

2016-2017

# NURSING ANNUAL REPORT







HENRY FORD  
HOSPITAL



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Recently, we had a patient whom I visited and shared with that we were on the Magnet journey at HFH. She was a patient here for several days and we communicated regularly. When discharged, the patient emailed me to thank us for the outstanding care she received at HFH. She closed her note with the comment that she wished us success with our Magnet journey and she had no doubt that we would be successful. "You all are a Magnet organization," she said.

Dear Nursing Colleagues,

I am delighted to introduce our first Henry Ford Hospital (HFH) Nursing Annual Report! Inside this report, you will read some amazing stories about frontline nurses and leaders who have improved the lives of our patients, families and their teams. These stories are just a few examples of the incredible professional nursing culture at HFH.

As we have embarked on the journey to Nursing Excellence, and now officially to Magnet designation, we have seen many developments over the past year, some of which are highlighted in this report. I want to stress that in each of these changes, frontline clinical nurses have led the teams and been engaged in each project. Clinical nurses are chairing most of the Shared Governance councils at HFH and demonstrating transformational leadership.

As a part of our structural empowerment work, the Nurse Residency program began with our first cohort in January 2017. We are proud to have approximately 300 RNs participating in the Professional Nurse Advancement Program this year. HFH continues to show our commitment to the community via our partnership with Gleaners Community Food Bank to fight hunger and malnutrition in Detroit.

HFH is a hospital that provides excellence in nursing care each day. The sheer number of nominees for our DAISY and Honey Bee Awards is unmatched by other institutions. A team of clinical nurses have developed and designed our Professional Nursing Practice Model and the schematic to represent this information to all staff. Numerous achievements have been reached this year where clinical nurses and leaders have been key in that success.

Nursing is diligently pursuing new knowledge and innovations through our research council. Currently, we have several evidence-based projects and research studies underway or in the planning phase. In this edition, you will have an opportunity to read about the IV study completed at HFH that resulted in a significant change in clinical practice.

Recently, we had a patient whom I visited and shared with that we were on the Magnet journey at HFH. She was a patient here for several days and we communicated regularly. When discharged, the patient emailed me to thank us for the outstanding care she received at HFH. She closed her note with the comment that she wished us success with our Magnet journey and she had no doubt that we would be successful. "You all are a Magnet organization," she said.

I am very proud of those words and hope all of you are as well. As we continue our journey to Magnet and as a high reliability organization, I am confident that Nursing will lead the way! Thank you for your hard work and congratulations for all of our successes this past year!

A handwritten signature in black ink, appearing to read "Gwen Gnam".

Gwen Gnam, MSN, RN  
Chief Nursing Officer  
Vice President, Patient Care Services  
Henry Ford Hospital





# EMPIRICAL OUTCOMES

The contribution nursing makes to patient quality and safety outcomes through daily clinical practice is essential. Henry Ford Hospital nursing leadership and staff have created an environment of evidence-based care, clear clinical guidelines, documentation and measurement.

Our team's commitment to empirical outcomes has resulted in the marked reduction of central line-associated blood stream infections, catheter-associated urinary tract infections, and hospital-acquired pressure injuries, and increased the number of flu vaccinations among our patients.

# CLABSI

## MORE OF A GOOD THING IS VALIDATING

Central line-associated blood stream infections (CLABSI) result in thousands of deaths each year in hospitals everywhere. Yet, most of these infections can be prevented. In 2015, when Henry Ford Hospital (HFH) experienced a spike in CLABSI rates, the nursing staff immediately took action. Nurses acted with speed and emphasis, producing a quick and dramatic decrease in CLABSI numbers.

Former Interim Director Quality and Safety Jennifer Ritz, BSN, RN, BAA, CPPS, helped to spearhead the efforts from the beginning. Ritz’s team watched providers put in central lines. They watched staff and they gathered data. The team presented a summary of findings to HFH leadership. With nursing at the helm, the interprofessional team consisted of providers, nurses, infection control, quality and outside experts. Analytics was brought in just in case hospital documentation processes required change.



For starters, the team established an Insertion Task Force, maintenance objectives and an education program. A hand hygiene program was put in place for the entire hospital. Ritz said, in the past, audits were conducted on paper and sent out for data entry. By the time the data results found their way back to HFH, the data was old. She said hand-held iPads were introduced as a method for conducting online audits using SurveyMonkey®. The general practice units trialed the new process and immediately began to see data improvement. Mandatory online education programs were introduced,

|                                  | 2015 | 2016 |
|----------------------------------|------|------|
| Patients with Multiple Lines     | 49%  | 32%  |
| Blood Cultures From Central Line | 44%  | 10%  |
| Use of Femoral Lines             | 17%  | 10%  |

reinforcing IV maintenance and dressing changes. At the same time, a specialized IV Team was introduced (see article on page 18).

Since the training, Ritz said, many changes have been implemented. In placing central lines, nurses are taking the time to follow all necessary steps to prevent infection, and they have learned how to better make educated emergency determinations. Doctors are now taking cultures of the central line in the ICU, and HFH is now auditing chlorhexidine gluconate (CHG) baths.

“We didn’t focus on one thing,” Ritz said. “We focused on every aspect where we could make improvements – and we took every little detail very seriously.” The greatest thing to come from the effort to improve CLABSI numbers, Ritz said, is the systemwide demonstration of the interpersonal team approach to solving a problem. Everyone worked together – providers, interventional radiology, the PICC team, anesthesia, nursing and most importantly, hospital leadership.

“This all started at the top,” Ritz said. “Leadership took ownership and engaged everyone to participate. Everyone was accountable. It was a rapid cycle, an all-hands-on-deck approach.”





## CAUTI RATES

— 2014 —

**4.25**



— 2015 —

**1.55**



— 2016 —

**1.29**







# CAUTI

## NEW PROCEDURES REDUCE INFECTION RATES

Nurses everywhere consider a Foley catheter to be the most accurate method for measuring patient urine output. A catheter can treat urinary retention or incontinence, and can help bed-bound patients go to the toilet whenever necessary. A catheter left too long, can mean greater risk for infection.

There are guidelines for using a catheter on a patient, and sometimes, providers and nurses – in the haste of the day – may address a patient's catheter needs too quickly. Time-saving shortcuts are often necessary in the hospital environment, yet can lead to an increase in catheter-associated urinary tract infections (CAUTIs). While the CAUTI incidents at Henry Ford Hospital (HFH) were about average for a hospital of its size, in 2015, HFH began working housewide to lower the incidents of CAUTIs. A team was established and began asking the critical questions:

- How many Foley catheters are we using?
- What processes do we use to maintain them?
- Is each one necessary?

As nurses put a critical eye on the question of necessity, they were able to single out situations where catheters were not absolutely needed. The number of Foleys went down, as did the

rate of infection. In addition, nurses identified and reduced the barriers to catheter removal with:

- An easier-to-change incontinence pad
- An external female urine collection device
- Additional types of condom catheters

The CAUTI team, representative of all units, continues the quest to maintain lower numbers. Doctors, advance practice providers and nurses are on the team, which meets monthly. For every CAUTI identified, a root cause analysis is conducted. They review how the catheter was inserted, when it was inserted, how long it has been in, and if the catheter care was documented. They also look at any other risk factors that could be to blame.

"Every CAUTI has a root cause," said Administrative Director Susan Klotz, MSN, RNC. "We have learned a lot from our auditing efforts," she said. "Our CAUTIs are on a continual decline housewide, and if I have to single out one group, our ICU has done exceptionally well."

# FALLS

## PREVENTION IS THE BEST POLICY

**FACT: Patients fall. It happens at every hospital, and if a patient has fallen in the past three months, it's highly likely they'll fall again. It's an everyday challenge for nurses to monitor their high fall-risk patients, so Henry Ford Hospital (HFH) is taking action.**



The National Database of Nursing Quality Indicators™ (NDNQI), houses a database of nursing statistics to evaluate nursing care and patient outcomes at the unit level. On a monthly basis, nurses report to the database patient falls resulting in injury.

An ongoing objective throughout the health system is to reduce the number of patient falls by putting procedures in place that

will prevent them from happening in the first place. At least two units at HFH are setting an example for others, demonstrating how to reduce their numbers.

The orthopedic unit generally experiences a greater number of patient falls simply because of the type of injuries they treat. In order to curb the number of falls, and set an example for other units, Administrative Director Denise Robinson, MBA, MSN, RN, said the orthopedic nurses doubled down on the everyday methods that already work. Robinson said the vigilant effort is showing enormous benefits.

- During patient rounds, providers and nurses make sure patients have the necessary walkers and other aids they need.
- Patients are asked frequently if they need help to get to the bathroom.
- If an alarm indicates a patient is attempting to get out of bed, a nurse moves quickly to get to the patient's side.

"Most patients in general are a high risk for falls," Robinson said. "They are in a strange environment; they're navigating furniture they're not used to; and patients are embarrassed and often don't want to 'bother' a nurse by calling when they have to use the bathroom. Getting up unattended is often the reason for patient falls."

### Rearranging the Furniture

Another unit, internal medicine, is implementing some innovative ways to reduce falls, and like orthopedic, is seeing success. When a fall-risk patient is assigned to the unit, staff move the bed to give the patient a straight path to the restroom. While this furniture placement makes navigating the room more difficult for doctors and nurses, patients have easier access to the





bathroom. In addition to moving the bed, nurses confer with each patient and come up with “scheduled toileting.” By addressing the bathroom issue up front, patients become more comfortable with the subject and can work with staff to come up with specific times during the day when a nurse will walk the patient from the bed or chair to the bathroom.

Robinson said evidence shows that scheduled toileting works and internal medicine’s fall rates are decreasing. While

each unit, she said, uses techniques that work best for their patients, all units take note of each other’s triumphs.

“It’s a continual process to improve,” Robinson said, adding that the health system is researching various remote monitoring ideas, including TV-type cameras frequently used in high-risk units. These cameras alert the nursing station if a patient appears to be getting restless and may get up by themselves when they shouldn’t.

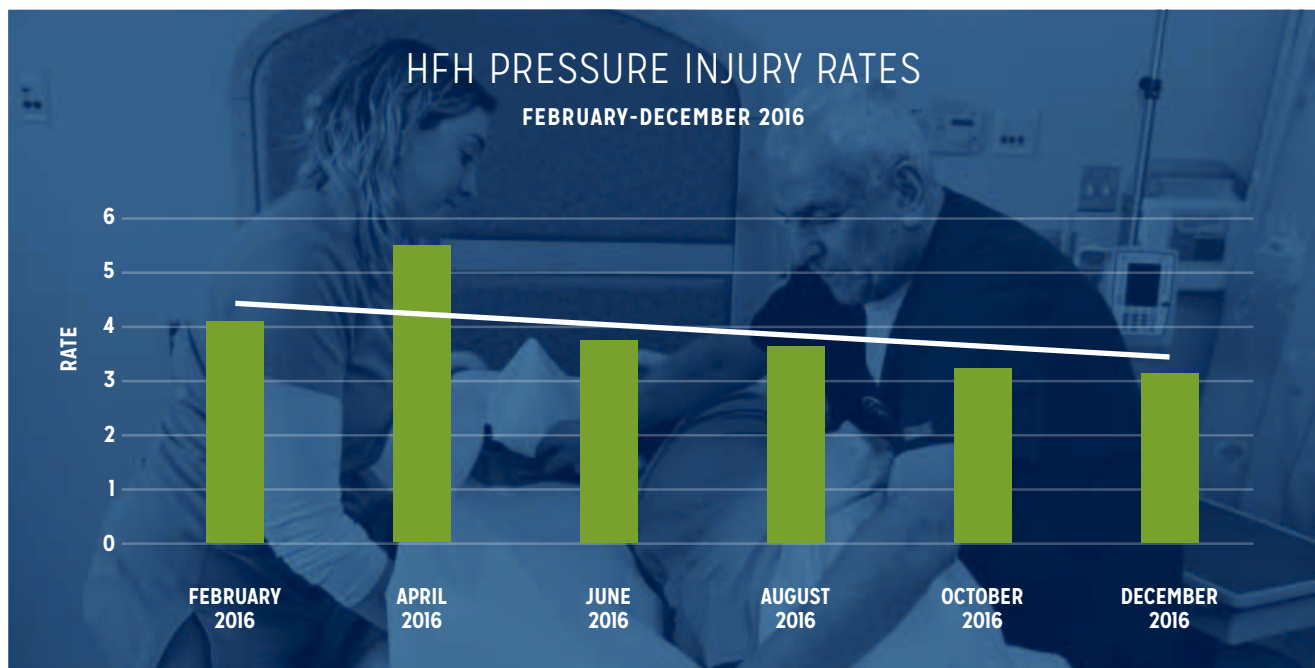
# HAPI

## FOCUS FOR REDUCING PRESSURE INJURIES IS INTENSE EDUCATION

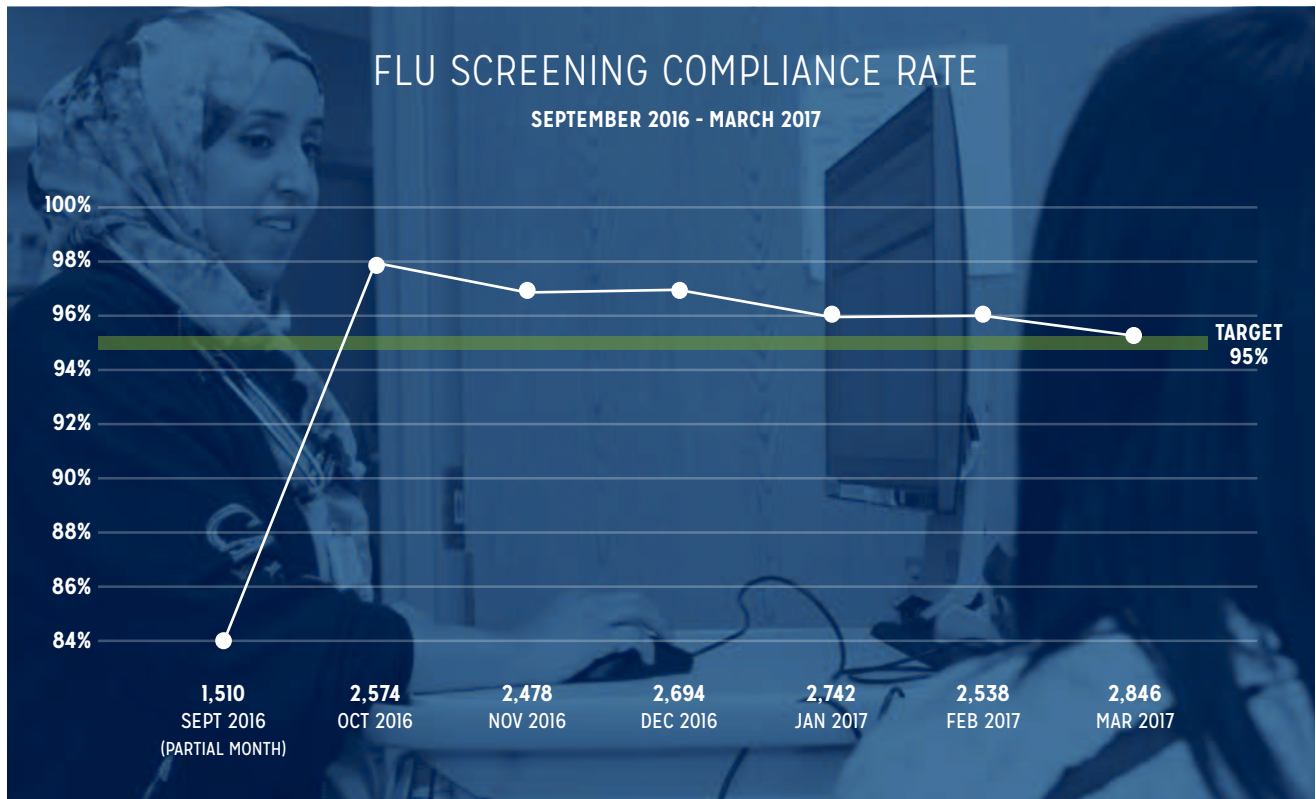
Education. Education. Education. Nurses at Henry Ford Hospital (HFH) determined education is key to reducing the number of hospital-acquired pressure injuries (HAPI) – the goal being 0 percent of all patients with Stage 2 or greater HAPIs.

To help HFH reach that goal, a pressure injury prevention team has established several ways to educate nurses on methods for reducing pressure injuries:

- Representatives (RNs and NAs) of each unit were trained and named as skin care experts, providing education and assistance to other unit nurses.
- Clinical Nurse Specialists Cathy Jackman, MSN, RN, ACNS-C, and Cathy Draus, MSN, RN, were asked to head up the three-year effort, leading the team through audits, reviewing results and developing educational details.
- Bedside nurses and nursing assistants identified various barriers that are counterproductive to reducing HAPIs. The team designed procedural changes to reduce the barriers.
- More than 100 nurses attended a 2016 Pressure Injury Expo that provided an interactive format on the prevention and treatment of pressure injuries.
- Ongoing nurse education has focused on moisture barriers, patient nutrition, patient mobility, pressure injury prevention knowledge assessments, the Braden risk assessment, product use and the Turn and Position System (TAP).
- In a year-long process, “super users” are learning the six modules of the Braden assessment, which predicts the patient’s risk for pressure injuries. These super users are then taking each component back to their units to educate bedside nurses.







# FLU SEASON

## HOW CAN POP UPS AND PIZZA INCREASE FLU VACCINATIONS?

Each year, the Centers for Disease Control (CDC) determines when “flu season” begins and ends. Hospitals like Henry Ford Hospital (HFH) partner with the CDC to monitor annual flu statistics.

To help reduce the number of flu cases, HFH began in September – before the CDC declaration of flu season – assessing patients for the vaccine. The hospital incorporated a “pop up” note in its electronic medical records system, reminding nurses to ask each patient during the admissions process if they had a flu shot. Patients who had not been vaccinated, were asked if they wanted one while at the hospital.

|   |                             |  |
|---|-----------------------------|--|
| <b>ALL 30 UNITS</b><br>met target<br>at least 1 month | <b>95%</b><br><b>TARGET</b> | <b>20 UNITS</b><br>achieved 100%<br>at least 1 month |
|---|-----------------------------|--|

Since incorporating the vaccination question into the admittance process, 96 to 98 percent of all patients admitted to HFH have been screened, exceeding the 95 percent target.

Taking the vaccine efforts a step further, any unit that made 100 percent of its assessments for a month received a pizza party.

# COMMUNICATION

## NURSES TAKE ACTIVE ROLE IN MORNING ROUNDS

Establishing a daily care plan for each patient is essential to transitioning the patient from one physician – or nurse – to another. At Henry Ford Hospital (HFH), a study showed that if the nurses were present during physician rounds in the morning, a coordinated plan of care could more easily be established and nurses are more engaged in specific patient care.

A current survey indicates 90% of staff in the study unit believe communication and collaboration between doctors and nurses have improved, and the same percentage of nurses feel more engaged in the morning rounds since new procedures have been implemented.

“It helps in certain aspects,” said one P4 Surgical Intensive Care Unit (SICU) nurse. “The RN is more aware of the overnight issues, representing what the resident is presenting. It helps the nurse revisit the overall picture...keeps everyone on the same page. It’s very positive.”

In 2015, a focus group was established to look at what steps were needed to make the rounding process more inclusive of the bedside nurse. The team, representing P4 SICU, thought

### 90%

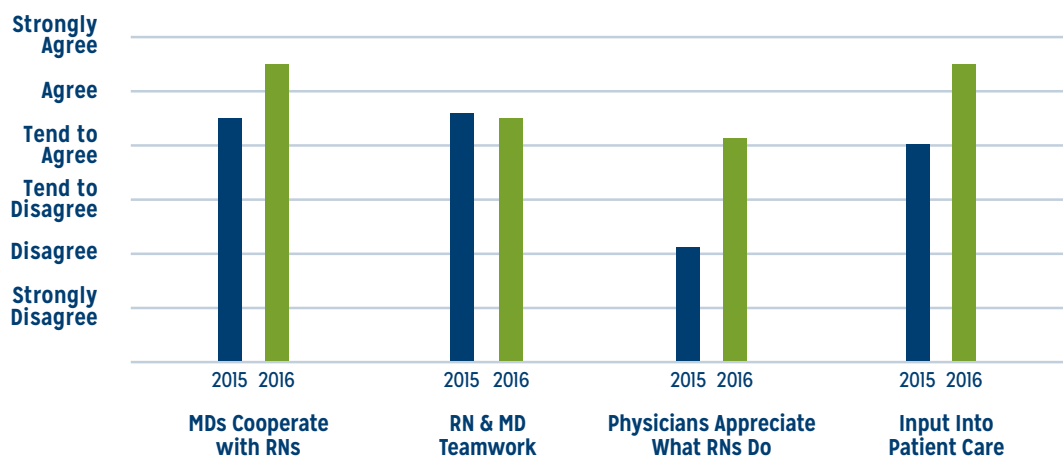
### STAFF PERSPECTIVE ON ENGAGEMENT AND COMMUNICATION

Percentage of nurses who feel they are more engaged in rounds and have better communication with doctors since the implementation of nurse-integrated rounds

it best to launch changes in phases, so a pilot was rolled out between March and May 2016.

“The trial allowed the group to address issues and concerns about the new process and it gave nurses an opportunity to become more comfortable presenting during morning rounds,” said a former assistant clinical manager, who was instrumental in establishing the nurse integrated rounds. “Now, rounds keep everyone on the same page and has brought nurses, doctors, residents and fellows together in patient care.”

## NATIONAL DATABASE OF NURSING QUALITY INDICATORS RESULTS







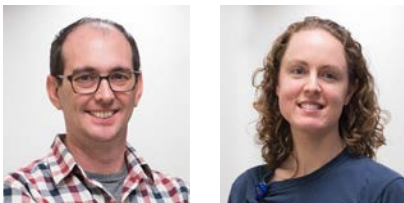
# TRANSFORMATIONAL LEADERSHIP

Today's nursing leaders play a bigger role in their organization's success than ever before. They are required to transform their organization's values, beliefs and behaviors to meet future needs, ensuring evidence-based practice evolves, and innovation flourishes.

At Henry Ford Hospital, our nurses lead their practices with patient quality and safety at the forefront of everything they do. Open forums, such as our daily safety huddle, to direct access to the chief nursing officer ensure our nurses know their voices are heard, their input is valued, and their practice is supported.

# GOVERNANCE

NO ONE HERE HESITATES TO IMPLEMENT IMPROVEMENT



**Shared governance is a nursing practice model, designed to integrate core values and beliefs that professional practice embraces as a means of achieving quality care. Shared governance models were introduced to improve the nursing work environment, satisfaction and retention.**

When you give someone the autonomy to make decisions for themselves or in small groups, the work environment flows a little faster, moves a little smoother. Self-direction and independence are like water seeking its own level.

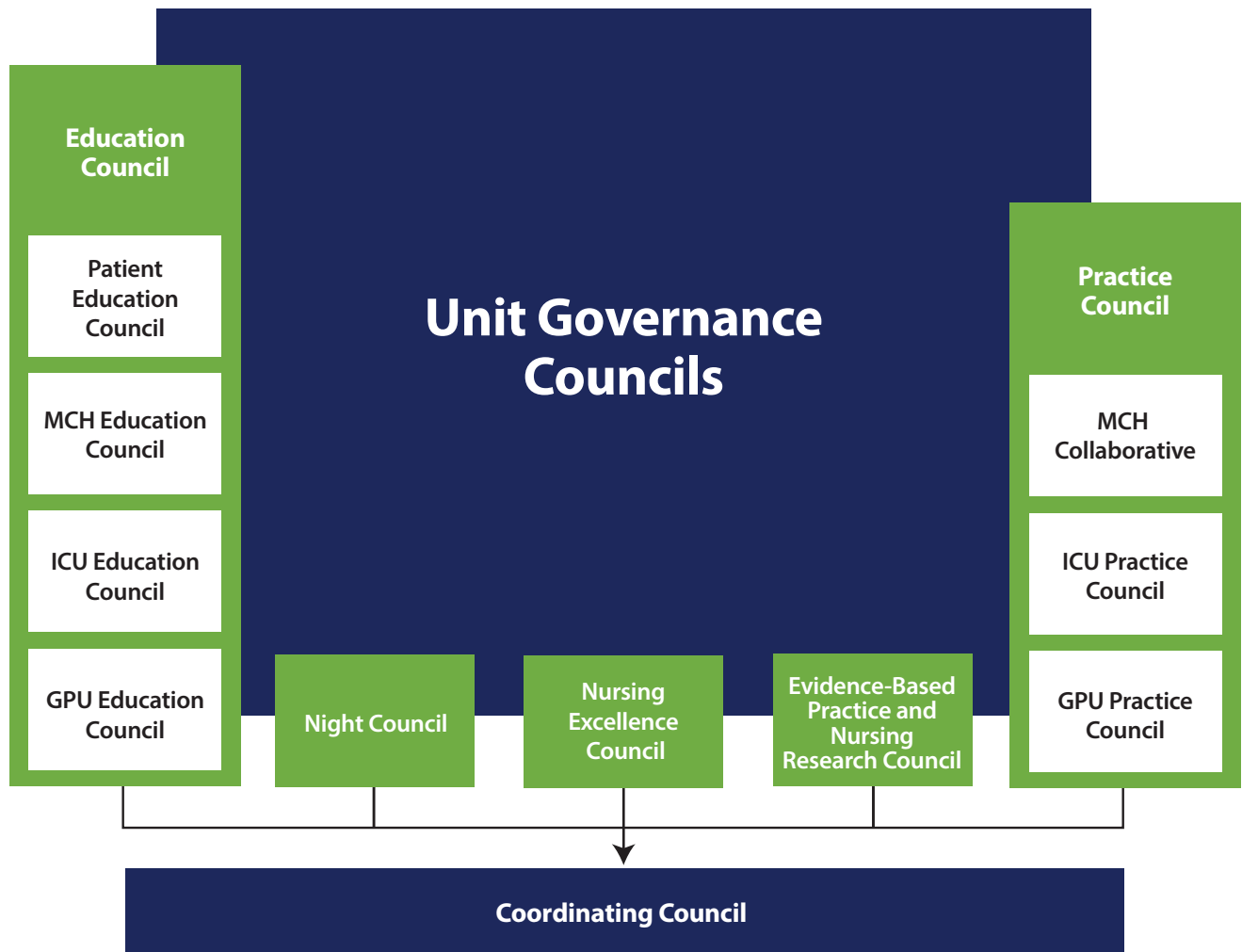
Providing clinical nurses a voice in decision making is important to Henry Ford Hospital (HFH), but over time, the hospital waters started looking a little muddy – fewer voices were being heard and ideas weren't flowing. In an effort to get decision making back in the hands of the bedside nurse, HFH first recognized the issue as a priority, then created a work group to take action.

The team started with a review of the shared governance model. By restructuring the governing bylaws, they were able to expand on the empowerment given to bedside nurses to make daily decisions about how to provide patients

with the best care. They met every month for a year, creating a structure of unit councils to address specific practice areas. For example, the Practice Council looked at quality, research, safety and patient satisfaction. A Night Council was developed, providing off-shift nurses a closer look at the unique practices of those who work nights.







“The nurses were excited to be a part of this decision making,” said Clinical Nurse Specialist Madelyn Torakis, MSN, RN. “This was an opportunity to get people involved from each area.”

Unit councils are now empowered to make process changes that affect their immediate work group. Changes that may impede the way other units operate, require working cooperatively through the Coordinating Council.

Although the Coordinating Council provides guidance to individual councils, each is empowered to make the decisions necessary to impact autonomy, patient care and ultimately patient outcomes.

“It’s exciting to see the renewed sense of enthusiasm in the modernized structure,” Torakis said. “Staff nurses now have the opportunity to take on leadership roles and it is very impressive.”

# CENTRAL LINE UTILIZATION RATE

SEES DRAMATIC

# REDUCTION

WITH USE OF

# ULTRASOUND-GUIDED PIVS

LINES/PATIENT DAYS

2015

35



2016

18





# IVs

## PATIENT POKES PLUNGE WITH NEW SURE FIRE METHOD

It's true. The more you do something, the easier it becomes – and the better you become at it.

That adage has become abundantly clear since Henry Ford Hospital (HFH) implemented a special IV Team in the general practice units.

A couple of years ago, hospital units recognized issues with an increase in a lack of good peripheral IV access (PIV). Nurses noted patients were being poked too frequently or IV starts were being delayed, resulting in patient medications not being delivered as scheduled. HFH leadership took notice of the overall frustration and need to find a solution, and budgeted for a hand-picked IV Team.

The hospital selected eight nurses and, using outside experts, trained the team on a system using ultrasound equipment

**95%**  
PIV Insertion  
Success Rate

to locate a usable vein. Rapid Response and Interventional Radiology, pros at inserting IV lines in emergency situations, swooped in to lend their expertise.

The ultrasound-guided procedure eliminates mistakes that can result from the traditional method

for targeting a vessel for accurate puncture. Studies show this procedure results in higher first-pass success and extremely low complication rates.

### How the IV Team Works

Today, there are at least one or two nurses from the IV Team on duty at any time, day or night. The majority of IVs are still placed by the general nursing staff, but when a difficult case

|               | 2015<br>Rapid Response | 2016<br>IV Team |
|---------------|------------------------|-----------------|
| Peripheral IV | <b>325</b>             | <b>1,150</b>    |
| Blood Draws   | <b>275</b>             | <b>1,050</b>    |


presents itself, the IV Team is only a page away. The IV Team also assists with dressing changes in the general units.

"In normal circumstance, if a patient doesn't have a good vein, the nurse or doctor will usually put a tourniquet around a patient's arm and feel for a vein," said Director Patient Care Services David Baillod, MSN, RN. "Using ultrasound equipment to see the vein is so much more successful. The team took a class followed by lots of practice using the machine and learned exactly what to look for. It takes training to be really skilled at using it, but when you do something over and over again, you just get better at it."

The results at HFH have been outstanding. In 2015, Rapid Response was placing about 325 IVs each month and performing 275 blood draws. With the new team in place, IV starts are three times the volume at about 2,200 – 1,150 peripheral IVs and 1,050 blood draws. Today, patients experience fewer needle sticks and missed medications, blood work reaches the lab more quickly and infection rates in the general practice units have gone down. The work of the IV Team also has reduced the number of central lines. In 2016, the number of central lines was half of those of the previous year.







# STRUCTURAL EMPOWERMENT

A hallmark of Magnet-recognized organizations is that nurses are involved in decision-making structures and processes to establish standards of practice and address opportunities for improvement.

Henry Ford Hospital nurses developed a comprehensive shared governance model that has ultimately empowered our nurses to grow, to engage with the community, and to contribute to the strength of the organization.

# RESIDENCY

## PRACTICAL EXPERIENCE GETS A VALUABLE BOOST



**In February 2017, nine nurses made history at Henry Ford Hospital (HFH). These recent nursing school grads became the first to enter the Henry Ford Hospital Nursing Residency Program. The program, which is implemented System-wide, is a blueprint for the recruitment and retention of new nurses.**

Nurse Education Specialists Pat Empie, MSN, RN, and Kathy Putman, MSN, RN, were brought on board to co-coordinate the residency program at Henry Ford's Main Campus. They're excited to see the enthusiasm build for this first class. Research indicates that nurses who go through a residency program have a higher success rate, and hospitals with a residency program can show a first-year nurse retention rate as high as 97 percent.

"Research shows that after the first six months, nurses hit a wall," Empie said. "The acuity of patient care is tougher these days. Healthcare in general has more complexities than it ever has. It's a very stressful field." Many new nurses, she said, change jobs, return to school

or leave nursing altogether after that first six months.

There's no denying nursing is grueling, and history reveals that fresh-out-of-college nurses aren't staying in the field long. Yet, there are clear signs that nursing schools are stepping up to the plate to change the future of nursing for the better.

Today, every new nurse must complete a residency program. That new requirement, combined with research that proves greater success for the nurse and the hospital, was the kickstarter for the health system's new program.

"Med schools have a medical residency," Putman said. "It only makes sense that nurses need the same thing. This is not





*The first cohort for the HFH nurse residency program.*

a repeat of nursing school. They have the license. They have the tools; this helps them sharpen those tools.”

### **Learning from the Best**

Putman said residents are given unique and exciting opportunities to build on the knowledge and skills they learned in nursing school. They work alongside seasoned nurses, and they are offered seminars, peer support, role playing and situational work. Areas of study include compassion fatigue, professional leadership and patient outcomes, to name a few. Each cohort is subdivided into smaller groups of five or six and assigned a facilitator. Most of the clinical nurse specialists serve in this role, providing consistent support and mentoring throughout the program.

“When they hire in at Henry Ford, they go through an orientation,” Empie said. “Residency is not an extended orientation. We do everything we can to let them know they have a lifejacket when things get tough. We want them to feel secure and comfortable.”

Residents, Putman said, have experienced nurses to lean on and additional resources at their fingertips. “It’s the best way for the young nurse to develop critical thinking – to advance from the beginning to a competent, professional nurse.”

Henry Ford Hospital also benefits. It is expensive for a hospital to hire a new nurse and replace that nurse six months later. Studies show hospitals with a residency program experience a greater return on investment, by providing new nurses with upfront training so they will remain within that health system.

When the first HFH cohort completes the 10-month residency, each will do an evidence-based practice presentation. There will be a big celebration, and nine new – now highly skilled nurses – will continue their nursing career path at HFH. Already 30 are signed up for the second cohort group at Henry Ford alone, and that number is growing.



# POWER UP

## GO BEHIND THE SCENES OF THE PROTEIN CHALLENGE

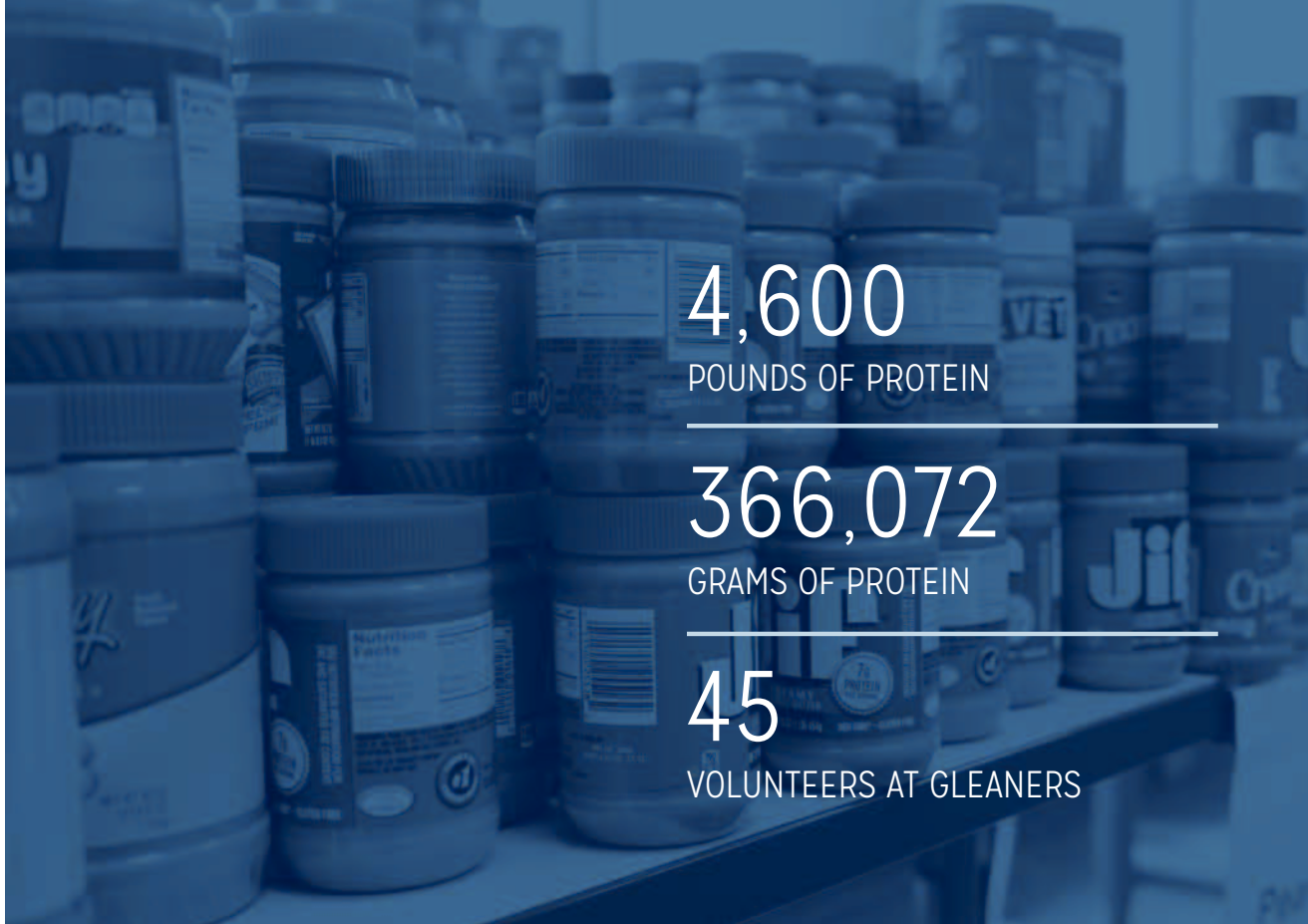
The nurses at Henry Ford Hospital (HFH) put on the boxing gloves to “Power Up Detroit with Protein,” a program that’s helping fuel the community with nutrition, while inviting some friendly competition among nursing units.

It took only one simple question to get the ball rolling at HFH. When asked, Gleaners Community Food Bank in Detroit said their number one need is items high in protein. That’s when the nurses jumped in and created a team to truly make a difference with families living near the hospital. This one-week competition had nurses of all levels, all shifts and in all areas of the hospital, filling bags and boxes with cans of tuna, chicken or salmon, jars of peanut butter and nutritional supplement drinks. The teams gave it their all – to the tune of 4,600 pounds of protein.



“We wanted to do something here to give back to the community,” said Clinical Nurse Specialist Madelyn Torakis, MSN, RN. “We reached out to Gleaners and asked what they needed most. Only three percent of the donations they receive are protein items. Hearing that made the protein drive an easy decision.”





4,600

POUNDS OF PROTEIN

366,072

GRAMS OF PROTEIN

45

VOLUNTEERS AT GLEANERS

### Competition Heats Up

The competition was serious business for the participating units. Points were assigned to ounces – and grams for items purchased in neighboring Canada – of protein. To even out the playing field, the points were figured on a “per FTE” basis so smaller units could compete fairly with larger units. Double points were awarded on “Tuna Tuesday,” and cans of Boost and Ensure brought in triple points on “Thirsty Thursday.”

In 2016, the hospital’s Pre-op and Recovery Unit was the clear winner. These creative thinkers didn’t stop at personal donations; they solicited cash assistance and made multiple trips to Costco to clinch the win.

“We’ve never done anything of this magnitude in the past. This cooperative effort was incredibly successful,” Torakis said. “We had such a great showing last year that we added new competitive events for 2017.”

This tremendously rewarding first food drive didn’t stop with tuna and protein drinks. Nurses who volunteered their time at the Gleaners warehouse received additional points for their unit, and to keep the momentum going, the nurses were offered additional volunteer opportunities after the competition ended. Points garnered after the one-week drive will be applied to the 2017 totals, allowing the more aggressive units to take an early lead.

The 2017 “Power Up Detroit with Protein” drive had some added twists and incentives. Judges determined who of the HFH leadership created the best peanut butter sandwich, and “Putting for Protein” gave HFH hackers and self-proclaimed pros a chance to earn additional points for their unit. The 2017 Power Up is now housewide. But don’t think for a minute the competition was any easier. The nurses at HFH take this giving thing to heart.

# PNAP

## HOW COMMITTED ARE YOU TO CLIMBING THE LADDER?

Variations of clinical ladders are in hospitals and health systems everywhere, so it's logical that Henry Ford Hospital (HFH) has introduced a version that works best for its bedside nurses at the Main Campus. And, once the ladder is tried and tested for a while, the rungs of the ladder will be adjusted and implemented housewide.

The Professional Nurse Advancement Program (PNAP) was first introduced during Nurses Week last year. At HFH, the PNAP is based on the best ideas from ladders across the country and literature on the subject. It's designed to recognize an individual nurse's growth and development over a year.

The three-tiered program is optional at HFH. Depending on education and experience, each nurse is eligible to apply for one of the levels. Nurses maintain a portfolio of activities throughout the year, keeping track of developmental growth activities, volunteer work, audit participation and educational activities,

among others. Each level has specific required activities, as well as a number of optional activities that must be met. Those who complete their level's requirements are rewarded with a financial bonus, as well as money to use toward professional memberships, books and journals, and conferences.

"The program is their choice, but nurses across units are embracing it," said Clinical Nurse Specialist Cathy Draus, MSN, RN. "There is new information every day in the medical field. Many nurses recognize the need to stay current on best practices, and to grow professionally and personally."

While the program is still in its infancy, nurses throughout HFH, Draus said, are jumping on the band wagon with enthusiasm. Nearly 300 nurses have submitted their initial application and many, she said, have already begun assembling portfolios to track their progress.



### PNAP – PROGRAM REQUIREMENTS

|                  | Required RN Clinical Experience | Minimum Education/ Certification        | Level Activities   |
|------------------|---------------------------------|---|--|
| <b>LEVEL I</b>   | 18 Months                       | Diploma/AD<br>No Certification          | Complete required activities and 2 optional activities (4 total) |
| <b>LEVEL II</b>  | 3 Years                         | BSN required;<br>certification optional | Complete required activities and 2 optional activities (5 total) |
| <b>LEVEL III</b> | 5 Years                         | BSN with<br>certification or MSN        | Complete required activities and 2 optional activities (6 total) |



# EXEMPLARY PROFESSIONAL PRACTICE

The achievement of exemplary professional practice is evidenced by effective and efficient care services, interprofessional collaboration and high-quality patient outcomes. Nurses partner with patients, families, support systems and interprofessional teams to positively impact patient care and outcomes.

Henry Ford Hospital nurses are guided by the Professional Nurse Practice Model which was developed with the input of more than 1,200 nurses. A huge source of pride for our nurses, this model drives their desire to achieve exemplary professional practice daily.

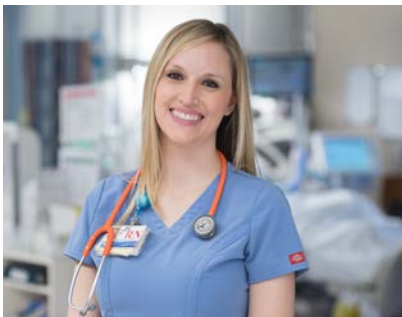


# NURSING

WHAT JOB CAN PROMISE THIS MUCH HEART AND HUMANITY?



**The nurses at Henry Ford Hospital (HFH) have heart - and they show it in everything they do. That's why it's no surprise that when the new look of the Professional Nursing Practice Model took shape, it took the shape of a heart.**



"This demonstrates who we are," said Clinical Nurse Specialist Madelyn Torakis, MSN, RN, when describing the new practice model. "The heart shape is meant to describe the passion of our practice and the words describe who we are. Our nurses are honest, professional, accountable, compassionate. We care about our patients like family. We have a cooperative, cohesive group of nurses, and the actions we take every day have a direct positive effect on our patient outcomes."



To start the process of what would make up the Professional Nurse Practice Model for HFH, a workgroup wrote mission, vision, values and philosophy statements. The statements were met with rave reviews from nurses, nurse assistants and unit secretaries who were asked to analyze them. Empowering the entire team meant opening up the process for all to submit a graphic interpretation of the practice model.

Now, nurses are being educated on the model and all it stands for.

"The HFH Professional Nursing Practice Model is a graphic representation of how we practice," Torakis said. "It is a visual reminder to all of us that with each patient and family encounter, at least one aspect of the model comes to life. It is nursing's way of defining what we do and the meaningful difference we make each day."

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## Mission

To enhance the quality of life through a culture of caring using the art and science of nursing practice.

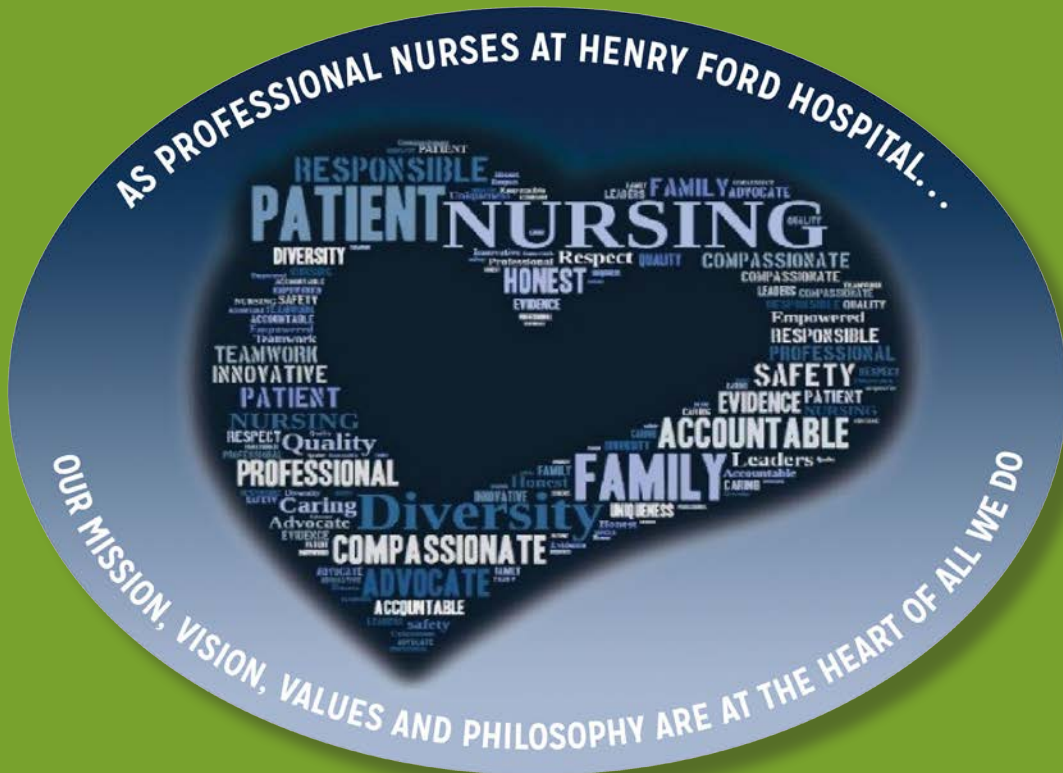
## Vision

Henry Ford Hospital nurses will be recognized as empowered leaders in nursing who provide compassionate, evidence-based care to patients, families and communities.

## Values

We value:

- The rights and uniqueness of people
  - The application of evidence-based practice and research
  - Continuous quality improvement in a culture of safety
  - Professional growth and innovation in practice
  - Diversity and cultural awareness
  - Honest and respectful communication
  - Responsible and efficient use of resources
-



### PRACTICE

- Research
- Quality
- Safety
- Innovation
- Empowered

### FOCUS

- Patient/family
- Self/Each other +1
- Community
- Diversity
- Caring/Compassion
- Advocacy

### APPROACH

- Collaboration
- Teamwork
- Professionalism
- Respect

# STROKE

## TIME IS OF THE ESSENCE

*When a hospital guest slumped over while visiting a patient, the woman experienced first-hand the exceptional care of a hospital with the ability to handle complex stroke. The guest-turned-patient, received extraordinary expertise at Henry Ford Hospital, a designated Comprehensive Stroke hospital, and was home three days later with no signs of deficit.*

Hospitals use the acronym “FAST” with stroke because time can mean the difference between life and death. A hospital with a comprehensive stroke center can provide that first-line care that’s required at the most critical time. So, when the opportunity presented itself to Henry Ford Hospital (HFH) in 2015 to apply for comprehensive stroke designation, hospital leadership established the right team to get the job done – and FAST!

The Joint Commission recognizes hospitals that have the capabilities to handle the most complex stroke cases, and HFH nurses jumped on the opportunity to go the extra mile to meet the Joint Commission’s requirements. This meant reworking some policies and procedures and creating others. It meant demonstrating unparalleled teamwork between the Emergency Room, Interventional Radiology (IR), Neurology, Rapid Response, Pharmacy and the units receiving stroke patients for continual care.



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### Process Improvements

- Door-to-puncture Time
  - Changes to Epic
  - Regular Education
  - Tip Sheets for Teams
  - More Formal Root Cause Analysis
  - Process Mapping
  - Improved Patient Education
- 

Everyone knows one of the most crucial aspects of a hospital with a Comprehensive Stroke Program is time.

**FAST** stands for the signs of stroke – **F**ace drooping, **A**rm weakness, **S**peech

difficulty and **T**ime to call emergency services. While the team at HFH knows the drill, they recognized that without a massive shift in collaboration, there would be gaps in that all-important patient transfer time. Nurses and physicians were educated in new procedures. ER and Rapid Response determined the best way to speed the process of getting the patient from the ER to the right care.

Today, stroke patients who rely on that expedited process, benefit from a two-team relay that moves the patient quickly, while maintaining the necessary data gathering that is so vital to the

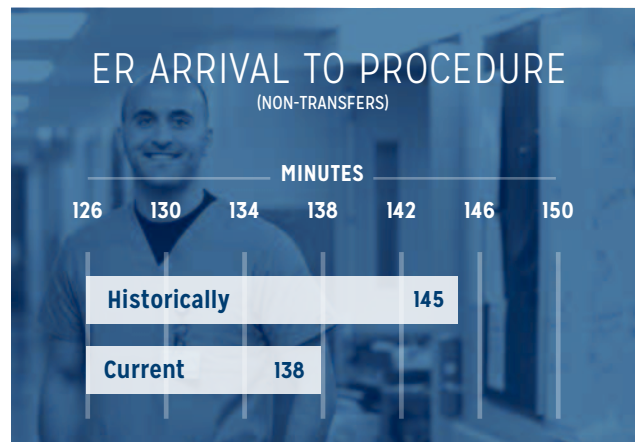


**Henry Ford Hospital was the first in Detroit - and is one of only five hospitals in Michigan - to be designated as a Comprehensive Stroke hospital.**

patient’s immediate and ongoing care. Lee Anne Raper, manager of the Rapid Response Team, said Rapid Response now takes the lead in getting the IR room ready for the stroke team to receive the patient. “Differentiating stroke codes means we have to have all oars in the water, sailing toward care,” she said.

“Our goal is to provide the best care during the transfer process, then get the patient to the best care on the floor,” Raper said “We changed our procedures so Rapid Response takes the patient from the ER to IR. This allows ER to get back to other patients requiring emergency care. Rapid Response then hands the patient off to the floor. With Rapid Response handling the transfer from start to finish, they are able to continue to document accurate neurological vitals during the entire process.”

Joyce Farrer, director of the ER, reiterates how important time is in the case of stroke. “We say, ‘Time is tissue. Time is brain.’” Farrer says, adding that the less time it takes to get a patient from the ER to the IR or to the floor, means less residual damage to the brain. “ER and Rapid Response teams continue to work together to expedite door-to-procedure time.”



**Hospital Transfers**

Another benefit of the Comprehensive Stroke designation means HFH’s air ambulance service has taken on some additional responsibilities. Nurses and paramedics who transfer patients via helicopter have received further training in stroke care.

“The challenge is to always have a team that can rally to receive a stroke patient,” Farrer said. “Word is getting around the metro Detroit area that Henry Ford has the systems in place to handle those with complex stroke.”





# NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

The quest for knowledge and ways to improve clinical practice is paramount to the long-term success of an organization. Henry Ford Hospital nurses make evidence-based practice and research a way of life, integrating these functions into clinical and operational processes.

Recent innovations in clinical practice include a peripheral IV study which demonstrated that IVs don't need to be changed frequently unless clinically required, and a redesign of our telemetry unit to improve patient care.



# IV STUDY

## NURSES POKE HOLES IN COMMON BEDSIDE PRACTICE

**For a long time, it's been a nursing requirement at Henry Ford Hospital (HFH) to change peripheral IVs in adults every 96 hours. This longstanding procedure was designed to prevent infections, and 96 hours is the standard in most hospitals.**

In 2016, clinical nurses at HFH in Detroit and at Henry Ford Wyandotte Hospital (HFWH) questioned the 96-hour standard – why is it necessary to change an IV location every 96 hours if the site still looks good and there is no harm to the patient?

Together, the nurses at the two hospitals looked at literature on the subject. It appeared that oftentimes IV sites were not changed every 96 hours in children if the site looked good. To the nurses doing the research, it didn't make sense to change an IV site if there were no signs of infection. If this process avoided unnecessary pokes in children, it only made sense that it would avoid pokes in adults as well. Based on good nursing judgement, most IVs at HFH are changed on average every 78 hours because it's clinically indicated. The team asked themselves, "If we don't have to poke the patient again, why would we?" Thus, an evidence-based practice study evolved.

More than 370 staff nurses in general practice units from HFH and HFWH embraced a study to determine if the 96-hour rule should continue. Half the units started a new IV every 96 hours or earlier if it was clinically indicated that a new IV was required (due to pain, redness or swelling). The other half of the units only changed the IV location when it was clinically indicated. The study looked at nearly 4,000 IV sites. In either case, there were no increased signs of infection.



The health system's bio statistics team was brought on board, concluding that more than enough patients were involved to make the findings actionable. The new procedure allows nurses to change the peripheral IV when it is clinically indicated. Nurses have been educated on the new procedures and the systemwide program is in the process of being rolled

out. Not only are patients avoiding unnecessary pokes, the new procedures are expected to save the health system thousands of dollars each year.

"This was totally a bedside nurse-driven project," said Clinical Nurse Specialist Cathy Draus, MSN, RN. "This study was a true RN-driven evidence-based practice project. They all had to do their work. Anyone would call this a very successful study."

Draus said the 96-hour rule became a nursing practice some time ago because it has always been done that way. As a result of this successful study, the Nursing Practice Council (PNC) is charging nurses to ask themselves if a current procedure can be done differently. The PNC believes there are most likely other opportunities for change and Henry Ford Health System nurses are answering the call to make a difference.



**370**  
**BEDSIDE NURSES**  
EMBRACED A STUDY OF  
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IV SITES, FINDING THE  
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**NEW**  
**PROCESSES**  
**SYSTEMWIDE**

**Patients come from smaller hospitals in Michigan for procedures their local hospital can't accommodate.**



# TELEMETRY

## NEW UNIT TAKES CARDIAC CARE TO THE NEXT LEVEL

Sometimes out of unconventional thinking, comes a new process, a new program, a new way to do something that entices everyone to grab the challenge and run with it. The new telemetry unit for cardiology patients at Henry Ford Hospital (HFH) did just that.

Taking painstaking efforts to develop the B2 Cardiac/Short Stay Unit, the hospital created a unique situation – housing inpatient and outpatient cardiac patients on the same floor.

Helping to enhance patient care is the latest equipment and the most up-to-date technology throughout the floor – from new EKG machines and bladder scanners to new blanket warmers and even printers. The unit has all private rooms with bedside equipment that allows nurses to better monitor patient activity. Workstations on wheels add speed and convenience, and patients now wear small devices that register their heart rhythms, data which is transmitted to nurses remotely.

Before B2 was in place, there were many challenges for staff caring for cardiac patients. Patients were in different areas of

the hospital and doctors were sometimes far from someone who needed immediate attention. As the department grew and the need for additional beds increased, hospital staff recognized a need for more space – and a better use of the space. Patients now come from nearby cath labs, electrophysiology, interventional radiology and vascular. The Structural Heart Department, previously in a different building, is now part of B2.

“The ratio on B2 is three patients to one nurse, allowing for frequent monitoring” said Assistant Clinical Manager Jeremy Dunn, BSN, RN. “Complications can be high for cardiac patients. Doctors are comforted in knowing that all the nurses are specially trained to handle the situations that arise in a cardiac unit.”

Nurse Manager Erica Johnson, BSN, RN, said B2 is making a name for itself. Patients come from smaller hospitals in Michigan for procedures their local hospital can't accommodate, including TAVR, Mitra Clip and Watchman. HFH is demonstrating it has the expertise.



# AWARDS

## THE BEST OF THE BEST – DAISY & HONEY BEE

### DAISY Awards

*It only took the passion of one family – a family that in 1999 lost a son to an autoimmune disease.*

It only took one family to begin the DAISY Award, an award now given to nurses around the country to recognize them for their dedication, hard work and extraordinary acts of compassion for their patients.



That humanity is now recognized at Henry Ford Hospital (HFH) where nurses are honored for empathy and

kindness toward their patients at a monthly ceremony and celebration. Other hospitals within the health system began the DAISY Award program before HFH, but the process at HFH was so well received, that it's now used systemwide.

“The nominations are written from the heart,” said Clinical Nurse Specialist Madelyn Torakis, MSN, RN, who was instrumental in bringing the DAISY Awards to HFH. “The DAISY Foundation is so thrilled with our efforts that they list us on their website as a ‘Best Practice Hospital.’”

DAISY awards are given monthly at an early morning ceremony in an effort to allow nurses from day and night shifts to attend. Oftentimes, patients and families attend to extend their gratitude toward the nurses who cared for them at HFH. Most of the nominations for the DAISY Award come from patients and families. The winning name is anxiously anticipated by the nurses, and the ceremonies are attended by coworkers and hospital leadership. The monthly DAISY winner is given a DAISY pin and a certificate.

### Honey Bee Award

The DAISY Award was met with such success at HFH, that Nursing leadership created a similar program to show appreciation for nursing support staff.



Nominations flow in every two months for the “Honey Bee Award,” and just like with DAISY winners, the Honey Bee recognizes staff who have gone out of their way to provide extraordinary care.

Honey Bee recipients are selected because they demonstrate:

- Compassionate care
- A positive attitude
- A special bond with patients
- A responsiveness and timeliness to patient needs
- Great communication skills
- Safety and cleanliness in the patient’s environment
- Patient care that goes above and beyond



## THE DAISY STORY

The DAISY Foundation started in 1999 when J. Patrick Barnes, 33, passed away from complications of an auto-immune disease. Barnes' family was so profoundly appreciative of the nursing care their son and young husband received, they started The DAISY Foundation. Today, more than 2,000 hospitals use the award as the benchmark of excellence, awarding their nurses who take nursing care to the next level. DAISY is an acronym for **D**iseases **A**ttacking the **I**mmune **S**ystem.

## 2016 DAISY HONOREES



**JAN**

**Emily Munsterman, BSN, RN**  
H2/I2-Nephrology



**FEB**

**Dawn Carson, BSN, RN**  
Medical ICU Pod 4



**MAR**

**Felice Abad, BSN, RN**  
Medical ICU Pod 4



**APRIL**

**Avnett Sekhon, BSN, RN**  
I6-Neuro/Surgery Stepdown



**MAY**

**Susan Domin, ADN, RN**  
H3-Family Center/Maternal Child



**JUNE**

**Christine Lambert, BSN, RN**  
H5-Telemetry/Cardiology

## 2016 DAISY HONOREES



**JULY**

**Elizabeth Chouinard, BSN, RN**  
Medical ICU Pod 4



**AUG**

**Stacey Samojedny, BSN, RN**  
H2/I2-Nephrology



**SEPT**

**Krystal McNamee, BSN, RN**  
Surgical ICU



**OCT**

**Steve Hilliard, BSN, RN**  
Emergency Department



**NOV**

**Jennifer Gray, BSN, RN**  
6W-Neurosurgical ICU



**DEC**

**Dorothy Jenkins, MSN, RN**  
B3/F3-Orthopedics

## 2016 HONEY BEE HONOREES



**FEB**

**Mevelyn Spicer-Hardy, Unit Secretary**  
H4/I4-Acute Care Surgical Services



**APRIL**

**Chakita Robinson-McGowan,**  
Nursing Assistant  
H4/I4-Acute Care Surgical Services



**JUNE**

**Cathy Harper, Nursing Assistant**  
F4-Internal Medicine



**AUG**

**John Sliwa, Nurse Extern**  
6W-Neurosurgical ICU



**OCT**

**Wilma Longmire, Nursing Assistant**  
B5/F5-Neurosciences



**DEC**

**Antoinette Coleman, Unit Secretary**  
Medical ICU Pod 4





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