About Bronson Methodist Hospital

Bronson Methodist Hospital, located at 601 John St. in downtown Kalamazoo, MI, 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.

2013 Selected Achievements

- Magnet®
- The Joint Commission Gold Seal of Approval™
- The Joint Commission Primary Stroke Center Certification
- Healthgrades Distinguished Hospital for Clinical Excellence™
- Healthgrades America’s 100 Best Hospital™
- Healthgrades Outstanding Patient Experience Award™
- Becker’s Hospital Review ‘100 Great Hospitals’
- Becker’s Hospital Review ‘100 Great Hospitals with Great Orthopedic Programs’
- Get With The Guidelines™ Platinum Performance Achievement Award for treatment of acute myocardial infarction, Stroke Silver Plus Quality Achievement Award, Stroke Honor Roll
- Becker’s Hospital Review ‘100 Great Hospitals’
A Message from the Chief Nursing Officer

Our nursing team had a stellar year in 2013! We were surveyed by The Joint Commission and prepared for a site visit by the American Nurses Credentialing Center (ANCC) Magnet Recognition Program®. The Joint Commission was very complimentary and mentioned what a “stellar” group of nurses we have. We are initiating and practicing evidence-driven professional practice. Bronson nurses are doing incredible work to optimize care and create compassionate experiences.

We continue to strive for higher outcomes in nursing-driven quality indicators, including patient satisfaction and falls. The focus on nurse communication with patients and families has resulted in our trends moving upward. Our nursing team partnered with Bronson’s Patient and Family Advisory Council to provide additional fall prevention education, including a video integrated in the electronic health record. These tools, among others, contributed to fewer falls on the inpatient units with some units reaching record numbers of days without falls.

Most of our nursing team has also been trained on Bronson’s evidence-driven improvement model where we speak up for safety. Several examples, good catches, and safety moments have led to system and process improvements to improve care. These are shared during daily check ins, Gemba walks, and rounding, which further engages our executives and nursing leaders in safety, innovation and performance metrics.

We’ve created an environment where nurses want to work, participate and engage. As our shared governance council aptly states, “We Are Bronson Nursing!” Congratulations on another great year and let’s continue to raise the bar in 2014!

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

Bronson Methodist Hospital (BMH) nurse leaders use a participative management style to ensure staff is involved in decision-making at all levels. Interaction and communication with staff occurs through multiple forums including rounds, staff meetings, shared governance, daily huddles and emails. Nurse leaders are knowledgeable and willing to take risks while advocating for their staff. Exceptional patient care is embedded in the nursing strategic plan, which provides the roadmap for nursing care priorities.

2013 Highlights

Cardiology

BMH Cardiology nurses were selected to participate in the Care Innovation and Transformation (CIT) national initiative developed by American Organization of Nurse Executives (AONE). This nurse-led, staff-driven effort aims to redesign and improve patient care. The frontline staff forms ideas for improvement. Nursing units from all over the country applied to become part of CIT.
BMH achieved “Exemplar” status for its Nurses Improving Care for Healthsystem Elders (NICHE) Program. This is the highest level of recognition and validates Bronson’s ongoing dedication to providing exceptional care to older adults. The designation comes from the Hartford Institute of Geriatric Nursing at New York University. BMH has been involved in NICHE for more than a decade. Congratulations to everyone involved in the BMH NICHE program!

Exemplar NICHE sites like BMH have:
- Implemented the NICHE geriatric resource nurse (GRN) model and evidenced-based protocols on units servicing older adults
- Addressed the physical environment in their program planning and evaluation
- Assumed a national leadership role by providing mentorship to other sites and supporting development and dissemination of NICHE resources
**Trauma Care Unit**
On Monday, December 23, 2013, the Trauma Care Unit (TCU) achieved a milestone of 200 days without a fall!

**GEMBA Walks**
Executives, including nursing leaders, complete GEMBA rounds daily. The purpose of leadership rounds is to assess:
- Are daily goals being met?
- What are plans to improve?
- Is there anything executive team can do to remove barriers?
Nursing Informatics

Nursing Informatics (NI) works to optimize the electronic health record (EHR) to support nursing practice and accurately reflect the patient experience. The multidisciplinary team has worked tirelessly to enhance workflow processes. According to Anika Meyers, BSN, RN and Gail Mercer, MSN, RN, NI co-chairs, “big wins” in 2013 include the Situation-Background-Assessment-Recommendation (SBAR) overview report, “ticket-to-ride,” improvements in the medication administration record (MAR), Toileting-Environment-Mobility-Pain (TEMP) rounding tab, Pasero Opioid-induced Sedation Scale (POSS), and documentation flowsheets. NI continues to prioritize nursing requests for documentation changes on a monthly basis and is responsible for 120+ EHR changes. “The voice of nursing” and “working together to make improvements” are two things Anika values most about being able to co-lead this dynamic group of individuals.

Evidence-Driven Improvement

Nursing leaders have embraced evidence-driven improvement with an emphasis on managing from the front-line, solving problems at the front-line, focusing on daily work, and working to sustain improvement. Some of the ways this comes to life is through daily rounding, daily check-in, daily huddles, standard work, visual workplaces (whiteboards, status boards), and variation analysis (scorecards, root cause analysis, gap analysis).
**Speak Up for Safety**
There are things nurses do in everyday practice that have a positive impact on keeping patients safe, such as bedside handoff, TEMP Rounding, daily huddles, and using EHR. Teamwork is vital for a safe environment so it is important that all team members “speak up” for patients when issues or problems are identified, if there is a concern or worry about something, or if something just does not look right. Nursing leadership created a video to let staff know: “we want to know” and “you have our support” to speak up for patient safety!

**Interdisciplinary Collaboration**
The Case Management team developed a care plan alert within the electronic health record to assist managing and supporting patients with complex medical needs, high rates of recidivism, and frequent emergency department use.
Shared Governance

Bronson Methodist Hospital’s (BMH) nursing shared governance structure empowers staff by:

- Placing decision-making at the level closest to the situation
- Improving communication and collaboration
- Promoting excellence in clinical practice
- Supporting professional development
- Sharing of best practices

Divisional Nursing Shared Governance Council

The Divisional Nursing Shared Governance Council (DNSGC) brings together 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. DNSGC is a forum for issue identification, information sharing, staff education and input.

Clinical Quality Council

Clinical Quality Council (CQC) is responsible for educating and initiating systemwide quality initiatives. In 2013, CQC provided input, developed and/or implemented the following:

- Pasero Opioid-induced Sedation Scale (POSS) recommendations and scripting
- Dialysis order sets and policy updates
- Fall prevention video rollout
- Toileting – Environment – Mobility – Pain (TEMP) rounding guidelines
- Hospital-acquired pressure ulcer (HAPU) education and care plan improvements
- Critical care blood draws poster
- Call light answering standardization (text messages)
- Comprehensive chart audits of patient falls identifying trends in documentation and reasons for falls
- Medication error pilot (badge buddies, red mat quiet zones, and five rights poster display at medication stations)
- Mandatory call-back feature for intravenous piggyback (IVPB) to reduce medication errors due to roller clamp issues
- Equipment and supply recommendations
  - IV start kits
  - Orange tourniquets
  - Gloves
  - Isolation gowns
  - Double tread slippers
Professional Practice Council

Professional Practice Council (PPC) supports professional nursing practice and provides an infrastructure where BMH nurses can achieve their professional goals. PPC also recognizes and celebrates nurses’ success. 2013 accomplishments include:

- 12 DAISY award winners selected
- DAISY Team Award – initiated; first winner to be announced at Nurses’ Week Celebration in 2014
- Record number of Nursing Professional Advancement Ladder (NPAL) binders reviewed and approved
- NPAL criteria and guidelines reviewed and revised
- Nurses’ Week celebration – the carnival was a HUGE success
- Nurse peer evaluation tool updated
- Nurse peer evaluation process streamlined online
- “We are Bronson Nursing” professional development initiative
- Nursing Professional Model of Care revision
- Nurse Job Performance Standards (JPS) reviewed and revised
- bronsonhealth.com/nursing website – updated
Advance Practice Nurse (APN) Council

Promotes and supports APN practice throughout the Bronson organization. In 2013, the council achieved the following:

- Reviewed and made recommendations for credentialing and privileging to credential committee: nine certified registered nurse anesthetists and eighteen nurse practitioners
- Attended monthly credentials committee meetings and provided recommendations (APN Council leadership representative)
- Made recommendations to improve process of reviewing APN applicants
- Made recommendations regarding Rapid Response Team coverage
- Hosted quarterly APN networking breakfasts and/or dinners
  - March: Donna Moyer, PhD, RN, PCNS-BC presented “Overview of the Michigan Magnet Coalition”
  - June: Karen Morin, DSN, RN, ANEF, FAAN presented “The Future of Nursing Inquiry at Bronson Methodist Hospital”
  - September: Stacy Ochsenrider, MSN, ANP-BC; Anna Matulewicz, MSN, AGNP-C; Jessica Douglass, MSN, AGPCNP-BC; and Kathleen Willbrandt, BSN, RN presented “Improving Care Transitions: A Success Story of Coaching Patients with Chronic Disease to Run Their Best Race While Teaming Up with Community Partners”
  - December: Carol Stacey, MSN, MS, BA, RN presented “IOM Report and the Progress in Michigan”

Nurse Residency Program

The nurse residency program is a “transition to practice” program that supports new graduates entering the workplace. The curriculum consists of lecture, discussion, peer support, skills practice, and leadership mentoring. The first eight weeks of the program are devoted to National Council Licensure Examination (NCLEX) preparation. In addition to the outstanding NCLEX pass rate, outcomes of the program include increased:

- confidence in physician communication
- comfort in managing a dying patient
- confidence in delegating
- comfort with changing plans of care
- ability to organize patient care
- comfort in communicating with patients and families
- confidence in prioritizing
Nursing Certifications

Certification validates professional specialty knowledge, skills and expertise. This supports professional nursing practice and BMH’s Nursing Professional Model of Care by encouraging lifelong learning, establishing a well-defined body of knowledge, and developing specialized skills unique to the role. Research shows nurses who obtain certification:

- Demonstrate increased autonomy and empowerment
- Experience better career advancement and marketability
- Possess higher self-esteem and confidence in ability to detect the early signs and symptoms of complications with their patients
- Report enhanced collaboration
- Score higher in areas of teaching/collaboration and planning/evaluation on evaluations

![Number of BMH Certified Nurses in All Specialties]

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
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<td>120</td>
<td>133</td>
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<td>2011</td>
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<td>250</td>
<td>290</td>
</tr>
<tr>
<td>2013</td>
<td>300</td>
<td>300</td>
</tr>
</tbody>
</table>
The following nurses obtained certification in 2013:

**Tracy Abbott, BSN, RN-BC**  
Trauma & Emergency Center

**Steve Allan, MSN, NP-C**  
General Medical Unit

**Ashley Bahleda, BSN, RN, CPN**  
Pediatrics

**Lisa Batsell, RN, CCM**  
Case Management

**Patricia Benoit, BSN, CCRN**  
Trauma Care Unit

**Lauren Blaine, BSN, RN, CCRN**  
Cardiac Surgery Unit

**Eileen Burke, BSN, CCRN**  
Trauma Care Unit

**Susan Doan, BSN, RNC-NIC**  
Volume Influx Pool – Women’s and Children’s

**Colleen Dunlop, RN, CPN**  
Pediatrics

**Heidi Ertman, BSN, RNC-OB**  
Labor & Delivery

**Melinda Gevaart, MSN, RN, NE-BC**  
Nursing Professional Practice

**Khris Grimm, MSN, RN-BC**  
Center for Learning

**Trent Herman, BSN, RN, CCRN**  
Trauma Care Unit

**Nicole Hess, RNC-OB**  
Labor & Delivery

**Paige Hoard, BSN, RN, CPN**  
Volume Influx Pool – Women’s and Children’s

**Shelley Hoogerheide, BSN, RN-ONC**  
General Medical Unit

**Kim Hybels, BSN, RN, CCRN**  
Post Anesthesia Care Unit

**Chris Kvarnberg, MA, BS, RN, CPN**  
Pediatrics

**Jessica Lee, BSN, RN**  
Pediatrics

**Mary Lincoln, BSN, RN, CCM**  
Case Management

**Linda Martin, RN, IBCLC**  
Mother/Baby Unit

**Emily Mejeur, BSN, RN, CPN**  
Pediatrics

**Kristen Murillo, RNC-NIC**  
Neonatal Intensive Care Unit

**Anna Nieboer, BSN, RNC-OB**  
Labor & Delivery

**Teresa Poehlman, RN-BC**  
Adult Medical Unit

**Kiel Reidenbach, BSN, RN, CCRN**  
Trauma Care Unit

**Kim Richardson, MSN, RN, FNP-C**  
Outpatient Surgery

**Lyndsey Roggelien, RN, CPN**  
Pediatric Intensive Care Unit

**Shannon Seeberger, MSN, AGPCNP-BC**  
Adult Medical Unit

**Teresa Sehy, BS, RN-BC**  
Adult Medical Unit

**Jennifer Smeltzer, BSN, CCRN**  
Trauma Care Unit

**John Sordyl, RN, CCRN**  
Cardiac Surgery Unit

**Lisa Spaans, BSN, RNC-NIC**  
Neonatal Intensive Care Unit

**Michelle Troyer, RN-ONC**  
General Medical Unit

**Katie Walsh, BSN, CCRN**  
Trauma Care Unit

**Natasha Watson, MSN, RN-BC, NE-BC**  
Adult Medical Unit

**Jane Weststrate, RN-BC, CCRN**  
Trauma Care Unit

**Melissa Winchester, BSN, CNRN**  
Regional Services

**Krisann Woodley, BSN, CCRN**  
Trauma Care Unit

**Kelly Zaborski, BSN, RN-BC**  
Adult Medical Unit
Advanced Degrees

The American Association of Colleges of Nursing fact sheet, *The Impact of Education on Nursing Practice*, updated in October 2012, provides a summary of the numerous articles discussing nursing education. This includes the Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*. Published in October 2010, the IOM report includes a recommendation that 80 percent of nurses hold a Bachelor of Science in Nursing (BSN) or higher degree in nursing by 2020.

![Percentage of BMH Nurses with a BSN](chart.png)
The following BMH nurses obtained advanced nursing degrees in 2013:

<table>
<thead>
<tr>
<th>Bachelor's Degrees</th>
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<tbody>
<tr>
<td>Tracy Abbott, BSN, RN-BC</td>
<td>Trauma &amp; Emergency Center</td>
</tr>
<tr>
<td>Pamela Blakemore-Ray, BSN, RN</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Suzanne Conley, BSN, RN, RRT</td>
<td>Medical Intensive Care Unit</td>
</tr>
<tr>
<td>Katrina Hasbrouck, BSN, RN</td>
<td>Labor &amp; Delivery</td>
</tr>
<tr>
<td>Brooke Hayward, BSN, RN</td>
<td>Volume Influx Pool</td>
</tr>
<tr>
<td>Kim Holden, BSN, RNC-NIC</td>
<td>Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>Melissa Hurst, BSN, RN</td>
<td>Endoscopy</td>
</tr>
<tr>
<td>Tarisai Makoni, BSN, RN</td>
<td>Neuro Critical Care Unit</td>
</tr>
<tr>
<td>Lindsey Monroe, BSN, RN</td>
<td>Neurovascular Unit</td>
</tr>
<tr>
<td>Connie Phipps, BSN, RN</td>
<td>Labor &amp; Delivery</td>
</tr>
<tr>
<td>Kimberly Reed, BSN, RN</td>
<td>Trauma &amp; Emergency Center</td>
</tr>
<tr>
<td>Patti Rohloff, BSN, RN</td>
<td>Cardiovascular Lab</td>
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<tr>
<td>Anne Sarquiz, BSN, RN</td>
<td>General Medical Unit</td>
</tr>
<tr>
<td>Sheri Tack, BSN, RN</td>
<td>Ortho Surgery Unit</td>
</tr>
<tr>
<td>Kimberly Tenney, BSN, RN</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Maggie VanderWoude, BSN, RN</td>
<td>Outpatient Surgery</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Master's Degrees</th>
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<tbody>
<tr>
<td>Steve Allan, MSN, NP-C</td>
<td>General Medical Unit</td>
</tr>
<tr>
<td>Jennifer Carpenter, MSN, RN</td>
<td>Center for Learning</td>
</tr>
<tr>
<td>Ashley Foster, MSN, RN</td>
<td>Family Practice</td>
</tr>
<tr>
<td>Cathy Raymer, MSN, RN-BC</td>
<td>Adult Medical Unit</td>
</tr>
<tr>
<td>Kim Richardson, MSN, RN, FNP-C</td>
<td>Outpatient Surgery</td>
</tr>
<tr>
<td>Michelle Smith, MSN, RN, CRRN, CNL</td>
<td>Neurovascular Unit</td>
</tr>
</tbody>
</table>

Special congratulations to **Linda Benson, DNP, MS, RN, ACNP-BC, CCRN** from Rapid Response Team who obtained her doctoral degree!
Nursing Professional Practice

The Nursing Professional Model of Care depicts how nurses practice, collaborate, communicate and develop professionally to provide high-quality, safe and effective care to patients, families and/or communities. Patient care delivery is a dynamic process that can be adjusted based on complex patient needs. Bronson professional nursing incorporates aspects of the American Nurses Association (ANA) Nursing: Scope and Standards of Practice.

The ANA standards are operationalized through the nursing professional practice model. Patient care delivery focuses on the relationship between the nurse, patient and family. Nurses partner with patients and families to determine essential priorities in care.

The Bronson Methodist Hospital (BMH) Nursing Professional Model of Care 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.
Outcomes

The impact of nursing care is highlighted in nursing quality data. In 2013, inpatient units realized a significant decrease in patient falls. In fact, BMH has performed better than the National Database of Nursing Quality Indicators (NDNQI) mean in six out of the last eight quarters. Factors contributing to the significant decrease in falls include the patient fall prevention video, Toileting – Environment – Mobility – Pain (TEMP) rounding, huddle boards, leader rounding, bedside report and a weekly safety meeting.
BMH outperformed the NDNQI mean for hospital-acquired pressure ulcers in seven out of the last eight quarters.

RN satisfaction scores remained high in 2013:
Patient Satisfaction Ratings

Many nursing units were recognized for outstanding patient satisfaction.

Units in the top 10% or higher for a Hospital Consumer Assessment of Healthcare Providers (HCAHPS) dimension in 2013:

- **Response of Staff**
  - Neuro Critical Care Unit (NCCU)
  - Obstetrics (OB)

- **Hospital Environment**
  - NCCU

- **Pain Management**
  - NCCU

- **Communication about Medications**
  - OB

- **Discharge Information**
  - General Surgery Unit (GSU)
  - Neonatal Intensive Care Unit (NICU)
  - NCCU
  - OB
  - Ortho Surgery Unit (OSU)
  - Trauma Care Unit (TCU)

- **Care Transitions**
  - NICU
  - OB
  - Pediatrics

- **Cleanliness**
  - NCCU

- **Quietness**
  - OB
  - NCCU

Units earning a global rating in the top 10% or higher:

- Cardiology (CAR)
- Extended Medical Care Unit (EMCU)
- GSU
- NCCU
DAISY Award

DAISY awards recognize nursing staff who go above and beyond their normal duties. These nurses personify exemplary professional practice and are nominated based on the following criteria:

- Make a special connection with the patient and family
- Include patients and family in planning of care
- Do an excellent job educating patients and their families
- Make patients and families feel comfortable

2013 Winners

Lori Cain, BSN, RN
Bronson Staffing Service
Lori was calm, descriptive, but also realistic and did not hide the truth. Her advocacy and perseverance with the doctors was the most I’ve ever seen, even working as a nursing assistant myself.

Katie Coburn, BSN, RN
Neurovascular Unit
Katie’s demeanor was gentle, kind and approachable throughout; she made good eye contact with him (patient), and made him feel relaxed and comfortable so he could feel at ease asking all of his questions.

Pamela Gainsley, RN
Labor & Delivery
She is exceptional as a nurse AND as a person and I will pray for extra blessings for her for a long time to come!

Susan Hamilton, RN
Bronson Home Health Care
No words can say how much she has meant to us. Thank you doesn’t seem like enough; please let her know she has made a positive impact on our lives.
Celebrate Nursing Excellence

**Michelle Horning, RN, NRP**
*Mother/Baby Unit*
Words cannot adequately express how grateful we are to have met and worked with Michelle for our birthing experience. She was incredibly attentive to our needs and a true advocate for our family.

**Diane Palmer, RN**
*Bronson Center for Women*
Each time, her calm reassurance and personal concern for my care were always evident. What a great constant to depend on a familiar face and pleasant personality in the midst of such a time of anxiety.

**Lynda Papendick, BSN, RN**
*Neurovascular Unit*
She was born to be a nurse. She is a true gift to Bronson Hospital.

**Katie Miller, RN**
*Volume Influx Pool – Women’s & Children’s*
I had wonderful care from all the nurses, but Katie went above and beyond!

**Dinah Owiti, RN**
*Extended Medical Care Unit*
What a pleasant way to end my unfortunate stay here...I now know when I need care, I’ll come back hoping to see Dinah again! Please reward her kind actions and let her know how wonderful she is.

**Bo Pastorick, RN**
*Medical Intensive Care Unit*
He took a bad experience and made it a special memory. It was such a difficult time. Bo couldn’t have done any more to make us feel as if we were the only reason he was there that night.

**Jordan Sullenberger, BSN, RN**
*Neuro Critical Care Unit*
He went above and beyond for me and my family. Whenever I rang for him, he was right there. He took the time to get to know me and my family.
2013 Nurses’ Week Award Winners

Every year during Nurses’ Week, awards are presented to BMH nurses chosen by their peers as individuals who exemplify the attributes illustrated in the BMH Nursing Professional Model of Care. The 2013 award winners:

**Leadership**—
Caryla Marsh, BSN, CNRN
Trauma Care Unit
She is the epitome of a professional nurse with her degree and certifications, but it is her compassion and empathy that make her truly a great leader and an inspiration to all.

**Rising Star**—
Lydia Leonard, RN
General Medical Unit
She always puts safety first. She can quickly recognize clinical problems and focus her attention to the patients that need it most. She has remained positive and encouraging with new changes on the unit, when others may seem discouraged.

**Compassion**—
Lynda Papendick, BSN, RN
Neurovascular Unit
She is dedicated to the field of nursing and exemplifies all that nursing should be. Lynda is caring, comforting, empathic, holistic, resilient, understanding, and a true advocate for each patient she cares for.

**Respect**—
Bronica Kelly, RN-BC
Adult Medical Unit
I was able to observe Bronica quickly establish a relationship with this patient that respected the patient’s needs and goals but also accounted for the timely completion of needed nursing tasks.
Pride—
Gertie Bontrager, RN-BC
Adult Medical Unit
Her pride in working for Bronson is evident in everything she does, as she is always upbeat and quick with a compliment or a word of encouragement to staff and patients alike.

Impact—
Susan Stafford, BSN, RN-BC
Education Services
She is indeed a remarkable person and a consummate educator, and her work to move nurses from novice practitioners to experts is beyond measure.

Expertise—
Marshe Remynse, MSN, FNP-BC
Nursing Professional Practice
Marshe represents a quiet presence, also willing to step up and supply information, researching topics, providing support and making the OB area one that is on the cutting edge of patient care and yet the epitome of caring that we want patients to experience at Bronson.

Bronson School of Nursing Alumni Scholarship—
Jared Rogge, BSN, CCRN
Trauma Care Unit
He has been engaged and committed to making our unit function and attain goals that were once very challenging. He is an excellent role model and takes a lot of pride in his contributions. His passion for providing excellent nursing care is contagious and inspires others to have pride in their nursing practice.
Geriatric Nursing Leadership Award

Rita LaReau, MSN, GNP, BC received the prestigious Amy J. Berman Geriatric Nursing Leadership Award in 2013. The award is named in honor of Amy J. Berman, BSN for her dedicated contributions to the geriatric nursing community. The award recognizes those who demonstrate significant contributions to the healthcare of older adults through exemplary vision, influence, critical thinking, communication and role modeling. The recipients demonstrate a commitment to gerontological nursing as a member or leader of an interprofessional team and creates an impact through policy, system or practice change within an organization. Rita’s contributions will be greatly missed as she retired in the fall of 2013.
New Knowledge, Innovations, & Improvements

Nursing Research Council

The Nursing Research Council is a group of Bronson Methodist Hospital (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 2013

- Cox, R. (2013). Emergency Department and Hospital Admissions of Seniors Who Experience a Fall: What Are the Risks and How Do We Prevent Them?

Evidence-Based Practice Projects 2013

<table>
<thead>
<tr>
<th>Participant</th>
<th>Unit</th>
<th>Project</th>
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<tbody>
<tr>
<td>Melanie Bridges,</td>
<td>Labor &amp; Delivery</td>
<td>In normal newborns, does delaying the initial bath compared to giving the bath within the first two hours of birth enhance maternal-infant outcomes?</td>
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<tr>
<td>BSN, RN</td>
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<td>Jessica Copeland,</td>
<td>Extended Medical Care</td>
<td>In adult med/surg patients with CHF or COPD experiencing multiple readmissions for the same condition, is the education provided during hospitalization conducive to preventing exacerbations?</td>
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<td>Toni Cornellier,</td>
<td>Neonatal Intensive Care</td>
<td>What is the effect of early pharmacotherapy on neonates with neonatal abstinence syndrome?</td>
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<td>Nancy Cyphers,</td>
<td>Vascular Access Specialist</td>
<td>The use of ultrasound for peripheral IV insertion</td>
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<td>Team</td>
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<td>Carmen Everett,</td>
<td>Labor &amp; Delivery</td>
<td>In scheduled Caesarean sections using spinal anesthetic, how does administering warmed IV fluids compare with room temperature affect shivering in the intraoperative and immediate postoperative period?</td>
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<tr>
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<tr>
<td>Lori Faber, RN</td>
<td>Labor &amp; Delivery</td>
<td>Does delaying the inpatient hepatitis B vaccination for newborns until their first outpatient visit have an adverse effect on vaccination outcome?</td>
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<td>Jill Gentner, BSN, RN, CNOR</td>
<td>Inpatient Surgery</td>
<td>Use of eggcrate foam padding compared to specialty mattresses in OR</td>
</tr>
<tr>
<td>Susan Hardy, RN</td>
<td>Labor &amp; Delivery</td>
<td>For patients undergoing Caesarean section, would a 2% CHG preoperative prep versus no prep decrease post-op infection?</td>
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<tr>
<td>Kelly Herrington, BSN, RN</td>
<td>Extended Medical Care Unit</td>
<td>In male patients with urinary retention requiring intermittent catheterization, would the use of a straight catheter as compared to coude catheter improve ease and comfort?</td>
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<tr>
<td>Paige Hoard, BSN, RN-BC</td>
<td>Volume Influx Pool – Women’s &amp; Children’s</td>
<td>How much gastric residual is acceptable for pediatric tube feedings?</td>
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<tr>
<td>Jennifer Krause, BSN, RN</td>
<td>Cardiology</td>
<td>In adult critical care patients undergoing intra-hospital transport, what interventions are recommended to minimize adverse events?</td>
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<tr>
<td>Deborah Miller, RN</td>
<td>Labor &amp; Delivery</td>
<td>The effect of heel warming on infant blood glucose testing</td>
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<tr>
<td>Angela Pitts, RN</td>
<td>Pediatrics/Trauma &amp; Emergency Center</td>
<td>In pediatric patients, does the needleless injection system help reduce pain and/or anxiety with peripheral IV catheter placement?</td>
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<tr>
<td>Amy Rinehart</td>
<td>Respiratory Care</td>
<td>Is high flow nasal cannula as effective as bubble CPAP in neonatal respiratory distress?</td>
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<tr>
<td>June Ring, RN</td>
<td>Labor &amp; Delivery</td>
<td>The effect of heel warming on infant blood glucose testing</td>
</tr>
<tr>
<td>Diann Rohloff, RN</td>
<td>General Medical Unit</td>
<td>What is the effect of tPA on Tenckhoff catheter clearance?</td>
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<tr>
<td>Tracy Slyker, RN</td>
<td>Extended Medical Care Unit</td>
<td>Would discharged patients who receive follow-up phone calls within 24-72 hours have reduced readmission rates?</td>
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<tr>
<td>Bini Stephen, RN-BC</td>
<td>Labor &amp; Delivery</td>
<td>In women who are induced for labor, how effective is Cytotec versus Foley catheter?</td>
</tr>
<tr>
<td>Tamara Strandberg, BSN, RN</td>
<td>Labor &amp; Delivery</td>
<td>The effect of heel warming on infant blood glucose testing</td>
</tr>
<tr>
<td>Stephanie Tangeman, RN</td>
<td>Extended Medical Care Unit</td>
<td>In hospitalized patients with a diagnosis of alcohol dependence, which evidence based assessment tool will best identify those who will exhibit symptoms of alcohol withdrawal?</td>
</tr>
<tr>
<td>Laura Temple, RN</td>
<td>Trauma &amp; Emergency Center</td>
<td>Patterns of falls in the ED</td>
</tr>
<tr>
<td>Ashley Wright, BSN, RN</td>
<td>Mother/Baby Unit</td>
<td>TEMP Rounding</td>
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Presentations


Publications


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

Journey Beads
Bringing the healing power of art to children who are fighting cancer

Children with cancer often struggle to cope and find meaning with their diagnosis and treatment. Therapeutic bead programs, where children receive and collect beads to document the experience, have emerged as a strategy for helping children and families. When a girl with leukemia undergoes a bone marrow biopsy, for example, she receives a bead to represent that experience. When she completes a round of chemotherapy, she receives a representative bead. When she is hospitalized, she receives a bead. She accumulates beads throughout her journey, and the collection becomes an important badge of honor, bravery and endurance, a legacy item, and tangible means to communicate her very personal experience.

The Bronson Children’s Hospital Journey Bead (BCHJB) program is the result of a successful partnership between Bronson Children’s Hospital, the Bronson Pediatric Hematology/Oncology Clinic, and the West Michigan Glass Arts Center. With a shared vision to bring the power of healing through art to children and families undergoing cancer treatment, and support from the Michigan Council for Arts and Cultural Affairs (MCACA) and the National Endowment for the Arts (NEA), the program was successfully launched and began providing the therapeutic bead intervention to children in July 2013.

Forty-two children in cancer treatment were enrolled to the program in 2013. Equal numbers of boys and girls participate in the program. Twenty-six of the children are undergoing treatment for blood-related cancers, five for neuroblastoma, and the remaining children are being treated for other tumors.
Initial program evaluation confirms a host of positive clinical outcomes. As described in the following statements, the beads have been shown to provide incentive for the child, document and validate the child’s experience, and provide a tangible means for children to talk about their experience:

“[The beads] give him an incentive to get poked and get him through different situations.” (parent statement)

“[The beads] show how brave she is, what she has been through, and that she is a fighter.” (parent statement)

“They mean that I am a fighter.” (12-year old girl)

“I showed them to my grandma. I told her I get these beads whenever I get 5 pokes.” (12-year old girl)

Benefits of the program extend beyond those experienced by the children and their families. Community bead artists and members of the healthcare team also describe how they have been positively affected by their participation in the program:

“[It is a] good opportunity to help kids going through such a difficult experience.” (bead-artist)

“I have the privilege to make beads with a purpose.” (bead-artist)

“I am an occupational therapist. It combines my medical and art self for a good cause.” (bead-artist)

“It is nice to be able to do something for the kids that they enjoy.” (nurse)

“This is a wonderful program. Anything to bring smiles to our kids’ faces.” (nurse)

“It has been a lot of hard work, but it is worth it when I can see a patient smile after a rough appointment.” (oncology clinic staff)

Since January 2013, 41 bead artists have volunteered a collective 785 hours to make beads for the BCHJB program. Additional volunteers have assisted with removing beads from mandrels and cleaning and inspecting beads. It is estimated that approximately 7,500 beads are needed to support the program each year.

“Bead Champions,” who include Bronson pediatric nurses, child life specialists, and clinic staff, have been specially trained on the principles and delivery of the therapeutic bead intervention. Bead Champions implement the program on a day-to-day basis with children and families receiving cancer care in the Bronson Pediatric Hematology/Oncology Clinic and Bronson Children’s Hospital.