



Nursing Excellence Report 2023



Healthier, together.

Welcome to the 6th Annual Nursing Excellence Report

Welcome to our annual report of Nursing and Patient Care Services excellence for Union Health! I am consistently amazed at the excellence, growth, and compassion our associates demonstrated over the last year and each day in our halls. We have so much to be proud of about between these covers:

TRANSFORMATIONAL LEADERSHIP

“Mentoring New Graduates”

New nurses mentor one another in an innovative way

“What Matters Most”

Simple but unique approaches to patient experience

STRUCTURAL EMPOWERMENT

“Sepsis Mortality Reduction Efforts”

Learn how evidence-based care bundles moved the mark

“Growing New Nurses Through Apprenticeship”

Partnering with schools to produce quality RNs

Associate Excellence

Celebrate new CSS PACE members and PACE RNs, Daisy and Sunshine award winners!

EXEMPLARY PROFESSIONAL PRACTICE

“Improving A1C for Ambulatory Patients”

Learn about massive success in glucose management

“Navigating Heart Failure”

A new ambulatory role assists in disease management

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

“Safe Discharges for High-Risk Moms”

A nurse-led project to improve postpartum outcomes

The Magnet Council worked over the last year to completely revise the Professional Practice Model, found on page 16. This work serves to represent the interprofessional, quality care that is delivered at all of our locations. Our patients see us as one system of healthcare delivery and this team has embodied what we have long known – that we must rely on one another to ensure our patients get the high quality outcome they deserve.

As we look forward into our upcoming year I am filled with hope in the work that will occur. Next year we submit our redesignation document for Magnet® including Union Hospital Terre Haute, Union Hospital Clinton, and the offices that make up Union Medical Group. May we be inspired as we read this year’s collection of stories to continue our journey of high performance, compassionate care, and unmatched camaraderie.

Thank you for making Union Health the best place to live out our mission of delivering compassionate healthcare of the highest quality!



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

Front Cover: Cassie Long, ASN, RN gives Annie Shannon, RN, MSN, AMB-BC, Ambulatory Educator, an injection at Northside Family Medicine.

Transformational Leadership



Nursing Mission

We exist to provide compassionate care of the highest quality.



Nursing Vision

To be recognized for providing exceptional care.



Nursing Philosophy

We believe in:

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

Patient Care Services Strategic Plan for 2023

Strategic Plan Supporting System Priorities

1. Excellence in Quality and Safety - Reducing Harm

- Reduce the number of patient falls with injuries from previous year
- Reduce the number of patients with hospital onset C-diff

2. Excellence in Employee Engagement

- Increasing the percentage of highly engaged associates from prior year, combining RN’s with all other staff
- Provide a safe environment for staff
- Increase participation in Professional Advancement of Career Excellence (PACE) program
- Increase participation in Clinical Support Services Professional Advancement of Career Excellence (PACE) Program.
- Decrease turnover from prior year

3. Excellence in Education & Innovation

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

4. Excellence in Patient Experience

- Achieve 50% overall Net Promoter score for Union Health System

5. Excellence in Financial Stewardship

- Achieve operational budget at 0.5% margin.



Jamie Readinger, DNP, RN, CCRN, NRP Facilitator

Mentoring New Graduates

Peer Groups in Nurse Residency

The Nurse Residency Program (NRP) at Union Health supports new graduate clinical nurses hired into acute care roles at Union Hospital (UH) and Union Hospital Clinton (UHC). The program is designed for new graduates with less than one year of acute care experience as they transition from an academic setting into practice. This 12-month (10 session) program supports the clinical nurses in a variety of ways including didactic sessions,

skill workshops/simulations, mentoring, and the completion of a performance improvement project spread across ten monthly sessions.

Mentoring programs are traditionally integrated or aligned with NRPs to provide additional support to the new graduate clinical nurse. At Union Health, a massive redesign of the NRP was launched in early 2020. The existing mentoring program

paired experienced nurses with new graduate nurse residents and required the pair to meet 1:1. This process was not found to be a value-add for the mentor or the mentee and often simply did not manifest a true mentor-mentee relationship. As such, the mentoring structure was revised significantly into Peer Groups to better serve the needs of the modern new graduate.

Peer Groups provide new graduate clinical nurses access to an experienced Registered Nurse (RN) mentor while also building peer-level support in the form of socialization, collaboration, emotional support, validation of feelings, and shared experiences. At the culmination of seven of the ten monthly NRP sessions, the Clinical Nurses meet with their assigned Peer Group for a 45-minute session.

Literature frequently identifies mentoring as a key component in maintaining new graduate nurse satisfaction and reducing turnover. Further research conducted by **Jamie Readinger, DNP, RN, CCRN, NRP Facilitator**, during her DNP course of study found that the relationships developed through mentoring reduce the transition shock experienced by the new graduate nurses (Duchscher, 2009).

Peer Group assignments and mentors are identified by Jamie for the duration of the program. Members of each cohort are assigned to peer groups ensuring no employment relationship exists between the clinical nurse and the facilitator/mentor. No more than two group members work in the same specialty, ensuring confidentiality and exposure to differing perspectives.

Mentors, known as Peer Group Facilitators, are recruited from a pool of experienced nurses in a variety of roles including strong Clinical Nurses, Clinical Educators,

and Nurse Leaders. Assignments are made to ensure no relationship exists with the Facilitator as well. Each Facilitator is assigned a Peer Group that they maintain for the duration of that cohort's NRP year. This methodology offers a consistent source of mentoring, support, and guidance from a role model nurse within the 45-minute meeting time scheduled during the NRP and beyond. Facilitators receive a training manual that guides them through the process and arms them with resources.

Each Peer Group is given a private meeting space to encourage open communication. At the first session, the Mentor shares what a Peer Group is designed for and shares a contract. Each Clinical Nurse is asked to sign the contract and respect the confidentiality of the conversations shared during Peer Group time.

Validation of the program is conducted through an electronic evaluation at the culmination of each NRP session for the content, including Peer Groups. Residents consistently identify peer group as a session to keep in the program. After the 2020 cohort evaluations, Peer Group was expanded from a 30-minute session to a 45-minute session based on feedback from Nurse Residents regarding its value. One identified the peer group portion of NRP as valuable, indicating "I don't feel alone anymore."

Group mentoring allows for not only mentoring from the

Peer Group Facilitators, but also mentoring between nurse residents as they offer support and validation to each other. Simultaneously, the variation between nursing departments allows for socialization and the opportunity to build relationships with nurses from other departments. Providing a safe, understanding space to grow and learn together has produced a mentoring structure for clinical nurses that is irreplaceable.

"The goal of the nurse residency program is not only to provide monthly education for new nurses, but also give them a chance to connect with others, further their practice, and impact their nursing units."

- Jamie Readinger, DNP, RN, CCRN, NRP Facilitator



Brittany Watts, ASN, RN,
Union Hospital Clinton Emergency Department

What Matters Most

Improving Emergency Department patient experience with a simple intervention

Wanting to deliver impactful change to her department as a culminating project for her Nurse Residency program, **Brittany Watts, ASN, RN, Union Hospital Clinton Emergency Department**, wished to implement a "What Matters Most?" patient experience

pilot in her ER. She approached the topic with her NCM, **Hillary Smith, BSN, RN** and **Heather Miles, DNP, MBA, RN, CEN, TCRN, ED Director**, to implement an additional question for patients during their triage process, "What matters most to you for your

ER visit today?", followed by a "Did we meet your expectations today?", during their discharge process. This idea hinged on Brittany's desire to engage patients throughout their ED visit and improve patient experience scores.

With permission to informally poll patients during their ER stay, Brittany developed and implemented a simple two question slip that ER nurses would take with them during their triage and discharge process. During their patient triage and discharge processes, staff would briefly note the patient's response to "What matters most to you for your visit today?" and "Did we meet your expectations?" Brittany recorded a brief video introduction to her project as well as her project's goals and delivered it during a staff meeting which was posted on their department's private page. In the video Brittany notes, "Patients tell us their symptoms, but sometimes their biggest concern is unrelated to their chief complaint. By asking the patient what matters most to them during their visit, we can address their biggest worries. If we cover our patient's biggest concerns, this leads to better patient care and satisfaction, which can lead to improved patient experience scores."

Her fellow ER staff gladly assisted her in her project and obtained her requisite 100+ responses from January 10, 2023 through February 22, 2023. Brittany noted that she surpassed her self-set goal of a 65% positive feedback rate and reported only a 2.9% "not satisfied" rating from her responses.

In the 30 days prior to her project's implementation, the UHC ER department's survey scores for nurse-driven metrics were:

Confidence and trust in nurses - 70%

Comfort talking with nurses - 67%

Nurses listened carefully - 68%

With an overall department "Would you recommend" - 43%

From the end of her project's data collection on February 22nd and moving forward currently, the same survey metrics have improved across the board:

Confidence and trust in nurses - 78%

Comfort talking with nurses - 72%

Nurses listened carefully - 78%

Would you recommend - 70%

In discussing her final findings with her NCM, Hillary, and the Director, Heather, they noted that simply reframing such simple questions into a more patient-centric direction may have helped shift some these patient experience scores in a positive direction.

Patient response to the questions remains positive. Brittany has voiced interest to Hillary and Heather in possibly developing and implementing - along with the assistance of Clinical Informatics - similar questions into the standard required triage process in our EMR for use across the health system. This work ensures that patients and their families have a great experience during their ER visit.

Roaming Rhonda

Ever wonder how to get in touch with your Chief Nursing Officer? Do you have an idea or suggestion to share with her?

Rhonda participates in Leader Rounding on Monday mornings and in monthly night shift rounding on the third Thursday of each month.

Can't make it to rounding, but still want to talk? She's also available by email at resmith@uhhg.org or send her a text at **(812) 240-1420**.

Sepsis Mortality Reduction Efforts

Evidence-based care bundles moved the mark

Problem

Sepsis is the body's overwhelming response to an infection that results in a cascade of dangerous consequences for the patient up to and including limb loss, tissue damage, organ system failure, and even death. While enormous amounts of evidence-based practice have been published in recent years, health systems continue to struggle with timely delivery of interventions that support these patients and lessen the risk of mortality.

Union Hospital sets goals around timely delivery of sepsis bundle interventions including fluid administration, antibiotic administration, proper lab analysis, and blood cultures drawn prior to antibiotics. Drawing blood cultures prior to antibiotic administration is critical to ensure proper antibiotics can be administered to combat the infection. A large portion of this work occurs as patients enter the hospital through the Emergency Department (ED) and must be quickly initiated.

Pre-Intervention

In February 2022, **Heather Miles, DNP, MSN, RN, CEN, TCRN**, Director of Emergency Services and Trauma, Co-Chair of Sepsis Team recognized during real-time data review that the department was not meeting goals. The rate of blood cultures drawn before antibiotic administration was only at 85% compliance. It was also noted the sepsis mortality rate in Feb 2022 was 17% - the highest it had been for multiple consecutive months.

The Sepsis Team is an organization-wide team composed of Nurse Leaders, Clinical Nurses, Physicians, Phlebotomists, Laboratory leadership, Clinical Educators, Pharmacists, and more. The team focuses on performance with the 3-hour and 6-hour sepsis bundles of care, improving performance, removing barriers to improvement, and overall quality of care for the patient with sepsis. The team also serves as the knowledge base for education delivery regarding sepsis across the organization.

In late February 2022, the data revealed a high mortality rate. Heather developed a subgroup of the Sepsis team involving ED clinical nurses, Phlebotomists, and leaders from ED and Lab to discuss barriers in blood culture collection prior to antibiotic administration. ED Assistant Nursing Care Manager (ANCM) and Clinical Nurse **Amy Compton, BSN, RN** participated in the work of the subgroup. The group identified issues with understanding all the components of the 3-hour bundle, including timely collection of the blood cultures prior to antibiotic administration and inadequate communication between the Lab and ED staff. A goal was set to reduce sepsis mortality through these interventions.

Intervention

Amy worked with ANCM and ED Clinical Nurses **Ashley Giordano, BSN, RN** and **Sonya Sampson, BSN, RN, CCRN** to develop education for easy

delivery across the ED and the Lab staff most commonly working in the ED.

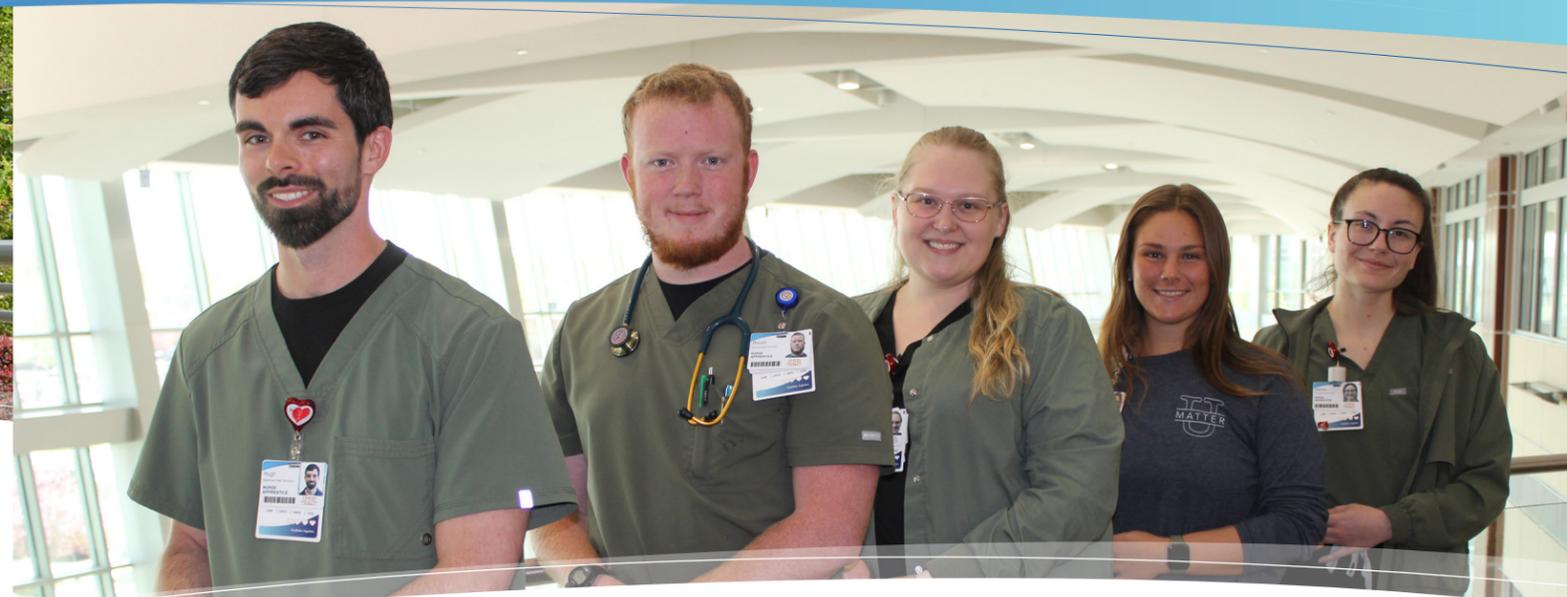
In March 2022 weekly meetings were held via Microsoft Teams with ED and Lab leadership to ensure barriers were clearly communicated between the two teams. In addition, Amy, Sonya, and Ashley delivered education and reminders during all pre-shift huddles in the ED between March 16, 2022 and March 23, 2022. The education during huddles detailed the elements of the 3-hour bundle and the expectations around performance for septic patients. Detailed plans of communication were also shared once a blood culture was collected to ensure timely transport to the lab for analysis. The huddles carried the focus of ensuring adherence to the sepsis bundle of care in addition to the impact on the patient through improved mortality rates.

Outcome

Sepsis mortality decreased slowly at first between April 2022 (16%), May 2022 (14%), and June 2022 (11%). After a few months of consistent delivery of the 3-hour bundle elements with an improvement in communication, the sepsis mortality rate dramatically decreased in July 2022 to just 11%.



From left to right: Amy Compton, BSN, RN, CEN; Heather Miles, DNP, RN, CEN, TCRN; Ashley Giordano, BSN, RN. Not Pictured: Sonya Sampson, BSN, RN, CCRN.



Nurse Apprentices (L to R): Hugh Amlett, Ivy Tech; Caleb Roush, Ivy Tech; Sarah Droeger, Ivy Tech; Addeline Moeller, ISU; and Marlee Westerkamm, ISU

Growing New Nurses Through Apprenticeship

Union Health's innovative program to train nurses while they are still students.

In May of 2022, Union Health launched an innovative Registered Nurse (RN) Apprenticeship program. The RN Apprenticeship program is like traditional trade apprenticeships in that it aligns on-the-job learning with academic program curricula. RN Apprentices hire into the program after successful completion of Medical-Surgical Nursing I. They are paired with Registered Nurse preceptors in specialties that match and support the concepts they are learning in their coursework each semester. Therefore, members of the Apprenticeship program see and practice the skills and concepts they are learning about in real time. In addition to preceptorship within the clinical units, Nurse Apprentices shadow in multidisciplinary areas such as Behavioral Health, Pharmacy, Physical Therapy, Palliative Care, and more. These experiences promote well-rounded nursing practice when Apprentices understand how multidisciplinary teams support our patients across the care continuum. After graduation, Apprentices will apply to and fill an RN position within an acute care unit. As of Spring 2023, there are three existing Apprenticeship

cohorts. Two cohorts are planned to begin in the Summer of 2023. **Lynn Hare, BSN, RN, CNML** and **Crystal Keith, MSN, RN, CNML** have served as the Nursing Care Managers associated with the program, while Clinical Nurse Educators **Jamie Readinger, DNP, RN, CCRN** **Callyn Althoff, MSN, RN, PCCRN** and **Courtney Chastain, MSN, RN, ACCNS-AG, CCRN-CMC-CSC** have facilitated program development and delivery.

The Apprenticeship has opened up exciting opportunities for both Apprenticeship employees and Union Health. Apprentices benefit from a minimum of 386 hours of concept and skills application in clinical environments, completion of 48 RN competencies prior to onboarding as an RN, and the freedom to identify a nursing specialty that fits their skills and interests. **Hugh Amlett**, a member of the first apprentice cohort, says, "For me, the apprentice program has made the hospital a much more comfortable environment. I have had the privilege of caring for patients in many different settings that I would never have experienced otherwise. Preceptors have been glad to teach and provide nursing

skill opportunities that have given me an advantage both in the classroom and in the clinical setting. Rotations to different units have given me patient care perspectives that would have been difficult to acquire on my own. Working with so many great people has made the hospital feel like a smaller place."

The Apprenticeship has provided Union Health with an opportunity to partner with local academic institutions when building individual apprentice tracks specific to each RN program. These RN programs include Ivy Tech Community College, Indiana State University, and Saint Mary of The Woods College. Union Health also has the unique chance to cultivate generations of nurses who understand the culture, goals, priorities, and systems within the organization. Through the apprenticeship, we aim to create nurses who will provide exceptional patient care, become engaged in the organization, pursue improvement in their specialties, and possess a passion for serving our community through healthcare.

Promoted Spring, 2022



Alice Cheesman, BSN, RN, CMSRN was a clinical nurse on 4EA and a PACE RN2. She was frequently found serving in community events near her hometown and organizing school supply drives on the unit. She served as a Preceptor for several ISU DEU students, co-chaired Unit Council, and shared her wisdom at the Charge Nurse course twice per year. Alice focused on improving employee engagement through unit celebrations with her peer Erica. Alice retired from Union Health in 2022.



Erica Lewis, BSN, RN, CMSRN is a clinical nurse and Assistant Nursing Care Manager on 4EA and is a PACE RN2. She organized a clothing drive on 4EA after a patient with multiple issues did not have warm clothes to go home in. She serves as a mentor through her work as a DEU Preceptor for ISU students and as Clinical Faculty for Ivy Tech Community College. Erica focused on improving employee engagement through unit celebrations with her peer Alice.



Darienne Lively, BSN, RN, CHFNP, is a clinical nurse in UMG Cardiology and a PACE RN3. She Co-Chairs the UMG Nursing Policies Committee. Darienne has received two hearts for helping patients with transportation or other social needs. Her performance improvement work centered around the care of heart failure patients and evaluation of data from implantable electronic devices. Darienne and her team monitor fluid volume status and prevent hospital readmission through targeted patient contacts.



Robin Semmler, BSN, RN, RNC-MNN is a clinical nurse on Mother-Baby and a PACE RN3. She has served as a preceptor for new nurses in the unit and is a member of the Unit Council. Robin focused performance improvement efforts around accurate assessment and documentation of Intake & Output. She also serves as a super user for Eat-Sleep-Console and has ensured Mother-Baby staff are educated on this new initiative.

Promoted Fall, 2022



Donnica Barrett, BSN, RN, PCCN is a clinical nurse on 2EA and advanced to a PACE RN3. She serves on multiple committees including Co-Chairing the Professional Practice and Development Council. Donnica has been a member of both the PACE RN and CSS PACE Councils. She focuses her performance improvement efforts around the prevention of patient falls and was integral in the roll out of the Fall Tips program across Union Hospital.



Courtney House, ASN, RN, RNC-NIC is a clinical nurse in the NICU and a PACE RN2. She has precepted new employees in the unit and is routinely recognized by patients' families for exceptional care. Courtney is a member of the Eat-Sleep-Console team rolling out evidence-based care to babies suffering from Neonatal Abstinence Syndrome (NAS). Courtney manages the "Boo in the NICU" project started by a girl scout where babies in the NICU are dressed up for Halloween in costumes.

2022 PACE RN Renewals (Spring and Fall):

- Kerrie Archer, BSN, RN, CCRN, ICU (PACE RN3)
- Mitzi Austin, BSN, RN, CST, CNOR, Cardiac Surgery (PACE RN3)
- Stacy Black, BSN, RN, RNC-OB (PACE RN3)
- Hannah Boyd, BSN, RN, CEN, TCRN, ED (PACE RN3)
- Janet Crucitti, BSN, RN, CPN, Pediatrics (PACE RN3)
- Jennifer DeMoss, ASN, RN, AE-C, UMG Pulmonology (PACE RN2)
- Katherine Elia, BSN, RN, IBCLC, NICU (PACE RN3)
- Spring Eyler, ASN, RN, CMSRN, 3EA (PACE RN2)
- Michelle Gutish, MSN, RN, CCRN, NICU (PACE RN4)
- Rebekah Heyen, BSN, RN, RN-BC, Resource Center (PACE RN3)
- Caleb Ingle, BSN, RN, CCRN, ICU (PACE RN3)
Now the Heart Failure Navigator in UMG Cardiology
- Rachel Ingle, BSN, RN, AE-C, UMG Pulmonology (PACE RN3)
- Jennifer Jaeger, BSN, RN, CCRN, NICU (PACE RN3)
- Alicia Jones, ASN, RN, AMB-BC, UMG Cardiology (PACE RN2)

- Lisa Kaufman, MSN, RN, CCRN, UMG Cardiology (PACE RN4)
- Robin Kelley, BSN, RN, CLC, Labor and Delivery (PACE RN3)
- Melissa Lemmons, BSN, RN, IBCLC, Mother-Baby (PACE RN3)
- Colleen Maurer, BSN, RN, PCCN, SCRNP, 2EB (PACE RN3)
- Marci Miller, BSN, RN, CMSRN, CCHP, 2WD (PACE RN3)
- Amy Purdy, ASN, RNC-NIC, NICU (PACE RN2)
- Natalie Rice, BSN, RN, RNC-MNN, Mother-Baby (PACE RN3)
- Megan Souder, BSN, RN, PCCN, SCRNP, 2EB (PACE RN3)
- Megan Swart, BSN, RN, RNC-NICC, NICU (PACE RN3)
- Pam Stevens, BSN, RN, PCCN, 2EA (PACE RN3)
- Amy Vincent, BSN, RN, RNC-OB, L&D (PACE RN3)
- Martina Voges, BSN, RN, CCRN, ICU (PACE RN3)
- Jennifer Williams, BSN, RN, CCRN, ICU (PACE RN3)
- Jenny Wright, ASN, RN, IBCLC, Mother-Baby (PACE RN2)

Congratulations!

2022 Clinical Support Services (CSS)

The CSS PACE program launched in January 2021 to promote excellence and leadership in patient care for those in specific clinical roles.

Promoted Winter 2022



Erin Thompson, CNA is a PCT on 2EB and a CSS PACE level 2. She is involved in multiple community engagement activities in Clay County including the youth food delivery program and the humane shelter. Erin is a member of the Skin Team and supported the monthly skin study.



Kari Pell, BS, LPN is a Licensed Practical Nurse at the UMG Rose Hulman Health Clinic and a CSS PACE level 2. She organized a snack food drive for a co-worker's family member serving in an Army unit in Syria and worked with the local VFW to assist with shipping these comfort items overseas. She is a member of the UMG Ambulatory Council and Cerner Superuser.

Promoted Summer 2022



Debra Hill, AAS, CST is a Certified Surgical Technician in Labor & Delivery and a CSS PACE level 3. She is a member of the Clinical Support Shared Governance council and VAT. Debra precepts new CSTs in the unit. She also conducted several in-services for the unit including delivery set up/tear down procedures, cord send out instructions, and use of an incision management system.



Danielle Scott, AAS, CST is a Surgical Technician in Labor & Delivery and advanced to a CSS PACE level 3. She serves as the Chair of CSS Shared Governance and a member of her Unit Council as well as the Eat-Sleep-Console Committee. She worked with a fellow CST to develop "Day with a CST" for new RNs orienting to Labor & Delivery to help them understand the roles and responsibilities of a CST in the department.

Kim Waggoner, AA, COA, UMG Eye Center (CSS PACE2)
Jennifer Compton, BS, ATC, UMG Bone & Joint (CSS PACE3)

Congratulations!

2022 Clinical Support Service (CSS) PACE Renewals (Winter and Summer):

Sara Biggs, CST, Labor & Delivery (CSS PACE3)
Etosha Page, AAS, CST, OR (CSS PACE3)
Evert Siebert, MS, ATC, UMG Bone & Joint (CSS PACE3)

Growing Daisies

Union Hospital is proud of the care delivered by the nursing team. This pride stretches into recognition of jobs well done and care that is above and beyond expectations. In 2018, Union Hospital began awarding the DAISY award® for extraordinary nurses. The DAISY award® is a national platform to recognize excellence in nursing care. Four Registered Nurses (RN) were awarded this prestigious honor in both 2020 and 2021 after nominations from patients or colleagues and selected by a team of their peers of the Professional Practice and Development Council. Read their stories below:



Marci Miller, RN
Spring 2022

In November 2020, a patient was brought to Union Hospital after a near fatal overdose/suicide attempt. After treatment in the ER, the patient was brought to the prison ward. Still feeling depressed and wanting to end it all, nurse Marci Miller asked if the patient wanted to talk. Marci took time to listen and offer words of encouragement. She was caring, compassionate and saw beyond the fact that she was comforting a prisoner. Marci gave this patient a spark of hope on one of their darkest days.



Maggie Rose, RN
Summer 2022

Earlier this year, a patient had a leg amputated. Although physically fit, he was emotionally devastated. The patient says Maggie was exceptional at explaining everything and why they needed to be done. Even after being in Indy previously, no one explained processes and procedures like Maggie. During the healing process, the patient had fears of infection, fluid retention, swelling and even death. Maggie took the time to assess his wound and explain everything in detail. The patient is now healed and says it wouldn't have been possible without the extraordinary care he received from his nurse, Maggie Rose.



Taylor Young, RN
Fall 2022

Taylor received three separate nominations

Daughter of a Patient

"My Dad was admitted for emergency surgery for colon cancer. Taylor has been his nurse three times now. She is so very compassionate. While he was having trouble due to a blocked colon, she was kind enough to take the time and explain a certain procedure. She has so much compassion and speaks to him with the utmost respect.

Dad is one of my all-time favorite people and having someone here taking care of him, giving him the care and support that he needs does a girl's heart good."

Patient

During my stay, Taylor was nothing short of outstanding. On top of providing excellent care, she was excellent at answering the many questions I threw at her and keeping me informed of what was happening and when it would all happen. She is a quality individual and an excellent nurse, as well.

Sister of Patient

While my sister was a patient at Union Hospital she had several people taking care of her, yet one very special nurse stood out from them

Taylor Young Continued

all. Taylor is an excellent nurse and went above and beyond. When my sister insisted on going home alone, Taylor sat beside her and explained, very compassionately, the reasons she should consider a rehab facility. Due to her trust in Taylor, my sister responded positively. Before my sister was discharged, Taylor even took the time to comb and French braid her hair.



Olivia Burris, RN
Winter 2022

Due to a recovery complication, a patient had an unexpected overnight stay. This caused the patient to stress over a number of things, including how to return home from the hospital. Olivia stepped in and ordered a test to be done earlier in the day, along with expediting the patient's discharge paperwork to allow the patient to find a safe ride home with a friend in a timely manner.

Thank You

Spreading Sunshine

Union Hospital is proud to announce the Sunshine Award. This award was created by the Clinical Support Shared Governance Team to honor associates who model exceptional service to our patients and customers with compassionate and high-quality health care. The Sunshine Award recognizes exceptional support staff at the hospital, including patient care technicians and other vital team members.



Sister Betty Hopf
Summer 2022

A patient at the Hux Cancer Center first met Sister Betty in the summer of 2018 when she was diagnosed with breast cancer and began chemo treatments. She is now cancer free, but continues to have check-ups. The patient says that for the past two and a half years, Sister Betty has been a staple in the Hux Cancer Center environment.

Without a religious affiliation, this patient was skeptical when a Sister approached her. She soon learned there was no need for any skepticism. Sister Betty never pressured her with her belief system. In fact, the patient looks forward to seeing Sister Betty's smile when she enters the building. She is warm, gracious and immediately endearing. She brings hope, joy and faith to everyone she sees and she truly sees every person. When Sister Betty talks with you, you feel loved - because you are loved.



Carmelita Spivey & Nichole Bonar
Fall 2022

In February, a Vermillion County teenager suffered a serious ankle injury during gym class. The break was so severe—the young man went into shock forcing school officials to call an ambulance.

Once emergency personnel were on scene, they advised the mother that the break was extremely unstable and the teen would need immediate treatment.

In the meantime, the mother, a Union Health employee, was able to forward a photo of the injury to Carmelita Spivey, Manager of Bone & Joint. Without hesitation, she forwarded the picture to Dr. Stephen Fern—who was in surgery at the time.

Carmelita immediately called the mother back assuring her

Carmelita Spivey & Nichole Bonar Continued

that once the Emergency Room staff was able to stabilize the broken ankle, Dr. Fern would be waiting to take the teenager into surgery. With so many unknowns happening at once, the mother was very appreciative of the immediate attention and constant communication.

After surgery, the exceptional care only continued. According to the teenager's mother, Nichole Bonar is the epitome of what every nurse should be. Postoperatively, Nichole reached out via Facebook Messenger and provided her personal cell phone in case there were any questions or concerns. Nichole was available to answer questions about pain, medications, symptoms and overall care. She even checked on the patient several times off the clock—including nights and weekends. She truly cares about her patients—and moms!

“When Sister Betty talks with you, you feel loved - because you are loved.”

Improving A1C for Ambulatory Patients

Ambulatory primary care practices improve blood glucose



Left to right: Ann Smith, MHL, RN, ACMA, Director of Care Management; Lori Horrall, BSN, RN, CCCTM, Team Lead Care Management; Meghan Williams, Pharm.D., BCPS, Systems Manager of Ambulatory Care Pharmacy Services; Dawn Jolliff, BSN, RN, Director of Ambulatory Nursing; Jenna Tessman, MSN, RN, CDCES, Diabetes Education Supervisor; and Lennie Wilson, BSN, RN, CCCTM, Care Coordination Manager

Patients suffering from diabetes require close monitoring, follow-up, and care to ensure their blood glucose is well controlled. Uncontrolled blood glucose predisposes the patient for other chronic conditions such as cardiovascular disease, stroke, retinopathy, neuropathy, and more. These conditions result in a variety of complications that can drastically impact the health outcomes of this patient population.

The Union Medical Group (UMG) adult Primary Care practices manage and treat a multitude of patient populations including a large subset of patients suffering from diabetes. Successful glucose control is monitored through an annual analysis of A1C. This lab measures the average blood glucose over the last three months of time and can help providers adjust treatment options for individual patients.

UMG defines uncontrolled A1C as a result of greater than 9.0%. In April 2022 the rate of patients with uncontrolled A1C across the Adult Primary Care offices was 25.3%.

In April 2022 an interdisciplinary team was formed to include nurses from Care Management, Pharmacists from the Ambulatory Pharmacy team, and Nurse Practitioners from Adult Primary Care office across UMG. The team met to discuss the volume of patients with uncontrolled A1C and the volume of patients with no recent A1C in their record. They discovered a high volume of patients that did not have a recent A1C within the prior 12-months which also prohibited the development of effect

plans of care. The team developed a process for the Adult Primary Care offices including scripting to be used in calling patients for the lab and the follow-up appointment to share results. The goal was to reduce the rate of patients with uncontrolled A1C across the UMG Adult Primary Care Offices.

Intervention

On May 7, 2022, Dawn Jolliff, BSN, RN, Director of Ambulatory Nursing met with the Practice Managers for the UMG Adult Primary Care offices to share the process and plan to decrease the rate of patients with uncontrolled A1C.

Reports of established patients' last A1C result are ran quarterly by Dawn. These reports are then shared with the Practice Managers. Practice Managers divide the work up within their department to double check the lab was not drawn outside of Union Health (and is simply not in the chart for reporting). Patients with no A1C for more than 12-months are then called with a scripted message.

“Hello, this is ___ from Union Medical Group. Dr. ___ asked me to call to inform you that you need to get your blood drawn to see how well your diabetes is being controlled. Our records show you haven't had a Hemoglobin A1C in over a year. This lab looks at your blood glucose level over the past 3 months. The provider has placed the order for you to get your labs at any Union Health lab site immediately. The provider would also like me to schedule an appointment to discuss your results

and treatment plan. What day and time is best for an appointment?”

The scripting ensures standardized practice across multiple offices and ensures the patient understands the rationale for the lab draw. Further, this process secures a follow-up appointment within four weeks for the development of a plan of care to manage their glucose control. Monthly the list is reviewed again to determine how many of the patients on the quarterly report followed up with the A1C.

The process was officially started in June 2022 at different times across all UMG Adult Primary Care offices. Prior to each office starting the Practice Managers educated their staff members on the process and provided the scripting.

Outcome

Understanding a patient's A1C can assist the provider in ensuring tighter glucose control, thus minimizing the risk of complications or other chronic conditions. The Adult Primary Care education and plan continued to reduce the rate of uncontrolled A1C across these ambulatory departments for months following the implementation of this intervention. Between July 2022 and December 2022, the rate declined to 24.3%, 24.2%, 22.7%, 21.7%, 21.3%, and 21.5% respectively each month.



Back Row: Lennie Wilson BSN, CCCTM, Caleb Ingle, BSN, RN, CCRN-CMC, CHF, Parrish Horsley, ASN, RN
 Front Row: Jimmy McKanna, MBA, RRT-NPS-ACCS, RPFT, Sara Conn, MSN, NP-C, Sarah Kochman, MSN, AG-ACNP

Navigating Heart Failure

Union Medical Group Heart Failure Navigator Caleb Ingle works with the team to prevent unnecessary hospital admissions for Heart Failure patients.

Patients with Heart Failure (HF) are at a higher risk for readmissions related to frequent and serious exacerbations of this chronic illness. Union Medical Group (UMG) Cardiology staff noted an increased rate of their patients readmitting to the hospital as a result of poor self-care and inability to monitor for symptoms of an impending exacerbation.

In late Summer 2021 discussions were held regarding increasing HF readmission rates and how to impact the problem. All payor observed/expected (O/E) HF readmission rates

were 1.02 in August 2021, 1.14 in September 2021, and 1.45 in October 2021.

Jimmy McKanna, MBA, RRT-NPS-ACCS, RPFT, Director of Respiratory Therapy and Hospital at Home shared previous success with home remote patient monitoring (RPM) used during the COVID-19 pandemic in early 2021. A product was purchased that connected patients through a set of Bluetooth capable sensors and an app on their phone to an internal remote monitoring department. This department was staffed 24/7 and monitored patient vitals including SPO2, respiratory rate, heart rate, and more. This allowed more patients to remain at home while being monitored. Patients were called if issues were identified that may indicate a need for a provider appointment or referral to the Emergency Department (ED).

This success with COVID-19 positive patients opened the door for

discussions around other patient populations, such as those with HF, that could be impacted by a RPM program. The goal was set to decrease hospital readmissions for HF patients using RPM.

Intervention

In November 2021, a grant was approved from the Union Health Foundation on behalf of the team to expand RPM to HF patients. The application requested funds to purchase RPM equipment from Blue Star to monitor HF patients. The patient would not be billed for any services unless they required a Provider visit.

The team noted above developed a process where Parrish Horsley, ASN, RN Navigator, Population Health collaborated with Dr. Prashant Patel, MD, UMG Cardiology to monitor high-risk HF patients. These 13 patients belonged to the ACO/Population Health covered lives which allowed Parrish access to monitor through

BlueStar and make follow up calls and appointments between the patients and their providers. Patients were provided with a Bluetooth scale, Bluetooth blood pressure cuff, and a tablet with network capability. The BlueStar team alerted Parrish if patient values were abnormal which prompted a call to the patient for RN assessment via the phone and/or an appointment if necessary. This process was carried out as a pilot between November 2021 and August 2022. During this time only 1 patient had a readmission related to HF.

This pilot allowed for aggressive HF management through collaboration between Parrish, Dr. Patel, and the whole care team. If a patient began to have changes in weight, for example, Dr. Patel could adjust medication through a new prescription and Parrish would call the patient to educate on the change. Daily metrics, therapeutic responses to medications, diet, lifestyle changes, and more could be closely monitored. This assisted the clinical staff across UMG Cardiology in providing high quality, proactive patient care. It also supported high-risk HF patients through education, follow up, and a relationship with their healthcare team in taking a more active role in their own disease management.

Due to the success of the HF pilot, RPM was adopted as a standard of care for high-risk HF patients within the UMG Cardiology office. This added service with RPM provided quality, evidence-based care for HF patients. In addition, patients had an added sense of security knowing a Registered Nurse was keeping a close eye on their monitoring and would call with any significant changes.

In April 2022, the UMG Cardiology office realized the need to internalize the process as it expanded beyond

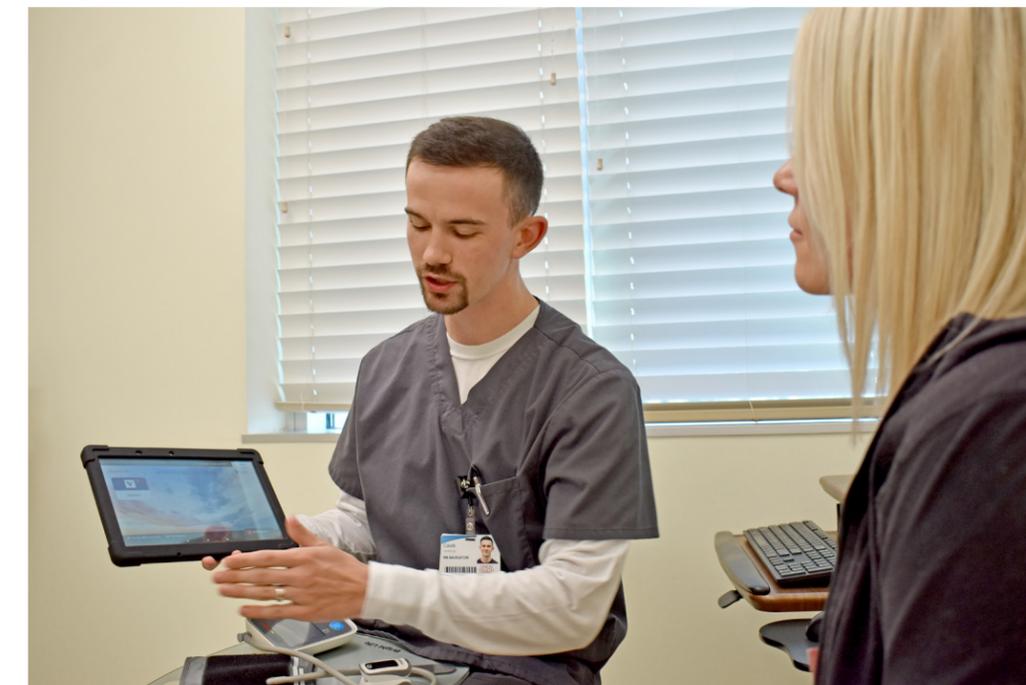
the original pilot. Initially, the cardiologists selected patients that were high-risk and those who had previous readmissions due to exacerbations. To meet a higher volume of HF patients, a position was approved to hire a Nurse Navigator. Caleb Ingle, BSN, RN, CCRN-CMC, CHF, was hired in the role in August 2022.

Caleb reviews the HF census to determine which patient would benefit most from RPM. He then discusses the candidates with the Providers before reaching out to the patient. Before a HF patient can join the program, Caleb does HF education, reviews their medication lists, answers any questions about the RPM program, and reviews patient expectations. Patient education is geared around patient self-management and action plans with signs and symptoms of when to call Caleb. Patients have his direct phone number and have immediate assistance when needed. He collaborates with the patient's Cardiology provider should any

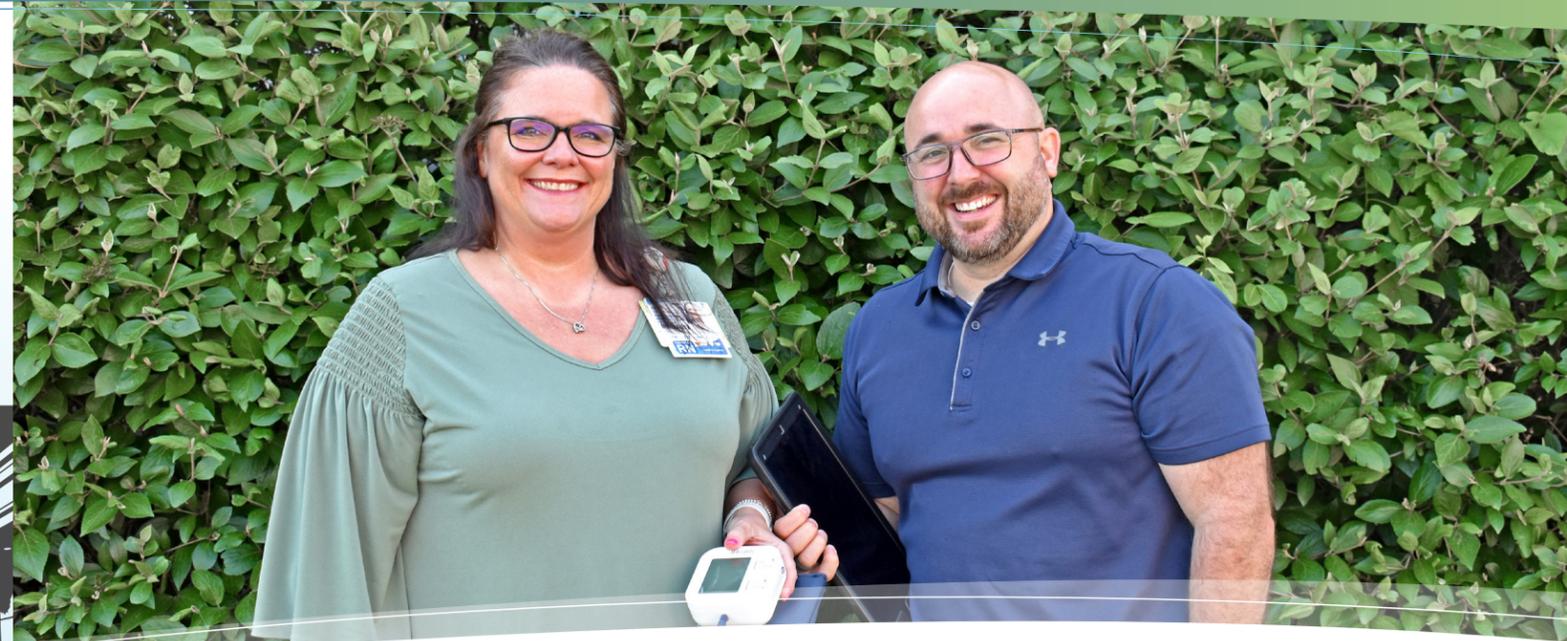
condition change or issue be noted, and a plan of care is developed immediately. Common interventions include more frequent phone contact with the patient, adjusting the diuretic dosage, obtaining labs, dietary consult, or bringing the patient in for an appointment.

Outcomes

The success of a pilot program with high-risk HF patients led the organization to develop a robust RPM program led by an experienced Nurse Navigator. Engaging patients in self-care combined with true interdisciplinary collaboration across the department led to reduced HF readmission rates for the organization. Observed/Expected HF 30-day readmission rates continue to improve as the Nurse Navigator refines the process.



Caleb Ingle, BSN, RN, CCRN-CMC, reviews RPM equipment with a patient.



Amy Vincent, BSN, RNC-OB and Jimmy McKanna, MBA, RRT-NPS-ACCS, RPFT

Safe Discharges for High-Risk Moms

Keeping new moms safe from the dangers of postpartum hypertension.

Hypertensive disorders of pregnancy are among the leading contributors to maternal mortality worldwide. Approximately 30,000 deaths annually are attributed to hypertensive disorders including preeclampsia, eclampsia, and HELLP syndrome.

Union Health care teams have made great strides in the treatment of hypertension while the postpartum patient is hospitalized. However, follow-up care after discharge lacks consistency and patient oversight. The American College of Obstetricians and Gynecologists' (ACOG) Safe Motherhood Initiative recommends outpatient surveillance within 3-5 days and again in 7-10 days after delivery if symptoms persist with a physician visit 10 days post discharge. ACOG states "Increasing evidence indicates that standardization of care improves patient outcome." (ACOG, 2023).

After reviewing the ACOG initiative, **Amy Vincent, BSN, RNC-OB, Assistant Nursing Care Manager, Labor & Delivery** identified a gap in postpartum care at Union Hospital.

In December 2021 with the support of **Jeanna Bumgardner, BSN, RNC-**

OB, Nursing Care Manager Labor & Delivery and **Kristen Moore MSN, RN, RNC-OB, Director Material Child Services** discussions were started with **Dr. Grant Hammons, UMG OB/GYN** to standardized postpartum care in hypertensive patients. An algorithm was developed for Labor & Delivery clinical nurses to utilize for follow up care for this patient population.

Following the early successes of other remote patient monitoring programs at the organization, a discussion was held with **Jimmy McKanna, MBA, RRT-NPS-ACCS, RPFT Director of Respiratory & Hospital at Home**, about the ability to utilize home monitoring for patients via the Masimo System and Safety Net App. Through the generous funding of the Service League, 30 Bluetooth blood pressure (B/P) cuffs were obtained and are available for use.

Any woman with a diagnosis of chronic hypertension, gestational hypertension, pre-eclampsia, eclampsia, or HELLP is now discharged home with one of these blood pressure cuffs and monitored for 21 days from the comfort of their own home. Blood pressure

readings logged by the patients are transcribed into Cerner by remote monitoring staff. Remote monitoring staff notify patients if they have not entered readings and maintain blood pressure cuffs including troubleshooting the devices if necessary. On post-discharge day 3 and 7 the Labor & Delivery Charge Nurse calls patients and reviews their blood pressures and any signs and symptoms of an impending medical emergency. If the blood pressure is elevated or symptoms are present, the nurses follow an escalation algorithm to ensure the patient is safe and receives follow up care as needed. The monitoring continues for 21 days post-discharge. The goal is to provide a comfortable safety net and prevent unnecessary poor outcomes related to postpartum hypertension post discharge.

Professional Practice Model Revised by Magnet Council

The Magnet Council revised the Professional Practice Model throughout 2022 to visually demonstrate how patient care is provided at Union Hospital Terre Huate, Union Hospital Clinton, and Union Medical Group. The mission, vision, and values of the organization drive patient-centered care with a heavy focus on outcomes. The components of this model, described below, were selected by Magnet Council as the key elements of providing care to all of our communities and service areas.

- **Interprofessional Shared Decision Making:** All disciplines work together to guide practice and deliver evidence-based patient care.
- **Innovative Use of Technology:** Modern technological advances are incorporated into daily patient care.
- **Care Across the Continuum:** Coordination of care and services extending through all areas of the organization.
- **Community Outreach:** Improving the health and wellbeing of the communities we serve through outreach events.
- **Diversity:** Building and maintaining an environment of inclusiveness for patients, visitors, and staff.
- **Advocacy:** Speaking, acting, or behaving on behalf of patients and families to ensure their needs or goals are met.
- **Patient Success:** Driven by the individual goals of the patient via the other components of the model.

**UNION
HEALTH**

Healthier, together.