New Equipment Provides Better Outcomes for Cataract Surgeries

“This allows us to make finite adjustments during surgery to reduce the chances of needing to wear glasses after cataract surgery.”

Munson Healthcare Grayling Hospital recently installed a new system to provide continuous monitoring and calculations during cataract surgery. One major benefit for patients who have this surgery is that it may result in a lower prescription for glasses or eliminate the need for glasses altogether.

“The new system is called ORA by Alcon, and it takes an already safe and effective surgery procedure to a whole new level,” said Dan St. Aubin, MD, an ophthalmologist who practices at Munson Healthcare Grayling Hospital.

“This allows us to make finite adjustments during surgery to reduce the chances of needing to wear glasses after cataract surgery.”

Dr. St. Aubin started using ORA with his cataract surgery patients in mid-October. “In the past we relied on optics principals and equations to best predict the right implant strength and position to maximize visual outcome,” he explained. “Now, with the Alcon ORA System, we’ve taken our precision a step further by being able to calculate the implant requirements during cataract surgery, in real-time.”

The new system has been proven to provide better outcomes for cataract surgery patients, including for patients who have an astigmatism or have had prior LASIK surgery. The outpatient procedure typically takes 10 - 15 minutes, but using the ORA system will add about 5 minutes to the surgery time. And when it’s complete, patients walk away with better vision and possibly leave their glasses behind.

First Annual Nursing Education Retreat

Our Professional Practice team was excited to host the First Annual Nursing Education Retreats in January. These day-long sessions focused on implementing best practice across all units. This year, four sessions were offered to ensure that all inpatient RNs could attend.

“The goal of the retreats are to present standardized education to provide consistency to our patients across all inpatient practice areas,” said Beth Workman, MBA, MSN, RN; Manager of Patient Experience and Professional Practice. “Consistency in professional practice has been shown to enhance the patient experience, as well as drive loyalty and foster trust in the organization.”

The first half of the day, the agenda is geared toward all RNs with subjects such as nurse resilience, care coordination, central venous...
access devices, transfusions, fall and restraint documentation, infection prevention, Zoll monitor, difficult patient populations, and trauma coordination. After lunch, there are breakout sessions for department-specific education using the state-of-the-art technology and patient simulation lab at Kirtland’s Health Sciences Center.

We are so excited to be able to offer this fun and engaging opportunity to our nursing staff and look forward to continuing this for years to come.

**Improved Emergency and Inpatient Process Equal Perfect Sepsis Bundle Scores in November**

“A lot of time and resources have gone into standardizing protocols, using the electronic medical record for automation, and creating alerts.”

The Centers for Medicare & Medicaid Services (CMS) recently implemented a new requirement for sepsis patients called the sepsis bundle. This consists of seven elements that must all be performed and documented within the specified time frame to pass this measure. Typically the first set of measurements, which are taken at three hours, are done in the Emergency Department. For patients experiencing septic shock, they need to have additional measurements taken three hours later. However, by the time patients would need the second set of measurements taken, they have most likely been admitted to the hospital and these measurements must be taken by the Hospitalist team. This means there needs to be clear communication and standardized processes in place to reach a perfect score for patients with septic shock, even for a smaller hospital like Grayling.

“A lot of time and resources have gone into standardizing protocols, using the electronic medical record for automation, and creating alerts,” explained Stephanie Bowen, RN, BSN, a Data Specialist for Grayling Hospital’s Quality Department. “During November 2017, we did not have any patients that qualified to be included in the septic shock part of the bundle. However, we continue to update protocols to ensure we can easily obtain a perfect score for the 3 hour bundle, and multiple departments work together to meet the 6 hour bundle requirements for patients who have or advance to septic shock.”

<table>
<thead>
<tr>
<th><strong>Sepsis Bundle Measures</strong></th>
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<tbody>
<tr>
<td><strong>To be completed within 3 hours:</strong></td>
</tr>
<tr>
<td>1. Measure lactate level</td>
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<tr>
<td>2. Obtain blood cultures prior to administration of antibiotics</td>
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<tr>
<td>3. Administer broad spectrum antibiotics</td>
</tr>
<tr>
<td>4. Administer 30 ml/kg crystalloid for hypotension or lactate ≥4mmol/L</td>
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<tr>
<td><strong>To be completed within 6 hours:</strong></td>
</tr>
<tr>
<td>1. Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥65 mm Hg</td>
</tr>
<tr>
<td>2. In the event of persistent hypotension after initial fluid administration (MAP &lt; 65 mm Hg) or if initial lactate was ≥4 mmol/L, re-assess volume status and tissue perfusion or focused exam, and document (All 5 elements needed to pass this requirement)</td>
</tr>
<tr>
<td>3. Re-measure lactate if initial lactate elevated</td>
</tr>
</tbody>
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Changes in Nursing Leadership Structure

In December, there were some changes made to the structure of Grayling Hospital’s nursing leadership. Below is a breakdown of these changes by person and explaining more about their new roles.

Liz Monk
Vice President of Care Coordination and Chief Nursing Officer
Liz Monk, BSN, RN, has been promoted to Vice President of Care Coordination and Chief Nursing Officer. Liz has worked at Grayling Hospital since 2010. In her previous role, she served as our Director of Care Coordination, and has excelled in leading our journey of transforming how we provide care to our patients across the continuum. In her new role, she will continue to report to Kirsten Korth-White, our Chief Operating Officer.

Carla Gardner
Director of Inpatient Nursing
Upon the departure of Tika Mitchell-Cowie, RN; our Manager of the Maternal and Newborn Center, Carla Gardner, BSN, RN, will assume management responsibility for our OB unit. Carla’s expertise in management of daily operations, human resources, and culture will be essential in ensuring a smooth transition for our OB staff and patient population. To provide support for the clinical operations of this unit, we will be implementing the clinical lead model that exists within the other nursing units. As Director of Inpatient Nursing, some of Carla’s current duties will be redistributed, but she will remain the active Director over 2-North, 2-South, and CCU, providing leadership support for Bob Safin, the Manager of Med/Surg and CCU.

Mike Steele
Director of Nursing Operations and Throughput
Mike Steele, MBA, MSN, RN, has been named Director of Nursing Operations and Throughput. His previous title was the Manager of our Emergency Department. In the ED, he has guided his department to become a collaborative, high-functioning team achieving excellence in standards of care and patient satisfaction, and has led the way in applying for Level IV trauma designation. His expertise and knowledge has been instrumental to the planning phase for the new Patient Diagnostic Center and for the Nursing Residency program. In his new role, Mike will be responsible for oversight of the ED, the Patient Diagnostic Center, the RN float pool, and house supervision. He will have overall responsibility for patient flow throughout the hospital including nursing resources and staff utilization.

Jason Baerlocher
Manager of Emergency Department
Jason, RN, BSN, joined our team as our new nurse manager of the Emergency Department on January 8, 2018. He started his career at Covenant Healthcare in Saginaw Michigan as a Charge Nurse and Clinical Coordinator for a progressive cardiac care floor. Most recently Jason was the Nurse Manager for the Neuro/Trauma Progressive Care floor at Covenant, which is a 31-bed unit staffed with over 60 employees. In his new role, he oversee nursing operations in our Emergency Department and will report to Mike Steele, our Director of Nursing Operations and Throughput.

Mike Hodnett, BSN, RN
Manager of 2 South and Resource Clinician for Acute Care
Mike has been a nurse at Grayling Hospital since 2009 where he worked as an RN in the Critical Care Unit. He first began pursuing leadership roles as a House Supervisor in 2013. Since then, Mike has earned his BSN from Spring Arbor, instructed Nursing Fundamentals and Med-Surg clinical groups for KCC, and most recently taken the position of Resource Clinician. Mike will continue his responsibilities as Resource Clinician for Acute Care. As he transitions to his new role, he will report directly to Liz Monk, VP Care Coordination/CNO, while maintaining a matrix relationship with Beth Workman, Manager Patient Experience and Professional Practice.
Welcome New Providers

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Grayling Community Health Center
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Grayling, MI 49738
989-348-0550 phone
989-348-0473 fax

Tammy M. Milbocker, FNP
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Prudenville Community Health Center
2585 W. Houghton Lake Dr.
Prudenville, MI 48651
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Provider News

Office Move
Northern Michigan Endocrine, office of Kiami Bashir, MD, FACP, has moved to a new location. The phone and fax number have not changed.

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munsonhealthcare.org/ForPhysicians