CELEBRATING NURSING EXCELLENCE
2011 A YEAR IN REVIEW

BRONSON
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 405 licensed beds and all private rooms, Bronson Methodist Hospital provides care in virtually every specialty — cardiology, orthopedics, surgery, emergency medicine, neurology, oncology — with advanced capabilities in critical care as a Level I Trauma Center; in neurological care as a 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.

**SELECTED 2011 ACHIEVEMENTS**

- HealthGrades Distinguished Hospital for Clinical Excellence™
- HealthGrades Emergency Medicine Excellence Award™
- HealthGrades Outstanding Patient Experience Award™
- HealthGrades Patient Safety Excellence Award™
- Five-Star Ratings from HealthGrades
- Consumer Choice Award
- Thomson Reuters 100 Top Hospitals®
- Level I Trauma Center
- Primary Stroke Center Certification
- Chest Pain Center Cycle III Accreditation
- The Leapfrog Group’s “A” Hospital Safety Score™
- The Joint Commission’s Gold Seal of Approval™
- Working Mother’s “100 Best Companies for Working Mothers”

Cover photo by Lori Ransbottom, RN
A Message from the Chief Nursing Officer

We accomplished so much in 2011 that I can hardly believe it’s been only about a year and a half since I became your chief nursing officer. Just after I started, we had a blizzard and many of us spent the night in a conference room. I wasn’t expecting to host a slumber party the first three days on the job, but I learned very quickly how well people in this organization come together as a team to care for our patients. Patient care is what we do best! We research evidence-based practices and implement them to improve patient satisfaction and safety to provide the highest quality of care. Bedside handover and purposeful rounding are two good examples started in 2011 that impacted all units. We also continue best practices we have done well for many years, such as preventing central line associated blood stream infections and caring for older adults. We celebrated our 10-year Project Nurses Improving Care for Health System Elders (NICHE) anniversary and published best practices with The Commonwealth Fund, among others. This is one of many milestones and achievements accomplished in 2011 and I am very proud of the role each of you played to provide excellent healthcare services.

Many of you have advanced the nursing profession through your research, academic achievements, certification and participation in focus groups, committees and shared governance. Whether you earned your master's degree, conducted research, obtained certification or participated on a council or committee, you contributed to improving care and the profession of nursing and I thank you for the difference you made. This focus on the professional practice of nursing drives our continued journey with Magnet. As we prepare for our upcoming submission in 2013, the exemplar stories and awards highlight our incredible staff, their integrity and the compassion for our patients and families.

At Bronson, we challenge ourselves to continue to raise the bar in all aspects — clinical excellence, customer & service excellence, and corporate effectiveness. Bronson’s requirements for excellence drive us to provide safe, timely, effective, efficient, equitable, patient & family centered care. These requirements guide our decisions like the one we made to move toward One Patient, One Record, a system-wide electronic health record. We put the patient and family at the center of all we do! As we move forward into the changing healthcare environment, our focus helps to provide value to our community and the people we serve. Congratulations on another great year! I am very proud of you, your engagement in evidence-based practice to improve our quality of care, and your commitment to continually raise the bar for improvement.

Vice President, Chief Nursing Officer
Bronson Methodist Hospital
Transformational Leadership

Shared Governance Leadership

“You can be a leader without having the title behind your name. We as nurses are leaders at the bedside. We lead the care team with patients and families to make decisions and improve outcomes. Leadership is an action, not a title.”

— Patti Rohloff, RN, Cath Lab  
Chair, Divisional Nursing Shared Governance Council

“As the Clinical Quality Committee chair, I have been able to make an impact in nurses delivering patient care by using Clinical Quality as an avenue to express my voice and the voice of my peers at the bedside. Being a member of this committee has given me a better sense of Bronson as an organization and enabled me to be a part of the process improvements throughout the hospital. I feel that I have made a huge difference through this committee by advocating for my patients and for my peers so that we can continue to raise the bar and continuously look for ways to improve care at Bronson.”

— Jennifer Singleton, BSN, RN, Vascular Access Specialist Team  
Chair, Clinical Quality Committee

“Leading the Professional Practice Committee is an opportunity to make contacts with other people in units, strategize for professional growth, and to gather information to make Bronson a better place for supporting nursing advancement... it lets me know that nurses do have a voice in the care that we give and that we can make a difference.”

— Kim Brown, RN, Women’s & Children’s Volume Influx Pool  
Chair, Professional Practice Committee
Strategic Planning

Staff Nurses Develop Unit Strategic Aims
Each year, the General Surgery Unit (GSU) coordinates an all-day event where 25 staff nurses join unit leadership to develop strategic aims for the coming year. The team reviews current performance on measures such as patient satisfaction, post-surgical outcomes, and staffing. Opportunities for improvement are identified and prioritized for inclusion on the unit’s scorecard for the following year. Measures and outcomes are posted throughout the unit so staff stays apprised of the unit’s progress during the year.

Nurses Involved in Hospital-Wide Electronic Health Record Implementation
Many nurses were involved in selecting, building, and implementing Bronson’s electronic health record. Katie Harrelson, MSA, RN, senior vice president, chief operating officer of Bronson Methodist Hospital, led the large multidisciplinary team. All levels of nursing, and particularly bedside staff, built the foundation of the clinical documentation system.

“I’m excited for the opportunity to help everyone understand how Epic will simplify and enhance our ability to capture and share patient health information throughout the continuum of care.”

Lyndsey Mulder, BSN, RN
Lyndsey transitioned from the General Surgery Unit to the Bronson i-Optimization team as a principal trainer/analyst on the EpicCare Inpatient Team.

Nurses Empowered by Evidence-Based Practice
Bronson empowers nurses to be accountable for their practice. Two times per year an evidenced-based practice (EBP) internship is offered. Participants learn to question their practice, find evidence regarding questions, and formulate changes to policy/procedure/protocol.

“I enjoyed more than I anticipated. Would high recommend.”

“I am proud that Bronson supports evidenced based practice.”

“Really increased my knowledge of EBP. Good experience!”

Celebrating Nursing Excellence
Blizzard Hits Bronson
In February 2011, a blizzard hit southwest Michigan. The chief nursing officer led the organization’s emergency response to continue to care for patients and staff. More than 200 employees slept at the hospital and 1,296 free meals were provided to staff during the incident. Nursing leaders stayed throughout the night to coordinate response.

Your Surgery
A team was developed, that included nursing staff from Inpatient Surgery and Outpatient Surgery, to consolidate all the information patients received preoperatively from both departments into one Bronson surgery brochure. The goal of the brochure was to ensure a consistent, evidence-based teaching approach for patients and families. Trish Madison, RN and Jayne Word, BSN, RN took the leadership role in this endeavor by incorporating checklists and health literacy best practices. The brochure focuses on teaching patients and families what they can do to help prevent surgical complications such as infection, pneumonia, and deep vein thrombosis. Pre-and post-surgical care information is outlined to decrease patient anxiety, define what is needed to prepare for surgery, and what to expect after surgery. The final product reduced overall printing and mailing expenses, improved patient adherence and understanding, and streamlined processes to ensure timely receipt of information. The team expanded the concept to the Internet, developed a QR code for easy access, and partnered with Bronson LakeView Hospital and Bronson Battle Creek Hospital to replicate the format.

“He just wanted to take a moment to show my appreciation for the thoughtfulness and generosity that was shown to me and my fellow employees during the winter storm yesterday. The preparation and effort you each put in toward keeping everyone safe and available to the patients was amazing. I have always been proud to work for Bronson, but now have a greater appreciation for what it means to be a Bronson employee. To be warned in advance to prepare to stay over, have two meals provided, a place to sleep, shower and prepare for my next shift was fantastic. The teamwork and camaraderie of this entire establishment has been enhanced by the blizzard of 2011. I love that I can be confident in the leaders of Bronson to plan and provide for any situation. Again, thank you.”

Heather Kusmack, RN
Prep/Recovery Unit/Cardiology
Nursing Huddles Improve Patient Satisfaction & Safety
The NICU, Labor & Delivery Unit, and Mother/Baby Unit began using huddles centered on staff engagement and communication as a means to improve patient satisfaction and safety. A huddle is a 5- to 10-minute briefing run by the charge nurse in which nurses work together to discuss patient condition, assess nurses’ workload, and make staffing adjustments to ensure every nurse’s assignment is manageable and patient care is optimal. This is an effective way of sharing what each team member, including the charge nurse, will be involved with during the shift. Quality and safety measures such as patient falls, hand hygiene, and medication errors are shared, as well as unit concerns regarding missing equipment, staffing, and ideas for improvements. Huddling has brought a sense of camaraderie and team work to the floor. This evidenced-based practice is a great way to engage all team members and ultimately improve the care delivered to patients.

Get Up and Go for a Lifetime
The critical care committee formed a multidisciplinary “get-up-and-go” task force to review how the critical care healthcare team’s interactions impact patients and families holistically for the long-term. The task force examined evidence and concluded Ely and Girard’s, awake and breathing coordination, delirium assessment and early mobility (ABCDE) of critical care was the model that fit the mission. Because of the initiative, sedation use has decreased, ventilator days have decreased, and patients are getting out of bed sooner than ever thought possible. Critical care is more than saving a life — it’s promoting a lifetime!

Visibility, Accessibility and Communications
Bronson’s chief nursing officer 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 in the work environment based on input from direct care nurses:
• General Medical Unit nurse added to hemodialysis unit to promote patient safety
• Psychiatric sitter policy revised to enhance safety of patients and staff
• Domestic violence brochures and cards placed in the Emergency Department public restrooms
• Test drives implemented to streamline the nurse hiring process
• Focus groups conducted to identify issues with teamwork
Bronson’s nursing shared governance structure is designed to empower staff. It promotes professional autonomy and accountability-based decision-making so nursing can provide optimal patient care to every patient every time. It is through the formal Bronson nursing council structure that nurses from all levels participate in evaluation of nursing standards for the division of nursing and/or the specific nursing unit.

**Divisional Nursing Shared Governance Council (DNSGC)**
Maximizing its potential for achievement of nursing excellence, the shared governance model incorporates five key components of operations: EBP, research, peer review and recognition, and quality outcomes. Councils and committees form a structural network of communication and decision-making necessary to achieve the overarching goal of nursing excellence.

The Divisional Nursing Shared Governance Council brings together nursing unit representatives for coordination, communication and facilitation of the practice of nursing. As a result of a 2011 survey, representatives began to provide unit specific reports regarding quality, community services, recognition, and other initiatives. The new process encouraged storytelling and promoted dialog across the division.
Professional Practice Committee
Professional Practice Committee (PPC) is designed to support professional nursing practice and provide an infrastructure where Bronson nurses can readily achieve their professional goals. It also recognizes and celebrates nurses' successes.

Bedside Reporting and Handovers Improves Patient Safety and Satisfaction
The Nursing PPC researched how to standardize and improve nursing patient handovers and identified the I-SBAR-Q as the tool of choice. Scripting verbal communication between caregivers provides a consistent snapshot of pertinent patient information. This coupled with bedside report, increases patient and family satisfaction as they are more informed and actively involved in their plan of care. Education occurred in December of 2011, hospital-wide implementation will occur in 2012.

Purposeful Rounding
In an effort to assess patient needs preemptively, purposeful rounding using the acronym TEMP began at the end of October, 2011. TEMP stands for T: Toileting, E: Environment, M: Movement, P: Pain. Evidence demonstrates purposeful rounding improves patient safety and satisfaction. The committee worked to implement TEMP rounding hospital wide after a successful trial on the General Medical Unit (GMU).

I-SBAR-Q

| I | Introduction |
| S | Situation    |
| B | Background   |
| A | Assessment   |
| R | Recommendation |
| Q | Questions and Answers |
Clinical Quality Committee
The Clinical Quality Committee (CQC) is responsible for educating and initiating system-wide quality initiatives. They coordinate their efforts with other councils to ensure the highest level of care is provided to the patients served.

Limb Alert Armbands
Blood draws, blood pressures, and IV insertions may place an extremity ‘at risk’ for complications and may therefore need to be identified as ‘at risk.’ A process was developed that enables nurses to identify a patient’s ‘at risk’ limb. A ‘LIMB ALERT’ sticker is placed on a pink armband so that staff can easily recognize the affected limb. This fulfills the Bronson Plan for Excellence by delivering optimal care for every patient, every time and the requirements for excellence by ensuring safe, effective patient care.

“I thought how frustrating it must be for patients to constantly remind us to not use their arm/leg (due to fistulas, mastectomy or possible surgery/PICC placement needs) for IVs, labs or BP cuffs and how important it was to honor these needs whether at bedside or during transport. I shared my bedside experiences and idea with Jen Baker, RN VIP and noted how mastectomy patients were tagged at other facilities with special ID bands to ensure maintaining IV/Lab free status on their affected limb. Jen Baker took this info to the appropriate clinical practice for review and the idea blossomed into reality from there. I am really proud to see this idea now a practice at Bronson. It really strengthens my belief of evidence-based practice at the bedside here at Bronson.”

— Kassandra M. Hinds, RN
Cardiology
Orthopedic Surgical Unit Shared Governance Council Decreases Fall Rate
Rebecca Bollinger, BSN, RN, chair of the Orthopedic Surgical Unit (OSU) Shared Governance Council, has led efforts to reduce falls. She says, “Our shared governance council has worked hard to identify multiple ways to reduce falls. It’s a multi-disciplinary effort now where everyone on the unit comes together to help.” The council reviews trends with falls, conducts post-fall huddles, and develops an action plans as needed. In 2011, they implemented both nurse and patient care assistant (PCA) bedside handovers along with purposeful rounding to assist in identifying high risk factors, communicate the patient’s mobility and toileting needs to reduce the likelihood of falls. OSU averaged nine falls during each of the first three quarters of 2011 and reduced this to four falls during the fourth quarter.

NSQIP Recognizes Bronson for Exemplary Surgical Care
Bronson Methodist Hospital (BMH) was recognized as one of 26 hospitals in the nation to deliver exemplary outcomes for surgical patients. The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) commended a select group of hospitals whose surgical outcomes were judged exemplary in at least two of five clinical categories. BMH excelled in prevention of post-operative DVT (deep vein thrombosis, thrombophlebitis and pulmonary embolism) and cardiac incidents (cardiac arrest and myocardial infarction). Bronson surgery teams are committed to reducing surgical morbidity and mortality by applying evidence-based practice in surgical care.
Commitment to Professional Development

RN Satisfaction Scores for Overall Job Enjoyment at Bronson
More than 700 direct care nurses from 25 units completed the National Database of Nursing Quality Indicators (NDNQI) RN Satisfaction Survey. Bronson nurses were at or above the national mean in all practice environment subscales.

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

Bronson Nurse Managers Participate in International Research
In 2011 Bronson participated in an international nursing research collaboration. Pieterbas Lalleman, PhD, MA, RN, a Dutch nurse scientist from the University of Applied Sciences Utrecht, with Mary Lagerwey, PhD, RN from Western Michigan University, conducted a study of nurse manager behavior. Julie Switek, MSN, RN, NE-BC served as a co-investigator and Bronson liaison to the project. The aim of the project, as stated by Dr. Lalleman, was “to build a model of strategic and clinical nursing leadership rooted in the Magnet Concept and adjusted for the situation of Dutch nurse hospital managers.” Nurse managers from two Dutch hospitals and two American hospitals (Bronson and Elmhurst Hospital in New York), participated in this qualitative study. As study participants, four Bronson nurse mangers at each hospital allowed Dr. Lalleman to follow, observe, and record their behavior over the course of several days. Bronson nurses’ involvement in the project culminated in a symposium with Dr. Lalleman, with his Dutch colleagues in attendance. The group reviewed study findings and study processes. The collaboration that occurred between the Dutch managers and Bronson nurse managers was an extraordinary experience.
Advance Practice Nurse (APN) Council
Promotes and supports APN practice throughout the Bronson organization

The council achieved the following outcomes in 2011:
• Reviewed Bronson APN applications for credentialing and privileging
• Coordinated quarterly APN Council breakfast programs: Provided information on issues related to healthcare reform, Michigan Council of Nurse Practitioners legislation, surrogate decision-making and Doctor of Nursing Practice programs
• Revised Bronson Nursing Shared Governance Bylaws regarding description of APN Council
• Developed nurse practitioner student and clinical preceptor process
• Revised new candidate pre-interview application review process

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

The council achieved the following outcomes in 2011:
• Created video celebrating 10 years of NICHE programming
• Rounded on Orthopedic Surgical Unit (OSU), NVU, GSU, GMU and AMU
• Provided NICHE AGEducation classes, gerontological nurse certification review classes and NICHE PCA classes
• Reviewed best practice protocols in gerontological nursing
• Participated in inservices on confusion assessment method, Mini-COG™, and diversional activities
Nursing Recognition

**DAISY Awards**
PPC evaluates DAISY Award nominations every three months. DAISY Award recipients are chosen based on the criteria in the nomination form which recognizes a nurse who:

- makes a special connection with the patient and family
- includes patients and families in the planning of their care
- does an excellent job educating patients and families
- works well with the healthcare team to meet patient and family needs
- makes patients and their families feel comfortable
- goes above and beyond

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**Jenna Eckart, RN**
**MICU**
“Jenna provided nursing care with exemplary skill, encouragement, and respect for Paul during his entire stay at MICU.”

**Susan Eshuis, RN, APHON**
**Pediatrics**
“When we had a concern, she truly listened and responded.”

**Linda Withers, RN**
**Bronson Center for Woman**
“Linda empowered me to be comfortable and at ease during the 3 hours of diagnostic testing, stayed by my side, was cheerful, positive.”

**Patty MacLeay, BSN, RN**
**TCU**
“This nurse provided excellent, compassionate care for the patient, instructed her caregiver in proper wound care and had the patient back home in 24 hours!”

12 2011: A YEAR IN REVIEW
Angie Wurtzel, RN
Bronson Center for Women
“She was so kind and friendly; she answered all my questions and was very comforting and reassuring.”

Michelle Wilson, BSN, RN
MICU
“She was incredibly compassionate to not only my mother, but also our family.”

Melissa Heacock, BSN, RN
Cardiology
“It was an innovative, kind, compassionate act of stellar care, that truly made a difference in the life of her patient.”

Sheryl Meyers, BSN, RN
MBU
“She truly impacted my birthing experience in such an important way that I will NEVER forget her or what she did for me those two days I was lucky enough to have her as a nurse and friend.”

Keri Wiersma, RN
PICU
“Keri understood that although he was the grandfather, he was an intricate part of Millie’s care.”

Eva Heldt, BSN, RN
Cardiology
“Eva admitted an elderly gentleman who had lost his wife of over 50 years the day prior … He stated to Eva, ‘This would be the first time in over 50 years he would be eating alone.’ Eva replied, ‘Well tonight isn’t going to be the first night.’… Eva sat down with the patient while he ate and had her snack.”

Ellen Olsen, RN
NVU
“She never seemed too busy to do teaching, explaining everything she was doing, and did it all in a professional and friendly manner.”
Celebration of Nursing Excellence
The PPC coordinates the Nurses’ Week celebration and nursing award nominations.

2011 Nurses’ Week Awards
The Nurses’ Week committee selected seven nurses to receive awards for nursing excellence during the annual celebration. The nursing excellence award winners were recognized at the Excellence in Nursing Celebration as part of Bronson’s annual Nurses’ Week celebration. Awards were based on staff nominations, award criteria, and patient care stories.

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

Michael Oorbeck, RN, Pediatrics … has taken on additional leadership responsibilities, embraces change, supports coworkers in stressful situations, projects a positive attitude and uses humor to diffuse tense situations

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

Alicia Livock, BSN, RN, GSU … helpful, kind, always asks questions, thankful for input, reads protocols to ensure she is ‘doing things right’, and truly embodies Bronson positivity

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

Kelly Whitaker, RN, SICU … for the sensitive and caring approach to a dying patient and support of the patient’s family at Christmas

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

Kristin Hughson, BSN, RN, PICU … her ‘we can get through this’ approach to patient families, provides a role model as a strong patient / family advocate. As a Pediatric Palliative Care Nurse, she educates staff on all aspects of Palliative Care. She attends to not only patient needs but those of co-workers as well.
PRIDE AWARD
affirmation, engagement, commitment, creativity, innovation, recognition, role modeling, and role satisfaction

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

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

AMU Nurse Awarded Bronson School of Nursing Alumni Scholarship

Cathy Raymer, BSN, RN-BC, AMU … utilizes her 30+ years of nursing experience to mentor staff in critical thinking, use of policies and protocols and evidenced-based practice. Recognized as a leader in care of older adults, their atypical disease presentations and implementation of the NICHE (Nurses Improving Care of Health System Elders) program.

Debi Brown, BSN, RN, CNOR, Surgery … recognized for her expertise as an OR nurse for 34 years, dedicated member of inpatient neuro team, supporter of OR green initiatives, computer facilitator of I-Opt and officer and active member of association of Peri-Operative Registered Nurses (AORN) at local and state levels.

Debra Hart, BSN, RN, Case Management, PICU … for her impact in pioneering and operationalizing the role of case management, 12 hour shifts and rounding, designing the first Bronson clinical pathway and practicing patient family centered care before it was an articulated principle.

The Alumni Association provided a generous $500 award in recognition of one of our deserving nursing professionals. The award winner, AMU nurse manager Natasha Watson, MSN, RN-BC, was selected by the Alumni Association with the assistance of the Nurses’ Week planning committee.

Stuart Avenue Inn Honors

Kristen Wessel, BSN, RN, OSU
Nursing Professional Advancement Ladder
Bronson Methodist Hospital created and launched a Nursing Professional Advancement Ladder in the fall of 2004 as a method to develop and recognize direct care nurses who exemplify professional nursing practice. The ladder was expanded from three levels to four in 2009 and the number of applicants for each six month period has steadily grown since the program inception. The participation rate over the past three years has grown from 5.8 percent to 8.2 percent among eligible nursing staff.

“I felt the NPAL was a perfect validation for the bedside nurse to be recognized for what she does.”
— Dorothy Bosse, BSN, RN, CNOR
Surgery, NPAL recipient since 2005

“I believe most nurses would be able to be on the ‘ladder’ because of all the great things that they do. The NPAL makes us organize it! What a way to show our achievements over each two year period. For example, I do keep track of journal clubs I facilitate and go to, to make sure I achieve the necessary points for that section.”
— Denise Heath, RN
Neurovascular Unit, NPAL recipient since 2005
National Certification

Improving Care for Older Adults
In 2011, Bronson celebrated the 10-year anniversary of Project NICHE. For more than 10 years, Bronson nurses and PCAs have learned and implemented evidence-based practices that support patient and family-centered geriatric care at the hospital and throughout the community. As the number of older adults increases, it will be more important than ever for Bronson multidisciplinary teams to use NICHE evidence-based protocols and interventions to deliver optimal care for every patient every time.

“I can’t imagine my job without NICHE. I don’t feel I would be as good a nurse as I am if I hadn’t taken the NICHE program and learned the tools to use to assess and care for my patients.”
— Denise Majdan, RN, Adult Medical Unit, Bronson Methodist Hospital

79% of eligible nurses on the Adult Medical Unit are board certified in gerontological nursing

30 nurses throughout the organization have become certified in gerontological nursing
Exemplary Professional Practice

Formal Education

**Bronson Nurses Earn PhD**
Karen Bergman, PhD, RN, CNRN and Donna Moyer, PhD, RN, PCNS-BC completed their doctoral studies during 2011. Dr. Bergman is a clinical nurse specialist and neuroscience program coordinator at Bronson Methodist Hospital. She completed her doctoral studies at Michigan State University with a dissertation in trauma patients suffering mild traumatic brain injury. Dr. Moyer is a clinical nurse specialist for Pediatrics/Pediatric Intensive Care Unit. She graduated from the doctoral nursing program at the University of Michigan after researching the nature of self-representations that distinguish adolescents who engage in high levels of physical activity from those who are less active. Bronson is very proud!
**Student Projects have Lasting Impact**

**Who:** Susan Jordan, RN, University of Michigan, BSN student in leadership, mentored by Deborah Laughlin, MSN, RN-BC, nurse educator for Cardiac Surgery Unit/Post Anesthesia Care Unit (CSU/PACU)

**What:** CSU/PACU was planning to implement a PCA/unit clerk (UC) role; they did not have PCAs in CSU/PACU.

**How:** Susan interviewed the involved managers and other educators. She utilized her own experience to collect the data regarding what should be included in orientation and fine-tuned the responsibilities of the role. Once the role responsibilities were determined (in conjunction with the clinical coordinator), she began to develop the materials to be used in the orientation, i.e. competencies, checklists and other orientation materials. Throughout the process, she looked at the evidence in the literature. After the creation of the paperwork, she did an inservice for PACU/CSU staff describing the new role. After implementation of the new role, Deb commented, “The 2 PCAs we hired are working out beautifully! As they do both roles, it should work seamlessly for the transition to Epic.”

**Who:** Julie Jeremiah, BSN, RN, Michigan State University CNS student, mentored by Glenn Carlson, MSN, ACNP-BC, CCRN, adult critical care CNS and acute care nurse practitioner.

**What:** She was instrumental in assisting in the development of the bladder catheter insertion protocol.

**How:** Among other project efforts, Julie researched the latest evidence on use of bladder catheters, pulled guidelines from the Association for Professionals in Infection Control and Epidemiology (APIC) and Society for Healthcare Epidemiology of America (SHEA), called bladder scanner vendors, and called hospitals to see what bladder scanners were being utilized.

**Who:** Cherri Sprau, RN, Western Michigan University senior BSN student in her Nursing Leadership course being mentored by Rita LaReau, MSN, GNP-BC, Geriatric CNS.

**What:** Helped evaluate a new program for PCAs. As a Bronson PCA, she had heard about the NICHE program and wondered if this was education that her own co-workers should receive.

**How:** Cherri conducted interviews to evaluate PCA perceptions on the care given to the older adult patients as a result of taking the class. Information that came from the interviews suggests that the class may result in positive changes in how PCAs care for their older adult patients. Recognizing the need to get the patients moving and making it a priority can contribute to optimal patient outcomes.
Exemplary Professional Practice

Staff Driven Practice Changes

Nursing Research Leads to Fewer Needle Pokes for Babies

Two NICU nurses, Elizabeth Blank, BSN, RN and Meghan Williams, BSN, RN, took questions that they and their coworkers had regarding their point-of-care testing blood glucose guidelines and decided to do some research to discover best practice recommendations. Nursing felt current guidelines did not provide enough direction and their patients were receiving unnecessary needle pokes. Staff wanted to identify the best way to determine which babies required more blood sugar checks than others.

These nurses obtained policies from several large hospital NICUs and searched the literature to identify the recommended practice for preterm versus term infants. Using this information, recommendations were developed and presented to the neonatal nurse practitioners and neonatologists. After a few minor changes, these recommendations were implemented. The nursing staff is very enthused as these changes produced fewer needle pokes for patients and established clearer guidelines.
Emergency Department Nurses Improve Patient Satisfaction

The Emergency Department at Bronson Methodist Hospital increased its scores in all patient satisfaction categories over the last two years. It is currently ranked in the top 10 percent of similar emergency departments in the nation. Megan Secondi, RN, is the chair of the ED Patient Satisfaction Committee. She credits improved scores to several interventions put in place over the last couple years:

• Patient Information Sheets — ED nurses Sarah VanBroocklin, RN; JW Hendrix, BSN, RN; Christina Cameron, RN; Sherrie Toth, BS, RN; and Arlene Matteson, BSN, RN developed information sheets to give to patients to explain the medication or test being given and approximate wait time for results. These are being incorporated into the new electronic health record and follow health literacy best practices.

• Pain Management — Nurses have been empowered to advocate for patients in pain. The ED is working on setting expectations for pain management and using resources such as a certified pain nurse in the ED.

• Home Care Instructions — Nurses are sitting down with the patient and family and using Ask Me 3™ (What is my main problem? What do I need to do? Why is it important for me to do this?) and teach back to ensure understanding.

• Thank You Cards — The ED has pre-printed notecards for staff to send to patients after their visit.

“It’s great to see that our efforts are making a difference. The ED’s culture is that we’re looking for improvement all the time. This committee is an example of how we staff can actually make a difference in patients’ experiences. The feedback has been so positive that these changes are now the norm. Now, we’re looking at how to sustain these results with Epic.”

Megan Secondi, RN, ED
Patient Satisfaction Committee Chair
Professional Organizations

Leadership Roles and Committee Participation
Bronson nurses are committed to local, state, and national level involvement in nursing professional organizations. More than 20 organizations enjoy the active participation of Bronson nurses as officers and/or committee members.

Nurse Impact Through Professional Organization
Judy Cronin, RNC, OB had many accomplishments during her tenure as the Southwest Michigan Chapter leader for Association of Women’s Health and Neonatal Nurses in 2010 and 2011. She began holding meetings at the smaller regional hospitals around southwest Michigan to increase exposure to evidence-based practice, and nursing participation from these hospitals soared. Judy also encouraged graduate nurses to get connected locally and nationally. At Bronson, Judy engaged her nursing colleagues in Obstetrics and NICU by keeping them informed of local and national goals of the nursing organization. Consequently, the number of Bronson nurses who attended the annual state AWHONN conference increased from one in 2009 to ten in 2010. Judy recruited another Bronson nurse to be her successor as chapter leader in 2011.

“I believe professional associations have something to offer to all nurses, whether they are novices or seasoned nurses. As leadership succession chair and delegate of Upsilon Epsilon chapter of Sigma Theta Tau International Honor Society of Nursing (STTI) in 2011, I recruited and mentored office bearers and committee members for the chapter. I am committed to STTI and was able to present at two of their conferences and moderate a session at the biennial convention. I am also a member of the American Association of Critical Care Nurses, National Gerontological Nursing Association and American Board of Neuroscience Nursing. I am proud to be a member of all these organizations as they guide their members for professional excellence.”

Seema Thomas, MSN, RN-BC, CNRN, PBNC, GRN
Neurovascular Unit (NVU), Bronson Methodist Hospital

Peer Review for Publications

<table>
<thead>
<tr>
<th>Name</th>
<th>Journal/Media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Benson, MS, ACNP-BC, CCRN</td>
<td>Journal of Cardiovascular Nursing</td>
</tr>
<tr>
<td>Karen Bergman, PhD, RN, CNRN</td>
<td>Journal of Neuroscience Nurses</td>
</tr>
<tr>
<td>Rita Bush, MSN, RN, CCRN, NE-BC</td>
<td>AACN editor review board</td>
</tr>
<tr>
<td>Glenn Carlson, MSN, ACNP-BC, CCRN</td>
<td>National Teaching Institute 2011 Poster Abstract Reviewer; AACN Continuing Education article pilot tester 2011</td>
</tr>
<tr>
<td>Carla Cook, BS, RN, CCRN</td>
<td>AACN CEU article/test review committee</td>
</tr>
<tr>
<td>Rita LaReau, MSN, GNP-BC</td>
<td>Geriatric Nursing</td>
</tr>
<tr>
<td>Donna Moyer, PhD, RN, PCNS-BC</td>
<td>Health Behavior and Education, Journal of the American Psychiatric Nurses Association, and abstracts for ANCC</td>
</tr>
<tr>
<td>Rosemarie Nedeau-Cayo, MSN, RN-BC</td>
<td>Beta tester for the Nursing Professional Development Certification Exam through ANCC</td>
</tr>
</tbody>
</table>

22 2011. A YEAR IN REVIEW
## Leadership Roles and Committee Participation

<table>
<thead>
<tr>
<th>Name</th>
<th>Professional Organization</th>
<th>Position/Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Bergman, PhD, RN, CNRN</td>
<td>American Association of Neuroscience Nurses (AANN)</td>
<td>Developed clinical practice guideline, journal reviewer</td>
</tr>
<tr>
<td></td>
<td>Value Health Partners (statewide)</td>
<td>Stroke leaders committee</td>
</tr>
<tr>
<td>Debi Brown, BSN, RN, CNOR</td>
<td>AORN Southwest Michigan Chapter 2309</td>
<td>Secretary</td>
</tr>
<tr>
<td>Rita Bush, MSN, RN, CCRN, NE-BC</td>
<td>Society of Critical Care Medicine (SCCM)</td>
<td>Intensive Care Unit Design Task Force</td>
</tr>
<tr>
<td></td>
<td>American Organization of Nurse Executives (AONE)</td>
<td>Certification exam item writer</td>
</tr>
<tr>
<td></td>
<td>Sigma Theta Tau</td>
<td>Clinical Partnership Task Force</td>
</tr>
<tr>
<td>Glenn Carlson, MSN, NP-BC, CCRN</td>
<td>AACN</td>
<td>Advance Practice Institute Planning Committee</td>
</tr>
<tr>
<td>Carla Cook, BS, RN, CCRN</td>
<td>AACN</td>
<td>CEU article review committee</td>
</tr>
<tr>
<td>Rita Cox, BSN, RN</td>
<td>Emergency Nurses Association (regional level)</td>
<td>Southwest MI chapter president</td>
</tr>
<tr>
<td></td>
<td>Society of Trauma Nurses</td>
<td>National Conference Planning Committee</td>
</tr>
<tr>
<td>Jeanne Craig, MSN, RNC</td>
<td>Assoc. of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN)</td>
<td>Southwest Michigan Chapter Leader</td>
</tr>
<tr>
<td>Judy Cronin, BSN, RNC</td>
<td>Southwest Michigan Chapter of AWHONN</td>
<td>2010-2011 chapter leader</td>
</tr>
<tr>
<td>Melinda Gevaart, MSN, RN, RT(R), CV</td>
<td>Heart Disease and Stroke Prevention Emergency Medical System</td>
<td>Member</td>
</tr>
<tr>
<td></td>
<td>Systems of Care Work Group for ST-elevated myocardial infarction designation/verification (statewide)</td>
<td></td>
</tr>
<tr>
<td>Rosemary Gest, BSN, RN</td>
<td>Southwest Michigan Perinatal Association (SWMPA)</td>
<td>Board member and secretary</td>
</tr>
<tr>
<td>Carrie Kotecki, BSN, RN</td>
<td>5th District Coalition for Southwest Michigan Emergency Preparedness</td>
<td>Executive board chairperson</td>
</tr>
<tr>
<td>Cindy Kragt, BSN, RN</td>
<td>South County Emergency Medical Services Board</td>
<td>Board member</td>
</tr>
<tr>
<td>Rita LaReau, MSN, GNP-BC</td>
<td>Hartford Institute for Geriatric Nursing at New York University Hospice of Southwest Michigan</td>
<td>Clinical advisor</td>
</tr>
<tr>
<td></td>
<td>American Nurses Credentialing Center</td>
<td>Board member</td>
</tr>
<tr>
<td>Deborah Laughlin, MSN, RN-BC</td>
<td>Association of Perioperative Registered Nurses (AORN)</td>
<td>Accreditation appraiser</td>
</tr>
<tr>
<td></td>
<td>Southwest Michigan Chapter 2309</td>
<td></td>
</tr>
<tr>
<td>Donna Moyer, PhD, RN, PCNS-BC</td>
<td>Society of Pediatric Nurses (national level)</td>
<td>Research Committee member</td>
</tr>
<tr>
<td></td>
<td>Michigan Magnet Coalition (state level)</td>
<td>Research Committee member</td>
</tr>
<tr>
<td>Rosemarie Nedea-Cayo, MSN, RN-BC</td>
<td>Upsilon Epsilon Chapter of Sigma Theta Tau International (STTI) at Western Michigan University (WMU)</td>
<td>President July 2009-June 2011; program committee</td>
</tr>
<tr>
<td></td>
<td>Eta Zeta Chapter of STTI (Andrews)</td>
<td>Historian; program committee</td>
</tr>
<tr>
<td></td>
<td>SW Michigan Psychiatric Nursing Council</td>
<td>Program chair</td>
</tr>
<tr>
<td></td>
<td>American Nurses Credentialing Center</td>
<td>Accreditation appraiser</td>
</tr>
<tr>
<td>Angela Niemi, BSN, RN</td>
<td>Upsilon Epsilon Chapter of STTI (WMU)</td>
<td>Leadership Success</td>
</tr>
<tr>
<td>Lori Reasner, RN, CNOR</td>
<td>AORN Southwest Michigan Chapter 2309</td>
<td>President 6/10 – 5/11</td>
</tr>
<tr>
<td>Linda Rus, MSN, RN-BC</td>
<td>National Nursing Staff Development Organization Membership Engagement Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subcommittee member</td>
</tr>
<tr>
<td>Connie Sargent, RN, CNOR, BC-GRN</td>
<td>AORN Southwest Michigan Chapter 2309</td>
<td>Chapter president June 2009 until May 2010; Michigan champion for the RN circulating bill (to present). Board member; represented Michigan Coalition of Michigan Organization of Nursing Dec. 2011 in Lansing</td>
</tr>
<tr>
<td></td>
<td>Michigan Council of periOperative Registered Nurses (MCORN)</td>
<td></td>
</tr>
<tr>
<td>Sharon Schlueter, RN, CNOR</td>
<td>AORN Southwest Michigan Chapter 2309</td>
<td>Nominating committee</td>
</tr>
<tr>
<td>Julie Switek, MSN, NE-BC</td>
<td>STTI</td>
<td>STTI Upsilon Epsilon program chair</td>
</tr>
<tr>
<td>Seema Thomas, MSN, RN-BC, CRRN, PBNC, GRN</td>
<td>Upsilon Epsilon Chapter of STTI (WMU) AACN, National Gerontological Nursing Association (NGNA), American Board of Neuroscience Nursing</td>
<td>Leadership Success</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natasha Watson, MSN, RN-BC</td>
<td>NGNA</td>
<td>Scholarship selection</td>
</tr>
<tr>
<td>Holly Wohlfert, BSN, RN, CNOR</td>
<td>STTI</td>
<td>Program subcommittee member</td>
</tr>
<tr>
<td>Jaime Zinsmaster, MSN, BS, RN</td>
<td>Value Health Partners (statewide)</td>
<td>Stroke leaders committee</td>
</tr>
</tbody>
</table>
New Knowledge, Innovation and Research

Research

Research is a search for new knowledge and the foundation of best nursing practice. Bronson nurses commit to that ideal in conducting and supporting nursing research. That commitment comes in many forms, as bedside nurses participate on research teams, attend research roundtable discussions, and represent their units on the Nursing Research Council. In 2011, Bronson’s nursing research program grew stronger, and not only in the number and diversity of studies. It is the growing interest in research among bedside nurses — those who give credence to research questions — that provides evidence of a healthy program and real hope for continued advancement.

Nursing Research Projects

In 2011, there were eight nursing research projects initiated. This number has steadily increased over the last few years.

Global Research Collaboration

Carla Cook, BSN, RN, CCRN, Cardiology and Medical Intensive Care Unit (MICU) nurse manager, was one of four nursing leaders who participated in an international research collaboration with Western Michigan University and Hogeschool Utrecht University of Applied Sciences Utrecht to study the behavior of nurse managers at two American hospitals (Bronson and Elmhurst Hospital in New York) and two hospitals in the Netherlands. She says, “It was a very positive experience that fostered an educational experience for all of us. I was able to share Bronson’s focus and approach for delivering quality patient care, while appreciating how fortunate we are to have the amount of resources and support we do at Bronson.”
Investigating the Clinical Ladder Program

In her study, *The Effectiveness of a Clinical Ladder Program*, Melinda Gevaart, MSN, RN, RT(R), (CV) explored differences between nurses who participate and those who do not participate in Bronson’s clinical ladder. She collected data from Bronson nurse participants in an online survey. Melinda found that clinical competence, clinical performance, rewards and benefits, and job satisfaction were significantly different between those who participate in the clinical ladder and those who do not. Findings from this study may have direct impact on the Bronson clinical ladder program, as we work to further improve Bronson’s Nursing Professional Advancement Ladder (NPAL).

Nursing Research in 2011

The following nursing research projects were initiated at Bronson in 2011:

<table>
<thead>
<tr>
<th>Investigator</th>
<th>Study Title</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Bergman, PhD, RN, CNRN; Paul Blostein, MD; &amp; Elizabeth Sarwar</td>
<td>Concussion Discharge Satisfaction</td>
<td>Neurovascular Services</td>
</tr>
<tr>
<td>Eric Feucht, MD; Glenn Carlson, MSN, ACNP-BC, CCRN; Paul Rigby, BSN, BS, RN, CCRN, CFRN, EMT-P, CCEMT-P, NRP</td>
<td>Correlation Between Insurance Status and ICU Outcomes in Critically Ill Patients Requiring Percutaneous Tracheostomy Tube Placement</td>
<td>Adult Critical Care</td>
</tr>
<tr>
<td>Melinda Gevaart, MSN, RN, RT(R), (CV)</td>
<td>The Effectiveness of a Clinical Ladder</td>
<td>Cardiac Cath Lab</td>
</tr>
<tr>
<td>Pieterbas Lalleman, PhD, MA, RN (University of Applied Sciences, Utrecht); Mary Lagerway, PhD, RN (WMU); J. Switek, MSN, RN, NE-BC</td>
<td>Leadership and Strategic Sensemaking: Nurse Managers in their Daily Work</td>
<td>Nurse Leaders</td>
</tr>
<tr>
<td>Donna Moyer, PhD, RN, PCNS-BC; Rita LaReau, MSN, GNP-BC; Glenn Carlson, MSN, ACNP-BC; Marshe Remyne, MSN, FNP-BC</td>
<td>Evidence-Based Practice Culture Change</td>
<td>Clinical Nurse Specialists</td>
</tr>
<tr>
<td>Vivien Mudgett, MA, MSN, BA, RNC</td>
<td>The Effect of a Scripting Intervention on the Confidence Level of the Learner in Addressing Bullying Behavior</td>
<td>OB</td>
</tr>
<tr>
<td>Charlotte Rensberger, MSN, RN, CPN</td>
<td>Nursing Satisfaction Survey</td>
<td>Nursing Professional Practice</td>
</tr>
<tr>
<td>Natasha Watson, MSN, RN-BC</td>
<td>Interruptions in Medication Administration</td>
<td>AMU</td>
</tr>
</tbody>
</table>
New Knowledge, Innovation and Evidence-Based Practice

**Bronson’s Evidence-Based Practice Internship**

Twenty two Bronson nurses, with a variety of clinical backgrounds, successfully completed the Evidence-Based Practice Internship in 2011. Mentored by Bronson’s clinical nurse specialists, participants learned and practiced skills necessary for identifying, evaluating, and synthesizing various sources of evidence. Each nurse chose a topic, then searched and evaluated evidence to determine best nursing practice. Here is a list of some topics explored:

<table>
<thead>
<tr>
<th>Name</th>
<th>Unit</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gwen Boyle, BSN, RN-BC</td>
<td>Education Services</td>
<td>Are there criteria that establish which staff education should be mandatory?</td>
</tr>
<tr>
<td>Eileen Burke, BSN, RN</td>
<td>TCU/Burn</td>
<td>Among new nurses, how does participation in a simulation skills lab during orientation versus no simulation affect nurses’ self-confidence and ability to perform burn care?</td>
</tr>
<tr>
<td>Katie Clark, BSN, RN</td>
<td>NICU</td>
<td>How does every 6 hour stimulation versus every 3 hour stimulation affect feeding tolerance among NICU patients?</td>
</tr>
<tr>
<td>Cindy Commissaris, RN</td>
<td>Endoscopy</td>
<td>In adult endoscopic retrograde cholangiopancreatography (ERCP) patients, does moderate sedation or propofol use improve outcomes?</td>
</tr>
<tr>
<td>Cammy Fraaza, BSN, RN</td>
<td>NICU</td>
<td>How does every 6 hour stimulation versus every 3 hour stimulation affect oxygen, bradycardia, and apneic episodes among NICU patients?</td>
</tr>
<tr>
<td>Cathy Jensen, BSN, CPAN</td>
<td>Outpatient Surgery</td>
<td>Do upper respiratory infection symptoms in the pediatric surgical patient affect perioperative complications?</td>
</tr>
<tr>
<td>Kawaljit (Goldie) Kaur, RN</td>
<td>Cardiology</td>
<td>Is bedside reporting effective in adult inpatient units?</td>
</tr>
<tr>
<td>Sheril Kelly, MSW, BSN, RN</td>
<td>AMU</td>
<td>Does asking patients, “What gives you hope” affect treatment outcomes?</td>
</tr>
<tr>
<td>Anne Maihofer, MSN, RN-BC</td>
<td>Education Services</td>
<td>Should Education Services adapt the Kirkpatrick model for continuing education at Bronson?</td>
</tr>
<tr>
<td>Cindy Mohr, RN</td>
<td>Outpatient Surgery</td>
<td>Does use of a surgery liaison nurse decrease anxiety and increase satisfaction?</td>
</tr>
<tr>
<td>Kelly Mezo, RN &amp; Lisa Kenyon, BSN, RN</td>
<td>Endoscopy</td>
<td>How does propofol sedation compare to moderate sedation in overall procedural recovery experience?</td>
</tr>
<tr>
<td>Natalie Moore, BSN, RN; Pamela Murrin McCorry, RN, RNC; Kimberly Peekstok, BSN, RNC; Nancy Heineman, RN; &amp; Vi Thompson, BSN, RNC-OB</td>
<td>OB</td>
<td>In laboring women with fetal distress, does the use of intermittent versus continuous oxygen therapy improve the immediate outcome of the fetus?</td>
</tr>
<tr>
<td>Kirsten Rasmussen, BSN, RN</td>
<td>Cardiology</td>
<td>What nursing interventions increase patient compliance with medications and diet to reduce readmissions/complications? What population?</td>
</tr>
<tr>
<td>Lisa Rudloff, BSN, RN</td>
<td>NICU</td>
<td>How does every 6 hour stimulation versus every 3 hour stimulation affect development in NICU patients?</td>
</tr>
<tr>
<td>Mary Simonds, RN</td>
<td>Outpatient Surgery</td>
<td>In OP PACU, how does follow-up with patients impact work flow and current practice?</td>
</tr>
<tr>
<td>Michelle Smith, BSN, CRRN</td>
<td>NVU</td>
<td>Are patient fall rates affected by multidisciplinary purposeful rounding versus nursing only rounding?</td>
</tr>
<tr>
<td>Susan Stafford, BSN, RN, CPN</td>
<td>Education Services</td>
<td>What elements are most helpful in supporting bedside nurses integration of EBP into practice?</td>
</tr>
</tbody>
</table>
Nurse Finds Bedside Handover “Is a Good Thing for the Patients and for Us”

Kawaljit “Goldie” Kaur, Cardiology RN at Bronson Methodist Hospital, researched several articles on bedside handovers before her unit implemented the practice. Her evidence-based research found the process of nurses “handing over” the patient at the bedside during shift change was beneficial in many settings. Shared governance council representatives Susan Jordan and Kassandra Hinds also championed the change in practice on the unit by rounding to assist peers. Now that Goldie is doing this evidence-based practice, she declares, “I love it and so do the patients!” Goldie highlighted several benefits including: meeting the patient earlier in the shift, call light reduction, planned toileting, medication error prevention through double checking, and IV infiltration prevention. “It sometimes takes a little longer, but it’s worth it. Sometimes the patients or family will chime in and share updates that we may not have known. Their input is helpful and holds us all more accountable.” Patient satisfaction survey results related to “communication with nurses” have also improved since bedside handovers began. Goldie says her experience reflects that found in the literature and then some, “It’s a good thing for the patients and for us.”

Nurses’ Use of Evidence-Based Practice

Pediatric nurse educator Susan Stafford, BSN, RN, CPN completed a literature review on barriers to nursing implementation of evidence-based practice at the bedside. Susan concluded that Bronson already has many elements in place to help nurses integrate evidence into their bedside care. She also suggested some very specific strategies to increase utilization and mobilization of those resources for bedside staff. Results of her evidence-based practice literature review and tangible strategies were presented to the Education Services staff in a presentation entitled, *Implementing Evidence Based Practice*, in May, 2011.

Presentations

The sharing of new knowledge is an important step in nursing research and implementation of evidence-based practice. More than 50 research and evidence-based practice projects were presented at internal, local, regional and national forums in 2011.
Innovation

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

Pediatric Transport in the Emergency Department

Bronson Children’s Hospital is a primary referral center for nearly 20 regional hospitals and the only children’s hospital in Southwest Michigan. Interfacility transport to Bronson Children’s Hospital is provided by Bronson’s team of pediatric transport nurses. As the number of pediatric transports rose, the team’s previous staffing model became inadequate and represented a barrier to timely, efficient and equitable care. To address these concerns, the pediatric transport nurses worked together with Bronson leaders to effectively establish three new RN positions in 2011. The new staffing model provides a second pediatric transport nurse between the hours of 1100 and 2300, seven days per week.

The second transport nurse supports the primary transport nurse on “runs” to other facilities to safely transport children to Bronson Children’s Hospital. When not engaged in transport, these nurses work alongside Bronson’s Emergency Department nurses to provide pediatric expertise and clinical support in that department. This unique staffing model is expected to result in increased efficiency and availability of the transport team for pediatric transport and improved care of pediatric patients in the Emergency Department.
VAST Nurses Using New Technology for PICC Placements
The Bronson Vascular Access Specialist Team (VAST) added the Sapiens 3CG technology for use during peripherally inserted central catheter (PICC) line placements. VAST already used the ultrasound machine to locate and access the vein and Sherlock technology to ensure the PICC threads down to the distal superior vena cava/cavo-atrial junction. Adding the Sapiens technology allowed the VAST nurse real-time feedback of the PICC tip location using electrocardiography waveforms. In most cases, Sapiens technology eliminates the need for a post-procedure chest X-ray, thus saving the patient the charge for an X-ray and exposure to radiation, and will allow for immediate use of the PICC.
Bronson VAST has been designated a BARD Center of Excellence, as they have implemented the Sapiens technology and continue to achieve extremely low central line infection rates. Their impact on patient outcomes is far reaching, as staff from all regions of the United States — as far as California — come to Bronson to learn from them.

One Patient, One Record
The goal of “One Patient, One Record” has been a motivating force in Bronson’s transition to the Epic electronic health record. The concept of “one;” however, doesn’t accurately describe the effort put into its evolution. Throughout the Epic build and roll-out, approximately 100 nurses answered a call to action. Thirty nurses were involved in the multidisciplinary advisory team — inpatient process and end-user testing, at least 50 were involved in the cutover process, and the core i-Optimization team included 17 nurses. It has been, and continues to be, a team effort in which our patients will ultimately benefit.
Empirical Outcomes

Applying the evidence into practice to provide quality care

Reduction of Blood Stream Infections
The Vascular Access Specialist Team (VAST) at Bronson is dedicated to the management of central venous catheters and the strict adherence to guidelines that reduce central line blood stream infections (CLBSIs). Their exemplary practice was highlighted in a synthesis report published by The Commonwealth Fund with data showcasing Bronson’s lower than national standard CLBSI rates as well as the sustainability of these rates over a prolonged period of time. Nursing’s commitment to minimize CLBSIs results in improved mortality and morbidity, decreased costs and length of stay, supporting Bronson’s efforts to improve patient safety.

Emergency Department Uses CUIBAIL Checklist to Improve Patient Safety/Satisfaction
Nurses in Bronson Methodist Hospital’s Emergency Department (ED) are using the CUIBAIL checklist as a consistent way to improve handovers and communication with patients and staff during shift change. The CUIBAIL checklist is an evidence-based tool that targets key assessment and communication required for a safe handover of patients. Eighty-five percent of staff find the CUIBAIL tool easy to use. Most important, the patients feel the impact too! There was an 8.8 percent increase in patients’ perception of staff caring for them as a person since the ED starting using this tool.
Decrease in Ventilator Associated Pneumonia
Bronson adult critical care units implemented a ventilator associated pneumonia (VAP) bundle/checklist and were able to reduce VAPs by 50% over a one year period. The VAP bundle/checklist includes hand hygiene for the physician and respiratory therapist, chlorhexidine swab to the oropharynx area, and the use of the SealGuard™ subglottic endotracheal tube to remove secretions around the tube cuff.

Reduce Readmission Rates
Better Outcomes for Older Adults through Safe Transitions (BOOST) is a collaborative program supported by Blue Cross Blue Shield and The Society of Hospital Medicine to reduce unnecessary readmissions to the hospital. The objectives of the initiative include promoting collaboration among healthcare providers as well as promoting safety by increasing discharge communication. Bronson has been able to reduce readmission rates through increasing referrals to home care, increasing use of follow up appointments, and improved communication among providers regarding the hospital stay and long term plans for care.
Community Service

Bronson nurses volunteer throughout the community in many ways.

Bronson Vicksburg Outpatient Center nurses participate in community sponsored events such as Vicksburg Middle School Science Fair, Hearty Hustle, Vicksburg Old Car Show and CPR/first aid classes.