This year’s Nursing Annual Report highlights another year of remarkable achievements at Memorial Medical Center (MMC) as we pursue our vision to be a national leader for excellence in nursing practice, education, leadership and research.

Our many achievements are the result of the dedication and talent of our three-time Magnet®-designated nursing staff. The following pages highlight several of their significant accomplishments in the areas of quality, safety and patient experience. These include reducing the incidence of central line-associated blood stream infections, using aromatherapy to improve postoperative nausea and expanding access to Memorial’s Heart Failure Clinic.

Because of the leadership of our transplant nurse coordinators, MMC completed our first-ever four-patient kidney transplant chain. Our neuro nursing staff were integral members of the interdisciplinary team that achieved re-designation as a national Comprehensive Stroke Center and the Family Maternity nurses are leading a research study to measure the impact of skin-to-skin contact between mother and infant immediately after birth.

Another area of strong focus this year was our work on providing great patient experiences (GPE) for our patients and families. The Nursing GPE Council led the implementation of the “Commit to Sit” initiative and the use of patient room whiteboards to enhance information-sharing and communication between the care provider team and our patients and families. These
efforts and many others have resulted in strengthening our patient-centered culture and achieving top quartile national performance on our patient satisfaction surveys.

These are just a few examples of how our nurses’ commitment to ongoing improvement and innovation impacts the experiences and outcomes of our patients. Because of their ongoing pursuit of excellence, Memorial is able to fulfill its mission to improve the health of the people and communities we serve.

Warmest regards,

Marsha Prater, PhD, RN, NEA-BC, FACHE
Senior Vice President, Patient Care Services and Chief Nursing Officer
Memorial Health System

Edgar J. Curtis, MBA, RN, FACHE
President and Chief Executive Officer
Memorial Health System

Memorial Medical Center Nursing Mission
To use our knowledge, skills and compassion to make a difference in the lives of the people we serve.

Memorial Medical Center Nursing Vision
To be a national leader for excellence in nursing practice, education, leadership and research.
Patients with a diagnosis of heart failure (HF) are often chronically ill, requiring frequent readmissions to the inpatient setting. Patient enrollment in outpatient HF clinics has been found to decrease hospital readmissions and Emergency Department (ED) visits.

In 2014 and 2015, the Memorial Heart Failure Clinic expanded services to Lincoln and Jacksonville to meet the needs of all patients in the nine-county Memorial Health System (MHS) primary service area, enabling patients to receive services in their local communities. Due to the success of this expansion, HF Clinic services were further expanded to Taylorville Memorial Hospital (TMH) and some local extended-care facilities (ECFs) in 2017.

The HF Clinic expansion ensures continuity of care and improved quality of life for patients who live in ECFs or the Taylorville community. Partnering with ECF facilities in Springfield and Jacksonville, an interfacility team produced a discharge order set to drive accurate, evidence-based treatment of patients with HF. Supported by an MMC Foundation grant, Telehealth scales were placed in these ECFs to transmit patient weights and symptoms to advanced practice registered nurses (APRNs) in the HF Clinic, allowing more expedient monitoring and treatment of these patients.

Using a team approach, HF patients are seen by an APRN, RN, pharmacist, dietitian and social worker, who provide education and individualized treatment to each patient. Nurses in the HF Clinics and ECF assess patients, determine an appropriate plan of care and provide education and support to patients and families. Madeleine O’Donnell, RN, ACNP-NC, is the primary APRN in the HF Clinic at TMH, which began providing services June 20, 2017. Starting in July 2017, services were initiated in one local ECF and there are plans to expand the program to other locations.

The HF Clinic expansion has contributed to a 32-percent reduction in HF readmissions between fiscal year 2016 and 2017.
Improving RN Knowledge and Comfort with Stroke Rounds

Consistent, effective communication is an essential component in maintaining excellent patient outcomes. To enhance communication about the care of stroke patients, nurses on 4G participate in daily interdisciplinary stroke rounds with physicians, therapists, pharmacists, stroke nurse navigator, rehab coordinators and patient care facilitators.

As part of their Nurse Residency project, 4G nurses Hilary Schneider, MSN, RN, and Annamarie Franklin, BSN, RN, developed a laminated information card to standardize shift-to-shift communication and reduce the amount of time spent acquiring information and preparing for stroke rounds. The laminated card is posted on the communication board in each patient’s room. The tool includes the patient’s name, reason for admission, initial and current stroke scale scores, diagnostic test results and other stroke-specific information. The tool is initiated for all patients admitted with a stroke and updated each day during bedside shift report, as the plan of care changes or as new results are processed.

To evaluate the success of this project, 4G nurses were asked to participate in a pre/post survey regarding their experience using the new communication tool during stroke rounds. Survey results indicated that nurses felt more confident and knowledgeable when participating in stroke rounds, saw greater consistency with communication of essential stroke-related information during bedside shift report and perceived increased accountability for this critical information across both day and night shifts. This simple communication tool greatly improves stroke care at Memorial.
Community and hospital resources for patients with psychiatric diagnoses have declined in recent years. Due to the decreased number of available psychiatric beds, patients may experience long waits in the MMC Emergency Department (ED) while staff work to secure an opening in the inpatient psychiatric unit or another facility.

To provide better specialized psychiatric care to patients in Memorial’s primary service region, new admission criteria for psychiatric patients were implemented on Aug. 1, 2017. The inpatient psychiatric charge nurse is called to evaluate the patient in the ED, discuss clinical needs with the healthcare team and Psychiatric Response Team staff and determine if the patient is appropriate for hospital admission or if another plan is needed. If the patient is appropriate for admission, the psychiatrist is contacted to further evaluate the patient’s care needs before the final decisions are made.

The new admission process not only allows nurses to exercise autonomy in evaluating patients for admission to the inpatient psychiatric unit, but also increases the number of beds available for individuals with a diagnosed psychiatric disorder who will benefit from care. Assaults on inpatient psychiatric unit staff were becoming more frequent year after year, endangering both patients and employees. The new admission process gives charge nurses the ability to voice concern when patients with a history of violence and no treatable psychiatric diagnosis arrive in the ED. Charge nurses are empowered to do what is best for each patient as well as consider the needs of the entire unit. Proper patient placement promotes employee safety, improves outcomes for patients, increases access to psychiatric care for those who need it and improves nurse satisfaction.

“Charge nurses report feeling like they have increased control over their environment. They appreciate using their clinical expertise to determine the appropriateness of admissions.”

Tamsyn Weaver, BSN, RN-BC, nurse manager
Transformational Leadership

This was the first transplant chain completed in the Transplant program’s 46-year history. This remarkable event was possible thanks to an altruistic kidney donor—an individual who generously donated their kidney to a stranger in need—and the leadership and collaboration of the transplant nurse coordinators and Transplant Lab.

More than 93,000 patients across the United States are waiting for a kidney transplant and approximately 100 of these patients are listed within MMC’s Transplant Program. Three of these patients had friends or family who wanted to donate a kidney to their loved one, but unfortunately were not a match. When the altruistic donor approached the program, the Transplant team saw an unconventional but exciting possibility. By pairing the altruistic donor with a recipient who was not a match with their loved one’s kidney, the team identified a chain in which the three willing donors could give their kidney to one of the other donors’ intended recipients, thereby helping a stranger and helping their loved one at the same time. The Transplant team proposed this plan to Transplant leaders and physicians, which led to the completion of four transplants over a two-month span. Three recipient-donor pairs successfully completed living donor kidney transplants. The fourth patient in need, who was on the waiting list without a donor, completed the chain by accepting a kidney from another donor’s loved one, who was “paying it forward.” This historic achievement exemplifies the Transplant team’s leadership and commitment to improving the lives of patients and their families.

Four-Patient Living Donor Transplant Chain

The Alan G. Birtch, MD, Center for Transplant Services at Memorial Medical Center (MMC) achieved a historic milestone in 2017 with the completion of a four-patient kidney transplant chain.

DONOR CHAIN

Altruistic Donor
Recipient
Non-Match Donor
Recipient
Non-Match Donor
Recipient
FAMILY

More than
39,000
PATIENTS
awaiting kidney transplant across the U.S.

23
Transplants completed at MMC
Orientation Improvements

Based on feedback from Memorial nurses, a task force was formed in January 2017 to improve the orientation experience of new hires and enhance preceptor support on inpatient nursing units.

The goal of this task force was to improve satisfaction with orientation and ultimately improve patient safety and retention of new nurses. Improvements to the preceptor program included enhanced feedback during orientation, engagement of other healthcare team members in the orientation experience and adding unit-specific experiences.

Patterned after a tool originally developed by the ED nurses at Memorial, the new orientation feedback record creates productive preceptor feedback for new employees. New RNs and preceptors meet weekly to discuss accomplishments, strengths, improvement opportunities and barriers, as well as make plans for the following week. With timely feedback, preceptors and nurse managers can quickly provide needed support and ensure a positive orientation experience.

Shadowing experiences are now built into orientation to leverage the support of the entire interprofessional team. These experiences may include time with patient care technicians, patient care facilitators, unit secretaries, physical therapists, unit-based quality champions and others. Through these shadowing experiences, new RNs learn the roles of other team members and gain skills that make them stronger clinical nurses.

Each nursing unit specializes in the care of certain types of patients. Preceptors provide new nurses with in-depth education on assessment priorities, possible complications and experienced knowledge in providing specialty nursing care. The orientation improvements are enabling preceptors to individualize the orientation experience for newly hired RNs and promote safer, more effective care for patients.

MMC Commitment to Nurse Professional Development

By improving new nurse orientation and supporting the academic progression of nurses in 2017, leaders demonstrated that professional development of all nurses is a priority at Memorial.
Based on this goal, MMC created the BSN Academic Progression Workgroup in 2015 to create, implement and evaluate tactics to move MMC towards an 80-percent BSN workforce. The workgroup comprises Nursing leaders, clinical nurses, Human Resources representatives and Organization Development representatives. As of October 2017, 64.9 percent of nurses at MMC have achieved a BSN degree. Thirty-six MMC nurses are enrolled in BSN completion programs and 80 are enrolled in MSN or other advanced-degree programs. In 2017, 18 MMC nurses were awarded educational grants for BSN completion, totaling $157,275.

In 2010, the Institute of Medicine released the landmark “Future of Nursing” report, recommending that 80 percent of nurses achieve a baccalaureate degree by 2020.

**Johanna Carlson, BSN, RN, 2E Medicine**

“The decision to return to college and complete my bachelor’s degree in nursing was based on two primary factors. On a professional level, I knew that the information and knowledge I gain would positively impact my professionalism and performance with both patients and peers. It is essential to continue to gain professional knowledge while continuing to learn about myself.

I have been fortunate enough to be awarded educational grants from Memorial that have allowed me to advance from an LPN to an RN and on to a BSN. I am very fortunate to have worked with a manager who believes in me and the importance of education. She has worked with my school schedule to optimize the time I can dedicate to learning.

Obtaining my degree opens up a number of opportunities. I will immediately utilize the knowledge I have gained while working with patients, their families and my peers. As I continue to learn, my hope is that I can share experiences with those who might be at the beginning of their career. I appreciate all of the opportunities provided to me and encourage everyone to take advantage of what Memorial has to offer to their employees.”

**Lois Seck, BSN, RN, Medical Imaging**

“Thirty years ago I enrolled in a four-year BSN program but did not complete the program for financial reasons. I later finished my associate degree from Lincoln Land Community College and continued to work for the next thirty years, always wanting to go back. After my last daughter was almost finished with college, and at the encouragement of a co-worker, LaTanya Hayes, I enrolled at MacMurray College in January 2016 in their online BSN completion program.

MMC provided financial assistance, and without it, I would not have been able to finish as quickly as I have. The moral support from my co-workers and my nurse manager, Diane Blissett, helped keep me motivated and on track.

As an associate degree RN, I always thought that obtaining a BSN would be nice but did not understand the significance that completing it would bring to myself, to my patients and to the profession. Completing my BSN has helped me ‘connect the dots’ professionally, seeing the importance of thinking globally in terms of healthcare and the utilization of evidence-based practice. I am now looking at advanced practice degree programs.”
Since 2013, the Memorial Medical Center Magnet Nurse Awards have recognized exemplary nurses who reflect characteristics of the five elements of the Magnet Model. Awards were presented to the following registered nurses during the 2017 Nursing Excellence Week.

**2017 Magnet Nurse Awards**

**Transformational Leadership Magnet Award**

**Robin Cross, BSN, RNC-OB, Family Maternity Suites**

Exemplifying the qualities of a transformational leader, Robin serves as Unit-Based Council (UBC) chair on FMS, providing strong insight into patient care practice decisions. Robin developed the UBC “Newsblast,” a creative newsletter designed to share information about UBC decisions with unit colleagues. Robin is a member of the Nursing Research Council and Nursing Practice Council, transferring knowledge and implementing projects to improve patient outcomes. Robin recently received her BSN from Benedictine University and is nationally certified in inpatient obstetrics, recognized as a unit expert and resource to other nurses. Robin displays a consistently positive attitude, remains calm in highly stressful situations and develops a strong rapport with her patients. Robin is held in highest esteem by her colleagues, displaying the qualities of a transformational leader.

**Structural Empowerment Magnet Award**

**Zachary Norman, BSN, RN, CEN, TNS, Emergency Department**

Zach is an effective co-chair of the Emergency Department (ED) UBC. By understanding the inherent unpredictability of the ED, he is able to apply best practices in patient care to the department. Zach has been a driving force in engaging frontline staff into the UBC. He encourages nurses to embrace the responsibility they have for patient care through shared governance. Zach is always looking for a way to excite staff, helping them to understand that every single action each team member takes is important to ensuring great patient outcomes. He is a charge nurse, nurse preceptor and volunteer for ED skills days. As Magnet champion, he embodies the values of Magnet nursing and we are proud to call him our own.
Exemplary Professional Practice Magnet Award

Toni Krone, RN, CNOR, Baylis Day Surgery

Toni is a true clinical nurse leader and professional in Baylis Day Surgery. She is flexible, willing to assume any role to meet the needs of the unit. She is a tireless champion for patients undergoing outpatient surgery and always offers to help co-workers, coming in early and staying late to cover the department and making sure everyone’s needs are met before taking breaks. In addition to clinical responsibilities, Toni served as a champion for the new scheduling system and trained other staff to use the new program. When Toni is charge nurse she assists with preparing OR rooms for new cases, fulfilling any duty necessary for the good of the unit. Her consistently positive attitude, willingness to help others and tireless energy are truly the picture of exemplary professional practice.

New Knowledge, Innovations & Improvements Magnet Award

Susan Barrington, RN, 1E Surgical Services

Sue serves as an informal leader on 1E Main Surgery Services, planning and providing orientation for new nurses and techs while always striving to foster improvement. Sue collaborates with the unit manager and other nurses to validate competencies for all clinical staff on 1E. She is a member of the Nursing Research Council and has assisted in planning Memorial’s annual Research Conference for the past three years. At the 23rd annual Research Conference she gave a podium presentation, “The IOWA Model Revised: EBP to Promote Excellence in Healthcare.” Using evidence-based practice, Sue created an educational newsletter for all nurses at MMC titled “What is the Best Practice for Obtaining Accurate Blood Pressure Measurements?” She was also a partner in the research study, “Effect of High Fidelity Clinical Simulation and Teach-Back on the Knowledge and Demonstrated Skills of Blood Pressure Measurements by RNs.” Susan is a nurse leader at MMC, striving to improve patient care in the organization.

Empirical Outcomes Magnet Award

Kassandra Rourk, BSN, RN, 2G Medical Surgical

Kassie serves as chair of the Nursing Performance and Outcomes Council and as the chair of several unit committees, striving to decrease catheter-associated urinary tract infections and hospital-acquired pressure ulcers. As a result of her work, 2G has been free of catheter-associated infections since November 2015. In addition to the great work she does on her unit and to improve patient outcomes, Kassie promotes patient and employee safety in her roles as a facilitator for Nurse Residency sessions and mentor to the newest nurses at MMC. Kassie is a Clinical III RN and is currently enrolled in an MSN program with a focus on executive leadership and a goal of continuing to improve outcomes at MMC. When faced with a problem or issue, she often asks “What can I do to make a difference?”
Aromatherapy and Postoperative Nausea

Postoperative nausea is a common problem encountered by patients after surgical procedures. The nurses on 1E Main Surgery Services identified aromatherapy as a noninvasive intervention to make patients more comfortable after surgery.

In October 2016, nurses Gretchen Bilbruck, BSN, RN, and Rebecca Vortman, DNP, RN, CNOR, attended the Magnet Conference in Orlando, Florida, and viewed a poster presentation about the use of aromatherapy in alleviating postoperative nausea. Shortly after, nurses in the 1E UBC reviewed an article about the use of essential oils to enhance nursing practice for self-care. Armed with this background information, nurses from 1E and Main OR joined forces and began to explore the use of aromatherapy at MMC.

The workgroup decided to complete an evidence-based practice project exploring the use of aromatherapy to ease postoperative nausea. Education was provided to 1E nurses, a competency tool was developed and each nurse was validated on the use of aromatherapy. Nurses were educated about which patients were appropriate to receive aromatherapy, preparation and storage of essential oils and instructions for patient use.

On March 1, 2017, aromatherapy was implemented on 1E for patients experiencing postoperative nausea. The workgroup developed a tool to measure the effectiveness of this new intervention. Results after one month of implementation showed a 90-percent positive effect from patients experiencing postoperative nausea and receiving aromatherapy. Plans are underway to spread this intervention to other postoperative recovery areas at MMC.

“Patients are pleased that we offer this alternative therapy to relieve nausea as they recover from surgery, and nurses feel empowered to offer alternative methods for relief of nausea and stress.”

Cheryl Tate, BSN, RN, CNOR, nurse manager, 1E Main Surgery Services
During fiscal year 2012, approximately 60 emergent patient events occurred within 24 hours after discharge from the Post Anesthesia Care Unit (PACU). A retrospective cohort chart review was conducted and identified five significant variables that predicted greater risk for deterioration following PACU discharge within 24 hours. These variables encompass demographics such as age, home medications, comorbidities and care needs in the PACU.

The research team designed the PACU At-Risk (PAR) assessment tool, which electronically identifies risk factors in the patient’s health record. An alert message is sent to the healthcare team when a patient has been identified as high-risk for postoperative deterioration and provides strategies to facilitate closer assessment of the patient. The PAR tool has been adopted on six surgical units as of January 2018. Preliminary data reports a decrease in rapid response events and several preventative actions in which quick assessment and intervention by the nurse avoided further patient deterioration.

Supported by the Memorial Medical Center Foundation, a research project was initiated in 2014 to identify postoperative patients who may be at greater risk for having an emergent medical event requiring assistance from the Rapid Response Team.
The Golden Hour in FMS

In the Family Maternity Suites (FMS) the importance of bonding and contact between mother and baby has always been recognized, but more clinical evidence has emerged to support this practice.

Mothers and babies have a physiological need to be together in the moments, hours and days following birth. Skin-to-skin contact between mother and baby reduces stress and eases the transition to extrauterine life while stabilizing vital functions. It prevents the disruption of the quiet alert state and allows the baby to more successfully bond and breastfeed.

Immediate, uninterrupted skin-to-skin contact for a minimum of one hour, referred to as the “golden hour,” is one of the most effective strategies to promote evidence-based outcomes for newborns. Nurses in FMS educate all patients on the potential benefits of skin-to-skin contact, and with their agreement, babies are immediately placed skin-to-skin following birth. To ensure a healthy transition for both mother and infant, a nurse remains with the couplet following birth, visitors are encouraged to wait to meet the baby and procedures that may be painful or require separation are delayed for at least the first hour.

Traditionally, infants have been bathed two hours after birth by the nurse caring for them. The bath removes the vernix caseosa, a white, creamy, naturally-occurring covering, as well as amniotic fluid from the infant’s body. Evidence suggests that delaying newborn bathing for a full 24 hours has multiple benefits. Nurses in FMS now encourage parents to delay bathing their baby to allow for the full benefits of the vernix and amniotic fluid. Additionally, the family is encouraged to participate in their baby’s first bath for further bonding.
“The majority of patients love the skin-to-skin contact. Our breastfeeding rates have improved, and infant temperatures are more stable.”

Robin Cross, BSN, RNC-OB, FMS

The delayed bathing and golden hour initiatives have been adopted by all maternity units in Memorial Health System and a system-wide nursing research study is in progress to determine the impact of these initiatives on exclusive breastfeeding rates and infant weight loss, as well as infant temperature and glucose stability.
Hypertensive disorders of pregnancy, including preeclampsia and postpartum preeclampsia, are one of the leading causes of maternal morbidity and mortality. Additionally, hypertensive disorders lead to premature births and significant neonatal morbidity and mortality. In 2016, the Illinois Perinatal Quality Collaborative (ILPQC) rolled out the Maternal Hypertension Initiative across the state. The primary aim of this collaborative is to reduce complications that extend hospital stays. The collaborative developed tools and guidelines to support early recognition, diagnosis, treatment and management of hypertensive disorders and triggers requiring immediate evaluation. The collaborative also focuses on improving care of mothers who experience preeclampsia before, during and after birth. This work extends beyond the labor and delivery units, impacting the Emergency Department (ED) as well. Patients with hypertensive disorders, including postpartum preeclampsia, may initially present in the ED with symptoms. Educating staff and establishing protocols to initiate treatment quickly in the labor and delivery unit and ED can lead to improved patient outcomes and save lives.

Through a collective effort, Family Maternity Suites (FMS) and the ED developed an algorithm that outlines the care of pregnant patients and postpartum patients with hypertensive disorders who initially present to the ED. Once the ED identifies that a patient is currently pregnant or has delivered within the previous six weeks, the information is clearly communicated between the two departments and the patient is transferred to labor and delivery. If the patient needs to remain in the ED due to clinical instability, the OB hospitalist is called to the ED and sees the patient with the ED provider within five minutes. Since implementing this new initiative in June 2017, pregnant patients with new onset of severe hypertension have been treated within 60 minutes of arrival in FMS and ED over 80 percent of the time. Due to this new program, FMS received the Gold Award from the Illinois Quality Collaborative for the work they have done to keep their patients safe.

“We are catching patients earlier who may not have otherwise had good outcomes.”

Kendra Henke, RNC-OB, FMS
In the spring of 2017, Stacey Apel, MSN, RN, CNL, 6B Cardiology, and Nicole Brucker, BSN, RN, CCRN, PACU, questioned whether nurses should routinely change peripheral IV sites every 96 hours. A review of the literature uncovered strong evidence supporting the practice of changing peripheral IV sites only when clinically indicated. The Centers for Disease Control and Prevention (CDC) and the Infusion Nurses Society support this policy change, identifying no increased risk of infection from maintaining a peripheral IV site longer than 96 hours, as long as frequent site assessment and ongoing monitoring are in place. This policy change increases patient satisfaction, decreases the need for additional IV insertion and increases RN satisfaction by saving time associated with repeated IV insertion.

Apel and Brucker developed an evidence table outlining their findings and brought the practice change proposal to the Nursing Practice Council. The Infection Prevention and Control department and council members raised important questions about how the IV site should be prepared and maintained. Additional evidence supporting the use of chlorhexidine disinfection at the insertion site and dressing changes every five days were added to the proposal. Today, new evidence-based standards for IV care are in place at MMC.

“The new IV policy is better for patients. We don’t have to stick them with a new IV the day before they go home.”

Lisa Fox, BSN, RN, CMSRN, patient care facilitator, 2B

Stacey Apel, MSN, RN, CNL, 6B Cardiology

Nicole Brucker, BSN, RN, CCRN, PACU
Nurses, patient care technicians and unit secretaries from various departments serve as GPE champions, selected for their attitude toward service, a communication style that fosters collaboration and interest in creating a great patient experience. While learning how to navigate the multiple reports available in the HealthStream system, the GPE champions identified ways to display the data on each unit and share the results with co-workers. Unit champions use the dashboard to educate individual staff on how to understand the voice of the patient and develop tactics to address patient feedback.

For several months, the GPE Council reviewed patient satisfaction results and discussed ways to enhance nursing communication, as survey results indicated opportunities to improve the way nursing staff listen carefully to patients. In August 2017, the GPE Council began a campaign called “Commit to Sit.”

The Commit to Sit campaign asks caregivers to take a few moments each day to sit at eye level with a patient or family member. This simple intervention—sitting down next to a patient in the room—helps establish a positive care environment for the patient and conveys support for the patient’s recovery and overall well-being. This intervention also provides caregivers with a much-needed opportunity to rest their feet, even if just for a few minutes.

In 2017, the Inpatient Nursing Great Patient Experience (GPE) Council at MMC learned how best to use the new resources and reports available from HealthStream, the new MHS vendor, to monitor patient satisfaction results.

GPE champions identified a long list of occasions on which the care team could take the opportunity to sit down with a patient: giving discharge instructions, assisting with a meal, starting an IV, giving shift report and during nurse manager rounds. Sitting down with the patient takes no more time for the caregiver, but helps foster a caring relationship with the patient and allows the nurse time to be present in the moment. The GPE Council challenges all areas to incorporate Commit to Sit into their daily work to improve the patient experience at MMC.
In October, Unit-Based Council members on 2E Medicine set a goal to adopt a new care model in which patient care technician (PCT) assignments would be made based upon assigned tasks versus assigned patients. This model was adopted from University of Pittsburgh Medical Center.

Instead of nursing staff asking, “Is it my patient or your patient?” staff ask the question, “Is the work predictable or unpredictable?” By utilizing PCTs in a new way, staff intended to decrease the response time to call lights and decrease the number of PCT interruptions during care, thus establishing Great Patient Outcomes and creating a Great Place to Work.

In the new care model, two PCTs are assigned to the expected PCT role and one or two PCTs are assigned to the unexpected PCT role. The expected PCT performs predictable tasks that arise on every shift, such as vital signs and bathing. The unexpected PCT performs tasks that arise at unpredictable times, such as answering call lights and admitting new patients. With the support of Cindee Fassero, MSN, RN, NE-BC, 2E Medicine nurse manager, the UBC developed an implementation plan. Staff determined which tasks are predictable or unpredictable, how to make staff assignments, how to use the call light technology to support the new process and how shift handoffs would be impacted by the change.

Of the 10 patients surveyed since implementation, 80 percent of patients identified that they “always” received bathroom assistance as soon as they wanted, demonstrating that this process is establishing trust between patients and their caregivers.

Since implementation on March 7, 2017, PCTs have decreased the average response time to call lights by 1.4 minutes, a 28-percent improvement.
Acutely and critically ill patients often require intravenous medications that cannot be administered through the peripheral veins, necessitating the insertion of a central venous catheter (CVC).

Unfortunately, there is an increased risk of infection with the use of these vascular devices. Central line-associated blood stream infections (CLABSIs) prolong hospital stays, increase healthcare costs and contribute to morbidity and mortality. It is imperative that evidence-based CLABSI prevention strategies are utilized in hospitals.

In June 2016, a Lean Six Sigma improvement team consisting of representatives from the vascular access team, clinical nursing, Infection Prevention, Nursing administration and Pharmacy convened to address CLABSI. The team did an extensive review of the literature to determine best practices in CLABSI prevention and then drilled down on current gaps in clinical practice at MMC.

The team found strong evidence to support the use of chlorhexidine (CHG), a disinfectant, during bathing and at the CVC insertion site. Patients in the ICUs were already receiving daily baths with CHG, but the decision was made to extend the evidence-based practice to the intermediate care patient population. Additionally, MMC began using a small foam disc containing CHG on every CVC insertion site, an intervention considered to be a best practice in CLABSI prevention.

A computer-based learning (CBL) module helped RNs learn about the new CHG disc, provided practical tips for completing a sterile central line dressing change and included a video demonstration of the procedure. To ensure competency in central line care, a fun, interactive educational event was designed for nurses to demonstrate their central line dressing change skills and review each of the CLABSI prevention care requirements. Ninety-six percent of inpatient bedside nurses attended the “CLABSI Carnival” over seven days, totaling 42 hours of education.
The new CHG disc was implemented at MMC on March 15, 2017. CLABSI rates at MMC decreased from 1.35 per 1,000 central line days to 0.81 per 1,000 central line days post-implementation, representing a 28% DECREASE.

Feedback from attendees was excellent.

“Overall, I really enjoyed the one-on-one teaching/reviewing; it made it easy for me to have a dialogue with the validator and ask questions about the process of changing the dressing while actually doing it. I also really enjoyed learning new tips and tricks like using the sterile gauze.”

**Kristina Richardson, RN, 2G**

“The CLABSI Carnival was extremely educational and I loved that it was a hands-on experience! Best educational event that I have attended!”

**Nicole Graham, PCF, 4G Neurology**

“I really enjoyed the teach-back method and hands-on learning. It will help me in my practice to decrease the CLABSI rate on my unit by using the correct technique when changing central line dressings.”

**Jordyn Koerner, BSN, RN, 3E IMC**
Enhanced Recovery after Surgery (ERAS) is an evidence-based, multidisciplinary approach to surgical patient care that enhances patient outcomes, decreases length of stay, decreases utilization of narcotic pain medication and increases patient satisfaction.

Nora MacZura, MD, Springfield Clinic Gyne/Onc Surgery, approached MMC perioperative leadership about the length of stay and postoperative outcomes of robotic hysterectomy patients. An interprofessional team comprising Dr. MacZura; other physician colleagues; Mary Haley-Emery, BSN, RN; Jennifer Garlisch, MSN, RN, CMSRN, 2B patient care facilitator; Sue McCarty, BSN, RNC-LRN, 7A and FMS Nursery and Lactation manager; Cheryl Tate, BSN, RN, 1E nurse manager; Mary Royce, DNP, ACNP-BC, nurse practitioner; and Trina Fry, RN, Springfield Clinic, convened to address length of stay and narcotic use in this patient population.

Using Lean Six Sigma methodologies, the team analyzed care throughout the patient stay, from the preoperative phase through to discharge. The baseline average length of stay was greater than 24 hours, despite the patient’s admission for a 23-hour outpatient stay. The majority of patients had complaints of nausea and vomiting, as well as pain and facial swelling due to surgical positioning. Factors found to delay discharge included the timing of indwelling urinary catheter removal, ambulation and the need for medications related to nausea, vomiting and pain.

With this data, ERAS concepts were used to enhance care. A carbohydrate drink the night before surgery and repeated two hours prior to surgery was added to the care plan, a marked shift in pre-op care. Interventions to address post-op pain and nausea were implemented preoperatively in order to decrease the use of narcotic pain relievers in the post-op period.

As a result of these improvements, patients experiencing robotic hysterectomies have shown a decrease in postoperative nausea, improved pain management and a decrease in length of stay.
Empirical Outcomes

See You in 7: Improving Heart Attack Follow-Up Care

The American College of Cardiology’s “See You in 7” challenge recommends that acute myocardial infarction (AMI) patients be scheduled for a cardiac rehab (CR) appointment within seven days of hospital discharge to reduce 30-day readmissions and promote future cardiac health.

In 2016, it was determined that MMC did not have a streamlined AMI CR referral and appointment scheduling process in place. The baseline average time from discharge to first scheduled appointment was 18.5 days, much greater than the recommended seven days.

A Lean Six Sigma team was formed with the goal of providing better care for the AMI population through timely outpatient CR appointment scheduling. With input from the entire CR team, several interventions were put into place. Additional outpatient appointment times were created, frontline staff were cross-trained on scheduling outpatient appointments and insurance verification, outpatient appointments were scheduled prior to hospital discharge and additional physicians were educated on the See You in 7 challenge.

Process improvements were fully implemented in December 2016, and as a result, initial outpatient CR appointments were scheduled within an average of 5.9 days post-hospital discharge, a 68-percent improvement from pre-intervention wait times. As patients are entered into the outpatient CR program earlier, MMC has achieved a 23-percent reduction in 30-day readmission rates among AMI patients in the eight months following the process improvement implementation (October 2016–May 2017) compared to the eight months prior (January–August 2016). Since October 2016, only one AMI patient who attended outpatient cardiac rehab within seven days of hospital discharge has been readmitted within 30 days.

MMC achieved a 23-percent reduction in 30-day readmission rates.
Lexanne Darwent, BSN, RN, nurse manager, Special Procedures, and Katie Barnard, MSN, CVRN-BC, nurse manager, Outpatient Cardiology Services, were selected to participate in the fifth cohort of the Illinois Nursing Leader Fellowship Program.

The purpose of the year-long fellowship is to enhance competencies of individual nurses who are relatively new to formal leadership positions. Participants receive formal education on various leadership topics, complete a project and have the opportunity to network with nurses throughout the state.

Deidra Glisson, MSN, MBA, RN, NE-BC, was named IONL 3A Regional Director.

Karen Baur, DNP, MPH, RN, NE-BC, was named Preceptor of the Year for University of Illinois at Chicago.
To strengthen new nurse graduates as they transition to practice, Memorial Medical Center adopted the Vizient/American Association of Colleges of Nursing (AACN) Nurse Residency Program (NRP).

This program provides new nurse graduates with curriculum content and support structures focused on three key areas: clinical leadership, patient safety outcomes and the professional role of the registered nurse.

Each new graduate nurse hired at MMC participates in the Nurse Residency Program. The 12-month curriculum includes a final project that uses Lean Six Sigma or evidence-based practice methods. On the final date of the program, each project is showcased as a professional poster presentation and attendees choose the People’s Choice Award winner.

Jessica Hagen, RN, Travis Krofchick, RN, Tiffany Liebe, BSN, RN, and Ashley Sybert, RN, ED, won People’s Choice Award for their Lean Six Sigma project “Process of Reassessing ED Hold Patients.”

Jessika Herkert, RN, 4E, Alexis Stocks, RN, 5A/G, and Jacqueline Ferguson, BSN, RN, 4G, won People’s Choice Award for evidence-based practice project “Recognizing Delirium on General Floors.”

Jessica Hagen, RN, Travis Krofchick, RN, Tiffany Liebe, BSN, RN, and Ashley Sybert, RN, ED, won People’s Choice Award for their Lean Six Sigma project “Process of Reassessing ED Hold Patients.”

Nursing Excellence Awards

Mentor of the Year
Carrie Hutton, BSN, RN, CMSRN, 2E Oncology

Preceptor of the Year Award
Dennis Eberhardt, RN, CPAN, PACU

Nursing Partnership Award
Mary Beth Wimberly, unit secretary, 4E Orthopedics
The DAISY (Diseases Affecting the Immune System) Award is sponsored by the national DAISY Foundation and cosponsored by the American Organization of Nurse Executives.

Nominations come from Memorial Medical Center patients, families and employees who recognize the clinical skill and compassion nurses provide throughout the year. The DAISY Award process is coordinated by the Nursing Recognition Committee. Each nurse chosen in 2017 was selected because of the relationships they built with patients and families. The DAISY Team Award was given to the Rapid Response Team nurses during Nursing Excellence Week in May 2017 as recognition for the expertise and support they provide to patients and nurses throughout the organization.

2017 DAISY Award Recipients

Brittany Gallivan, BSN, RN, 7C
Kendra Henke, RNC-OB, FMS
Carrie McCormick, BSN, RN, 5A/G
Brittany Matulis, BSN, CVRN-BC, Cath Lab

Steven Bock, BSN, RN, 2E Onc
Kayla Cole, BSN, RN, ED
Nick Landers, BSN, RN, 3G
Katie Alexander, BSN, RN, 6E

Rapid Response Team nurses – Norberta Tester, BSN, RN, CCRN; Mandy Lyons, BSN, RN, CCRN; Theresa Jones, BSN, RN, CCRN
In April, MMC hosted the Downstate Illinois Magnet Consortium meeting, which brought together nurse leader and clinical nurses from Magnet-designated and Magnet-seeking hospitals in downstate Illinois. The event was attended by 43 nurses who shared best practices related to the Magnet journey.

In September, the annual Transplant Walk was held in Washington Park, bringing patients and donor families together to share their stories and interact with other members of the transplant community. Funds raised assist transplant patients with the cost of their prescription medications, provide lodging and transportation for patients and their families and support program development and education.

The American Heart Association’s Heart and Stroke Walk was held May 6, 2017, in Lincoln Park, attended by twelve MMC teams who brought home the top fund-raising company trophy for the fourth year in a row. Teams worked together to raise money and awareness for heart disease and stroke prevention.