



Heather Hargis, BSN, RN, CEN is Assistant Nursing Care Manager for the Emergency Department and a PACE RN3. Heather is the chairperson of the unit shared governance council and member of the Professional Practice & Development Council which are avenues for her to share her clinical and education passions. She is a preceptor and mentor. Heather has been actively involved in implementation of processes to improve throughput in the Emergency Department via the Rapid Assessment Zone methodology to address surges in patient census. Heather is also instrumental in the growth of the Sexual Assault Nurse Examiner's role in the ED to provide best practice care for vulnerable populations.

Nursing Excellence Report 2018



Welcome to the 2nd Annual Nursing Excellence Report

Our 2nd annual report on nursing excellence at Union Hospital brings to life the commitment of our nurses and patient care staff to provide exceptional care and best patient outcomes. Within these pages you will see examples of great achievement in categories of transformational leadership, structural empowerment, exemplary professional practice, and new knowledge, innovations and improvements. You will read stories of your colleagues' work to improve Union Hospital.

TRANSFORMATIONAL LEADERSHIP

Magnet Council and the Professional Practice Model

Understanding our practice...at a unit level

Howdy, Partner! Skin Team Nurses Advocate for Resources

Clinical nurses leading best practice

STRUCTURAL EMPOWERMENT

Promotion of 12 PACE RNs in 2017

Meet the faces of clinical excellence

New RN Degrees and Certifications

Celebrate clinical nurses taking the next step!

EXEMPLARY PROFESSIONAL PRACTICE

Fall Team's Work in Preventing Patient Falls

Improvement in a difficult Nurse Sensitive Indicator

2EB Rocks their RN survey!

Discover strategies that led to overall improvement

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Code Blue drills in Mother-Baby

An innovative interdisciplinary method to improve outcomes

ED Nurses Caring for Sexual Assault Victims

Evidence-based training for fragile patients

This is only part of the great work you will read about on the following pages! There is far more work happening than will fit in an annual report or a welcome letter. Your contributions in these areas stimulate growth, ensure safety and allow the mission of Union Hospital to come alive every single day. Thank you for your efforts and your commitment.



Rhonda Smith, MSN, RN, NE-BC
Vice President of Patient Care Services and Chief Nursing Officer



Transformational Leadership



Nursing Mission

We exist to provide compassionate care of the highest quality.



Nursing Vision

To be recognized for providing exceptional care.



Nursing Philosophy

We believe in:

- Providing patient centered care using a collaborative, multidisciplinary approach.
- Delivering compassionate, holistic care of the highest quality.
- Striving for excellence in patient outcomes through continuous performance improvement utilizing evidence based practice.
- Preserving and protecting the health, safety and rights of the patients and community we serve.
- Providing patients, families and community with understandable education to promote an optimal level of health and wellness.
- Promoting a culture that supports empowerment, trust, advocacy and accountability.
- Optimizing the use of technology through innovation to enhance patient care throughout the health care continuum.
- Maintaining a fiscally responsible environment through being trustworthy and accountable.

Patient Care Services Strategic Plan for 2018

Excellence in Quality and Safety — Reducing Harm

- Reduce the number of central line infections from prior year
- Reduce the number of patient falls with injuries from previous year
- Reduce the number of patients with hospital acquired urinary catheter associated infection from prior year.
- Increase the arrival to antibiotic administration time for open fractures within 60 minutes
- Reduce the number of hospitalized patients that acquire C. Diff from the previous year
- Reduce the incidence of hypoglycemia (BG < 50mg/dl) for patients receiving insulin or oral hypoglycemic agents.

Excellence in Employee Engagement

- Increase in the RN NDNQI practice environment scale
 - Nurse participation in hospital affairs
 - Focused effort on staff and resource adequacy
- Employee engagement of other clinical staff as measured by Advisory Board, growing percentage of highly engaged associates from prior year
- Recruit top talent

- Provide a safe environment for staff
- Increase participation in Professional Advancement of Career Excellence (PACE) program
- Reduce RN turn over from prior year

Excellence in Education and Innovation

- Increase the number of RNs with bachelor degrees from prior year
- Increase the number of RNs with professional certification from prior year
- Conduct a minimum of two nursing research projects

Excellence in Patient Experience

- Primary focus on Discharge Instructions and Care Transition domain, increasing point values to 7 and 4 respectively.

Excellence in Financial Stewardship

- Reduce the number of travelers utilized from prior year
- Actively participate with length of stay strategies to achieve observed over expected results at 1.04 or less.

Transformational Leadership

Professional Practice Model

The components of the Union Hospital Professional Practice model provide a purposeful and strategic direction for professional nursing and a collaborative direction for all care delivery. Through its eight interconnecting components focused on the patient, the model depicts a care delivery system that promotes interdisciplinary patient care in a collaborative practice environment. The ANA Standards for Professional Practice and Performance and the shared decision-making element in the interdisciplinary shared governance model enable autonomy and control over professional nursing practice.

In 2017, a Magnet Council, made up of clinical nurses and educators from all over the hospital, was brought together to promote collaboration across our departments and get the word out about the Magnet Journey. The Council's first major focus was making sure that clinical nurses understood our Professional Practice Model (PPM) and could speak truth to it on behalf of their departments. To accomplish this, we launched the Journey to Excellence (MDI) boards and studied the PPM, and promoted it through rounding and daily huddles.

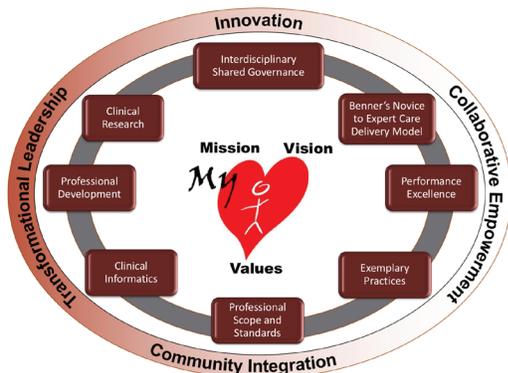
During our bi-monthly meetings, we discussed ways that the eight elements of the PPM reflect nursing practice at Union. We then brought each element to the units by displaying them on their MDI boards for discussion and information-gathering during daily huddles and unit meetings. By early 2018, we were ready to pull it all together by defining the four support systems that frame our model.

What we've learned through this is that many great things are happening at Union Hospital. With the support of exemplary leaders, community partners, and the rest of the awesome Union healthcare team, our nurses are making a difference for our patients and community as living examples of the model. We've also learned we have more work to do. We need to spread the word, so every nurse understands the PPM and our Magnet Journey. Four Magnet Teams have begun composing 78 stories about how our nurses exemplify the Magnet standards. After Council review, they will share highlights from each story on the MDI boards.

This year, the Magnet Council will continue to strive to increase awareness of the Journey throughout the hospital and community. Each

department will be showcasing themselves at our meetings to discuss the great things they are doing. In the coming months, we will be celebrating stories of amazing feats of nursing. They will touch your heart and inspire you to greatness. We encourage you to participate by joining us, taking part in activities, sharing ideas, making improvements, telling your stories, and making all our nurses feel like a part of the Union family.

Authors: Colleen Maurer, BSN, RN and Ann Venable, MSN, RN, CCRN — Co-Chairs of Magnet Council



Howdy, Partner! Skin Team Nurses Advocate for Resources

The Skin Team at Union Hospital, led by Missy Mcanna, BSN, RN, CWCN and a robust group of clinical nurses, has been busy! The Skin Team focuses on better performance and outcomes in patients with skin integrity issues, wounds, incontinence, ostomies, and more. Their work directly impacts quality patient outcomes and supports the goals of each unit in preventing Hospital Acquired Pressure Injuries (HAPI).

In September of 2017, the Skin Team hosted the fourth annual Skin Fair with a western theme. There, clinical staff produced games and information that directly tied to the Skin Team's goals. Additionally, vendors were present, providing education about the products and services that we use at Union Hospital. This allows members of the patient care teams to have some hands-on education, ask questions, and get to know their Skin Team members.

This year, clinical nurses were invited to evaluate two types of patient surfaces (pulmonary and bariatric) from multiple vendors and aid in the selection process. Surfaces were evaluated and compared to our current surfaces in these areas: patient comfort, ease of use, safety features, and patient outcomes. As a result of these evaluations, changes have been planned. A new pulmonary surface has been selected for use with our critically ill patients. More options for bariatric surfaces will be available soon to better fit differing levels of patient acuity. There will be a new bed algorithm introduced when these surfaces are available to assist in appropriate utilization.

The Skin Team is constantly working to advocate for resources while leading clinical nurses through change and improvement. Current initiatives for the Skin Team members include:

- Appropriate utilization of incontinence pads
- Use of moisturizing lotion daily as the standard of care and first line of skin protection
- Proper use of repositioning devices

New for 2018 is the addition of audits and "just in time" education provided to the units during the monthly skin study day. The clinical nurses auditing for skin issues on that day will also look for the initiatives noted above. Findings from those audits will be brought back to the units by that team member that day....to provide education, celebrate the victories, and correct any issues!

Interested in being part of the Skin Team? Contact Missy McKanna at mmckanna@uhhg.org or by Vocera.



Structural Empowerment

Corrections from 2017 report

We're so sorry to have missed these folks in the 2017 annual report:

Pediatrics

Janet Crucitti, BSN

Mother-Baby

Melissa Lemmons, IBCLC
Amanda Truelove, BS

Infection Control

Joe McKanna, CIC
Suzanne Tucker, CIC

NICU

Shawn Depasse, IBCLC

ED

Hannah Coopriider, CEN

CDI

Julia Ellis, BSN
Valerie Jones-Beck, BSN

Labor & Delivery

Erin Morgan, BSN

Resource Center

Missy Pipes, CMSRN

New Degrees in 2017:

2EA

Debra Marley, BSN

2EB

Eric Cox, BSN

2EC

Rhagen Smith, BSN
Ed Blade, BSN
Brooke Barber, BSN
Caleb Ingle, BSN
Elizabeth Harris, BSN

3EA

Michelle Rupska, MSN FNP

4EA

Kathy Gregg, MSN

4EC

Amy Surber, BSN

ED

Kendra Shepard, MSN

Labor & Delivery

Amanda Smith, MSN
Jennifer Walker, BSN
Ann Monken, MSN FNP
Erin Morgan, MSN FNP

Surgical Services

Shannon Buckingham, BSN
Kim Cooper, BSN

Resource Center

Apryl Brown, BSN

Quality Management

Sandra Rogers, BSN

Case Management

Megan Orndorff, BSN
Cammie Wierman, BSN
Lori Wilson, BSN

New Certifications in 2017:

2EA

Debra Marley, PCCN

3EA

Amanda Barnett, ONC
Jessica Brentlinger, ONC

3EC

Sara Fisher, CMSRN

ED

Hannah Coopriider, TCRN
Megan Ellis, TCRN
Kara Wilson, CEN

NICU

Cary Stewart, RNC-NIC
Amy Purdy, RNC-NIC
Kathryn Robinson, RNC-NIC
Michelle Gutish, CCRN NEO

Surgical Services

Tracy Thomas, CNOR
Shaya Askins, CNOR
Dawn Womack, CNOR
Julie Adams, CNOR
Jerry Purcell, CNOR
Nancy Lefever, CPAN
Theresa Fischer, CPAN
Jill Dillingham, CNML

Nursing Administration

Melissa McKanna, CWCN

Resource Center

Kristin Wright, RN-BC
Apryl Brown, RN-BC

Quality Management

Stephanie Strohl, CPHQ

Clinical Educators

Courtney Chastain, CCRN-CMC
Jamie Gregory, ONC

Case Management

Barb Sinclair, CCM

Nurses who obtained a NEW certification or degree in 2017 that were not featured in this edition should contact Amy Allen at alalen@uhhg.org to ensure you're added to the next edition!

Promoted June, 2017



Michelle Gutish, MSN, RN, CCRN

is the Assistant Nursing Care Manager of the Neonatal Intensive Care Unit and a PACE RN4. Michelle coordinates the car seat program for Union Hospital. Michelle is also the only nurse who performs Retinopathy of Prematurity exams which are electronically transmitted to a neonatal ophthalmologist for interpretation. Michelle's knowledge and skill makes it possible for premature babies to have this important test done here at Union Hospital without traveling away from home to another facility. Michelle is an outstanding nurse dedicated to the care of our tiniest patients by sharing her knowledge and personal commitment to excellence.

Structural Empowerment



Jennifer Jaeger, BSN, RN, CCRN

is a clinical nurse in the Neonatal Intensive Care Unit and a PACE RN3. She is the recipient of the 2016 March of Dimes Nurse of the Year award. Jennifer coordinates the NICU Graduate follow up clinic that provides after discharge information to parents about their baby's development. Jennifer is a key nursing member in developing the Neonatal Outreach Program that brings education to rural hospitals where premature babies may be born but are without immediate NICU access. Jennifer is a highly skilled nurse and forms strong bonds with her patients and parents. She frequently receives updates, hugs, and thanks from former NICU parents when she is out and about in the community.



Jamie Readinger, MSN, RN, CCRN

is a clinical nurse in the adult Intensive Care Unit and a PACE RN4. Jamie has trained in trauma nursing and is active in peer education in the ICU. Jamie loves to teach her patients and their families. She designed education for families of patients on a ventilator breathing machine to help relieve family worry of the unknown. She also presented "The Scoop on Shivering" and conducted a project to evaluate documentation during the transition of one electronic system to a new one. Jamie is sought after as a preceptor by nursing students because of her love of teaching and strong clinical knowledge.



Amanda Perkins, BSN, RN, CMSRN

is a clinical nurse in the Neonatal Intensive Care Unit and a PACE RN2. Amanda loves being a NICU nurse and is known for making personal craft items for the parents so they feel the constant connection with their baby and the NICU staff. Amanda's handmade quilt from nurses' scrub tops is on display to commemorate a fellow nurse and her dedication to pediatric and NICU patient care. Amanda serves as chairperson of the Nursing Professional Practice & Development Shared Governance Council and has designed several communication strategies so Union Hospital nurses are aware of council work done on their behalf.

Promoted October, 2017



Alice Cheesman, BSN, RN, CMSRN

is the Assistant Nursing Care Manager of 4EA Adult Medical Unit and a PACE RN3. Alice's clinical and nursing wisdom have prompted numerous requests for her to work with clinical nursing students, newly graduated nurses, and nurses who are wanting to become certified in the medical-surgical specialty. Alice is a true mentor and serves in that role very well with new nurses. She is active in shared governance and serves as co-chairperson of the exemplary practice team. Alice demonstrates that the "why" behind what we do is often the path to using evidence to improve practice for the better.

Promoted October, 2017



Janet Crucitti, BSN, RN, CPN

is a clinical nurse on the pediatric unit and a PACE RN3. Janet is a pediatric patient advocate to the core. She actively participates in developing pediatric focused educational opportunities for her peers, patients and families, and the community on topics such as car seat safety, safe sleep practices and CPR. Janet is an expert in nursing care for pediatric patients with respiratory conditions and developed a project for her peers on Bronchiolitis. Janet is a cornerstone member of the Policy & Procedure Committee and assists in providing research based evidence for consideration.



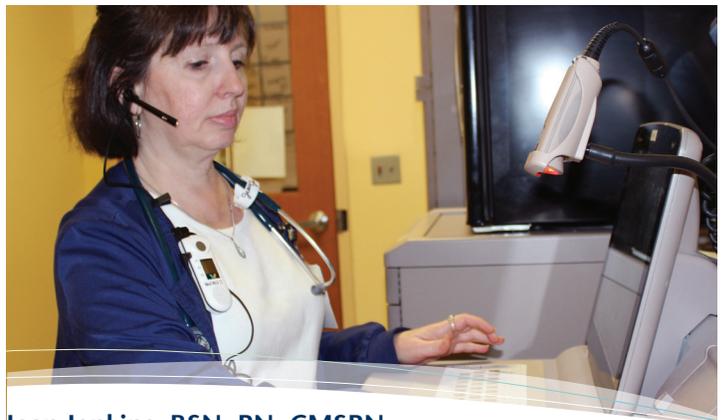
Katherine Elia, BSN, RN, IBCLC

is a Lactation Consultant supporting the Maternal Child Services division and a PACE RN3. Kathy is passionate about providing women with information, technique support, and after discharge support to create the best opportunity for a successful breastfeeding experience. Kathy is active in the Baby Friendly initiative and thinks in innovative ways to provide education to our patients. She conducted a project to create culturally-sensitive translation of key words and phrases needed by our nurses to communicate with Arabic women patients before and after childbirth. She is always available and someone on whom the staff and patients rely for expert clinical and patient care knowledge.



Kathy Gregg, MSN, RN, CMSRN

is a clinical nurse and charge nurse for the 4EA Adult Medical Unit and a PACE RN3. Kathy is active on the Evidence-Based Practice Council and assists her peers in evaluating products and processes that may improve their care or work environment. Kathy actively participated in projects to validate and seek clinical nurse input on the Nursing Practice Model, which is a foundation to how nursing care is delivered at Union Hospital. An active preceptor, Kathy lends her clinical and professional expertise to guiding new nurses on their career journey. She promotes clinical nurse specialty certification to others and models continuing education as a mechanism to maintain current knowledge in a quickly growing field of nursing.



Jean Jenkins, BSN, RN, CMSRN

is a clinical nurse on 4EA Adult Medical unit and a PACE RN3. Jean is a very dedicated member of the Skin Team taking an active role supporting interventions to prevent skin injury to our patients. She is a resource on her unit and guides newer nurses in learning this important aspect of evidence-based practice. She is a consistent presenter at the annual "Skin Fair" providing skin assessment simulation. Jean is a dedicated preceptor and served this year in a pilot multi-semester precepting arrangement with an undergraduate nursing student. She is truly a nurse who "pays it forward" to the next generation of registered nurses.

Structural Empowerment

Promoted October, 2017



Katelyn Stirek, BSN, RN, CCRN

is a clinical nurse in the Intensive Care Unit and a PACE RN3. Because of her commitment to the health of our neighbors, Katelyn worked with internal resources and conducted a free screening health fair in a more rural area of the community. She is an ICU charge nurse and unit council member. Kate is a member of the ICU Open Heart nursing team and developed support education for her peers on hemodynamics. Katelyn is committed to lifelong learning and seeks opportunities, such as the Trauma Nurse Core Course, to enhance her nursing knowledge. Katelyn is a strong patient advocate and received a Guardian Angel award from a patient who recognized her compassion and dedication to his care.



Kara Wilson, ASN, RN, CEN

is a clinical nurse in the Emergency Department and a PACE RN2. Kara is an active member of the Emergency Department Unit Council working on projects targeting staff satisfaction such as staffing and scheduling. She is a presenter on conscious sedation for the Trauma Nurse Core Course review and assists her peers in preparing for this next step in validating excellence in nursing care for trauma patients. She is SANE trained nurse and an accomplished preceptor. She is committed to the needs of our community and organized support for the foster parent system as a mechanism to help children in our community at very vulnerable times in their lives.



Martina Voges, BSN, RN, CCRN

is a clinical nurse in the Intensive Care Unit and a PACE RN3. Martina is a dedicated member of the PACE Council, spending countless hours researching, discussing and planning for the program to be initiated. Martina is a charge nurse for ICU and an experienced preceptor for students and new nurses to ICU. She is co-chair of the ICU Unit Council and has been an avid technology resource during implementation of the new electronic health record. Martina is a role model for collaborative care and patient advocacy. She is an experienced open heart trained nurse. Her preparation for patient care and compassionate communication with her patients and their families are what patient centered care means.

Exemplary Professional Practice

Nurse Sensitive Indicators (NSI) Where are we?

Union Hospital monitors a variety of NSIs to see how our patient outcomes compare to those across the nation. A sample of the NSIs monitored includes Falls and Falls with Injury, Hospital Acquired Pressure Injury (HAPI), Central Line Associated Blood Stream Infections (CLABSI), Catheter Associated Urinary Tract Infection (CAUTI), Ventilator Associated Events (VAE), and more. Throughout all of these NSIs there are stories of success and stories of lessons learned!

There is no doubt that the Falls with Injury measure has shown its share of successes and lessons learned! The members of the Fall Prevention team worked hard in 2017 to ensure evidence-based, high fidelity interventions are trialed and implemented for the best possible patient outcomes.

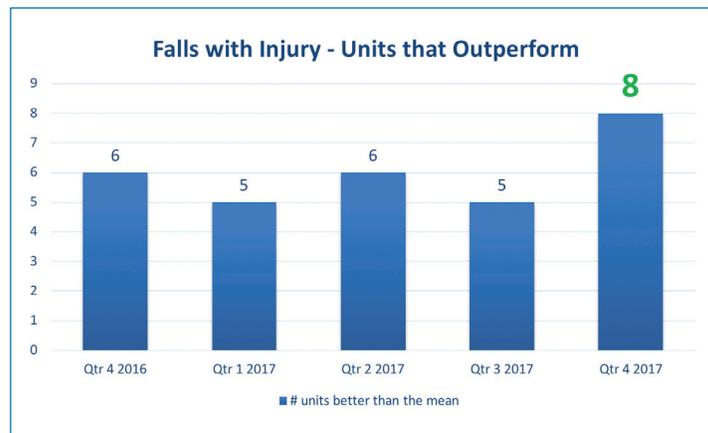
2017 brought the following trials/interventions in fall prevention:

- Implementation of the Johns Hopkins Fall Risk Assessment Tool (JHFRAT) in Cerner

- Mobility Program trial started on 4EA with the use of a Mobility Tech (to increase ambulation and decrease falls)
- Chair sensor pads replaced traditional chair alarms on several units
- ED began using cart sensor pads in order to have a “bed alarm” for the patient at risk

- Common issues and barriers related to fall prevention were discussed at the annual blitz

- Post-Fall huddle sheets were revised
- Integration of Imaging Services staff and Transporters into the Fall Prevention Team
- Investigation and trial of replacement recliners to increase comfort and reduce fall risk
- Bedside Commode ordered for each patient room (after a successful trial on 3EA)
- Trial of “Rounding PCT” on 4EC and 4EA to complete hourly rounds on all patients on the unit
- Managing for Daily Improvement (MDI) initiated with a focus on fall prevention measures for most inpatient adult units (Journey to Excellence boards)
- Replacement of gray cords on inpatient beds



It's not difficult to see how these interventions, along with the vigilance of the clinical bedside caregivers has paid off...by 4th quarter of 2017, **8 of the 13 inpatient units** were outperforming the mean (the national average of hospitals our size). **By early 2018, the Emergency Department had experienced 100 days without a fall in their department—a monumental accomplishment!**

Celebrate the accomplishments of your unit—check out your Journey to Excellence Board today to see how many days your unit has gone without a Fall/Fall with Injury!

Exemplary Professional Practice

2EB Rocks Their RN Survey!

Practice Environment Scale (PES)

Nursing Foundations for Quality of Care

The nursing foundations for a high standard of patient care including clinical competence, nursing philosophy, and skilled communication.

Collegial Nurse-Physician Relations

The positive work relationships between nurses and physicians.

Nurse Participation in Hospital Affairs

The participatory role and valued status of nurses in a broad hospital context (like clinical ladder, responsive administration, staff nurses serving on committees and making decisions).

Staffing and Resource Adequacy

Having adequate staff and support resources to provide quality patient care.

Nurse Manager Ability, Leadership, & Support

The critical role and key qualities of the nurse manager, the way the nurse manager supports the nurse, and the way nurses are recognized for their work.

Annually in October, eligible RNs at Union Hospital complete the National Database of Nursing Quality Indicators (NDNQI) RN survey. This survey measures the characteristics of the work setting that either support or limit professional nursing practice. This “annual checkup” lets clinical nurses and nurse leaders evaluate the health of the unit as it relates to satisfaction, resources, and nursing care.

Each unit evaluates their responses and makes action plans to complete over the following year...leading up to the next RN Survey. After the 2016 NDNQI RN survey, the clinical nurses of 2EB and their NCM **Beth Harrison, RN** developed plans around their results. Here, they noticed a few key categories of the Practice Environment Scale, or PES, were lower than desired. Focusing on the lower categories/questions of the survey, and utilizing the tools provided by the American Association of Critical Care Nurses (AACN) Healthy Work Environment material allowed the unit to create actionable plans, measure outcomes, and maintain success.

Nurse Participation in Hospital Affairs was outperforming the mean in 2016, but the clinical nurses indicated dissatisfaction with their ability to participate in shared governance and hospital decision-making committees. The clinical nurses, Assistant Nursing Care Managers, and NCM worked to support interested RNs in attending committees by scheduling them for education time on those days. As a result, over the course of the 2016-2017 years, 2EB has representation on nearly every hospital committee that involves nursing. This has made a difference in the unit’s RN survey results in that area, but also in their patient outcomes as they have improved month after month.

As a result of their hard work, the 2017 NDNQI RN survey scores noted an increase in every single category, with their overall PES far exceeding the mean! Additionally, more of the RNs are planning to stay on 2EB in the coming year (2016 - **79.17%** of RNs indicated they planned to remain on the unit in the next year, versus **95.65%** in 2017).

For more information about Healthy Work Environments, visit <https://www.aacn.org/nursing-excellence/healthy-work-environments>

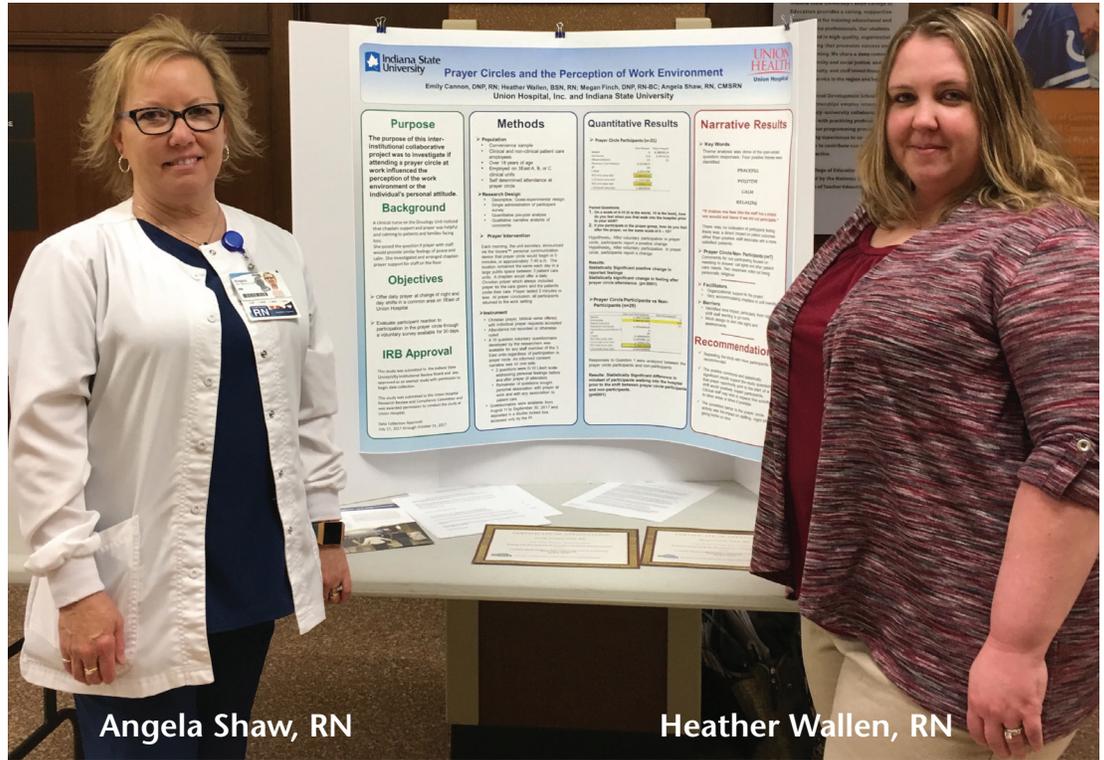


New Knowledge, Innovations and Improvements

Prayer Circles and the Perception of Work Environment - 2017 Research:

What Did We Find?

In the spring of 2017, Heather Wallen, RN, clinical nurse on 3EC2 and Angela Shaw, RN, clinical nurse on 4EA noticed a family receiving comfort from prayer provided by the Chaplain. Emily Cannon, DNP, Indiana State School of Nursing faculty was on the unit with her nursing clinical group and entered into the conversation leading the discussion into the possibility of a research project. The project was



Angela Shaw, RN

Heather Wallen, RN

discussed at Evidence-Based Council for support in starting the formal research project Emily Cannon, DNP, Indiana State University School of Nursing, and Megan Finch DNP, Director of Clinical/Medical Education applied to the Indiana State University Institutional Review Board for approval to conduct the study. Approval was received and the research plan was implemented.

The Chaplain's office offered to hold a brief prayer service in the common atrium area of 3 East every morning. Participation was voluntary and staff from several units participated. A voluntary written survey was conducted to identify the impact of prayer on the perception of the work environment. Approximately 30 nurses completed the survey which was analyzed for differences in the way a nurse felt arriving to work and how the nurse felt after participating in the prayer circle. The results showed a statistically significant difference ($p=.0001$) in positive attitude and feeling of wellbeing of the participants who had participated in the prayer circle. The trend of comments from the open ended questions identified the following: Peaceful, Positive, Calm, and Relaxing. The comments received from those who did not participate gave insight into the timing of the prayer circle and how to increase the opportunity to participate. Results were shared with the Evidence-Based Practice Council and the participating patient care units.



This research study was completed within a few months and was presented at the Indiana State University, Sigma Theta Tau National Nursing Honor Society Research Day. Congratulations!



“Code Blue Three West, Code Blue Three West!!”

Author: Jimmy McKanna, BS, RRT-NPS-ACCS

The urgency in the voice of the operator causes her voice to crack as she announces this over the hospital intercom. Every healthcare worker that understands the meaning of this page, quickly glance at each other with a frightened look and whisper, “That’s the Mother Baby Unit!” The adult ICU charge nurses grab the Code Blue clipboard, Respiratory Therapists grab the intubation bag, and they begin the long trek from the second floor in the East Building to the third floor in the West Building. It will take at least 60 seconds to get there, even at a quick run. The team needs to be prepared to resuscitate a patient that may lie in one of three different algorithms set forth by two different national associations.

The best chance for success in a resuscitation is when the initial steps are completed quickly and correctly. In the case of neonatal resuscitation, initial interventions and the initial assessment are key to guiding the clinician to either starting artificial ventilation or starting chest compressions. The bedside nurses are the most vital link in the chain of survival for these neonates in distress.

Fortunately, these resuscitations do not happen often on the Mother Baby (Post-Partum) Unit at Union Health. With the very low incidence of neonatal resuscitation, the Mother Baby nurses commonly resuscitate a high fidelity simulator every two years, in a controlled environment, with all resources within an arms-length. This is not necessarily the best representation of a “real life” resuscitation on the Three West unit at 1am on a Sunday.

This project of spontaneous, unannounced, high fidelity simulations were brought about to bridge the gap between NRP (neonatal resuscitation program) renewals which are completed every two years. The high fidelity simulator is portable and operates wirelessly. The simulator (HAL) is controlled by a tablet wielding simulation technologist in the corner of the room. The simulator will respond to the clinician’s interventions. Vitals will improve with appropriate, NRP based, interventions and if improper interventions are made, the simulator’s condition will begin to decompensate. During the resuscitation, NRP instructors are in the room monitoring multiple different aspects of team dynamics and proper adherence to NRP guidelines.

After the spontaneous simulation is completed, the team of NRP instructors perform a debriefing session in the patient room. Open ended questions, constructive feedback, and demonstration of equipment use are all parts of the post simulation debriefing. The resuscitation is also recorded and watched back by five NRP instructors (Three Registered Nurses and Two Respiratory Therapists). The resuscitation is scored by each of the instructors and each simulation is scored on an assessment sheet.

The goal of these spontaneous high fidelity simulations is to better equip the nurses on this unit with knowledge, skills and a replicable process to initiate a neonatal resuscitation. Even though the incidence is low, Union Health owes it to our patients to have highly trained staff nurses for these very sensitive, emergent situations.

Team Members: Jennifer Jaeger, Cary Stewart, Jennifer Walker, Thomas Miller, and Jimmy McKanna

Emergency Nurses Initiate Best-Practice Care for Sexual Assault Victims

Over the past two years the nurses in the Emergency Department have carried out a plan to improve knowledge and skill in the care and treatment of sexual assault victims. The department increased the number to 12 nurses who have completed **SANE training**. They are a self-driven group that is trying to assure best practice standardization and are currently formulating their own quality review process to assure they provide the best care for this patient population. In 2017 they brought forth the use of Toluidine dye during exam. They developed the policy and procedure, completed competencies within their group and initiated its use at Union Hospital. This was an evidence based recommendation for use during the exam. They often must stay over their shifts to finish the exam process and change their patient assignment on a dime to care for these victims. They voluntarily come in even when they are not on call to care for these victims, ensuring they receive the evidence based care and providing the evidence needed to bring justice to their situation. These nurses show a level of compassion to a victim of violence that does the nursing professional an honor.

Our SANE Team: Jackie Becker, Tara Byrd, Amber Corn, Celinda Fulling, Ashley Hartley, Heather Hargis, Tracy Kenley, Nicole Koopman, Michelle Leslie, Kasha Miller, Kara Wilson and Tracy Wood.

What is SANE training:

A Sexual Assault Nurse Examiner (SANE) is a qualification for forensic nurses who have received special training to conduct sexual assault evidentiary exams for rape victims. SANE nurses are specially trained in the medical, psychological and forensic examination of a sexual assault victim. In addition to the collection of forensic evidence, they also provide access to crisis intervention counseling, sexually transmitted infection testing, drug testing (if drug-facilitated rape is suspected) and emergency contraception.

Upcoming Research to Understand Parent Satisfaction in NICU

Our NICU has been selected by the National Database of Nursing Quality Indicators (NDNQI) to participate in a new research study through 2018. The study is funded by a grant from the Agency for Healthcare Research and Quality (AHRQ) and seeks to **improve NICU patient outcomes and parent satisfaction**.

This project specifically deals with one aim of a three-part national multi-hospital study, in which 24 selected NICUs conduct a survey of 10 parents/guardians of infants about their experience in the NICU, which will be linked to the NDNQI registered nurse survey to compare nurse staffing, and the nurse work environment to identify strategies units employ to improve infant outcomes and parental satisfaction.

More details will be shared at a later date. If you have questions about this research project, please contact Amy Allen (Project Coordinator for Union Hospital).





Critical Care Celebrates 1 Year CLABSI-Free

As a cohesive group, nurses of 2EC stepped forward to campaign and hold each other accountable to reduce the number of CLABSI events in their unit. As a result of their great efforts, 2EC successfully made it one full year without a CLABSI (March 8, 2018). For their work, in March 2018, the organization recognized the unit and celebrated “One Year Without a CLABSI”. This is a significant milestone in the collaboration of care toward patient safety and in the recognition of the unit clinical staff for owning their nursing practice and empowering excellence within the unit.

The dedication and diligence of the 2EC clinical nurses in support of the strategic priority to reduce by central line associated bloodstream infection was recognized and celebrated by the organization and department leadership. The significant contribution to patient safety by this team of clinical nurses was evident in their ownership of nursing practice. The clinical nurses of 2EC were recognized by Rhonda Smith, CNO and Vice President of Patient Care, Joely Lemke, Nursing Care Manager, and Robin McCallister, Director with a celebration lunch and banner prominently placed on public display in the hallway of 2EC for staff, patients and visitors.



