



Issue 7

# 2024 Nursing Excellence Report



# Welcome to the 7th Annual Nursing Excellence Report

This year's Annual Nursing and Patient Care Services Report feels like a yearbook of the organization's excellent work from 2023. Our teams have so much to be proud of between these covers:

## TRANSFORMATIONAL LEADERSHIP

### Spreading Well-Being

*Two clinical nurses embark on a staff support journey*

## STRUCTURAL EMPOWERMENT

### Reducing Crib Transfer Failure Rates for NICU Babies

*NICU RNs worked together to provide best-practice care*

### Nurse Residency National Accreditation

*CCNE accredits the UH New Graduate Residency*

### Associate Excellence

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

## EXEMPLARY PROFESSIONAL PRACTICE

### Launching A Vascular Access Team

*A new interdisciplinary team provides line support*

### Professional Practice Model

*Magnet Council revises the Professional Practice Model*

## NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

### The FORCE App Connects Patients and Care Teams

*Innovation in technology to connect to great outcomes*

### Decreasing Discharge Delays

*Interdisciplinary communication through the EMR*

### Call the office!

*Moving calls back to UMG offices to improve satisfaction*

There is merit in looking back at the successes and opportunities we have navigated over the last year. But much like driving, the best view is what stands directly in front of us. The upcoming year brings new partnerships, improved access to care, innovative ideas to support caregivers and patients, and celebrations of excellence.

Through the ebb and flow of daily work, our team has been able to continue to provide excellent patient care. The ability to persevere against the odds is evident in our nurse-sensitive clinical outcomes, patient experience scores, and the stories that grace the pages of this report and the recently submitted Magnet® document. Nurses and Patient Care Services team members continuously improve the outcomes of the community we serve. I am so proud to lead this team!

Your work to support the health of the Wabash Valley does not go unnoticed. It is your skill and dedication that continue to make Union Health stronger and better together.



Rhonda Smith, MSN, RN, NE-BC  
Union Health Chief Nursing Officer

Front Cover: Alexis Night, RN; Jarett Todd, RN; Martina Voges, RN; Union Hospital Terre Haute Critical Care Unit.



## 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 2024

### 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.

# Spreading Well-Being

Two clinical nurses embark on a staff support journey.

Nurses and other clinical staff are frequently seen as steady and constant support in the most difficult of times. These team members are especially at risk of neglecting their own health and well-being while focusing on the care of others. In a high-stress, fast-paced environment, team members frequently fail to ensure proper stress-relieving breaks to provide for their own health and well-being. Failure to protect the well-being of team members and provide respite can result in organizational turnover, poor job satisfaction, burnout, and even lasting health issues.

Early efforts by clinical staff to support their own units including the implementation of a relaxation room in ICU by **Martina Voges, BSN, RN, CCRN, ICU Clinical Nurse** in 2021 including a massage chair and aromatherapy. Later in 2023 **Erica Lewis, BSN, CMSRN, ANCM 4EA** implemented an aromatherapy program on her unit to support staff well-being. Eventually most of the inpatient units were able to acquire a



massage chair to provide a respite in the ever-stressful environments where they work.

After attending a Magnet® conference, Martina and colleague **Holli Gossett, BSN, RN, Resource Center Clinical Nurse** attended a session describing a well-being program that was staff led at another hospital. The pair took note and immediately began planning ideas to support the well-being of their inpatient clinical peers at Union Hospital.

Holli and Martina have created a cart full of healthy snacks, affirmations, and self-care goodies. They started with an online survey to gather some data about the current state of clinical staff across the hospital. The data will help drive future initiatives and interventions. They have also started rounding with the cart to share the message of the new team and offerings. The team meets on the First Wednesday every other month (February, April,

June, August, October, and December) at 2pm to share information and decide future plans.

The pair recognized the need for peer support, especially when a difficult situation arises during patient care. They plan to launch a peer support service that offers a listening ear, connection to additional resources if needed, and sanctuary from the workplace event. Additional offerings may include group class attendance such as meditation or yoga, further rounding with the cart, and partnerships across Union Health as the work expands.

Have an idea for Holli and Martina? Join the monthly meeting on the First Monday!



# Reducing Crib Transfer Failure Rates for NICU Babies

NICU RNs worked together to provide best-practice care

## Problem

Patients in the Neonatal Intensive Care Unit (NICU) at Union Hospital have many steps in their journey to discharge home with their families. Weaning from an incubator to an open crib is one of those steps. When a baby must return to an incubator after transitioning to the open crib it is considered a “failure”. There are several reasons for a failure, but the most common reason is that the baby cannot maintain an axillary temperature of  $>36.5^{\circ}\text{C}$ . Thermoregulation is a core measure of a baby’s extrauterine transition. Hypothermia can contribute to weight loss, poor feeds, and increased apnea, bradycardia and desaturation events.

Two NICU Clinical Nurses, **Michelle Gutish, MSN, CCRN-Neonatal** and **Jennifer Jaeger, BSN, CCRN-Neonatal** had noticed an increase in the number of crib failures in late 2022 to early 2023. Jennifer brought it to the attention of the Nursing Care Manager, **Jennifer Harrah, BSN, CNML** who suggested the formation of an evidence-based practice (EBP) team to tackle the problem.

Michelle and Jennifer are both members of the National Association of Neonatal Nurses (NANN). Their membership gives them open access to the Advances in Neonatal Care (ANC) journal, online resources through the website, and to clinical practice guidelines to improve care of the neonatal patient population.

## Pre-Intervention

Michelle identified other members on the NICU team who were interested in being on the EBP team. These members included NICU clinical nurses Jennifer; **Amy Purdy, ASN, RNC;**



**Megan Swart, BSN, RNC; Janet Crucitti, BSN, CPN; Courtney House, ASN, RNC;** and APRN **Caitlin Kemp, MSN, NNP**. Jennifer conducted a literature search including the NANN website and the information was shared with the rest of the members for review before the first meeting. A key finding provided as a framework for this initiative included the guidelines for thermoregulation published in the October 2021 NANN journal Advances in Neonatal Care (Moniaci, et. al., 2021).

The first meeting was held on January 18, 2023. The team, led by Michelle, discussed the literature Jennifer had compiled and brainstormed ideas of improvements we could make. One of the problems identified was inconsistency in the weaning process amongst clinical nurses in the NICU. Through chart audits, how much to wean the incubator temperature,

at what temperature to wean, what to dress the baby in, and what temperature to put them in a crib varied greatly. This had also been shared by several parents as a concern in the care of their baby. Michelle summarized the ideas from the first meeting and the team met on February 10, 2022, to review the summary and formulate Union Hospital NICU’s active and passive weaning protocols. Jennifer, Janet, and Amy met on February 15, 2023, to plan the education for the rest of the NICU staff. Michelle used the information to update the NICU thermoregulation policy. The team met again on February 24, 2023, to review the education plan and the policy. Caitlin also laminated temperature conversion charts from Celsius to Fahrenheit for the bedsides that would be useful in helping parents understand the temperatures in the incubator in terms that would be meaningful to them. The team also

discussed the need for more cotton sleep sacks and those were ordered by Michelle prior to implementation. The team planned a go-live date of April 1, 2023, for the new guidelines and processes.

Analysis of data during this period revealed a crib transition failure rate/100 patient days of 0.3 for January 2023; 0 for February 2023; and 0.3 for March 2023.

## Goal

Reduce the Crib Transition Failure Rate (per 100 pt days) in the Union Hospital NICU.

## Interventions

In March 2023 the team of NICU nurses educated their peers and providers about the new thermoregulation guidelines for incubator to open crib transitions. The new stock of sleep



### Reducing Crib Transfer Failure Rates for NICU Babies (continued)

sacks arrived and were prepared for use.

On April 1, 2023, the new guidelines for thermoregulation went into effect in the NICU. All babies born at a gestation of less than 33 weeks would be admitted to a Giraffe incubator, which is a piece of medical equipment that can be an open radiant warmer or have a closed top to convert to an incubator. Babies born between 33 0/7 weeks and 34 6/7 weeks gestation would be admitted to a radiant warmer, then moved to an incubator as soon as the admission tasks were completed.

Passive weaning would occur when the baby's axillary temperature is > 37.0oC. The incubator set temperature would be decreased by 0.1oC to 0.2oC. If the axillary temperature is < 36.4oC, the incubator set temperature would be increased by 0.1oC to 0.2oC.

The active weaning process would begin when the baby was 33 0/7 weeks gestation and/or 1600 grams after five days of consistent weight gain. Once active weaning begins, the baby should be flat and supine at all times in the incubator. The baby should be dressed in a onesie and a cotton sleep sack. Sleepers and fleece sleep sacks would be reserved for the crib. Hats would never be worn while in the incubator. The set temperature in active weaning should be decreased by 0.2oC when the axillary temperature was > 36.8oC to a maximum of 0.5oC in 12 hours or 1.0oC per 24 hours. Once the incubator set temperature reached 26.0oC, the baby would remain in the incubator for 24 hours before being moved to an open crib.

When moved to the crib, the baby would be dressed in a onesie and a sleeper and placed in a fleece sleep sack. Hats were avoided as they are not considered a safe sleep practice. The temperature is to be checked one hour after placement in the crib and then routinely with care times.

#### Outcome

The team's work to improve thermoregulation in a systematic, evidence-based way led to positive outcomes for babies with a stay in the NICU. In the six months following implementation of the thermoregulation protocol for transitioning babies from incubators to open crib, the NICU has had zero wean to crib failures. This was directly impacted by every clinical nurse consistently applying the evidence-based NANN thermoregulation guidelines in the care of premature babies.



Educators pictured include (L to R): Front row: Jamie Readinger, Sara Brown Middle row: Amy Allen, Emily Payne, Courtney Chastain, Ann Venable Back row: Callyn Althoff, Annie Shannon, Hanna Banks, Alison Cottrell

## Nurse Residency National Accreditation

Achievement of New Graduate Nurse Residency Program accreditation from CCNE

Nurse Residency at Union Health provides professional nursing content, peer support, and mentorship in the first year of new RN practice. New graduates across Union Hospital, Union Hospital Clinton, and Union Medical Group take part in ten-monthly sessions to improve themselves early in their careers. The program was redesigned around the Commission on Collegiate Nursing Education Entry-to-Practice Nurse Residency standards and relaunched in early 2020.

In early 2023, the Clinical Education team pursued accreditation for the program. While accreditation is not required, it provides a structure to ensure program outcomes and goals are met consistently.

The team facilitated a site visit with three CCNE Reviewers in February 2023 to demonstrate resources, program content, and delivery methods met the rigorous requirements of CCNE standards. **In December 2023, accreditation was granted through December 2028!**

Only 12 nurse residency programs are accredited in the state of Indiana (two are CCNE, ten are through ANCC's PTAP program). The Clinical Education team is proud to be part of this prestigious group of hospitals that consistently seek better outcomes for new graduate nurses!



## Spring 2023 PACE RN Promotions



**Cassidy Clothier, BSN, RN, RNC-OB** is a clinical nurse in Labor and Delivery and a PACE RN3. She precepts new employees and Capstone students in her

department. Cassidy serves as a member of multiple committees dedicated to improving patient outcomes. She focused on improving newborn documentation to improve care for her performance improvement project and conducted several education in-services.



**Erica Lewis, BSN, RN, CMSRN** is a clinical nurse and Assistant Nursing Care Manager on 4EA and has advanced to PACE RN3. She is dedicated to student

success and serves as preceptors for new employees, DEU students, and is an Ivy Tech clinical instructor. Erica focused on her unit through creative in-services and a performance improvement project around staff wellness with aromatherapy.

## Winter 2023 CSS PACE Promotions



**Kylee Roberts, AS, CMA** is a CMA in UMG Pulmonology and a CSS PACE level 1. Kylee was recognized by her leader for covering the cost of a patient and his wife's lunch

during a day full of appointments. She serves as a Preceptor in her department. Kylee's peers recognize her as delivering patient-centered exceptional care, adopting new technology quickly, and being positive in her interactions.



**Kim Waggoner, AA, COA** is an Ophthalmic Technician in the UMG Eye Center and advanced to a CSS PACE level 3. She has served as the Team Lead for 10 years.

Kim is very engaged with the Prairie Creek Lions club and assists with numerous community service endeavors. She collected 845 pairs of glasses in 2022 to refurbish and distribute to those in need on behalf of the Lions Club. She is a member of the UMG Ambulatory Council and precepts new team members.

## Fall 2023 PACE RN Promotions



**Caleb Ingle, BSN, RN, CCRN-CMC, CHFNP** is a clinical nurse and Heart Failure Navigator in UMG Cardiology and a PACE

RN3. Caleb was previously a PACE RN3 for ICU before his transfer to Cardiology. He is a member of the PACE RN Council and multiple other committees. He serves on the team that implemented remote patient monitoring and continues to work towards better outcomes for Heart Failure patients.



**Giuliana Rubinacci, ASN, PCCN** is a clinical nurse in UMG Cardiology and a PACE RN2. She serves on the Ambulatory

Cerner Super User Committee. Giuliana worked with a colleague to improve the knowledge of her department on the pre-procedure requirements for patients undergoing a TAVR. She also revised the Cardiology protocols to improve efficiency across the office.

## Summer 2023 CSS PACE Promotions



**Alison Sokol, MS, LAT, ATC** is an Athletic Trainer at UMG Bone and Joint and a CSS PACE level 3. She was formerly a CSS PACE3 before transferring to her current

role as Surgery Scheduler. She Co-Chairs the UMG Ambulatory Council which has been instrumental in making practice changes across UMG. She actively volunteers in her children's schools. Alison is recognized as a resource by her peers.



**Lisa Bryan, LPN** is a clinical nurse in UMG Cardiology and a CSS PACE level 3. She frequently organizes fundraisers/benefits and serves others in their tough

times. Lisa is a member of multiple councils including the CSS PACE Council. She also participated in improving practice around blood pressure and release of information with special projects.

### 2023 PACE RN Renewals (Spring and Fall):

- Kerrie Archer, BSN, RN, CCRN, UHC ED (PACE RN3)
- Stacy Black, BSN, RN, RNC-OB, Labor & Delivery (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)
- Michelle Gutish, MSN, RN, CCRN, NICU (PACE RN4)
- Courtney House, ASN, RN, RNC-NIC, NICU (PACE RN2)

- 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 & Delivery (PACE RN3)
- Melissa Lemmons, BSN, RN, IBCLC, Mother-Baby (PACE RN3)
- Darrienne Lively, BSN, RN, CHFNP, UMG Cardiology (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)
- Robin Semmler, 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, Labor & Delivery (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)

### 2023 Clinical Support Service (CSS) PACE Renewals (Winter and Summer):

- Sara Biggs, CST, Labor & Delivery (CSS PACE3)
- Debra Hill, AAS, CST, Labor & Delivery (CSS PACE3)
- Danielle Scott, AAS, CST, Labor & Delivery (CSS PACE3)
- Evert Siebert, MS, ATC, UMG Bone & Joint (CSS PACE3)
- Jennifer Compton, BS, ATC, UMG Bone & Joint (CSS PACE3)



# The DAISY Award

FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES



**Courtney House, RN**, cared for a newborn with a two-week stint in the NICU. According to the mother, all of the nurses and staff were amazing, but Courtney stood out for her great care,

communication and compassion.

Anytime the mom needed someone, Courtney was right there to answer all of her questions. On the day the parents thought they would be able to take their baby home from the hospital, unbeknownst to them, their son had a medical complication early that morning that would ultimately delay his discharge. Although Courtney was not assigned to their son on this particular day, she heard about his episode and took it upon herself to call and update and console the parents.

Both parents were devastated and heartbroken that they would have to wait to take their baby home, yet beyond grateful for Courtney's caring and encouraging words, along with her compassion and humanity she gave during such a difficult time.



**McKenzie Trudeau, RN**, cared for a surgical patient who wrote the following, "McKenzie was so patient, kind and helped in calming me down—on top

of getting me the care I needed while I waited for my surgery. She was kind, sweet, attentive and extremely fast when it came to my requests for tv and medicine to calm my anxiety. I don't think I would've stayed for my surgery without her kindness and help. I wish there were more nurses like her and I feel extremely lucky to have had her. She is the definition of kind, compassionate, caring, assertive—everything a nurse should be."



**Jane Hendrickson, RN**, cared for a patient who recently lost her mother. Completely heartbroken, she began having chest pains and went to the Emergency

Department the following morning. She was then taken to the Cath Lab and later diagnosed with Broken Heart Syndrome.

The patient was told that her heart was only functioning at 25% and she could not leave the hospital until she received a life vest. Unfortunately, due to worldwide technical issues, she wouldn't get her life vest for another two to three days. That meant she would miss her mother's funeral.

Nurse Jane Hendrickson heard about the delay and became an advocate and warrior for the patient. Jane went out of her way to make phone calls, involving the case manager and refusing to give up. The patient received her life vest just in time to attend her mother's funeral.

*Thank you to these extraordinary nurses!*



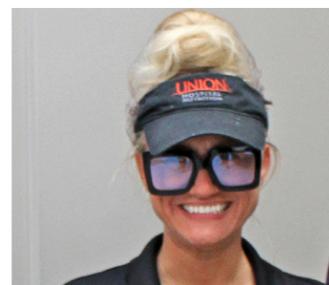
# The SUNSHINE Award



**Tori Kasemeyer**

Recently, Dr. Pine Mattas at Cork Medical Center in Marshall, Illinois, had a juvenile patient experiencing a mental health crisis. The mother

needed to transport the minor to the emergency room to be evaluated, but needed help caring for her older son as well. Without hesitation, Tori called her husband, a local police officer, to assist. He gladly picked up the older brother for the day, took him to Wal-Mart and toured the police station. This allowed the mother to focus on her younger son and get the help he needed.



**Marie Silvers**

Marie is a barista with the Coffee Clinic through Nutrition Services at Union Health, was nominated for

her ability to serve more than coffee!

Those that nominated Marie said, in part... "Her coffee literally makes everyone's day better. We know if Marie is working, our order will be fast and right. She almost always knows your order before you even place it, unless you are trying something new, to which she always has delicious suggestions. Thank you, Marie, for always showing up with a smile on your face, even when we don't have one. Thank you for genuinely being interested in what's happening in our lives and following up when we see you gain. Thank you for treating us as more than customers even when you're overwhelmingly busy. Thank you for serving more than coffee, but genuine kindness."



**Makenzie Deibel & Shyanne Harmon**

In early February, Makenzie Deibel and Shyanne Harmon, both Respiratory Therapists, were walking toward the lobby in Union East when a gentleman collapsed while being registered for outpatient testing. Without hesitation, and within one second of the man falling, both ladies ran to his aid initially thinking he was having a seizure. However, further assessment revealed he didn't have a pulse. Makenzie immediately began chest compressions, as Shyanne called for assistance and ran to obtain a crash cart. The Code Team arrived shortly after and the patient was taken to the Emergency Department where ROSC (Return of Spontaneous Circulation) was obtained. The patient was ultimately taken to the Cath Lab and then onto the ICU.

"CPR was initiated 29 seconds after his head hit the floor," Thomas Miller, Manager Respiratory Therapy said. "In just 29 seconds, multiple assessments took place by these two ladies—seamless communication regarding the steps they were actually taking and the next steps they wanted to take. There is no question in my mind that because of this high level of expertise, that ROSC was obtained, and this man was given every chance of surviving this event." Earlier this week, both ladies received The Sunshine Award; however, Makenzie was unable to make it to the ceremony—but joined via FaceTime with her pup.

*Thank you to these rays of sunshine!*





Vascular Access Team (L to R) Christina Mills RRT, Matt Forsythe RN, Codey Summerville RN, Katie Phillips RRT, Ryan Nevill RRT, Jacki Tindall RRT, Jimmy McKanna, Jessica Summerville RRT

## Launching A Vascular Access Team

A new interdisciplinary team provides line support

### Problem

Central Line Associated Blood Stream Infections (CLABSI) can be devastating for a critical care patient. In the adult ICU at Union Hospital, the central line utilization rate for ICU was near the national benchmark according to the National Healthcare Safety Network (NHSN). Utilization of central lines opens the patient up to a risk for CLABSI development. Despite the utilization rate being reasonable, the CLABSI rate was still a concern for ICU.

An interdisciplinary team from Infection Control and ICU were addressing evidence-based care of the central lines, but the options for line removal and replacement were limited to the Interventional Radiology department. Assessing and addressing the appropriateness of a central line was a challenge for the bedside staff that may have led to these CLABSIs in the adult ICU. Interventions to reduce unnecessary central venous catheter (CVC) use significantly decrease the rate of CLABSI (Xiong & Chen, 2018).

### Pre-Intervention

The team chose to focus heavily on how to best remove the potential for a CLABSI via avoiding central line insertion or replacing central line with another appropriate form of vascular access. Prior programs at Union Hospital driven by Respiratory Therapy had attempted to reduce the utilization of central lines, and thus CLABSIs, through the placement of midline intravenous catheters ("midlines") by Respiratory Therapy. The team developed processes with ultrasound-guided vascular access and the use of midlines but were unable to affect the CLABSI rate. **Robin McCallister, RRT, BSN, MBA, RN, Director of Nursing; Rhonda Smith, MSN, RN, NE-BC, Chief Nursing Officer; and Jimmy McKanna, MBA, RRT-NPS-ACCS, RPFT, Director of Respiratory Therapy and Hospital at Home** had also previously sought out support for additional staff and equipment that was not approved prior to this intervention. The team continued to utilize Respiratory Therapists for ultrasound-guided vascular access and midline placement with little effect for the CLABSI rate.

As inpatient volumes remained high and Emergency Department boarding volume increased in December of 2022, the business plan for a formal Vascular Access Team (VAT)

was brought before a group of leaders to be re-evaluated. The rate of CLABSI in ICU (number of CLABSI/100 central line days) in December 2022 was 0.37. **Matt Forsythe BSN, RN** was serving as the Lead RN in Interventional Radiology and was brought into the planning discussions and use of the MAGIC (Michigan Appropriateness Guide for Intravenous Catheters) was added to the business plan.

The VAT proposal included planning for 2.5 FTEs that partnered Matt as the Registered Nurse with a Respiratory Therapy colleague to provide patient care. The plan was to focus on the insertion of midlines and ultrasound guided peripheral IVs along with supporting quality line care including dressing changes. The team set goals to improve patient satisfaction and reduce poor outcomes like CLABSI through decreased utilization of central lines for inpatients.

### Goal

Reduce the rate of CLABSI/100 central line days in the ICU at Union Hospital.

### Intervention

In January 2023 the proposal for a dedicated VAT was presented and approved at the Administrative Team Meeting (ATM). Matt was moved into the VAT Supervisor role and started working alongside Jacki Tindall, BS, RRT, VAT Respiratory Therapist to develop the department operations. An office was secured on the second floor of Union Hospital. While the VAT was designed to provide support and services across the organization, the heaviest CLABSI reduction efforts were focused on ICU.

Matt and Jacki worked with the ICU nursing leadership to reinforce the need to discontinue central lines and replace them with a midline when appropriate for the patient's condition. In February 2023 the pair worked with RNs, Respiratory Therapists, and Clinical Informatics to develop the consultation process through the electronic medical record. Matt and Jacki consulted with Respiratory Therapists Jessica Summerville, RRT; Katie Phillips, BS, RRT; Ryan Nevill, MS, RRT; and Christina Mills, RRT to develop the process for midline insertion by the VAT. In addition, Clinical Informatics built the charging and billing side of this work to support a return on investment for the VAT. In February 2023

policies were written regarding midline insertion and care and shared with clinical nurses.

By March 2023 the VAT was ready to assume patient care under Matt's leadership. The team started receiving consultations and placing midlines by the end of March 2023.

#### Alignment with the Professional Practice Model

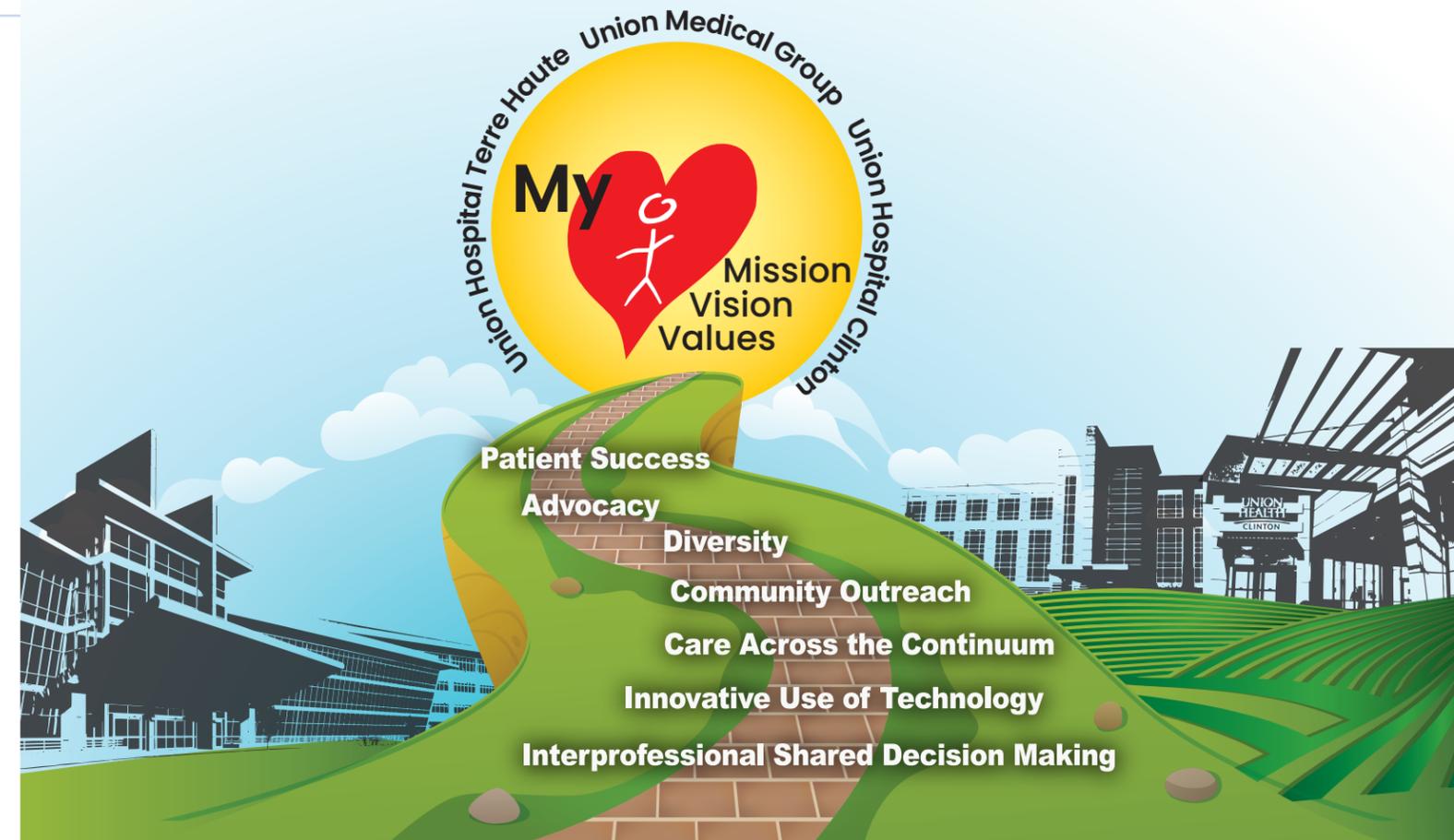
The Professional Practice Model (PPM) at Union Health was revised by the Magnet Council members in early 2023. The PPM serves as a visual of the patient care provided across Union Health campuses. The mission, vision, and values of the organization drive patient-centered care (as pictured in the sun) with a heavy focus on positive outcomes. The individual components that lead up the path to the patients all combine seamlessly to get the patient to success.

The components are as follows (specific to this example):

- **Interprofessional shared decision making:** In this example, nursing and respiratory therapy leaders and staff have built the program for the VAT together.
- **Innovative use of technology:** The use of midlines to secure proper access for patients in place of a central line when appropriate represents innovative use of technology.
- **Advocacy:** Prior to the VAT, the use of central lines was a standard of care in most ICU patients and was leaving opportunities for CLABSI development. The use of midlines and routine assessment of the need for central lines by the VAT has demonstrated advocacy for meeting patient needs in real time.

#### Outcome

The implementation of a VAT that encourages the constant evaluation of the need for a central line and also offers an alternative vascular access point through midlines has supported the reduction of CLABSI in the ICU at Union Hospital. There were zero CLABSIs between April and October 2023 representing over 200 days CLABSI-free in the ICU!



## Professional Practice Model

Magnet Council revises the Professional Practice Model

The Union Health Professional Practice Model encompasses patient care provided at Union Hospital Terre Haute, Union Medical Group, and Union Hospital Clinton. The mission, vision, and values of the organization drive patient-centered care with a heavy focus on outcomes.

- **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.

# The FORCE App Connects Patients and Care Teams

Innovation in technology to connect to great outcomes



Tabetha Rodgers demonstrates the FORCE app to patients

## Problem

Patients that experience a scheduled joint replacement require multiple interventions including education to ensure a successful outcome. While Union Health works through the Pre-Anesthesia Testing (PAT) department, Union Hospital Surgical Services departments, and the Union Medical Group (UMG) Bone and Joint department to accomplish great outcomes in elective joint replacement surgeries, some patients continue to struggle with the post-surgical demands. Patients must attend follow up appointments and physical therapy sessions along with watching for symptoms to report in the post-operative period. Tracking all the necessary information to be successful can be difficult for this population.

In August 2022 the UMG Bone and Joint care team was continuing work to enhance the infrastructure, create efficiencies, and improve quality and patient experience alongside the Indiana Joint Replacement Institute (IJRI). Through this partnership, the team learned

of a potential technological solution for post-operative patient management.

## Pre-Intervention

In August 2022 IJRI team members suggested the use of a digital application (“app”) to maintain communication with patients for questions, concerns, and the delivery of relevant education. The UMG team recognized the value in using an app for patients and internal data collection for future improvements. Leah Salvador, PT, DPT, MBA, FACHE, Orthopedic Service Line Director engaged a small planning team including Dr. Stephen Fern, MD, Orthopedic Surgeon; **Tabetha Rodgers, BSN, RN, UMG Bone and Joint Clinical Nurse**, Ambulatory Orthopedic Nurse Navigator; Kimi Clark, UMG Bone and Joint Supervisor; and Nicole Bonar, LPN, UMG Bone and Joint Clinical Nurse to select an app that met the team’s needs from several options. The FORCE app was selected for the UMG and IJRI patients by the team. FORCE app as a solution to supporting

patients in this population. The app allows communication between the patient and the care team from the beginning of their joint replacement journey through the post-operative period. The app provides them with a schedule from pre-operative classes to post-operative monitoring. It also sends reminders for appointments, specific education for their post-op status by time periods, and guidance around signs/symptoms to monitor and report back.

The team recognized the ability of the FORCE app to impact patient experience for elective hip and knee replacement patients specific to the question “received consistent information”. Use of the app would ensure the patient had access to quick, consistent, relevant information at the exact moment they needed it. In August 2022 the score for “received consistent information” was 70.6%.

## Goal

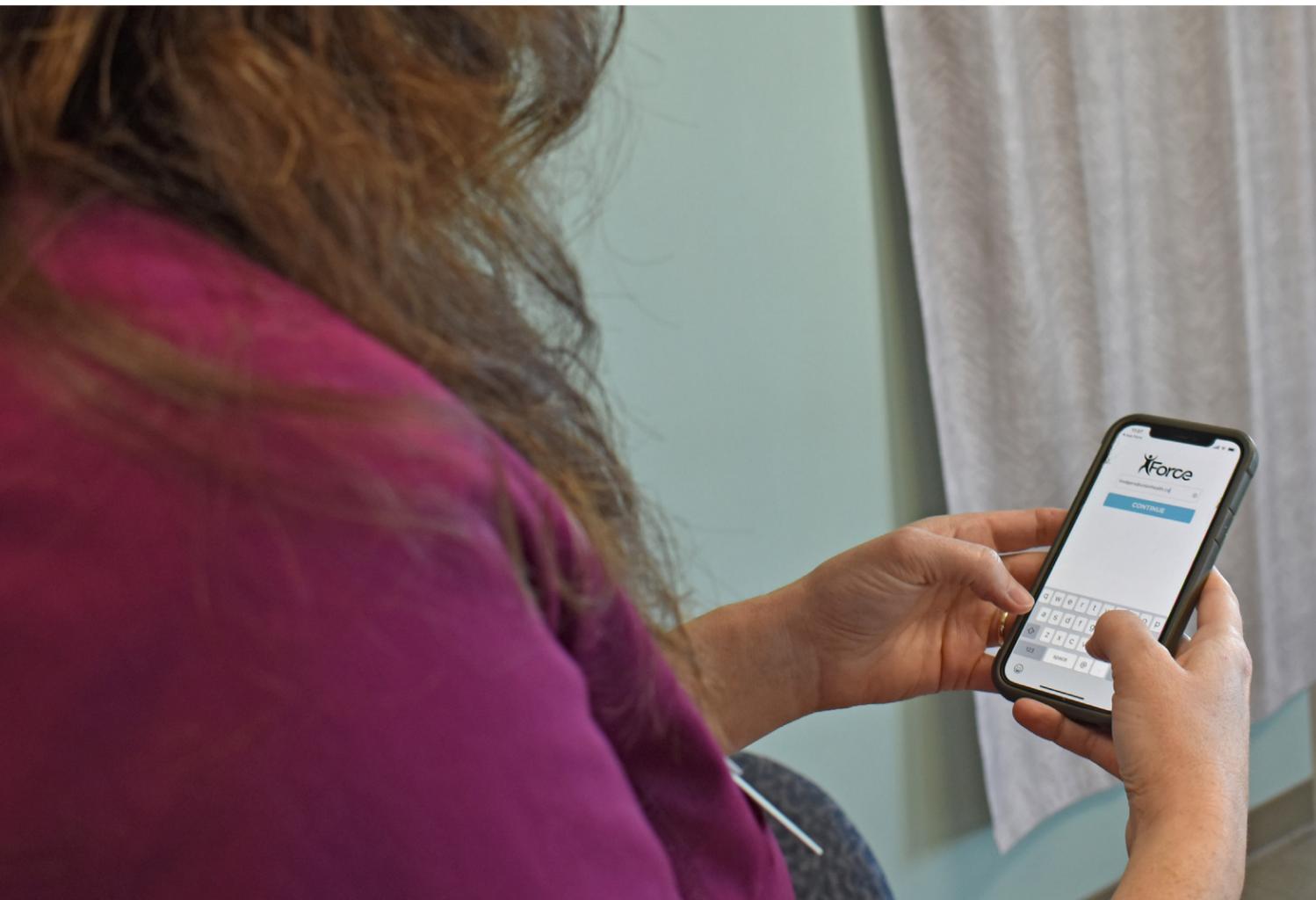
Improve patient experience for total joint patients specific to the question “received consistent information” through implementation of the FORCE app.

## Intervention

Once the FORCE app was selected Tabetha began learning the functionality of the program. She was able to collect patient data including viewing progress of pain control, patient education, and improvement of joint function post-operatively. She found she could also review HOOS (Hip Dysfunction and Osteoarthritis Outcome) and KOOS (Knee injury and Osteoarthritis Outcome) scores in a single location when needed. Tabetha recognized the ability of the app to help the team focus on improvements in the future, including a focus on the CMS guidelines for qualifying patients.

Tabetha, Nichole, Leah, Kimi, and Dr. Fern met with the providers and explained the benefits





and functionality of the FORCE app for the patients. The education was shared with the team, so all were aware of the available resources within the app as they started working with patients.

In September 2022 patients undergoing joint replacement surgery with Dr. Stephen Fern or Dr. Michael Menighini were set up to use the FORCE app. When the decision is made for a patient to undergo a total joint replacement surgery, they receive a printed appointment summary at the end of the appointment. The summary details the FORCE app and indicates the patient will receive an invitation via text or email to participate. The invitation is driven from the EMR when the surgery is scheduled, and it automatically sends the invitation to the patient to download and join the FORCE app.

The patient is also given a Joint Education Book with material relevant to their surgery and a

one-page flyer about the application. When the patient visits the Surgery Scheduler, this flyer is reinforced, and more details are shared regarding the app. During Joint Education Class pre-operatively, the interdisciplinary team also discusses the FORCE app and helps patients that may need assistance in getting started.

Between September 2022 and January 2023, the team worked out issues with invitations for the app, delivery of materials, and updates to the information shared with patients. Tabetha coordinated the protocol review with each provider and ensured they approved of their personalized instructions for patients before giving them access to the platform. As the troubleshooting lessened, additional providers were added, and their patients were given access to the FORCE app.

In January 2023 the use of the FORCE app was rolled out to the remaining providers within the

practice including Dr. Carlos Belmar, MD; Dr. Sameer Bavishi, MD; Dr. Sami Jaafar, MD; and Dr. Jeremiah Palmer, MD. At that time the use of the FORCE app for communication practices, reminders, and on-the-spot provider education was in place for all joint replacement patients. Tabetha continued to coordinate updates to care paths, protocols, and patient education delivered via the FORCE app as the process continued beyond implementation.

### Outcome

Patient experience continued to improve after the full implementation of the FORCE app in this patient population. The scores for the question “received consistent information” continued to fluctuate while still outperforming the baseline data. In February 2023 the score was 72.7%, 82.8% in March 2023, and 77.5% in April 2023.

The most popular area of the FORCE app is the ability of the patients to send secure instant messages through the app. This allows for real-time symptom and progress monitoring and quick follow up when necessary. Patients can request medication refills, send photos for specific concerns, and even send video to share their current range of motion with the care team.

The simple intervention of adding technology to the plan of care for the management of the post-operative joint replacement patient allowed clinical nurses and providers to ensure positive outcomes.

## 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@union.health](mailto:resmith@union.health) or send her a text at (812) 240-1420.



(L to R) Colleen Maurer, BSN, RN, PCCN, ANCM 2EB; Chelsea Wineinger, BSN, RN, ANCM 4EC; Melissa Kalas, Pharm. D., BCPS; and Meghan Williams, Pharm.D., BCPS, Systems Manger- Ambulatory Care Pharmacy Services

## Cerner Tasks to Decrease Discharge Delays

Interdisciplinary communication through the EMR

### Problem

Successful patient discharge is rooted in arming the patient with the necessary resources to ensure positive outcomes including medications/prescriptions, education, and follow-up care. Getting the patient to the next stage in their plan of care also includes ensuring accurate medication reconciliation and access to prescriptions.

In early 2023 Union Hospital began to experience a serious throughput problem associated with discharge delays on the adult inpatient units (excluding Intensive Care Unit-ICU). This led to subsequent issues including increasing rates of boarding patients in the Emergency Department (ED). A team was assembled including **Heather Miles, DNP, MBA, RN, CEN, TCRN, ED Director** and **Dennis Glossop, Process Improvement Specialist** to investigate the root causes of throughput issues. Analysis of the problem revealed two major contributing factors including difficulty with transportation and delays related to

obtaining discharge medications. Upon recognition of the discharge medication issues, Pharmacy leaders and informaticists were engaged in understanding the problem.

The pandemic brought closures and severely limited access to retail pharmacies in the Union Hospital service area. As a result, many patients began filling their discharge prescriptions at the Union Hospital Lobby Pharmacy prior to discharging from the facility. This was also encouraged by providers and some service lines to lessen the rate of medication noncompliance associated with simply not obtaining the prescription.

### Pre-Intervention

In March 2023, the average hours from order to discharge (measured as average hours from discharge order written to the actual patient discharge from the facility in adult inpatient units excluding ICU) was 3.9 hours. This represents time the patient spends in a bed unnecessarily,

which contributes to throughput challenges for the whole organization. In March 2023 Meghan Williams, Pharm.D., BCPS, Systems Manger- Ambulatory Care Pharmacy Services began to have conversations with clinical nurses and the above noted team about how to improve the flow of communication through Lobby Pharmacy. It quickly came to light that the volume of prescriptions had doubled nearly overnight and the constant calls from staff asking for an update were contributing to the slowed workflow of the department. The team decided a better communication plan needed to be in place to improve discharge delays.

### Goal

Reduce delays in discharge (measured as average hours from discharge order written to patient discharged from hospital) at Union Hospital in the adult inpatient unit population (excluding ICU).

### Intervention

In April of 2023 Meghan met with Jenny Overton, Pharm. D., CPHIMS and Melissa Kalas, Pharm. D., BCPS, to research options within the current electronic medical record (EMR) platform as communication systems. The Pharmacy IT team worked within the EMR to create an order/task process that would communicate updates on prescription status in the Lobby Pharmacy including when they were ready for pick-up and an estimated timeline for pick-up. The process started with the nurse entering the anticipated discharge in the EMR as an order called "Union Lobby Prescription(s) request per protocol". The RN entered an estimated time of discharge in the special instructions field of the order which helped Pharmacy prioritize patients according to the planned discharge time. Then, Pharmacy responds to the order with "prescription(s) received, being processed" and noted an approximate time the medication(s) will be ready for pick-up. Finally, when the prescription(s) are completed, the Pharmacy staff enters "Prescription(s) ready for pickup" and identifies if a copay is required, which medications were filled, and if identification is required for pick up at Lobby Pharmacy. Nursing staff and Pharmacists can see each of these orders in real time in the EMR to meet the patients discharge medication needs and plan discharge care.

The order/task was demonstrated to Nursing Care Managers at their monthly meeting in May 2023 with a request to consider this workflow option to improve communication and thus improve efficiency. The NCM team agreed the workflow would help.

In June 2023 Meghan shared the task with **Colleen Maurer, BSN, RN, PCCN, Clinical Nurse and ANCM of 2EB** and **Chelsea Wineinger, BSN, RN, Clinical Nurse and ANCM of 4EC** to review the order/task and proposed workflow. The pair reviewed the order/task and met with the team on June 6, 2023. There, they provided feedback on how the use of the EMR would keep them updated of the progress in having prescriptions ready in the Lobby Pharmacy while facilitating a smooth, efficient discharge process on the unit. Colleen and Chelsea suggested making the Pharmacy communication order/tasks show up like a permanent task that could not be marked as completed and fall off the worklist, much like the Wound Consult order. Additionally, the pair recommended adding additional information such as how much the copay amount was and what medications were filled.

Improvements were made to the order/task process and a Job Aid was created to be shared with staff across the organization. The new order/task process was approved by the team and went live on June 12, 2023. On June 21, 2023, Meghan attended the Evidence Based Practice and Research Council to update on the early use of the application and workflow challenges addressed between the clinical nurses, Pharmacy, and Pharmacy IT staff.

### Outcome

The simple task of adding communication on the status of medications being filled in the Lobby Pharmacy led to a multitude of improvements. Clinical nurses had the ability to view the status of medication readiness through the EMR without using their valuable time or that of the Lobby Pharmacy team. The team recognized a decrease in average hours to 3.6 hours in July 2023; 3.4 hours in August 2023; and 3.4 hours in September 2023. Of note, between July and October 2023 this process was performed on over 2,330 patients across Union Hospital adult inpatient units (excluding ICU).

# Call the Office!

## Moving calls back to UMG offices to improve satisfaction

### Problem

Patients call their ambulatory provider's office when they need an appointment, need a medication refill, or have an acute concern. Union Medical Group (UMG) used a centralized call center structure where non-clinical call center representatives answered all calls that were received for the ambulatory providers' offices. When a representative answered a call that required review by a nurse, CMA, or provider, a note was sent through the electronic medical record (EMR) and routed to the appropriate party.

Clinical nurses, APRNs, and Physicians began to note there were key elements missing in the messages resulting in an additional call for clarification to the patient. This often led to multiple calls back and forth, delays in care, and general dissatisfaction for all involved parties. The team at UMG Family Medicine Northside brought these concerns to Tory Mullen, BHA, Practice Manager in August, and September of 2022.

### Pre-Intervention

During staff meetings at Family Medicine Northside in August and early September 2022 the Providers, staff, and Clinical Nurses shared specific examples of delayed care and other issues around patients and calls to the office.

Tory shared these concerns at the September 15, 2022, Practice Operations meeting where Practice Managers and UMG leadership were present. **Dawn Jolliff, MSN, RN, Director of Ambulatory Nursing** and Karen Mullenix, MHA, ACHE, UMG Director of Specialty Services and Call Center discussed the concerns shared by Tory's team and proposed moving the clinical calls back to the Family Medicine Northside office instead of through the centralized Call Center structure. This would allow a clinical nurse

or CMA to triage the concern and address it in real time for the patient.

Dawn and Karen monitored the patient experience scores between August and October 2022 noting percentage scores for UMG Family Medicine Northside for the question "good communication between staff" were not as high as desired. In August 2022 it was 80.5%; September 2022 it was 84.9%; and in October 2022 it was 78%.

### Goal

Improve patient experience percentage score for the question "good communication between staff" in the UMG Family Medicine Northside practice.

### Interventions

In November 2022 Dawn and Karen analyzed the call volume and discovered that this office received over 300 calls daily. Clinical staff expressed concern about the volume of calls increasing with this process change. In November 2022, Tory worked in the office to answer calls as the process changed and staffing began to be adjusted.

Between November and December 2022 Dawn and Karen worked with Information Technology (IT) to ensure the patient calls would route to the correct person the first time when dialing UMG Family Medicine Northside's main phone number. Changes were made to the phone tree prompts to ensure the patient could press "1" for billing concerns, "2" for scheduling or rescheduling appointments, "3" for medication refills, and "4" to speak to a clinical nurse. Option 1 routed the call to the billing department. Option 2 routed the call to the Call Center for a representative to schedule or reschedule an appointment. Options 3 and 4 were routed to a clinical nurse at UMG Family Medicine Northside.



Clear Triage software, an evidence-based telephone triage program was implemented to provide guidance for the nurses that answered the phone. The notes from this software easily copied into the EMR if it is needed during a call.

#### *Clinical Nurse Involvement in the Redesign of Workflow*

In early December 2022 the process and software were shared with the UMG Family Medicine Northside clinical nurses and staff for feedback. The team was involved with setting up the workflow of triaging answered calls, responsibilities of the clinical nurse versus the other staff, and practiced the process with one another. On December 15, 2022, the team was formally educated about the Clear Triage platform by Dawn and **Annie Shannon, MSN, RN, AMB-BC, UMG Clinical Educator**. Additional time was allotted during the training to express concerns about the workflow and get questions answered.

The redesigned workflow of answering clinical calls in the office went live on December 20, 2022. Tory staffed the department heavier during this time to ensure the change did not disrupt throughput in the office. Upon check-in, patients were informed about the workflow change to ensure understanding.

To support the transition and implementation of this workflow change, Dawn, Annie, and Tory worked in the phone room alongside the clinical staff for the first two weeks. Department leaders led daily huddles through early January 2024 to fine tune the process at Family Medicine Northside. During these daily huddles, clinical nurses discussed challenges, strategies, and ways to improve the workflow.

During a huddle in early January 2023 clinical nurses, **Cortney Copeland, ASN, RN; Cassie Long, ASN, RN;** and **Allie Wheat, ASN, RN,** voiced that some phone notes were being sent back to the provider's primary nurse rather than being triaged and completed by the staff member assigned to answering the clinical calls for that day. They recommended the workflow be reinforced to set the expectation of the staff member answering the calls to include gathering details, reviewing the chart, triaging the problem, and resolving the patient's need

or concern as appropriate. This information was shared with the Family Medicine Northside team to improve the process.

The team continued to refine the workflow and processes to ensure the best outcome including adding partitions to decrease noise interference, using headsets to hear patients over the phone better, assigning responsibility for clearing voicemails, and more.

The open dialogue continued in the daily huddles and monthly staff meetings through January 2023. After this change, the clinical nurses verbalized improved workflow including promptly addressing phone messages and answering patient's needs in a timely fashion. The process changes and subsequent dialogue to improve the workflow further led to better communication between patients, nurses, providers, and staff.

#### **Outcome**

Patients immediately began to express satisfaction with the process during their office visits and calls. The team monitored progress, troubleshoot major issues, and further developed the workflow after implementation of the changes. The percentage score of the patient experience question "good communication between staff" also increased dramatically over the coming months, returning to and exceeding the baseline with rates of 80.8% in February 2023; 82.9% in March 2023; 85.3% in April 2023; 85.7% in May 2023; 88.9% in June 2023; and 90.3% in July 2023.

Revising the workflow of patient calls back to the clinical office was so successful at UMG Family Medicine Northside that it rapidly spread to other UMG departments and is now the standard across Union Health.



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