



Achieving Nursing Excellence

Northwestern Medicine McHenry Hospital
Fiscal Year 2020-2021 Nursing Annual Report





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From the chief nurse executive

Dear Colleagues,



It is my honor to present the 2021 Nursing annual report *Achieving Nursing Excellence*, which highlights the extraordinary efforts of our nurses during an unprecedented time. This year's report highlights

transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovation and improvements; and empirical outcomes at Northwestern Medicine McHenry Hospital. Even in the midst of uncertainty, our nurses continued to show up for our community and for each other while modeling the Northwestern Medicine values of Patients First, Integrity, Teamwork and Excellence. For this, I could not be more proud.

The American Nurses Association and the World Health Organization extended the Year of the Nurse and Midwife into 2021 to recognize the significant contributions of nurses worldwide during the pandemic.

Locally, McHenry Hospital achieved Magnet Recognition® for nursing excellence and was awarded nine best practice exemplars.

This designation from the American Nurses Credentialing Center is the highest honor for nursing excellence and patient care. Three years of hard work finally came to fruition. In addition to Magnet designation, our Emergency Department was recognized nationally for their exceptional practice and innovative performance when they received the Emergency Nurses

Association Lantern Award, and our Obstetrics Unit achieved the highly prestigious international Baby-Friendly® designation. I am inspired by the nursing team's commitment to excellence, compassionate care and ongoing improvement efforts, while continuously striving to be better.

I hope you will find great pride in McHenry Hospital's annual report. This year's report is a compilation of stories that highlight the stellar work of McHenry Hospital nurses. The report reflects the achievement of many distinguished awards and recognition, advancement of systemwide integration and the McHenry transformation project, implementation of structures and processes to improve nursing care, and professional development. It tells the story of how nurses gave back to the community through numerous volunteer activities while responding to the pandemic.

As healthcare organizations continue to navigate uncharted waters, the nursing team at McHenry Hospital will continue to adapt to a rapidly changing working environment, play a significant role in decision-making, and optimize the health and safety of our community. Focusing on the emotional health and well-being of our nurses will continue to be paramount. I look to the future with hope and deep commitment. No matter what lies ahead, as a team together, we bring *Better* medicine to everyone we serve.

With sincere appreciation for all you do,

Catie L. Schmit, MSN, RN, CEN, NEA-BC
Vice President and Chief Nurse Executive
Northwestern Medicine McHenry Hospital



Transformational leadership

Today's leaders are required to transform their organization's values, beliefs and behaviors. This requires vision, influence, clinical knowledge and a strong expertise relating to professional nursing practice.

American Nurses Association (ANA), nursingworld.org

TRANSFORMATIONAL LEADERSHIP

Reaching the pinnacle with Magnet designation



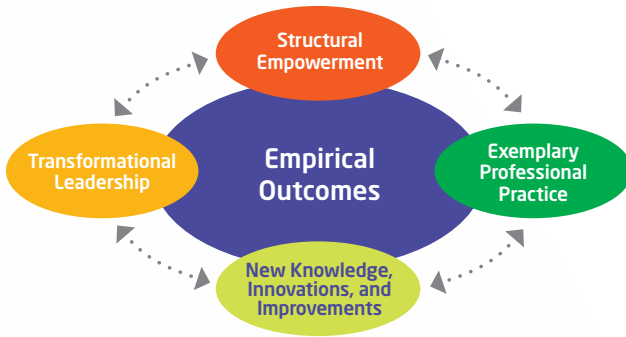
McHenry Hospital received our first Magnet designation from the American Nurses Credentialing Center (ANCC) on January 21, 2021.

This designation confirms our dedication to nursing excellence as expressed in the McHenry Magnet document submitted in June 2020. Nursing excellence was validated, verified and amplified during our virtual Magnet site visit in November 2020.

worldwide with more than 550 hospitals recognized in 12 countries, including the U.S. As of May 2021, 8.9% of hospitals in the U.S. are designated Magnet.

Jeanette Ives Erickson, DNP, RN, NEA-BC, FAAN, chair of the Commission for the Magnet Recognition Program, informed the Nursing team that the Commission on Magnet unanimously voted to confer our Magnet designation with nine best practice exemplars. This credential is testament to the countless contributions that our nurses, in collaboration with other team members, have made in their commitment to provide quality patient care through innovations in professional nursing practice.

Global Issues in Nursing and Health Care



“The staff’s dedication to improving patient outcomes and satisfaction, as well as their enthusiasm for professional commitment in a time of change have been inspiring,” states Alanna Talles, MSN, RN, RNC-OB, Magnet and Nursing Quality coordinator at McHenry Hospital. “Nursing at McHenry Hospital is truly grounded in all facets of excellence. Our Magnet document is evidence of that.”

The Magnet Recognition Program was developed in 1990 by the ANCC to recognize healthcare organizations that provide nursing excellence. The Magnet program recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Magnet designation is the most prestigious gold-standard distinction for delivering excellence in nursing care. Magnet designation is pursued by organizations internationally, because research shows that using the Magnet model improves healthcare work environments and patient care outcomes. The Magnet Recognition Program continually elevates patient care

We proudly join this elite group in nursing recognized for our commitment to nursing excellence. The core writing team for McHenry Hospital included Talles; Molly Diedrich, BSN, RN, RNC-OB, clinical nurse; and Amy Druml, MSN, RN, NE-BC, NPD-BC, CMSRN, director of Operations, Professional Practice and Development. In preparation for the Magnet site visit, Talles had a team of nursing ambassadors to champion the way. This group of clinical nurses included Kristen Conro, BSN, RN, CAPA, Same-Day Surgery; Molly Diedrich, BSN, RN, RNC-OB, Obstetrics; Cheryl Kowalski, BSN, RN, Emergency Department; Barbara McCoy, BSN, RN, CAPA, Same-Day Surgery; and Sarah Patti, BSN, RN, Cardiac Telemetry Unit. They rounded regularly on the clinical units to educate and



prepare nurses for the upcoming event. For the site visit, this team of ambassadors was joined by Jessica Giangiorgi, MSN, RN, CMSRN, education coordinator; McHenry Hospital, Katie Neil, MSN, RN, CCRN-K, NPD-BC, manager of Nursing Professional Practice and Development; and Thomas Tockey, MSN, RN, NPD-BC, manager, Transition to Practice. Together, they led the Magnet appraisers through three days of rigorous meetings, interviews and unit tours as the organization was assessed.

During our site visit, we were given the opportunity to highlight a new program or intervention within the hospital. Catie Schmit, MSN, RN, CEN, NEA-BC, vice president and chief nurse executive, McHenry Hospital, chose to honor the COVID-19 teams, which included employees from various departments. The team was able to share with the Magnet appraisers stories about the tight teamwork, keeping staff and patients safe. They described how the community showed an outpouring of love and support. The team also reported how we moved our Inpatient Rehab unit to a sister hospital in a matter of days to make room to open a new COVID-19 unit.



Nursing continues to adapt and develop to meet the needs of patients and the healthcare system, personifying Northwestern Medicine values while truly living the Magnet model. Nurses at McHenry Hospital have worked tirelessly over the past year to improve the healthcare environment through their innovative changes and strong collaboration with all disciplines across the continuum of care.

The exemplars represent outperforming national benchmarks in nursing care as measured by the National Database of Nursing Quality Indicators™ (NDNQI®) and patient experience data.

- EP4EO: Real-Time Demand Capacity (RTDC): This new process encouraged the entire team to work toward improving patient throughput, thus decreasing hold times in the Emergency Department.
- EP18EOa: Inpatient - Fall with Injury: The unit-level data for falls with injury (inpatient) outperformed the vendor's national mean, benchmark statistic and comparison cohort for the majority of the quarters on 100% of the units presented.
- EP18EOj: Inpatient - Device-Related Hospital-Acquired Pressure Injury: The unit-level data for device-related HAPI (inpatient) outperformed the vendor's national mean, benchmark statistic and comparison cohort for the majority of the quarters on 100% of the units presented.
- EP19EOa: Ambulatory - Fall with Injury: The unit-level data for falls with injury (ambulatory) outperformed the vendor's national mean, benchmark statistic and comparison cohort for the majority of the quarters on 100% of the units presented.
- EP19EOb: Emergency Department - Door to Device Time for STEMI patients: The Emergency Department nurse-sensitive clinical indicator data Door to Device Time for patients with ST segment elevation myocardial infarction (STEMI) outperformed the mean, median or other benchmark statistic for all eight quarters.
- EP20EOd: Inpatient - Patient Satisfaction/Safety: The unit-level data for patient safety (inpatient) outperformed the vendor's national mean benchmark statistic and comparison cohort for the majority of the quarters on 100% of the units presented.
- EP21EOb: Ambulatory - Patient Satisfaction/Patient Education: The unit-level data for patient education (ambulatory) outperformed the vendor's national mean benchmark statistic and comparison cohort for the majority of the quarters on 100% of the units presented.

- EP21EOf: Ambulatory - Patient Satisfaction/Nurses Courtesy and Respect: The unit-level data for courtesy and respect (ambulatory) outperformed the vendor's national mean benchmark statistic and comparison cohort for the majority of the quarters on 100% of the units presented.
- EP21EOg: Ambulatory - Patient Satisfaction/Responsiveness: The unit-level data for courtesy and respect (ambulatory) outperformed the vendor's national mean benchmark statistic and comparison cohort for the majority of the quarters on 100% of the units presented.

Although Magnet is a nursing recognition, Schmit acknowledges the Magnet journey is strongly supported by our interprofessional peers.

"Our patients are more complex, and nurses recognize that we can't help them achieve their optimal outcomes alone," she says.

"Strong relationships with our interprofessional teams and providers are a crucial component, and we are honored that they are right beside us on this journey."

Schmit reflected on the magnitude of the achievement when sharing the news of our designation with the organization. "Achieving designation in the midst of the pandemic was not an easy feat; dedication to this effort and putting patients first has been steadfast. It is time to celebrate and be proud. This achievement is a direct reflection of the way we at McHenry Hospital care for our community and for each other," she says.

Alanna Talles, MSN, RN, RNC-OB

TRANSFORMATIONAL LEADERSHIP

Epitomizing the meaning of Baby-Friendly in Obstetrics

In September 2020, the Obstetrics unit achieved the highly prestigious international Baby-Friendly designation after a rigorous review process conducted by Baby-Friendly USA, the organization responsible for bestowing this certification in the U.S.

This distinguished honor demonstrates adherence by the healthcare team to the highest standards of care for breastfeeding parents and their babies. These standards are built on the Ten Steps to Successful Breastfeeding, a set of evidence-based practices recommended by the World Health Organization and the United Nations International Children's Emergency Fund (UNICEF) for optimal infant feeding support in the precious first days of a newborn's life.

The positive health effects of breastfeeding are well documented and widely recognized by health authorities throughout the world. For example, the U.S. Surgeon General's 2011 Call to Action to Support Breastfeeding stated, "Breast milk is uniquely suited to the human infant's nutritional needs and is a live substance with unparalleled immunological and anti-inflammatory properties that protect against a host of illnesses and diseases for both mothers and children."

McHenry Hospital joins a growing international assembly of more than 20,000 Baby-Friendly hospitals and birth centers, of which 590 are in the U.S. These facilities provide an environment that supports breastfeeding while respecting everyone's right to make the best decision for themselves and their family.



McHenry Hospital is extremely proud to be recognized for the hard work of our team members throughout the Baby-Friendly process. This five-year journey to designation was led by a very committed group of nurses, all of whom are International Board-Certified Lactation Consultants (IBCLCs). They worked in collaboration with other members of the interdisciplinary healthcare team to provide the gold standard of care to new moms and their babies.

The lactation team received support from every level of leadership at the hospital as well as the physicians working with the Obstetrics unit. The lactation team worked with the interdepartmental teams to change processes related to formula purchasing as well as gather statistics on our patient population. This team successfully ensured all the educational requirements



were met for the Obstetrics clinical nurses and patient care technicians, and provided education for the obstetricians and pediatricians covering the prenatal through postpartum periods.

McHenry Hospital is committed to promoting optimal breastfeeding practices and providing the support, education and resources parents need to successfully initiate and maintain breastfeeding for as long as they desire. Receiving the Baby-Friendly designation is both a confirmation of our efforts and an indication to families of how diligently we work for them.

**Margaret Hoffman, BSN, MSHL, RN, CPHRM, RNC-OB,
Manager, Obstetrics**

In December 2021, obstetric and neonatal services from McHenry Hospital were transitioned to Huntley Hospital. This consolidation of services creates opportunities for specialty growth at McHenry Hospital.

TRANSFORMATIONAL LEADERSHIP

Emergency Department brilliance is shining with the Lantern Award

In June 2021, the Emergency Department received the Emergency Nurses Association (ENA) Lantern Award, the highest accomplishment an ED can achieve independently. The ENA Lantern Award recognizes teams that exemplify exceptional practice and innovative performance through leadership, practice, education, advocacy and research. The award is a visible symbol of an ED's commitment to quality, the presence of a healthy work environment, and the incorporation of evidence-based practice and innovation into emergency care.

"The Lantern Award reflects our ED's commitment to providing patients leading care during some of the most difficult moments of their lives," says Nick Rave, president of McHenry Hospital. "Our ED combines this care with the compassion our patients and families need in those moments. It takes a special team to create that environment."

According to the ENA, this year's Lantern Award recipients were recognized for many accomplishments, including making efforts to improve patient mortality from severe sepsis and septic shock, providing better clinical outcomes and quality of life for patients with stroke, and developing efficiencies for the triage process during times of high patient volume.



"Our team achieved this award during a pandemic," says Catie Schmit, MSN, RN, CEN, NEA-BC, vice president and chief nurse executive at McHenry Hospital. "That makes this accomplishment even more impressive because we provided the same level of care and compassion to people who had COVID-19 as we did to people who had heart attacks, strokes, life-threatening illnesses and mental health crises."

Kelly Monestero, MSN, RN, CEN, director of Nursing Operations, Emergency Services, said the team's achievement has given staff members the opportunity to reflect on their accomplishments.

"The Lantern Award reminds us that we're setting national standards for the treatment we provide and for the workplace culture we've created. It's an absolute honor to be recognized for our team's efforts and our exceptional outcomes," she says.



TRANSFORMATIONAL LEADERSHIP

Adopting the Interprofessional Relationship-Based Care model

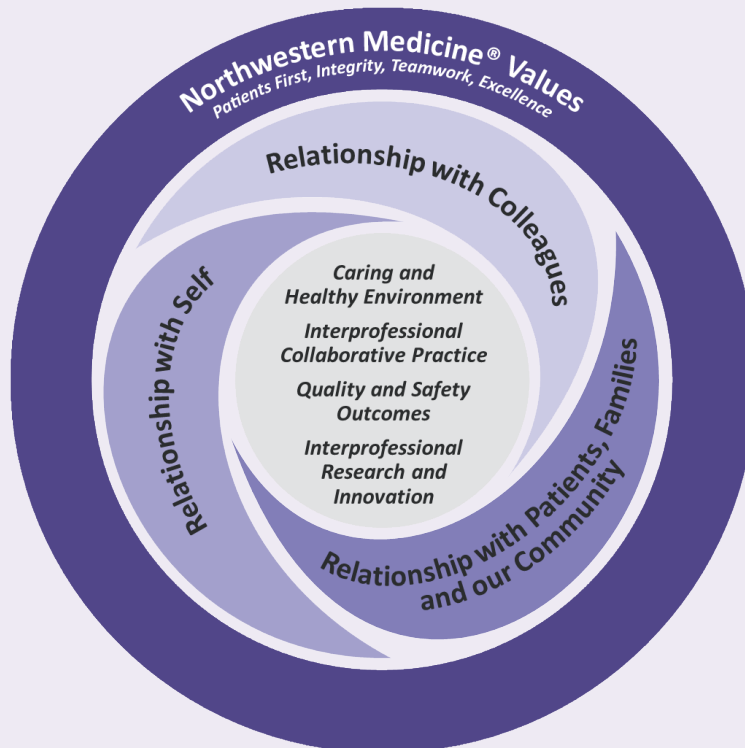
In January 2021, McHenry Hospital began transitioning to the Northwestern Medicine Interprofessional Relationship-Based Care (IRBC) practice model. The IRBC model is founded on the Northwestern Medicine values, which rely on strong, healthy relationships that encourage open communication and collaboration.

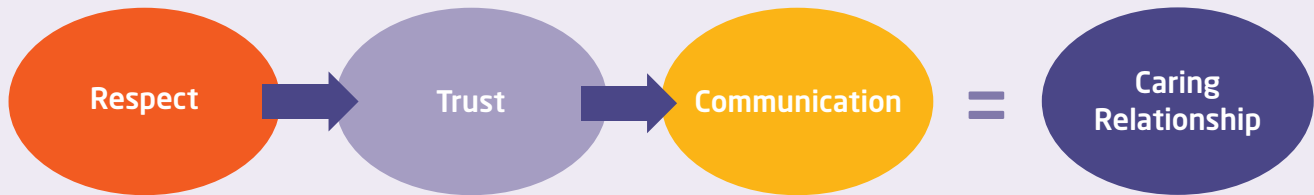
The IRBC model is centered on the relationship-based care model, with three main foci.

The first focus is relationship with self. This segment challenges the team member to practice self-awareness and self-care to balance their mind, body and spirit.

It is important to have an awareness of their traits, behaviors and feelings. The team member should be self-knowing with an understanding of their values and beliefs as well as their character, powers and limitations. Further, the team member should practice intentional caring, giving purposeful attention to caring relationships, especially with one's self.

The second focus is relationship with colleagues. Our team consists of peers within our department and throughout the hospital. Interprofessional and interdepartmental teamwork depends on cooperation, coordination and collaboration among members of





different professions in collectively delivering safe, efficient, patient-centered care.

The third focus is relationship with patients, families and our community. Forming relationships with our patients helps us know the patient as a person.

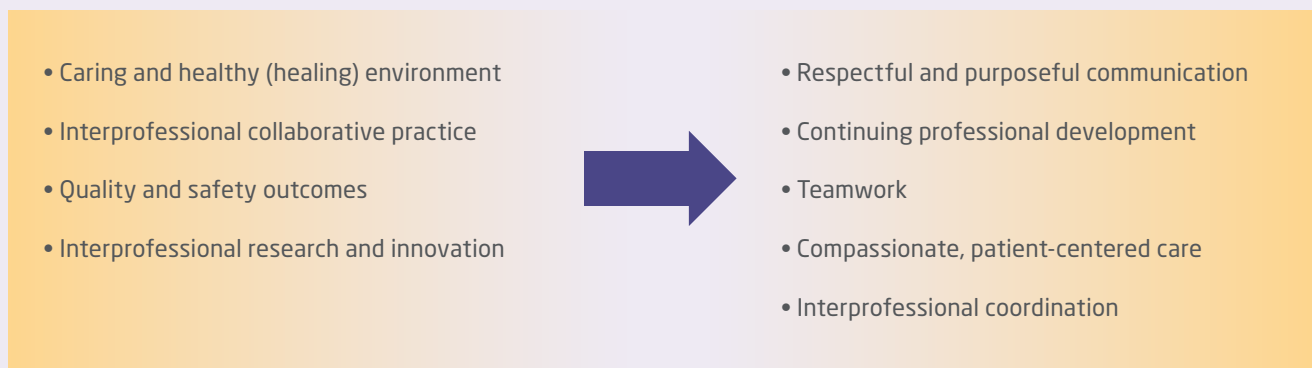
This relationship can answer the questions of what is important to the patient and what are the patient’s health goals. The patient will include their family and support team as they desire. This guides us to remember that their family and support team have significant influence on a patient’s health. Third, establishing a relationship with the community we serve is important. This relationship can help us build trust and provide resources through volunteerism.

The core of the model holds our guiding principles. These standards drive us toward excellence. We want a caring and healthy (healing) work environment where we can provide the best for our patients. We strive for and improve on interprofessional collaborative practice, knowing this open coordination of care will guide great patient outcomes. We strive to provide quality and safety outcomes. In addition, we desire to move our profession forward through interprofessional research and innovation.

This new practice model will enhance our relationships, build respect and foster collegiality.

Alanna Talles, MSN, RN, RNC-OB

Guiding principles at core



TRANSFORMATIONAL LEADERSHIP

Facility transformation: It takes a village

In early fall 2020, McHenry Hospital started a multiphase facility transformation project to create an all-private-room environment to better meet the needs of our patients. After several months of construction, we were excited to get into the new space. A planning committee collaborated weekly on how to open the new space successfully.

Staff engagement from the beginning

In the beginning stages of the design process, we were able to use one of our off-site facilities to give the bedside teams a chance to see a mock-up of the new patient rooms and give feedback on the overall design. After the start of construction, units were relocated to other areas of the hospitals to minimize disruption in operations. Staff adapted to the changes quickly without affecting the patient experience and quality of care, especially in the midst of a pandemic.

In the final months of phase-one construction, the construction team let the clinical teams inside the new units for a sneak peek. The teams were surprised and impressed with how the space was transformed, especially the private rooms. This step was crucial, because the project manager could obtain clinical staff feedback on the placement of items in the room and at the nursing station to make it as efficient as possible.

Taking the unit on a test drive

To open the unit safely, we needed to make sure everyday workflows could happen in the new space. In preparation for a simulation-assisted FMEA (failure mode and effects analysis), a tool used to assess risk, the team evaluated daily patient care workflows to simulate. A multidisciplinary team was assembled to simulate the workflows in the new unit and call out any potential risk to patients or staff. The simulations included patient and staff movement through the unit and in the rooms. After the simulations, the teams assigned scores to every potential risk found and designed plans to reduce or eliminate the risks identified. All teams needed to be involved to test whether rooms could accommodate nursing and ancillary team workflows.

It was eye-opening to see the steps of movement throughout the new unit with our everyday tasks. Recognizing how it would be very different sparked the need for simulation and practice. Simulating work before the unit open allowed us to make sure we have what we need on the unit, especially for an emergency, which is critical to safety.

Working for an organization like Northwestern Medicine, we have an overflowing fountain of great resources. Lake Forest Hospital shared their knowledge, the creative ideas they had when opening their units, and what they learned on the way.

After hearing their story, we put together a plan for creating a scavenger hunt so the team had a fun way to get to know the unit. Plans were made to incorporate patient scenarios into the hunt to make it an enhanced learning experience.

Educator coordinators in each area created unit-specific orientation guides. The Oncology/Medical-Surgical Unit worked with the Cardiac Telemetry Unit on a combined guide because their units mirror each other. The guides included education on new equipment, such as recliners, the call light system and bedside cardiac monitors. Emergency situations and safety plans were reviewed. This included the rapid response protocol, exit routes, crash cart and fire extinguisher locations.

An important part of the new unit orientation was to give employees a chance to explore their units. They were shown the new room layouts, nursing station



arrangement and medication. They were introduced to the beautiful head walls in each room, which contain frequently used equipment within reach. The new medical-surgical units feature private rooms, additional windows to bring in natural light, dimmable LED lighting, and bathrooms designed for the comfort and safety of patients and visitors.

New team stations reduce noise and make it easier for physicians and nurses to collaborate with other team members. In the Medical-Surgical Observation Unit, which provides care for patients who do not require inpatient admission, patient rooms were upgraded to enhance privacy and relaxation.

Preparation for opening day

Many hours of meetings and preparation went into the plan for a smooth transition to the new units. All units had a similar generalized plan for the opening, but individualization was built in based on unit-specific requirements and physical functionality.

Leadership collaborated to devise a plan to keep patient safety the highest priority. A nursing activation work group met weekly to discuss concerns and to finalize plans for the moves. Schedules were developed for moving patients at different times throughout the morning, in order for ancillary departments to provide support for each unit. The activation work group teamed up with the monitor room to ensure patients were monitored at all times until they were placed on the new units.

In addition to leadership's work, other departments played an important role in making sure the units were ready. Supply Chain worked hard to make sure all supplies were located on the units. The Nutrition team stocked the units with patients' nutritional needs. Respiratory rounded on the units to verify the oxygen equipment was ready for day one.

Opening day

Before opening day, the next day's move was explained to patients. Employees and patients were excited about the move. One patient requested to be the first one moved. On opening day, the executive team and Patient Engagement rounded on patients, offering coffee and snacks. Northwestern Medicine blankets were presented to patients as a memento of the special day.

Many employees volunteered to participate in this exciting event. The employees prepared the patients for the move. In recognition of staff members who volunteered their time, cafeteria meal vouchers were distributed.

So that opening-day tasks went smoothly, a central command center was set up with representatives from multiple departments. Concerns or issues were addressed immediately, with on-site assistance from the



command center. Communication between the monitor room and the nursing teams was continual, and included both fax and verbal hand-off.

Moving day debrief

During the move, we realized there were some things we could have managed differently for a smoother transition. We originally thought having as much help as possible would be the best approach. However, we found the more people who came to help, the more chaotic it got. We asked the Patient Engagement team to transcribe and update the whiteboards to save time for the next shift. This could be an extra task for future moves. After the dust settled, we did learn that less is more when opening up a new unit.

At first, the team was unsure about the need for walkie-talkies on the unit. After we saw them in action, we did not want to give them up at the end of the day. They were critical in making sure everyone was on the same page with the move, while eliminating the need to call

multiple people to convey the same message. We also discussed that having an exclusive plan for the monitor room, with one person in charge of the monitors, made for a smooth transition, and we will mimic this for future moves. It was critical before moving day to get into those units before they opened so the staff could get oriented to new equipment and their workflow.

Current state: growing pains and continuing improvement

Everyone is enjoying the new space, especially related to the private rooms. Staff does not have to go far for supplies with the increased storage in the new areas. We continue to work on how to smoothly care for our patients in this new space. We are adjusting to not using the workstation on wheels because the computers in the rooms are closer to the patients.

We are tracking suggestions and comments on this new space so it can be even better the next time around. As items are addressed, we follow up with the team so they are aware what has been resolved on the unit. The Construction and Facilities teams have been amazing about making timely follow-up and remaining open to suggestions made by our team.

Lindsay Bristow, BSN, RN, RN-BC, MSO; Amber Dean, BSN, RN, MSO; and Jessica Giangiorgi, MSN, RN, CMSRN, Oncology/Medical-Surgical



Structural empowerment

Structural empowerment is accomplished through the organization's strategic plan, structure, systems, policies and programs. Staff are developed, directed and empowered to find the best way to accomplish the organizational goals and achieve desired outcomes.

ANA, nursing.org

STRUCTURAL EMPOWERMENT

Nurses of the Year 2020-2021

2021: McHenry Hospital



Transformational Leadership Award
Mary Szudarski, BSN, RN, CPAN
Post-Anesthesia Care Unit



Structural Empowerment Award
Amy Liggett, BSN, RN, CEN
Emergency Department



Exemplary Professional Practice Award
Jessica Mitchell, RN
Oncology/Medical-Surgical Unit



New Knowledge and Innovation Award
Debbie Barrett, BSN, RN, CPAN
Post-Anesthesia Care Unit



Friend of the Nurse Award
Samantha Rimas, PharmD, BCPS
Manager, Pharmacy Department



Nursing Partnership Award
Alexa Duenas, PCT
Emergency Department

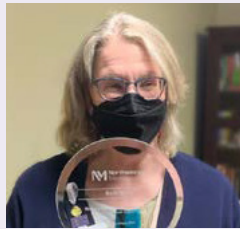


Rookie of the Year Award
Rebecca Martin, BSN, RN
Oncology/Medical-Surgical Unit

2021: Northwest Region



Transformational Leadership Award
Jamie Copp, BSN, RN,
LSSGB
Performance
Improvement
Manager, North and
Northwest Regions
Performance
Improvement Office



Structural Empowerment Award
Barbara Meijer, MS, RN,
RN-BC
Informatics Nurse
Specialist
Health Informatics



Exemplary Professional Practice Award
Heather Voss, BSN, RN,
CPHQ
Program Director,
North and Northwest
Regions
Epidemiology and
Infection Prevention



New Knowledge and Innovation Award
Nichole Babcock-Zook,
MSN, RN, CMSRN
Transition to Practice

2020: McHenry Hospital



Transformational Leadership Award
Kati McBride, MSN, RN,
CMSRN, SCRN
Manager Operations,
Nursing Support
Services



Structural Empowerment Award
Joan Rembacz, MS, RN,
CCRN, CEN, TCRN
Emergency Department



Exemplary Professional Practice Award
Lindsay Patterson, RN,
CNOR
Operating Room



New Knowledge and Innovation Award
Jackie DeLeon, BSN,
RN, OCN
Oncology/Medical-
Surgical Unit

2020: McHenry Hospital



Friend of the Nurse Award

Katrina Head
Laboratory



Nursing Partnership Award

Danny Gomez, PCT
Cardiac Neuro/Medical-
Surgical Unit



Rookie of the Year Award

Helen Marry, BSN, RN
Intensive Care Unit

2020: Northwest Region



Transformational Leadership Award

Amy Druml, MSN, RN,
CMSRN, NPD-BC
Director of Operations,
Professional Practice
and Development



Structural Empowerment Award

Heather Wall-Grossman,
BSN, RN, RNC-OB
Transition to Practice
Specialist



New Knowledge and Innovation Award

Thomas Tockey, MSN,
RN, NPD-BC
Manager, Transition to
Practice



Friend of the Nurse Award

Sr. Appolonia Irika
Chaplain

STRUCTURAL EMPOWERMENT

DAISY Award an expression of gratitude for honorees



IN MEMORY OF J. PATRICK BARNES

The DAISY Foundation™ expresses gratitude to nurses with awards and programs that recognize them for the extraordinary, skillful, compassionate care they provide patients and families.

The DAISY was created in the memory of J. Patrick Barnes by his family, who experienced “the best of nursing” during Patrick’s hospitalization. His family expected nursing excellence and great clinical care, but what they did not know to expect was the compassion and kindness shown in every aspect of his care.

The DAISY Award is the most meaningful recognition of nurses. Everyone who is involved with the DAISY program, whether they are presenting the awards, choosing honorees or coordinating the program, is an extension of the nominating family and their expression of gratitude.

This expression of gratitude will help nurses always remember the unforgettable impact their care has on patients and families, inspiring nurses to provide extraordinary care with not only their brains but also their hearts.

McHenry Hospital Nursing is honored to participate in the DAISY Award program. Here are some of the extraordinary nurses who have received the DAISY Award since January 2020.

February 2020:

Maggie Andrews, BSN, RN
Oncology/Medical-Surgical Unit

June 2020:

Jami Nichols, RN, MSO

September 2020:

Melissa McCune, BSN, RN, CCRN, ICU
Jennifer Porzak, BSN, RN

November 2020:

Debbie Barrett, BSN, RN, CPAN, PACU
Geraldyn Carr, BSN, RN, SDS

February 2021:

Jennifer Camp, BSN, RN, MSO

May 2021:

Ben Rabin, BSN, RN, CTU

June 2021:

Samantha Shamrowski, BSN, RN, OB
Amy Mazur, BSN, RN, RNC-OB

July 2021:

Katelyn Decraene, BSN, RN, OCN
Cancer Center

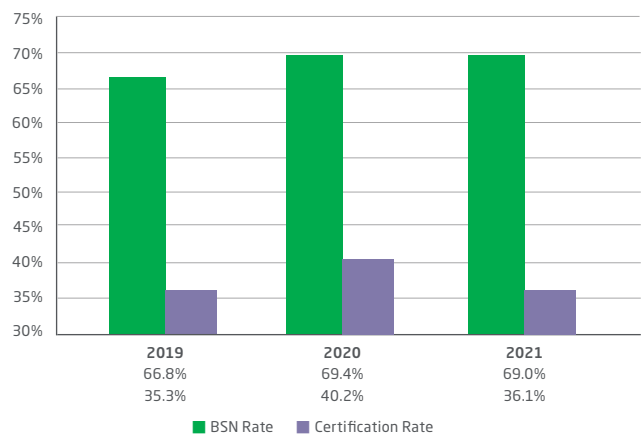
STRUCTURAL EMPOWERMENT

Professional development and advancing education

Ongoing professional development is crucial to remaining current in practice. Nurses are committed to lifelong learning by participating in professional development activities that improve their knowledge, skills and practices in the workplace. Professional development activities at McHenry Hospital are designed to improve the professional practice of nursing and patient outcomes. Part of the commitment to lifelong learning is degree advancement and pursuing specialty nursing certifications. Northwestern Medicine encourages nurses to pursue lifelong learning by providing financial assistance for higher education, specialty certification and other professional development opportunities.



Professional Development Rates



Through its Future of Nursing call to action, the Institute of Medicine (IOM) called for 80% of nurses in an organization to hold a Bachelor of Science in Nursing (BSN) or higher degree by the year 2020. The American Nurses Credentialing Center and American Nurses Association as well as many professional organizations support the IOM goal. To encourage compliance, the Magnet Recognition Program requires an action plan that includes a target and demonstrated evidence of progress toward the 80% goal, or maintenance of that achievement.

The McHenry Hospital Nursing Strategic Roadmap aligns with the IOM goal. Robust annual goal-setting in the Nurse Leadership Council and unit Shared Governance councils receives strong support from the Professional Development department and generous reimbursement policies for continuing education. McHenry Hospital has made great strides toward the 80% goal with a current BSN rate of 69%.

Alanna Talles, MSN, RN, RNC-OB

STRUCTURAL EMPOWERMENT

Striving for excellence through specialty nursing certification

In addition to degrees, the Magnet Recognition Program calls for a sustainment benchmark of 51% professionally certified nurses. Professional nursing certification is a formal process by which a certifying agency validates a nurse's knowledge, skills and abilities in a defined clinical area of practice based on rigorous standards. As part of a lifelong learning plan, certified nurses bring expert care to the bedside, and bring evidence-based practice guidelines and leading-edge knowledge to the organization through their affiliation with their professional organization. The current certification rate for McHenry Hospital is 36.3%. Members of the nursing teams currently hold 45 different nursing specialty certifications. In 2021, many of the newer nurses became eligible for certification. This increase in nurse eligibility resulted in a decrease in the certification percentage. In reality, there are more nurses on our team with the required years of experience who can become certified in their specialty area.

Certified Nurses Day™ is an annual day of recognition for and by nurses dedicated to nursing professionalism, excellence, recognition and service. It is a day to honor nurses worldwide who contribute to better patient outcomes through national board certification in their specialty. Every March 19, nurses are celebrated and publicly acknowledged for earning and maintaining the highest credentials in their specialty. March 19 is the birthday of Margretta "Gretta" Madden Styles. Styles was one of the greatest leaders in the field of nursing certification, recognizing the critical importance of credentialing and its global impact on the nursing profession. In 2021, McHenry Hospital certified nurses were celebrated with a sweet treat and a small token of appreciation to reflect on their commitment to lifelong learning and the nursing profession.



Collaborating with Northwestern Medicine, MED-ED is an ANCC-accredited provider that offers unique learning opportunities for registered nurses to become certified in a nursing specialty. MED-ED hosts online learning modules for certification preparation. Nurses access the online platform at their convenience, making the program ideal for people working various shifts. The courses include tests that allow nurses to check their knowledge before their certification examination date. Contact hours are awarded for the program with printable continuing-education certificates.

As of June 2021, 23 nurses from McHenry Hospital have taken advantage of this learning opportunity to help prepare for certification exams.

Alanna Talles, MSN, RN, RNC-OB

STRUCTURAL EMPOWERMENT

Annual skills simulation goes virtual

The Nursing Professional Development (NPD) team planned live education and simulation sessions for clinical nurses, addressing their needs for continuing education and furthering nursing excellence. With the arrival of the COVID-19 pandemic in March 2020, the uncertainty of face-to-face education presented an obstacle to using simulation to achieve these outcomes.

A group from the NPD team quickly created three e-learning modules to meet all regulatory and centers-of-excellence educational needs. This group consisted of Kathy Glass, MS, BSN, CCRN, professional development specialist; Shannon Havenhill, MSN, RN, OCN, CNOR, professional development specialist; Judy Pasternack, BSN, RN, NPD-BC, professional development specialist; and Thomas Tockey, MSN, RN, NPD-BC, manager, Transition to Practice. The e-learning modules were assigned to all nursing staff who were unable to attend a required simulation session because of the shutdown.



Over the summer of 2020, the NPD team collaborated with the Rosalind Franklin University simulation team to determine how to provide education while maintaining safety. As the state of Illinois began to reopen in phases, capacity limitation and safety continued to be important. By October 2020, the NPD began to restructure annual learning once again, and all learning was placed on hold until a feasible plan could be created.

The e-learning sessions covered the following:

An interactive module about how to keep a suicidal patient safe, including ligature risk and contraband

A module and quiz on the use of restraints

A module about identifying and caring for patients with chest pain or myocardial infarction that included electrocardiogram testing and interpretation

The approved objectives for the simulation experience included the following:

To use critical thinking skills to prioritize the initial assessment of an assignment based on shift report

To emphasize the importance of a complete bedside shift report with the off-going nurse

To improve early identification of patient deterioration and what steps to take to prevent further decline

To improve communication in hand-off and other departments

The team developed a live virtual experience that could happen via Microsoft Teams. Once logged in to their session, participants are briefed on the interactive expectations and learning outcomes. After viewing an array of video vignettes, they have a virtual debriefing with a member from the NPD team. This is the setting for sharing knowledge and learning outcomes.

The learning outcomes from these sessions include meeting the objectives as well as the following:

Importance of using two patient identifiers

Importance of alerts for STEMI

Use of the BEFAST assessment for stroke and checking labs and glucose with a change in level of consciousness

Confirming patients are correctly monitored by the telemetry monitor room

Identification and prevention of delirium

Calling a rapid response team when needed

Fall prevention and safety interventions

Because the team was unable to hold the three skill stations, they became creative in meeting timing requirements. Each unit's education coordinator received a "skill kit" that included all restraints, and a tip sheet created by Pasternack, Glass and a member of Security. Pasternack and Glass completed the competency with each unit's educator and members of their team they chose as the validators. An e-learning on restraints was deployed as a foundation of their knowledge before they tested on the live validation skill.

Katherine Glass, MS, BSN, CCRN-K

Comments about the program success

"This activity was a good reinforcement/reminder on the importance of bedside report to promote patients' safety."

"Effective and relevant scenarios."

"The virtual learning environment worked well for me with my schedule and time."

"This is a great platform and can be used for other topics, such as end of life, difficult conversations, challenging situations, and infection precautions."

STRUCTURAL EMPOWERMENT

Nurse volunteers meet the needs of their communities

Beyond their daily responsibilities, McHenry Hospital nurses gave their time to other avenues for serving their communities. Distributing food to people who might be wary of visiting pantries and stuffing stockings with treats for soldiers and veterans were only two of the many ways nurses supported families and individuals.

Mobile food pantry

During the pandemic surge in early 2021, the Northwest Region donated \$12,000 to the Northern Illinois Food Bank. Shortly after that, it was discovered that some local Hispanic people were not benefiting from public food pantries because they worried they'd be asked to show proof of citizenship.



The Northwest Region did not hesitate to provide again. After some exploration, it was deemed appropriate to serve the Hispanic population through the faith leaders and neighbors they trust. Leaders from the Northwest Region worked with the Northern Illinois Food Bank to set up multiple options for a mobile food pantry in collaboration with local faith organizations. As a result, 450 families have been served and fed, hailing from 17 ZIP codes and multiple counties. Approximately 1,600 individuals were provided with food. By the end of October 2021, a total of 500 households with approximately 2,100 individuals were served through this program.



Stockings for Soldiers

Through this important project, 155 holiday stockings stuffed with goodies and treats were donated to U.S. soldiers, both those on active duty and veterans in VA hospitals. Supporting this program is one way to thank the men and women in the military, many of whom are away from their loved ones during the holiday season. This event was sponsored by the Same-Day Surgery team.

Some additional volunteering efforts by the McHenry Hospital Nursing team:

Habitat for Humanity

Operation Wild Horse

Woodstock Community Pride Parade

PADS Shelter donations

Mental Health Resource League for McHenry County

Boy Scouts, Girl Scouts and youth sports organizations

Board members for nursing specialty organizations - local chapters (AMSN, WOCN)

Alanna Talles, MSN, RN, RNC-OB

Exemplary professional practice

Exemplary professional practice entails a comprehensive understanding of the role of nursing; the application of that role with patients, families, communities and the interdisciplinary team; and the application of new knowledge and evidence.

ANA, nursingworld.org



EXEMPLARY PROFESSIONAL PRACTICE

A new tool for RN-MD rounding puts IRBC in action

Communication has been cited as a primary factor in poor patient outcomes, medical errors and patient dissatisfaction. Improving communication between the nurse, physician and patient is a key element in process improvement.

In late fall 2019, an interprofessional team gathered to determine the best practices needed to improve overall patient satisfaction, specifically the patient's perception of how well the care team worked together. The group recognized this must be a collaborative approach between disciplines to be meaningful and successful. The goal of this interdisciplinary practice initiative was to improve communication between physicians and nurses, better coordinate care, and improve care delivery communication and understanding face-to-face with the patient. A new rounding tool based on the acronym PATIENT was created to guide the expectations of RN-MD rounding. With support from executive nurses and physicians, education was provided on the expectations and positive implications to care delivery. This practice was implemented and showed great improvement in patient engagement and peer communications.



When the pandemic began, the practice of rounding at the bedside with the patient involved was placed on pause. Restrictions were implemented both to minimize the spread of the virus and to limit exposure.

Nurses continue to place the patient in the center of their care, supported by teamwork, interdisciplinary practice and a system design that supports involvement in care decisions.

EXEMPLARY PROFESSIONAL PRACTICE

Real-Time Demand Capacity team improves throughput and outcomes

Delays in patient throughput can have detrimental effects on patient outcomes. The *New England Journal of Medicine* defines throughput as the movement of patients through a healthcare facility. This involves the medical care, physical resources and internal systems needed to get patients from the point of admission to the point of discharge, while maintaining quality and satisfaction among both patient and care team. In other words, throughput involves coordination among all elements of the hospital, not just a focus on individual departments.

To address capacity issues at McHenry Hospital, staff implemented a Real-Time Demand Capacity (RTDC) program. It is a way to match anticipated bed demand with available bed capacity during the vital hours of 8 am to 2 pm, Monday through Friday. The RTDC program helps predict at the unit and hospital level the ability to accept admissions. If the demand for admissions is greater than the capacity, plans are created to free up capacity.

Northwestern Medicine best practices are that 40% of discharges should occur before 2 pm. Data indicated that McHenry Hospital discharged only 24% of patients before 2 pm on the Medical-Surgical floors. The Performance Improvement team, led by Jamie Copp, North and Northwest Region performance improvement manager, and Michael Millare, performance improvement leader, along with a team of charge nurses and other professionals, guided the efforts to improve patient discharge rates before 2 pm to help decrease delays experienced with patient placement later in the day.

A daily RTDC bed meeting is held at 8 am to define plans for the timing of patient tests, discharges and admissions. This means collaboration between the Operations Resource coordinator, Care Coordination, the Nursing Operations leader, diagnostic areas, therapies, unit charge nurses, and representatives from dietary, environmental services, and transportation areas. Weekly awards are given to recognize high performance and motivate units to improve their prediction accuracy.

The peak census protocol was redefined so that leadership notification occurred earlier in times of patient surge. This allowed all departments to implement specific interventions to improve patient flow. Adding beds on campus will take time, which is why the short-term focus is to drive efficiency in operations.

The published literature is conclusive that emergency department throughput is an essential component of safe, quality patient care. McHenry Hospital took the evidence-based recommendations endorsed by numerous organizations to put charge nurses on the interprofessional team. They helped improve patient outcomes related to time to inpatient treatment, average length of stay and patient satisfaction (Likelihood to Recommend score). As a result of the RTDC program, in FY21, McHenry Hospital saw a decrease in the average length of stay and ED patient admission time to time of inpatient treatment, and an increase in the overall Likelihood to Recommend score.

Michael Millare, BS, ASQ, CSSBB

EXEMPLARY PROFESSIONAL PRACTICE

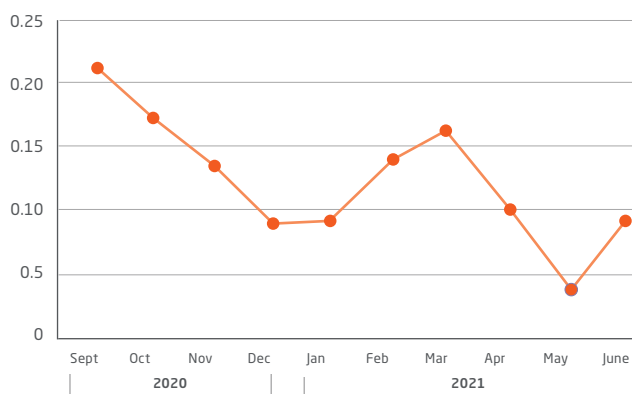
Sepsis screening improvements and alerts lead to positive patient outcomes

The Northwest Region sepsis screening program made two positive changes over the past year. First, sepsis alerts transitioned from overhead paging to the AlertMD tool. This tool sends a text to the ancillary department phones that designated staff carry each shift. Adopting this modern method of communicating sepsis alerts will reduce the noise level and help meet the universal challenge to keep patient areas quieter.

This venture was proposed by the Night Shift Council. A team of people representing executive leadership, Quality Improvement, Nursing, IT, operators and ancillary departments collaborated on the project. Pilot testing was completed in July 2020 to monitor the change in process. After the full program started in August 2020, Patient Engagement began monitoring the quietness metric from the Press Ganey surveys. As of June 2021, McHenry Hospital has maintained a 3% improvement in the metric.

The second change was the adoption of a new sepsis screening tool in Epic called Predictive Modeling, which was tested at two Northwestern Medicine sites in 2020. The tool uses an automated process to calculate a score for how likely a patient is to have or develop sepsis. Age, comorbid conditions, medications, current vital signs and lab results are used to calculate the risk score.

Readmission Rate



Predictive Modeling reduces the amount of “clicking” required to complete sepsis screenings. An added enhancement is that clinicians receive notifications concurrent with nursing notifications. The Quality team partnered with nurse education coordinators to provide training and an Epic tip sheet. ED physician champions relayed physician training to ED clinicians, and Irfan N. Hafiz, MD, disseminated the training material to hospitalists and independent clinicians. This screening change went live late fall 2020.

The effectiveness of the new screening tool is monitored in four ways: the accurate identification of patients who have sepsis, time involved in using the tool, order set usage and sepsis metric compliance. A key indicator on proper sepsis identification and treatment is readmission rates for sepsis-related symptoms. As indicated on the graph, McHenry Hospital has reduced this rate from 21% to 9.4%.

Mary Mills, BSN, RN, CPHQ, CPPS

EXEMPLARY PROFESSIONAL PRACTICE

Leadership rising to the challenges presented by COVID-19

Leading during an uncertain, fast-moving crisis like the COVID-19 pandemic requires transformational leadership. Transformational leaders help followers grow and develop into leaders through idealized influence, inspirational motivation, intellectual stimulation and individualized consideration. Lacking evidence or a proven playbook, formal and informal nurse leaders at McHenry Hospital modeled transformational leadership, responding to the pandemic in a thoughtful, intentional manner to support patient-centered care delivery and a safe practice environment.

Nursing leadership has focused on the following priorities during the pandemic:

Coordination of emergency response and incident command

Facilitation of “just-in-time” environmental readiness and PPE stewardship

Redeployment of nursing resources to implement a team nursing concept

Implementation of new technology to support enhanced patient monitoring and communication

Transition to disaster documentation

Expansion of resources focused on the emotional health and well-being of nurses

Bidirectional communication and nurse leader rounding



While this time has been plagued with challenges, it has also been a period of significant growth and learning. As the pandemic unfolds, nurse leaders at McHenry Hospital will be instrumental in guiding response and recovery efforts. Nurses will continue to be the trusted voice, helping to model the way to a brighter future.

Catie Schmit, MSN, RN, CEN, NEA-BC

EXEMPLARY PROFESSIONAL PRACTICE

Master's entry into nursing practice: An exciting partnership with Lake Forest College and Rosalind Franklin University

In February 2018, Lake Forest College began to explore the possibility of establishing a nursing program.

Stephen Schutt, president of Lake Forest College; Michael Orr, dean and provost; and select faculty started the discussion with Thomas McAfee, president of Northwestern Medicine Lake Forest Hospital and senior vice president of Northwestern Memorial HealthCare; Diane Wayne, MD, vice president of talent development, NM Academy; and Denise Majeski, MSN, RN, ACM, NE-BC, Bernthal Family Chief Nurse Executive and vice president of operations at Lake Forest Hospital. In May 2018, Majeski further explored the possibilities with faculty members and administration from Lake Forest College and two representatives from St. Olaf College of Nursing, Kevin Crisp and Rita Glazebrook. Discussions included resources, curriculum and culture, to reach a better understanding of what would be involved in launching such a program.

Building an undergraduate degree program would include developing a traditional nursing curriculum and training in "soft skills" like the following:

- Caring for patients with behavioral health issues
- Handling workplace violence
- Managing incivility and bullying
- Communicating assertively
- Conflict resolution and "crucial" conversations

- Providing compassionate and informed care for unique patient populations
- Communicating with interprofessional teams
- Stress management
- Caring for challenging patients and families
- Maintaining boundaries

In February 2020, Majeski and Catie Schmit, MSN, RN, CEN, NEA-BC, vice president and chief nurse executive, McHenry Hospital, met with representatives from Lake Forest College and Rosalind Franklin University to share their hospitals' vision for the future of nursing in Lake and McHenry counties. Together they discussed perspectives and goals for the partnership: to create an innovative nursing curriculum and a robust network between academia and health care.

We agreed that a strong partnership would enhance each organization's ability to advance wellness, healthcare delivery, and health education.

The proposal shared by Rosalind Franklin University is to create an innovative dual-degree program whose graduates will be highly educated entry-level registered nurses. This program would address nursing shortages, revise the nursing curriculum, graduate nurses who are ready to practice in the Northwestern Medicine system, and accelerate career advancement. The program is also built to align with the Lake Forest College strategic plan,



enhance alignment with the Rosalind Franklin University mission and vision, and address the Lake Forest Hospital and McHenry Hospital nursing strategic roadmaps.

Current and ongoing work includes chartering the Rosalind Franklin University/Northwestern Memorial HealthCare/Lake Forest College Nursing Partnership Advisory Council. Through leadership and collaboration with community stakeholders, the council will champion the Rosalind Franklin University College of Nursing as it pursues excellence in nursing education, nursing practice and responsiveness to the community's nursing needs. We also have aligned with Lake County to advance health profession education and employment in Lake County

by supporting student access to the new program in hardship communities. This is such an exciting venture for Lake Forest Hospital and McHenry Hospital nursing and an opportunity for all who seek a master's entry into nursing practice (MENP). The goal is to open the program with the first students in the fall of calendar-year 2022.

Denise Majeski, MSN, RN, ACM, NE-BC

EXEMPLARY PROFESSIONAL PRACTICE

Standardized safety tools important to improving patient outcomes

Among nurses and certainly all members of a care team, the key mission is to promote the health and well-being of all patients, whether directly or indirectly. When patients walk through the doors of a Northwestern Medicine facility, they come in need of three things:

- Care that is free from harm
- Care that is effective in achieving the best possible clinical results
- Care that is delivered promptly and with compassion

Don't hurt me. Heal me. Be nice to me. Patients expect to be healed without being harmed. And employees expect a safe workplace environment. At Northwestern Medicine, safety is always a priority.

In alignment with the core values, the patient safety model emphasizes the tasks prevent, respond, improve and measure. The elements of the patient safety model are foundational to the culture and care delivery. Delivering excellent patient care can be both challenging and rewarding. Healing a debilitating injury, curing a life-threatening disease and hearing an infant's first cry are the moments that make it all worthwhile. The safety journey provides the education, training, tools and leadership support necessary to deliver exceptional care to every patient, every time.

Determined to make the right thing to do the easiest to do, workflows are standardized to reduce variance and human error, and promote safety behaviors. Safety behaviors include the use of the Safety Toolkit, verbiage that allows everyone to stop and pause because of a safety concern. When a safety concern is identified, all



employees are encouraged to report occurrences, to provide the opportunity to review and revise processes and policies as warranted. Opportunities for improvement are managed as a team, allowing for a more thoughtful approach to change and monitoring for sustainment. Improvement initiatives are shared as lessons learned systemwide, which gives teams the opportunity to evaluate local processes for potential risk.

In an effort to maintain transparency with quality measures, each Northwestern Medicine hospital displays their data on the nm.org website.

Daneen Gorski-Adams, MSN, RN, OCN, CHPN



New knowledge, innovations and improvements

Magnet organizations have an ethical and professional responsibility to contribute to patient care, the organization and the profession in terms of new knowledge, innovations and improvements.

ANA, nursingworld.org

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Implementing Epic and the continuing transition

Nursing is a highly skilled profession that uses technology to communicate. Paper medical records are becoming obsolete, and the information contained within the electronic health record (EHR) is now used by all members of the healthcare team to communicate, provide data and validate care. When Northwestern Medicine embarked on the quest to establish Epic as its one systemwide EHR program, nurses had a critical role in developing, evaluating and implementing the program.

On Saturday, February 29, 2020, McHenry Hospital, Huntley Hospital, Woodstock Hospital and regional outpatient locations integrated with the rest of the health system to use Epic.

This transition is part of continued integration efforts at Northwestern Medicine to ensure the effective and efficient delivery of high-quality care systemwide. Using one integrated EHR system enables better coordination of care for improved patient safety and care outcomes.

The Northwest Region Epic Transition project team has been working on this effort for the past 18 months.

Here's a look at the Northwest Region Epic go-live, by the numbers:

More than 70 people on project teams with guidance from Operations, Informatics, Business Relationship Management and Information Services leadership

Fifty-two credentialed and principal trainers and 400 superusers

More than 3,150 people trained, including physicians, advanced practice providers, contractors and employees

More than 4,450 hours of training instruction provided and more than 1,000 training classes conducted

First time Northwestern Medicine offered Epic training in Saddle River, New Jersey, and in India

At-the-elbow support provided by more than 400 people for two full weeks



In addition to the transition to Epic EHR, the Northwest Region implemented Beaker, Epic's lab information system. This major milestone marks the path to a single, integrated lab information system across all of Northwestern Medicine, including physician offices and ambulatory care.

"This move to Epic has been a tremendous effort made possible by a large team of people from across Northwestern Medicine," says Thomas McAfee, senior vice president, Northwestern Memorial HealthCare, and president, North and Northwest regions.

"Transitioning the Northwest Region hospitals into a common medical record is singularly the most significant advancement to date as we continue to integrate with the Northwestern Medicine health system. Thank you to everyone involved – from the Epic Transition team leaders, analysts, trainers, nurses, physicians and therapists, to many others for your commitment to the future of Northwestern Medicine."

Annie Rohe, BSN, BSHIM, moved from a clinical nursing role in the Emergency Department into legacy Centegra Clinical Informatics and then to the Northwestern Medicine Epic Training Team through the transition. She became a credentialed trainer for Clinical Documentation and ASAP applications. She prepared many inpatient and emergency clinical staff for the upcoming transition to Epic. After go-live, Rohe remained with the Epic Clinical Documentation/Stork Training Team. She has continued to train new nursing staff for documentation in Epic and create training materials for quarterly and monthly releases and program enhancements to improve nursing workflows. As Rohe became more familiar with the training team, she advanced her role to lead principal trainer, now overseeing all the Epic training materials for Clinical Documentation and Stork, scheduling and curriculum for all new inpatient nursing hires, and coordination of training resources.

Many McHenry Hospital nurses assumed roles as credentialed trainers for Clinical Documentation, including Jackie Deleon, BSN, RN, OCN, ONS, Oncology/Medical-Surgical Unit, and Melissa McCune, BSN, RN, CCRN-Adult, ICU. Kathy Braun, OTR/L, lead occupational therapist, became a credentialed trainer to support the therapies department, and Ashley Domin, MSW, Care Coordination, became a credentialed trainer to support Social Services, Case Management and Chaplain Services.

In addition to these employees who took lead roles in the Epic implementation, many front-line clinical nurses served as subject matter experts (SMEs) for their departments. These SMEs received additional training in Epic so they could provide at-the-elbow support to staff on all shifts during implementation.

The credentialed trainers described the features they find the most exciting:

All departments use Epic and have information that flows throughout the charting.

Pharmacy can send messages back to Nursing in the Medication Administration Record.

There is a hand-off report tool for nursing and PCTs, plus many other useful reports.

The EHR uses patient goals for the hospitalization and the current shift, instead of care plans.

Navigating through a chart is much easier, seeing what required documentation is needed to be completed for your shift.

Useful order sets are available for many common ailments, such as constipation, urine retention and nausea.

Annie Rohe, BSN, BSHIM, and Alanna Talles, MSN, RN, RNC-OB

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Smoke-free operating rooms: Implementing a new evidence-based practice

In 2017, the Association of periOperative Registered Nurses (AORN) released its Guideline for Surgical Smoke Safety, recommending the evacuation of surgical smoke to protect patients and healthcare workers from the hazards.

That same year, the Centers for Disease Control and Prevention reviewed and updated its recommendations regarding surgical smoke based on its 2014 study Health and Safety Practices Survey of Healthcare Workers. One recommendation was that healthcare organizations should use local exhaust ventilation where surgical smoke is generated. The 2017 AORN guidelines recommended the following:

- The organization should provide a surgical smoke-free environment.
- The perioperative team should evacuate all surgical smoke.
- The collective evidence, standards and guidelines from National Institute for Occupational Safety and Health (NIOSH) and professional organizations indicates that evacuating surgical smoke protects patients and healthcare workers from the hazards of surgical smoke.

According to the Occupational Safety and Health Administration, more than 500,000 people who work in the operating room, including many who are perioperative nurses, are exposed to surgical smoke each year. The AORN estimates being in an OR for just one day has the potential to expose staff to surgical smoke that is the equivalent of smoking 27 to 30 unfiltered cigarettes. Studies have shown

that perioperative nurses have twice the incidence of respiratory problems compared to the general population. This same surgical smoke can affect the patient as well.

Leaders at Northwestern Medicine encourage their employees to implement evidence-based practices (EBP) for improved patient and employee safety. In October 2018, Jennifer Martin, BSN, RN, CNOR, clinical manager, OR, guided her clinical team with the implementation of this best practice. Northwestern Medicine values in action give clear expectations for all of its health professionals to speak up, do the right thing, and be improvement-oriented to help advance change. Recognizing the value of this EBP, the OR nursing team used the AORN Management of Surgical Smoke toolkit. Its recommendations included educating surgical staff about the hazards of surgical smoke and training staff on methods to minimize exposure. These recommendations were partly based on the survey performed by NIOSH.

Martin brought together a Smoke-Free interprofessional team of people from Nursing, physicians and ancillary staff for both the main OR and the Obstetrics OR. They came together with the united goal of implementing a smoke-free OR for the benefit of all.

Lindsey Patterson, RN, clinical nurse, OR champion and lead for the implementation team, and Mary Kay Horney, RN, RNC-OB, C-EFM, clinical nurse, OB champion, were supported by Martin and Amber Huinker, MSN, RN, RN, staff educator, to ensure the success of this new practice.



This photo was taken before the COVID-19 pandemic when masking was not required for staff.

During the implementation process, the team submitted a comprehensive document to the AORN surgical smoke-free recognition program, Go Clear. The Go Clear program outlines steps in the implementation of a smoke-free OR environment. The document covered everything from their initial gap analysis through compliance monitoring.

This new practice was introduced to the clinical teams during shift huddles. Being smoke-free was an expectation, not an option, for the safety of everyone involved: patients, nurses and physicians.

Nursing had a critical role in the implementation and sustainment process as advocates in the organization to ensure adherence to surgical smoke evacuation procedures.

Requirements for all staff included a mandatory e-learning module along with a competency signed off by the unit champion. The new process went into practice on September 7, 2019.

After three months of the new smoke evacuation process, compliance results were submitted for the AORN Go Clear Award™. This award reflects Nursing's commitment to professional practice by implementing EBP. AORN encourages the continued pursuit of professional excellence by recommending recertification every three years.

On April 16, 2020, McHenry Hospital was awarded the AORN Go Clear Award at its Gold Recognition Level.

Jennifer Martin, BSN, RN, CNOR

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Annual Improvement Day celebrates projects that offer solutions

Improvement Day celebrates team-based efforts to share meaningful project work across Northwestern Medicine. Each year, projects that positively impact patient experience, engagement, quality, safety, access and financial performance are showcased. Improvement Day is an opportunity to formally recognize teams as they share improvement-oriented solutions and inspire their colleagues to lead change. The following projects show the hard work by the teams over the past two years.

2020

4 Eyes - A Pressure Ulcer Prevention Plan: The Cardiac Telemetry Unit decreased hospital-acquired pressure injuries from 4.76% to 0 at McHenry Hospital. This was accomplished by implementing a standardized tool requiring two-nurse verification of wounds on admission.

Back to the Bedside: Bedside shift report standardization increased Likelihood to Recommend (LTR) scores from 34.38% to 77.27% on the Oncology/Medical-Surgical unit. This was accomplished by implementing an improved SBAR tool, setting expectations and training team members.

Reducing Anxiety Related to IV Starts With the Use of J-Tip: The J-Tip device was implemented in Same-Day Surgery in February 2020. It helps the Same-Day Surgery team increase their patient satisfaction with IV starts by decreasing anxiety.

White Board Completion: White board completion has increased the Press Ganey score for "Nurses informed me regarding treatment" from 66.07% to 77.42% in the Emergency Department. This has improved the overall patient experience score to 73.4%.

2019

Reduction of Hospital-Onset *C. diff* in an Acute Care Semi-Private Room Environment: This project successfully decreased hospital-onset *C. diff* infections by 76% by implementing a nurse-driven Liquid Stool Bundle. This evidence-based checklist helped inpatient nurses improve their accurate assessment of diarrhea and timely specimen collection.

Improving Sepsis Screening Compliance: The redesign of the Sepsis Screening Tool improved compliance with completion by 63%, resulting in an 18% reduction in sepsis readmissions.

McHenry Hospital Controlled Substance Accountability: The McHenry Controlled Substance Accountability Diversion Prevention Committee was activated in January 2019. The committee has helped improve reliability in controlled substance diversion prevention and compliance.

Improving Cardiac Rehab Referrals for NSTEMI and STEMI Patients: This project successfully increased cardiac rehab referrals for patients with acute myocardial infarction. Pre-checking orders, reviewing concurrently and identifying potential discharges has led to an increase in cardiac rehab referrals at McHenry Hospital (9.8%) and Huntley Hospital (49.5%).



Zoned Turnover Process in the McHenry OR: A zoned turnover process was implemented on May 31, 2019. The new process enables the OR to improve quality, maximize efficiency, and enhance safety outcomes for surgical patients.

Swallow Screening Compliance With Stroke Patients: Within five months of implementation of the Swallow Screen Audit Process, compliance with completion was increased by 38% for all patients receiving a head CT.

Utilization of Interpreter on Wheels (IOW): Within five months of implementation, use of the Interpreter on Wheels has increased by 41%. This increase has been supported by an 18% increase in the number of IOW devices used on campus.

AIDET and Caring Communication: The inpatient unit LTR scores were trending down. After educating and auditing staff on AIDET and Caring Communication, scores increased from 55.7% to 59.3% top box over six months.

Decrease Hospital Length of Stay for Infants Exposed to Opioids: This project successfully decreased the length of stay for infants exposed prenatally to opioids from 12.4 to 7.5 days within the OB unit. This was accomplished by implementing the Eat, Sleep, Console assessment tool as a recommended best practice.

McHenry Hospital: Real-Time Demand Capacity (RTDC): Implementing RTDC increased the percentage of patients discharged by 2 pm from 24% to 41%. The RTDC system helped decrease hold hours and excess days, resulting in an annualized cost savings of \$1,628,280.

Implementation of Electronic Clarification Order Sign-Off: This project reduced order clarification delays by 82% on orders requiring physician signatures by implementing electronic order sign-off. It resulted in timely bill drop, improved satisfaction among physicians and utilization review nurses, improved records retention and reduction of audit-related risk.

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

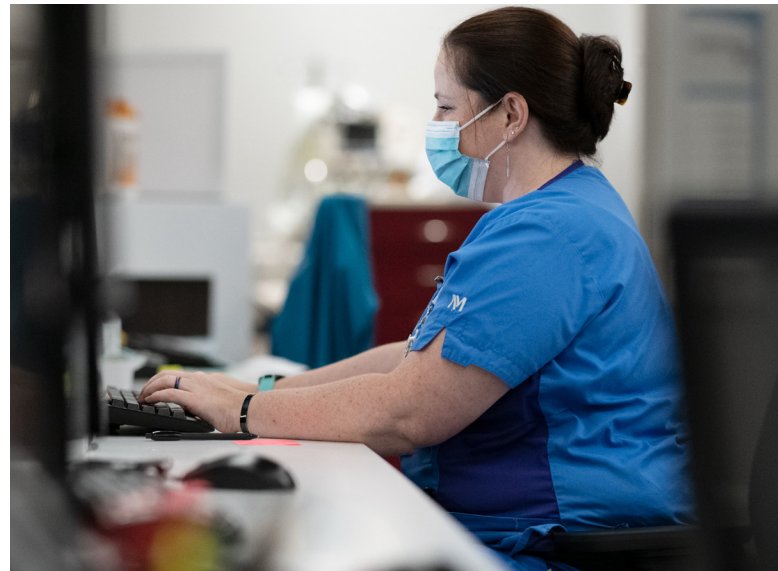
Evidence-based practice projects and research studies

Nurse participation in research is crucial to the contribution of new knowledge and influences nursing practice or patient care outcomes. Pursuing innovations in patient care and nursing is a practice shared by organizations that receive Magnet recognition.

As a newly recognized Magnet organization, we have an ethical and professional responsibility to contribute to the profession through redesigning and redefining current practices and systems. Current practice needs to be challenged through research studies and evidence-based practice (EBP) projects.

Clinical inquiry is the driving force of nursing research. This process of natural inquiry is the basis of EBP and the beginning of the research process. Research does not need to be large in scale. The focus can be how or why something is occurring in the community hospital setting, even examining a specific unit or a certain patient population. Nurses review current EBP, judiciously appraise the evidence, and determine whether and what type of research may be needed for the particular condition.

EBP allows nurses to use the best clinical practices and knowledge, reinforcing what they know to be true, that nursing is a profession rooted in science. Evaluating the latest research promotes the implementation of EBP, evaluation and validation. EBP also gives nurses the opportunity to grow and develop professionally while they provide the best clinical care. Many of the previously mentioned Improvement Day projects and upcoming Clinical Pathway Project were EBP implementations.



The Research and EBP Shared Governance Council provides resources and mentorship for all nurses who want to get involved. Members of the council help nurses evaluate their ideas and provide guidance on how to design and evaluate their project outcomes. What follows is a report about a research study from McHenry Hospital.

Dissemination of the following research study occurred at a regional and international level. The research team shared this study via a podium presentation at the Northwestern Medicine West Regional 4th Annual Healthcare Professionals Research and Evidence-Based Practice Symposium in October 2021, and virtually at the Sigma Theta Tau International 46th Annual Biennial Convention in November 2021.

Leadership Styles and Workplace Incivility: A Correlational Study

Lisa Young, MSN, RN, BC, Magnet and quality coordinator for Northwestern Medicine Huntley Hospital, Principal Investigator, along with her co-investigator team Alanna Talles, MSN, RN, RNC-OB, McHenry Magnet and quality coordinator, Judy Pasternack, BSN, RN, NPD-BC, professional development specialist, and Kim Armour, PhD, NP-BC, RDMS, NEA-BC, vice president and chief nurse executive, conducted a regional research study entitled “Exploring the relationship between leadership styles and workplace incivility in nursing.” Portions of the abstract for the study appear below.

Purpose: This study’s purpose was to determine if relationships exist between nurses’ perception of workplace incivility and nurse managers’ leadership styles.

Methods: A correlational study design was used to assess nurses’ ratings of general, nurse and supervisor incivility in relation to transformational, transactional and passive-avoidant leadership styles. Convenience sampling was used to obtain 175 anonymous responses from clinical nurses who provide direct patient care at three community hospitals in the Midwestern United States. Participants completed a secure online survey using the Nurse Incivility Scale and the Multifactor Leadership Questionnaire. Responses were collected from October 2019 through January 2020.

Results: Most respondents were female (90.3%), reported to their manager for less than 10 years (59.6%), and were a nurse greater than 20 years (35.8%). Transformational leadership styles were associated with lower levels of supervisor incivility ($r = -0.3$ to -0.4 , $p < .01$). Passive-avoidant leadership styles were associated with higher levels of supervisor incivility ($r = 0.3$ to 0.5 , $p < .01$). The transactional leadership style of “Rewards Achievement” was associated with lower levels of supervisor abusive supervision ($r = -3.14$, $p < .01$). No significant or linear correlations were found between the three leadership styles and general or nurse incivility.

Implications: Leadership development courses should emphasize elements of transformational leadership styles such as encouraging and building trust with staff while recognizing that passive-avoidant styles should be avoided. Rewarding staff for their work when goals and objectives are achieved may also benefit direct care nurses’ relationship with the leader.

ALL HOSPITALS - Correlations between Leadership Styles and Incivility

	Supervisor Incivility	Supervisor Abusive Supervision	Supervisor Lack of Respect	
Passive Avoidant	.331		.378	Strong .7 - 1
Avoids Involvement	.473	.343	.538	Moderate .5 - .7
Fights Fires			.341	Weak .3 - .5
Transactional				None < .3
Monitors Deviations and Mistakes				
Rewards Achievement		-.314		
Transformational				
Builds Trust		-.383	-.312	
Coaches and Develops People		-.357		
Acts with Integrity		-.334		
Encourages Others	-.361	-.477	-.392	
Encourages innovative thinking		-.309		

NOTE: Correlations are significant at $p < .01$ (2-tailed)

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Self-care for new nurses and their first-year experience

Thomas Tockey, MSN, RN, NPD-BC, manager, Transition to Practice for the Northwest Region, was interested in learning more about the nurse resident's experience of stress during their first year of nursing practice. He is currently leading a longitudinal study that examines whether self-reported participation in self-care activities limits the amount of perceived stress. Nurse residents hired into Northwest Region hospitals are eligible for the study and are followed up throughout the duration of their program.

New graduate nurses are entering a new workplace environment that can be demanding and stressful. Stress can lead to negative consequences to a nurse's physical, emotional and mental health. Because efforts are underway to retain nurses in the workforce, it is important to understand how stress may play a role in a new graduate nurse's first year in practice. This research study aims to understand the relationship between reported self-care activities and perceived stress in the clinical workplace.

A descriptive longitudinal design will be used to survey new graduate nurses from the nurse residency program at Huntley Hospital, McHenry Hospital and Woodstock Hospital. Participants will measure their stress using



the Expanded Nursing Stress Scale (ENSS) three times during their one-year nurse residency program. Statistical tests will be used to analyze the data.

Results from this study may provide insight on how self-care activities may mediate stress levels for this population. Nursing implications from this study can provide direction for self-care curricula in nurse residency programs.

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Development and growth on the Clinical Pathway

The Nursing Clinical Pathway program was launched in September 2019 to give individuals an opportunity to pursue professional development and career growth. The program was designed with eligibility criteria related to nursing degree, specialty certification and annual evaluation. It required each candidate to submit a letter of intent that was signed by their manager. The nurses who embarked on the pathway were provided project management education and support from the nursing leadership team. The following is a list of all completed projects and their owners by department.

Emergency Department

Nurse-Provider Rounding, Tara McBride, BSN, RN, CEN
ED Triage Rounding, Amy Liggett, BSN, RN, CEN
White Board Completion, Sarah Feffer, BSN, RN, CEN

Cardiopulmonary Rehab

Rebranding Patient Education, Madeleine Mason, BSN, RN, CCRP-Rehab, RN-BC

Same-Day Surgery

Pre-Surgical Education Improvement, Trisha Howard, BSN, RN, CAPA, and Geraldyn Carr, BSN, RN
J-Tip Device Administration, Barbara McCoy, BSN, RN, CAPA, and Kristen Conro, BSN, RN, CAPA

Obstetrics

OB-ED Triage, Kirsten Glaw, BSN, RN, RNC-OB, and Kristy Isonhart, BSN, RN, RNC-OB, C-EFM
Decreasing Hospital Length of Stay for Prenatally Opioid Exposed Infants, Christen Edwards, BSN, RN, RNC-LRN, NPD-BC, C-ONQS
Skin to Skin and Newborns: Increased Readiness of OB Clinical Staff for Joint Commission Survey, Adriane Manka, MSN, RN, RNC-OB

Cancer Center

Cardiac Arrest Procedures for McHenry Cancer Center, Wilhelmina Duca, BSN, RN, OCN

Operating Room

Post Open Heart Timeout, Adam Jaroszkiewicz, BSN, RN, CNOR, and Lindsay Patterson, RN, CNOR

Oncology/Medical-Surgical

Back to the Bedside: Bedside Shift Report, Margaret Andrews, BSN, RN; Heather Thompson, BSN, RN, CMSRN, and Jamie Dinschel, BSN, RN, CMSRN

Clinical Decision Unit

Meal Breaks and Nurse Satisfaction, Grace Zborek, BSN, RN, PCCN-CMC

Intensive Care Unit

Pressure Ulcer Prevention, Zhi Dan Brax, BSN, RN, CCRN

Cardiac Telemetry Unit

4 Eyes for HAPI Prevention, Lindsay Bristow, BSN, RN, RN-BC, and Margaret Daly, BSN, RN, PCCN-CMC

Medical Imaging

Medical Imaging Orientation Process, Gail Cavanaugh, BSN, RN, CRN

For fiscal year 2022, the Clinical Pathway was restructured as Lead, Excel and Develop (LEAD). This new systemwide program was designed through collaboration among multiple disciplines. The goal is to empower any clinical professional to identify and lead changes to positively impact outcomes.

Alanna Talles, MSN, RN, RNC-OB



Empirical outcomes

Empirical outcomes are the concrete data on the difference a hospital has made. The focus is on the outcomes of structures and processes and how they compare to benchmarks in the following categories: nursing outcomes, workforce outcomes, patient and consumer outcomes, and organizational outcomes.

WoltersKluwer, 2017

EMPIRICAL OUTCOMES

Outperforming the benchmarks in measures of nurse-sensitive indicators

Nurse sensitive indicators (NSIs) reflect three aspects of quality nursing care: structure, process and outcomes. NSIs are monitored in both the inpatient and ambulatory settings. The Press Ganey NDNQI establishes national benchmarks in these areas by comparing hundreds of similar units and patient populations across the country. The data allows McHenry Hospital to see how it measures up against similar hospitals in the U.S.

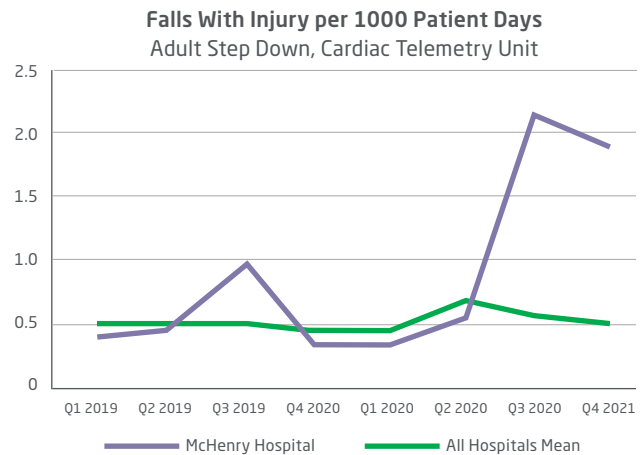
The Magnet Recognition Program looks for organizations that outperform nationally benchmarked means in the majority of the last eight rolling quarters for the majority of the units measuring the specific metric.

McHenry Hospital is outperforming all NDNQI benchmarks for NSIs. These scorecards represent a snapshot of measures from the past eight calendar quarters.

Inpatient unit measures for NSIs

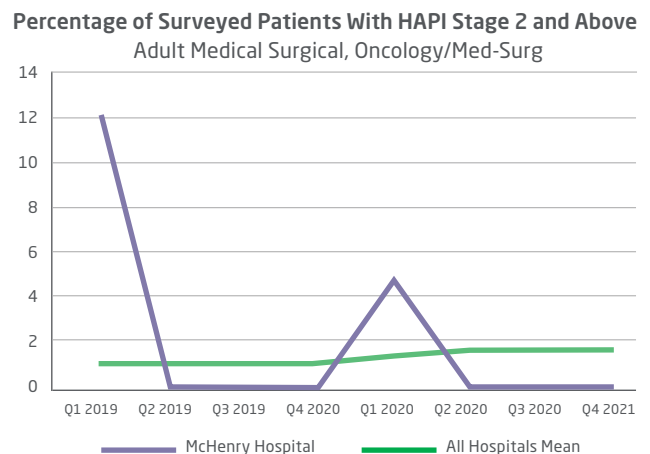
Falls with injury

Patients who fall when hospitalized can sustain serious and potentially life-threatening injuries. Nurses are responsible for accurately identifying patients who are at risk for falls, and are expected to minimize the risk through effective care planning. At McHenry Hospital, nurses use the Johns Hopkins fall risk assessment screening tool. The fall risk score determines further actions, including a robust, standardized organizational fall prevention bundle. Of eligible units at McHenry, 80% outperformed the all-hospitals mean benchmark.



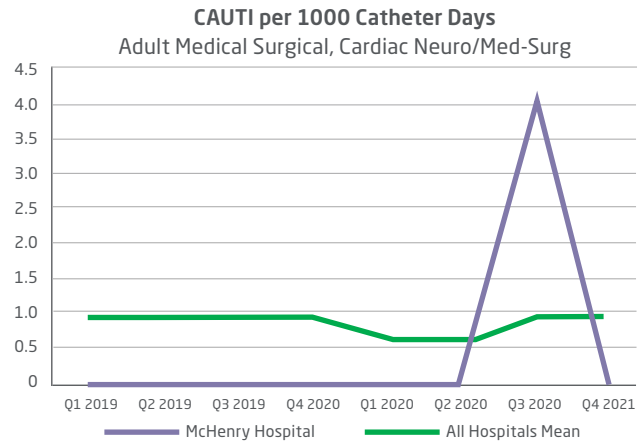
Hospital-acquired pressure injuries, stage 2 and above (HAPI+2)

HAPI, which are a breakdown of skin integrity, can lead to other adverse events for patients, and increase resource consumption and healthcare costs. To reduce HAPI occurrence, McHenry Hospital participates in evidence-based nursing activities such as two-person skin assessment, referrals to the wound team, and use of care planning and documentation tools in the EHR. A dedicated team meets monthly to review data and determine barriers to care that may be overlooked. In this measure, 80% of units again outperformed the all-hospitals mean benchmark.



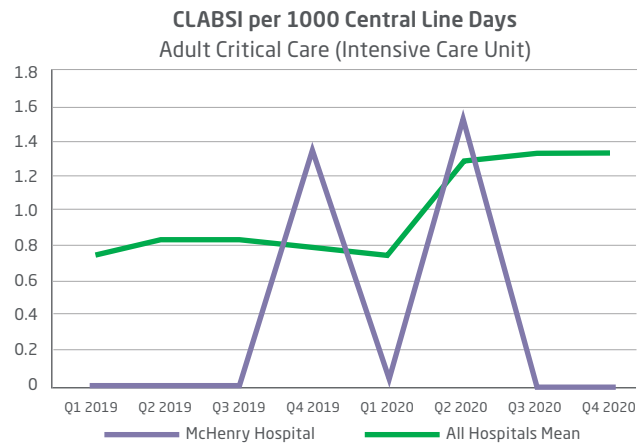
Catheter-associated urinary tract infections (CAUTI)

McHenry Hospital has an interprofessional CAUTI team, including physicians and representatives from Nursing, Quality and Safety, to reduce CAUTI. The strategy embedded in the care culture is the use of the indwelling catheter protocol, which empowers Nursing to manage catheter removal and initial post-catheter urinary retention monitoring and management. An intense focus on education and staff awareness has empowered nurses to advocate for other products as alternatives to indwelling catheters. It's resulted in 100% of units outperforming the all-hospitals mean benchmark.



Central line-associated bloodstream infections (CLABSI)

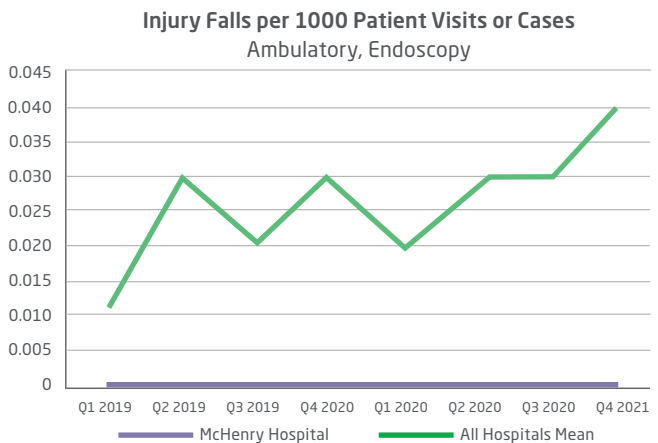
CLABSI continue to be one of the most deadly and costly hospital-associated infections in the U.S. McHenry Hospital has continued to consistently outperform the NDNQI national benchmark mean by unit type during the majority of the last eight quarters. Specific, strict clinical interventions, including a daily review of the necessity of central lines, has helped McHenry Hospital achieve outstanding outcomes around CLABSI, with 100% of units outperforming the all-hospitals mean benchmark.



Ambulatory unit measures for NSIs

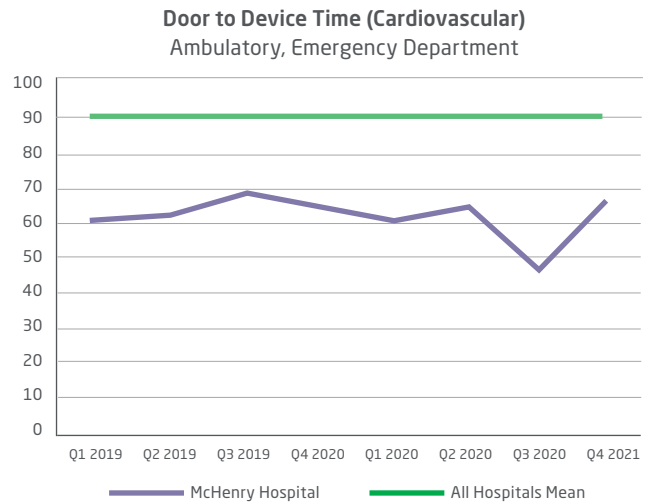
Falls with injury

The Magnet Recognition Program Manual has placed an emphasis on nursing care in ambulatory settings. As a result, McHenry Hospital has increased focus on NSI for walk-in clinics and ambulatory settings, such as Same-Day Surgery and the McHenry Cancer Center. Addressing falls with injury is one area of focus, although tracking patient falls with injury in the outpatient setting can be challenging because patients may be wearing street clothes, and traditional ways of indicating fall risk are not as visible. In addition, inpatient fall risk screenings do not apply. In response to these challenges, ambulatory units are collaborating on screening tools and visual cues to notify staff of fall risk. Currently, 90% of units are outperforming the all-hospitals mean benchmark.



Cardiovascular care: Door-to-device times

Performing primary percutaneous coronary intervention (PCI) in a timely fashion is a crucial part of the management of cardiac ST segment elevation myocardial infarction (STEMI). National American College of Cardiology (ACC)/American Heart Association guidelines state that hospitals treating STEMI patients with emergency PCI should reliably achieve a door-to-balloon (door-to-device) time of 90 minutes or less, and studies have demonstrated strong associations between time to primary PCI and in-hospital mortality risk. Door-to-device time for cardiac STEMI patients is considered an NSI because nurse competency in EKG interpretation as well as rapid assessment of the patient by the Emergency Department team will result in a quicker response time by the Cardiac team. For this measure, the national benchmark set by the ACC was used to demonstrate outperformance. By continuously evaluating and benchmarking NSI data, nurses are able to respond proactively to the needs of patients, paving the way to delivering better patient care. In the ED, 100% of units outperformed the all-hospitals mean benchmark.



EMPIRICAL OUTCOMES

Highlighting the data about patient satisfaction

Patient satisfaction is a measure of perception from patients on the care they receive in both inpatient and outpatient settings.

Measuring excellence in the provision of nursing care helps in the evaluation and analysis of the enculturation of the Interprofessional Relationship-Based Care model. Nurses at McHenry Hospital provide extraordinary care and attention to patient and family needs.

There are nine Magnet patient satisfaction categories:

- Patient engagement/patient-centered care
 - Patient education
 - Careful listening
 - Safety
 - Service recovery
 - Courtesy and respect
 - Responsiveness
 - Pain
 - Care coordination
-

With the support of a dedicated Patient Engagement team, the hospital has significantly improved the overall score of patient satisfaction: Likelihood to Recommend (LTR). At the start of FY20 (September 2019), the LTR was 57.96% or the 10th percentile rank. Excellent

patient satisfaction scores exemplify the strong partnership among Nursing, interdisciplinary care teams and support staff at McHenry Hospital to provide the best care and patient experience possible.

Through the end of June 2021, McHenry Inpatient is outperforming the FY21 system and regional challenge targets at 70.16% top box, representing the 46th national percentile rank. This is outperforming FY20 by 5.21% top box, representing an 18 percentile rank point improvement fiscal year to date. Inpatient nurses will continue to build on this great performance through the end of the fiscal year.

Unit-level action plans and improvement work revolved around focus measures: improving the hospital environment (specifically quietness on the nursing units), responsiveness and teamwork. The rest of the fiscal year involves tightening up consistency on all the best practices rolled out over the last two fiscal years (including nurse/physician bedside rounding, use of white boards, bedside shift reports and others).

McHenry Ambulatory Surgery closed out FY21 in May, and the patient survey has transitioned to a new short, modern and smart survey platform. The team outperformed both the system and regional challenge targets, closing at 91.29% top box (system target was 89% top box and regional challenge target was set at 91% top box). The team closed the year at the 74th national percentile rank, demonstrating a 15 percentile rank point improvement.

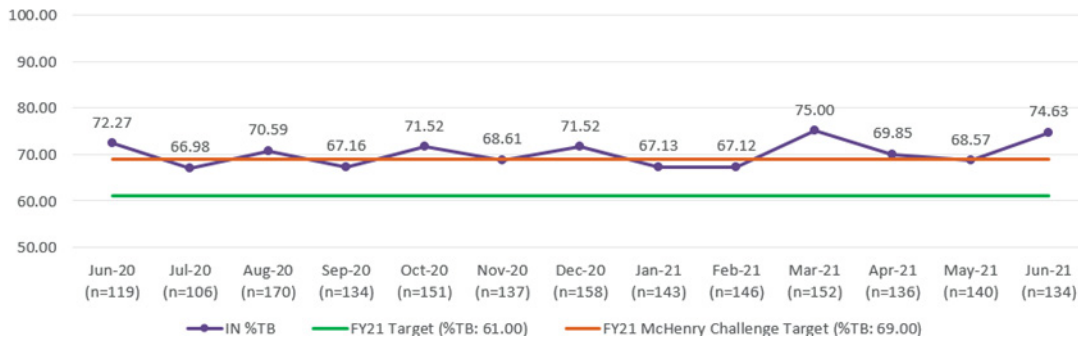
The Emergency Department closed out FY21 in May, and the patient survey there also transitioned to the new platform. The team outperformed the system target but sadly missed the challenge target this year, closing out at 69.17% top box (system target was 64% top box

and regional challenge target was set at 71% top box). The team closed the year at the 47th national percentile rank, 4 percentile rank points ahead of last year.

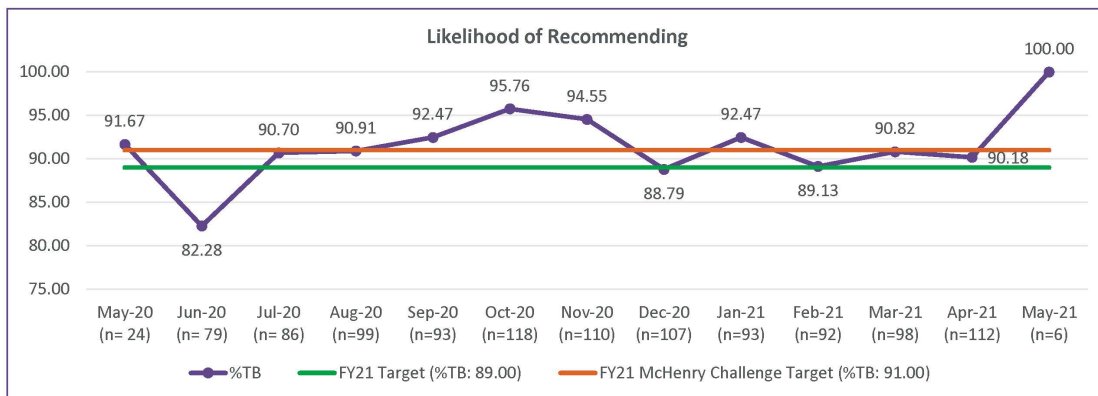
On the journey to achieve Magnet designation, many changes and much hard work has taken place to move McHenry Hospital forward in improving patient outcomes and patient satisfaction. All the practices the

teams have implemented – the AIDET communication tool, bedside rounding, Q2-hour turns, M-Care® wipes – have helped teams to address hospital-related infections and pressure injuries, as well as LTR scores. The all-team approach has shown success. McHenry Hospital Nursing will continue to push forward, staying current with evidence-based practices and specialty standards of care.

McHenry Inpatient HCAHPS LTR Performance: By Unit Data through June 30, 2021



McHenry Ambulatory Surgery LTR Performance Data through May 31, 2021





EMPIRICAL OUTCOMES

Oncology/Medical-Surgical Unit celebrates 1062 days without hospital-acquired *C. diff*

In late fall 2018, Karen Swanson, MSN, RN, FNP-BC, manager, Operations, Oncology/Medical-Surgical Unit (Onc/Med-Surg), was aware that a case of *Clostridioides difficile* occurred on her unit. After discussion with Catie Schmit, MSN, RN, CEN, NEA-BC, vice president and chief nurse executive, McHenry Hospital, they decided on a call for action to limit the potential for additional cases of hospital-acquired *C. diff*. A team was pulled together: Gracey Lindner, BSN, RN, SCRNP, clinical nurse, ICU; Thomas Tockey, MSN, RN, NP-BC, manager, Transition to Practice; Danielle Meitzler, BSN, RN, clinical nurse, Onc/Med-Surg; Niki Mach, BSN, RN, clinical nurse, Cardiac Neuro/Med-Surg; Amy Druml, MSN, RN, NP-BC, CMSRN, director of Operations, Professional Practice and Development, Northwest Region; Chantel Bielawski, MSN, RN, clinical nurse, Onc/ Med-Surg; Ryan Gallas, BSN, RN, CCRN-CSC, supervisor, Critical Care; and Alanna Talles, MSN, RN, RNC-OB, Magnet and Nursing Quality Coordinator.

The team knew this new initiative would support the McHenry Hospital Nursing strategic plan by advancing nursing practice through associate engagement, improving the patient experience, improving quality outcomes and providing evidence-based care. The team created an education plan that included an e-learning module that reviewed the new policy, workflow and changes for the patient's bedside shift report tool. All nursing staff and PCTs completed the education by the implementation date of December 28, 2018.

Onc/Med-Surg took complete ownership of the new process and has remained consistent in their workflows. The unit has not experienced a new case of hospital-acquired *C. diff* since September 12, 2018. After learning key indicators for patients at risk, as well as identifying symptoms early, the clinical team on Onc/ Med-Surg has taken pride in watching their daily success count continue to improve. As of this writing, the count is 1062 days without a case of hospital-acquired *C. diff*.



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