

Resiliency in Action

Northwestern Medicine Lake Forest Hospital
FY2018 Nursing Annual Report





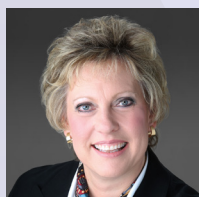
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Lake Forest Hospital Nursing Specialty Awards/Recognition Accreditation 2017-2020



Greetings Nursing Colleagues,



As vice president of Operations and Bernthal Family Chief Nurse Executive of Northwestern Medicine Lake Forest Hospital, I am pleased and proud to share with you our Fiscal Year 2018 Nursing Annual Report. The theme for this

report is *Resiliency in Action*, which truly highlights the extraordinary nursing accomplishments made in FY18 in the midst of significant change.

I hope you like the new format of this written report, which replaces the annual nursing video. It captures the complexity of our accomplishments and allows us to share a more comprehensive view of the enormous achievements made over the last year.

The reality is that we dedicated countless hours to identifying, validating and driving workflow improvements; attending training; creating/implementing simulation exercises; and leading/participating in interdisciplinary work groups to activate our brand-new, state-of-the-art hospital. Simultaneously, we activated a new electronic medical record. I can't speak highly enough of the resilience of our nurse leaders and clinical nurses during this period of enormous challenges, in which they successfully navigated new technology and communications within a new environment.

Through it all, and despite a large increase in patient volume, innovation in nursing practice and improvements in care delivery *led by nurses* continued without fail. These are demonstrated within the pages of this report.

I truly believe the culture of Magnet® and engagement at all levels of Nursing kept us focused on the sustainment and achievement of exemplary outcomes. Nursing retention has never been higher. Professional development of our clinical nurses and nurse leaders

has been a deliverable of our Nursing Strategic Plan and a contributor to embracing accountability for the patient experience, high reliability, efficiencies and growth of Nursing at Lake Forest Hospital.

I am awed by our nurses living the Northwestern Medicine nurse attributes—professional, knowledgeable, compassionate, patient advocate and collaborative—as they drive the inter-professional practice model and engage the entire healthcare team in our *Patients First* mission.

As evidenced in this report, our nurses have been transformational leaders, advanced evidence-based practice through Nursing Research and LADDER projects and advanced their professional development, attaining higher levels of education and commitment to certification in their nursing specialty. FY18 ended with 76.9% of nurses at Lake Forest Hospital having a BSN or higher degree; 45.5% are certified nurses. We are so close to meeting our goal of 80% of our nurses having a BSN or higher degree, and I am confident we will achieve it in FY19.

I am thrilled to partner every day with such a dedicated team of nurses. In my role for the past five years as chief nurse executive, I have seen the community recognize the good work being done at Lake Forest Hospital, and patients and families hold our nurses and their profession in high esteem. I am grateful for our team's selfless commitment to the profession of nursing and Lake Forest Hospital.

Denise Majeski, MSN, RN, ACM, NE-BC
*Bernthal Family Chief Nurse Executive and
Vice President of Operations
Certificate Holder, Fundamentals of Magnet™
Northwestern Medicine Lake Forest Hospital*



Transformational leadership

It is relatively easy to lead people where they want to go; the transformational leader must lead people to where they need to be in order to meet the demands of the future.

Source: nursingworld.com

TRANSFORMATIONAL LEADERSHIP

Simulation key to moving to new hospital

The Society for Simulation in Healthcare defines simulation as “a range of activities that share a broad, similar purpose—to improve the safety, effectiveness, and efficiency of healthcare services.” Using simulation to prepare for the move to the new Lake Forest Hospital was critical to the move’s success, and staff relied on simulation education for much of their training. Simulation education provided a bridge between classroom learning and real-life clinical experience.

One example of how the use of simulation helped staff prepare for the move involved the change in practice for emergency alert notification. The use of overhead paging increases noise and alarm fatigue, which has been shown to have a negative impact on clinical teams and patient experience.

Additionally, The Joint Commission recommended hospitals convert from color code notifications to plain language to improve code recognition and response. Lake Forest Hospital recognized these best practices and planned for the new hospital to implement pager notification and the use of plain language for all medical and non-medical emergency codes.

Amy Barnard, MSN, APRN, CCNS, CEN, Wood Prince Stroke Program coordinator, led the efforts to plan for and implement these new procedures during preparation for the move.

Training for implementation of plain language and pager notifications was split in two phases before the move:

Phase I - Develop new workflows for each code team, training and simulating at 660 North Westmoreland (the old hospital)

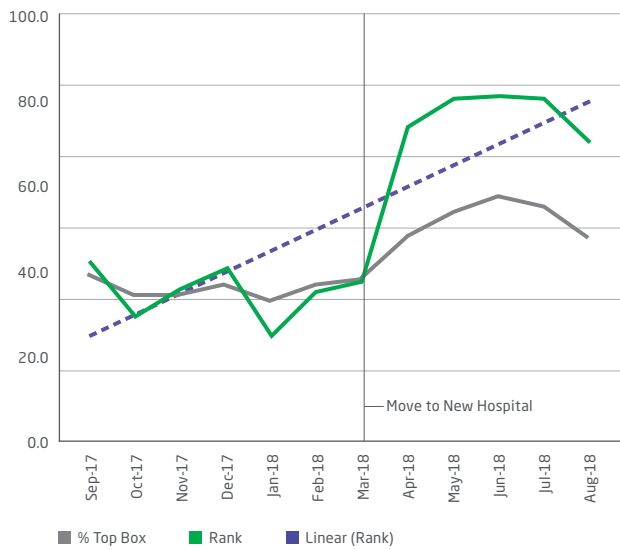
Phase II - Prepare code teams with simulation training for code response at 1000 North Westmoreland (the new hospital)

Barnard led a detailed review of all medical and non-medical codes, including frequency, time of day and Code Team response, then researched effective Code Team processes and tools. Simulating the various emergency response codes in the new hospital prior to moving allowed staff to identify issues that could be fixed prior to the move, such as determining which elevator to use to respond to the emergency alert.

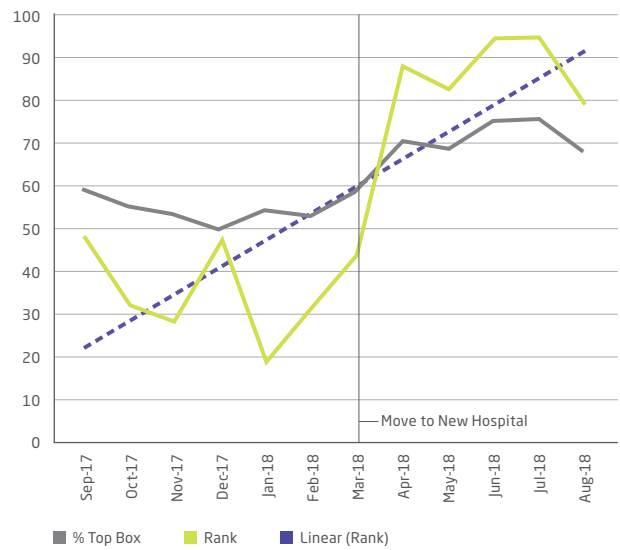
Another example of simulation use involved the Maternity Department. The department, which includes Special Care Nursery, used simulation to prepare staff not only for the new equipment that would be used in their new environment, but also how to move patients through the tunnel from the old hospital to the new hospital on Move Day. Staff rehearsed the transport of patients, including responding to different scenarios that could potentially occur during the transfer. The knowledge gained through completing these simulations was crucial and resulted in increasing the number of staff to accompany each Special Care Nursery patient on Move Day.



Noise Level in and Around Your Room



How often was the area around your room quiet at night?



TRANSFORMATIONAL LEADERSHIP

LFH trauma coordinator advances *Stop the Bleed* program

As the Lake Forest Hospital Emergency Department trauma coordinator, Karen Suydam, RN, TNS, CEN, has seen all manner of injuries, from minor to catastrophic. She knows the importance of early treatment by bystanders and is passionate about giving the community the tools and resources needed. So Suydam has reached out to communities across Lake County to promote the *Stop the Bleed* program, which provides education and training for potentially life-saving control of bleeding.

Stop the Bleed is a national awareness campaign sponsored by the Department of Homeland Security. The program's goal is to cultivate a grassroots effort that encourages bystanders to become trained, equipped and empowered to help in a bleeding emergency before professional help arrives.

While the impetus was the increasing number of active shooter events resulting in mass casualties, the training can be used in many ways. "Whether a professional rescuer or a layperson, anyone can administer simple medical care to a victim that stops potentially life-threatening hemorrhaging," Suydam says.



In FY18, Suydam and representatives of Lake Forest Hospital shared their expertise with community partners at 21 *Stop the Bleed* events at locations ranging from elementary schools, high schools and police departments.

"We are committed to providing resources and training," Suydam says. "We would eventually like to see bleeding control kits in all schools and all public areas—basically anywhere an AED would be."

TRANSFORMATIONAL LEADERSHIP

Restructured daily nurse leader rounds improve patient engagement

Nursing leaders at Lake Forest Hospital implemented a structured nurse leader rounding program in 2017, but did not see an anticipated jump in patient satisfaction scores. While scores rose immediately following the move to the new hospital, they soon returned to pre-move levels, hovering at the 70th percentile, which made it challenging to achieve Strategic Plan goals for FY18.

So Karen Mahnke, MSN, APRN, CNS-BC, NEA-BC, associate chief nurse executive and director of Operations, convened a team of Nursing leaders and Patient Engagement coaches to assess and address the issues. A major challenge noted was the 20% sustained patient volume increase that occurred after the move to the new hospital. The team agreed that staff support was critical, as employees were facing this dramatic bump in volume while still getting acclimated to the new facility, new electronic health record, new equipment and new work flows. Involved, engaged leaders were going to be key to reaching Strategic Plan goals.

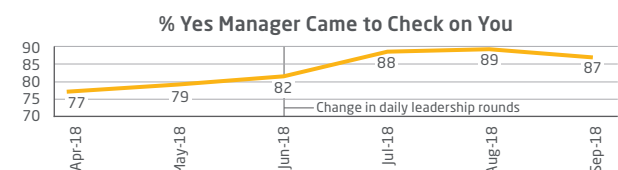
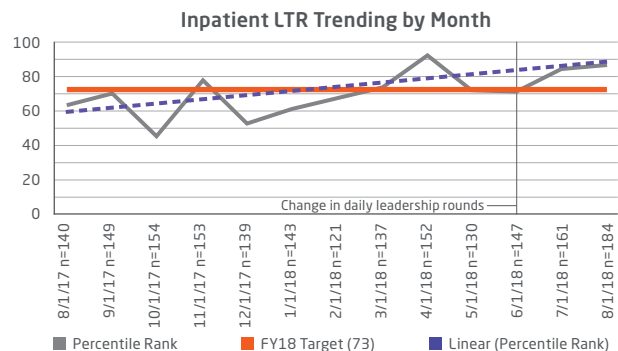
It was noted that 81.4% of patients who indicated “Yes—Nurse Manager/Leader checked on me” on their surveys also rated Lake Forest Hospital in the top box for Likelihood to Recommend (LTR).

The nurse managers noted the importance of immediate daily staff feedback, so the focus would be proactive on specific staff behaviors/trends assessed rather than completion of tasks. The team agreed to refocus leader rounding. An inpatient nurse manager was responsible for rounding on all new admissions on their unit and would continue to give immediate feedback to staff. The focus of these rounds would be on “setting the stage” for the hospital stay, including proactive service

recovery, educating patients about the bedside shift report, Purposeful Hourly Rounding, and white board completion to ensure the patient was aware of the plan of care.

The leaders also saw these efforts as a perfect way to continue to expand the leadership role of the unit charge nurses, so they expanded the revised leadership rounding format to include charge nurses rounding on all anticipated discharge patients for that shift. The focus of these rounds included an assessment of discharge readiness and discussion of post-discharge resources if needed (including signing/placing discharge sticker on patient folder with number to call post-discharge with questions).

The change in daily leadership rounds began on June 5, 2018, and Press Ganey survey results received from patients discharged after this date demonstrated unit scores consistently in the 80th to 90th percentile range. These consistent scores allowed us to meet our FY18 target for LTR: 73rd percentile.





Structural empowerment

Solid structures and processes developed by influential leadership provide an innovative environment where strong professional practice flourishes and where the mission, vision, and values come to life to achieve the outcomes believed to be important for the organization.

Source: nursingworld.com

STRUCTURAL EMPOWERMENT

Radiation Oncology Nurse Program added in FY18

The Oncology Department at Lake Forest Hospital experienced a sustained patient volume increase of more than 32% in FY18, including a 30% increase in patients receiving radiation therapy.

Since November 2017, when the first Radiation Oncology nurse was hired at Lake Forest Hospital, the department's monthly average of daily patients treated has more than doubled: from an average of 18 patients in November 2017, to 25 patients by June 2018, to an average of 40 patients treated per day by the end of FY18.

Historically, Lake Forest Hospital had not had a radiation nurse program, but due to the increased patient volume and complexity of the cases, the hospital received approval to hire two additional Radiation Oncology nurses. Royanne Candotti, BSN, RN, and Myhang Knipping, BSN, RN, were hired in FY18 to provide specialized services to patients undergoing radiation therapy at both the main campus and Grayslake campus.

Radiation Oncology nurses play a critical role in the successful treatment and support of patients with cancer:

They are educators, patient advocates and caregivers.

They conduct a pretreatment assessment at initial consult, focusing on past medical history and review of symptoms, allergies and current medications. The pretreatment assessment identifies aspects of the patients' health that may make them susceptible to treatment issues and radiation-specific side effects.

They work with a multidisciplinary team of physicians, social workers, nurse navigators, physical therapists and other members of the Oncology Department to develop an individualized plan of care and provide psychosocial support throughout the course of treatment.

At the conclusion of radiation treatment, they provide continued education on self-care and follow-up to measure response to treatment and assess for any additional needs.

The program has improved overall patient care and support before, during and after radiation therapy treatment. This includes the implementation of effective patient education material, an increase in the continuity of care received by the patient, and the overall improvement in patient safety and departmental quality.



The nurses have served as liaisons through communication and collaboration with the many members and staff of the Oncology Department. As a result, they have enhanced a seamless workflow for patients receiving concurrent chemotherapy, as well as assisting patients in accessing comprehensive supportive care (psychosocial oncology, nutrition, palliative medicine).

Daily patient follow-up care has also been made possible by having a nurse on site at each location to closely monitor patients who may be experiencing worsening side effects from their treatment.

In summary, with the initiation of the Radiation Oncology Nursing Program, Lake Forest Hospital has seen an improvement in the overall quality and continuity of patient care, which in turn has resulted in an improvement in patient satisfaction.

STRUCTURAL EMPOWERMENT

Nursing provides critical leadership in hospital move

Planning for the move to the new hospital took more than five years, but the actual move took less than six hours. Nurses played key roles in both planning for and successfully executing the move.

Both the Incident Command and Patient Care Operations director roles were crucial to leading staff to ensure the patient move was completed successfully.

Jenny Prescia, MSN, RN, ACM, NE-BC, director of Case Management, served as the logistics lead and coordinated the routes for both tunnel and ambulance transfer. This was a complex role and included such activities as determining routes the ambulances and Flight for Life helicopters would need to take during the move. She also worked closely with the inpatient team to identify what type of patient required an ambulance (ALS/BLS), to prioritize which units should move first, and to plan for the “what ifs” during transport.

Prescia reported to Incident Command on Move Day. She coordinated transfer of the sickest patients, orchestrated the ambulance release and arrivals to ensure open bays were available to receive patients, and was the conduit for communicating all issues related to patient transfers. She worked side by side with the executive team, coordinating the transport of 33 patients via ambulance and 59 patients via the tunnel route between the old hospital and the new hospital. Detailed coordination was essential to execute the complex operation, which involved many people, facilities and supplies.

Pam Paglia, MSN, RN, manager of Nursing Operations, served in a different leadership role during the move activities. Her extensive knowledge of hospital



operations and patient placement made her the ideal person to serve in the patient care operations director role to support the move. The 48 hours before the move were consumed with providing detailed census counts every four hours to the Epic team, which was ensuring Epic records were created for all inpatients so that when the system “turned on,” current patients would have current medical records.

When Move Day arrived, Paglia coordinated patient admissions to the different units in the new hospital. She was the liaison between all inpatient units and ensured the timing of the patient moves was appropriate for the staff who were receiving the patients. She was the link between the inpatient units and ancillary departments, who were notified by Paglia when each unit was “open for business” after the last transferred patient arrived.

When the last patient crossed through the tunnel and was moved into their new room, both Prescia and Paglia shed a tear of pride. They both noted a deep sense of accomplishment and pride that they were able to help transition all of the patients safely. That day was a culmination of five years of work coming together, and a highlight in both of their nursing careers.

STRUCTURAL EMPOWERMENT

Clinical LADDER Program provides leadership development opportunities

Lake Forest Hospital's Nursing Clinical LADDER Program provides professional development opportunities for clinical nurses through implementing evidence-based practices to measurably impact patient, nursing and/or organizational outcomes. Previously, the program required new graduate nurses to complete two years of clinical nursing prior to being eligible to participate. However, the program criteria were modified in 2018 to allow graduates of the Lake Forest Hospital Nurse Residency Program to participate.

Janelle Johnson, BSN, RNC-MNN, and Meghan Guarnaccio, BSN, RN, are Special Care Nursery nurses and recent graduates of the Nurse Residency Program who participated in the Clinical LADDER Program to implement an evidence-based protocol they learned about during the residency program.

Historically, newborns with hypoglycemia accounted for 17% of admissions to the Special Care Nursery. To raise blood sugar, these infants were sometimes given infant formula, even if their mothers were breastfeeding. The evidence-based protocol Johnson and Guarnaccio worked to implement involved use of an oral glucose gel to raise blood sugar.

The benefits were twofold:

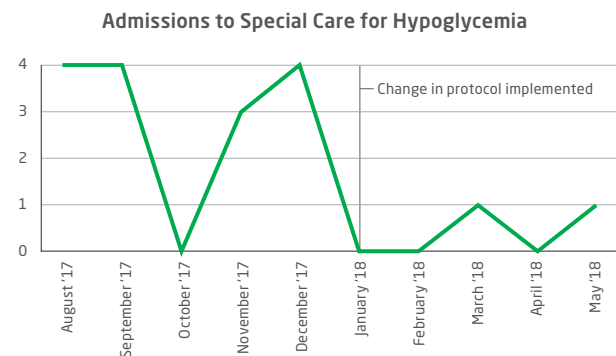
Allow mothers to follow their preference of exclusive breastfeeding

Keep mothers and babies together by avoiding admission to the Special Care Nursery

Johnson and Guarnaccio led a multidisciplinary team that implemented revised criteria for hypoglycemia (including individualized criteria for discordant twins) and revised timing of testing. They developed policies, presented the proposal to physician leadership and educated staff prior to implementation.

Results of the project were impressive. After implementation, admissions to the Special Care Nursery for hypoglycemia dropped to 2.8% and resulted in a savings of more than \$135,000. More infants were kept with their mothers, which facilitated bonding and exclusive breastfeeding. And the addition of certified lactation consultants to the Maternity Department rounded out efforts to provide the most current evidence-based practices to the tiny patients in the Special Care Nursery.

Johnson was so inspired by the results of this project that she is working on an abstract to disseminate the information learned.





Exemplary professional practice

The true essence of a Magnet® organization stems from exemplary professional practice within nursing. This 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.

Source: nursingworld.com

EXEMPLARY PROFESSIONAL PRACTICE

LFH nurse leads national organization

In 2018, Lynn Nolan, MSN, RN, NEA-BC, CAPA, CPAN, a Lake Forest Hospital nurse, became president of the American Board of Peri-anesthesia Nursing Certification, Inc. (ABPANC), a board for her specialty.

In 2011, Nolan obtained national board certification in peri-anesthesia nursing and attended the ABPANC national conference. That's where Nolan found a certified nurse colleague who became her mentor and introduced her to the work of the ABPANC Exam Construction Committee, a team that wrote content for the certification exam. Through her mentor, Nolan was inspired to learn the process of developing the content and questions for the national board exam, and was invited to become a member of the committee.

Nolan became an active member of ABPANC and networked with members from across the nation. She attended national meetings and was asked to become a board member. After interviewing for a board position, Nolan was elected to serve as president-elect, president and post-president—a three-year commitment.

Through serving on the board, Nolan has discovered evidence-based solutions for her own practice as they set standards across the nation. This opportunity has given her a framework as a leader to address national problems and bring them to her professional organization.

Nolan states that her board work fuels her to strive for the best evidence-based standards within her specialty. She remains passionate about nursing certification and maintaining the highest integrity for the national board certification exam. As a nurse advocate for peri-anesthesia nursing at the national level, Nolan has gained invaluable skills that she uses in service to the Lake Forest Hospital community.



EXEMPLARY PROFESSIONAL PRACTICE

LFH nurses essential to successful EHR implementation

Nursing is a highly skilled profession that utilizes 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 one systemwide EHR program (Epic), an effort dubbed Project One, nurses played a critical role in developing, evaluating and implementing the program.

Jen Altounian, BSN, RN, moved from her Day Surgery clinical nurse role into an Operational Project Manager (OPM) role for Maternity Services to provide the Lake Forest Hospital nursing expertise needed as the Northwestern Medicine Epic product was developed. The role of the OPM was key to defining the content and workflows, facilitating the build, participating in testing and preparing operations for Go-Live. Altounian's nursing experience and expertise provided critical insight into specific clinical areas and ensured gaps identified were corrected during the design phase.

After the move to the new hospital, Altounian transitioned to a nurse clinician-Informatics role to continue to support Lake Forest Hospital Nursing in a leadership capacity. Her participation in the Northwestern Medicine Health System Collaboratives, systemwide teams that work to optimize Epic, ensures Lake Forest Hospital Nursing is represented and that enhancements to Epic continue to support hospital staff in communicating the care they provide to patients.

Lake Forest Hospital nurses also assumed Subject Matter Expert (SME) roles in preparation for Project One. SMEs received additional training in Epic so they could provide at-the-elbow support to staff on all shifts during implementation. This role was especially critical at Lake Forest Hospital, as Project One Go-Live was also Move Day, which meant clinical nurses would be functioning in a new environment with new equipment and a new EHR, all beginning on the same day.

Ashley Katzel, BSN, RN-BC, and Emina Trifunovic, BSN, RN, CMSRN, D2 clinical nurses, served as Medical-Surgical SMEs, selected because of their extensive clinical experience, professionalism and respect of their peers.

Katzel and Trifunovic prepared and supported their Nursing colleagues through changes in documentation, workflows and processes, both pre- and post-implementation.

Trifunovic and Katzel continue to serve as informal leaders on their unit and support their colleagues as Epic evolves. Trifunovic noted how proud she was to be able to help her peers successfully navigate the new EHR in their new environment.

Katzel added, "It was a once-in-a-lifetime experience."





Merrimack
David
CLINICAL RN
R.N.



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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. Our current systems and practices need to be redesigned and redefined if we are to be successful in the future.

Source: nursingworld.com

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

LFH nurse presents at ANCC Magnet Conference

One of the most important responsibilities of a nurse is to promote the expansion of evidence-based practice of nursing through the dissemination of new knowledge. Dave Chilicki, BSN, RN, ONC, nurse clinician, led a nursing research project and presented the results in a podium presentation at the October 2017 International ANCC Magnet Conference in Orlando, Florida.

“It was one of the high points of my professional career so far, and I was thrilled to be able to present my work to the international audience” says Chilicki.

Chilicki’s research was borne out of a problem, and an opportunity, at Lake Forest Hospital:

The acute care unit identified that scores on the HCAHPS patient satisfaction survey in the “Responsiveness of Staff” category, as well as patient safety indicators, were performing poorly.

Unit staff were planning a move to the new hospital, where the layout of the new unit lent itself to a new care-delivery model.

Chilicki identified the need to change the care delivery model on the 41-bed Medical-Surgical Unit in order to place caregivers closer to the bedside. He also noted a lack of evidence-based literature that linked care

delivery models with missed care, and hypothesized that nursing sensitive quality indicator performance would improve with an enhanced care delivery model.

After receiving IRB approval, Chilicki led the team in setting guiding principles for the initiative, such as placing the patient and family at the center of all decision-making as well as enabling relationships and collaboration among various departments. The team collaborated with many departments to create the ideal care-delivery environment: designated care pods that would form the basis for both patient placement and staff assignments.

After implementation:

The unit saw their rank on the HCAHPS survey for the Responsiveness of Staff category rise from the 26th to the 80th percentile.

Falls decreased by nearly 50% in the unit during the same time period.

An evidence-based survey tool showed an improvement of staff’s perception of missed nursing care.

The initiative’s focus around frontline Nursing staff involvement and open collaboration among departments created a foundation that allowed for agile implementation and exemplary outcomes.

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Clinical nurses participate in READI study

Patient discharge preparation is a primary function of acute care nursing, and discharge readiness is an important outcome of hospitalization. Inadequacies in discharge preparation are well documented and have been associated with ED visits and readmissions.

In FY18, Lake Forest Hospital clinical nurses participated in a year-long international nursing research study called READI (Readiness Evaluation and Discharge Interventions).

READI was an international multi-site implementation study of a nursing protocol that attempted to answer the question, "Does implementing a discharge readiness assessment as a standard nursing practice on the day of discharge result in improved discharge transition care leading to improved outcomes, specifically fewer readmissions and ED visits?"

Led by site Principal Investigator Laura Pamay, MSN, RN, CAPA, with Rosalind Fyfe, BSN, RN, serving as the study champion, outcomes were assessed after each of the three phases of the study.

In Phase 1 (READI 1), the discharging nurse assessed patient readiness for discharge using the Readiness for Hospital Discharge Scale (RHDS).

In Phase 2 (READI 2), the patient completed the patient form of the RHDS tool and then, informed by the patient's perspective, the discharging nurse completed an independent assessment using the nurse form of the RHDS.

In Phase 3 (READI 3), in addition to the steps in READI 2, the discharging nurse was informed that a score of <7 should be interpreted as low readiness, and instructed to address the reason for the low readiness using standardized interventions.

Lake Forest Hospital also utilized nurse focus groups after the study to gather nurse perceptions of the value of the READI study.

So, was discharge readiness assessed by the nurse (RN-RHDS score) predictive of readmissions and ED visits within 30 days? The short answer is, "Yes." Data showed its use can help nurses identify patients at risk for return to the hospital. Additionally, patient self-reports of low discharge readiness were associated with higher rates of readmission and ED visits.

The staff focus group's analysis found that asking the patient about their readiness was uncommon before the study. Many nurses are continuing this practice, and nurses reported that their practice changed as a result of participating in the study. They indicated they were more aware of discharge, talked to their patients more about their discharge readiness and acted earlier to target readiness at the time of discharge.

The READI study demonstrated that a discharge readiness assessment can contribute to improved readiness for discharge as an outcome of hospitalization, serve as a risk indicator for readmission, and add to strategies used by hospitals to avoid readmissions and ED visits after discharge.



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