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.

2012 Selected Achievements

• Healthgrades Distinguished Hospital for Clinical Excellence™
• Healthgrades Emergency Medicine Excellence Award™
• Healthgrades Outstanding Patient Experience Award™
• Becker’s Hospital Review ‘100 Great Hospitals in America’
• The Leapfrog Group’s “A” Hospital Safety Score™
• Get With The Guidelines™ Platinum Performance, Heart Failure Gold Performance, and Stroke Silver Performance Achievement Awards
• Blue Distinction Center+ for Spine Surgery and Knee/Hip Replacement
• UnitedHealth PremiumSM Cardiac Specialty Center
• Magnet Hospital Designation
• Level I Trauma Center Verification
• Primary Stroke Center Certification
• Chest Pain Center Cycle III Accreditation with PCI
• Working Mother’s “100 Best Companies for Working Mothers”
A Message from the Chief Nursing Officer

We hit the ground running in 2012 and haven’t stopped!
Several best practices were implemented hospitalwide — bedside handover, purposeful rounding and daily huddles. Nurses researched the effectiveness of these practices and found they increase patient satisfaction and patient safety. Now, we’re continuing to build on the momentum and positive results!

In May, the entire hospital implemented Bronson’s electronic health record, Epic. This was no easy feat! Teams worked round the clock to support patient care. Nurses took the lead in identifying issues and suggesting solutions to improve process and care at the bedside. This led to the formation of a special Nursing Informatics Committee to help prioritize requests and share updates. Throughout the transition from paper to electronic charting, nurses continued to provide excellent healthcare in partnership with patients and families. This is what nurses at Magnet hospitals do — rise to the challenge, embrace it, and excel!

Professional development also continued as many nurses went back to school, achieved certification, and conducted evidence-based research. Shared governance councils worked as teams to solve unit opportunities for improvement and recognize each other. This is the future of healthcare and the future of nursing — identify issues, be a part of the solution, share your skills and expertise, research what works best, and constantly strive for excellence. I believe we have the staff here at Bronson to do just that. Congratulations on a successful 2012 and I look forward to your many achievements in 2013!

Denise Reedy
Vice President, Chief Nursing Officer (CNO)
Bronson Methodist Hospital
Strategic Planning

CNO Denise Neely, MBA, BSN, RN, presented Bronson’s 2013–2015 System Plan for Excellence (PFE), goals, 2013 Nursing Strategic Plan and rough draft 2013 Nursing Quality Plan to Divisional Nursing Shared Governance Council (DNSGC) and Nursing Quality Improvement Steering Committee (NQISC). DNSGC and NQISC were reminded that BMH’s PFE grounds the mission, vision and values, organizes work and keeps everyone focused on the same priorities. This makes it imperative to have nursing’s strategic plan and goals cascade from the system plan. Neely led both groups in discussion regarding what nursing’s priorities should be in 2013. Input obtained helped develop the 2013 Nursing Quality Plan and define nursing scorecard indicators.
Advocacy and Influence

Directors/Managers Advocating for Technology Resource

While attending the American Nurses Credentialing Committee (ANCC) National Magnet® Conference in October 2011, Tina Sullivan, MSN, RN, NE-BC, director of nursing, obtained information about The C.A.R.E. Channel. This program interfaces with the patient television system to provide patients access to nature scenes accompanied by instrumental music, guided imagery exercises and programs to assist with sleep. Research and patient satisfaction data have shown sound and other environmental factors, such as The C.A.R.E. Channel, significantly impact clinical results by creating a calm and healing environment. Hospitals using this system have reported reductions in the use of pain medication and restraints, a decrease in the level of noise on the units, as well as improved quality of rest for patients. This evidence enabled Sullivan to obtain overwhelming support to implement the program, which became available to patients via in-room television in May of 2012. Nursing has received positive feedback from patients via written notes and verbal comments during Patient and Family Advisory Council unit rounds.

Direct-Care Nurses Advocating for Technology Resources

Mid-year 2012, multiple members of the General Surgery Unit (GSU) and Neurovascular Unit (NVU) nursing staff identified there was a shortage of bladder scanners. The increased use of the scanner was being driven by changes in the Foley protocol and decreased use of urinary catheters. Nurse managers, Mark Messer, BSN, RN, and Joshua Ruhrup, BSN, RN, advocated at the request of the nurses by adding a bladder scanner to both GSU and NVU 2012 capital budgets. The request was approved and two additional scanners were purchased in 2012.
Reduce Medication Errors that Reach the Patient

This multidisciplinary group, chaired by CNO Denise Neely, MBA, BSN, RN, is leading the effort to reduce the number of medication errors that reach the patient. The medication error committee includes members from Nursing, Pharmacy, Risk Management, Information Technology and Quality and Safety leadership. During the weekly meetings, every medication error that reached a patient is discussed using a just culture approach. If system failures are the root cause of errors, immediate action is taken to address. Leaders share patterns of medication errors, such as not following the five rights of medication administration, with staff nurses during monthly staff meetings. This group’s dedication is creating a safer environment for our patients as medication errors that reached the patient were reduced by 15 percent in 2012.

Daily Huddles

In 2012, the Division of Nursing implemented a safety best practice — daily huddles. Huddles last approximately five minutes and possess three main elements: critical communication, review of daily metrics and ideas in motion or staff input. Nurse managers and staff collaborated to define unit specific elements and create huddle boards.

“They’re working great! The off-going charge nurse does the huddle on the unit every day at 7 a.m. and 7 p.m. It only takes a couple of minutes and provides a great way for our unit to know what’s happening with safety issues, staffing, census and goals. In fact, some of the residents listen in so they have a sense of the big picture as well. The daily huddle is one more tool to improve communication among staff and leaders.”

Marla Atkinson, MSN, RN
Nurse manager of the Orthopedic Surgical Unit (OSU)
Visibility, Accessibility and Communications

Bronson’s CNO interacts with staff nurses in many ways:

• CNO open house hours
• Monthly patient safety rounds
• “Hot Topics” at the monthly Divisional Nursing Shared Governance Council
• CNO on the floor
• Monthly emails and newsletter
• Leadership rounding
• Focus groups

The following changes have been made based on input from direct care nurses:

• Emergency Department put together a multidisciplinary group to streamline overflow plan into Endoscopy
• New hires receive Epic access more quickly
• Nursing Notes modified to streamline nursing communication and decrease the total number of emails staff receives
• Meetings held weekly to discuss Epic concerns and improve communication regarding Epic changes
• Staffing policy reviewed and updated
• Unit daily huddles implemented
Professional Engagement

Bronson’s 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 in order to coordinate, communicate and facilitate the practice of nursing. This is a forum for issue identification, information sharing, staff education and input. In October 2012, Kathy Howland, a patient and family advisor, became a member of the DNSGC. Adding Howland ensures the patient’s voice is heard and helps bring BMH’s Professional Practice Model to life by keeping patients and families at the center of our decision-making.
Clinical Quality Committee
The Clinical Quality Committee (CQ) is responsible for educating and initiating systemwide quality initiatives. They coordinate their efforts with other councils to ensure the highest level of care is provided to patients served.

In 2012 CQ provided input, developed and/or implemented the following:
• Abnormal vital sign policy and ‘help’ tool
• Medication distraction pilot
• TEMP rounding tab in Epic
• Narcotic lockbox selection, policy update
• Aspiration pneumonia and oral care policy update
• Hemodialysis Unit flow enhancements

Professional Practice Committee
Professional Practice Committee (PPC) is designed to support professional nursing practice and provide an infrastructure where Bronson nurses can achieve their professional goals. It also recognizes and celebrates nurses’ success.

PPC 2012 Accomplishments:
• 12 DAISY award winners selected
• 70 Nursing Professional Advancement Ladder (NPAL) binders reviewed and approved
• Nurses’ Week celebration
• RN peer review tool updated
• Nurse leader basics streamlined
• Social media presentation by Kate Payne, BSN, JD, MA, RN from Ethics Consultant Group, LLC

Advance Practice Nurse (APN) Council
Promotes and supports APN practice throughout the Bronson organization.

The council achieved the following in 2012:
• Reviewed and made recommendations for credentialing and privileging to credentials committee: six certified registered nurse anesthetists, nine nurse practitioners and two certified nurse midwives
• APN Council leadership representative attended monthly credentials committee meetings and provided recommendations
• Updated APN section of nursing shared governance bylaws
• Approved new classification for critical care nurse practitioner
• Made recommendations on Epic co-signature policy
• Approved core and non-core privileges for doctor of nursing practice
• Created advanced practice intern position
• Reviewed and updated credentialing process algorithm
• Held quarterly APN breakfasts
  • March: Epic experiences and suggestions
  • June: Kathleen Lavery, MS, RN, CNM, chairperson, Michigan Board of Nursing gave presentation on “Advance Practice Nurses and the 2012 Michigan State Legislation”
  • September: Mitzi M. Sanders, PhD, RN, ACNS-BC presented “Role of the Clinical Nurse Specialist”
  • December: Kathleen Lavery, MS, RN, CNM provided “Nursing Legislative Update”
Structural Empowerment

Nurses Improving the Care for Health System Elders (NICHE) Council
Facilitates holistic care to the older adult patient population and their families across the organization

The council achieved the following outcomes in 2012:

- Bronson Methodist Hospital named an Exemplar NICHE site by the Hartford Geriatric Institute at New York University
- NICHE AGEducation classes: 79 nurses attended
- NICHE PCA classes: 8 patient care assistants attended
- Certifications: 8 newly certified gerontological RNs/American Nurses Credentialing Center (ANCC)
- Geriatric patient care information added to procedure T-01a, Range Orders for Medications Policy
- Fall prevention presentations to DNSGC
- Sleep disorders, Problems with eating and feeding, Incontinence, Confusion, Evidence of falls, Skin breakdown (SPICES) tool embedded into Epic documentation
- Shopping Inservice Mall Poster presentations: Morse Fall Risk Tool, The Confusion Assessment Method
- Hartford Geriatric Institute online NICHE Leadership Training Program: 21 new sites mentored in NICHE Program Development

Nursing Research Council
Serves to support nursing research and evidence-based clinical decision-making.

In 2012, the Nursing Research Council coordinated:

- Two Nursing Research Roundtable Discussions presented by Natasha Watson, MSN, RN-C (Interruptions During Medication Administration) and Vivien Mudgett, MSN, MA, BA, RNC (The Effect of a Scripting Intervention on the Self-Efficacy of Nurses who Experience Bullying Behavior at Work)
- Presentation of a scholarly writing workshop by Karen Morin, DSN, RN, ANEF, FAAN
- Review of six nursing research project proposals in the domains of clinical practice, leadership and education
- Mentorship for Bronson nurse investigators
Commitment to Professional Development

2012 Certifications
Certification validates professional specialty knowledge, skills and expertise. This supports professional nursing practice and BMH’s Professional Practice Model 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

The following staff obtained certification in 2012:

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebecca Bollinger, BSN, RN, ONC</td>
<td>Orthopedic Surgical Unit (OSU)</td>
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<tr>
<td>Gwendolyn Boyle, BSN, RN-BC</td>
<td>Education Services</td>
</tr>
<tr>
<td>Gerald Carpenter, RN-BC</td>
<td>Adult Medical Unit (AMU)</td>
</tr>
<tr>
<td>Michelle Colyer, MSN, CCRN</td>
<td>Medical Intensive Care Unit (MICU)</td>
</tr>
<tr>
<td>Elizabeth Howe, RN-BC</td>
<td>AMU</td>
</tr>
<tr>
<td>Emily Ingram, BSN, RN-BC</td>
<td>AMU</td>
</tr>
<tr>
<td>Mike Koehler, MSN, RN-BC, CCM</td>
<td>Case Management</td>
</tr>
<tr>
<td>Anne Maihofer, MSN, RN-BC, CCRN, AACN</td>
<td>Education Services</td>
</tr>
<tr>
<td>Lorraine Reasner, RN-BC, CNOR</td>
<td>Education Services</td>
</tr>
<tr>
<td>Don Ritchie, BSN, RN-BC</td>
<td>AMU</td>
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<tr>
<td>Melissa Robbins, BSN, RN-BC</td>
<td>AMU</td>
</tr>
<tr>
<td>Ken Rourke, RN, CEN</td>
<td>Trauma &amp; Emergency Center (T&amp;EC)</td>
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<tr>
<td>Linda Rus, MSN, RN-BC</td>
<td>Education Services</td>
</tr>
<tr>
<td>Emily Snyder, BSN, CCRN</td>
<td>MICU</td>
</tr>
<tr>
<td>Amy Stros, BSN, CCRN</td>
<td>MICU</td>
</tr>
<tr>
<td>April VanDerSlik, BSN, RN, CIC</td>
<td>Infection Prevention</td>
</tr>
</tbody>
</table>
Nursing Recognition

**DAISY Awards**

PPC reviews DAISY nominations quarterly and awards three staff nurses who go above and beyond their normal duties. DAISY Award recipients are selected based on the nomination criteria:

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

Don Ritchie, BSN, RN-BS
AMU

“Once in a while someone crosses our path that truly stands out from the rest. I am talking about a nurse by the name of Don.”

Amy Saylor, BSN, RN
MICU

“Amy showed heartfelt care and compassion to patient and family members.”

Pete Olsen, RN, CRNFA, CNOR
Surgery

“Pete is right there, walking us through it, holding our hand, giving us guidance throughout the scary OR experience. You could say we have our own private nurse.”

Kelli Witters, RN
General Surgery Unit (GSU)

“Because he was scared she made sure everything was comforting to him and made sure I understood everything.”
Bo Pastorick, BSN, RN
MICU
“When I left the hospital on Sunday evening and Bo was working, I knew my dad was in good hands and there was nothing to worry about, the care would be nothing but the best.”

Brandi Benthin, BSN, RN
Obstetrics/Mother Baby Unit (OB/MBU)
“She went out of her way for me by getting me coffee in the middle of the night. She just really was a sweet caring nurse. She made my stay very enjoyable.”

Susan Hamilton, BSN, RN
Cardiology
“Susan was a gift and shows her skill, knowledge and education with the utmost of compassion. Bronson should be proud and honored that she works for them.”

Jennifer Hamilton, RN
MICU
“We were blessed to have a nurse so personable, attentive, knowledgeable and supportive, it was as if she was part of our family.”

Wendy Stewart, RN
Acute Burn Clinic
“Wendy was a godsend… She insisted on coming in Saturday AND Monday of the holiday weekend — she said ‘this is not about me’... over and over. She made it clear my husband was her primary concern.”

Andrea Daam, RN
GSU
“Andrea came up with a plan to help get my mother out of the attitude of ‘being a patient’ and turn into being more in control of her urinary situation…Since that time, my mother has been more confident.”

Shannon McBride, BSN, RN
Post Anesthesia Care Unit (PACU)/Cardiac Surgery Intensive Care Unit (CSU)
“You have a very special nurse in Shannon…We were so scared for him and Shannon’s explanations and support provided the reassurance we needed.”
**Celebration of Nursing Excellence**

**2012 Nurses’ Week Awards**

The Nurses’ Week committee reviewed 50 nominations before selecting this year’s nursing excellence award winners. Staff is nominated by their peers, leadership team and award recipients are chosen using award criteria and supporting stories.

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**AWARD WINNERS**

**LEADERSHIP AWARD**

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

Michelle Smith, BSN, CRRN – Neurovascular Unit (NVU) … First person to serve on a committee, get behind an idea or initiative and be its champion. As a charge nurse and preceptor Michelle handles herself with grace and poise even under the most stressful conditions

**RISING STAR AWARD**

*a novice direct caregiver RN in practice for less than two years who exemplifies the transition to professional nursing*

Katie Walsh, BSN, RN – Surgical Intensive Care Unit (SICU) … Big heart, adapts to changing situations, quick, efficient, always keeps the patient and family foremost in her mind

**COMPASSION AWARD**

*advocacy, caring, comfort, empathy, holism, resiliency, understanding of patient and family needs*

Marilyn Bontrager, RN – Cardiology … Genuinely cares for her patients, families and works effortlessly to relax, console and encourage. “You are never alone” if Marilyn is your nurse.

**RESPECT AWARD**

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

Gervine Brown, RN – General Medical Unit (GMU) … Gervine was my angel. She took on the role of patient advocate for my mother-in-law when I could not.
**PRIDE AWARD**

affirmation, engagement, commitment, creativity, innovation, recognition, role modeling, and role satisfaction

Kirsten Rasmussen, BSN, RN – Cardiology … Formal and informal leader, hands on, supportive, does whatever it takes to get the job done and keep the department functioning, active in professional organization

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**EXPERTISE AWARD**

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

Joanne Timmer, BSN, RNC – OB/MBU … Embodies professionalism, clinical expert, possesses ability to see whole picture of the unit and assess the needs of the patients, staff, tireless in her quest for improvement.

---

**IMPACT AWARD**

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

Jennifer Singleton, BSN, RN – Vascular Access Specialist Team (VAST) … Consistently demonstrates excellence in nursing practice, uses evidence-based practice as a guide, chair of Clinical Quality, consummate professional, collaborates with the interdisciplinary team to make product decisions

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Western Michigan University (WMU) School of Nursing Alumni Scholarship

Sharyn Schlueter, RN, CNOR – Surgery … The WMU School of Nursing Alumni Association provided a generous $500 award in recognition of one of our nurses who embodies exemplary professional performance. The award winner, Sharyn Schlueter, RN, CNOR was selected by the Alumni Association with the assistance of the Nurses’ Week planning committee.

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Stuart Avenue Inn Honors

Kimberlie Bottles, RN – OB/Labor & Delivery
Exemplary Professional Practice

Professional Practice Model

Nursing Practice and Outcomes: Cardiac Rehabilitation

Cardiac Rehabilitation nurses exemplify BMH’s Professional Practice Model key components of professional nursing practice, outcomes and leadership through their participation in the Montana Outcomes Project. These components, shown on the base star model diagram, are tenets of relationship-based care that serve as a foundation for BMH’s “environment for excellence.” Participation in the Montana Outcomes Project reflects BMH professional nurses’ specialized knowledge, expertise, pride and leadership. Their desire to provide outstanding care to patients by collaborating with cardiac rehabilitation programs on a national level has driven their participation in the project.

Using Montana Outcomes data, Cardiac Rehabilitation embraced a process improvement project to reduce the percentage of patients with hypertension graduating from cardiac rehabilitation at BMH. Interventions implemented for this process improvement project included:

- Sending customized letter to primary care physician when a patient is hypertensive
- Checking existing equipment at Cardiac Rehabilitation to ensure proper functioning
- Reviewing blood pressure assessment technique with the staff to ensure consistency
- Developing a process for alerting staff members when a patient in the cardiac rehabilitation program is hypertensive
- Creating a Hypertension Alert Form to notify nurses when a patient is hypertensive for more than two sessions

The percentage of patients without hypertension at discharge from Cardiac Rehabilitation has increased steadily since third quarter 2011. Outcomes have exceeded both state and national benchmarks since first quarter 2012.
Carrie Kotecki, MSN, RN is an internal and external expert in emergency preparedness. She has received several national incident command system certifications and serves as a contracted instructor at the Center for Domestic Preparedness in Anniston, Ala. Kotecki also serves as chairperson of the BMH emergency preparedness committee and executive board member of the fifth district coalition. The fifth district represents 17 counties and works to guide the regions training, resource allocation and goals. They also conduct an annual community drill.

An active shooter drill was held at BMH on October 29, 2012. Together, with the city police department, SWAT team, K-9 officer, EMS companies and hospital staff, total participants in the drill numbered 150.

This drill was performed to evaluate education and training provided to hospital staff regarding an active shooter incident. The drill was a huge success and produced several opportunities for improvement:

• A new code is being developed for communicating when an active shooter is in the building.
• New communication methods for all involved in active shooter situation are being evaluated.
• Interaction with police department personnel is being evaluated.
• Initiation of a unified command with appropriate personnel to be defined.

Active shooter awareness training classes have been offered at BMH for almost two years with more than 1,000 employees attending. Kotecki’s expertise, garnered from 33 years of experience in emergency preparedness and her commitment as a BMH, community and national leader, represent exemplary professional practice.
Impact of a Nurse Practitioner Rapid Response Team on SIRS Outcomes

The nurse practitioner rapid response team (NP-RRT) conducted a study to determine if early recognition of systemic inflammatory response syndrome (SIRS) and implementing early goal-directed therapy (EGDT) would reduce mortality, alter outcomes. A database was used to identify patients who had two or more SIRS criteria (fever, tachycardia, tachypnea, leukocytosis) as well as anion gap acidosis. When criteria were met, it triggered NP-RRT to review the patient case and determine if EGDT should be initiated. If blood cultures, lactic acid level, volume resuscitation or appropriate antibiotic therapy were not in place, they were ordered or discussed with attending. Outcome measures were tracked over a six-month period.

There was a decrease in intensive care unit admissions and an increase in percentage of patients receiving all four EGDT components, however, the study did not show decreased mortality in patients seen.
Interdisciplinary Care

Interdisciplinary Collaboration within the Community

In January 2012, in collaboration with hospitals in the area, skilled nursing facilities, and other post-acute care providers, BMH Case Management hosted several meetings to identify components of communication that are important to ensure a safe transition from setting to setting. Post-acute care providers came to consensus regarding what elements of a patient medical record were important for them to provide seamless care. All participants agreed to incorporate the key elements agreed upon into their transfer process so consistent, reliable patient information would be shared at the point of transfer. BMH’s patient transfer envelope has the key points listed in a checklist-style format.

Culture of Safety

Bronson nurses are committed to providing the highest level of care available to their patients. This is demonstrated by the nursing team’s consistent ability to outperform national benchmarks.

Hospital Acquired Pressure Ulcers
BMH outperformed the National Database of Nursing Quality Indicators (NDNQI) mean in seven out of eight quarters.

Central Line Associated Blood Stream Infections
BMH outperformed the NDNQI mean in eight out of eight quarters.
Medication Errors That Reach the Patient

- 2,049 more patient days
- 78 fewer medication errors
- 15 percent reduction

Specimen Errors

- 2,049 more patient days
- 82 fewer specimen errors

Quality of Care Monitoring and Improvement

BMH exceeded the Press Ganey database benchmark (top box score, % “always”) for education in eight of eight quarters (100%). The question patients are asked is, “During this hospital stay, did nurses explain things in a way you could understand?”
### Peer Review for Publications

<table>
<thead>
<tr>
<th>Name</th>
<th>Professional Organization</th>
<th>Position/Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Benson, MS, ACNP-BC, CCRN</td>
<td><em>Journal of Cardiovascular Nursing</em></td>
<td></td>
</tr>
<tr>
<td>Karen Bergman, PhD, RN, CNRN</td>
<td><em>Journal of Neuroscience Nurses</em></td>
<td></td>
</tr>
<tr>
<td>Rita Bush, MSN, RN, CCRN, NE-BC</td>
<td><em>American Association of Colleges of Nursing (AACN) editor review board</em></td>
<td></td>
</tr>
<tr>
<td>Glenn Carlson, MSN, ACNP-BC, CCRN</td>
<td>Continuing Education article pilot tester 2011</td>
<td></td>
</tr>
<tr>
<td>Carla Cook, BS, RN, CCRN</td>
<td><em>AACN CEU article/test review committee</em></td>
<td></td>
</tr>
<tr>
<td>Rita LaReau, MSN, GNP-BC</td>
<td><em>Geriatric Nursing</em></td>
<td></td>
</tr>
<tr>
<td>Donna Moyer, PhD, RN, PCNS-BC</td>
<td><em>Health Behavior and Education, Journal of the American Psychiatric Nurses Association, and abstracts for American Nurses Credentialing Center (ANCC)</em></td>
<td></td>
</tr>
<tr>
<td>Rosemarie Nedeau-Cayo, MSN, RN-BC</td>
<td>Beta tester for the Nursing Professional Development Certification Exam through ANCC</td>
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### Leadership Roles and Committee Participation

<table>
<thead>
<tr>
<th>Name</th>
<th>Professional Organization</th>
<th>Position/Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Brissette, BSN, RN</td>
<td>Michigan Home Health Association (MHHA)</td>
<td>Nominating Committee</td>
</tr>
<tr>
<td>Carla Cook, BS, RN, CCRN</td>
<td>AACN</td>
<td>Ambassador, Continuing Education Review Panel</td>
</tr>
<tr>
<td>Judith Cronin, BSN, RNC</td>
<td>Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)</td>
<td>Conference Planning 2011</td>
</tr>
<tr>
<td>Monica Dow-Hepner, BSN, RNC-MNN</td>
<td>Southwestern Michigan Perinatal Association (SWMPA)</td>
<td>Vice President, Conference Chair and Co-chair</td>
</tr>
<tr>
<td>Ashley Foster, BSN, RN</td>
<td>Michigan Council of Nurse Practitioners</td>
<td>Annual Conference – Exercise Program Chair</td>
</tr>
<tr>
<td>Gloria Lowrance, BSN, CNOR</td>
<td>Association of Perioperative Registered Nurses (AORN)</td>
<td>AORN Board</td>
</tr>
<tr>
<td>Julie Martz, RN</td>
<td>Michigan Society of Cardiovascular and Pulmonary Rehabilitation (MSCVPR)</td>
<td>MSCVPR Outcomes Committee</td>
</tr>
<tr>
<td>Donna Moyer, PhD, RN, PCNS-BC</td>
<td>Sigma Theta Tau International Honor Society of Nursing (STTI)</td>
<td>Research Committee</td>
</tr>
<tr>
<td>Rosemarie Nedeau-Cayo, MSN, RN-BC</td>
<td>STTI</td>
<td>President Upsilon Epsilon Chapter 2009-2011</td>
</tr>
<tr>
<td>Lori Reasner, RN, CNOR</td>
<td>AORN</td>
<td>Nominating Committee</td>
</tr>
<tr>
<td>Julie Switek, MSN, RN</td>
<td>Upsilon Epsilon Chapter for STTI</td>
<td>Secretary</td>
</tr>
<tr>
<td>Natasha Watson, MSN, RN-BC</td>
<td>STTI</td>
<td>Scholarship Review</td>
</tr>
<tr>
<td>Julia Wilson, BSN</td>
<td>Association for Vascular Access</td>
<td>Poster Presentation Judge</td>
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# Research

Research is an exploration for new knowledge. At Bronson, nurses are committed to generating new knowledge and exploring best practices.

## Nursing Research 2012

The following nursing research projects were initiated at Bronson in 2012:

<table>
<thead>
<tr>
<th>Investigator</th>
<th>Study Title</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret Malnight, MSN, RN</td>
<td>2012 Vermont Oxford Network Series Days Audits</td>
<td>Neonatal Intensive Care Unit (NICU)</td>
</tr>
<tr>
<td>Karen Bergman, PhD, RN, CNRN</td>
<td>The Association Between Age and Discharge Destination for Persons with Traumatic Brain Injury from Falls</td>
<td>Professional Practice</td>
</tr>
<tr>
<td>Shannon Seeberger, BSN, RN-BC</td>
<td>Assessing the Health Literacy of Self-Identified Caregivers in the Inpatient Setting</td>
<td>Adult Medical Unit (AMU)</td>
</tr>
<tr>
<td>Sheri VandenBerg, RN, Paul Blostein, MD, Scott Davidson, MD</td>
<td>The Graying of the Trauma Population</td>
<td>Trauma Services</td>
</tr>
<tr>
<td>Marshe Remynse, MSN, FNP-BC</td>
<td>The Michigan Critical Congenital Heart Disease Newborn Screening Program: Statewide Implementation of Best Practices</td>
<td>Women's Services</td>
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</tbody>
</table>

## Evidence-Based Practice Projects

The following evidence-based practice projects were initiated at Bronson in 2012:

<table>
<thead>
<tr>
<th>Name</th>
<th>Unit</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patti Rohloff, RN</td>
<td>Cardiac Cath Lab</td>
<td>What are the barriers to bedside handover from the nurses’ perspective?</td>
</tr>
<tr>
<td>Tiffany Steffel, RN</td>
<td>Pediatrics</td>
<td>What are the benefits of a therapeutic bead program in children with cancer?</td>
</tr>
<tr>
<td>Keri Wiersma, RN</td>
<td>Pediatric Intensive Care Unit (PICU)</td>
<td>Are insulin pens safer and more efficacious than insulin vials?</td>
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</tbody>
</table>
Presentations and Publications

Nurses at Bronson are passionate about sharing the knowledge we obtain. Podium/poster presentations and manuscript submission for publication are ways new knowledge can be shared.

2012 Presentations


2012 Publications


New Knowledge, Innovation and

Innovation

Innovation is a cornerstone of improvement. Forward thinking Bronson nurses seek unique and creative ways to address the needs of our patients.

Mothers’ Milk Bank and Barcoding

Cindy Duff, BSN, RNC, IBCLC, founded Bronson Methodist Hospital (BMH) Mothers’ Milk Bank in 2006, the only Human Milk Banking Association of North America (HMBANA) milk bank in Michigan. BMH’s Mothers’ Milk Bank is currently one of only 11 HMBANA milk banks in the United States. There are two HMBANA milk banks in Canada. BMH Mothers’ Milk Bank currently supplies pasteurized donor milk to 17 hospitals in Michigan and 10 hospitals outside of Michigan. Since 2006, more than a half million (511,039) ounces of human milk have been dispensed.

Research shows human milk helps sick and premature babies have better outcomes. The Bronson Mothers’ Milk Bank provides the best nutrition to infants in the Neonatal Intensive Care Unit (NICU) whose mothers cannot provide breast milk. In 2003, 74 percent of infants delivered at 32 weeks gestation or less, or who weighed 1500 grams or less, received breast milk. The percentage increased and has been maintained at 99 percent since 2007 after the milk bank was established.

Due to the dramatic increase in milk orders, BMH Mothers’ Milk Bank will expand in 2013. This expansion will include a new barcoding process and preparation of individual feedings for NICU infants. The barcoding system will track and trace the handling and feeding of breast milk, donor human milk and infant formula. This process will help prevent feeding errors. Centralized handling of human milk is an important strategy to provide optimal quality care to patients by assuring safe storage, preparation and distribution of human milk for hospitalized infants.

Ounces Dispensed from the Milk Bank

![Ounces Dispensed from the Milk Bank](image)

2006 2007 2008 2009 2010 2011 2012

0 20,000 40,000 60,000 80,000 100,000 120,000 140,000 160,000

2006 2007 2008 2009 2010 2011 2012

0 20,000 40,000 60,000 80,000 100,000 120,000 140,000 160,000
CardioPat: Decrease Blood Transfusions

Eliminating unnecessary blood transfusions in the cardiac surgical patient is critical, as evidence indicates an association between transfusing red blood cells (RBCs) and adverse outcomes including: resource utilization, morbidity, mortality and quality of life. This evidence prompted Nursing, Perfusion and cardiac surgeons within the Open Heart Performance Improvement Committee to begin exploring tactics to decrease blood transfusions in late 2010.

CardioPat was identified as a strategy that could help decrease blood transfusions. The device is a fully-automated cardiovascular perioperative automatic transfusion system that collects, washes and returns the patient’s blood during and after cardiac surgery. CardioPat is set up in the operating room, but reinfusion of the patient’s blood occurs in the cardiac surgery intensive care unit (CSU) by nursing staff. This makes success of CardioPat highly dependent on nursing’s adoption of the system because it creates extra work during a critical time in the open heart patient’s postoperative phase.

Since implementing CardioPat in late April 2011, blood transfusions during open heart surgery have decreased significantly. This reduction has positioned BMH far below the Society for Thoracic Surgeons (STS) data. The STS is a comparative group utilized for best practices in cardiac surgeries for percentage of blood products utilized in coronary artery bypass graft (CABG) patients. BMH also has the lowest blood utilization rate in Michigan when compared to the Michigan STS data for 2011 and 2012.
Innovation and Improvements

Nurse Navigator
The nurse navigator service at Bronson offers a single point of contact for patients and families as they begin the journey to manage certain diagnoses and treatment modalities. A nurse navigator maintains the role of educator, coordinator, facilitator and advocate. A nurse navigator’s primary objective is to improve the patient’s quality and continuity of care by removing barriers and bridging gaps in service. This ensures patients receive coordinated care.

The nurse navigator supports patients and families by:
• Working with them to understand diagnosis and treatment options
• Helping them gain timely access to appointments and resources
• Coordinating appointments with physicians’ and surgeons’ offices
• Offering education and support before and after surgery
• Finding solutions to personal needs and concerns, such as transportation, finances, cosmetic services, nutrition and genetic counseling
• Helping connect patients and families with doctors, outpatient treatment facilities and other community resources

Norm Anderson
As a retired surgical nurse, Bev Anderson knew that the treatment for her husband Norman’s colon cancer would involve many different doctors. What she didn’t expect was fast, seamless communication and referrals among all the care providers — coordinated by Bronson’s Oncology Nurse Navigator Service.