

The Year of the Nurse

January 2020 – June 2021



**HENRY FORD
WEST BLOOMFIELD
HOSPITAL**



Henry Ford West Bloomfield Hospital is a 191-bed hospital with all private rooms, located in West Bloomfield, Michigan. The hospital is focused on providing the highest quality clinical care, following a more than 100-year tradition of one of the country's premier health systems. The hospital is staffed by physicians from the Henry Ford Medical Group – a group practice with a mission of clinical excellence, innovation, research and advanced medical education – as well as physicians from the community. It provides comprehensive, advanced care and is recognized for cardiac care, neurosciences, orthopedics, oncology and women's and children's health. Nutrition and health classes are taught in a 90-seat auditorium and a greenhouse grows organic produce for patients, staff and community.



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Our Mission

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

Our Vision

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

Our Values

- 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

As Chief Nursing Officer and Vice President of Patient Care Services at Henry Ford West Bloomfield Hospital (HFWBH), I am honored to lead our outstanding team of nurses, who represent the heart of patient care at our hospital. More than 530 nurses have the opportunity to grow professionally in an inclusive, collaborative culture.

HFWBH nurses are visionaries who provide care and a positive experience to patients and families from diverse cultures and locations around the world. The foundation of our practice is driven by the HFWBH Professional Nurse Practice Model in all clinical settings.

The work of our nurses is accomplished through our shared governance structure, the consistent encouragement for continuous learning and the constant pursuit towards nursing excellence. Our culture of evidence-based practice forms the foundation for a spirit of collaboration and positive patient outcomes.

During the exciting and challenging times ahead, nurses will play key roles in our success as an organization and we will continue to strive to be a leader in quality and safety. I am so proud of our nursing team as they continue to impress me with their flexibility, resilience, innovative thinking and most of all, commitment to our vision to be the best nurses, delivering the best care to every patient, every time.

Please take some time to explore our website and learn about our career opportunities, outstanding nurses and culture. I am proud to lead this extraordinary group of clinical nurses on their journey to excellence!

Sincerely,



Stefanie Roberts Newman, MSN, RN, NEA-BC
Chief Nursing Officer
Vice President, Patient Care Services
Henry Ford West Bloomfield Hospital



Transformational Leadership

COVID-19 Collaboration

In March 2020, the hospital's first floor General Practice Unit (1 GPU) became the first unit to care for COVID-19 patients exclusively. Shortly after, every floor in the hospital was named a COVID-19 unit.

Team members throughout the hospital worked together to adapt to the constantly evolving information regarding the virus, availability of resources and adhering to the System responses in addressing the changing needs of our patient population. The stress of working with constant change led our team members to become stronger, more compassionate and more supportive of each other than ever before.

Our team continued to show their strength in unity – being readily available to provide supplies to those in isolation rooms so they would not have to repeatedly don and doff personal protective equipment, checking on their team members and making sure breaks were taken to recharge and refuel. They worked tirelessly to provide the community with continued support and compassionate care, which helped minimize isolation between patients and their families when visitor restrictions were put in place.

All Hands-On Deck

At the peak of the pandemic, restrictions prevented elective surgical cases from being performed. As a result, the surgical services team pivoted quickly to meet the demands in caring for the surge of COVID-19 patients on our inpatient units.

Certified Registered Nurse Anesthetists (CRNAs)

Due to the increased number of patients requiring ventilators, our CRNAs, being experts in managing patient's airways, were able to assist in caring for our COVID-19 patients on our inpatient units. The nurse educators partnered with the CRNAs to educate them on the workflow and documentation required in the Intensive Care Unit (ICU) so they could work collaboratively to provide care that was needed for our patients.



Pre-Operation (Pre-Op)/Post Anesthesia Care Unit (PACU)/Operating Room (OR)

At a time when our available beds were limited, Pre-Op/PACU was converted into an inpatient unit, which allowed emergency surgeries and non-COVID-19 patients to be separated from COVID-19 positive patients. Team members altered their work schedules to meet the demands and provide appropriate coverage. The OR team created interactive practice stations that highlighted inpatient tasks, equipment and documentation required in the inpatient units to educate the OR nurses, providing a seamless transition.

Adapting to Change

During the height of the pandemic, information regarding COVID-19, personal protective equipment (PPE), patient placement and testing was shared through daily virtual meetings, email communications and in-person rounding.

As the demand for PPE grew nationwide, a large portion of our communication focused on PPE education. Our teams worked diligently to ensure staff were equipped with the required items to keep them safe and to educate nurses on how to properly wear these items, specifying the special nuances each item required.



Shared Governance Structure

Coronavirus in the Emergency Department: “T.E.A.M.W.O.R.K. Makes the Dream Work”

The generosity and support shown by the community was integral in motivating team members to face the challenges brought about by the pandemic every day. Support from the hospital and supplemental staff resulted in our ability to provide high quality care to our patients during each surge of COVID-19.



The Emergency Department (ED) was successful during the height of the pandemic because of what it means to be a team – expanding their normal responsibilities and taking on nontraditional roles, caring for not only patients in the ED, but patients on the general practice and ICU units, managing community COVID-19 testing, screening patients, directing traffic near the COVID-19 testing tents and helping to clear people for procedures.

Teamwork doesn't stop at *working together*, it also means to care for others with:

T: Tenacity, thoughtfulness and tenderness

E: Energy and empathy

A: Acceptance of what was in front of us and

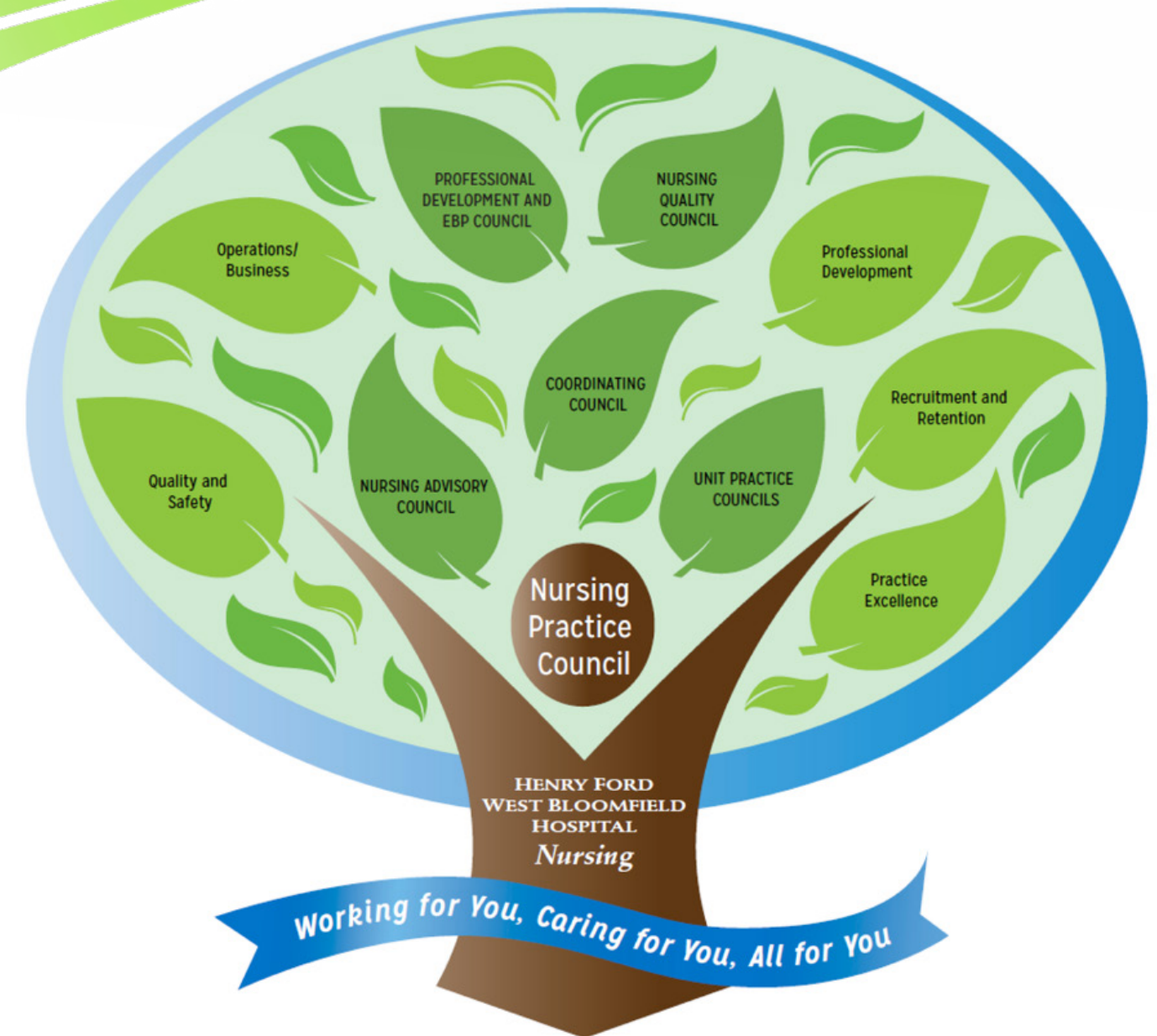
M: Meeting the challenges head on while

W: Welcoming the larger community as we knew we needed the help

O: Overcoming the obstacles with

R: Resiliency and

K: Kindness



Nursing Advisory Council

The vision of the Nursing Advisory Council is to represent the voice for nursing in policy, practice and advocacy in alignment with the nursing strategic plan. Additionally, the Nursing Advisory Council will facilitate communication and collaboration between the unit/departments and across disciplines, and optimize operations while supporting the organization's goals, mission, vision and values.

Responsibilities/Functions:

- Serve as the system operational oversight and support nursing and organizational strategic goals
- Review and oversee practice standards, policy and procedures that impact nursing
- Encourage standardization build and workflows
- Oversee functioning and effectiveness of the shared governance process and unit/department management
- Improve efficiency and effectiveness of operations within units, across units and within the organization
- Promote collaboration and foster innovation through partnerships

Council Members: Deborah Spencer, Randy Greene, Cathleen McCloskey, Wendy Raffin, Cynthia Griffiths, Annette Adema, John Roberts, James Snyder, Rupinder Mahal, Carrie Brown, Amanda Gibson, Janet Quintero, Valerie Browne, Michelle Dolan, Angel Adams, Kati Younce, Deborah Brennan, Marianne Kasenow, Deborah Jenkins, Stefanie Roberts Newman, Surita Chaudhry



Nursing Coordinating Council

The purpose of the Nursing Coordinating Council is to oversee activities of the nursing Shared Governance councils. The Coordinating Council ensures that decisions made by the individual councils are safe, timely, effective, efficient, patient-centered, and equitable.

Responsibilities/Functions:

- Oversee functioning and effectiveness of the nursing governance structure
- Assign ad hoc responsibilities of councils/committees
- Review minutes from monthly council meetings
- Approve changes/revisions from Shared Governance councils
- Facilitate the strategic plan for nursing
- Make decisions when consensus is not reached among councils on issues that will impact the Department of Nursing
- Hold veto authority on all Shared Governance decisions with ultimate veto authority being held by the Chief Nursing Officer

Council Members: Stefanie Roberts Newman, Deborah Spencer, Deborah Jenkins, Deborah Brennan, Marianne Kasenow, Angel Adams, Surita Chaudhry





Nursing Practice Council

The Nursing Practice Council implements and maintains standards of clinical nursing practice and patient care consistent with Evidence-Based Practice (EBP). These include the professional practice model, clinical products and equipment, nursing standards of practice, the patient care delivery model, ethical issues, strategies to promote staff retention, and staff satisfaction and nursing policies and procedures.

Responsibilities/Functions:

- Review current practice standards, EBP and evaluate the need for revision
- Conduct review, revision and approval of nursing policies, protocols and guidelines
- Validate, endorse and promote care practice guidelines
- Identify the need to evaluate and/or make recommendations regarding products, equipment and technology
- Serve as communication forum for practice changes and policies approved at individual practice councils
- Communicate changes in practice and policies to involved areas to ensure appropriate implementation within the Unit Practice Council
- Review quality/safety data to identify trends and develop improvement strategies in collaboration with the Nursing Quality Council
- Evaluate the effectiveness of improvement strategies
- Identify and implement strategies to increase near miss and adverse event reporting



Council Members: Marianne Kasenow, Katie Younce, Michelle Juoz-Nied, Vivian Heinrich, Svetlana Dinkelis, Jeff Burton, Cheryl McLaughlin, Paula Beshouri, Jessica Schmidt, Kelley Dressler, Shannon Hallenbeck, James Follen, Carol Cronk, Sarah Reaume, Natalie Tatro, Mary Takle, Susan Beebe, Nora Jones, Angel Adams, Deanna Hooper, Stefanie Roberts Newman, Taquala Johnson, Surita Chaudhry, Deborah Spencer, Noah Degan, Deborah Brennan, Angela Floyd, Sheena Catinella, Aimee Badreddine

Nursing Professional Development and Evidence-Based Practice Council

The purpose of the Professional Development and Evidence-Based Practice (EBP) Council is to promote and focus on identifying learning needs, integrating EBP and research, practicing changes, developing and reviewing educational plans, and evaluating effectiveness of educational programs and materials. The Council is used as a resource that assists nurses with implementing EBP, as well as mentoring staff to understand, evaluate and conduct nursing research properly.

Responsibilities/Functions:

- Participate in the development and approval of educational programs/proposals for any education involving all nursing departments
- Engage in EBP review for policies, programs, processes and education
- Support, assist and facilitate nursing EBP and research
- Support nursing excellence journey
- Identify hospital-wide educational needs of team members and patients on an annual basis
- Review on-boarding processes and competency content, providing support and recommendations, as needed
- Promote the spread of research results to the broader nursing community through publications, conferences and presentations

Council Members: Deborah Brennan, Jannica Carter, Kurt Weiss, Michelle Juoz-Nied, Vivian Heinrich, Katie Kirn, Amber Lewis, Nicole Glombowski, Jessica Schmidt, Jodi Arney, Audrey James, Kim Przeworski, Mike Bonds, Mary Takle, Benjamin LaPaugh, Nasrin Pilotzada, Lili Iffraimov, Renay Bethke, Kate McLean, Surita Chaudhry, Sabrina Mayhew, Angela Floyd





Nursing Quality Council

The Nursing Quality Council monitors the clinical quality of care provided by the nursing staff, while assessing and ensuring compliance with established standards of care and practice. The Nursing Quality Council is responsible for Nurse Sensitive Indicators and Patient Satisfaction scores (HCAHPs) and ensuring a Culture of Safety and collaboration with organizational patient care outcomes councils and task forces.

Responsibilities/Functions:

- Endorse and monitor unit-based quality improvement plans. Review quality/safety data to identify trends and develop improvement strategies
- Integrate the nursing quality improvement process with the hospital plan and evaluate trends and patterns of performance that affect more than one department or service
- Review and evaluate data (NDNQI, unit audit data, benchmarks, etc.) and incorporate the data to develop action plans in collaboration with unit practice committees in the Department of Nursing to ensure quality patient outcomes
- Work with the Quality Department to ensure compliance with established state, federal and regulatory standards
- Collaborate with other disciplines to monitor and evaluate compliance to standards and make recommendations to enhance continuous quality improvement and safety
- Monitor and analyze data relative to nursing quality and safety practices seeking opportunities for continual improvement. Evaluate outcomes in conjunction with these initiatives



Council Members: Deborah Jenkins, Angel Adams, Kathleen Simpson, Aiman Domasin, Stephanie Socha, Kristine Zick, Anne Marie Collier, Ann Marie Krcmarik, Mary Jezak, Jeff Burton, Cheryl McLaughlin, Paula Beshouri, Michael Palmer, Cynthia Sheridan, Andrea Wroblewski, Sara Allen, Samantha Smith, Shannon Hallenbeck, Susan Hillock, Maria Rapoport, Adam Wilmanowicz, Kelsey Kolin, Nora Jones, Stephanie Hunter, Valerie Watkins, Megan Tarnowski, Angela Eke-Usim, Karen Sparks, Alex Wells, Lauren Yonka, Deanna Hooper, Surita Chaudhry

Unit Practice Councils

The Unit Practice Council (UPC) provides a mechanism for clinical nurses and multidisciplinary team members to demonstrate leadership in the development of practice decisions, using True North – safest care and best outcomes, exceptional experience, compassionate, committed people and affordable, efficient care – as the guide.

Responsibilities/Functions:

- Promote excellence in nursing care delivery and support an environment of health and healing within patient-centered care
- Develop processes that meet the expressed and unexpressed wishes of the patients and promote wellness
- Identify and develop educational and professional growth opportunities for staff and collaborate with Nursing Education to ensure programs are in place to meet those needs
- Integrate innovative ideas into practice, including EBP, research initiatives and process improvement initiatives
- Design initiatives to recognize and retain unit staff
- Promote and engage interdisciplinary collaboration within an environment of honest and respectful communication
- Engage in continuous quality improvement and innovation for the patient and nursing practice
- Support responsible and efficient use of resources



Structural Empowerment



Nursing Practice Council



Nursing Practice Council (NPC) is the longest running council at the hospital and provides a coordinated structure for inpatient and outpatient nurses to facilitate discussions and formulate solutions using best practices and evidence-based initiatives to promote scholarship, professionalism and teamwork across Henry Ford Health System. The NPC has worked on projects, such as collaborating with dietary to improve the delivery of diabetic meal trays, bringing Virtual Remote Interpreter (VRI) hospital-wide, promoting the use of Lean Daily Management (LDM) boards, assisting in the rollout of SBART Bedside Shift Report – the new standard of RN bedside shift reporting, and improving policies, procedures and job descriptions.

In the past year, this integral committee met often to provide support to our nursing teams, which allowed critical issues to be addressed quickly, in such a crucial time. Facing these challenges together helped to turn the challenges of the pandemic into the lessons of the pandemic.

Professional Development, Evidence-Based Practice and Research Council

The Professional Development, Evidence-Based Practice (EBP) and Research Council's purpose is to promote and focus on identification of learning needs, to integrate EBP and research, to develop and review educational plans and to evaluate effectiveness of educational programs and materials.

From January 2020 – June 2021, the council work included:

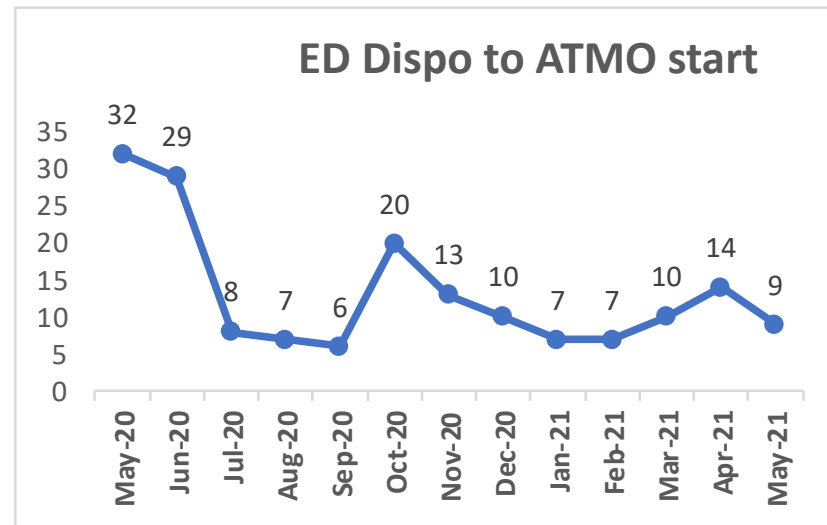
- Promotion of the Professional Nurse Advancement Program (PNAP)
- Promotion of opportunities for specialty nursing certification, which includes partnerships with the Nurse Builders Program, Medical-Surgical Nursing Certification Board (MSNCB) Fail-Safe Program and the American Nurses Credentialing Center (ANCC) Success Pays Program
- Review annual nursing education needs assessments to further evaluate future education plans and meet identified needs from the National Database of Nursing Quality Indicators (NDNQI) survey
- Hosted the annual Nursing Professional Development Day
- Created a research and EBP Nurse Leader/Nursing Scholar role to support the council and advance research and EBP activities
- Reviewed and refined a mentoring program for nurses that provides a supportive transition to the culture and organization while encouraging professional growth, collaborative relationships and a healthy work environment
- Continues to work on strategies to improve the RN onboarding process, meet preceptor and preceptee needs and provide support for new RNs joining the organization



Improving ED Throughput

The Admission Transfer Management Office (ATMO) is responsible for reviewing each Emergency Department (ED) admission to improve patient throughput from the ED to proper bed assignment. ATMO utilizes the “ATMO Start Button” to clearly identify which team member owns a case and the goal is to start all cases within 10 minutes or less of provider request. As minutes increase for ATMO start, minutes increase for the initial bed request submission resulting in longer wait times in the ED.

The “ED Disposition to ATMO Start” chart shows the average number of minutes it took for ATMO to start the review process for patients, monthly, over the past year. In May 2020, it took 32 minutes to begin the review process for one patient and in May 2021, that number decreased by 23 minutes per patient.

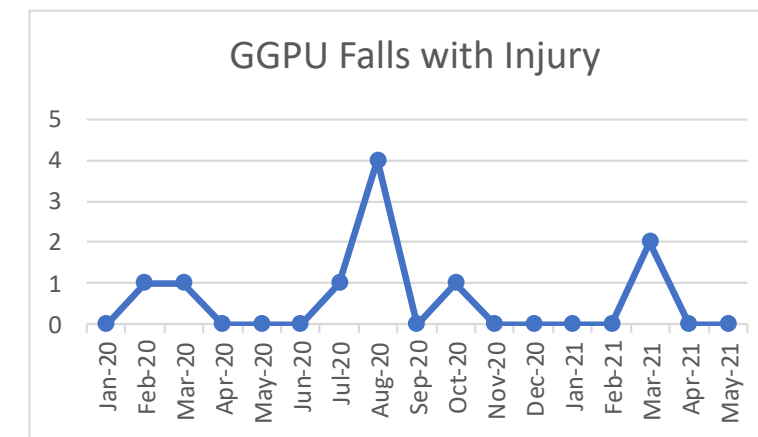
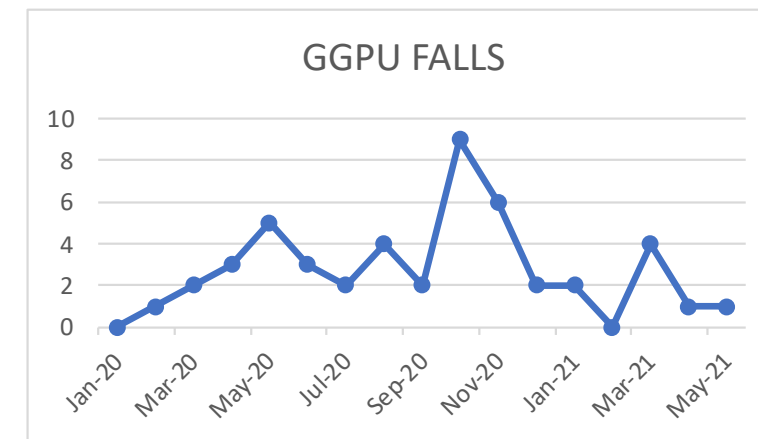


The less time it takes to review a chart, the sooner the patient will be marked “Ready to Plan,” indicating the patient’s chart is complete and ATMO may assign a bed at the appropriate level of care. ATMO has successfully met their goal to begin the patient chart review process within 10 minutes or less of provider request eight times from May 2020 to May 2021. The ATMO Start Button facilitates egress of patients from the ED, improves patient safety by decreasing mortality and increasing positive outcomes, which improves patient and team member satisfaction overall.

“Wake ‘Em and Take ‘Em” Improves Fall with Injury Outcomes

The Garden Level General Practice Unit (GGPU) consists of acute stroke, neuro-surgical post-operation, epilepsy monitoring and general medicine patients. Falls and falls with injury was an area of focus in 2020, which led to the creation of the, “Wake ‘Em and Take ‘Em” program.

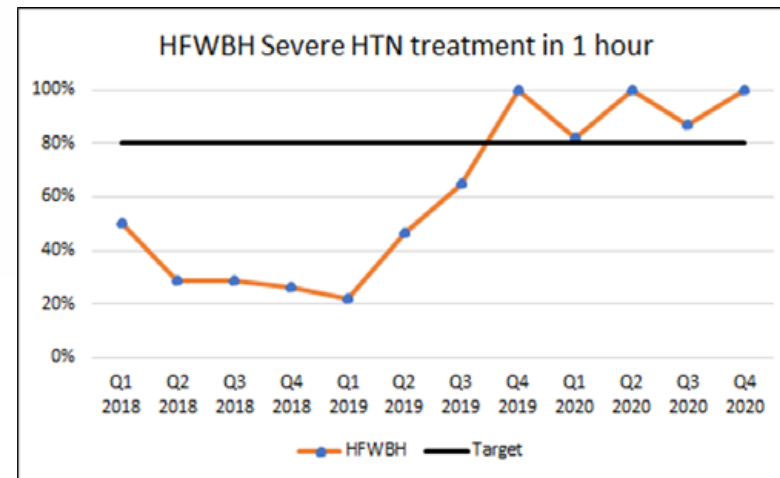
Through one-on-one coaching, this program began the education of accompanying patients to the restroom each time a team member entered his/her room to perform routine checks, and to stay in the room until the patient returns safely to their bed and all needs are addressed. The “Wake ‘Em and Take ‘Em” program, in addition to the continued use of fall mats at a patient’s bedside, has helped decrease both the number of falls and falls with injury.



New Knowledge, Innovation and Improvement

Treatment of Severe Hypertensive Crisis

Throughout 2020, one quality indicator the Labor and Delivery team focused on was the treatment of severe hypertensive crises to prevent morbidity/mortality in expectant mothers. Delays in the diagnosis and treatment of severe hypertension/pre-eclampsia, paired with suboptimal treatment once diagnosed, is linked with adverse maternal outcomes. When severe hypertension is identified in a pregnant patient, the goal is to provide antihypertensive medications within one hour of identification for optimal treatment. Education on the importance of this measure was provided in an RN Skills Fair via an Escape Room, which lead to the excellent outcomes illustrated in the graph to the right.



Answering the Call

In 2020, the Nursing Quality Council (NQC) focused on improving one quality indicator – the hospital’s falls with injury rate. The recorded rate was 0.67, which was above the National Database for Nursing Quality Indicators benchmark of less than 0.54, per 1,000 patient days.

The Council discovered opportunities to improve accurate assessment and utilization of existing resources to decrease falls with injury. In 2021, a Fall Prevention Program relaunched and the following steps were taken:

1. Established a falls target of less than 0.54 for falls with injury
2. Identified practice trends from post-fall reviews and relaunched the Hester Davis tool to include an online refresher module for team members
3. Implemented Hester Davis scoring and intervention peer audits – 10 per shift, per unit
4. Provided fall risk interventions per score reference tools in the alcove outside of each acute care inpatient room, along with badge buddy for teams to quickly reference

5. Developed a plan for an annual Fall Prevention competency at the annual skills fair via an interrater reliability case study
6. Created a framework for a falls with injury peer review process

Based on these tactics, the NQC has achieved a trend downward in falls with injuries from 2020 on our inpatient units. As of April 2021, our inpatient units’ fall with injury rate is 0.51, which is 0.03 below the National Database for Nursing Quality Indicators benchmark and below our target goal.

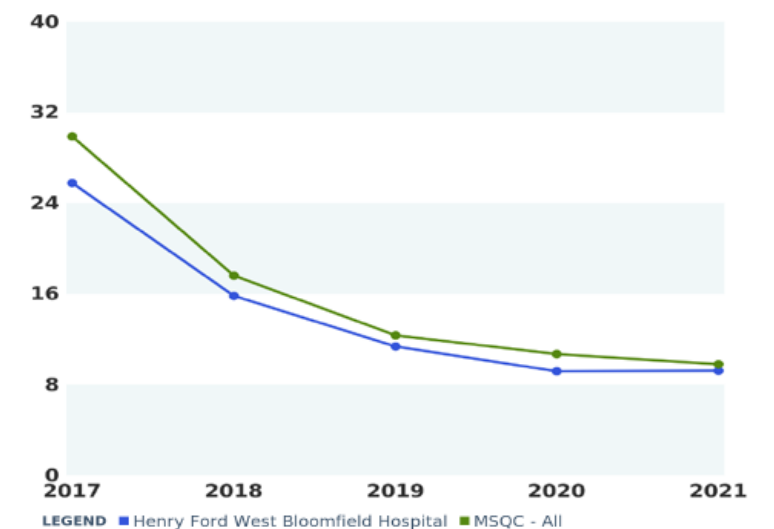
Reduction of Opioid Prescribing at Discharge in Patients Post-Operation

For the last several years, Henry Ford West Bloomfield Hospital (HFWBH) and the Michigan Surgical Quality Collaborative (MSQC) have worked closely with the Michigan Opioid Prescribing Engagement Network (OPEN) to reduce the number of opioids prescribed after surgery.

Through multidisciplinary collaboration, surgeons began educating patients on what to expect post-surgery during the initial consultation, recommending the use of multi-modal non-opioid medications in both the peri-operative and post-operative phases of care. Through a daily report, surgeons and APPs prescribing above the MSQC guidelines are immediately followed-up with. As of June 2021, HFWBH has surpassed its goal for 90% of patients to receive a discharge prescription that is at or below the M-OPEN.

Measure – Average # of Pills Prescribed All Project Cases 2020

NOTICE: Data and reports/charts are STRICTLY CONFIDENTIAL. Use of these data and reports is restricted solely to each participating medical center FOR INTERNAL QUALITY IMPROVEMENT PURPOSES ONLY. This document contains confidential Patient Safety Work Product (PSWP) created for the purposes of conducting patient safety activities under the Michigan Surgical Quality Collaborative Patient Safety Organization. Unauthorized disclosure or duplication is absolutely prohibited. This document is protected from disclosure pursuant to the provisions of the Patient Safety and Quality Improvement Act of 2005, Pub. L. 109 - 41, 42 U.S.C. 299b-21 to b-26 (PSQIA) and the Patient Safety Rule, 42 C.F.R. Part 3 (73 FR 70732).





Childbirth Education During a National Pandemic

Childbirth education has shown to reduce fear and anxiety while increasing confidence in expecting parents. Due to the pandemic, all in-person childbirth education and birthing unit tours stopped at Henry Ford West Bloomfield Hospital (HFWBH) in March 2020.

With the help of Information Technology and Creative and Web Services, our Childbirth Education team continued educating expectant parents, both virtually and through pre-recorded videos. As a result of these virtual offerings, class sizes were no longer limited. Virtual tours have increased availability to be viewed by anyone, at any time.

Rising statistics:

- From November 2020 through June 2021, the Birthing Unit Tour video on YouTube received more than 2,300 views.
- As of March 2021, the Infant Bath Demonstration video had 131,159 views and has been utilized by patients from all over Henry Ford Health System (HFHS).
- HFWBH's Childbirth Education team has provided online classes to patients throughout all five HFHS hospitals, Beaumont, St. John Hospital, Michigan Medicine, and Ascension Health.

From March 2020 – June 2021:

Online Classes Offered: **54**

Patients Registered: **875**

Patients Attended Class: **840**

No Shows: **45** or **7.6%**

Professional Nursing Presentations

Posters:

- **Nurse Resiliency During a Pandemic: The COVID-19 Experience.** Tatiana Assenova, RN, Danielle Comins, RN, Kristen Grabowski, RN, Leah Green, RN, Taylor Hall, RN, Zachary Kujawski, RN, Carly Luppino, RN, Ashley Poulos, RN, Kalie Roose, RN, Cassandra Varcoe-Ginopolis, RN, Brenae Weaver, RN, Shay Yenkel, RN. Nurse Residency Program Graduation.
- **Code Blue Roles.** Jennifer Johnson, BSN, RN, Marqale Atisha BSN, RN. Nurse Residency Program Graduation.
- **Registered Nurse to Nursing Assistant Report.** Savannah Barket, BSN, RN, Cameron Cooney, BSN, RN, Taylor Wilson, BSN, RN. Nurse Residency Program Graduation.
- **IV Line Maintenance.** Ashley Donohue, RN, Tarick Elayan, BSN, RN, Toyia Montgomery, BSN, RN, Anna Schlecht, RN. Nurse Residency Program Graduation.
- **Say Yes to the Dressing.** Celine Hana, BSN, RN, Cary Logan, RN, Nicholas Solinski, RN. Nurse Residency Program Graduation.
- **Clean Hands are Caring Hands.** Rachel DeDuco, RN, Kali Bryant, BSN, RN, Rich Reinhart, BSN, RN. Nurse Residency Program Graduation.
- **Preventing Heel Pressure Injuries.** Asyha Hamad, RN, Shelby Steinhelper, BSN, RN. Nurse Residency Program Graduation.
- **Reducing Fall Risk by Correctly Scoring the Hester Davis Assessments.** Natasha Bonham, RN, Tiffany Griffin, RN, Matthew Mcauliffe, RN. Nurse Residency Graduation.
- **Bedside Shift Report Handoff Improvement Project.** Shantinique Spicer, RN. Nurse Residency Program Graduation.
- **The Importance of Bedside Handoff.** Asheonna Bautista, RN, Nadine Hachem, RN, Joshua Radzwion, BSN, RN. Nurse Residency Program Graduation.
- **Admission Checklist Improvement Project.** Emily Mulcahy, RN, Colin Beatty, RN, Alex Demers, RN. Nurse Residency Project Graduation.
- **Innovative Approach to Increasing Awareness of Age-Related Changes in Older Adults Using an Augmented Simulation Experience.** Karen Harris, MSN, WHNP-BC, Deborah Brennan, DNP, RN, NE-BC, Klementina Sula, MA, MPP. TCF Center Annual All Leader Meeting.
- **Successfully Implementing a Process for Collecting Patient Reported Outcome Surveys.** Susan Gressa, BSN, RN, Karen A. Sparks, BSN, RN, Linda Ziolkowski, MSN, RN, CPAN, Stephanie Mattord BSN, RN, MBA. TCF Center Annual All Leader Meeting.

- **Improving Transitions of Care for Patients with Congestive Heart Failure.** Lori Leman, RN, BSN, Rob Behrendt, RN, BSN, Nicole Buckingham, Carolyn Bough, Susan Craft, MSA, BSN, RN, Monika Grewal, MD, MBA, Jessica Haeusler, MA, ED, BS, Jennifer Elliot, RN, BSN, CCM, Marianne Kasenow, RN, BSN, MSN, Mona Ksar, PharmD, Emily Nerreter, MBA, CPC, CRC, Sandra Nowak, PharmD, BCPS, Irina Shikin, RN, BSN, MSN, Kathryn Simmons, LMSW, ACM-SW, Karen Sparks, RN, BSN, Wessam Yousef, RPH, MBA. TCF Center Annual All Leader Meeting.
- **Reducing Postoperative Urinary Retention in Lumbar Spine Surgery.** Jessica Mehl, MSN, RN, Cheryl Beamgard, BSN, MS, RN, Tammy Hassan-Coloske, BSN, RN, Randy Greene, BSN, RN, Markian Pahuta, MD, Victor Chang, MD. TCF Center Annual All Leader Meeting.
- **An Investigation of Factors Affecting Discharge Times for Extended Recovery Following Outpatient Surgery.** Margaret Palombit, NP, PA-C, Wilfred Allen, PhD, NP-BC. TCF Center Annual All Leader Meeting.
- **Transformation of the Care Delivery Model to Decrease Gaps and Prevent Avoidable Readmissions.** Irina Shikin, RN, BSN, MSN. TCF Center Annual All Leader Meeting.
- **Reducing Anxiety Through Non-Pharmacologic Modalities for Outpatient Port Placement.** Karen Sparks BSN, MHA, RN, Laura Elias, BSN, RN. TCF Center Annual All Leader Meeting.
- **Endoscopy Procedure Backlog.** Valerie Thompson, Rupinder Mahal, MSN, RN, BHCA, Carolyn Toler, RN, Amit Bhan, MD, Toni Reese, Michelle Zerilli. TCF Center Annual All Leader Meeting.
- **Increasing Efficiency of Sepsis Best Practice Alerts (BPAs) for Quicker Identification of Septic Patients Leads to Decreased Clinician Alert Fatigue.** Heatha Bailey, MSW, RN, Richard Belanger, RN, Darinda Blaskie, MSN, RN-BC, Lindsey Bryner, MSN, RN, Suzanne Schlacht, BSN, RN, Jennifer Wisniewski, BSN, RN. TCF Center Annual All Leader Meeting.
- **Using a Collaborative Quality Improvement (CQI) to Improve Care for Total Hip and Knee Replacement Patients.** Michael Callan, DO, Michael Charters, MD, Timothy Ekpo, D.O., FAOAO, Eddie El-Yussif, DO, Susan Gressa, RN, BSN, Michelle Hastings, RN, BSN, Megan Klatt RN, BSN, Ruth Knevel, RN, BSN, Jennifer Pietsch, RN, MSN, Lizabeth Wisner RN, BSN. MARCQI Expo.
- **Reduction in Inappropriate Foley Catheter Utilization.** Angela Eke-Usim, MPH, CIC, Alex Wells, MPH, Karen Sparks, BSN, RN, Tricia Stein, MD. TCF Center Annual All Leader Meeting.
- **A Process to Reduce Inappropriate Clostridiodes Difficile Testing.** Angela Eke-Usim, MPH, CIC, Alex Wells, MPH, Karen Sparks, BSN, RN, Deborah Chapman, JD, MT(ASCP), Tricia Stein, MD, Manu Malhotra, MD. TCF Center Annual All Leader Meeting.
- **Small Bowel Obstruction: Outcome Implications of Admitting Service.** Wilfred Allen. PhD. RN, ANP-BC, Ayman Founas, DO, James Jeffries, MD, FACP, SFHM, Scott Katz, D, MSc, FACP, SFHM. Virtual.

Presentations:

- **Reducing Extended Care Facility Utilization After Primary TKA/THA.** Susan Gressa, BSN, RN. MARCQI Quarterly Meeting.
- **African American Nurses Holding the Lamp.** Dr. Wilfred Allen, PhD, ANP-BC. Detroit MOTTOP Foundation.
- **Launching into Your NP Practice.** Todd Roark, NP. Madonna University.
- **Legal, Ethical and Healthcare Harm Considerations for Nurse Practitioners.** Todd Roark, NP. Madonna University.
- **COVID 19 - Clinical Updates and Compassionate Care of Self.** Patricia Klassa, MSN, RN, CNS-C, IBCLC. AWHONN National Conference.
- **Seen but Not Heard: Dynamics, Assessment and Interventions in Intimate Partner Violence.** Patricia Klassa, MSN, RN, CNS-C, IBCLC. AWHONN National Conference.
- **Nursing Care of Vulnerable Populations: Survivors of Sexual Assault and Human Trafficking.** Patricia Klassa, MSN, RN, CNS-C, IBCLC. AWHONN National Conference.
- **Through the Patient's Eyes.** Patricia Klassa, MSN, RN, CNS-C, IBCLC. Maternal Health Summit.
- **Compassionate Care: Through the Patient's Eyes and the Nurse Midwife's.** Patricia Klassa, MSN, RN, CNS-C, IBCLC. American College of Nurse Midwives Affiliate Annual Conference.
- **Keeping Babies Safe: Sudden Unexpected Infant Death and Sudden Unexplained Postnatal Collapse.** Patricia Klassa, MSN, RN, CNS-C, IBCLC. 36th Annual Perinatal Symposium.
- **Compassionate Care: Through the Patient's Eyes and the Nurse's.** Patricia Klassa, MSN, RN, CNS-C, IBCLC. 36th Annual Perinatal Symposium.
- **Seen but Not Heard: Dynamics, Assessment and Interventions in Intimate Partner Violence.** 4th Annual Human Trafficking Seminar. Patricia Klassa, MSN, RN, CNS-C, IBCLC.
- **Waking Hypnosis.** Frank Hostnik, CNRA, CMHt. Clinical Hypnosis Institute.



Exemplary Professional Practice

Wound Care Team Striving for Zero Harm

The Wound Care team provides support and education for bedside nurses and physicians who care for patients with stomas, draining wounds, fistulae, incontinence, and potential or actual tissue trauma to prevent Hospital-Acquired Pressure Injuries (HAPI).

In our journey to zero harm, the first line of defense in HAPI prevention is to be proactive in maintaining the integrity of a patient's skin, rather than reactive to an injury that has already occurred. The prevention initiatives below were developed to prepare nurses to better identify patients most at-risk for acquiring a HAPI.

- One-on-one nursing education began to review the wound, line, drains and airway documentation checklist, and the "4 Eyes in 8 Hours" process
- Developed an annual one-on-one interactive Wound Care competency assessment for nurses
- Conducted education and demonstrations regarding the negative effects of diaper usage, identifying alternative measures and creating visible reminders
- Provided real-time education for wrap bandages and penile retractable pouches
- Shadowed nurses during wound assessments to provide education around the importance of addressing the "key questions" during an assessment

Since the implementation of these tactics, there has been a decreasing trend in identification of HAPI during prevalence audits in 2021.

Emergency Department Turnover Reduction



In 2019, the Emergency Department's (ED) employee turnover rate was 47.5 percent. This data was used as an opportunity to recreate the hiring process for new team members and to help the current team develop a more positive culture.

The new process empowers frontline team members to interview candidates for the department and also allows candidates to shadow team members to experience, in real-time, the pace of the ED. Once candidates are hired, a formal check-in process was developed to ensure they feel supported and have the tools they needed to be successful.

The 2020 National Database of Nursing Quality Indicators (NDNQI) survey scores further validated the success of the improved hiring process. The team outperformed in all nine categories on the survey, which revealed that the decrease in turnover has resulted in increased team member satisfaction. As of June 2021, the ED has reduced their turnover to 12.2 percent.

Exceptional Experiences at Henry Ford West Bloomfield Hospital

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is a standardized survey that measures patients' perspectives of their care while in the hospital and their overall experience. This data has a direct correlation to a patient's likelihood to recommend our hospital to others.

Henry Ford West Bloomfield Hospital (HFWBH)'s 2021 "Likelihood to Recommend" target is 79.3 percent, which is 1.2 percent higher than the hospital's 2020 top-box percentage.

In February 2021, our hospital implemented Bedside Shift Report, which is a communication framework that takes place at the patient's bedside for more efficient nurse-to-nurse hand-off. This process also allows the patient to meet their new nurse and learn about his/her plan of care, keeps the patient engaged and informed about what to expect next and demonstrates good communication among the care team, which reduces patient anxiety and increases safety. This process has led to improved patient satisfaction, care transitions, safety outcomes, nurse communication, and patient education.

HCAHPS (Inpatient)	Market/Operating Unit	2020 Top-box %	2021 Target	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	YTD	Change from 2020	Months at Target	Trend
				2020	2020	2021	2021	2021	2021	2021	2021	2021			
	Henry Ford West Bloomfield Hospital	78.1	79.3	75.9	76.7	79.8	81.4	74.8	80.3	77.8	79.3	78.3	0.2	4	

HFWBH achieved target four out of the eight months projected above, which shows a positive, upward trend.

Identification for At-Risk Post-Operation Urinary Retention

The aim of the Post Void Residual (PVR) documentation in pre-operative holding is to provide documentation for patients having spinal surgery that may be at-risk for Post-Operative Urinary Retention (POUR) so the plan of care can be adjusted to meet his/her individual needs. After investigation, we found benefit



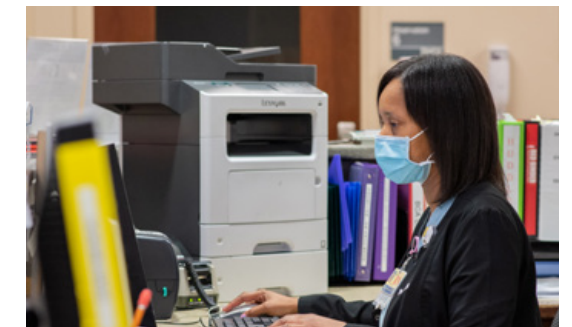
in documenting both patient urinary output and the residual in the bladder after voiding on the flow sheet and a specific column was added for PVR onto the flow sheet. This data communication was also added in the handoff from the pre-operative nurse to the Certified Registered Nurse Anesthetist (CRNA).

The improvement in documentation compliance for the identification of at-risk patients for POUR was then made available for use in the Anesthesia plan of care to individually assess a patient's needs for catheterization, followed by a plan of care with use of foley catheter in the General Practice Unit. From February through June 2021, the documentation and identification compliance improved by 16 percent.

Quality Improvement in Coronary Computed Tomography Angiogram

A Coronary Computed Tomography Angiogram (CTA) is an imaging test that looks at the arteries that supply blood to your heart. After studying the length of CTA patient wait times, the Diagnostic Holding (DHO) team collected information to decrease the length of stay and increase patient experience.

In March 2021, DHO implemented a process to call patients 24 hours before their appointment to confirm arrival time and check-in location, and to share specific instructions of what to expect to improve the flow of their visit and minimize the length of time they're at the hospital.



Since the implementation of this process, patients have been significantly more satisfied. Prior to calling patients before their arrival, patient wait times were averaging a minimum of one to two hours, and have decreased to an average wait time of 49 minutes. Previously, the patient arrival time was 8 a.m., allowing for a delay for medicating the patient until the cardiac reader arrived. Now, a Cardiologist is available at 7:30 a.m. to ensure the patient is medicated immediately with no wait time, which has allowed for increased testing on both weekdays and weekends.

Recognitions and Awards



DAISY Award Recipients

Rachel Grazioli
Loretta Houseworth
Jennifer Presley-Short
Kisha Muhammad
Anna Kiel
Beverly Delap
Cameron Cooney
Heather Berry



Honeybee Award Recipients

Timothy Genaw
Holly Washington
Latoya Jones
Krista Atwater
Tori Fussman
Kimberly Granville

DAISY Team Award Recipient

The Medical and Surgical Intensive Care
Unit Teams



National Database of Nursing Quality Indicators Survey

Outperforming Units in Five of Nine Categories

- Medical Intensive Care Unit
- Surgical Intensive Care Unit
- Third Floor Chestnut
- First Floor General Practice Unit
- Third Floor General Practice Unit
- Labor and Delivery
- Emergency Department
- Perioperative Services
- Advanced Practice Registered Nurses Group
- Case Management



Outperforming in All Categories

- First Floor General Practice Unit (2 years in a row)
- Advanced Practice Registered Nurses Group (2 years in a row)
- Emergency Department
- Perioperative Services
- Case Management

Nurse Residency Program Graduates

Marquale Atisha, Savannah Barket, Kali Bryant, Cameron Cooney, Rachel Delduco, Ashley Donohue, Tarick Elayan, Celine Hana, Jennifer Johnson, Cary Longan, Toyia Montgomery, Richard Reinhart, Anna Schlecht, Gabriel Sheppard, Nikolas Solinski, Taylor Wilson, Tatiana Assenova, Danielle Comins, Kristen Grabowski, Leah Green, Taylor Hall, Zachary Kujawski, Carly Luppino, Ashley Poulos, Kalie Roose, Cassandra Ginopolis, Brenae Weaver, Shay Yenkel, Asheonna Bautista, Colin Beatty, Natasha Bonham, Alexander Demers, Tiffany Griffin, Nadine Hachem, Keven Lacy, Matthew McAuliffe, Emily Mulcahy, Josh Radzwion, Shelby Steinhelper, Shantinique Spicer, Samantha Waun



Nightingale Award Runner-Up 2020

Patricia Klassa, MSN, RN, CNS-C, IBCLC, Advanced Practice Nursing Category

Patricia Klassa, MSN, RN, CNS-C, IBCLC, was awarded as Oakland University's annual Nightingale Award Runner-Up for 2020 in the Advanced Practice Nursing Category. This ceremony recognizes top nurses in Michigan from a variety of clinical roles as exceptional leaders. Trish was recognized for improving care, outcomes and education in women's health and maternal/newborn care. She is an advocate for increasing awareness about intimate partner violence and assisting victims of domestic violence, sexual assault and human trafficking to find safety. Additionally, Trish leads her profession as an educator, speaker, author, clinician, advocate, and innovator.



Clara Ford Award 2021

All Henry Ford Health System nurses



In Our Communities

What Our Community Did for Us...

During the COVID-19 pandemic, most of the world shut down, but as it's known, hospitals around the world did not. The support and outpouring of love team members at Henry Ford West Bloomfield Hospital (HFWBH) felt from the community did not go unnoticed. Food donations, well wishes sent online, thank you cards, heartfelt notes and drawings, YETI cups, Dr. Scholl's shoe inserts, self-care kits, and a first responder salute from local Fire and EMS only scratch the surface of what was donated.

Beginning in March 2020, HFWBH accepted more than 130 food donations from local restaurants, corporations, churches and synagogues, private individuals, local government, chamber organizations, catering companies, small businesses and more. Donations ranged anywhere from 15 meals to 1500 meals at a time between breakfasts, lunches and dinners. To successfully distribute these meals, there was ongoing collaboration between the nursing units, the Public and Community Relations department and hospital leadership.

The HFWBH Nursing team is accustomed to volunteering at several community events each year. Throughout the pandemic, the community wrapped their arms around them with every single donation and note, which meant so much. Although 2020 was a challenging year, we had many opportunities to give back to our communities, both virtually and in-person.



In Our Communities

American Heart Association Heart & Stroke Walk 2021

In May 2021, Henry Ford West Bloomfield Hospital (HFWBH) team members participated in the 28th Annual American Heart Association Metro Detroit Heart and Stroke Walk. Many teams worked hard to navigate the changes to this year's event due to COVID-19 restrictions and coordinated their own 5K walk/runs in locations, such as the hospital's Path to Wellness and at local sports parks. Thirteen nurses from HFWBH held titles as team captains, raising money and encouraging their team members to participate in this year's walk alongside them on Saturday, May 15. At the conclusion of the fundraiser, HFWBH raised a total of \$33,000 to donate to the American Heart Association!

Team Captains: Susan Sieverwright, Loretta Murray, Michael Scott, Valerie Browne, Benjamin LaPaugh, Deborah Jenkins, Petri Buri, Lorraine Byrnes, Janet Quintero, Christina Stroich, Aimee Badreddine, Suzanne Woynik, Stefanie Grady

Forgotten Harvest

Forgotten Harvest is a nonprofit organization that fights hunger and food insecurity with the help of its community members. With the support of our nursing team members, Forgotten Harvest has been able to relieve hunger in Metro Detroit and prevent food waste in our community. HFWBH nurses worked alongside hospital leadership to pack over 3,100 boxes of food for our community.

Volunteers: Crystie Tabaczuk, Daniela Marson, John Roberts, Jennifer Wisniewski, Wendy Raffin, Shanen Beck, Annette Adema, Deborah Brennan, Michelle Byrd, Bobbi Cichocki, Deborah Jenkins, Melissa Langnes, Deborah Spencer, Karen Sparks and Eric Wallis



HAVEN Holiday Gift Giveaway

Each December, HFVBH's Sexual Assault, Human Trafficking and Intimate Partner Violence Committee volunteers at HAVEN's three-day Holiday Gift Giveaway, which supports women and their families who have been impacted by domestic violence situations. Over the course of one day, our nurses were able to help more than 75 families "shop" for toys, clothing, food and necessary toiletry items to turn their holiday into an amazing experience for all.

Volunteers: Trish Klassa, Crystie Tabaczuk, Valerie Browne, Jennifer Wisniewski, Bobbi Cichocki, Michelle Byrd and Stefanie Roberts Newman

World Stroke Day Community Education

Henry Ford West Bloomfield Hospital's Stroke Program Coordinator Cathryn Guina, RN, BSN, CNRN, participated in a community virtual education event in recognition of World Stroke Day on October 29. Cathryn's presentation focused on the risk factors, signs and symptoms for stroke, calling EMS and the services our hospital provides for stroke patients in our area. Additionally, this presentation focused on demystifying the fear of coming to a hospital during a pandemic, like COVID-19 and how crucial every minute is when someone is experiencing stroke.

Lighthouse of Pontiac

Lighthouse, a social services organization in Pontiac, Michigan, provides emergency shelter for men, women and children, food pantries, housing assistance programs, long-term planning and budgeting support services, and follow-up care with case managers for vulnerable populations. Team members from Henry Ford West Bloomfield Hospital volunteered at a Lighthouse food pantry in March and April 2021 to pack and distribute emergency food boxes to families in need. With their support, they were able to pack 550 boxes of food!

Volunteers: Jennifer Wisniewski, Annette Adema, Daniela Marson, John Roberts, Deb Jenkins, Valerie Browne, Bobbi Cichocki and Stefanie Roberts Newman

Habitat for Humanity's Rock the Block

On Thursday, June 3, nurses from our hospital volunteered at Habitat for Humanity's "Rock the Block" event to help a homeowner in Pontiac, Michigan, spruce up their home. Duties while they were on site included assisting with minor landscaping, gutter repairs, exterior painting, porch repairs, weatherization and other miscellaneous exterior maintenance.

Volunteers: Bobbi Cichocki and Melissa Langnes

Serving More than the Community; Serving the Country

The Interventional Radiology Catheterization (IRC) team has been fortunate to have three team members who have proudly served in the Armed Services. Elizabeth Escalante, RN, served in the Air Force for four years and Benjamin LaPaugh, RN, BSN, served in the United States Coast Guard for eight years. Robert Stratton, RN, Lieutenant Colonel Select, has served for 28 years as a Navy Corpsman, a nurse in the Air Force and he currently serves as an active Reserve Officer in the Air Force. Robert returned from his recent deployment in Qatar as the Officer in Charge of the Air Medical Evacuation Squadron in March 2021.

The Henry Ford West Bloomfield Hospital team cannot thank our veterans enough for their service to our country and to our patients. The sense of duty to the people is strong within the nursing community, but even stronger with these veterans.



This photo was taken prior to COVID-19.

Nursing Spotlight: *A Clinical Nurse Specialist's Journey to Credentialing*

Clinical Nurse Specialists (CNSs) are advanced practice, expert clinicians with education and training in a specialty patient population, providing diagnosis, treatment and ongoing management to the patient. They provide expertise to support nurses caring for patients, drive practice change within the organization and ensure the use of evidence-based practices. The CNS works in three spheres of impact which include patients, nurses and system.

A CNS' specialty is defined by:

- Population (i.e. pediatrics, geriatrics, women's health)
- Setting (i.e. critical care)
- Disease or medical subspecialty (i.e. diabetes or oncology)
- Type of care (i.e. psychiatric or rehabilitation)
- Type of problem (i.e. pain, wounds, stress)



Melissa Barach, MSN, APRN, AGCNS-BC, started her CNS career at Henry Ford West Bloomfield Hospital (HFWBH) in April 2015, with the critical care units, spending most of her time directly impacting the nurses and system spheres and indirectly impacting the patient. In 2017, the CNS role was recognized as one of the Advanced Practice Registered Nurses in Michigan through Public Act 499. Prescriptive authority soon followed. After the title protection passed, she spoke with her mentor, Todd Roark, NP, Director of Advanced Practice Providers, about her personal career vision and growth opportunities, which included becoming a credentialed provider, at HFWBH. "Todd was an integral piece to my current success and helped me navigate my path forward to becoming credentialed. He assisted with facilitating introductions and trainings to foster my professional growth and opportunities as a provider," said Barach.

"I am honored and grateful to be a CNS leader at HFWBH and in Michigan. I am practicing at the top of my license as a Supportive Care CNS, while integrating new knowledge, innovation, and improvements to the healthcare system."

Through various introductions, Emily Hurst, DO, FACOI, Supportive Care Committee Chair, recognized the need for an advanced practice provider-led program to assist with the care of complex patients and invited Melissa to become a member of the committee. This committee is an advanced practice provider-led initiative that improves communication, relieves patient suffering, increases patient wellness and satisfaction, and reduces hospital readmissions. In collaboration with a multidisciplinary team, Supportive Care uses a whole-person approach to address gaps in care and improve outcomes. Since its implementation, Supportive Care has identified and addressed factors leading to readmissions and enhances patients' transitions from the hospital to the community.

In April 2021, Melissa became the first credentialed CNS provider at HFWBH.

Nursing Annual Report Committee

Stefanie Roberts Newman, Vice President, Patient Care
Services and Chief Nursing Officer

Deborah Spencer, Director, Clinical Operations

Deborah Jenkins, Director, Surgical Services

Marianne Kasenow, Director, Patient Care Services

Angel Adams, Interim Director, Nursing Excellence

Surita Chaudhry, Manager, Magnet Program

Kelsey Bray, Public Relations Specialist

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