made me feel at home. He is truly one of the sweetest spirits.”

Tonya Hartman, RN  
NICU
“…God sent Tonya to us on that exact day because He knew not only did my son need her, so did I. I am very thankful to have had her on one of the scariest days of my life. Thanks for being so amazing.”

Carmelo Cerbo, RN  
AMU
“The patient felt so reassured and safe with the care Carmelo provided that she shared over and over she felt the whole hospital experience was positive and healing. Carmelo is more than deserving of this honor/recognition.”

Bethany Campbell, BSN, RN  
OB – Labor & Delivery
“Medical technology had nothing to offer our son but our caring went way beyond what could have been expected. Words cannot express our appreciation for the care, comfort, dignity and support given to our son during his short life. God bless you in all you do.”
Charmaine Kwei, MSN, RN
OSU
“Charmaine took care of a head injury patient who was verbally abusive. Her patience, therapeutic communication skills helped her to calm and connect with the patient. What a difference one nurse can make.”

Sherrie Bumgarner, RN
OB – Labor & Delivery
“I think Katie is an amazing example of patient and family centered care here at Bronson. She not only cared for the patient, but also took time to care for the mother. I’m proud to work with such an amazing nurse.”

Brooke Hines, RN
OB – Labor & Delivery
“When we lost our daughter, she was very comforting and caring, even stayed after her shift to help deliver our daughter. She is an amazing and outstanding nurse.”

Kathryn Gross, BSN, RN
NCCU
“I think Katie is an amazing example of patient and family centered care here at Bronson. She not only cared for the patient, but also took time to care for the mother. I’m proud to work with such an amazing nurse.”

Kristen DeGroff, MSN, RN
SICU
“She was so caring, knowledgeable, compassionate and a true advocate for my brother, when he couldn’t be for himself. She listened to our concerns and comforted us when we needed it most.”

Michelle Harper, RN
NVU
“Michelle is truly one of the most professional, kindest, most caring nurses I have ever come in contact with. Michelle Harper should not only win the Daisy Award but a national nurses’ award also.”

Charmaine Kwei, MSN, RN
OSU
“Charmaine took care of a head injury patient who was verbally abusive. Her patience, therapeutic communication skills helped her to calm and connect with the patient. What a difference one nurse can make!”

Sherrie Bumgarner, RN
OB – Labor & Delivery
“She is a great nurse but it was on the night we lost our daughter that she shined. Those were the worst hours of our entire lives. She did her job with such grace and acted as a comforter, photographer, nurse and friend. We are thankful she was there to care for us when we needed it most.”

DAISY Team Award
The DAISY Team Award is designed to honor collaboration by two or more people, led by a nurse, who identify and meet patient and/or patient family needs by going above and beyond the traditional role of nursing. The 2014 DAISY Team Award was presented to: Carly Davis, MD – OB-GYN, P.C.; Krista Johnson, BSN, RNC-NIC – NICU; Samantha Nicles – Welcome Newborn Photography; Suzanna Peczeniuk – Music Therapy; Karen VanderLugt, RN, IBCLC – OB/MBU and Cindy Winkel, BSN, RNC-NIC – NICU.
2014 Winners

2014 Nurses’ Week Award Winners

Every year during Nurses’ Week, awards are presented to BMH nurses selected by their peers as individuals who exemplify the attributes illustrated in the Nursing Professional Model of Care. The 2014 award winners are:

**Leadership—**
Shannon Seeberger, MSN, AGPCNP – BC
AMU
“… exemplary leader, coach/mentor, flexible, loyal, promotes a healthy work environment, patient focused, celebrates success, works hard to improve communication w/patients and families.”

**Rising Star—**
Abby Smith, BSN, RN
AMU
“… great clinician, excellent communicator, strong patient advocate, team player, professionally engaged and accountable. “She is definitely the whole package.”

**Compassion—**
Shelley Parker, BSN, RN
EMCU
“… recognized for independently creating a sensitive, thoughtful and supportive transition plan she developed for a homeless patient.”

**Respect—**
Anika Meyers, BSN, RN
GSU
“… values input, freely offers assistance, creates an atmosphere of trust, encourages open dialogue and mutual decision making. Respect is a professional nursing attribute that describes Anika’s practice and her view of life.”
Pride—
Kristy Hemingway, BSN, RN
SICU
“… engaged, role model, utilizes creativity and enthusiasm to boost morale on her unit and set a positive tone for the Magnet site visit. Kristy always has a smile on her face – it is contagious.”

Impact—
Donna Moyer, PhD, RN, PCNS, BC
Nursing Professional Practice
“… research, professional, expert, mentor. Initiated the Journey Beads program where pediatric oncology patients are provided glass beads for different cancer treatments and milestones. One mother described the program as “transforming the ugly side of cancer to something beautiful and reminding them of the bravery they have.”

Expertise—
Julie Barnes, RN
Bronson Vicksburg Outpatient Center
“… preceptor, love of teaching, commitment to community, person you want by your side in an emergency. Julie and a partner used their expertise to successfully obtain grant monies to implement AEDs in all three of Vicksburg elementary schools.”
New Knowledge, Innovations & Improvements

Nursing Research Council
The Nursing Research Council is a group of BMH nurses serving to support nursing research and protect the rights and welfare of patients and staff members who participate in nursing research or nursing-related clinical studies. The group has four major functions:

1. Provide support, guidance and mentorship for nurse researchers
2. Promote use of evidence-based nursing practice
3. Facilitate nurses’ understanding and use of the research process
4. Review proposals for all nursing research and nursing-related clinical studies conducted at BMH

Nursing Research 2014
Data Collection Phase
• Byma, E. (PI). (2014). The Lived Experience of Novice Registered Nurses as Managers of Pain: Transition from Student to Professional Role
• Miles, A. (PI), Bodnar, MK. (SI), C. Duff (Co-PI). (2014). Breastfeeding with the Bronson Mothers’ Milk Bank

Analysis Phase

Dissemination

Collaborative Research
• Douglas, W. (PI). (2014). One Million Global Peripheral IV Catheter Study with Griffith University School of Nursing and Midwifery, Brisbane, Australia
• Lagerway, M. (WMU-PI), Dikken, J., Hoogerduijn, J. Schuurmans, M., Bergman, K. (Co-PIs). Validation of the OPACS-USA 2 to Measure Nurses’ Knowledge, Practice Experience, and Opinions Towards Older Patients in the Acute Care Survey
Evidenced-Based Practice Projects 2014

<table>
<thead>
<tr>
<th>Participant</th>
<th>Unit</th>
<th>Project</th>
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<tr>
<td>Lauren Blaine</td>
<td>Cardiac Surgery Intensive Care Unit</td>
<td>In adult open heart surgery patients, does the use of continuous positive airway pressure (CPAP) post-op after extubation compared with standard treatment decrease the incidence or level of atelectasis?</td>
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<tr>
<td>Rosalind Espinoza</td>
<td>GMU</td>
<td>What mindfulness-based technique do nurses in acute care settings who report high job satisfaction regularly practice to decrease stress and prevent symptoms of burnout?</td>
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<td>Melissa Heacock</td>
<td>Volume Influx Pool</td>
<td>Among inpatients who report thoughts of harming themselves, how does using a risk stratification tool to determine necessary safety interventions compare with implementing the same interventions for all levels of risk influence the ability to focus psychiatric resources while maintaining no events of self-harm?</td>
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<td>Kimberly Hybels</td>
<td>Post-Anesthesia Care Unit</td>
<td>In adult post anesthesia care patients, does intermittent bladder catheterization for bladder scan volume of greater than 300 ml compared to bladder scan volume of 400 ml decrease the incidence of catheter-associated urinary tract infection (CAUTI) and urinary retention complications?</td>
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<td>Margaret Landon</td>
<td>Pediatric Intensive Care Unit (PICU)</td>
<td>In pediatric burn patients, how does Silvadene®, compared with other burn dressing alternatives, affect burn outcomes, patient/family satisfaction and cost of care?</td>
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<td>Jennifer Minger</td>
<td>Peds</td>
<td>In caregivers whose child is being discharged home with a nasogastric (NG) tube, what caregiver education and learning assessment is most effective?</td>
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<td>Angela Niemi</td>
<td>NVU</td>
<td>In adult inpatients, how does the Numeric Rating Scale compare to the Verbal Descriptor Scale, Faces Pain Scale or Mankoski Pain Scale for patient confidence in accurate reporting of personal pain intensity?</td>
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Presentations

Podium Presentations
Poster Presentations

Publications

Innovations
Forward-thinking nurses at Bronson are constantly seeking unique and creative ways to solve old problems with new ideas. For example:

Severity of Ethanol Withdrawal Scale (SEWS)
A multidisciplinary team convened to improve care for patients dependent on alcohol. Two new tools were implemented:

1. The AUDIT-PC was added to the admission screen to assess for alcohol dependence and to ascertain if prophylactic withdrawal intervention would be initiated. The ETOH withdrawal order set was edited to include higher doses of benzodiazepines as well as an approach that combined shorter-acting and longer-acting pharmacologic agents.
2. The Clinical Institute Withdrawal Assessment (CIWA), which is the longstanding nursing assessment tool for patients in withdrawal, was replaced by the more objective SEWS tool, which is straight forward and includes vital signs.

Nurses received education and leaders rounded on the units during the initial rollout. Early data shows a decrease in transfers to the ICU setting, decreased time to symptom control, and increased levels of benzodiazepine use in the withdrawal patient population.
Patient Safety Assistance-Surveillance

Sitter usage was at a 10-year high with an annual expenditure of $1.4 million, prompting an innovative overhaul to the process. A team of nursing leaders (directors, managers, educator, unit coordinator and a clinical nurse specialist) implemented an enhanced process that increased staff accountability, offered a new technological alternative to sitter use (camera monitoring), standardized training for sitters and allowed for critical thinking discussions through daily rounding. These interventions were packaged into a nurse-driven concept entitled “Safety Surveillance” and resulted in a dramatic reduction in sitter usage and cost savings without compromise in safety outcomes.

A new policy was crafted that focused on excellent nursing assessment of the patient’s current unsafe behaviors, trying alternatives prior to ordering a sitter, and increasing communication and accountability with unit leadership. A new request form that supported those interventions was required in instances where staff felt surveillance was needed.

Highlights:
- Installed ceiling-mounted cameras in 63 rooms
- Clarified and expanded sitter role to patient safety assistant (PSA)
- Completed mandatory two-hour training for all patient safety assistants
- Eliminated use of agency sitters
- Decreased sitter usage by 50 percent
- Experienced annualized cost savings of approximately $600,000