



Advancing Nursing Excellence

Northwestern Medicine Lake Forest Hospital
Fiscal Year 2019 Nursing Annual Report





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



Dear Nursing Colleagues,



As we move into 2020, designated “The Year of Nurse and Midwife” by the World Health Organization in recognition of nurses’ vital position in transforming global health care, I happily reflect on the depth of exemplary professional nursing

practice; the quality of new knowledge, innovations and improvements; and the value of our awesome structural empowerment led by extraordinary, transformational nursing leadership in FY19.

All of this is evidenced in this FY19 Nursing Annual Report, titled “Advancing Nursing Excellence.” This report highlights an engaged nursing workforce focused on improving patient care delivery, innovating nursing practice, and driving research and evidence-based nursing practice. I am excited and pleased to report we exceeded the Nursing Strategic Plan target for BSN rate of greater than 79%. In fact, we reached 81.4%, surpassing the Institute of Medicine directive of 80% by 2020. Nursing commitment to excellence is also demonstrated by a 46.5% RN certification rate; we’re on the journey to 51% in the next two years.

Meeting the FY19 organizational goal for patient satisfaction could not have been achieved without the efforts of our clinical nurses working with patients, families and our community in delivering compassionate, expert clinical care. One example of our innovation and inter-professional practice model at its finest is the DigniCap® program described in this report. With funding support from the Women’s Board of Northwestern Lake Forest Hospital, the Lake Forest Hospital Infusion Center is able to offer DigniCap to help patients preserve their hair while undergoing chemotherapy, reducing the emotional distress that often accompanies cancer treatment.

This year, we saw significant professional growth among our advanced practice providers (APPs) as they regrouped under the leadership of Katie Voigt, PA. The APP Council worked on improving onboarding, orientation, preceptorship and mentorship to help them advance quality practice and retain top talent. They also focused on professional development, including advocating for the promotion of specialty leads who then went to Washington, DC, to attend a leadership conference on the journey to developing an APP Department.

I also want to congratulate Shanel Martens, BSN, RN, RN-BC, Exceptional Practice program manager, who led our Nurse Residency Program to Accreditation With Distinction by the American Nurses Credentialing Center (ANCC). One of the exceptional outcomes of this program: First-year RN turnover achieved top decile of 12% for FY19.

Lastly, as the volume of patients who need our services continues to grow through this coming year, I hope you all find the Calm Hospital Initiative beneficial in reducing personal and professional stress and anxiety.

Thank you so very much for your selfless commitment to the profession of nursing. I appreciate and recognize your daily sacrifice. You can be proud, as I am, of the exceptional work reflected in this report.

Sincerely,

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



Transformational leadership

Today's healthcare environment is experiencing unprecedented, intense reformation. Unlike yesterday's leadership requirement for stabilization and growth, 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.

Source: nursingworld.com

TRANSFORMATIONAL LEADERSHIP

Engagement soars following Culture of Nursing Excellence program

Lake Forest Hospital is well on its way to a third Magnet® designation, having submitted the latest Magnet document for review on August 1, 2019. Impressive stories demonstrating the four components of Magnet—Structural Empowerment; Exemplary Professional Practice; New Knowledge, Innovations and Improvements; and Transformational Leadership—were taken from nurses at all levels and different departments throughout the organization.

To continue to support transformational nursing leaders, NM Academy (the learning and development arm of Human Resources at Northwestern Medicine) recently began working with Lake Forest Hospital Nursing to develop and pilot a nursing leadership professional development program titled “Culture of Nursing Excellence,” which launched in FY19.

Sponsored by Lake Forest Hospital Bernthal Family Chief Nurse Executive Denise Majeski, MSN, RN, ACM, NE-BC, and guided by an engaged Program Steering Committee, the curriculum was designed to help nursing leaders advance the culture of excellence and engagement.

This six-month program was developed by the following Culture of Nursing Excellence team members:

Denise Majeski, MSN, RN, ACM, NE-BC, Bernthal Chief Nurse Executive and vice president Operations

Christine Schounard, Talent Development partner, NM Academy



Sarah Munin, Talent Development manager, NM Academy

Eleni Moulakelis, Human Resources director

Karen Mahnke, MSN, APN, CNS-BC, NEA-BC, Operations director and associate chief nurse

Wendy Rusinak, BSN, RN, Maternity Services director

Paige Polakow, director of Operations, Strategic Growth and Business

Shanel Martens, BSN, RN, RN-BC, Exceptional Practice program manager

Kerry Mace, Engagement manager

Laura Meller, MS, APN, CNS-BC, NE-BC, director of Operations Inpatient

Christine Somberg, MS, APRN-CNS, ACNS-BC, NEA-BC, director of Operations and Professional Development



11.54%

Rated "Likely to Recommend"

88.46%

Rated "Very Likely to Recommend"

Overall: 100%

Favorable rating

The Culture of Nursing Excellence program was intended to improve leadership effectiveness, team cohesion, communication, and support structures and networks. The program leveraged evidence-based learning methods, including individual development plans, self-assessments, seminar attendance, business simulations, mentoring circles, group reflection and open discussion. Leaders engaged in a guided book club with their mentoring circles, and supported one another in achievement of their personal development goals as identified at the onset of the program.

A culture change

Transformational leaders create a climate in which nurses have higher levels of morale, job satisfaction and work performance, and this program supported the growth and development of nursing leaders in new and innovative ways. The resources and tools developed by the Culture of Nursing Excellence team facilitated a culture change and improved understanding around leadership, development, coaching, conversation and strategy when leaders interact with one another and with their staff.

As a result, under Majeski's leadership, Nursing moved to a Tier 1 group, the highest level, in FY19. In addition, it exceeded all metrics in the engagement indicators, including the leader index, manager indicator, engagement indicator, organization indicator and employee indicator.

Thoughtful hospital leadership and embrace of Northwestern Medicine resources to redefine, reimagine and recommit nursing leadership led to an increase in FY19 Press Ganey leadership engagement scores to the highest level, with cumulative engagement scores surpassing previous fiscal years as well as the organization's FY19 metrics.

Transformational leadership starts with great nurse leaders. This FY19 program promoted the very best in a Lake Forest Hospital Culture of Nursing Excellence.

Christine Somberg, MS, APRN-CNS, ACNS-BC, NEA-BC

Nursing Culture of Excellence Program from NM Academy

Pre-Program	Programming – FY19			Post-Program
Pre-Program Preparation <ul style="list-style-type: none"> • Baseline Metrics • Pre-Program Assessment • Leadership Training <ul style="list-style-type: none"> - F&J Culture - HR Overview 	Module 1: Leading Self & Team Foundations Q2: 4 Hour ILT	Module 2: Creating the Employee & Team Experience Q3: 4 Hour ILT	Module 3: Leading the Business Q4: 4 Hour ILT	Post-Program Assessment <ul style="list-style-type: none"> • Outcome Metrics • Post-Program Assessment
Pre-Work	Leader Toolkit	Leader Toolkit	Leader Toolkit	Ongoing Learning
Mentor Circle Team Captain Meeting & Orientation	Mentor Circle Meets Review of Module 1	Mentor Circle Meets Review of Module 2	Mentor Circle Meets Review of Module 3	Mentor Circle Meets Ongoing Peer Support Check-Ins

Engagement Survey Metrics FY18-FY19

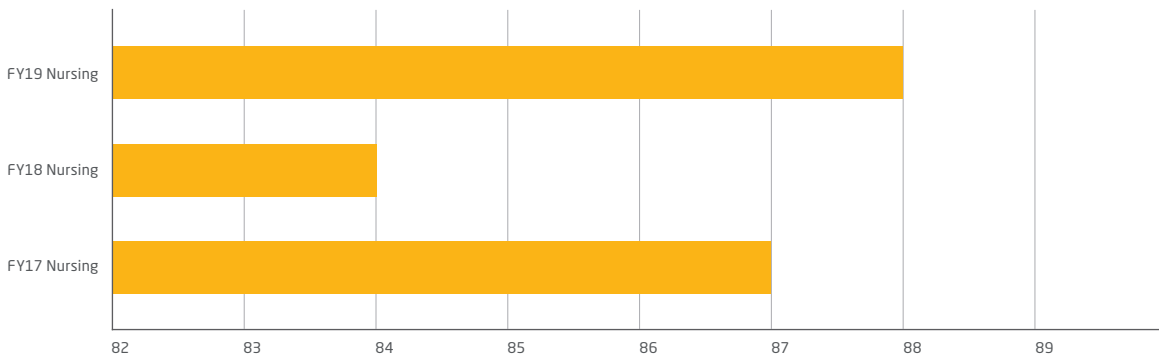
FY	n-size	Engagement Indicator		Manager Domain		The person I report to treats me with respect.		The person I report to cares about my job satisfaction.	
		Score	% Favorable	Score	% Favorable	Score	% Favorable	Score	% Favorable
2018	631	4.14	80%	4.04	76%	4.34	86%	4.08	78%
2019	740	4.26	83%	4.23	82%	4.51	91%	4.30	82%
	+109	+0.12	+3%	+0.19	+6%	+0.17	+5%	+0.22	+4%

FY	n-size	I am satisfied with the recognition I receive for doing a good job.		I am involved in decisions that affect my work.		The person I report to encourages teamwork.		I respect the abilities of the person to whom I report.		The person I report to is a good communicator.	
		Score	% Favorable	Score	% Favorable	Score	% Favorable	Score	% Favorable	Score	% Favorable
2018	631	3.81	68%	3.62	60%	4.24	84%	4.23	84%	3.98	75%
2019	740	4.10	77%	3.92	71%	4.40	89%	4.31	85%	4.06	76%
	+109	+0.29	+9%	+0.30	+11%	+0.16	+5%	+0.08	+1%	+0.08	+1%

Nursing Engagement Indicators
 Fiscal Years 2017, 2018 and 2019
 Departments under Denise Majeski



Nursing Leader Index
 Fiscal Years 2017, 2018 and 2019
 Departments under Denise Majeski



TRANSFORMATIONAL LEADERSHIP

Nurses drive 50% reduction in stage 3+ HAPIs

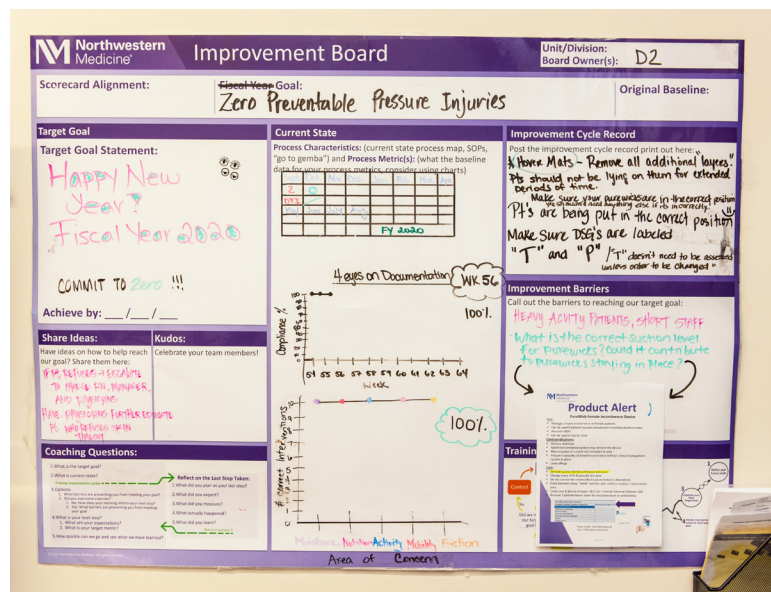
In FY18, among all the challenges of moving to a new hospital and implementing a new electronic medical record system, the Lake Forest Hospital Nursing team noted an increase in hospital-acquired pressure injuries (HAPIs). The FY18 admission-to-HAPI time was seven days, repositioning documentation was inconsistent 50% of the time, and an overwhelming majority of stage 2+ HAPIs were attributed to two units.

As a twice-designated Magnet facility, Lake Forest Hospital staff saw this as an FY19 improvement opportunity. They made a commitment to decrease HAPIs, increase consistency with skin breakdown risk scoring and initiate the correct interventions based on the identified risk.

In FY19, Lindsay Werth, MSN, RN, CMSRN, Patient Safety Program manager, led the D2 and E2 pilot units in a daily DMAIC improvement project. Both advanced practice registered nurses—Katie Vitale, MSN, APN, AGCNS-BC, OCN, Oncology clinical nurse specialist for D2; and Giavonna Lindsey, MSN, FNP-BC, CVNP-BC, nurse practitioner for Critical Care Services for E2—drilled down on the nursing assessment process with the nurses on their units. Clinical nurse managers Ro Ayrempour, MSN, RN, RN-BC, and Meagan Oakford, MSN, RN, CCRN, also assisted in reviewing charts with all the nurses on their units.

Clinical intervention

Unit leaders, Werth, and Mechelle Krause, BSN, RN, WCC, OMS, validated Braden scores and correct interventions by shadowing all RNs in D2 and E2. “Just in time” training was provided to all nurses on the units. The team conducted a survey to assess nurses’ knowledge and attitudes around importance of preventing HAPIs, yielding more than 50 D2 and E2 nurse respondents.



The survey results, coupled with 1:1 coaching, allowed identification of the most effective targeted interventions.

- **Real-time coaching:** Assessment was completed by a front-line unit leader (manager, nurse clinician or charge RN) for 10 patients per week with the Primary Care team to ensure Braden scores were accurate and interventions that were in place were appropriate to prevent HAPIs.
- **Skin timeout:** Increased frequency of this intervention from admission/transfer to daily, with two team members.
- **Weekly huddles:** Offered an opportunity to engage staff and discuss lessons learned.
- **Validation:** Interventions currently in place were assessed for appropriateness to prevent HAPIs.

Due to the success of the E2 and D2 pilot units within the first 12 weeks, all medical-surgical units were added to the daily DMAIC project in FY19. Through the focused efforts of this evidence-based daily DMAIC to prevent HAPIs, Lake Forest Hospital has seen a reduction in stage 3+ HAPIs from 78% of total in FY18 to 50% in FY19. There has been a 50% reduction in stage 3 and above HAPIs in FY19.

Interventions that led to this drop:

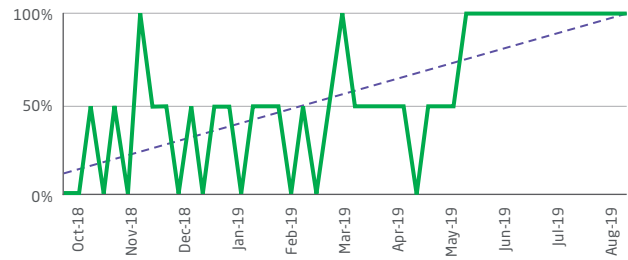
Skin timeout compliance has increased over time. The skin timeout documentation was changed to be embedded within the electronic medical record flowsheet, and correctly identified interventions by nursing assessment have increased over time.

Lake Forest Hospital transformational nursing leadership engaged the inpatient nurses to reduce the FY19 nurse sensitive outcome of HAPIs.

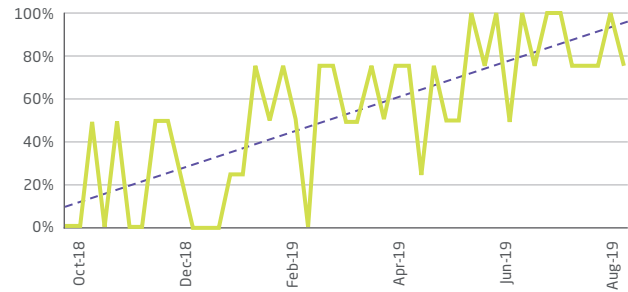
The E2 and D2 HAPI “Skin Is In” poster detailing the project was submitted for Northwestern Medicine Performance Improvement Day in 2019. The project won in the Reliability category at Lake Forest Hospital and at the Northwestern Medicine systemwide event.

Lindsay Werth, MSN, RN, CMSRN

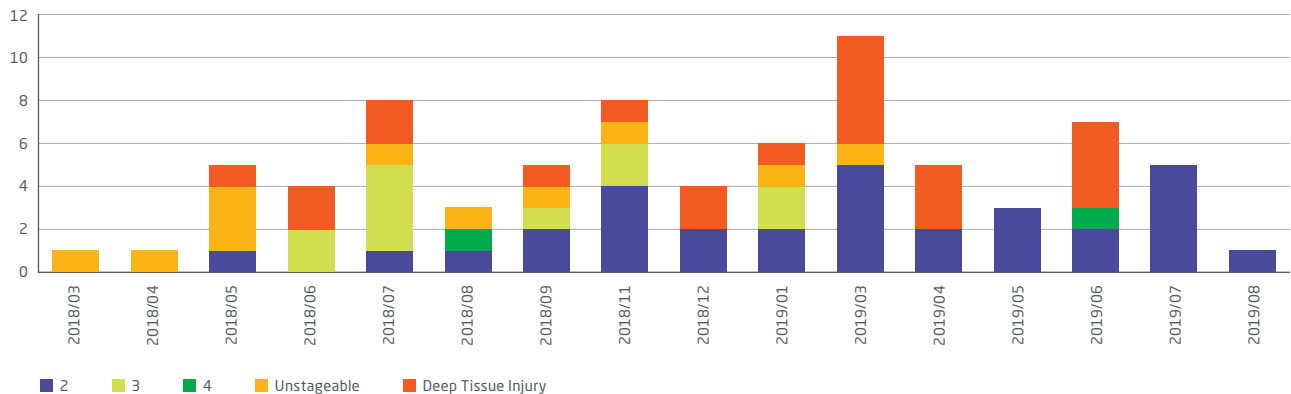
Skin Timeout Compliance MoM
% of Units >90%



Correct Intervention Compliance MoM
% of Units >90%



FY19 HAPI MoM



TRANSFORMATIONAL LEADERSHIP

APP structure improvements drive spike in onboarding satisfaction

Katie Voigt, PA-C, began a path forward for advanced practice providers (APPs) in FY19 as North Region APP lead. Along with Denise Majeski, MSN, RN, ACM, NE-BC, Bernthal Chief Nurse Executive, Voigt created a vision to develop and implement a supportive infrastructure for APPs at Lake Forest Hospital that promotes engagement and cohesive teamwork to improve practices, aligning with the Northwestern Medicine mission and values.

Voigt built a structure for the APP Council encompassing four pillars: onboarding, engagement and retention, cross-divisional communication, and executive leadership.

The four pillars

The first pillar outlines the goal to oversee and support a formalized departmental orientation program for newly hired APPs. A more invested and structured orientation process creates a more satisfied and efficient APP, and improves practices to benefit Lake Forest Hospital patients.

The second pillar, APP engagement and retention, set goals to mentor APPs to develop and build leadership skills that enhance their performance and improve quality care. Majeski and Voigt aimed to create an APP structure that fosters employee participation, satisfaction and organization commitment as measured by annual employee survey results, turnover rates and employee initiatives. Developing and facilitating educational experiences for APPs in each specialty was a strategy to maximize retention. In addition, the APP structure included regular APP team lead meetings to promote positive working relationships, APP collaboration and effective communication across departments. Voigt's leadership laid the foundation to

oversee departmental-based performance improvement for ongoing professional practice evaluation.

The third pillar, cross-divisional communication, facilitates cross-departmental introductions of new APPs with experienced APPs in the region. It also includes establishing and maintaining effective working relationships and appropriate inter-departmental liaisons to ensure the achievement of identified goals. Cross-divisional work is done in partnership with APP program directors in other Northwestern Medicine regions to promote collaboration and consistency on all APP global initiatives.

The last pillar of executive leadership outlines administrative oversight for APPs to ensure consistent practice principles and operations. Majeski and Voigt's APP leadership model provides support for Lake Forest Hospital to help optimize APP utilization and to encourage practice at the top of APP licensures. With Majeski's mentorship, Voigt has developed an APP structure of support for clinical department leadership by establishing APP practice competencies.

High satisfaction

One FY19 outcome of the new APP structure is improvement in APP onboarding. Before the new APP structure, 50% of APPs were dissatisfied with their onboarding experience, and only 30% expressed some satisfaction. After the new FY19 formalized APP orientation, 89% of APPs were satisfied with their onboarding experience. These results included significant improvements in the length of APP orientation, quality of the APP preceptor and available APP resources.

Katie Voigt, PA-C



M NURSE

M
Denise
Majeski, RN
Vice President

M

John
V. ...

TRANSFORMATIONAL LEADERSHIP

New model of care in UCC improves patient and staff engagement

Lynn Nolan, MSN, RN, CAPA, CPAN, NEA-BC, manager of the Universal Care Center (UCC) and Post-anesthesia Care Unit (PACU), led the FY19 challenge of combining multiple procedural platforms into one single platform within the UCC at Lake Forest Hospital.

The UCC nursing care model needed to change from a reactive model, assigning the patient to any nurse available, to a more proactive, plan-ahead approach.

Nolan was tasked to address long patient wait times, procedural delays, and poor patient and staff feedback in the UCC. In response, Nolan and her team, including Katherine Cruz, BSN, RN, implemented “operations management.” This operational approach provided a schedule days ahead of time that assigned specific nurses to patients throughout the day to better manage the UCC workflow and patient assignments.

The new model of care was designed to improve patient safety and efficiency in the face of increased UCC patient volume. Nolan’s team utilized a safe staffing grid and implemented a daily morning nurse huddle that managed any procedural case add-ons. The entire UCC nursing team proactively managed their patient volume by looking days ahead.

Leadership approach leads to success

Nolan’s transformational leadership style built the comfort needed to facilitate change. Nolan encouraged staff feedback from Cruz and all of her team members. Staff feedback led to a newly developed staff scheduling committee that revised PACU phase 2 float rotations for greater staff satisfaction.

The result of this work is a UCC that demonstrates nursing excellence in patient and nurse satisfaction scores.

Nolan’s style of shared decision-making empowered staff to ignite their passion for improving the work environment and patient care.

Lynn Nolan, MSN, RN, CAPA, CPAN, NEA-BC



TRANSFORMATIONAL LEADERSHIP

LFH meets the goal of 80% BSN nurse workforce by 2020

In FY19, earlier than the goal timeline, Lake Forest Hospital met and exceeded the Magnet goal and Institute of Medicine directive of an 80% BSN rate by 2020. The North Park University BSN graduating cohort helped increase BSN rates to achieve an 81.4% BSN rate, exceeding the >79% Lake Forest Hospital target. The RN certification rate also increased to 46.5%, exceeding the Lake Forest Hospital target of >43%, which would have been a 2% increase over FY18.

Lake Forest Hospital supports advancing nursing education through generous tuition reimbursement, yearly professional development dollars, student loan repayment program and ample scholarship opportunities. The hospital is proud of all the nurses who advanced their professional development and education to complete their BSN degree in FY19.

Nine nurses graduated from the North Park University student cohort and helped Lake Forest Hospital achieve this goal:

Bess Bologeorges, BSN, RN, C-EFM (LDR)

Vince Adams, BSN, RN, CNOR (OR)

Yawine Wagnac, BSN, RN (OR)

Katie Cruz, BSN, RN (UCC/PACU)

Aimnee Gramer, BSN, RN, C-EFM (LDR)

Karen Policht, BSN, RN (OB-NSY/SCN)

Brian Yuh, BSN, RN (D3)

Samantha Laviolette, BSN, RN (OP Oncology)

Chris Riske, BSN, RN (ED)

Regina Lewis, BSN, RN (Home Care)



The university's RN-to-BSN degree completion program delivers a blended format, offering both face-to-face classes and the flexibility of completing courses online.

"I really appreciated the every other week format of face-to-face and online," notes Policht. "This structure allowed me to build relationships with other Lake Forest Hospital nurses who were in different specialties and expand my knowledge beyond my unit."

Policht credits Northwestern Medicine for making her degree possible. "I am so glad that I completed my BSN and graduated," she says. "I was able to afford it with the generous Northwestern Medicine Lake Forest Hospital support of tuition reimbursement, Women's Board scholarships, and the student loan payback benefit."

Policht's advice for any nurse thinking of going back to school: "You can do it. It really goes fast."

After graduation, Policht continued to advance her professional development through a commitment to a clinical LADDER evidence-based practice (EBP) project that was inspired by her work as a student.

Karen Policht, BSN, RN



Exemplary professional practice

The goal of exemplary professional practice is more than the establishment of strong professional practice; it is what that professional practice can achieve.

Source: nursingworld.com

EXEMPLARY PROFESSIONAL PRACTICE

E3 nursing team reduces readmission after sepsis

Sepsis is a leading contributor of unplanned readmissions at Lake Forest Hospital, resulting in additional healthcare cost of approximately \$10,000 per readmission. In FY18, Lake Forest Hospital treated 484 patients for sepsis, and 46 (9.5%) were readmitted. Most readmissions were due to pneumonia or infection.

In FY19, a project team was formed on E3, the unit with the most sepsis discharges, to come up with strategies to reduce the sepsis readmission rate.

The E3 nursing team met the challenge with enthusiasm. Led by Sheila Neiner, BSN, RN, CIC, clinical quality leader RN, the project team met weekly to determine the best opportunities that could reduce patient readmissions after sepsis.

“When we analyzed data, conducted patient interviews and reviewed processes, we determined that the inpatient ambulation and oral care approach was inconsistent,” says Neiner. “Other factors that may contribute to patients’ recovery were nutritional state and respiratory condition.”

The process owner was Sharon Dufault, BSN, RN, nurse manager E3, and the team members included:

Stephanie Risch, BSN, RN, CPN

Cyndi Jobes, BSN, RN, ACM

Peggy Funk, BSN, RN, RN-BC

Rachelle Dizon, BSN, RN, CMSRN

Angela Davies, BSN, RN, ACM

Mohamed Bayoumi, MD

Randy Orr, MD

Giana Dazzo, PA-C

The entire E3 nursing and patient care technician staff contributed to this sepsis care improvement effort.

The project team interviewed readmitted patients to determine opportunities for improvement. In addition, E3 nursing staff were surveyed on their beliefs and opinions regarding keeping patients mobile during their hospitalization. Through this patient and staff feedback, key nursing interventions were identified:

- Inpatient ambulation and oral care
- Coughing/deep breathing
- Incentive spirometry
- Nutritional assessment

The project team developed the acronym of ACTION (Ambulation, Coughing and Deep Breathing, Therapy Consult and Collaboration, Incentive Spirometry, Oral Care, Nutrition) to outline the interventions to implement on the E3 pilot unit. E3 staff were provided in-services on safe ambulation, oral care and nutrition assessment. As a result, E3 changed their approach to keeping patients ambulatory during their hospitalization.

By improving routine nursing care, exemplary professional practice resulted. E3 saw zero readmissions in June 2019, met their goal in July 2019, and expects to demonstrate ongoing reduction in sepsis readmissions.

Sheila Neiner, BSN, RN, CIC



E3 ACTION - Mobility and Oral Care Challenges

Weeks 1-4 of Taking ACTION

MARCH thru the month of March with your patients!

- A** = Ambulation - keep the patients mobile
- C** = Cough and deep breathing
- T** = Therapy consult and collaboration
- I** = Incentive spirometry
- O** = Oral care
- N** = Nutrition



E3 Team Mobility Challenge

What is required?

- Set a mobility goal with your patients every shift and document on flowsheet under clinical goals. Add goal to whiteboard in patient room.
- Get patient up out of bed for meals and ambulate at least 3 times per day (if patient is able).
- Documentation of distance ambulated each shift.

Baseline = 0% compliance

Team Goal: Improve compliance by 50% by end of March

Future goal ≥90

Week 1 Improvement = 38.6%

Week 2 Improvement = 54.3%

Week 3 Improvement = 71.4%

Week 4 Improvement = 54.3%

March Results = **Overall 54.6%**

EXEMPLARY PROFESSIONAL PRACTICE

D3 improves outcomes for patients following joint replacement

The Lake Forest Hospital Nursing LADDER Program allows clinical nurses to identify opportunities on their units and implement evidence-based practice changes to improve patient outcomes.

Through this program, Vicky Frasier, BSN, RN, a clinical nurse on the D3 Surgical Unit, worked with her manager to identify an opportunity related to length of stay for patients undergoing total hip arthroplasty (THA) and total knee arthroplasty (TKA).

Frasier knew that shorter patient stays after joint replacement surgery improved patient recovery, so she sought to understand what nursing staff could do to get patients home sooner.

Through her membership in the National Association of Orthopaedic Nurses (NAON), Frasier obtained a set of evidence-based practice guidelines for care of patients following THA and TKA. These guidelines discussed the use of early mobilization practices as an effective way to improve patient outcomes, including decreasing lengths of stay in the hospital.

Early mobilization meant getting patients out of bed as early as the night of surgery, either up to sitting in a chair or at least dangling at the side of the bed. After searching and analyzing the evidence, Frasier recommended implementing the practice change to mobilize all patients on the day of surgery.

Outcomes

After educating staff on the importance of mobilization, Frasier's unit implemented the practice of early mobilization of TKA and THA patients. As a result,



patients saw their average length of stay decrease from 2.96 days to 2.14 days. These early mobilization practices also helped lay the groundwork for the implementation of group physical therapy with this patient population, which is leading to a further decrease in length of stay.

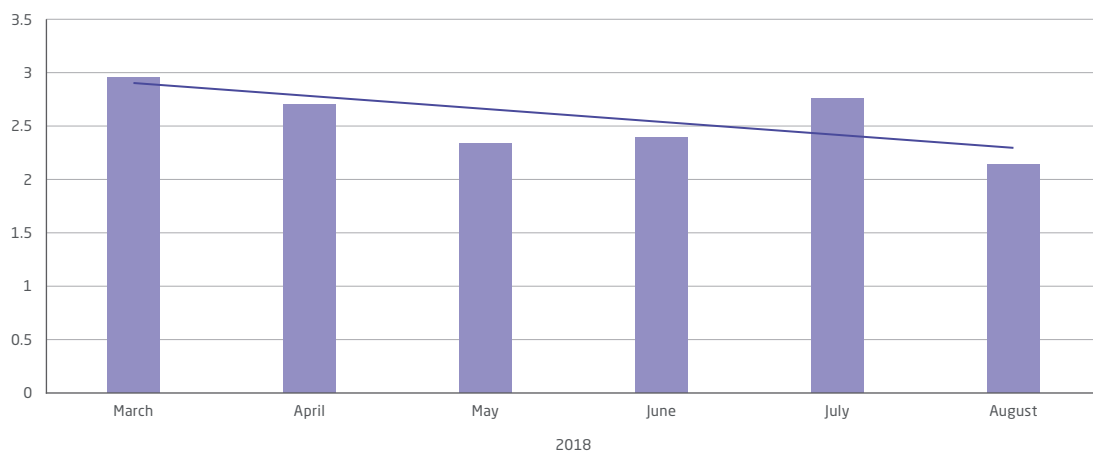
Frasier disseminated the unit's results at the Research and Evidence-Based Practice Conference at Northwestern Memorial Hospital, where she was awarded Best Project.

"Nurses have the power to make a change in their practice every day," says Frasier. "By always looking to improve the quality of care we provide, we move from a stance of, 'We've always done it that way,' to truly bringing evidence-based practice to the bedside."

Dave Chilicki, BSN, RN, ONC, RN-BC



Average Daily Length of Stay Following Total Joint Replacement



EXEMPLARY PROFESSIONAL PRACTICE

Infection prevention protocol reduces surgical site infections

In FY19, Lynn Nolan, MSN, RN, CAPA, CPAN, NEA-BC, nurse manager of the Universal Care Center (UCC) and the Post-anesthesia Care Unit (PACU), noticed that Lake Forest Hospital lacked a standardized approach to surgical site infection (SSI) prevention in the pre-operative area.

Nolan, who has two anesthesia-related nursing certifications and is a member of the American Board of Perianesthesia Nursing, knew that evidence suggested that even though patients were instructed to utilize an evidence-based bathing protocol at home before arriving for surgery, many patients may not effectively complete this protocol to prevent infection.

Nolan knew the evidence supported improved outcomes through a standardized pre-operative nurse-driven bathing protocol for patients presenting pre-operatively. To establish this protocol at Lake Forest Hospital and drive needed improvements, Nolan engaged her team. Katherine Cruz, BSN, RN, and Juliette Triebe, BSN, RN, CAPA, CPAN, were the charge nurses recruited to lead the efforts.

Remedy and results

Nolan, Cruz and Triebe proposed a full-body 2% chlorhexidine gluconate (CHG) wipe to be used from “nose to toes.”

This approach was suggested in the literature to be effective for infection prevention, especially with *Staphylococcus aureus* infections. Nolan and her team selected a bundled approach to implement this evidence-based practice, with multi-modal staff education, a checklist to drive compliance, and the ability to document the new interventions all in one place within the electronic medical record.

With the support of the entire UCC team, the SSI prevention protocol went live on November 6, 2018. Nolan and her team were able to achieve an average 96% compliance rate since the inception of the new protocol.

As a result of this exemplary professional practice nurse-driven protocol, the UCC achieved zero methicillin-resistant *Staphylococcus aureus* (MRSA) SSIs in FY19, exceeding the target of 1.

Lynn M. Nolan, MSN, RN, CAPA, CPAN, NEA-BC



Preparing Your Skin Before Surgery

Sage wipes (CHG) are used on skin before surgery to reduce the risk of surgical site infection.

- If irritation or skin reaction occurs, STOP and call the nurse.
- It is normal for the skin to have a “tacky” feeling for a few minutes. This will go away as your skin dries.

Use all 6 wipes on the following locations, in the following order:

- 1 Neck, shoulders and chest
- 2 Both arms, hands and armpits
- 3 Stomach, groin and skin folds
- 4 Left leg and foot
- 5 Right leg and foot
- 6 Back of neck, back and buttocks

DO NOT:

Do not rinse.

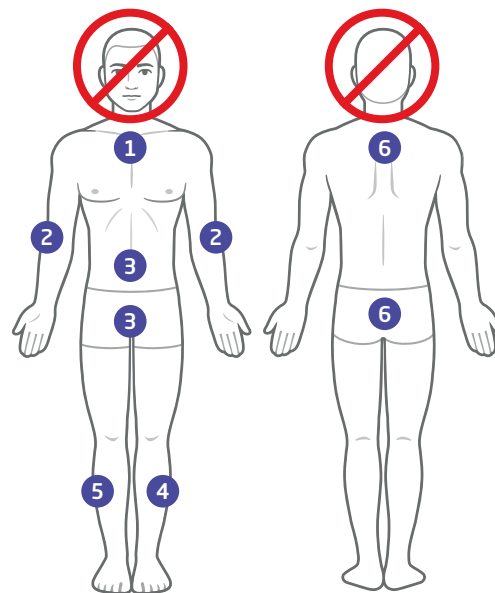
Do not scrub.

If breastfeeding, do not wipe breasts.

Do not wipe your genitals.

Do not wipe your face.

Do not flush wipes in the toilet.





New knowledge, innovations and improvements

Strong leadership, empowered professionals and exemplary practice are essential building blocks for Magnet-recognized organizations, but they are not the final goals. 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. This Component includes new models of care, application of existing evidence, new evidence, and visible contributions to the science of nursing.

Source: nursingworld.com

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

E3 project advances infant safe sleep practices in the hospital and at home

Amanda Boone, MSN, RN, CPN, RN-BC, a pediatric nurse at Lake Forest Hospital, noticed an increased number of parents and guardians were bed-sharing with their infants in the hospital. This practice led Boone to question why there was no hospital policy on safe infant sleeping, which would provide guidance to healthcare professionals on how to formally educate on safe sleep.

Boone engaged in an evidence-based practice project through the Clinical LADDER Program. She reviewed literature to identify best safe sleep practices and developed a safe sleep policy that included nursing education on how to prevent sudden unexplained infant deaths (SUIDs).

Parents and guardians would be taught to:

Place the infant on their individual flat sleep surface (crib or bassinet)

Place the infant on their back

Use a single blanket

Use a single layer of clothing or sleep sack

Remove extra items, such as stuffed animals or diapers, from inside the infant's sleeping area

The policy also included a "Safe Sleep Pledge" designed for parents or guardians to confirm that they received the education on risks of SUIDs, with a focus on avoiding bed-sharing to help adhere to the safety guidelines.

Teaching the teachers

Steps Boone took to support staff education on safe sleep practices:

Developed a staff pre-education questionnaire to collect baseline data on safe sleep knowledge and beliefs, and enlisted E3 charge nurses to collect pre-data on how many caregivers were practicing safe sleep hygiene and bed-sharing

Worked with the electronic medical record (EMR) optimization team to embed safe sleep education within the EMR

Provided formalized education to healthcare professionals through a presentation at a unit staff meeting, including time for questions and answers

Developed a poster presentation for viewing by those staff not in attendance at the unit meeting

Initiated one-on-one communication with outlying staff members

Boone's project sparked discussion among E3 staff and pediatricians around personal and cultural beliefs on bed-sharing.

Some controversy existed on the topic of bed-sharing, and a rich dialogue resulted among E3 healthcare professionals. This led Boone to create a script for caregivers/parents who were resistant to safe sleep adherence. One example included, "I'm going to move the baby to the crib until you wake up. Bed-sharing puts your baby at risk for sudden infant death. I can move the crib closer to you while you both sleep."



Educating parents

Safe Sleep Patient/Family Education from the National Institutes of Health website was obtained as an educational tool to distribute to caregivers. Crib cards were affixed to every crib and bassinet on the pediatric unit as a visual cue to both staff and infant caregivers to place infants on their backs and on top of their own sleep surface (crib or bassinet).

In the same month, Boone presented safe sleep information to the community at the annual Lake Forest Hospital Pediatric Safety Fair in Grayslake.

As a result of Boone's efforts:

Bed-sharing episodes plummeted from 20% to 40% down to 0% to 10%, as measured by direct observation audits

97% of RNs and PCTs reported increased general knowledge regarding safe sleep practices

92% of RNs and 94% of PCTs either increased or retained their knowledge of bed-sharing from pre- to post-education

97% of RNs and 93% of PCTs reported that the safe sleep education would contribute to a change in their practice in relation to safe sleep practices

27% of PCTs and 3% of RNs stated that their actual views, position or beliefs regarding safe sleep changed post-education

Perhaps the most extraordinary outcome of the project is that when Boone conducted post-discharge callbacks at one to three months post-hospitalization, 94% of caregivers recalled safe sleep education being provided and 82% deemed the education to be helpful.

In FY19, Boone advanced the best available evidence utilizing an evidence-based project in alignment with the Northwestern Medicine mission, vision and values, the Lake Forest Hospital Nursing mission and vision, and the goals of the FY19 Nursing Strategic Plan.

Stephanie Risch, BSN, RN, CPN

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Clinical LADDER Program effects culture change

Lake Forest Hospital's Nursing Clinical LADDER Program provides professional development opportunities for clinical nurses to design and implement evidence-based practices to impact patient, nursing and/or organizational outcomes.

Michaela Baron, BSN, CVRN-BC, CCRN, a clinical nurse in the Intensive Care Unit at Lake Forest Hospital, noted that shift report was not standardized, leading to inconsistent communication among nurses and dissatisfaction with shift report process. Baron developed a clinical question to explore clinical nurses' perceptions and barriers to changing the shift report culture at the hospital.

The question Baron was looking to explore was, "Does Bedside Shift Report (BSR) foster more effective communication during shift change?" She structured a four-phased project to assess nurses' perceptions, provide education, identify barriers and ensure competency in performing BSR.

Four phases of the project

Phase I - Assessment of literature and project planning: Baron performed a literature search, which revealed that standardization of shift handover was identified as a National Patient Safety Goal. In addition, she identified that BSR resulted in improved staff and patient satisfaction, a heightened feeling of safety, and increased trust and rapport among nurses. Baron developed the structure of her project

Phase II - Implementation: Baron designed and administered her first survey to assess attitudes and barriers to BSR. She collaborated with Lisa Lees, RN,

Patient Engagement coach, to provide education and implement the BSR process prior to the March 2018 move to the new hospital and implementation of a new electronic medical record (EMR).

Phase III - Evaluation: After the move and transition to the new EMR, Baron provided re-education on the BSR process. Then, she administered a second survey to evaluate nurses' perceptions and assess continued performance of the BSR format.

Phase IV - Sustainability: Baron assessed clinical nurse competency in BSR performance and administered a third and final survey to assess changes in nurses' perceptions and culture.

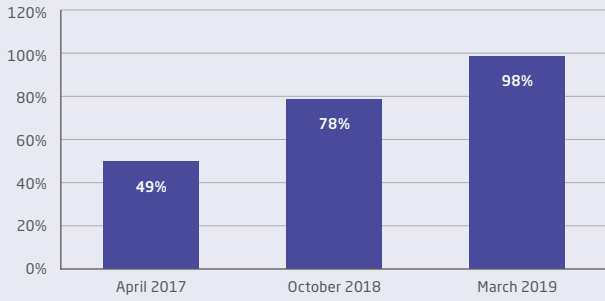


BSR becomes new standard of care

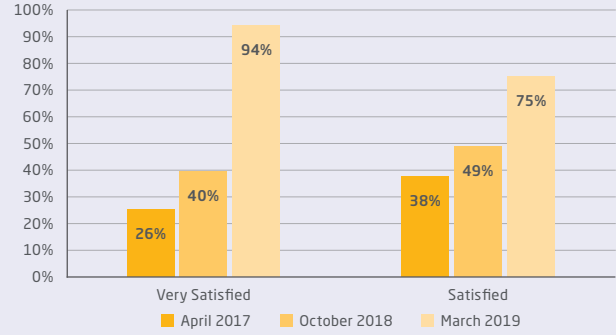
Survey results demonstrated improvements in standardization of practice and changing nurses' perceptions of the value of BSR. BSR is now the standard of care at Lake Forest Hospital, with 100% of nurses who responded (91% response rate of those surveyed) indicating that BSR is the preferred method of hand-off.

Nancy Nozicka, MS, APRN-CNS, CCNS

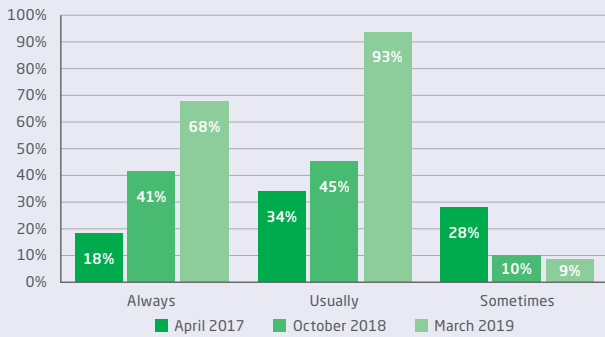
BSR is standardized and structured.



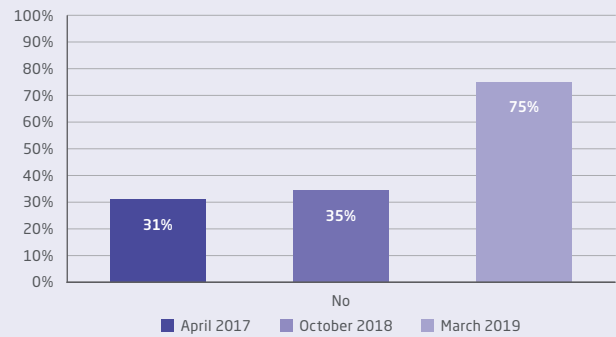
How satisfied are you with the information you receive at BSR?



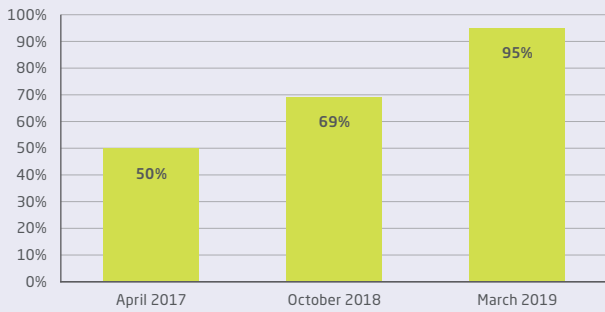
During my last shift, hand-off communication has been performed at the bedside.



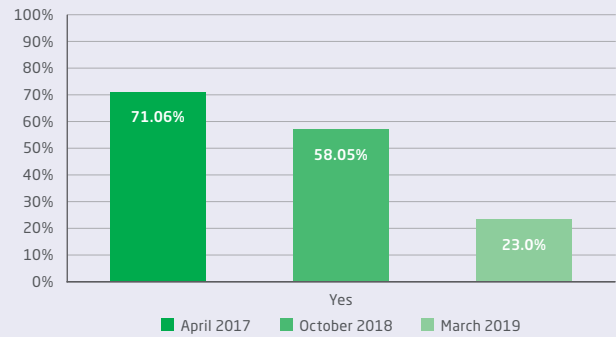
I have to spend extra time after BSR in order to be prepared for my shift.



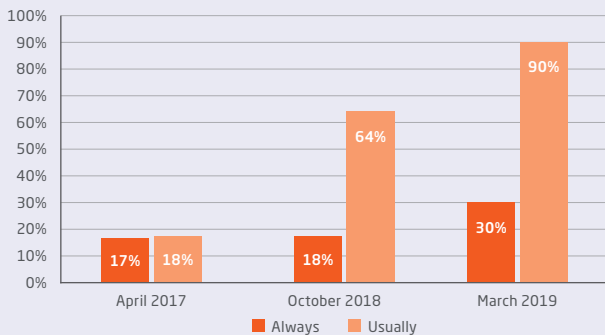
In general, what percentage of shift report should occur at the bedside?



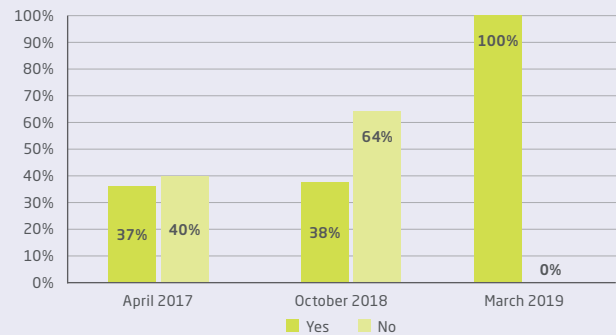
Have you ever been involved in an error related to lack of communication during report?



Before assuming care of my patients, my questions regarding patients' condition are answered in BSR?



Given the option, I would prefer to have shift report at the bedside.



NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Oncology technology reduces emotional distress

A 2014 study found 8% of female patients will refuse chemotherapy because of hair loss.

Cathy Spagnoli, MSHA, RN, CBCN, CN-BN, ONN-CG, and Jennifer Tepper, MSN, APRN-CNS, CBCN, Lake Forest Hospital nurse navigators for patients with breast cancer, were awarded a grant from the Women's Board of Northwestern Lake Forest Hospital to expand the Lake Forest Hospital Infusion Center DigniCap® Program in FY19.

DigniCap is a patented medical cooling device that offers patients with cancer the ability to minimize hair loss during chemotherapy. The goal is to improve well-being and quality of life by helping these patients maintain dignity and control during a very challenging time.

A lack of technology related to counteracting adverse effects of chemotherapy impacts not only patient satisfaction and emotional distress/self-image, but also choice in healthcare provider. Lake Forest Hospital is one of only nine sites in Illinois that offers DigniCap.

The cost of DigniCap, \$1,500 to \$3,000 per patient, can be a barrier for many patients, as it is not covered by insurance. Because of the Women's Board grant, the Infusion Center at Lake Forest Hospital is able to offer the DigniCap to some patients at no charge.

Bringing DigniCap to Lake Forest Hospital

In order to properly roll out the DigniCap program, a process flow, chemotherapy regimen program and tools for the electronic medical record system needed to be built out. In addition, the Oncology Department engaged the Concierge Department to help facilitate the cold cap fittings and setup to ensure a positive patient experience, while still maintaining patient care on all levels. The processes were vetted with the Oncology teams and developed further by Spagnoli and Tepper throughout their time with the DigniCap program to continuously enhance the process until all elements were defined.

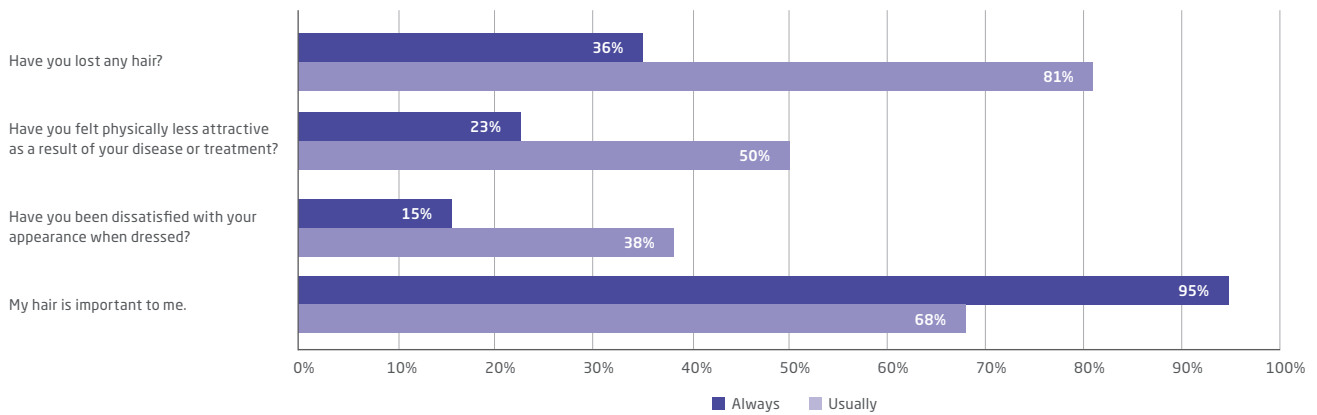
At Lake Forest Hospital, 135 DigniCap treatments were completed in FY19. Of those patients, 91% noted satisfaction for reduction of stress related to their cancer diagnosis, and 96% were satisfied with their decision to use scalp cooling.

As a result of the use of cold caps, the eight patients who have completed all of their treatment sessions have retained 65.63% of their hair on average. In addition, patients have come from out of state in order to get this innovative care.

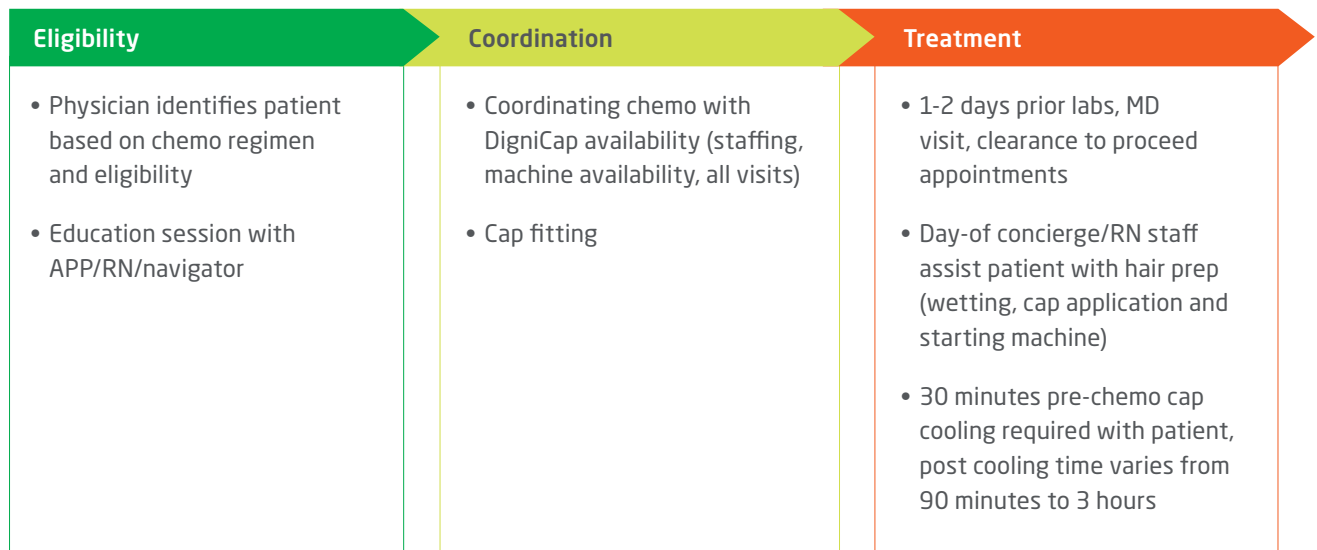
Christine Somberg, MS, APRN-CNS, ACNS-BC, NEA-BC



Quality of Life BR 23 and BIS Responses at the Last Chemotherapy Cycle
 Patients responding Quite a Bit/Very Much



DigniCap workflow



NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

How decentralized Nursing Stations impact nurses and patients

Amy Barnard, MS, APRN-CNS, CCNS, SCRNP, CEN, and Christine Somberg, MS, APRN-CNS, ACNS-BC, NEA-BC, are co-primary investigators (PIs) for an FY19 study about nurses' perception of social isolation and moving to a new hospital. The Lake Forest Hospital Research Evidence-Based Practice Council (REBPC) sought to generate new knowledge associated with the many changes that resulted from moving to the new Lake Forest Hospital building in March 2018 from the old hospital building on the same campus.

Study significance

The new hospital's physical layout of the nursing units is based on decentralized Nursing Stations. This major change, along with the implementation of smartphones, may impact the well-being of nursing staff and the patients.

A decrease in nursing satisfaction caused by loneliness may result in high nursing turnover, which can be costly. An increase in infection rates or noise levels can result in a corresponding decrease in patient satisfaction, which can be costly in terms of unreimbursed care and poor public relations.

By identifying these issues early in the transition process, corrective steps could be taken.

Study purpose

The purpose of this study was to gather pre- and post-move data in three significant areas:

- The level of social isolation among nursing staff
- The rate of hospital-acquired infections (HAIs) among patients
- The impact of noise on patient satisfaction

If any of these issues were impacted negatively by the new layout, the nursing research team wanted to identify the concerns and address them in a timely manner through education and training.

Method and data collection

Multiple methods were used to gather data to answer three research questions (see next page). To understand if nurses at Lake Forest Hospital demonstrate an increase in social isolation, a pre- and post-test comparison will be made using a validated survey tool. The De Jong Gierveld Loneliness Scale is a six-item tool used to measure two scales: social loneliness (SL) and emotional loneliness (EL). It has a three-point response: Yes, More or Less, No. This has been deemed a valid and reliable tool for use with large groups due to the brevity of the survey (De Jong Gierveld & Tilburg, 2006) and has been extensively used with older adults throughout the world.

Results are still being gathered, and co-PIs Barnard and Somberg look forward to sharing them with the Lake Forest Hospital Nursing team to gain new knowledge from one of the most memorable events in the hospital's nursing history: Moving to a new hospital.

Christine Somberg, MS, APRN-CNS, ACNS-BC, NEA-BC



Research Questions

- 1 Do nurses experience an increase in social isolation after moving to a decentralized Nursing Station?
- 2 Is there an increase in patient infection rates on units using smartphones as communication tools?
- 3 Do decentralized Nursing Stations have lower noise levels and thus a corresponding improvement in patient satisfaction on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores regarding noise?

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

The optimal time for urinary catheter removal in patients after C-section

The first BSN registered nurse Hunter Research Scholars at Lake Forest Hospital are Mary Jo Cameron, BSN, RN, and Jowita Szczypka, BSN, RN, in the Maternity Unit. Cameron and Szczypka attempted an evidence-based practice project regarding catheter removal following cesarean section, but found little evidence to inform their question. There appeared to be no standardized urinary catheter removal time for post-cesarean section due to the lack of research.

As a result, Cameron and Szczypka initiated a research study to answer the following question:

In planned, term, cesarean section patients, is there an optimal urinary catheter removal time based on time of first ambulation, time of first void and length of hospital stay?

Background

“When do you remove the urinary catheter again?” is a frequently asked question by staff on the postpartum floor at Lake Forest Hospital. The usual response is, “Remove it in the morning.”

However, cesarean sections occur both day and night, and these patients often are ready to ambulate as soon as four to six hours post-op. Yet, urinary catheters often are not removed for more than 24 hours post-surgery.

A PARIHS (Promoting Action on Research Implementation in Health Services) model, which is a framework that takes into consideration the quality of evidence, the context and the facilitation of implementing evidence, was used to assess the readiness for change at Lake Forest Hospital. A survey

sent to staff measured collaborative practice, evidence-informed practice, respect for persons, practice boundaries and evaluation.

Staff survey results

The overall readiness for change was 50%. Among the changes that would need to occur to increase the readiness for change would be educating staff, collaborating with key stakeholders and finding a physician champion. When asked about eliminating the insertion of a urinary catheter completely, the readiness for change was low (52.5%), but when asked about a standardized protocol that guides the timing of removal, the readiness for change was high (85%).

These findings showed that research needed to be conducted to identify an optimal urinary catheter removal time. A review of the literature showed that urinary catheters are used during cesarean sections and can increase the risk of infection the longer the catheter is in place.

The literature concluded that urinary catheter use in cesarean section patients is not necessary and/or should be limited.

Identifying optimal removal time

Information gathered from a retrospective study of optimal catheter removal time will form the basis for a second research project to change and standardize the current urinary catheter removal policy. A retrospective chart review of the electronic medical record will be conducted for patients who had a planned, full-term cesarean section. Cameron and Szczypka will independently review charts from the same time period, gather the data and record it on a spreadsheet. Unique identifiers will be utilized.



Three variables will be considered:

Time of first ambulation

Time of first void

Length of hospital stay

Data analysis

Once the chart review is completed, the researchers will compare their data and resolve any discrepancies. The data from the three variables will be presented in graph form and used to form the research question for an additional study to validate the findings from the previous research.

Research results will be disseminated to the Lake Forest Hospital Nursing staff after all data has been reviewed.

Christine Somberg, MS, APRN-CNS, ACNS-BC, NEA-BC

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Stroke Program coordinator initiates new study on survivorship

Generating new knowledge is a key driver in advancing nursing practice. Amy Barnard, MS, APRN-CNS, CCNS, CEN, SCRNP, Wood-Prince Stroke Program coordinator at Lake Forest Hospital, is collaborating with the American Heart Association (AHA) and Stroke Survivors Empowering Each Other (SSEEO) in a research study evaluating the Stroke Survivor to Survivor (SS2S) program.

SSEEO, a stroke survivor support network, developed the SS2S program and worked with Barnard in 2015 to implement a program to have a trained stroke survivor call patients recently discharged following a stroke.

After the program was in place for a number of years, Barnard grew curious about its impact, and she noted a lack of evidence-based literature regarding the effectiveness of such a program.

The AHA's Center for Health Metrics and Evaluation, on behalf of the SSEEO and its SS2S program, will lead the overall study to answer the following question:

Does the SS2S program improve access to health care, access to resources, social support and self-management skills (short-term program outcomes)?

The evaluation study will incorporate a one-group, post-only study design in order to inform program effectiveness and improvements for replication and scalability.

Once IRB approval is received, Barnard will begin enrolling participants in the study. She will be responsible for collecting a subset of participant characteristic data in aggregate from the existing Get With the Guidelines (GWTG) Stroke hospital quality improvement program. This data will be used to identify study participant characteristics.

Study participants will receive a minimum of two monthly phone calls from the trained SS2S program stroke survivor. After the SS2S phone calls are complete, an interviewer from the AHA will gather the primary evaluation study data by conducting a telephone interview asking questions regarding the SS2S phone calls the participants received.

Stroke can be life-changing, potentially leaving a patient with physical and cognitive disabilities. Barnard is hopeful the evaluation of the SS2S program will confirm what she has already seen since the implementation of the program:

Recently discharged patients who have had a stroke are thankful to know they aren't alone in their recovery journey.

Amy Barnard, MS, APRN-CNS, CCNS, CEN



Northwestern
Medicine
Terry
Bobko
Volunteer
Administrative Services

Northwestern
Medicine
Larry
Bobko
Volunteer
Administrative Services

Northwestern
Medicine

Volunteer



Structural empowerment

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

Source: nursingworld.com

STRUCTURAL EMPOWERMENT

Inter-professional Real-Time Demand Capacity team improves patient outcomes

Since the new Lake Forest Hospital opened in March 2018, patient admissions have increased roughly 20%, straining current staff. To identify short-term and long-term solutions, patient throughput is being explored from different angles.

The *New England Journal of Medicine* defines “throughput” as:

...the movement of patients through a healthcare facility. It 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 patient/provider satisfaction.

In other words, throughput involves coordination among all elements of the hospital, not just a focus on individual departments. To address capacity issues at Lake Forest Hospital, staff implemented a Real-Time Demand Capacity (RTDC) program to match anticipated bed demand daily with available bed capacity during the vital hours of 8 am to 2 pm, Monday through Friday.

Throughput Director Bob Costello, along with a team of charge nurses and other professionals, led the effort to increase patient discharges before 2 pm to help decrease delays experienced with patient placement later in the day.

The effort involves a daily RTDC bed meeting at 8 am with the throughput director, Nursing Operations leader, diagnostic areas, therapies, Dietary, Environmental Services, Transportation and department charge nurses working together to develop defined plans to address the timing of patient tests, discharges and admissions. To maintain motivation, weekly awards are distributed to units to recognize high performance or to encourage those with lower prediction accuracy.

Other implemented short-term solutions

The E1 Observation Unit was expanded to include seven additional rooms for patients to be placed when there are no beds available on the inpatient units. These rooms have been updated to enhance the patient and staff experience.

Cardiology testing services have been expanded.

Alternative care locations (hallway spaces) were mobilized and enhanced. These are locations that can safely be used on the inpatient units to place patients temporarily as they wait for a bed on the unit to become available.

A Discharge Lounge was implemented for patients who have been discharged but are waiting for a ride. The



lounge is located on the first floor in Pavilion F (across from The Chapel) and is open from 8 am to 6 pm, Monday through Friday. It is staffed by a concierge.

The peak census protocol was redefined to allow for earlier leadership notification in times of patient surge. This allows all departments to implement specific interventions to improve patient flow.

RTDC gets results

Adding beds on campus will take some time, which is why the short-term focus is to drive efficiency in operations. The Agency for Healthcare Research and Quality (AHRQ) (2018) confirms that high emergency department (ED) length of stays, ED crowding and inefficient management of hospital patient throughput can negatively impact patient safety, patient care and patient satisfaction. Some of these implications include:

Increased lengths of stay

Higher intensive care unit mortality

Increased mortality

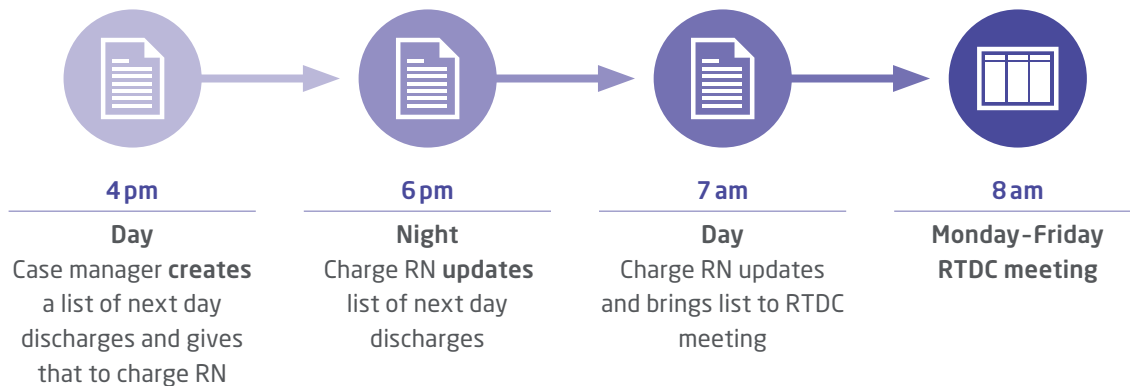
Increased time to treatment



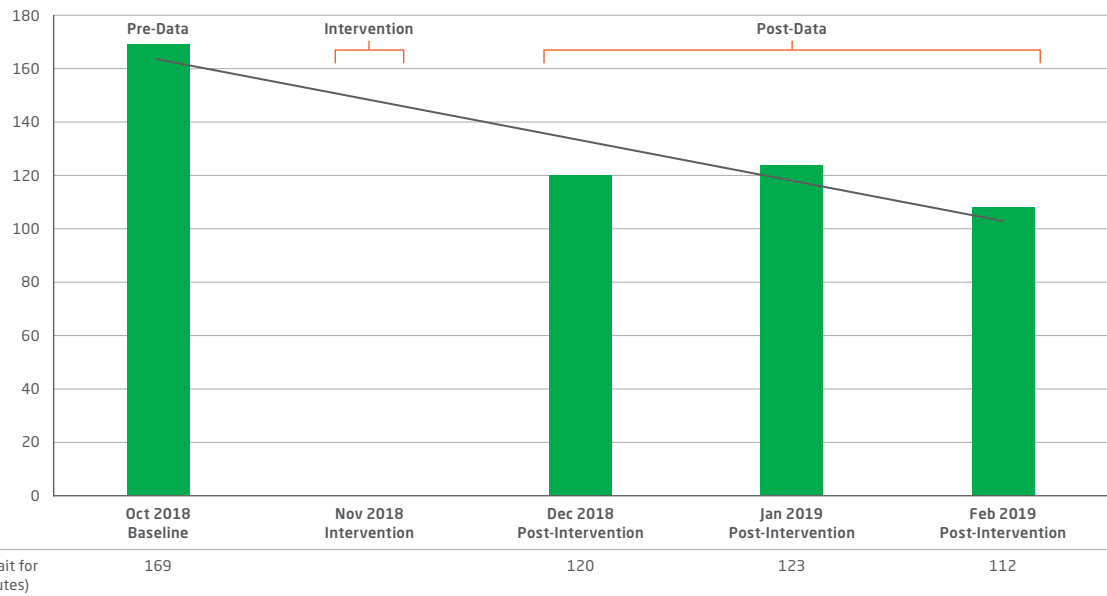
The published literature is conclusive that ED patient throughput is an essential component of safe, quality patient care. Lake Forest Hospital took the evidence-based recommendations endorsed by numerous organizations to utilize charge nurses as part of the inter-professional team to influence better patient outcomes related to time to inpatient treatment, average length of stay and patient satisfaction (likelihood to recommend).

As a result of the RTDC program, in FY19, Lake Forest 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.

Christine Somberg, MS, APRN-CNS, ACNS-BC, NEA-BC

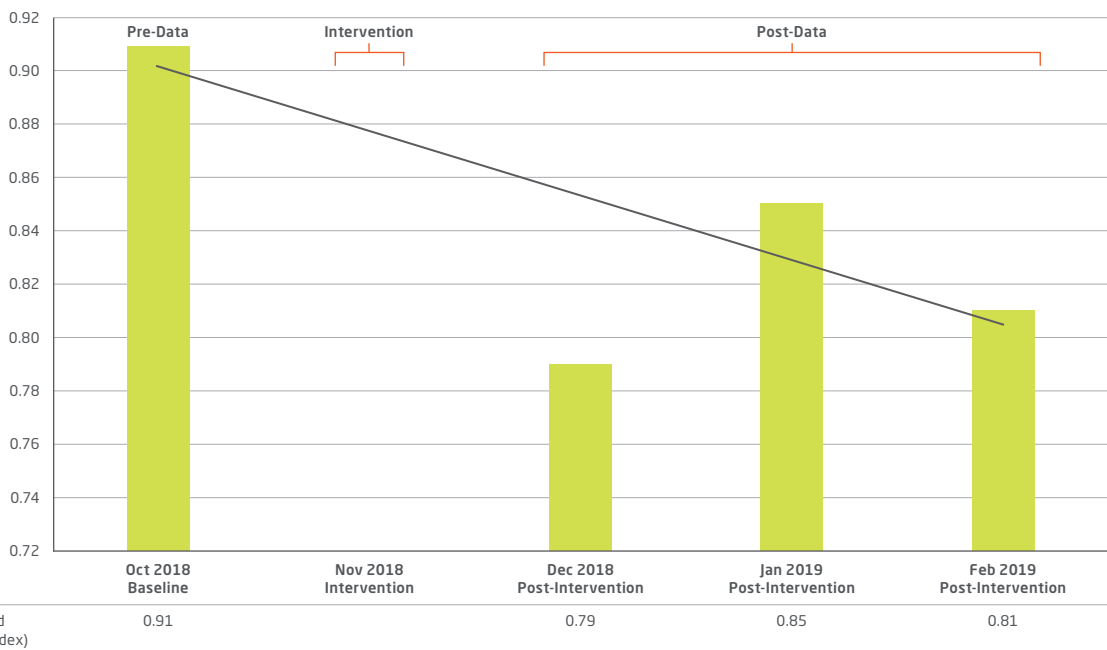


Lake Forest Hospital
Average ED Patient Time to Inpatient Treatment (Minutes)



■ Average ED Patient Wait for an Inpatient Bed (Minutes)

Lake Forest Hospital
Observed vs. Expected Length of Stay (O/E Index)



■ Observed vs. Expected Length of Stay (O/E Index)

STRUCTURAL EMPOWERMENT

New unit improves throughput and care amid increase in patient volume

FY19 brought a significant increase in volume of patients needing observation or admission through the Lake Forest Hospital Emergency Department.

In response, a new unit, E1, was established to serve as an Observation Department. The pilot unit launched on May 22, 2018.



The solution was the result of brainstorming among the following Nursing leaders:

- Pam Paglia, MSN, RN, NE-BC, nurse manager of Nursing Operations leaders, Venous Access Team and Float Pool
- Denise Majeski, MSN, RN, ACM, NE-BC, Bernthal Chief Nurse Executive
- Karen Mahnke, MSN, APRN-CNS, CNS-BC, NEA-BC, associate chief nurse executive

E1 was a 15-bed unit, operating 24/7. The E1 pilot was meant to increase patient satisfaction by helping decrease the ED length of stay, especially for boarder patients. The approach allowed inpatient nurses to care for observation patients and ED nurses to care for ED patients. The space that was used was in the eight-bed Clinical Decision Unit and seven-bed Universal Care Center.

Structure of the pilot

E1 was designated for adult medical-surgical patients. It did not accept:

- Patients needing critical care
- Patients needing behavioral health care
- Patients needing chemotherapy
- Pediatric patients
- Post-operative or post-procedural patients
- Patients needing dialysis

For safety reasons, if patients needed services from Surgical Services or the IR/Cath Lab, they did not return post-procedure to their E1 room. Instead, they were transferred to an inpatient room.

Staffing during the pilot phase consisted of one charge nurse who worked four 10-hour shifts, Tuesday through Friday, which was when the E1 unit saw the highest volume. Additional staff consisted of nurses and patient care technicians (PCTs). The department started out by

using float pool staff and floating nurses and PCTs from other inpatient units. The average census during the pilot was 14 patients.

Because this area was not set up the same in the electronic medical record (EMR) for documentation, nor was the care space set up as the inpatient nursing units, several work-arounds were required by staff in order to deliver safe, accurate and efficient care. The staff, manager and director all worked closely with many departments throughout the hospital to collaborate and ensure that patient safety, accuracy and efficiency were maintained.

The pilot ended July 31, 2018.

From pilot to permanent

In August 2018, Administration approved creation of a permanent E1/Observation Department in FY19. It would include 15 beds to be used for observation and overflow.

One of the immediate challenges for E1 was that the EMR was not built to accommodate the Observation Department on the inpatient platform for documentation. In December 2018, after close collaboration with IT, the E1 unit was set up in the EMR the same as the other inpatient departments. This made documentation much more efficient and accurate for nurses, PCTs and physicians.

Physical improvements and equipment were also needed in the department to meet patient and staff needs. Staff needed and obtained a workroom, lockers and a coat rack. Patient needs, which were also met, included pictures in patient rooms, mirrors, chairs for visitors, overhead lights that patients could control and bedside tables.

Working closely with Human Resources over a span of 10 months, more than 35 new staff members were hired to work on the E1 unit. New staff included 24/7 charge nurses, bedside nurses, PCTs and resource ambassadors.

The evolution of E1

The team was forming – and growing. Along with it, the scope of services also started to grow as boarder patient volumes increased. Today, E1 takes care of:

- Medical-surgical patients
- Patients who need dialysis
- Patients who need behavioral health care
- Post-operative patients, including from Surgery and the IR/Cath Lab
- Intermediate care patients (as needed)

With the increased acuity and complexity of patients, more staff education was required. During FY19, with the help of many nurse clinicians, staff received a variety of training, including two separate Cardiac Arrest and Rapid Response Team simulations.

Additional changes to E1 include:

Introduction of Emmi® iPads to help educate patients

Partnership with the Patient Engagement Team to practice the same as the inpatient departments

Monthly department meetings, charge nurse meetings and PCT meetings to foster the sharing of information and strengthening of teamwork

Throughout its journey from pilot to permanent, E1 has been staffed by employees who continue to demonstrate strong teamwork and a commitment to patients, families, co-workers, E1 and Lake Forest Hospital.

Pam Paglia, MSN, RN, NE-BC

STRUCTURAL EMPOWERMENT

Nurse Residency Program achieves ANCC Accreditation With Distinction

In 2010, a list of recommendations was set forth by the Institute of Medicine (IOM) to answer the nation's most pressing questions about the future of health care and the strategic needs for the profession of nursing.

As an advising group, the IOM looked forward to 2020 to consider what the future of health care was likely to bring and how the profession of nursing needed to prepare.

One of the top eight recommendations included implementing nurse residency programs. It was predicted in 2010 that the healthcare environment would change rapidly, the patient care delivery models would shift and a projected nursing shortage would hit, all the while seeing both the total number of patients and acuity of patient needs rise. These predictions have all come true.

The executive leadership team at Lake Forest Hospital took these predictions seriously and invested financially into implementing a structured one-year nurse residency program designed to support new graduate nurses as they transition into nursing practice from the student role.

Led by Shanel Martens, BSN, RN, RN-BC, program manager for the Nurse Residency Program, Lake Forest Hospital implemented the Vizient/AACN Nurse Residency Program in 2014.

Five years later, in FY19, the program has grown and met significant milestone markers:

Supported the growth and development of more than 100 new graduate nurses

Mentored more than 60 evidence-based practice (EBP) review initiatives

Impacted employee engagement at the unit level, bringing positive culture change

Improved first-year retention of new graduate nurses to more than 92% the last two fiscal years

Developed clinical leaders at the bedside, where more than 50% of all residents completing the program are in some form of leadership at the unit level by year two or three

Graduated the first resident alum to present her Nurse Residency Program EBP review/LADDER project at the national Vizient conference

Disseminated best practices for residency program design at local and national conferences

The biggest milestone yet was achieving accreditation of the residency program from the American Nurses Credentialing Center's Commission on Accreditation in Practice Transition Programs in February 2019.

Not only did the program meet the 65 standards for accreditation, it did so "With Distinction."



The appraisers reported the following elements of the program to be noteworthy:

Incredible leadership support and engagement of the program at all levels of the organization towards meeting the residency program's overarching goals

Inclusion of creative and innovative teaching-learning strategies that engage adult learners and make residency fun for participants

Partnering to provide support and mentoring for residents beyond their first year as they pursue their own professional goals

Shanel Martens, BSN, RN, RN-BC



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