



# RNPULSE

The Heart of UM Health-West Nursing

10.23

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## CNO Corner

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



Everyday stress seems to be heightened. We are all dealing with enhanced levels of anxiety and people that seem less patient. The pressure and the responsibility we have to do right by every patient every time makes working in healthcare even more serious.

Although we are excited by the recent leadership changes, adjustments come with some level of uncertainty and angst. What I want us to remember is that we truly are "One Team". It is our family-like culture of care and concern that we can always depend on for support.

Regardless of what any one of us is struggling with, we work with hundreds and even thousands of our sisters and our brothers who care about our well-being and health. Always feel like you can look to each other and your leaders for that kind listening ear. We care deeply for you and appreciate the sacrifices you make to carry out our critical mission of service.

I was reading an article recently and came across a term called Meraki. I was immediately interested identifying the meaning with what I see in our teams.



Meraki is a word of Greek origin that describes an approach of doing things with passion and with all your heart. Another translation version is, to do something with soul creativity or love, leaving a piece of yourself in what you are doing. Meraki represents the passion and willingness to overcome any challenge with innovation and inspiration. It enhances our life and gives work unrepeatable meaning.

Our focus on pouring into the care we provide with passion and love will never change. Please also remember to take care of yourself and look out for each other.

Thank you, Steve

~ **Steve Polega, Chief Nursing Officer**

## CORRECTION from the August issue

The article "Emergency Department Trauma and Disaster Training Thank You and Amazing Job" was written by Christa Wagner, ED RN.



UNIVERSITY OF MICHIGAN HEALTH-WEST  
MICHIGAN MEDICINE



## National Clinical Nurse Specialist Recognition Week

*Written by CNS Team*

September 1-7 was National Clinical Nurse Specialist (CNS) Recognition Week! A Clinical Nurse Specialist (CNS) is an advanced practice registered nurse who drives improvements and outcomes in direct patient care, nursing practice and organizations/systems. The UM Health-West CNSs are a team of six and they directly support 14 departments. This past year the CNS team was involved in reducing hospital acquired conditions including prevention efforts for pressure injuries, falls, surgical site infections, central line infections, catheter associated UTIs and C. diff infections. The team supports a variety of medication safety practice changes, implementation of new programs and evidence-based practice changes.

If you have an idea to improve medication safety or for an evidence-based practice change reach out to your unit CNS or send the recommendation to [Clin\\_Nurs\\_Spec@umhwest.org](mailto:Clin_Nurs_Spec@umhwest.org).

## STOPlight Tool: Workplace Violence Prevention Initiative

*Written by Maggie Lamb, MSN, RN, AGCNS-BC, CMSRN*

**GREEN:** Patient has been calm and cooperative.

**PLAN:** No additional staff anticipated to be needed during interactions.

**YELLOW:** Patient has been known to escalate or has been restrained in the last 24 hours. Patients with an FYI, history of violence, or unpredictable behavior. Patients here due to violent injury or altercation.

**PLAN:** Utilize caution and maintain a safe distance, remain between patient and doorway. Check FYI flag details in Epic before entering (if possible).

**RED:** Patient has demonstrated aggressive behavior including inappropriate sexual advances.

**PLAN:** Initiate extreme caution, utilize buddy system or security stand-by if needed during interactions. Check FYI flag details before entering (if possible).

**REMINDER:** How to use the STOPlight tool, a visual prompt on the outside of a patient's room to easily cue clinical and non-clinical staff to take necessary precautions before/during patient interactions.

**WORKFLOW:** A nurse or tech will place a laminated colored circle based on the criteria below or if in the ED, based on the Broset assessment. Every mental health patient must receive an indicator outside their door. Non-mental health patients must receive an indicator if they are exhibiting concerning behaviors (Yellow or Red characteristics).

Upon patient discharge/transfer, the removal of the indicator is part of the discharge process. The tool can be found outside of the patient's room and then returned to the nurse server.



## Emergency Response Team Education

*Written by Nursing Education Department*

**YOU SPOKE! WE LISTENED!** Have you ever wondered what the Nursing Education Department does with the evaluations and needs assessment you complete? We use that information to help develop professional development opportunities that will meet the needs of the nurses at UM Health-West.

One theme that has emerged is a request for more hands-on practice in code situations. The Emergency Response Team (ERT) committee has also identified this need and requested hands-on education in FY24 for areas the ERT.

For these areas, all RN and RT staff will be assigned a pre-work module to review the basics of our internal ERT policies. Staff will then attend a 30-minute hands on mock code experience. Continuing education certificates will be available for both learning opportunities. If it pertains to your practice area, stay tuned for an e-mail with more information.



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

Do you ever get the feeling that time is slipping away too quickly? Like many others, my husband and I routinely create a summer bucket list filled with exciting warm-weather activities that we want to do. This year was no exception, but unfortunately, just like in past years, we couldn't find the time for even half of those plans. It is a sentiment I believe resonates with many of us at some point, and for some, it becomes a recurring theme.

In the context of healthcare, particularly in pursuit of the esteemed ANCC Magnet Designation, this sense of time slipping away underscores the need for nurses to effectively manage their time and well-being. Just as we strive to enjoy our summers to the fullest, nurses aim to provide the best patient care possible while navigating the challenges of a demanding profession. Balancing these responsibilities is not merely a personal pursuit, but a crucial aspect of meeting the high standards set by the Magnet Recognition Program.

Connecting the tips for staying healthy and productive as a bedside nurse to the ANCC Magnet Designation emphasizes the importance of these strategies in achieving and maintaining Magnet status. The ANCC Magnet Program recognizes healthcare organizations that provide excellence in nursing practice and patient care. Here's how the strategies align with the Magnet Designation:

### 1. Prioritize Self-Care:

- Magnet designated hospitals prioritize the well-being of their nurses as part of their commitments to excellence. Demonstrating a focus on nurse self-care and health contributes to a healthy and engaged nursing workforce, a Magnet requirement.

### 2. Time Management:

- Efficient time management reflects an organization's commitment to resource optimization and patient-centered care, two key components of Magnet status.

### 3. Stay Organized:

- Well-organized nurses contribute to streamlined patient care processes, which align with Magnet's emphasis on nursing excellence and innovation.

### 4. Team Collaboration:

- Collaboration is a fundamental aspect of the Magnet Model. Effective teamwork and collaboration enhance patient outcomes and are key indicators of a Magnet organization.

### 5. Learn to Manage Stress:

- Supporting nurses in managing stress and providing resources for emotional well-being is part of creating a healthy work environment, a Magnet requirement.

### 6. Adaptability:

- The ability to adapt to changing circumstances is essential for delivering high-quality, patient-centered care, a core element of Magnet Recognition.

### 7. Continual Learning:

- Magnet organizations prioritize professional development and lifelong learning, which aligns with nurses' commitment to staying updated on the latest practices and technologies.

### 8. Seek Support:

- A culture of support and mentorship is a hallmark of Magnet organizations. Nurses in such organizations can rely on their colleagues for guidance and assistance.

### 9. Monitor Your Health

- Monitoring and promoting the health of nurses is in line with Magnet's emphasis on creating a culture of safety and well-being for both patients and staff.

### 10. Support Systems:

- Building strong support systems, both within and outside of the workplace, contributes to nurse resilience and engagement, key components of Magnet recognition.

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## Magnet Corner *continued*

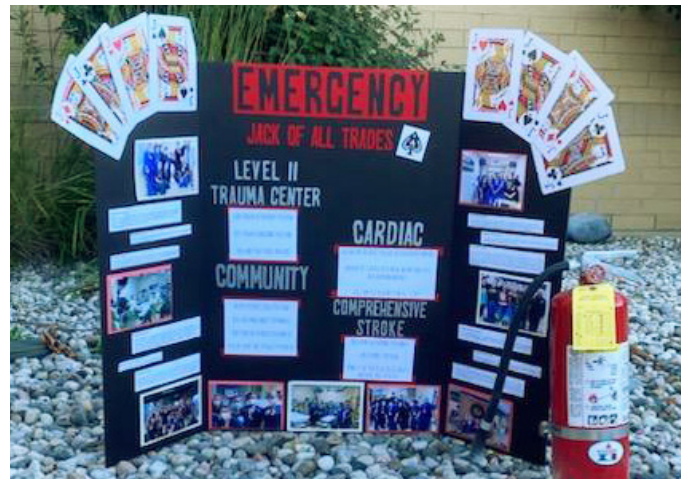
These strategies for maintaining the health and productivity of bedside nurses not only contribute to personal well-being, but also resonate with the principles and requirements of the ANCC Magnet Designation. Here at UM Health-West, we are dedicated to supporting our staff in achieving this balance. We offer a multitude of resources designed to help our nurses thrive in both their personal and professional lives.

For instance, our Critical Incident Stress Management (CISM) Program provides vital support after critical incidents, and our Mentoring Program assists new nurses in acclimating to their roles. Our commitment to education is evident through our ongoing educational opportunities, facility specific trainings, and debriefing tools. Moreover, we prioritize the physical well-being of our team with health food options in our Café and cost-effective pharmacy services. Financial wellness is also a priority, with 403(b) Savings Plan and educational reimbursement programs.

Additionally, we understand that life's challenges can arise, which is why we offer Helping Hands and employee assistance programs to add critical needs and well-being concerns. These programs underscore our unwavering dedication to our employees and our commitment to their continuous development.

This list highlights just a few of the many resources and services available to UM Health-West employees, reinforcing our commitment to their well-being and professional growth. By implementing these practices, healthcare organizations can create a culture of excellence, safety and well-being that supports both nurses and patients, further advancing their journey toward Magnet recognition.

At UM Health-West, we proudly exemplify these principles in action, providing our nurses with an array of resources and support systems to foster their well-being, personal growth and professional development. These initiatives reflect our unwavering commitment to excellence, both in patient care and in nurturing dedicated and fulfilled nursing workforce. As we continue our path to Magnet recognition, we remain steadfast in our mission to prioritize the health, happiness and success of our valued team members.



## UBC Poster Contest Victory 'Sparks' ED Cookout Celebration

*Written by Cindy Miller, MSN, RN*

In February of 2023, the Nurse Advocacy Council (NAC) proposed a poster contest during a Professional Nurse Council (PNC) meeting. These posters were showcased during Nurses Week in May 2023, open for public voting and shared on social media and the M Net. After a highly competitive contest, the Emergency Department (ED) emerged as the winner.

Although this celebration was delayed until August 30th, it proved well worth the wait. A cookout was hosted in the ED Ambulance Bay to honor the ED staff. Thank you to all participating UBCs and volunteers who contributed to the event's success. If you are curious about the significance of 'sparks' in the title, feel free to ask someone who attended the ED celebration that night.

# Magnet Story

Written by Cindy Miller, MSN, RN

As we progress towards our final Magnet document submission on February 1, 2025, I am excited to continue sharing completed stories. In the last newsletter, I shared a narrative-style story. This time, I will share a different kind of story that focuses on data to demonstrate the successful implementation of an intervention and its positive impact on patients or nurses. This story requires Empirical Outcomes (EO), which involve data points. Specifically, this story revolves around the Interprofessional CHF Readmission Reduction Team, highlighting the remarkable outcomes achieved through collaborative teamwork with various disciplines. It illustrates how a team approach can foster a positive environment and yield favorable results.

## EP7EO

Using the required empirical outcomes (EO) presentation format, provide one example of an improvement in a specific patient population outcome associated with nurses(s) participation in an interprofessional collaborative plan of care.

### Example: 30-day CHF Readmission Reduction Initiative

#### Problem

The University of Michigan Health West (UMH-West) organizational goal for 30-day congestive heart failure (CHF) readmission rates is less than 10%. CHF 30-day readmissions and mortalities are reported to the Centers for Medicare and Medicaid Services (CMS), impacting the hospital's star rating and reimbursement. Unexpected readmissions increase the organization's costs, and patients historically have poorer heart failure outcomes following frequent CHF admissions. UMH-West identified a need to improve CHF readmissions in 2021.

#### Pre-Intervention

CHF 30-day readmissions are tracked by Joe Wiejaczka, MBA, BSN, RN, Continuous Improvement Specialist, who regularly updates the Heart & Vascular Department during the monthly Quality Committee meeting. Wiejaczka reported at the Quality Committee meeting that the UMH-West 30-day CHF readmissions had spiked to 27% in June 2021.

#### Goal Statement

Improve the UMH-West 30-day CHF readmission percentage.

## Participants

INTERPROFESSIONAL CHF READMISSION REDUCTION TEAM			
Name/Credentials	Discipline	Title/Role	Department
Matthew Sevensma, DO	Cardiology	Supervising Physician	Cardiovascular Physician Practice
Caroline Angus, MSN, BSN, ANP-BC, CHFN	Cardiology	Nurse Practitioner, CHF Clinic	Cardiovascular Physician Practice
Joe Wiejaczka MBA, BSN, RN	Quality Improvement	Continuous Improvement Specialist 2	Continuous Improvement
Andy Schoen, BSN, RN	Nursing	Clinical Coordinator	Cardiovascular Physician Practice
Terri Burns	Information Technology	Clinical Informatics Specialist 3	Information Technology
Jeff Koning, MSN, RN, ACM-RN	Nursing	Manager	Case Management
Arielle Lahaye	Cardiovascular Services	Supervisor – Cardiovascular Operations	Cardiovascular Physician Practice
Kate Dorsey, BSBA, MSM	Management	Manager – Cardiovascular Services	Cardiovascular Physician Practice
Cherie Nygren, RN	Nursing	Clinical Nurse	Cardiovascular Physician Practice
Marcia Faber, RN	Nursing	Clinical Nurse	Cardiovascular Physician Practice
Amy Kurtz, BSN, RN	Nursing	Clinical Nurse	Cardiovascular Physician Practice

## Description of the Intervention

### July 2021

- Wiejaczka shared the June 2021 30-day CHF readmission percentage for discussion at the monthly Quality Committee meeting.
- An interprofessional CHF Readmission Reduction Team was formed to evaluate areas for improvement.

### August 2021

- Prior to the CHF Readmission Reduction Team meeting, Cardiology Nurse Practitioner Caroline Angus, MSN, BSN, ANP-BC, CHFN, CHF Clinic, reviewed data for each patient who was readmitted in June to determine whether there were any trends contributing to the increase in readmissions. The data reviewed included the principal diagnosis at discharge, inpatient vs. observation status, time between discharge and follow-up office visit, compliance with follow-up, medication reconciliation, labs at discharge, and follow-up labs. Angus then presented these trends at the August CHF Readmission Reduction Team meeting.

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## Magnet Story *continued*

- Angus met with Arielle Lahaye, Supervisor Cardiovascular Operations, to discuss creating new protocols for the CHF Clinic. These interprofessional collaborative plan of care protocols would specifically address follow-up appointments that were arranged while the patient was in the hospital that the patient either cancelled or did not appear for. The protocols that were created instruct the clerical team member who identifies the missed or canceled visit to forward the patient's information to Angus in the CHF Clinic. Angus then reviews the patient's chart and arranges appropriate follow-up with the appropriate interprofessional colleague in the CHF Clinic. The nursing team reaches out to the patient to review barriers to coming to their appointment as scheduled, review CHF symptoms, and discuss medication compliance.

### September 2021

- Wiejaczka met with Nurse Manager Jeff Koning, MSN, RN, ACM-RN, Case Management, to discuss hospital follow-up Transition of Care visits for CHF patients, inpatient vs. observation status of patients at the time of their readmission, and proper principal diagnosis for admission.
- Angus, along with Clinical Coordinator Andy Schoen, BSN, RN, and Cardiovascular Services Manager Kate Dorsey, BSBA, MSM, met with Heart and Vascular Clinical Nurses Cherie Nygren, RN; Marcia Faber, RN; and Amy Kurtz, BSN, RN to discuss implementing nurse visits to bridge the gap between hospital discharge and a CHF Clinic office visit with a provider. Nurse visits were implemented after reviewing readmission data and identifying a need for timely follow-up in the CHF Clinic or office follow-up with the primary cardiologist. As changes to the office schedule take several months, nurse visits were created to ensure the patient is assessed soon after discharge by a registered nurse who can help identify any immediate needs that should be addressed. The nurse works closely with Angus or Cardiologist Matthew Sevensma, DO to quickly resolve any identified issues prior to the patient's scheduled office visit.
- Angus developed a new CHF smart phrase in the Epic electronic charting system for nursing to use when calling a patient as well as during the CHF nurse visit. The smart phrase is a tool to keep documentation consistent and focused during the CHF nurse visit and to help with triaging CHF patient phone calls. The smart phrase guides the nurses to review common issues that Angus had identified through her data review. This promotes

interprofessional collaboration through consistent and clear communication, enabling any barriers to care, compliance with medications, or worsening patient symptoms to be addressed well before the patient's office visit.

### October 2021

- The first Health Recovery Solutions (HRS) kit was given to a patient. This kit contains a scale, blood pressure monitor, and pulse oximeter for close monitoring of the patient by the CHF Clinic advanced practice provider (APP). The kit enables Angus to monitor the patient's weight and blood pressure between visits, thereby allowing changes in clinical status to be identified and treated quickly. Angus tracks the changes and sends them to the nursing team to contact the patient to review symptoms and discuss medication adjustments. The kits are a key element of the interprofessional collaborative plan of care, as they help ensure important metrics are tracked and shared with all healthcare team members to focus on preventing hospital readmissions.
- Angus spoke at the monthly Heart & Vascular APP Team Update meeting to stress the importance of proper discharge diagnosis and inpatient vs. observation status, and to review HRS kits.

### November 2021

- Schedule changes were made to increase availability in CHF Clinic days. Through her review of the readmission data, Angus had identified the need for increased CHF Clinic availability so patients can be seen within seven days of hospital discharge per guidelines for the management of heart failure from the American Heart Association (AHA)/ American College of Cardiology (ACC)/Heart Failure Society of America (HFSA). Close follow-up after discharge is an evidence-based interprofessional collaborative plan of care strategy for reducing heart failure readmissions per a literature review that Angus conducted.
- CHF Clinic availability increased from three days a week to the goal of five days a week. Increasing CHF Clinic availability enabled patients to be seen within days of discharge per the AHA/ACC/HFSA heart failure guidelines.

Nurses' participation in an interprofessional collaborative plan of care for CHF patients led to the implementation of evidence-based interventions that resulted in an improvement in 30-day CHF readmissions. The interventions included forming the CHF Readmission Reduction Team, developing plan of care protocols, completing post-discharge nurse

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## Magnet Story *continued*

visits for CHF patients, developing a smart phrase to improve communication among healthcare team members, distributing HRS kits for patients, and improving post-discharge access to providers.

*The interventions were fully implemented by the end of November 2021.*

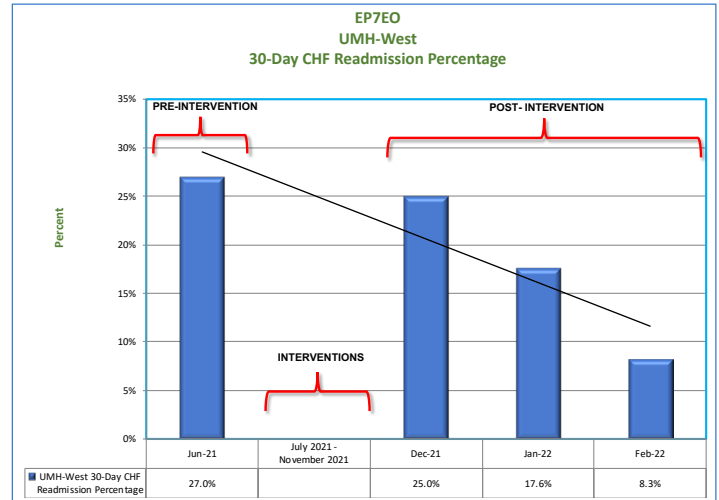
### References

Smith, L. M. (Ed.). (2005). Evidence-Based Strategies for Reducing 30-Day Readmissions. American Association of Heart Failure Nurses.

Nair, R., Lak, H., Hasan, S., Gunasekaran, D., Babar, A., & Gopalakrishna, K. V. (2020). Reducing All-cause 30-day Hospital Readmissions for Patients Presenting with Acute Heart Failure Exacerbations: A Quality Improvement Initiative. *Cureus*, 12(3), e7420. <https://doi.org/10.7759/cureus.7420>

### Outcome

(Evidence EP7EO-1, UMH-West 30-Day CHF Readmission Percentage)



## Safety Event SBAR for a Corpack Event

*Written by Maggie Lamb, MSN, RN, AGCNS-BC, CMSRN*

A Corpak safety event occurred at UM Health-West hospital and by sharing this event, we hope to relay a broader awareness around safety and how all roles contribute to help harm from happening.

<b>Situation</b>	A Corpak (nasogastric feeding tube) became clogged after medication administration when the route of the medication was ordered as oral. The Corpak had to be removed and reinserted multiple times during their stay causing the patient unnecessary discomfort.
<b>Background</b>	The diet order for the patient was "continuous tube feeds with tray and oral for medications." However, the route for the potassium on the MAR was labeled as "NG tube."
<b>Assessment</b>	The patient only had regular oral potassium chloride ordered which should NOT be crushed and is notorious for clogging feeding tubes. There can be an assumption that if a patient has a feeding tube that automatically means their medications should be administered via feeding tube but this isn't always the case.
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Add wording "DO NOT CRUSH" to MAR administration instructions on potassium (with the exception of KCL-EF, the potassium meant for NG admin).</li> <li>• Always clarify with the provider about conflicting orders, such as route on MAR not matching route on diet order.</li> <li>• New build in Epic to alert pharmacists when new tube feed orders are entered to check the route of medications.</li> </ul>



# Shout out to Surgery Prep & Recovery/ Post-Anesthesia Care Unit

*Written by SPR/PACU Recognition Team*

Team members in the Surgery Prep and Recovery (SPR)/Post-Anesthesia Care Unit (PACU) areas received this email from their recognition team. What a great way to celebrate all of the amazing things they do!

We were happy to see all of the 'You Rock' forms submitted for August.

**The winner for prep is Alisha Middle.** Her form states: "Thank you so much for helping a delirious ICU patient so I could provide complete patient care. You even sacrificed your lunch to help."

**The winner for post-op is Brad Thompson.** His form states: "During a post op call, the patient states, 'Brad did a great job taking care of me. He has a very kind heart.'"

**The winner for PACU is Monica Kammerzell.** Her forms states: "Great job with a weekend of several difficult patients-esp. on 8/13 with a L3 patient that was upgraded to ICU."

**The winner for the Lobby/Lounge is Amy Goetsch.** Her form states: "Amy is a refreshing addition to our team. She is an honest, no-nonsense person which makes it easy to trust her intentions. She is hard working and great to talk and work with."

## OTHER NOMINEES FOR PREP INCLUDE:

- Rachel Peck, Reagan Rackes and Connor VanBaren

## PACU INCLUDES:

- Josh West, Therese Hessler, Samantha Mayeaux, Brooke Sebastiano, Olivia Wait, Sherry Rosema, Isabel Grable, Stefanie Wilber, Janet Bateman, Kara DeKryger, Penny Post, Celeste Shefferly, Mazie Kineman, Jacobie TenBrink, Kate Brinks and Cheryl Yskes

## POST-OP INCLUDES:

- Jodi Caldwell, Abby Seaser, Lindsey Armstrong, Cindy Cook, Leonard Pierce, Pat Miszewski and Lisa Stanley

## GUEST LOUNGE/LOBBY INCLUDES:

- Laura Saarinen, Ericka Torres, Nancy Sierawski and Beth Roby

Let's continue to praise each other. If you need additional 'You Rock' forms, please see the CC office in prep or visit the M Net.

Thank you for all you do! We have an amazing team!



## Congratulations! 50 Years at UM Health-West

*Written by Tammy Prather*

In August, Patti Depree celebrated 50 years with UM Health-West! We want to wish Patti a HUGE congratulations on this accomplishment.

## Situation Background Assessment Recommendation

*Written by Nursing Education Department*

Effective communication is one of the foundations of safe patient care. The Situation Background Assessment Recommendation (SBAR) method of communication helps provide a framework for effective and complete communication. To help address concerns of incomplete communication via Vocera Web Console a professional development opportunity has been created.

RNs can search for the online curriculum in Talent Solutions "60100-2023 Safe Communication using SBAR- Online" to complete a 30-minute online training that explores the foundation of effective communication using SBAR.

0.5 CE's are available to RNs who complete the online module and complete an evaluation within 14 days.



# HOVERJACK® Air Patient Lift

## INTENDED USE:

The Hover Jack Air Patient Lift can be used to lift and transfer patients in the supine position.

## INDICATIONS FOR USE:

- The Hover Jack Lift can be used to lift and transfer patients who are on the ground as a result of a fall when they are unable to sit, kneel, or stand.
- The Hover Jack Lift can lift or move a patient when their weight or girth may pose a potential health risk to healthcare providers.

**HOVERJACK®**  
Air Patient Lift

## CONTRAINDICATIONS FOR USE:

- The Hover Jack Air Lift should not be used for patients with known or suspected thoracic, cervical, or lumbar fractures unless a provider is present



## CONTRAINDICATIONS FOR USE:

<b>CALL</b>	Call the Nursing Supervisor if the Hover Jack Lift is needed.
<b>STORAGE</b>	The Hover Jack will be stored in PSU's equipment room.
<b>WEIGHT LIMIT</b>	The Hover Jack has a 1,200 weight limit.

## Nursing Professional Development Week

*Written by Nursing Education Team*

Nursing Professional Development (NPD) Week took place on Sept. 10-16. NPD, also known as nursing education, is a specialty of nursing practice that facilitates orientation and the professional role development and growth of nurses and healthcare personnel. The UM Health-West NPD team directly supports 15 departments, with seven educators certified in nursing professional development and seven with a master's degree. NPD practitioners play a critical role in preparing nursing staff for current and future roles, facilitating professional role development, encouraging interprofessional education and collaboration, guiding clinical practice and improving patient care ([Brunt & Morris, 2021](#)). This past year the NPD team was responsible for orienting 198 new staff, arranging clinical experiences for 311 nursing students, providing 2,296 continuing education



certificates, teaching classes for 1,816 learners and completing 153 education projects. If you have an idea for nursing education reach out to your unit educator or send the recommendation to [NursingProfessionalDevelopment@umhwest.org](mailto:NursingProfessionalDevelopment@umhwest.org).