



NURSING ANNUAL REPORT 2017

Dear Munson Medical Center Nursing Staff,

In preparing the 2017 Nursing Annual Report, we had the opportunity to look back and see all of the truly amazing work happening in nursing here at Munson Medical Center. Each of your units has focused on areas related to True North – from reducing HACs and injuries to improving teamwork and the patient experience. You will read about some of this great work in this report, and it represents just a fraction of what you are doing every day in your departments.

As a nursing department, we started the year working on topics identified in our first nursing retreat. The retreat was attended by 142 front line staff nurses. Based on their input, we determined that we needed to revamp our Shared Governance structure to promote increased involvement of front line nurses.

The Unit Action Council chair group and the Nursing Management Council collaborated to create a new vision for our shared decision making model – the new Professional Governance Structure of seven councils and one coordinating council. After the bylaws were approved by a vote of the entire nursing staff, the committees began their work. All nursing units, ambulatory areas, and Clinical Quality are invited to have members on these councils. This has led to significantly more staff nurses being involved.

We also focused on recruitment and retention in 2017. We reduced our nursing vacancy rate to 2.1 percent, compared to the national average of 8.5 percent. We improved our onboarding process through the new graduate nursing residency, which includes developing residencies for seasoned nurses. These programs provide opportunities for both new and seasoned nurses to grow in their practice.

These are just a few of the things we accomplished together in 2017. In my first full year as CNO, I was honored to get to know so many of you and to see the passion and expertise that you bring to our patients and their families. I truly feel thankful and privileged to work with all of you.



With the highest regards for the nursing profession,

A handwritten signature in black ink that reads "Loraine Frank-Lightfoot". The signature is fluid and cursive.

Loraine Frank-Lightfoot DNP, MBA, RN, NEA-BC
Vice President Patient Care Services and Chief Nursing Officer
Munson Medical Center



Improving Care and Safety for Pain Management Patients

How many days should patients stop taking anticoagulants before undergoing an epidural injection? The answer varies depending on which reference you check.

Jacqui Collins, RN, a nurse at Munson Healthcare's Comprehensive Pain Management Program, was looking for a project to do as she pursues her bachelor's degree in nursing. Patient Care Coordinator **Beth Schmidt-Starks, RN**, suggested Jacqui research the discrepancy on anticoagulation guidelines because many patients at the pain clinic take blood thinners.



Beth Schmidt-Starks, RN and Jacqui Collins, RN

"Patients need to be off of anticoagulants before having certain procedures so they don't bleed excessively and cause complications," Schmidt-Starks said. Those include any epidural injections, as well as procedures such as lumbar sympathetic blocks and stellate ganglion blocks.

References used by the Munson Medical Center Pharmacy differ from the

American Society of Regional Anesthesia recommendations. "What is the source of truth?" Schmidt-Starks asked.

Currently, pain clinic nurses rely on the patient's prescribing physician to provide a recommendation for when to stop taking anticoagulants. This can introduce variability into patient care.

Collins accessed many reference materials, compiled data, and created a report for consideration by Munson Healthcare's Pharmacy and Therapeutics (P&T) Committee. Her evidence-based recommendations are currently with that committee for review and action.

Meanwhile, Collins created special badge cards (above) for Pain Management Program staff so they have a handy reference of their own. The card lists each kind of anticoagulant and the recommended number of days a patient should stop taking them before their procedure.

"Ultimately, we would like to see the Munson Healthcare P&T Committee endorse her recommendations for evidence-based safe care using the latest and greatest information out there," Schmidt-Starks said.



Last Sunday, my two-year-old daughter was sent to the ER with a new onset of seizures. It was terribly terrifying for me and my husband. The ER staff — from transport to aid to physicians to social worker (a true blessing) — they were all so attentive to my whole family's emotional state and needs. My daughter was flown to DeVos within 50 minutes for what they thought was a mass. A miracle happened and no tumor was found. She was diagnosed with a genetic seizure disorder. We returned home and the hospital-wide support from Munson Medical Center has brought tears to my eyes. I wanted to express my sincerest thanks to the staff.



Nurturing Nurses to Care for Surgical Patients

Ensuring well-qualified nurses are available to care for surgical patients remains the goal of two Munson Medical Center Surgical Services in-hospital training programs.

Recruiting and retaining critical care nurses for the PACU and for the Operating Room led nursing leadership to develop a unique approach to meet staffing needs.

Since 2015, the hospital has offered a year-long Perianesthesia Residency Program. Nurses without critical care experience are trained to become part of the busy 59-bed unit. Nine nurses have gone through the program and all remain practicing in the PACU.

“We needed to develop a highly effective and engaging orientation program where we could ‘grow our own’ and begin to evolve the culture of the PACU,” said **Valerie Pfander, MSN, APRN, ACCNS-AG, CPAN**, Surgical Services clinical nurse specialist.

The program provides residents with hands-on bedside care, along with classroom education, computer-based training, and skills lab

instruction. Residents develop a theoretical and practical post-anesthesia knowledge base while learning how to apply American Society of Perianesthesia Nurse standards as they care for patients.

Candidates must be licensed in the state of Michigan.

The hospital has a similar program for Operating Room nurses through a year-long Perioperative Internship Program that involves a 40-hour-per week commitment and includes computer-based training, textbook and video assignments, and hands-on clinical experience.

“Perioperative nursing is a very technically involved field when you think of all the different types of surgery, from general and neurosurgery to cardiac and orthopedics,” said OR Manager **Lisa Dougherty, BSN, RN, CNOR**. “These nurses are responsible for everything from prepping the patients to coordinating care with other disciplines. They ensure the intraoperative plan of care is followed and lay the groundwork for a positive patient outcome.”



Perianesthesia Residency Program graduates include from left: Holly Smith, RN; Kim Clark, BSN, RN; Amanda Price, RN; Ruth Molenhouse, BSN, RN, and Emily Thomas, RN.

PACU RN Residents

Class 1 (Summer 2015)	<ul style="list-style-type: none"> • Amanda Price, RN • Amy Kowalak, BSN, RN
Class 2 (January 2016)	<ul style="list-style-type: none"> • Kara Derry, BSN, RN • Ruth Molenhouse, BSN, RN
Class 3 (Summer 2016)	<ul style="list-style-type: none"> • Kyle Zokas, RN • Holly Smith, RN
Class 4 (January 2017)	<ul style="list-style-type: none"> • Kim Clark, BSN, RN
Class 5 (First new grad class Summer 2017)	<ul style="list-style-type: none"> • Emily Thomas, RN • Tiera Nyland, RN

A2 Nurse Captures Rising Star Award



Anne Kreft, BSN, RN, A2, was recognized in 2017 by ANA-Michigan with its new Catch 5 Rising Star Award. This award recognizes a registered nurse new to the profession whose practice

reflects “a commitment to advance the profession and whose service has demonstrated professional growth and/or improved health care delivery.”

Anne has worked at Munson Medical Center for three years developing her specialty clinical skills in cardiac nursing. She is responsible for patient education, admissions, discharges,

wound care, and patient care coordination with discharge planning coordinators. Anne uses her constantly increasing knowledge and skills to assist her patients in many vital ways.

“What I love most about being a nurse is the ability to make a positive impact,” she said. “It is a privilege to help people regain their health.”

Anne also appreciates the “outstanding” teamwork on A2. “Truly, it is every staff member; unit clerks, nursing assistants, EVS, and nurses who all pull together every day to work as one cohesive unit. It takes many hands to help our patients and that is exemplified on every shift 24/7.”

Anne enthusiastically serves on the hospital’s Skin Committee advocating for quality care related to reducing skin breakdown and implementing interventions in high risk patients and has been a representative on the Shared Governance Council.

She serves on the ANA-Michigan Nursing Research and Evidence-Based Practice Council and was chosen to serve on the Rules and Regulations task force. “Active involvement with ANA-Michigan helps broaden my perspective of nursing by networking with nurses from other disciplines, as well as the variety of topics discussed relevant to current nursing trends.”

Daisy Awards: Celebrating Extraordinary Nurses

Nurses at Munson Medical Center who provide exceptional care, compassion, and kindness are honored with The DAISY Award for Extraordinary Nurses. The award was founded by the DAISY (Diseases Attacking the Immune System) Foundation, formed in 1999 by the family of a young man who wanted to honor nurses after being profoundly touched by his nursing care. Today, 2,900 health care facilities honor nurses with The DAISY Award.

Tunie Fliss, RN, B3, and **Jill Lueck, RN, PACU**, received The DAISY Award in 2017 at Munson Medical Center.



Tunie Fliss, RN, receives her DAISY Award.

Tunie was nominated by the wife of her patient's roommate. Her patient did not have family present to help him cope with a poor diagnosis. "Tunie kept showing her concern for him even while caring for her other patients. She told the man she had to clock out, but she came back and held his hand and talked quietly to him. At 9 pm, I left and she was still in the room. That is true dedication to each individual."

Tunie said she was "honored and humbled" by the recognition. "What I appreciate most is how much I love working with the staff on B3. They are some of my closest friends. We know how to have a good time, we have a lot of laughs, and I know the B3 team has my back."



Jill Lueck, RN, PACU, (center) with Michelle Wonacott, MSN, RN, CAPA, manager of Nursing Services for PACU and Loraine Frank-Lightfoot, DNP, MBA, RN, NEA-BC, Vice President Patient Care Services and Chief Nursing Officer.

Jill was recognized by a patient who was very apprehensive about a brachytherapy procedure.

"She was exceptionally nice, considerate, and professional. She mentioned that the anesthesiology people assigned to me were top-notch. I began to feel relaxed and upbeat and I was actually looking forward to getting on with the procedure. I felt that she truly cared about me and my time here, so please thank her for me. I could not have hoped for better pre-op care than what I received today."

Jill has worked at Munson Medical Center for 19 years and said she loves making a difference in peoples' lives. And, she appreciates her coworkers. "The team I work with is great. I always know who I can count on and resources available."

All Munson Medical Center nurses are eligible for The DAISY Award. For more information or to nominate a nurse, go to the nursing page on the Intranet.

Award winners are chosen by the Nursing Education and Professional Development Council.



Kathy Stutzman, BSN, RN-BC, CCRN; Kimberly Olson, LRT, RRT; Erin Sudheimer, MSN, RN, PCCN, and Elise Hollenbeck, BSN, RN

'Stars and Bars' on A2 Reduces Vent Times

Gold stars and full-size candy bars are having a positive impact on A2 patients recovering from coronary bypass surgery. In 2016, A2 Data RN Specialist **Elise Hollenbeck, BSN, RN**, noted that post-surgical ventilator times on her unit were longer than the national average: Only 23 percent of patients were extubated within six hours of surgery. Hollenbeck introduced ventilator tracking sheets to help nurses and respiratory therapists better understand any barriers to early extubation. The tracking sheets resulted in improvement, increasing clinically appropriate early extubation to 38 percent.

A2 Manager **Kathy Stutzman, BSN, RN-BC, CCRN**, believed that number could improve even more with the right staff incentives. She was fairly certain chocolate would work. She and Hollenbeck created a "star chart" for staff. Whenever a patient is safely extubated within six hours, the patient's nurse and respiratory therapist can put a star by their name and select a candy bar. Each quarter, the nurse and the respiratory therapist with the most stars is awarded with a Yeti cup. One year into the "Stars and Bars" initiative, the early extubation rate has climbed to 52 percent.

"Everybody loves it," Stutzman said. "The nurse gets the reward, but the patient gets the benefit."

Early extubation reduces the risk of pneumonia, loss of muscle mass, skin breakdown, and time on a Foley catheter. Nurses and respiratory therapists work together to ensure patients are hemodynamically stable and meet all parameters for early extubation as ordered per careset.

"Nursing and respiratory therapy make the call together. It's their critical-thinking skills that make the determination," Stutzman said.

Safety: Striving for Zero Harm

In the Zone: Safer Medication Dispensing

Julia Thirlby, BSN, RN, recalls standing at the Pyxis machine on A4, trying to focus on getting the right medications dispensed for her patients, when coworkers came alongside her to ask a question.

“It was too much multitasking,” she said of concentrating on the computer screen and the multiple opening drawers of medicine – all while holding a conversation.

More than 35 percent of the time, the distraction a nurse experiences in practice is from a peer asking questions, studies have shown. Other findings identified that a delay in treatment or loss of concentration occurs up to 90 percent of the time when a nurse experiences interruption in workflow.

Today, interruptions – and potential errors – are significantly lowered on A4, thanks to a process and practice change implemented in March 2017. At that time, nurses began

retrieving 95 percent of all medications from a Pyxis machine, a change from medications previously being delivered by pharmacy techs to bins placed in patient rooms.

Staff now know that any time a team member stands in the strict “No Interruption Zone” at the Pyxis machine – a spot designated by a blue-tape outline on the floor – conversations are prohibited.

This continuous quality improvement project was completely designed and directed by A4 staff nurses in conjunction with the A4 Shared Decision Making Council and the Munson Medical Center Pharmacy. This was done in an effort to promote safety, quality, and efficiency related to medication dispensing and administration, said A4 Manager **Tamara Putney, MSN, RN, NE-BC**.

“It’s really cool because it’s integrating evidence-based practice in nursing,” Putney said.



Julia Thirlby, BSN, RN

“I’m more focused,” Thirlby said of time spent in the quiet space. “Other nurses, physicians, providers, transporters – they see you in that zone and they know not to interrupt you. It’s worked out well because people respect what you are doing. It’s also helped me be much more mindful.”

Putting Patients First: Reducing Catheter-Associated Urinary Tract Infections



Betty Jo Miller, RN; Allie Ruml, NA; Whitney Merrau, RN, and Sadie Henneman, NA

The number “1,125” is printed in black marker on a prominent whiteboard at the nurses’ station. Its significance? The number of days B3S has gone without a CAUTI, or catheter-associated urinary tract infection.

It’s an impressive number, and a milestone the 55-member nursing team on this floor feels good about.

“We have an above-average use of catheters because we are the central location for urology patients, but we have a below-average infection rate,” said **Angela Thiel, MSN, RN, PCCN**, a resource clinician who has worked at Munson Medical Center for 19 years, the past three of which have been on B3S.

Meredith Whiteford, MSN, RN, AG CNS-BC, B3S manager, said the floor’s success in preventing CAUTIs is due in part to a team truly dedicated to patient care.

“Our B3S team has really taken ownership of this initiative and they feel empowered to make sure patients come first,” Whiteford said.

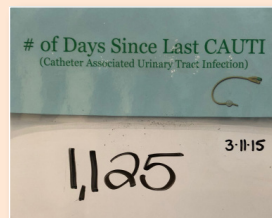
New recommendations from the Centers for Disease Control in recent years, coupled with support and direction from Munson Healthcare leadership, led to pushing forward with efforts to curb CAUTIs. Success is being seen

throughout the system.

“We’ve made a lot of progress as an organization and we’re moving in the right direction,” said **Salah Qutaishat, PhD**, manager of Infection Prevention for Munson Healthcare. “Kudos to the nurses – they adjusted practice to focus on practicing to reduce catheter-associated urinary tract infections. It’s evidence-based practicing.”

On B3S, conducting twice daily patient needs assessments also has aided the initiative to battle CAUTI. This has led to more transparent conversations among nurses on how best to care for patients.

“The team conversations we are having are working and are improving the patient experience,” said Thiel.



Maternity Nurses, Pharmacy Work Together on Pitocin Potency

In June 2017, nurses noticed that patient labors were just not progressing the way they should, even after Pitocin was administered to encourage contractions. The drug also wasn't helping patients much following birth, when it is given to prevent and treat post-partum hemorrhage.

Michele Fernandez, MSN, RNC, ACNS-BC, maternity nursing services manager at Munson Medical Center, and her team began questioning the potency of the Pitocin.

"We had some reports of patients not responding at all, and then when we switched a bag [of Pitocin], we'd get results," Fernandez said.

To delve deeper into the problem and its potential cause, the team turned to **Julie Botsford, PharmD**, medication safety pharmacist, and **Cathi Cornelius, PharmD, BCPS, CDE**, clinical pharmacist.

Their findings not only solved the issue at Munson Medical Center, but also led to a voluntary recall by PharMEDium Services, one of the sterile pharmaceutical compounding companies Munson Healthcare works with to obtain certain medications, including Pitocin.

"It is anecdotal, but it was a cluster of events and we took it seriously," said Botsford, who connected with the Institute for Safe Medicine Practices on the issue. "We listened to the nurses and we did our due diligence."

Pharmacy leaders decided to remove all lots of Pitocin available in the maternity unit and send them on to PharMEDium for testing. In July 2017, PharMEDium informed pharmacy leaders that the tested lots failed to meet threshold potency and were below acceptable levels, which led to the decision to batch oxytocin, or Pitocin, and cease using PharMEDium product until assurance could be made that product is within potency specifications.

A review of oxytocin stability at room temperature in various solutions suggest that Lactated Ringers – the compounded form of the oxytocin which the maternity unit had been using – has loss of potency after 28 days, as compared to stability up to 90 days in Normal Saline, according to the Institute for Safe Medication Practices, which contacted PharMEDium after connecting with Munson Medical Center pharmacists about the issue.

Ultimately, the company initiated a voluntary recall of oxytocin compounded with Lactated Ringers (which had been assigned 40-day beyond-use date for room temperature storage). This was gratifying to the Munson Medical Center team involved with reporting the problem.

"That felt good," Botsford said. "We're helping people all across the country potentially."

Today, the maternity unit uses oxytocin supplied by PharMEDium, but has switched to the oxytocin prepared in Normal Saline, ensuring patient safety.



Heather Roggen, RNC-OB

“I cannot say enough good things about Munson Medical Center and all of the staff there that I came across during my stays and/or tests. From housekeeping and the kitchen right up through the medical staff, I never came across one person who was unkind or rude, even if they were having a bad day.”



Elders are the Focus on B4

Patient care excels when nursing staff know their NICHE.

Since 2011, nursing staff members on Munson Medical Center's B4 have honed their expertise as Nurses Improving Care of Health System Elders, or NICHE, nurses.

B4 Manager **Dawn Halleck, MSN, RN**, and members of her team have all undergone NICHE training through the American Nurses Credentialing Center in Gerontological Nursing to better understand the needs of older patients. The specialized training helps nursing staff assess and manage patients suffering from common geriatric syndromes, such as depression, dementia, pressure ulcers, sleep/rest issues, pain, urinary incontinence, and falls.

Part of that training involves wearing goggles that replicate the vision of a patient with cataracts to better understand a patient's limitations. An audio amplification device with earphones helps staff gain perspective on how some patients hear.

"Sixty-two percent of our patients are older than 64," Halleck said. "Our goal has been to adapt our nursing care and our physical environment and equipment to better care for them."

To help promote rest, the unit features a daily quiet time from 2 - 4 pm. It is followed by a "happy hour" of socialization that may include checkers, cards, or other activities.

About half of the patient rooms on the 40-bed medical unit are private – important for patients with delirium and dementia who are easily confused or frightened by noise and distractions. To care for these patients, the unit also uses safety companions.

A geriatric activity cart offers activity items for safety companions to use with patients with dementia, as well as a variety of stuffed animals that have a calming affect on many older patients. The unit subscribes to magazines such as "Reminisce" that are of interest to older patients.

"NICHE training has really helped us be more sensitive to the needs of our older patients," Halleck said. "When we hire nurses, we're looking for those who have a like-minded passion for geriatrics."



Dawn Halleck, MSN, RN,
and B4 Department
Assistant Mischa Consolino



"I had triple bypass surgery this past summer at Munson Medical Center. I have to express how great everyone is at your facility — from the person who came to clean my bathroom to all the nurses and nurses aids. You all treated me so good. I never witnessed even one person having a bad day or anyone not willing to help with my care. Anytime I had an individual come into my room, I was asked if I needed anything. I cannot say in words how grateful I am to you all at Munson. Thank you once again from the bottom and top of my heart for everything."





Linda Minor, BSN, RN, and Deb Provost, BSN, RN

Meeting Structural Heart Needs in Northern Michigan

Since March 2012, patients in the region have benefited from a multidisciplinary team that focuses on severe heart valve abnormalities in the hospital's Structural Heart Clinic.

The clinic brings together a team of physicians, nurses, and specialized staff who work collaboratively to diagnose, treat, and determine the best plan of care for patients with structural heart disease who may be candidates for catheter-based procedures.

Coordinator **Deb Provost, BSN, RN**, looks back on the clinic's milestones and sees a lot of progress, mostly in the eyes of patients who enjoy a higher quality of life.

"We've seen almost 1,000 patients in the clinic since we started," she said. "We get to offer our patients state-of-the-art therapies close to their home. There is no need to refer them downstate."

The Structural Heart Clinic offers patients with severe valvular abnormalities the opportunity to be seen by cardiologists, cardiothoracic surgeons, and nurses at the heart center's Cardiac

Diagnostic Suite. The team works to provide comprehensive patient treatment options for aortic stenosis, atrial fibrillation, mitral disease, PFO/ASD, and perivalvular leaks.

Provost said the Structural Heart Clinic collaborates with nearly every department in the hospital as it provides treatment options for patients characterized with moderate to intermediate risk for an open heart procedure.

In 2018, Provost estimates the Structural Heart Clinic team will perform 100 TAVR procedures, 50 WATCHMAN procedures, and insert 20 - 30 MitraClip devices.

As coordinator, Provost provides education for patients and helps them navigate pre-procedure workups and post-procedure follow-up visits at 30 days and one year. "We also do all of the registries," she said. The team meets every two weeks to discuss cases and patient needs.

"It's a neat dynamic and it's been exciting to see the technology grow and the program grow so quickly," Provost said.



"I spent most of the last week on A3 after my mom suffered a serious heart attack. She's made remarkable progress. The words 'thank you' seem insufficient. My mom also had heart surgery six years ago there. I've come to expect not only the best care possible, but to be inspired by the amazing team in place. It truly reflects a culture of excellence, evident from the custodians to the cardiologists and everyone in between. Thank you and God bless!"



Advanced procedures and services available through the clinic include:

- Catheter replacement of an aortic valve (TAVR)
- Catheter based repair of a mitral valve using the MitraClip device, started in Sept. 2017
- Catheter based left atrial appendage (LAA) closure for stroke prevention in atrial fibrillation patients using the WATCHMAN device, started in Nov. 2017
- Catheter based closure of PFO and ASD



[From left] Jill Jennings, MSN, RN, CMSRN; Carol Clous, BSN, RN; Katelyn Smith, BSN, RN

Evidence-Based Practice Internships Lead to Reduced Utilization

Nurses at Munson Medical Center participating in Evidence-Based Practice Internships benefit the hospital and its patients in many ways – including improving operational performance by reducing COPD readmissions, evaluating the efficacy of a common infection prevention practice, and discovering a surprising way to decrease length of stay.

Reducing COPD Readmissions with a Multi-Disciplinary Approach

With changing Medicare laws that penalize patient readmissions, decreasing 30-day readmissions for COPD patients – which cost nearly 20 percent more than initial stays – was a key project objective for B4 Patient Care Coordinator **Jill M. Jennings, MSN, RN, CMSRN** during her Munson Medical Center-sponsored internship last spring. “I wanted to choose something meaningful and continued to hear that COPD readmissions were a problem,” she said.

Jennings had recently finished her master’s program when she signed up for the Evidence-Based Practice Internship, fueled by both her natural curiosity and a desire to translate research into practical applications. During the five-month program, she pored through medical studies to determine which best practices might lead to a decrease in COPD readmissions, using the evidence she found to create an intervention plan to help COPD patients avoid returning to the hospital within 30 days.

Her research revealed that Munson Medical Center was already doing quite well in preventing COPD readmissions, but Jennings stayed the course, learning that a collaborative team approach comprised of physicians, respiratory therapists, palliative care, nurses, and case workers – all providing patients with the care and education needed for successful recovery – is instrumental in preventing readmissions. Jennings said her data also offered insight for potential problems beyond COPD readmissions. “Ideally, we would be doing this kind of collaboration for patients with any chronic illness,” she said. “I think we’re moving toward that and I’m excited about that.”

Eliminating CHG Patches for Port Patients Proves Beneficial for All

Chlorhexidine Gluconate (CHG) patches fight bacteria, though they can sometimes be difficult to apply to patients, and their thick texture can dislodge needles. Given these complications, are CHG patches needed for port patients? And, what are the effects of long-term use? Northern Michigan Supply

Alliance Coordinator of Clinical Value **Carol Clous, BSN, RN**, pondered these questions as she probed into infection prevention and patient safety research, part of the Evidence-Based Practice Internship she began in January 2017.

Along with her research, Clous decided to conduct her own study – the first of its kind – to determine whether CHG patches are necessary for port patients and investigate their potential long-term effects. Clous soon learned that the patches’ tendency to expand not only knocks port needles loose, but can also misdirect infusions, leading to extravasation. “I also found that if the needle’s hub was not completely up against the CHG patch, it could cause shearing of the skin,” she added. Clous further discovered that extensive use of the patches leads to skin allergies and a resistance to their antimicrobial effects.

Through her findings, Clous realized that the sterilization protocol she’d always followed at Munson Medical Center prior to application of the patch was sufficient for port patients,

rendering CHG patches unnecessary. She calculated that in just six months', more than \$3,000 was saved by not using the patches. She is now helping to implement changes. Her study also gave her the confidence to apply for the coordinator of clinical value position she recently accepted. "I love that I now have this experience as part of my nursing background and will continue to use what I have learned throughout the rest of my career."

Nurse's Research Offers Fresh Perspective on Post-Operative Recovery

For acute care patients, the constipational effects of anesthesia often lead to an extended post-op hospital stay, adding to any discomfort they might already be experiencing and preventing them from returning to the comforts of home sooner.

On a mission to expand her nursing practice and research new patient interventions, C1 Rehab nurse **Katelyn Smith, BSN, RN**, elected to complete an Evidence-Based Practice Internship with the goal of helping patients leave the hospital sooner. "I believe it is important to get patients back to their families as soon as possible, as long as they are medically stable," she said. Smith, who had heard about other hospitals using alternate interventions, began studying whether something as simple as chewing gum could help induce bowel activity.

Smith collected enough evidence to reach an invaluable conclusion for patients. "The act of chewing gum can stimulate GI enzymes to help increase time to first flatus and bowel movements," she explained. "Most studies showed that chewing gum could speed up a patient's discharge date by a day or two." Smith also was elated to learn that chewing gum to prompt bowel movement also provides patients with a more enjoyable alternative to ice chips during post-operative healing. She presented her findings to Munson Medical Center's Enhanced Recovery Program, where she was informed that her recommendation to implement this simple, yet remarkably effective practice would be shared with surgeons for consideration.



Annette Bucco, BSN, RN, OCN, and Unit Clerk/NA Amanda Wilkins

Staff Input Helped Design New Nursing Units

Munson Medical Center moved two nursing units to new state-of-the-art spaces within the past year.

Nursing staff from both the inpatient behavioral health unit and oncology unit contributed significantly to the design of both new areas and these spaces align with many aspects of the hospital's True North focus, including the areas represented by patients, staff, and safety.

Oncology Nursing Manager **Angela Richardson-Gross, BSN, RN, OCN**, said members of her team traveled to three inpatient oncology units in southern Michigan for ideas and examples of the kind of design that works best for their patients and nursing staff.

The oncology team also put up an easel in the break room for team members to express what they wanted in terms of work flow as a means of better caring for patients. "Everybody had input," Richardson-Gross said. The final design décor, color schemes, and flow of the unit were voted on by the staff.

"We appreciated being able to have input," said **Laurie Patrick, RN, OCN**, oncology patient education. "It really was invaluable. Our contribution has resulted in improved nursing function, better rooms for patients, and improved patient safety."

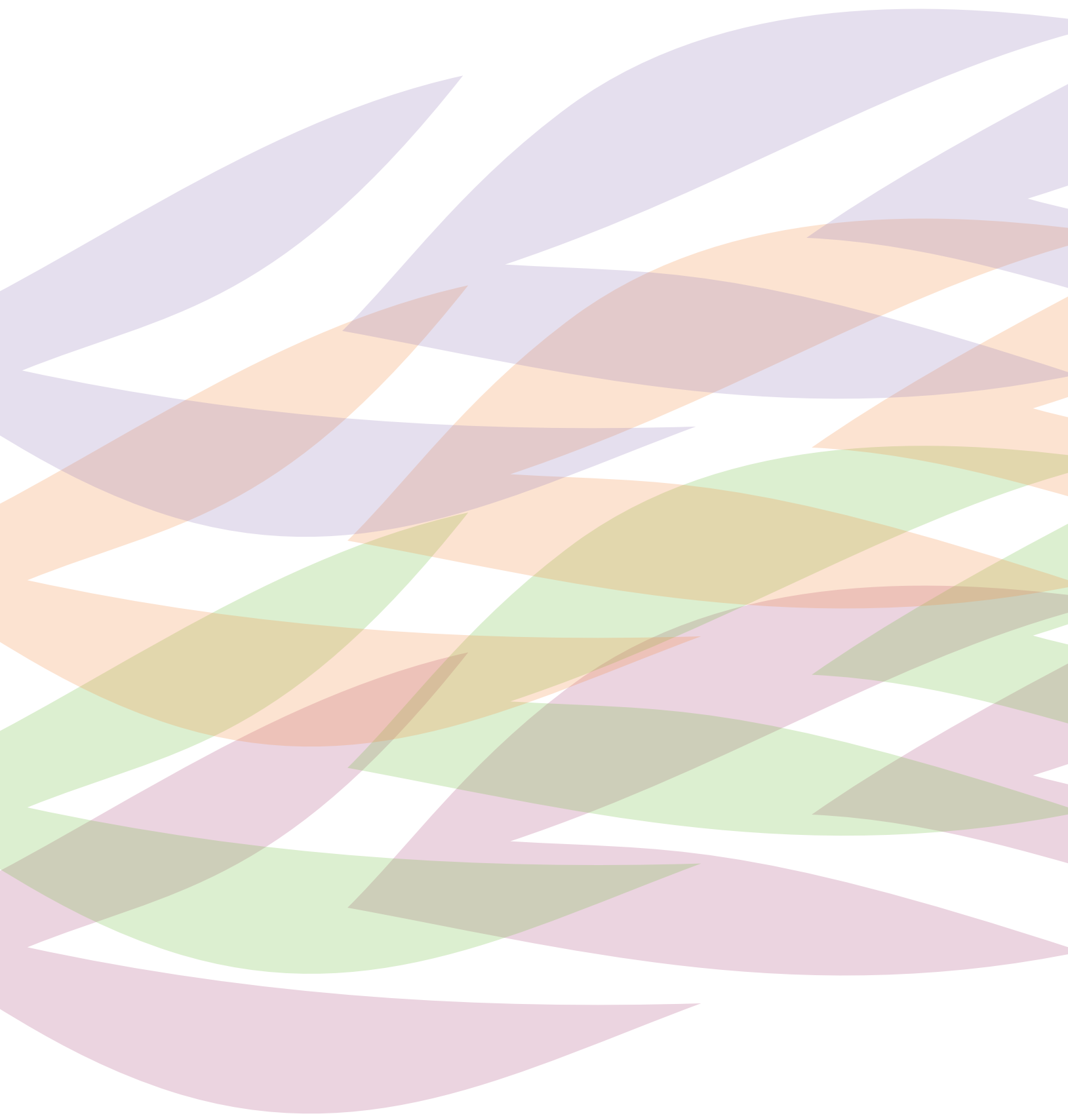
The new unit includes places for family members to stay overnight in rooms, two rooms with kitchenettes for long-stay patients, additional oxygen outlets so patients can move from their beds, a nurses' station designed to reduce noise, and a beautiful family waiting area.

The Inpatient Behavioral Health Unit features a lot of light and great views from the sixth floor of the hospital, also involved input from every member of the team.

"Staff had input on all aspects of the unit and they were highly engaged in making this the best unit possible," said Behavioral Health Director **Terri LaCroix-Kelty, LMSW**. "Our team visited six other in-patient mental health units to gather information and used feedback from both caregivers and patients."

The design includes enhanced safety features for staff, rolling carts for nurses, a beautiful patient lounge and meeting area, and nice staff lounge.

"We built this unit based on what is most important for recovery," LaCroix-Kelty said. "This beautiful, new, therapeutic space can only enhance the healing process for our patients and improve the experience for our staff."



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