

NURSING

NEWSLETTER

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APRIL 2023

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CNO Corner

A Message from Steve Polega, MHA, BSN, RN, NEA-BC



With the respiratory surge behind us, we continue to experience some of our busiest days, surpassing our Covid surges.

While recently rounding through the hospital and ED on a day when we had 170 admitted patients, and the ED was holding multiple admits; every staff member I encountered was positive and upbeat. There was a can-do attitude that was pervasive on every unit.

It would be hard for me to describe this nursing team in just a few words, but if I had to try it would start with the words resilient and kind. New challenges arise every day as we continue to recover and grow following a multi-year life changing pandemic. Staffing challenges remain, but we continue to be encouraged by the many new faces and new hires joining our teams. Our new team members could not ask for a better team to learn from. Our culture remains strong and is something that distinguishes us from every other health system. Nursing is my passion and my calling; it's a blessing and a huge responsibility to be a nurse. It is so refreshing to be surrounded by so many nurses who hold our profession to those same high standards and expectations.

I am excited that we have restarted our journey to Magnet designation. Magnet is the most widely accepted and prestigious honor for nursing teams to achieve. It is the benchmark for nursing innovation, practice and excellence.

Magnet will strengthen and advance the voice of bedside nurses.

I am encouraged by many nurses working on their ladder applications. The intent of the nursing ladder is to reward the professional achievements of our nursing team as they contribute to the growth and expertise of our nursing team and organization but also the personal growth of each individual nurse.

Lastly, events of aggressive and assaultive behaviors are becoming more prevalent. We have worked extremely hard on our Zero Tolerance approach to violence. Zero Tolerance means that dealing with violence, abuse and threats is not "just part of your job". I, along with Kate Veenstra and our entire executive team will have your back as you respectfully set limits and hold patients and visitors accountable for their behaviors. Always be aware of your surroundings and actively look out for each other. Pull in security early and often when faced with hostilities that you are not able to safely de-escalate. We are investigating several other solutions and have a very passionate Workplace Violence Prevention team that meets monthly.

The repeated excellence that we see every day lets us all look towards a bright future serving our patients and our communities. You exemplify the nurse's week theme of LEADERS AND BEST.

Thank you for your dedicated service and compassionate care.

~ Steve Polega, Chief Nursing Officer



UNIVERSITY OF MICHIGAN HEALTH-WEST
MICHIGAN MEDICINE



Want to Name the NEWSLETTER?

Cindy Miller MSN, RN
Magnet Program Director

Do you like winning things? Do you have a competitive spirit? Well then this is for you! We are renaming the Nursing Newsletter and we want YOU to be a part of the process! Aside from guaranteed fame, you will also be rewarded with an awesome prize! Trust me, I pick great prizes!

The name could be upbeat and energetic, or it could be more serious in nature. It could be 'punny', sharp, powerful, or it could simply be one word that embraces the culture of UM Health-West. You have a blank canvas before you.

**Of course, there must be rules.
I promise that they aren't that bad.**

1. One submission per person.
2. Try to keep the title relatively short. 4-5 words maximum.
3. The submission cannot be the name or trademark of another company/business.
4. You MUST include the following in the body of your email when submitting your idea or it will not be considered.
 - a. Your name
 - b. Your department
 - c. Your entry to the contest
5. Your entry must be received by April 14, 2023. Late entries will not be considered.
6. Send all entries to:
Cynthia.Miller@umh-west.org

All submissions will be brought to the Professional Nurse Council for voting on April 25.

The winner will be announced in the **JUNE 2023 NEWSLETTER!**

ACNO Corner

A Message from Kate Veenstra, DNP, RN, CNL, NEA-BC



To echo Steve's comments, I am incredibly impressed with the way our nursing team continues to advocate for patients, deliver world class care and demonstrate resilience amidst the constant change in healthcare. As we continue to grow our workforce, one of the strategies we have focused on is the idea of an educational pipeline for new nurses. Last fall, through an incredibly generous gift from the UM Health-West Foundation and support from our Board, UM Health-West partnered with Grand Rapids Community College to offer scholarships to nursing students covering up to three full semesters of their tuition. As part of this program, the students will commit to working at UMHW as an RN for two years. We had 18 students accept our scholarship this past fall. We will be expecting these students to join our workforce over the next three trimesters with May, August and December graduation dates. Several of these students have already joined our team as PCTs and many of them will be doing their clinicals and leadership rotations here with us. Thank you in advance for giving them a warm UM Health-West welcome. This program will continue as funding allows over the next several years and we will be encouraging BSN completion programs during their tenure here through the existing tuition reimbursement program in HR. We will be onboarding the next cohort with May 2024 graduation dates later this spring. If you have questions about this program or if you have people interested, I'd be happy to connect about this exciting program.

Steve shared our sentiments in advocating for you regarding violent and behavioral patients. I wanted to also celebrate the work and progress related to violent restraint documentation. I know the documentation can feel like a lot—and it is! The attached dashboard (**Figure 1, next page**) shows our overall compliance with violent restraint documentation during CY22 and shows marked improvement from January to December. Kudos to you for your documentation, real time audits and nurse leader engagement to keep these compliance scores high. A couple of reminders about violent restraints:

- The four-point Pinel System should always be used with the torso strap.
- Violent restraints should be removed at the earliest possible time.
- The RN, APP or Physician has the authority to assess the patient for the release criteria and remove restraints.
- The patient must be exhibiting current behavior that requires the use of continued violent restraints.
- If you are assessing the patient is calm and cooperative or sleeping, consider removing restraints.

If you have additional questions about violent restraints or your individual unit's documentation compliance, please reach out to your Nurse Manager for clarification.

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University of Michigan Health-West Overall 2022 Restraint Dashboard

Dashboard Key	
	Nursing Specific Metric
	Provider Specific Metric
	Nursing and/or Provider Metric
	Metric met With 90% or greater compliance
	Metric met with 75%-89% compliance
	Metric with less than 75% compliance
	No Restrained Patients


<div><div></div><div>UNIVERSITY OF MICHIGAN HEALTH-WEST</div><div>MICHIGAN MEDICINE</div></div>		Calendar Year 2022														
		Updated	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cal YTD
Violent/Behavioral Restraint																
Number of patients with Violent/Behavioral Restraint Orders	Monthly		6	13	11	14	14	15	12	14	9	7	25	15	155	
Time restraints initiated (applied) by nurse AND time restraints ordered by provider. Must be within a few minutes. All required fields must be completed.	Monthly	>90%	83%	77%	55%	86%	71%	87%	92%	100%	78%	100%	88%	87%	84%	
Order written by provider - If the order is NOT placed by the attending the order/restraint note must reflect the date and time attending notified	Monthly	>90%	100%	100%	100%	100%	93%	100%	100%	100%	100%	100%	96%	100%	99%	
Violent Restraint Note for the 1-Hour Face-to-Face Assessment Signed by provider - This MUST be done within ONE HOUR of restraint application.	Monthly	>90%	83%	100%	100%	100%	93%	100%	100%	93%	100%	100%	100%	93%	97%	
Order renewed every 4 hours (adult)	Monthly	>90%	83%	85%	91%	71%	86%	100%	100%	93%	78%	100%	88%	100%	90%	
Doc flowsheet monitoring & assessment completed as directed	Monthly	>90%	33%	85%	91%	64%	50%	93%	100%	93%	89%	100%	96%	100%	83%	

Figure 1

IV Pump SAFETY

Shelly Mouw, MSN, APRN, AGCNS-BC,
PCCN, Clinical Nurse Specialist /
Nursing Education Coordinator

Just a reminder to program the IV pumps carefully! Every month we see IV pump programming errors. The number of good catches by the IV pump went up last quarter. Here are some examples of errors the IV pumps caught last quarter:

Decimal point errors:

- insulin 407 units/hr. changed to 4.7 u/hr.
- insulin 105 units/hr. changed to 1.5 u/hr.
- dexmedetomidine 7 mcg/kg/hr. changed to 0.7 mcg/kg/hr.
- amiodarone 5 mg/min changed to 0.5 mg/min

Double digit errors

- ketamine IVPB – 200 mg changed to 20 mg
- heparin – 25,000 units/hr. to 2500 unit/h

Rate/Dose errors (programming the dose in the rate field)

- propofol 80 ml/hr. (166 mcg/kg/min) changed to 80 mcg/kg/min programmed twice in a row
- heparin 600 mL/hr. (30000 units/hr.) – changed to 600 units/hr.

High-Rate errors (wrong channel being programmed, or error unknown)

- propofol 999mL/hr. (2335 mcg/kg/min) changed to 5 mcg/kg/min
- esmolol 999mL/hr. (832 mcg/kg/min changed to 30.9 mcg/kg/min (37 mL/hr.)
- nicardipine 999 mL/hr. (99.9 mg/h) changed to 3mg/h
- insulin 999mL/hr. (999 units/hr.) changed to 2.2 units/hr.– programmed twice in a row
- ketamine, pain – 999mL/hr. (999mg/hr.) – changed to 20mg/hr.– wrong channel (med surg)

The IV pumps caught these errors, but Guardrail limits in the pumps can't stop all of these types of errors. Paying close attention to IV pump programming is the most important thing you can do to prevent an error.

1. Ensure you are programming the correct IV channel.
2. Ensure you are programming the correct dose (always program the dose, not the rate).
3. Push buttons carefully, watching for extra numbers and the location of the decimal point.

Additionally, remember not to infuse IVs at KVO (keep vein open rate) without a physician order.



ACHC Tips & Tricks



Elizabeth Koetsier,
Compliance Coordinator

1. Ensure nursing care plans are current, by ongoing assessment of patient needs and responses to intervention. Updating and revising the care plan accordingly.
2. Practice the five rights of medication administration every time.
3. Document pain medication reassessment within the 60-minute time frame, after administration (NUR-07).
4. Be able to speak to the blood administration process.
5. Be familiar with the visitation policy for your unit.
6. If your unit utilizes violent and/or non-violent restraints, be familiar with NUR-03, and be able to speak to the definition of a restraint.
7. What is our process/policy on verbal orders? (NUR-09)
8. How do you handle soiled instruments that go to CPD?
9. Ensure proper dress code in restricted procedural spaces.(NUR (SUR)-02)

**CERTIFIED
NURSES DAY
MARCH 19**

SHARED GOVERNANCE What It Is & What It Isn't

Cindy Miller, MSN, RN, Magnet Program Director

The concept of shared governance is a topic that we may hear about occasionally as we go through nursing school. Hopefully, you hear even more about it in the workplace. But do you know what it means or why it is so important? If you are new to the idea, it can be a little challenging to understand. Keep reading and let me shed some light so we can all have a better understanding of what it is and what its main goals are.

What Is It?

The shared governance model was developed by Tim Porter-O'Grady over thirty years ago with the goal of setting out specific directions for professional nursing. It involves integrating core values and beliefs as a method of providing the best care. Ultimately, it was designed to improve all aspects of nursing, including work satisfaction, retention and work environment.

Shared governance encourages nurses to collaborate with others and use a variety of input to create new methods for organization and work safety, as well as to maintain a satisfactory work experience for all.

The heart of shared governance lies in the use of councils and committees. These groups should be made up of motivated and capable nurses whose main interest lies in the greater good. Together, they work towards a common goal and will do everything they can to ensure they reach it.

- **The Leader** – A good leader is one who doesn't take all the control for themselves, but rather directs the committee members and works with them. This person serves as a sort of middleman between the nurse committee and supervisors or managers that make requests or lay out goals for the committee to achieve.
- **The Nurses** – The members of the committee must be flexible and willing to work not for themselves but for the interest of the staff as a whole. These nurses must be respected and must not feel the committee is taking them away from their regularly scheduled daily duties. However, they should be willing to be adaptable to any changes that the committee sees fit to enforce.
- **The Nurse Executives** – Nurse executives serve as added support to the committee. Ideally, they should be invested in the committee and their decisions and provide advice and help wherever needed. The Nurse Executive is also there to help break down barriers the committees may experience. Essentially, the nurse executive, while not necessarily part of the committee, should be openly engaged in backing them up or offering support.
- **The Nurse Managers** – Nurse managers should be serving on the shared governance committee as a way of providing additional leadership if needed. If the nurse managers are not serving on the committee themselves, they should support those nurses who are.

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SHARED GOVERNANCE

continued

What Does a Shared Governance Committee Do?

There are many different types of committees that can be formed by nurses. Any area of work where nurses should have a voice is open to forming a council. Here are a few examples of the options that we have right here at UM Health-West.

- **Unit-Based Council (UBC)**
 - Unit Based Council provides a forum to empower staff members to problem solve and make decisions about unit specific matters in collaboration with unit management/leadership.
- **Nursing Advocacy Council (NAC)**
 - The NAC is responsible for the engagement and retention of nursing staff through both the work we do with the DAISY Program, as well as appreciation events such as Nurses' Week and the Nursing Gala. We also regularly provide feedback to management specific to potential improvements that can be made to help retain and attract new staff.
- **Professional Nursing Development Council (PNDC)**
 - The PNDC is responsible for working closely with the Magnet Program Director on various designation related projects. We establish and create professional development opportunities for bedside nurses and recognize nursing professionalism with various programs. Additionally, they have created and now manage the Professional Nursing Development Ladder (PNDL).
- **Professional Nursing Council (PNC)**
 - The Professional Nurses Council at UMH-West consists of a nurse representative from each department throughout the organization. The PNC meets monthly and works to support nursing councils throughout UMH-West.

If you find yourself interested or curious about any of these committees, please feel free to reach out to me (Cindy.miller@umhwest.org), the UBC chair on your unit, or your manager for more information.

I look forward to seeing all the amazing things that we as **ONE TEAM** can accomplish!

2022 Daisy Award **WINNERS**



IN MEMORY OF J. PATRICK BARNES

CONGRATULATIONS to

Danae Talsma	Andrea Erbes
Tim Hall	JoAn Landstra
Ryan Kauffman	Allie Kendall

NURSING SPOTLIGHT Ongoing ECG Education

Joslyn Rosema MSN, RN,
Nursing Professional Development

We have seen significant improvement in our inpatient and procedural staff's ability to measure and interpret cardiac rhythms! Next steps...Nursing interventions related to cardiac rhythms!

During phase 1 of our house-wide ECG Education Plan, there were two needs assessments that were completed. These needs assessments focused solely on ECG measurement and interpretation for nurses and clinical secretaries/monitor techs for all departments that monitor telemetry patients. The initial assessment determined baseline knowledge which assisted in identifying gaps and educational needs for existing staff. Targeted and interactive education was created based on the needs identified. This education was delivered at intervals over 7 months, followed by a second assessment to determine effectiveness. The results were outstanding! All departments markedly improved with comprehension of PQRST measurements and rhythm identification. Almost all departments doubled, if not tripled their percentages of staff who scored an 85% or higher which was determined to be the gold standard. Excellent job to all that participated!

We are excited to start phase 2, which starts with a second needs assessment to determine educational gaps regarding knowledge of nursing interventions related to specific cardiac rhythms. This assessment was assigned on February 13, 2023, to all nursing staff that are required to respond to changes in cardiac rhythms. Based on this assessment, education will be developed and tailored to the needs identified. This education will also continue to reinforce what has previously been taught.

Thank you for your participation! Tailoring education to meet identified needs is the best way we can support you to feel the most comfortable and confident in caring for patients requiring cardiac rhythm monitoring. If you have any questions regarding the cardiac rhythm assessments or education, please reach out to your department educator.

Transition to **PRACTICE PROGRAM**

Shelly Mouw, MSN, APRN,
AGCNS-BC, PCCN,
Clinical Nurse Specialist /
Nursing Education Coordinator

April 2023 the nursing education department will be rolling out a formal Transition to Practice (TTP) Program for all ambulatory and hospital-based RNs.

Transitioning to the nursing role, whether to a new role, or a new department, takes time. The TTP Program acknowledges and addresses the continued learning needs of nurses beyond orientation needs during that first year where they are continuing to learn and grow in their new role. TTP Programs have been shown to increase nurse satisfaction, patient satisfaction, patient outcomes and quality sensitive indicators and decrease RN turnover.

Summary of the TTP Program:

- New hire orientation.
- Nursing Care Essentials Class – hands on skills classes – inpatient and procedural RNs (New, January 2023).
- Transition to Practice Classes (New, April 2023):
 - Series of six session held every six weeks, starting at the end of orientation.
 - Each session includes:
- Structured learning event (ambulatory, procedural, and hospital staff).
- Group mentoring (ambulatory, procedural, and hospital staff).
- TTP Hands on skills classes (procedural and hospital staff).

If you have any questions, reach out to your unit educator or Shelly Mouw, CNS/Nursing Education Coordinator.

Professional Nurse **DEVELOPMENT LADDER**

Cindy Miller, MSN, RN, Magnet Program Director

Thank you to those who took the time to submit their application for the Professional Nurse Development Ladder (PNDL). We received 223 applications! The committee is diligently reviewing each one of these to ensure that all the needed items and evidence is present and appropriate for the level that was applied for.

Just a reminder of the schedule:

- **March 1st:** Approval is granted or denied. If denied, written feedback is provided.
- **April 1st:** If denied, the applicant must submit a revised application based on written feedback. If no resubmission, or if application remains incomplete, no further revisions are allowed.
- **May 1st:** Decisions on acceptance or denial based on submitted revisions are due back to applicants.
- **June 1st:** Final decisions will be submitted to HR for payout and approved PNDL level is effective.

Reminders going forward:

- Due to Covid, this year's application allowed applicants to gather their points from two years, 2021 & 2022. Your application that is due January 31, 2024, will ONLY include January 1, 2023 – December 31, 2023.
- Remember to retain copies of all documents of your achievements during this time.
- All items used for evidence must have a date on them. Month/Year is acceptable.
- Remember that you must 'prove' that you are a part of a committee or that you have attended a meeting, etc. This evidence comes from the meeting minutes if you presented or the attendance roster. We encourage you to obtain copies of these items shortly after the meeting so that you do not have worry about finding all your proof at the last minute.
- If the education is required for your position or for your unit, you do not receive points.
- Starting next year, you will have to upload evidence on your CEU's.
- Points can be from virtual or in person conferences.
- Remember that you must claim your CEU's in the program for BLS, ACLS, etc. The certificate that you receive after claiming has the CEU's printed on it and will be needed for proof.
- There will be continued changes and updates as we review this years opportunities and feedback received.

I want to thank you all for being patient as we work through the 'kinks' related to the PNDL. We know that it isn't perfect, YET. We are working together every day to make it the best it can be!

NEED TO KNOW

Amanda A. Schoolmeester, MSN, RN, AGCNS-BC, CEN, Clinical Nurse Specialist

1. A new Pyxis message is being added to all machines (except those machines in endo & OR) to epinephrine VIALS for anaphylaxis:

For anaphylaxis, normal adult dose is 0.3 mg intramuscular (IM)

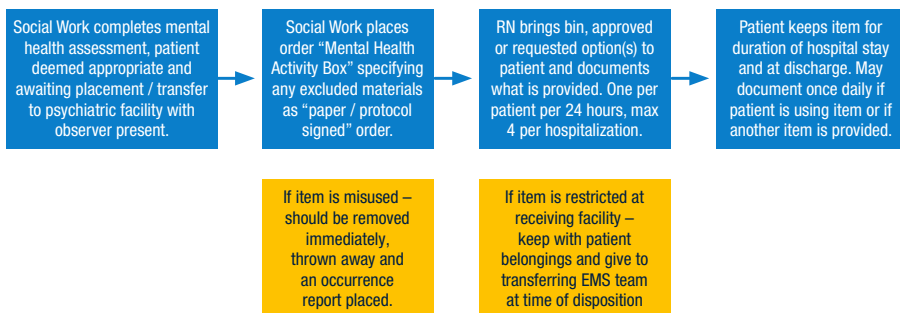
2. All inpatient units have the Continuous Observer Communication tool. It has been laminated and can be found in every nurse server. This MUST be used for any patient with a continuous observer for any reason. It is particularly important for round robin cases and patients who have been aggressive or inappropriate. Unit leaders will be auditing this process to ensure it is followed consistently.

This is a critical communication tool for you and for the safety of your peers.

The form is titled "UNIVERSITY OF MICHIGAN HEALTH-WEST MICHIGAN MEDICINE Behavioral Health Technician/Continuous Observer Communication Tool". It includes fields for "Security's # 7330", "Reminder: Log into Vocera for the unit you are working on", "Patient Preferred name:", "Pronouns:", "Reason they are here:", "Concerning Behaviors" (with checkboxes for Verbally aggressive, Sexually inappropriate, Physically aggressive, Self-Harming, Medical Device Interference, and Elopement Attempt(s)), "Triggers:", "De-escalation successes:", and "Precautions" (with checkboxes for Mental Health, Fall, Aspiration Risk, and Pressure Injury).

MENTAL HEALTH Activity Box

The mental health activity box for ED and inpatient units has been restocked. Thank you to the Foundation for generously funding this important program and expanding to all inpatient units. If you have any great stories about how this positively impacted a patient's stay – please email Amanda.Schoolmeester@umhwest.org.



Nursing RESEARCH CORNER

Joan Westendorp, MSN, RN, OCN, CIM, CCRP, Director of Clinical Research

Nursing have been actively participating in clinical research to improve care to the patients we serve. The Health Park East (HPE) Surgical Nursing team enrolled patients on a clinical trial: "Using Aromatherapy for the Treatment of Post OP Nausea and Vomiting (PONV)".

PONV is a common complication of anesthesia that occurs in up to 80% of patients with high risk factors. PONV may last for as long as 24 hours after surgery, with symptoms persisting up to 48 hours after surgery. Treating PONV with antiemetic medications has the potential to cause side effects such as headaches, lightheadedness, hypotension, and in the case of Phenergan, extravasation. Aromatherapy's noninvasive administration allows use by an RN without a physician's order and its low cost offers greater accessibility to patients without the side effects.

PONV also has a negative impact on patient satisfaction. PONV ranks higher than post-op pain in least desirable outcomes. In addition, PONV can cause complications including but not limited to increased patient anxiety, dehydration, aspiration, delayed discharge and even unplanned re-hospitalization.

This trial aims to determine if aromatherapy use can decrease the use of antiemetic medications for the use of PONV in the post-operative setting and increase patient satisfaction by utilizing holistic means of treating PONV.

The Surgical Nursing team was successful in enrolling 600 individuals on the study form July 2022 through December 2022. It will be exciting to see the results of their hard work.

CONGRATULATIONS to the HPE Surgical Nursing Team!



UNIVERSITY OF MICHIGAN HEALTH-WEST
MICHIGAN MEDICINE

MISSION POSSIBLE: Resiliency in Healthcare

This interactive, hands-on workshop will highlight understanding the emotional side of working in healthcare. Participants will leave with an evidence-based wellness toolbox filled with strategies to tame the inner critic, tap into our shared humanity, and live the life they want.

Choose to attend either session:

Friday, April 21
10 am-3 pm

Brunch and refreshments provided.
Lunch break and on-site massages from 12-1 pm

Saturday, April 22
9 am-2 pm

Brunch and refreshments provided.
Lunch break and on-site massages from 11:30 am-12:30 pm

UM Health-West Conference Center

This event is open to any clinical or non-clinical UM Health-West employee.

Paid time, free to attend and FOUR FREE NURSING CEUs

Conference Content

- Describe emotional responses to working in healthcare (burnout, depression, anxiety, trauma)
- Identify risk factors and symptoms of emotional responses to work in healthcare
- List 1-2 cognitive-behavioral and mindfulness based self-care strategies to manage emotional responses
- Develop a wellness action plan

Presenters



Jodie Eckleberry-Hunt, PhD, ABPP
is a health psychologist who teaches no-nonsense self-help with tough love, compassion and a little profanity at times!



Heather Kirkpatrick, PhD, ABPP
is a board-certified clinical health psychologist for Ascension Genesys Hospital. She is a wellness ninja – fast, targeted and effective!

Continuing Nursing Education credit will be awarded by University of Michigan Health West. University of Michigan Health West is an approved provider of continuing nursing education by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Centers' s Commission on Accreditation. Four contact hours will be awarded to participants who attend the entire session and complete an evaluation form within 14 days of activity. No planners or faculty have any financial relationships (with companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients) that are relevant to the content of this educational activity.

Email questions to: Sarah.Stier@umhwest.org

Made possible by the University of Michigan Health-West Foundation.

Register today by searching “Mission Possible: Resiliency in Healthcare” in Talent Solutions