



RNPULSE

The Heart of UM Health-West Nursing

12.23

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Interim CNO Corner

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



As we move into the holiday season, I am reminded of how grateful I am to be one small part of the UM Health-West Nursing team. This team provides exceptional care to patients and their families. We have the depth of heart, talent and kindness that has been established by strong leadership over the years with the goal to serve others. These qualities make nursing not just a profession, but a calling.

At the heart of every exceptional nurse is a profound wellspring of compassion. Our nurses serve as a beacon of this virtue, guiding us through the often challenging and emotionally charged landscapes of patient care. It is essential to recognize that compassion does not stand alone. Each of you seamlessly intertwine compassion with a high level of clinical expertise. The fusion of these two elements ensures world-class care and simultaneously elevates the patient experience.

While I was rounding last week, a nurse shared with me that she appreciates the additional kindness that is extended to others during the holidays. She elaborated that she is disappointed that it takes the holiday season for people to be kind, empathetic and respectful to each other. She wanted this level of good will and connection all the time, not just during the holidays.

I thought about this concept over the past few days. Our teams have the opportunity to be compassionate each and every day to our patients. We consistently interact with patients in kind, empathetic and respectful ways...every patient, every time. Because, as a wise nursing leader has engrained in me, "every day is a holiday." Let's extend this holiday kindness to our patients and to each other as we embark on a new year of growth.

This holiday season, take time to reflect. Celebrate the compassionate hearts, the clinical minds and the unwavering integrity that defines our culture at UM Health-West and how you impact that. Together, we are creating a legacy of excellence that extends far beyond the confines of our organization.

In gratitude for the exceptional care and compassion from each of you,

Kate

~ Kate Veenstra, Interim Chief Nursing Officer

Shared Governance UPDATES



Professional Nurse Council Update

*Written by Professional Nursing Council
Co-Chair Kelly Kiss BSN, RN*

The Professional Nursing Council (PNC) is currently focused on consolidating hospital wide data on active Unit-Based Council (UBC) projects. The goal is to compile this information into a centralized location for easy access by any PNC member. The council is actively engaged in fostering professional and effective communication with providers and other team members. Additionally, the PNC is diligently working on developing an action plan and providing updates on the Accreditation Commission for Health Care (ACHC) citations.

Furthermore, the PNC is actively involved in dissemination crucial information to every unit and department. This includes details specific to the new mentorship program, fall risk kits, National Database of Nursing Quality Indicators (NDNQI) survey results and the recently established BEE Award. The aim is to ensure that all pertinent information is readily available and communicated effectively throughout the nursing community.

Professional Nurse Council Update Ladder Program

Written by Clinical Coordinator Abby Smith BSN, RN, CEN

The Professional Nurse Development Council (PNDC) is currently making minor adjustments and adding clarifications to the ladder program. We appreciate your patient as we finalize the documentation posting. Our aim is that these adjustments to the PNDL document will enhance clarity for the application, providing more individuals the opportunity to achieve the highest level possible.

A significant change for this cycle is the introduction of the denial and resubmission process. Historically, feedback was provided if an application was incomplete or lacked evidence, allowing additional time for resubmission. In the upcoming cycle, applicants will have the opportunity to meet with a champion during open hours (workshops to be posted soon) to review their documentation. This step will be mandatory for those wishing to resubmit and missed information or documentation. Champions will offer feedback before the submission, aiming to minimize the need for corrections. If an applicant chooses not to have their application reviewed by a champion at a workshop, or ignores suggested changes, they will not be allowed resubmission, and their application will be accepted or denied based on the first submission only – with no exceptions.

In addition to the updates for this year, a fully overhauled document for the 2024/2025 cycle will be posted in early 2024 for maximum preparedness. This will include new forms and added descriptions to simplify the application process and clearly outline required evidence. In the 2025 cycle, we anticipate not allowing any resubmissions, although champions will still be available to assist with preparedness.

To support these changes and the excellence of our nursing staff, additional resources such as sample applications, updated Q&A and example forms for projects, will be available on the M Net nursing page.

Thank you for your continued support and understanding as we perfect this highly important program!

Shared Governance UPDATES

The Nursing Advocacy Council (NAC)

Written by Magnet Program Director
Cindy Miller, MSN, RN

The Nursing Advocacy Council (NAC) is gearing up for an exciting year in 2024. To kick things off, the council is thrilled to announce starting in January, we will be accepting nominations for the 2024 Nurse Exemplar Award. Deadline for applications will be March 15, 2024, with awards and recognitions being presented during a Nurses' Week celebration in May. The council is genuinely excited about the opportunity to present this distinguished nursing award again this year and are looking forward to reviewing all the nominations. Please remember that anyone can nominate a nurse! For additional information, the nomination form is included below.

Next in line, the council is preparing for Certified Nurses Day, which is celebrated every March 19. Certified Nurses Day is an annual day to recognize nursing professionalism, excellence, recognition and service.

Lastly, the council has initiated discussions and planning for the activities and education that will be offered during Nurses Week 2024. National Nurses Week, an annual celebration, commences on May 6 and concludes on May 12, Florence Nightingale's birthday. The theme for 2024 is 'Nurse Compassion in Action.' This theme beautifully encapsulates the dedication, empathy and tireless efforts of nurses as they provide care and support to patients and communities. Stay tuned for updates as the council works towards making Nurses Week 2024 a meaningful and engaging experience.

If you are interested in joining NAC and helping participate in these recognitions and celebrations, please reach out to NAC Chair Katie Featherly at katherine.featherly@umhwest.org.

Elevate Your Clinical Journey by Becoming a Professional Nursing Development Ladder Champion!

Written by Magnet Program Director Cindy Miller, MSN, RN

As we embrace a culture of continuous growth and excellence, we are thrilled to announce a unique opportunity designed to empower you on your clinical journey-the Professional Nursing Development Ladder (PNDL) Champion role! This is your invitation to not only enhance your own clinical expertise but also to become a driving force in shaping the future of excellence at UM Health-West.

ROLE HIGHLIGHTS:

Advocacy:

- Inspire and share the transformative benefits of the PNDL with your colleagues.
- Cultivate a shared vision for continuous clinical growth in our daily nursing practice.

Collaboration:

- Collaborate with leaders, educators and nursing staff to weave ladder principles into our daily clinical care.
- Be the cornerstone, ensuring that clinical projects align with the highest professional development standards.

Improvement:

- Be the innovator, lending your insights to refine clinical processes in line with PNDL standards.
- Offer vital support to your peers, aiding in information gathering and evidence collection to fortify their clinical points.

Data and Reporting:

- Engage in insightful discussions on clinical metrics and outcomes.
- Provide valuable feedback by sharing your observations with the PNDL lead when needed.

Support:

- Play a role as a documentation assistant, specifically focusing on tasks related to documentation of the PNDL.

Engagement:

- Inspire and motivate your nursing colleagues to actively participate in clinical development opportunities.
- Cultivate a culture of continuous professional growth among our nursing staff.

For more details, please reach out to:

PNDL Chair Abby Smith @ abigail.smith@umhwest.org or

Nursing Educator Heidi Bushen @ heidi.bushen@umhwest.org

Nurse Exemplar Award Recognition Form 2024

GENERAL INFORMATION:

The University of Michigan Health-West Nurse Exemplar Award is an annual recognition program to honor registered nurses (RNs) who have demonstrated exceptional nursing practice. Anyone (e.g., physicians, nurses, nurse aides, patients, families, etc.) can submit a nomination. The purpose is to recognize and honor exemplary nursing practice by the registered professional nurse for actions that have significantly improved nursing practice and the care of our patients. The Professional Nursing Council (PNC) reviews all nominations at the April PNC meeting and votes via secret ballot to elect the Nurse Exemplar. The name of the individual selected is held in confidence until the Nurse Exemplar Event in May. Snippets of the nominations will be shared on storyboards and on the M Net.

NOMINATING CRITERIA:

1. The individual nominated must be an RN employed by UM Health-West involved in direct patient care.
2. The specific examples noted in the nomination must represent examples of exemplary nursing care by an RN within the last 12 months. **If specific examples are not given for each question, the nomination form will not be accepted.**
3. Nurse exemplar recipients from the previous five years are not eligible to be nominated in 2024.

FORM INSTRUCTIONS:

1. The PNC has a blind review/selection process (meaning they will not know the name or gender of the nurse nominated or department he/she works). To assist in the blind review process, the applicant's name, department or any other identifying information should not be noted in any of the questions. Please use references like 'this nurse' and 'this unit'.
2. **Submit the completed form by email or inter-office mail to Magnet Program Director Cindy Miller, by March 15, 2024.**

Date Completed: _____

Outstanding

Registered Nurse: _____

Prior to the nomination being brought forward to PNC, the RN nominated will be confirmed to be in "good standing" according to the human resources department.

Department of

Nominated RN: _____

***Note:** this is the only place you should note the RN's name and department. Please do not use it while answering the questions below. Please refer to the nominee by stating "this nurse".*

Recognized By:

***Note:** Nominations cannot be submitted anonymously, however, the name of the submitter will not be provided to PNC during the voting process. The submitter name will be published after the PNC vote.*

All the questions below must be answered with specific examples of how the nurse you are nominating meets the criterion. The nomination will not be accepted if specific examples are not provided.

1. Exemplary nurses demonstrate outstanding direct care that goes beyond what is expected. Briefly describe one specific example of how the nurse you are nominating meets this criterion:

2. Exemplary nurses are sought out for continuous assistance and stimulate critical thinking in peers. Briefly describe one specific example of how the nurse you are nominating meets this criterion:

3. Exemplary nurses provide mentorship and are committed to the development of new nurses. Briefly describe one specific example of how the nurse you are nominating meets this criterion:

4. Through active participation, exemplary nurses positively influence the work of the healthcare team. Briefly describe one specific example of how the nurse you are nominating meets this criterion:

Good Catch Winners & Nominees

Written by Patient Safety Coordinator Brooke Siepierski MAS, BSN, RN, CPHQ



JULY WINNER:

Taylor Anderson, MA - Lowell Office

Taylor's patient was in for his bivalent COVID booster. She pulled a MCIR and noticed it stated "Up to Date" for the COVID series. Taylor questioned this and pulled guidelines from CDC and Kent County Health Department (KCHD) which supported the patient being due for a booster. However, we teach to rely on and follow MCIR guidelines. She empathetically explained to the patient that they would feel more comfortable talking to a nurse at KCHD. KCHD confirmed the patient was indeed due for a booster and they were currently experiencing an IT issue that was causing the MCIR to be incorrect.

JULY RUNNER-UPS:

Samantha Hagans, RN - Post-Surgical Unit

Samantha caught that prior to admission antibiotics had not been ordered.

Sheryl Rosema, RN - PACU

Sheryl identified that dilution instructions were not present in the MAR for a critical medication.

AUGUST WINNER:

Maya Ayala - Radiology

Maya realized when getting information from a patient prior to her exam, the patient had not taken a steroid prep for her contrast allergy. The exam was rescheduled for the next day when she could be properly prepped. This saved the patient from potential contrast reaction.

AUGUST RUNNER-UPS:

Heather Anderson, RN - Wound Center

Heather stopped the line when she observed a potential unsafe situation in the hyperbaric chamber.



SEPTEMBER WINNER:

Kristen Custer, RN - Telemetry Med-Surg

Kristen was caring for a vulnerable, nonverbal patient and observed some behaviors from one of the patient's family members that raised concern about the patient being at risk for abuse at home. She spoke up twice and with additional information an Adult Protective Services report was filed for that patient.

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

- Fill out a Midas Occurrence Report
- Complete the nomination form [HERE](#)



continued on next page

Good Catch Winners & Nominees *continued*

SEPTEMBER RUNNER-UPS:

Rachel Binns, RN - Case Management

Rachel had a kind, questioning attitude after noticing that a patient had been in observation status after their 7-day hospitalization.

Kristin Brown, RN - Cardiac Cath Lab

Kristin was preparing to assist with a sheath pull and identified that a longer manual hold time was needed. The documentation in EPIC for the sheath size initially led the team to believe that a shorter manual hold time was needed.



OCTOBER WINNER:

Kristen Miller, RN - Caledonia Office

Kristen was performing a follow-up call related to blood pressure management. The patient briefly mentioned that they were experiencing post-menopausal bleeding. Kristen astutely recognized that this warranted further follow-up and coordinated this with the patient's PCP. There was ultimately a cancer diagnosis. Because of Kristen paying attention to detail and assessment skills, this patient received prompt treatment.

OCTOBER RUNNER-UPS:

Naomi Bos, RN - Med-Surg Peds

Naomi had a kind, questioning attitude. She received a BPA to administer a pneumonia vaccine after her patient had already received a pneumonia vaccine the day prior. She reached out to the clinical informatics team and they corrected the out of date BPA.

DAISY Award Winners

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



9.20.2023

LIZ MARTIN

Liz's persistent advocacy for her patient's health, including pushing for an ultrasound and appropriate pain management, led to the discovery of an additional blood clot, minimizing the impact on her family member, and improving her overall health.



10.3.2023

MOLLY BIRD

In May 2023, Molly, a nurse during a two-day inpatient stay, provided immediate assurance, attentive care and a comforting presence that greatly alleviated pain and fears, exemplifying a commitment echoing Mother Teresa's belief that kind words resonate endlessly.



11.14.2023

KATIE SPOOLSTRA

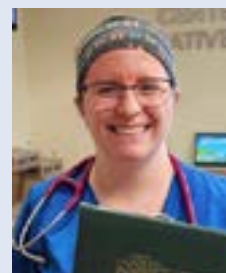
During a challenging night shift, Katie's extraordinary empathy and kindness shone through as she selflessly sat with and comforted a palliative patient in their final moments, ensuring they weren't alone and offering solace to the grateful family rushing to be by their loved one's side.



11.21.2023

HELEN WELSH

Helen's compassion and positivity, after a challenging night post-surgery, facilitated a remarkable recovery, allowing me to go home after just one night in the hospital and transforming my condition from a previously immobile state.





Magnet Champion Role: Making a Difference at the Bedside

Written by Magnet Program Director Cindy Miller MSN, RN

The Magnet Champion at UM Health-West is a dedicated role designed for registered nurses (RNs) who wish to contribute to the promotion of excellence in nursing practice through the Magnet Recognition Program. This position offers a unique opportunity for RNs to actively engage in initiatives that elevate the quality of patient care and foster a culture of continuous improvement.

ADVOCACY:

- **Passionate Support:** Be a cheerleader for the Magnet Recognition Program.
- **Inspire Others:** Share the perks and standards of Magnet designation with your bedside peers.
- **Cultivate Excellence:** Encourage a shared vision of excellence in everyday nursing practice.

COLLABORATION:

- **Team Player:** Work with leaders, educators and bedside staff to bring Magnet principles into daily care.
- **Align Initiatives:** Coordinate with different teams to match nursing projects with Magnet Standards.

EDUCATION:

- **Boost Skills:** Help shape educational programs that enrich nursing knowledge and skills.
- **Share Wisdom:** Host/participate in informal discussions and peer-to-peer learning sessions.

IMPROVEMENT:

- **Quality Focus:** Join efforts to enhance bedside nursing practices.
- **Voice Ideas:** Share insights to refine nursing processes in line with Magnet standards.

DATA AND REPORTING:

- **Stay Informed:** Discuss nursing metrics and outcomes.
- **Provide Feedback:** Share observations with the Magnet program director when needed.

SUPPORT:

- **Documentation Help:** Assist with tasks related to Magnet document submission.

ENGAGEMENT:

- **Encourage Participation:** Motivate bedside nurses to join Magnet-related activities and committees.
- **Nurture Growth:** Foster a culture of professional development among bedside nursing staff.

Ready to make a meaningful impact?

Join us as a Magnet Champion and
contribute to an exceptional standard of
patient care at UM Health-West!

For more details contact: Magnet Program Director
Cindy Miller at cynthia.miller@umhwest.org.

Keep Vein Open Update

Written by *Clinical Nurse Specialist Shelly Mouw, MSN, APRN, AGCNS-BC, PCCN*

Following a couple of occurrence reports, the CNSs completed a literature review regarding keep vein open (KVO) best practices. The occurrence reports were related to medications being infused at low rates, below 10mL and hour, without an additional MIV running at a rate to “KVO”.

RECOMMENDATION: We do not support IV fluids to running at a KVO rate, and Y-sited into a medication to keep an IV line flowing at a certain rate.

BACKGROUND: The best we can gather on the history of this: KVO rates were originally recommended due to IV lines that would clot off when not used. Many years ago, it was recommended that IV lines have fluids running through them to keep the vein open. Later it was identified that routine flushing with NS also served the purpose of keeping the IV line open, however there were still often problems with clots forming in IV lines. As new technology developed, we started using end caps that cause positive pressure when an IV line is disconnected. This prevents blood from backflowing into the IV line when it is disconnected, thus preventing clots from forming. Since using these new endcaps and implementing routine flushing, we have not had issues at our facility with lines clotting off.

LITERATURE REVIEW FINDINGS: There is a lot of research out there about theoretical rates that may be needed to ensure a line stays open. The infusion nurses society did publish some KVO best practice recommendations. Those recommendations focus on setting a KVO rate as an alternative to routine IV flushing for a line that will be used frequently, to avoid multiple connections/disconnections, thus increasing infection risk. **We have been unable to find any recommendations to infuse a MIV at a certain rate with a medication that is running slowly in order to keep a vein open.** Additionally, in the literature there are a few contraindications to using KVO fluids (CHF, renal failure, cardiac insufficiency, etc.).

DISCUSSION AND REVIEW: Running medications at rates below 10mL/hr. is quite common in critical care spaces and with pediatric and NICU patients. We are unaware of any adverse events related to a medication being delivered via IV pump at a rate less than 10mL/hr. There are quite a few contraindications to running a MIV KVO which is a concern. Additionally, if you y-site in a medication, there are concerns at the beginning or end of an infusion for an unintentional bolus of a medication. Given the lack of literature to support running a MIV with a medication to ensure it infuses over 10/hr., the lack of reported concerns with this practice both at our facility and at other facilities that run infusions at very low rates, and the risk associated with a KVO rate, we would discourage this practice unless a physician has a specific concern and orders this for a specific patient with a specific medication.

If anyone finds other evidence to reconsider this recommendation, please email Clin_Nurs_Spec@umhwest.org

Infection Prevention Corner Bed Bugs

Written by *Infection Prevention Manager
Simie Bredeweg-DeJager, MBA, MSN, RN*

Bed bugs have been steadily rising for the past decade and after a dip during COVID when people were not traveling, there has been a marked spike in the last year. Bed bugs are insects that feed solely on the blood of humans and other warm-blooded animals. Unfortunately, their saliva can cause intense itching, but they are not known to carry any diseases that infect humans. Bed bugs are an environmental pest—not a pathogen.

BED BUG FACTS:

- Do not jump or fly.
- Will travel 5-15 ft to feed.
- Can survive up to six months without feeding.
- Found in cracks, floor trim, furniture seams, employee locker rooms and wheelchairs.
- Bites look like a red, itchy rash.

The risk of taking bed bugs home from work is nearly zero. The best way to protect yourself from bed bugs in public spaces is:

- Store personal belongings separate from that of others.
- Wash your personal belongings daily upon returning home in hot water or dry on high for 30 mins.
- Use a flashlight to inspect seams of potentially infected items.

Care of a patient with bed bugs does not require transmission-based precautions or any additional personal protective equipment beyond what would be appropriate for standard precautions. The healthcare worker may choose to don a gown if they would like a barrier during patient care that requires close contact (changing bedding, bath, etc.).

For more information refer to “Environmental and Room Disinfection- General, Scabies, Lice, and Bedbugs, IP-22”.

Social Determinants Health Screening

Written by SDoH planning team

Social Determinants of Health (SDoH) are non-medical factors that can influence a person's health outcomes. SDoH can have a major impact on a person's health, wellbeing and quality of life, which makes it important to offer resources to patients to help improve their health outcomes.

Ambulatory areas are already screening patients for SDoH, but now due to the changing requirements from Center for Medicaid Services, starting Dec. 13, inpatient areas will begin to screen patients. Based on the patient's answers to the screening questions, they may be offered a resource document. Areas that are impacted will receive a brief Talent Solutions module to review these changes.

New Skin Products

Written by Wound Ostomy and Continence Nurse Melissa Catlin, BSN, RN, CWOCN, and Clinical Nurse Specialist Shelly Mouw, MSN, APRN, AGCNS-BC, PCCN

New skin products have recently rolled out to a number of units. Below are a few items you need to know about the new products:

Pampers Wipes - These wipes should be used for all general cleaning needs. Purple bath wipes are for once daily inpatient bathing. The Pampers wipes are thinner. It is OK if you need to use more of them. Approximately nine Pampers wipes equal the cost of one purple wipe. Using multiple Pampers wipes is not a concern.

Cavilon Advanced - Inpatient should apply with the first incontinence episode and every Monday and Thursday after that. **This can be applied on open skin**—it really helps heal it! Only contra-indications are fungal rashes and wounds that extended past the subcutaneous tissue (e.g. stage 3 or stage 4 pressure injury). This is preferred over Desitin. Don't apply both—the Cavilon is enough.

Optiview - Replaces Mepilex for pressure injury prevention. This product does not go on open skin—continue to use Mepilex as wound treatment.

NEED TO KNOW



Workplace Violence Prevention

Written by Clinical Nurse Specialist Mandi Schoolmeester, MSN, RN, AGCNS-BC, CEN

The Workplace Violence (WPV) committee has rolled out [Guiding Principles for Safety related to WPV Prevention](#). These are the fundamental steps to take to increase staff safety and reduce workplace violence. In conjunction with the Guiding Principles, we have also rolled-out a WPV Toolkit. We put all WPV prevention resources together in one place in addition to the available employee support resources.

KEY WPV TOOLS:

- Guiding Principles for Safety related to WPV Prevention.
- Online Preventing Violence against Healthcare Workers – available to anyone. Enroll via Talent Solution searching “Preventing Violence” and email Sarah Stier to get a workbook.
- STOPlight tool – ED and Inpatient.
- Post-event Debriefing: [Ambulatory](#) and [Hospital](#). These are also fillable forms so you can type and print/email to give to your direct supervisor. WPV committee reviews these to track themes and areas of opportunity.
- FYI Flag [template](#) to make adding an “Abusive Behavior to staff” easier and more consistent.
- Report events!! Opportunities cannot be addressed if we do not know what isn't working.

For more information on the Guiding Principles or the WPV toolkit, visit the WPV Prevention [M Net page](#).

Recruiting Fall Champions

Written by Clinical Nurse Specialist Maggie Lamb,
MSN, RN, AGCNS-BC, CMSRN

WHEN?

2024 Dates (Must attend at least three out of four dates to be eligible for ladder points):

Tuesdays from 11:00 a.m.-3:00 p.m.

• Jan. 23 • April 23 • July 23 • Oct. 22

WHAT DO THE DAYS ENTAIL?

Attending and participating in the Fall Prevention Team Meeting, working on projects guided by nursing leadership, completing fall prevention audits on inpatient units and creating huddle topics/emails/education to teach forward to your peers.

WHY?

Learn more about fall presentation in the inpatient setting. Become a resource and clinical expert for your unit. Have your opinion and expertise heard and help make changes to improve nursing workflows and patient outcomes!

HOW MANY LADDER POINTS?

If you participate in three out of the four sessions, you will receive four points for the ladder!

INTERESTED OR HAVE MORE QUESTIONS?

Reach out to Clinical Nurse Specialist Maggie Lamb Nurse Manager Carol Jones, Nurse Manager Liz Irvine or Nurse Manager Kris.



Developed in 2023 by The Professional Nursing Council

The BEE Award is a recognition program that honors and celebrates the compassionate care support team members provide every day. The BEE Award honors and recognizes team members from outside of nursing who go BEE-yond Excellence Everyday. These team members provide extraordinary experiences for our patients, their families, visitors, and their co-workers by exemplifying the "UM Health-West Way"!

The BEE Award was developed based on **5 PETAL principles** that are honored by excellent staff.

WHO IS ELIGIBLE:

- ANY non-RN staff members
 - Inpatient and Ambulatory
- RNs are not eligible for the BEE Award, as the DAISY Award is for RNs only. Every DAISY needs a BEE!

HOW TO SUBMIT YOUR NOMINATION:

- Nominations collected quarterly
 - The forms can be physically placed in any DAISY Award or You Rock drop box
 - The electronic form can be emailed to: Bee_Award@umhwest.org

WHO MONITORS THE NOMINATIONS AND VOTES:

- Submissions will be gathered by the Professional Nursing Council, and Nursing Administration will redact information to maintain an impartial voting process.
- Submissions will be voted on quarterly by the PNC
- The group will pick 2 winners per quarter and present the award to the winner (March, June, September, December)



Scan the QR code for the nomination form.

Governor Whitmer Enacts Legislation to Protect Healthcare Workers

Written by Head of PR and Communications Chris Zoladz

Governor Gretchen Whitmer signed bipartisan bills, 4520 and 4521, alongside healthcare representatives from Michigan Medicine, Sparrow Health System, and University of Michigan Health-West. These bills increase protections for healthcare workers by increasing penalties for assaults on-duty, with or without weapons. House Bill 4520, sponsored by State Representative Mike Mueller, elevates fines for non-weapon assaults, while House Bill 4521, sponsored by State Representative Kelly Breen, addresses weapon-involved assaults, mandating health facility operators to display corresponding signage. Governor Whitmer emphasized support for frontline healthcare workers, aiming to create a safer environment and encourage more individuals to join the healthcare workforce. The legislation signifies a united effort to honor and safeguard the contributions of healthcare workers in Michigan.

