MISSION • VISION • GUIDING PRINCIPLES • GOALS • PRACTICE MODEL

RNPULSE

The Heart of UM Health-West Nursing

8.23

IN THIS ISSUE

CNO Corner

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

The strength of our culture is consistently mentioned when people discuss the University of Michigan Health-West.

We recently had our triennial survey completed by our accrediting agency, Accreditation Commission for Health Care (ACHC). An exhaustive review of our processes and our teams put the excellence of our culture on full display. Every day in our opening session they complemented the interactions they had across the system the previous day. The survey team was effusive with praise for our teams at the bedside and our culture.

Culture is set by the repeated behaviors of each of you.

Our culture is enhanced and protected by your kindness, your excellence and your attention to the details that matter. We have something incredibly special and unique at UM Heath-West due to the individual and collaborative contributions given every day to the greater good in the service of our patients and our community.

There are so many examples I could share to describe why I am so proud to work, learn and grow with you at UM Health-West; one nurse stands out for me this month, Courtney. She is a nurse from Level 6 / Float pool who reminds me what “right” looks like every time I talk with her. I hear her teaching patients. I hear her counseling and consoling family members. I see how she interacts with and leads her team by example. She is an expert clinician and patient advocate and has been celebrated with multiple Good Catch and DAISY nursing excellence award nominations.

While rounding a few weeks ago, Courtney shared with me that a patient had given her the best compliment. The patient expressed that Courtney appeared to truly enjoy her work, to which Courtney responded, “I love my job”.

I have such an incredible respect for all our teams at the bedside and those serving in support roles, this for me, was just an amazing validation of a culture of support and a culture of caring that we all work to advance and protect.

Proud to work at a place where we have such a special culture where people can be the best versions of themselves and pour their passion into the important work we do.

Keep up the incredible work.

Thank you, Steve

~ Steve Polega, Chief Nursing Officer

Good Catch Winners & Nominees

Written by Brooke Siepierski, Patient Safety Coordinator, Quality Management and Chris George, Patient Safety Coordinator.

The Good Catch Award recognizes employees who speak up for safety. A "good catch" is the recognition of an event that could have caused harm but was prevented by corrective action.

Good Catches/Near Misses represent an opportunity to learn from an event before it reaches a person and prevent that event from happening in the future to another patient or staff member.

We are proud to recognize the nurses for May and June.

Liz Horrocks, RN
and the Operating room team

MAY WINNER: Liz Horrocks, RN – Operating Room
Liz spoke up at the beginning of a surgical case when the anesthesia time-out/briefing was not performed. Because Liz spoke up and initiated the briefing, all staff in the room learned the patient had a family history of malignant hyperthermia. This promoted situational awareness in the room and ensured everyone was alert and prepared should the patient have signs or symptoms of malignant hyperthermia during the case. Liz's good catch demonstrates the value of situational awareness among the entire care team.

MAY RUNNER-UP: Stephanie Stellard, OB Tech – Childbirth Center
When using new equipment to take vital signs, Stephanie identified a trend of lower temperature measurements for multiple newborns. She re-checked using different equipment and identified a 0.5-degree difference which could impact an infant's course of care. Stephanie raised her concern, and the equipment was evaluated. This is a great example of attention to detail and speaking up for safety.

MAY RUNNER-UP: Mykel Pavlak, RN – Surgery Prep & Recovery
Mykel stopped and sought clarification when critical lab results came through for a patient who was preparing for a heart catheterization. They notified the provider who ordered a redraw and, thankfully, all labs were within normal limits. Mykel's good catch highlights the importance of stopping the line until safety concerns are addressed.

MAY NOMINEES:
Katie Wendtland, RN – Telemetry Med-Surg
Katie Start, RN – Telemetry Med-Surg
Monica Emaus, MA – Beltline Office
Cherry Kwong – Cancer Center
Jenna Rust, RN – Intensive Care Unit
Amanda Frescura, RN – Telemetry Med-Surg
Deb Corwin, RN – Diabetes Education
Shannon Buys – Progressive Care Unit
Ashley Veenstra, NP – Heart & Vascular
Tim Stuck, RN – Emergency Department
Sarah Iwema, RN – Telemetry Med-Surg
Kim Tran – Pharmacy
Janet Bateman, RN – Post-Anesthesia Care Unit
Stacey Rank, RN – Surgery Prep and Recovery
Amanda Swiftney, RN – OB-GYN Office
Mary Schaafsma – Radiology
Kelly Kiss, RN – Emergency Department
Andrea Bakos – Radiology
Shelbi Adams, RN – Childbirth Center
Heather Clark – Cedar Springs Office
Aldina Mahmutovic, RN – Emergency Department
Sue DeVries – Intensive Care Unit

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Good Catch Winners & Nominees *continued*

Krystal Crawford, RN and the Childbirth Center team

JUNE WINNER: Krystle Crawford, RN – Childbirth Center
Krystle demonstrated strong leadership when, during downtime on the unit, she took it upon herself to check product expiration dates. In doing so, she identified the Virex cleaning solution in the Childbirth Center had expired almost a year ago. She escalated her finding to the EVS supervisor. This prompted the EVS team to cross-check the expiration dates for other Virex solutions throughout the house. This is a great example of having a safety-first mindset and escalating safety concerns.

JUNE NOMINEES:
Dr. Emma Flynn-Kopko – Resident
Darren Covell – Radiology
Katie Jones – Caledonia Office
Anina Cicerone-Carder, PA-C – Interventional Radiology (runner-up)
Courtney Mcinerney, RN – Operating Room
Kelly Kiss, RN – Endoscopy
Rossi Garcia, PT – Physical Medicine (runner-up)
Matt Stone – Radiology
Hannah Huizen, RN – Operating Room
Maizie Kineman, RN – Post-Anesthesia Care Unit
Mike Stepanek, RN – Endoscopy
Yara Pena-toy, RN – Post-Surgical Unit
Hannah Westra, MA – Wayland Office
Angela Burandt – Radiology
Mary Danks, RN – Restorative Care Medicine Unit
Grant Beach – Pharmacy
Greg Lappetito, RN – Progressive Care Unit
Tanner Roderick, RN – Emergency Department
Jeff Miltenberger, RN – Wayland Office

Good Catches/Near Misses can be reported in any of the following ways:

- Fill out a Midas Occurrence Report
- Complete the nomination form HERE

GOOD CATCH AWARD

Promoting Safety 2 Proper Patient Identifiers at a Time

Did you know improper patient identification is the root cause of many reported safety events at UM Health-West? Improper identifiers may include room number, first name only and last name only.

Many errors can be mitigated by using 2 proper patient identifiers on every patient, every time care is being provided. Examples of when to validate patient identification include but are not limited to giving a medication, administering blood, collecting blood or a specimen, communicating a change in patient condition or critical result and performing a bedside procedure.

Best practices:

- Ask the patient to state their name and date of birth whenever possible. This engages them as an active participant in their care. It's also a great opportunity to provide education on how proper patient identification is a strategy to promote their safety.
- Validate against the patient's armband (where available) and barcode scan the armband whenever possible.
- When searching for a patient in EPIC, rather than searching by name, search by date of birth or medical record number to avoid selecting another patient with a similar name.

For more information see policy Patient Identification, NUR-05.

Magnet Corner *Written by Cindy Miller, MSN, RN*

I am sitting here, enjoying the sunshine and warm weather as I write this. My husband and I both enjoy being outdoors, whether it's biking, playing tennis or pickleball or simply taking a leisurely walk about our cute little town of Saugatuck. However, I am aware that the season will soon change, and we will have other things to look forward to, like family-centered holidays and the back-to-school activities with all their accompanying hustle and bustle.

Contemplating the changing seasons also serves as a reminder that time continues to move forward, bringing us closer to an important milestone: February 1, 2025, deadline for submitting our completed Magnet Document. This is a significant date that marks the culmination of our efforts. Considering this, I would like to take a moment to celebrate with all of you. We currently have around a year and a half until the deadline, and I am thrilled to announce that we have already achieved an impressive milestone. We have successfully secured approval for and 'locked' just over 25% of our required submissions or 'stories'. This is an accomplishment worth acknowledging and applauding! I believe it is the perfect time to share some of these remarkable 'stories.' These narratives have been penned by nursing staff across various levels and departments aiming to acknowledge and celebrate the incredible work we undertake each day at the University of Michigan Health-West. While Magnet Designation primarily focuses on nursing excellence, it also recognizes the invaluable contributions of our multidisciplinary team. From dedicated technicians and phlebotomists to compassionate providers and every member of our team, we collectively embody the spirit of excellence and patient-centered care that Magnet Designation seeks to honor.

The story below recounts an event that took place on the Telemetry Unit during the challenging times of the COVID-19 pandemic. Before we dive into the narrative, let me provide some context for better understanding. The Magnet Model has five components which are structural empowerment, empirical outcomes, transformational leadership, new knowledge, innovations, and Improvements and exemplary professional practice. In future articles, I will provide more detail each of these components. For now, let's focus on structural empowerment as we explore this inspiring story.

Structural empowerment encompasses the capability of nurses in a healthcare facility to actively participate in shaping the standards and processes that guide their work. One crucial factor in recognizing structural empowerment within an organization is to evaluate its decision-making practices. This directly aligns with initiatives such as Nursing Shared Governance which includes Unit-Based Councils (UBC), the Professional Nursing Council (PNC), the Nurse Advocacy Council (NAC) and the Nursing Professional Development Council (NPDC).

Nursing Shared Governance empowers nurses to have a voice in decision-making processes that impact their practice. UBC provides a platform for collaboration and shared decision-making at the unit level, ensuring that nurses' perspectives are considered in shaping policies and procedures. PNC, NAC and NPDC further enhance structural empowerment by fostering professional development opportunities, advocating for nurses' rights and well-being and promoting continuous improvement in nursing practice.

The following story is one of the many examples that illustrate how structural empowerment is manifested within our organization, as we prioritize the active involvement of nurses in shaping work environment and driving positive change.

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Magnet Corner *continued*

SE13a

Provide one example, with supporting evidence, of a nurse or group of nurses in the delivery of culturally and/or socially sensitive care.

COVID Wedding Between Two Patients – Socially Sensitive Care

Socially Sensitive Patient Need
In November 2021, the family of two COVID patients asked Clinical Nurse Brooke Lehner, BSN, RN, Telemetry Unit, for assistance in organizing a wedding for them in one of their hospital rooms. The family was concerned about the staff being apprehensive to assist since the patients were a same-sex couple. Lehner assured the family that the couple's orientation would not impact the team's willingness to help. Lehner wrote a note to Nurse Manager Melissa Barck, BSN, RN relaying the family's request. *(Evidence SE13a-1, Wedding Request Note, November 2021)*

The patients were quite ill with COVID, on high flow nasal cannula, and moving rapidly toward end of life. They had been in a relationship for many years but had never married. As their health was deteriorating, their families sought assistance with fulfilling their wish to be wed that day. One of their daughters had already left the facility in the hope of procuring a marriage license for them. Hospital Chaplain Daniel Przybylski knew the couple from outside the hospital and was willing to perform the ceremony at the bedside.

Lehner connected with the patients' clinical nurses, Allie Luke, BSN, RN and Allan Subala, BSN, RN, to plan how to bring the patients together. Both patients had high oxygen needs, which was a concern for the nurses. They knew they would need to collaborate with Respiratory Therapy to get the patients into the same room for the ceremony. Barck reached out to Christy Neve, BS, LRRT, Manager of Respiratory Therapy, for her team's help. Neve pledged assistance from Respiratory Therapy to partner with the nurses, family, and patients to support their wedding that day. *(Evidence SE13a-2, Email to RT, November 2021)*

Nurses Collaborating to Deliver Socially Sensitive Care

Lehner served as the key contact between all parties, collaborating with the patients' clinical nurses, Luke and Subala, to determine the timeline of the wedding. The nurses needed to find a time that would not impact these patients' care or Luke and Subala's care for other patients. Additional consideration was given to transporting one of the COVID+ patients with high oxygen needs to the other side of the unit and determining whether the patient room had sufficient oxygen hook-ups to support both patients. Lehner partnered with Neve and Respiratory Therapists Jeff Porter, LRRT and Robbie Guikema, LRRT to resolve these concerns.

As the day progressed, the patients' statuses were worsening. One was preparing to meet with hospice and stop treatment, too tired to even speak and tearfully requesting to be with their significant other. The other patient's status was also worsening, but they were still open to intubation if necessary. This patient had previously been on high flow oxygen but had escalated to needing BiPAP. The wedding was tentatively set for later in the afternoon but was subject to change pending the result of the patient's consultation to the intensivist. *(Evidence SE13a-3, Lehner's Update, November 2021)*

The nurses' collaborative efforts came together that afternoon as Luke assisted her patient into a wheelchair and across the Telemetry Unit to bring the significant others together. Barck permitted an exception to the current visitor policy to allow all the couple's adult children to be present to witness the ceremony. *(Evidence SE13a-4, Visitor Policy, September 2021)* The staff of the Telemetry Unit were happy to provide a fall bouquet and cupcakes for the couple and their family to add to the ceremony. While the family was unable to procure a marriage license on such short notice, the nurses' collaborative work to deliver socially sensitive nursing care resulted in a meaningful, spiritual wedding at the bedside performed by Przybylski. *(Evidence SE13a-5, Chaplain's Note, November 2021)*

Everyone involved was impacted by helping make this couple's request a reality. Sadly, the couple passed away before they were able to be discharged. However, the nurses and other team members found meaning in being able to facilitate their wedding, bringing something positive to a dark and turbulent time.

Go Live:
Tuesday, October 4

UNIVERSITY OF MICHIGAN HEALTH-WEST
MICHIGAN MEDICINE

VERY URGENT BROADCASTS

Vocera "Double Tap"

Historical Use:

Initiated as a preventing workplace violence tool but has expanded to other very urgent clinical needs.

Why is a Very Urgent Broadcast Needed?

The "double tap" for *very urgent* broadcasts can be used where injury or harm could occur if there is a delay due to Vocera not hearing the correct command immediately. Examples include:

- Actively falling patient
- Escalating/violent patient or family member
- Critical arrhythmia noted and needs clinician needs to assess patient immediately

HOW TO USE:

1. To activate the *very urgent* broadcast, double tap the grey call button on Vocera badge and begin communicating message. No verbal prompts are necessary.
2. Critical information given during open broadcast
   a. *"I need security for room 510 now"*
   b. *"I need lift assistance in room 522 now"*
3. Once information is given during broadcast, the Charge RN should be first to attempt to "speak over" broadcast to confirm call being made for additional help, when necessary. ANYONE available should respond to the room where help has been requested.
   a. *"I am calling security now"*
4. If Charge RN does not intercede or is the one making the broadcast, a RN, CS or PCT can speak over the broadcast confirming they are making the follow-up call, when necessary.
5. **NOT TO BE USED FOR AN RRT or OTHER ED SPECIFIC BROADCAST (STROKE)**
   a. Continue to use the most specific broadcast for help, when able "Urgent broadcast RRT…"
   b. If unable to use specific broadcast initially and "very urgent" broadcast is used – be sure to re-broadcast using specific prompt ASAP, such as RRT.

Double Tap assigned per unit only:

If floating to another unit, the broadcast will go to both groups if added to float group for that department. BHT's are "float staff" and only get broadcasts for their signed in unit for the day (ex: "Add me to level ___ Behavioral Health Tech")

Alaris Pump Safety Updates

Written by Mandi Schoolmeester, MSN, RN, AGCNS-BC, CEN

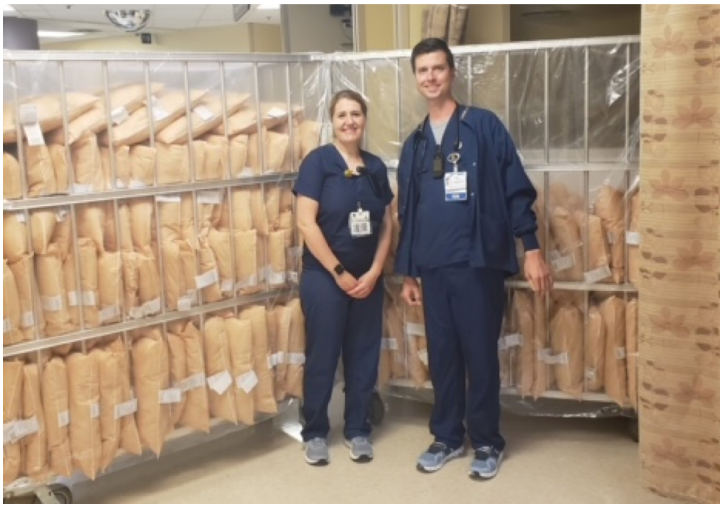
- **Immediately remove IV pumps from service if you get a "communication error" message or notice corroded (green) connectors on the IV pump or channel**. Institute for Safe Medical Practices (ISMP) warns nurses to immediately remove IV pumps from service if they ever get a "communication error" message or if they notice corroded (green) connectors on the IV pump brain or any of the connecting channels. At another hospital, corroded connectors led to a pump communication error. The error message was ignored, and the pump continued to function. The pump was delivering a critical medication when it shut down without notice contributing to a patient death. If you get a "communication error" message or see corrosion on the pump connectors, **send the devices to Clinical Engineering immediately for evaluation**.
- Any time you have a concern about a potential IV pump error, please remove the IV pumps from the room and SAVE THE TUBING that was being used. Send both the pump and tubing to clinical engineering so they can work to identify if the error was pump or tubing related.

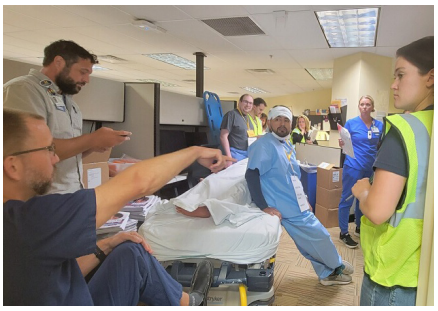
If you see any "green" or blue on the channel connector (left) - remove it from service and tag for clinical engineering.

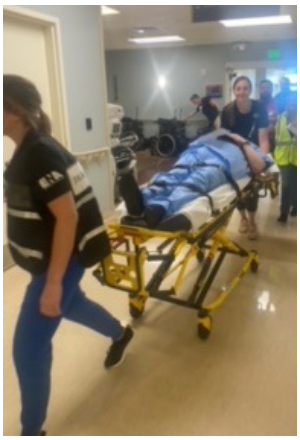
Collaborating over Pillows

Written by Simie Bredeweg-DeJager, MBA, MSN, RN

During routine infection prevention surveillance, Erin and Frank, two PACU night nurses shared their concerns regarding the poor condition of hospital pillows. Damaged and ripped pillows posed an infection risk to patients because they cannot be effectively cleaned. A pillow audit was performed. It was estimated that the hospital was short almost 300 pillows and one out of four pillows were damaged. In collaboration, Erin and Frank, infection prevention and material management gathered data to draft a SBAR recommending that 11 departments work together to purchase new pillows. This led to the purchase and distribution of 500 new pillows into hospital circulation over a two-month period and the removal of over 225 damaged pillows.







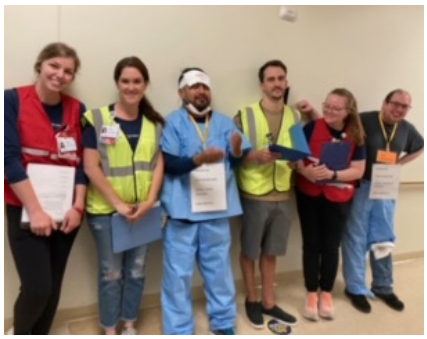


Photo credit: Yvonne and Jenna H.

Emergency Department **Trauma and Disaster Training** Thank You and Amazing Job!

Written by Mandi Schoolmeester, MSN, RN, AGCNS-BC, CEN

The Emergency Department held a mass casualty trauma drill on June 5th that proved to be successful, despite a busy day in the department. The team really rallied together to pull off a 30-minute exercise in Mass Casualty Incident related to trauma/gunshot wound. Thank you to the staff that were assigned to be part of the drill as well as to those who maintained patient care during the exercise. Also, thank you to our team members that came in on their day off to participate in various ways. This exercise was to evaluate our ability to manage a surge of critical patients in a short amount of time. Although, these drills do test our trauma skills, the intention at this time is to stress the department and determine how we would allocate resources in the event of a critical surge.

Preparedness: readiness; organized; arranged by systemic planning and a united effort.

-FergusonValues.com

New IV Extension Sets Update

Written by Mandi Schoolmeester, MSN, RN, AGCNS-BC, CEN

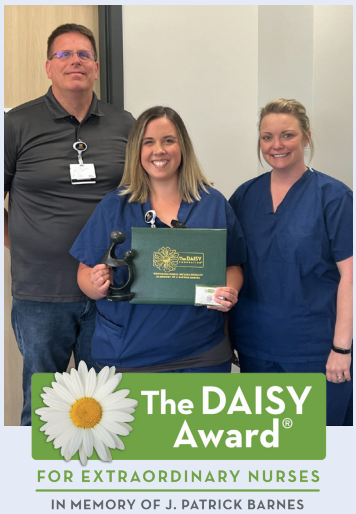
Earlier this year we transitioned to new IV extension sets or "pigtails" that are all pressure rated. We have learned of a few frustrations that are being looked into. The blue hub is loose when initially opening the packaging so tighten before you attach it to your line. The clear hub that gets screwed onto your catheter has been reported as "sticky". This should easily twist. If it does not, get a new set and saved the device along with the packaging and email your department Clinical Nurse Specialist (CNS) to gather the faulty item.

Another recent report of a product not performing as it should is the pre-filled 10mL syringes. These are also reported to be very difficult to push and lines have been discontinued believing they were bad, but it was actually the pre-filled syringe. If you think you have a bad line you cannot flush—disconnect and see if the flush pushes easily. If it does NOT – then get a new syringe but KEEP the bad one! Get the bad syringe to your CNS.

Sometimes items are part of a bad "batch" and can be replaced or pulled from stock to prevent others from dealing with the frustration.

Thank you! The CNS team can always be reached at clin_nurs_spec@umhwest.org

DAISY Award Winner



A **DAISY Award** honors nurses who provide above and beyond compassionate care to patients and families. Our Professional Nursing Council (PNC) recently voted on a new winner.

Congratulations **LIZZY LE BON**, from the Surgical Center.