



HENRY FORD HOSPITAL



2017-2018 Nursing Annual Report





Henry Ford Hospital (HFH) is a state-of-the-art, 877-licensed bed tertiary quaternary care hospital, education and research center located in Detroit's New Center area. The hospital is recognized for clinical excellence in the fields of cardiology and cardiovascular surgery, neurology and neurosurgery, orthopedics and sports medicine, transplant, and cancer. It is the flagship hospital of Henry Ford Health System, one of the nation's leading comprehensive integrated health systems.

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CHIEF NURSING OFFICER
VICE PRESIDENT OF PATIENT CARE SERVICES**

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Cover: Henry Ford Hospital nurses caring for a patient in the Cardiovascular Intensive Care Unit.

True North

Leaders in Compassion, Commitment, Collaboration and Care

Dear Colleagues,

For over 100 years, Henry Ford Hospital (HFH) has provided care to our patients in the city of Detroit, the state of Michigan, the nation and across the globe. As an award-winning hospital, we provide quaternary and tertiary care to the sickest of sick. I am proud to share a few of our accomplishments in Nursing excellence in this Annual Report.

The culture of HFH Nursing is one of interprofessional collaboration to provide compassionate and clinically competent care to all our patients. Nurses are valued professionals whose opinions and perspectives are respected by the health care team. Clinical Nurses are the lifeblood of our world-renowned hospital and essential to achieve the Henry Ford Health System new vision of True North.

The True North vision states, "We will be the trusted partner in health, leading the nation in superior care and value one person at a time." It is comprised of four components, each of which Nursing plays a vital role. Those components are: Safest Care and Best Outcomes; Exceptional Experience; Affordable, Efficient Care; and Compassionate, Committed People. In the center of True North are our Customers – Patients and Family Members.

The HFH Professional Nurse Practice Model (PNPM) is the foundation of how Nursing practice will contribute to True North. The PNPM drives our practice, defines our focus and describes our approach to patient care delivery. Nursing practice is based on research, evidence-based practice, quality and safety, and innovation which all link to safest care and best outcomes, and affordable, efficient care. The focus of nursing care is the patient and family, our diverse community, care and compassion for our patients, families and team as well as patient advocacy. This focus supports both the exceptional experience and the compassionate, committed people. HFH Nursing's approach is one of collaboration, teamwork, professionalism and respect. This approach contributes to all four components of True North.

As HFH Nursing continues our journey to Nursing Excellence, our PNPM is the framework for creating the culture of High Reliability, True North, the Mission, Vision and Values of Nursing, and achieving Magnet® designation. Please take some time to read and celebrate the stories and accomplishments. I appreciate each of you and hope you are as proud as I am to be a Henry Ford Nurse!



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



The HFH Professional Nurse Practice Model (PNPM) drives our practice, defines our focus and describes our approach to patient care delivery.



Empirical Outcomes



Professional nursing practice is an essential contribution to patient quality and safety outcomes.

Henry Ford Hospital (HFH) Nursing has built a foundation of continuous improvement to achieve quality outcomes for our patients. This culture is demonstrated by our steady improvement in nurse satisfaction, patient satisfaction and clinical outcomes.

Professional excellence is pursued at HFH by improving RN certification and promotion of advanced nursing education.

CLABSI

Building on Previous Year to Keep Numbers Down

Since 2015, the number of central line-associated blood stream infections (CLABSI) at Henry Ford Hospital (HFH) have decreased. To maintain low numbers, Nursing performs constant monitoring, education and re-education.

As in previous years, the focus to keep numbers low remains on proper hand hygiene, IV Insertion and maintenance, as well as decreased use of femoral and central line catheters. A new intervention bringing about change is a Tier 1 Central Line Insertion policy which includes an insertion checklist. The policy creates a standardized approach for safe and aseptic insertion of central lines and peripherally inserted central catheters (PICCs).

Some of the policy's key points include:

- Each time a central line or PICC is placed, the central line checklist will be used.
- PICC lines should have a second person to oversee insertion.
- Internal jugular central lines should be placed using ultrasound-guided technology.
- Lines placed outside HFH will be assessed for functional status and signs of infection, and be replaced if appropriate within 24 hours.

Clinical Nurse Specialist Dana Greggs, MSN, RN, said the hospital is shifting from central lines, when they can, to midlines, and empowering nurses to make the decision as to if a patient truly needs a central line. MICU Clinical Nurse Specialist Stephanie Schuldt, MN, RN, CCRN, CCNS, ACNS-BC, said an interprofessional CLABSI Team meets every two weeks to review the hospital's CLABSIs and inform Nursing of any changes in policy or

procedure. Nisreen Murad, MCH of Infection Prevention, said Nursing began using a chlorhexidine bathing process for all patients with a central line as a further precaution against the risks of infections.

In addition, iPads used in rounding are helping to improve data collection on CLABSIs and new waterproof dressing covers used during showering have been introduced to staff.

A root cause analysis is completed on each CLABSI, Murad said, helping the nurses and physicians learn from each case. Questions asked include, "Was there any deviation from the standard of care?" and "What stood out from the usual?" The CLABSIs and the root cause analysis are presented at the CLABSI meetings, results are discussed and actions are taken if needed.

Murad said giving nurses more autonomy to use less invasive methods, such as a peripheral or midline catheter rather than a central line is helping to lower CLABSI numbers.

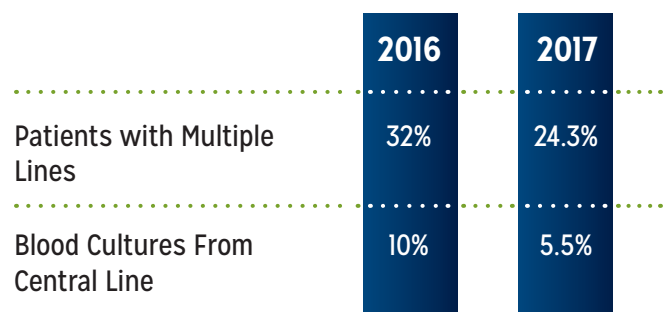
She said, a "buddy system" for insertion was brought about in 2017, as was a central line checklist which are key steps for patient safety. For PICC insertions and central lines, Greggs said, "a second person is required to oversee the insertion – before, during and after. The hospital's electronic medical records include a checklist to ensure a safe, aseptic insertion."

2016

52 TOTAL CLABSI

2017

44 TOTAL CLABSI





CAUTI

Procedures Continue to Target Catheter Infections



A “Quick Tips” sheet includes aseptic techniques for insertion, proper maintenance and removal of the catheter. If a Foley has been in place for more than 14 days, it should be replaced prior to specimen collection.

Fighting infections caused by catheters is a constant battle in any hospital and Henry Ford Hospital (HFH) is no different. Last year, new procedures were put in place and the number of catheter-associated urinary tract infections (CAUTIs) started to decline. This year, CAUTI numbers were increasing and Nursing leadership recognized the need to reinforce current procedures and introduce others to sustain the reduction of patient harm.

In January, HFH changed its condom catheter for men to one with better adhesive, thus reducing the risk of infection. In addition, the hospital introduced an external catheter for women. This catheter is expected to help reduce the number of Foley catheters in our female patients.

In March 2018, all nursing assistants went through training specifically targeted at obtaining a urine specimen through a Foley catheter. The nursing assistants were instructed on proper techniques to maintain a sterile environment and avoid any contamination at the insertion site.

To educate and re-educate nurses, the HFH CAUTI Prevention Team developed a “Quick Tips” prevention sheet as a reference guide. The tip sheet includes aseptic techniques during insertion, proper maintenance and removal of the catheter as soon as indicated to help decrease risks. The tip sheet also notes if urine specimen collection is needed and if the Foley has been in place for greater than 14 days or an unknown time, a new Foley catheter should be placed prior to specimen collection.

Administrative Director and Chair of the CAUTI committee Susan Klotz, MSN, RNC, and Clinical Nurse Specialist Jennifer Michalski, MSN, RN, ONC, are the resident experts on CAUTIs at HFH.

The prevention team’s efforts, have been focused on insertion since most infections occur within the first five days, according to Klotz. The team, she said, recommended that all Foley bags be emptied prior to transporting the patient to avoid any back flow. To hardwire this process, the Patient Transportation team was then instructed to make the request before transporting a patient.

In March, Klotz said, “We went through the ways of collecting specimens through correct collection procedures for males and females. The leaders brought the information back to the nurses and nurse assistants in their unit.” The goal of the tip sheet is to provide a tool outlining consistent procedures hospital-wide.

The hospital also switched to larger urine collection bags, altering the acceptable volume in the indwelling catheter bag from 400 ccs or less to 1,000 ccs or less.

In addition to the changes directed at reducing CAUTIs, a new standardized model for bedside handoff – IPASS + SAFETY – at HFH also helps in the efforts to remove IVs and Foley catheters as soon as the patient’s condition allows. IPASS + SAFETY, which rolled out in November 2017 (see page 26), is improving nurse interaction and communication, including checking a patient’s lines and drains during rounding.

“Reducing the number of CAUTIs continues to be an interdisciplinary effort here,” Michalski said. “During rounding, the nurse determines if the patient needs a catheter based on our Henry Ford Nursing Foley Removal Protocol.” This protocol was developed using specific criteria established by the Centers for Disease Control and Prevention.

CAUTI RATES



“We continue to be challenged with a growing number of high-risk patients. We are always looking at innovative ways – both research and evidence-based practice – to decrease HAPIs.”

– Cathy Draus, MSN, RN, ACNS-BC

HAPI

Taking Education to the Next Level

The last few years, Henry Ford Hospital (HFH) has been focusing on reducing the number of hospital-acquired pressure injuries (HAPI). Nursing took an educational approach to help lower the numbers and began to see a downward trend. This year, HAPI figures began to inch their way back up and Nursing wasn't going to stand for it.

Clinical Nurse Specialists Cathy Jackman, MSN, RN, ACNS-C, and Cathy Draus, MSN, RN, ACNS-BC are working hard to implement new initiatives to reduce the number of pressure injuries.

The increase in HAPI is primarily in the intensive care unit where patients are very sick and have many appliances and tubes, they said, adding that pressure injuries also are most prevalent on patient's heels and sacrum.

“We continue to be challenged with a growing number of high-risk patients,” Draus said. “We are always looking at innovative ways – both research and evidence-based practice – to decrease HAPIs.”

Jackman said staff at HFH are driving change. “The staff are recognizing issues. They see the data, and they are asking to trial different devices that can prevent pressure injuries.”

One of these new devices is an off-loading boot that helps prevent pressure injuries to the heels. The boot is one of many new devices and procedures initiated this year. A five-layer dressing is being trialed on patients in operative situations greater than three hours. The dressing is placed on the sacrum as a preventative measure. Another new device in the ICU is a new support surface which will relieve pressure for the patient undergoing extracorporeal membrane oxygenation (ECMO).

Finally, an additional unique device will be piloted in the ICU – the WoundVision device identifies changes in perfusion, metabolic activity and blood flow. This advanced infrared imaging device can see below the skin's surface and allows nursing professionals to see potential pressure injuries that are not visible to the naked eye. HFH is the first hospital in Michigan to pilot the WoundVision device.

“This device looks at changes in temperatures beneath the layers of skin to see if the skin has the potential to break down,” Jackman said. “It can indicate if an area is hypoperfused before the skin shows it on the outside.”

This new equipment will allow patients to be scanned during the admission process so the correct intervention can be applied from the start. The patient can then be scanned daily

to see if the interventions are effective. It's a costly endeavor, but the goal is to eventually have the technology available in every unit.

Earlier this year, HFH updated its policy to require a two-person skin assessment on admission. Changes have occurred in EPIC as well.

"Our team is so engaged in getting our HAPI numbers down," Jackman said. "They are working on building the pressure injury order set. For every skin protocol, a nurse can go in and say a patient is at risk and

put an order in that will carry over to the next nurse by populating individualized patient interventions in EPIC." This will assist nurses with continuity of care and communication between shifts.

It is anticipated that these efforts will result in a lower HAPI rate over the next year. The efforts have already resulted in a two-point drop in the monthly HAPI rate with a goal to get as close to zero as possible.

Pressure Injury Reduction Team



Culture of Caring

Creating an Environment for Patient Engagement



“Our culture has changed. You can feel a difference at the hospital, and it’s because we see the patient as a human being, not a diagnosis.”

- Gwen Gnam, MSN, RN

In an ideal culture of caring, nurses take the time to get to know their patients and their patients’ families. In turn, patients better engage in their own care. The result is that the hospital experience is better for everyone.

At Henry Ford Hospital (HFH), nurses take the time to get to know their patients and their patients’ families as they provide compassionate clinical care. In turn, patients better engage in their own care. The culture of caring is the foundation for a better care experience for patient, families and employees.

“Patients and their families are in the center of our True North framework,” said HFH Chief Nursing Officer and Vice President of Patient Care Services Gwen Gnam, MSN, RN. “We want them to have an exceptional experience and to do that, one must put themselves in the shoes of our patients and their family members.”

HFH introduced three strategic tools to improve patient engagement. These tools were highlighted in April 2018 as part of the Michigan Governor’s Award of Excellence.

Take 5

Each member of the Nursing Care Team is expected to spend three to five minutes with each patient and/or their family during their shift. This time allows the nurse to learn a little more about the patient as a person. The information each nurse gathers is included in the patient’s electronic medical record so that all nurses caring for the patient have the same knowledge.

Patient Rounds

Nurses and nursing leadership make regular rounds to check on patients. Nurses round every one to two hours, resulting in better communication with patients and their families, as well as to ensure patient safety. Nursing leaders round to inquire about patient care or any patient or family concerns. In addition, the leaders ask about the hospital environment and whether the patient/family expectations

are being met by housekeeping, parking and dietary. Departments outside of nursing are informed electronically of any concerns in order to provide service recovery.

IPASS + SAFETY

Last year, a structured approach to bedside handoffs was introduced with a focus on patient and family engagement. Nurses and nursing assistants now hand off patient information at shift changes both outside the room and at the patient’s bedside. This allows nurses and nurse assistants to introduce themselves to their patients and answer questions. (See related article on page 26.)

Gnam said the number of positive comments from patients has increased dramatically.

“Our nurses and staff receive hundreds of acknowledgements of their care every month,” Gnam said. Nurses and support staff are recognized regularly through the hospital’s DAISY and Honey Bee Award programs. (See related article on page 34.)

“Our culture has changed,” Gnam said. “You can feel a difference at the hospital, and it’s because we see the patient as a human being, not a diagnosis.”

The culture of caring change at HFH includes care of self and team. Nurses at HFH, Gnam said, often see patients who not only have health issues, but have other life struggles. Nurses, she said, have to be emotionally recharged.

“It’s important they take care of themselves and we take care of our team so they can take care of our patients,” she said. “We believe in doing what’s right for the patient and doing what’s right for the staff.”



Falls with Injuries

Targeting Lower Numbers Using Hester Davis Tools

When Nursing at Henry Ford Hospital (HFH) noticed the number of falls with injuries had not decreased, despite the efforts to reduce them, the team combed fall program research, in search of an evidence-based and validated program. As a result, the Hester Davis (HD) Falls Program™ was selected. This program has had extraordinary results in hospitals around the country. Some hospitals using this tool have reduced their falls with injuries to zero.

HFH went live with the HD Falls Program™ in August 2018.

The HD Falls Program™ provides nurses with methods for risk assessment to predict the likelihood of a patient falling. As part of the HD implementation, audits are conducted to ensure interrater reliability between nursing staff. The assessments are consistent among all nurses and all units, making it easier to not only assess each patient's fall risk, but follow up with an individual care plan.

Prior to introducing this program, nurses assessed a patient as either a fall risk or not. With the current tool, more than 80 percent of all patients were considered a high fall risk. There was not a level of risk or individualization in the plan of care specific to each patient. Using the tools developed by Hester Davis, nurses can assess a patient's fall risk in three categories and implement interventions based on each risk level.

"Using Hester Davis, we can create a unique individualized care plan for patients," said Amber Hayes, BSN, RN, NE-BC. "In EPIC, the nurse will create a care plan for each patient, primarily focused on prevention and tailored to each patient's risk level and risk factors."

Some of the tools to prevent falls include more specific toileting schedules, longer IV lines, preventive measures during transport, new signage at the patient's bedside and fall mats.

"We know some patients are going to fall no matter what we do," Hayes said. "A fall mat can absorb about 85 percent of the fall's impact, preventing the patient from getting injured."

At the monthly falls meeting, Nursing reviews each fall with injury. "Most falls happen with patients between the ages of 25 and 55 – those who think they can get up independently," Hayes said.

More than 80 percent of the nurses were trained before the hospital went live in August. Each unit has superusers to assist in the transition.

The HD Falls Program™ provides each unit with consistent ways to prevent falls and methods for staying on track. "With these tools,

The Components of Hester Davis Tools

Predicting When a Patient Will Fall

Preventing the Patient's Fall

Sustaining the Program

we can be successful" Hayes said. "By next year, we really should see an improvement in our falls with injury numbers."



Transformational Leadership



Henry Ford Hospital (HFH) Nursing's mission, vision, values, Professional Nurse Practice Model and strategic plan align with Henry Ford Health System's strategic vision of True North.

Nursing leaders create a culture that engages staff in innovation, research and evidence-based practice resulting in improved clinical and organizational outcomes. Clinical nurses embrace this philosophy which in turn transforms care at the bedside.

At HFH, senior Nursing leaders create the vision for the future, the systems and professional environment to achieve that vision. Leader advocacy creates mutual respect, affiliation and supports a desire to actively pursue creativity, with a focus on the patient and family.

Operating Room Turnover

Interdisciplinary Approach Gets Results



“This whole process was a great reflection of what an interdisciplinary approach to a problem can do. It shows what can happen when a group really comes together.”

- Claudine Hoppen, MSN, RN

Turnover time in Henry Ford Hospital’s (HFH) operating rooms (OR) has been reduced to 31 minutes – running only a fraction above the national standard of 30.

Prior to 2015, turnover time in the OR was averaging 53 minutes. That means, it was taking 53 minutes of “wheels out to wheels in” between patients.

It’s amazing what can happen when various departments talk to one another, sitting down to solve a problem.

In late 2015, leadership changed in HFH Nursing and Anesthesia. Turnover time was extraordinarily long and frustrations were running high. That 23 minutes of “extra” time to clean, restock and prep an OR meant unused OR time.

Knowing that things needed to change, Vice President of Surgical Services Claudine Hoppen, MSN, RN, pulled together a team of surgeons, nurses, anesthesiologists, surgical technicians and representatives of Environmental Services (EVS). In January 2016, the team started to work with frontline staff to bring attention to decreasing turnover time. By April, the team was conducting value stream mapping and a month later, HFH was rolling out the new process to staff. Just by paying attention to the issue, the team immediately shaved more than six minutes off their time. Following more radical changes to procedure, the team hit 31 minutes in December 2016 and has continued to maintain that mark.

“We broke it down into swim lanes,” Hoppen said, adding that the team worked diligently with Process Improvement Coordinator Vanda Ametilli to reformulate the entire process.

Hoppen said some job functions changed as a result. The OR nurse

who was often waiting for others to finish their work is now responsible for setting up the room, following specific protocols, and getting the patient to the OR. Another change was to adjust staffing schedules accordingly.

One of the biggest adjustments made, Hoppen said, was in EVS. Prior to the changes, EVS was using a cleaning product that required a dwell time of 10 minutes after applying. To cut down time, EVS changed to a different product that has a dwell time of only 60 seconds to three minutes.

“Everything was prioritized as to what is done and when to save time,” Hoppen said. “We had representation from every area and everyone was on board with improving the process.”

Better efficiencies resulted in reductions in overtime and higher employee satisfaction. Shaving minutes off each procedure during the day, means using fewer operating rooms and keeping a more rigid schedule of 7 a.m. to 5:30 p.m.

Like most hospitals, operations are scheduled back to back. In most cases, patients are brought in about two hours early. Saving time is crucial to how the OR runs.

“This whole process was a great reflection of how interdisciplinary collaboration solves problems,” Hoppen said. “It shows what can happen when a group really comes together.”



Stroke Response

Team Recognized for Improvements in Timing



Time is crucial to saving a patient who is having a stroke and, as a Comprehensive Stroke Center, Henry Ford Hospital (HFH) is continually making strides toward increased efficiency.

In 2016, the Rapid Response Team (RRT) was integrated into two critical acute stroke processes to improve care and outcomes for patients experiencing stroke - responding to inpatient stroke alerts and facilitating expedited treatment for patients in need of thrombectomy (mechanically removing a clot from the brain). With the support of HFH Chief Nursing Officer and Vice President of Patient Care Services Gwen Gnam, MSN, RN, an additional RRT nurse was added to the team. All RRT nurses were prepared by becoming certified in the National Institutes of Health Stroke Scale, as well as becoming skilled in TPA infusion and assessment, and receiving eight hours of education on stroke each year.

Inpatient Stroke Alert - House Manager Lee Anne Raper, BSN, RN, and Stroke Program Manager Megan Brady, MPH, MSW, said in-hospital strokes accounted for approximately 15 percent of all stroke patients at HFH in 2017. Typically, in-hospital strokes experience longer times to treatment than do community-occurring strokes. To ensure that patients admitted at HFH who have a stroke do not experience delays in treatment, a team was put in place to research interventions. The interdisciplinary team included lab, radiology, pharmacy, RRT, stroke units, neurology residents and the Ford Acute Stroke Treatment (FAST) team of stroke neurologists. It was determined an overhead code would mobilize the team more quickly, thus

reducing the time taken to get an in-hospital stroke patient time-sensitive and life-saving treatment.

As an added benefit, having a Stroke Alert announcement called overhead, similar to other emergency announcements, would raise awareness and better recognition of stroke symptoms. Today, the success of the initiative means more Stroke Alerts are called and patients are evaluated and treated earlier, thus improving patient outcomes. From the start of 2017 through May of 2018, 15 inpatients have received IV TPA and 12 have received endovascular treatment. In the full two years prior (2015-2016), 12 patients received IV TPA and only five received endovascular treatment.

"It's an early warning system," Brady said, adding that "everyone acts quicker, there is better communication, and we're making a difference in patient's lives."

Faster Thrombectomy - When a patient with acute stroke arrives to HFH needing thrombectomy, the entire team moves quickly to provide intervention to the patient. However, when it is the middle of the night, the interventional radiology (IR) team is on call and has up to 45 minutes to arrive. By integrating the 24/7 RRT into this process and becoming trained in the technical set-up of the IR suite for stroke procedures, the team has improved door-to-procedure times. In the middle of the night, RRT nurses are the first to turn on the equipment so it is ready to go as soon as the IR team arrives. Overall, the involvement of RRT in this process has reduced door to puncture times by 30 minutes.

RRT also moves the patient from the ED to IR with a resident, places the patient on the table, documents patient assessments during the procedure, remains in communication with the Neuro ICU and clinical teams, and finally provides transport and hand-off to the Neuro ICU nurse who will next care for the patient. RRT's involvement has immensely improved care continuity and, standardized care and process for these patients.

Earlier this year The Joint Commission re-certified HFH as a Comprehensive Stroke Center. During their site visit, the surveyors shared that HFH's integration of the RRT into the stroke process is like nothing they had seen at other hospitals. They declared it a best practice.

Structural Empowerment



Through our comprehensive shared governance model, there is shared decision making and professional development opportunities for clinical nurses to learn and grow.

The culture at HFH values staff engagement and offers programs to progress professionally. HFH supports and encourages staff involvement in community service and professional organizations.

Baby-Friendly

Hospital-wide Effort Supports Breastfeeding Moms



Included in the Baby-Friendly Hospital Initiative is engaging prenatal patients in breastfeeding education, helping them understand the all-around benefits to breastfeeding and linking new moms to helpful community resources.

Research shows that breastfeeding is beneficial to both mom and baby. Among the benefits for baby is a lower risk for ear infections, diabetes and other illnesses, as well as a lower likelihood for pediatric obesity. Breastfeeding moms are less likely to get ovarian or breast cancer, and are more likely to form a quick bond with their newborn.

The Centers for Disease Control and Prevention (CDC) supports breastfeeding babies for up to at least one year.

Most of this is not new news, but at Henry Ford Hospital (HFH), there is a big reason why pregnant women and new moms are now being educated about the benefits of breastfeeding.

HFH was one of 90 hospitals to receive the EMPower Breastfeeding grant to better assist new moms with breastfeeding and to educate hospital staff on sustaining the practice. The program worked. HFH completed the 10-step process and the hospital received Baby-Friendly designation.

Numbers across the board have gone up. HFH has seen a dramatic rise in everything from breastfeeding initiation and skin-to-skin contact to breastfeeding exclusively.

The journey to become Baby-Friendly included having a quality improvement (QI) coach and breastfeeding coach to guide the hospital through the steps to completion. The QI and breastfeeding



coaches were provided through the EMPower grant. The hospital put together a collaborative team of more than 25, including hospital leadership, nurse practitioners, clinical nurses, doctors and pharmacists. The team conducted a thorough assessment of the current state on breastfeeding and determined what improvements needed to be made. All staff received training and the hospital's electronic medical records system was updated to support sustainability efforts.

"The process began in July 2015 and by July 2017, we had worked through the 10 steps, meeting more than 100 criteria," said Lactation Consultant Marie Bosco, BSN, RN, IBCLC. "It was set up to be a three-year project. We did it in two. In October 2017, we were ready to be surveyed and in March of this year, we were fully designated."

Included in the Baby-Friendly initiative is engaging prenatal patients in breastfeeding education, helping them understand the all-around benefits to breastfeeding, and linking new moms to helpful community resources. The initiative also included decreasing separation of mom and baby. One strategy was to move routine procedures, such as hearing and heart screening, lab draws and IV medication administration from the nursery to mom's room. Right from the start, moms are encouraged to have skin-to-skin contact with their new baby. They are taught feeding on cue and all moms are provided lactation support from the RN and are supported by the Lactation Consultant if needed.

"We aren't just educating new moms; all staff at HFH were educated on supporting breastfeeding mothers." Bosco said. "This included RNs, anesthesia, pharmacy, radiology and even security, housekeeping and dietary."

Nursing Administrator Susan Klotz, MSN, RNC, said, "The designation is more difficult to achieve in high-risk populations, which include urban locations, women of color and low socioeconomic status. This is the same population at risk for obesity, diabetes and hypertension along with pregnancy complications."

Before and After Implementation of Ten Steps

	July 2015	October 2017
Skin-to-skin contact provided immediately after birth – vaginal delivery	54%	82%
Skin-to-skin contact provided immediately after birth – cesarean delivery	16%	100%
Mothers assisted with breastfeeding within 6 hours of delivery	75%	98%
Mothers taught hand expression of breast milk	45%	81%
Mothers taught feeding on cue	42%	82%

Nurse Residency Program

Seminars, Role Play and Case Scenarios Make for Program's Success



“The residency program taught me to ask questions, to not be afraid to talk to senior nurses. They taught me that I’m not just a new nurse, that I have an impact on patient care. What you put into it is what you get out of it.”

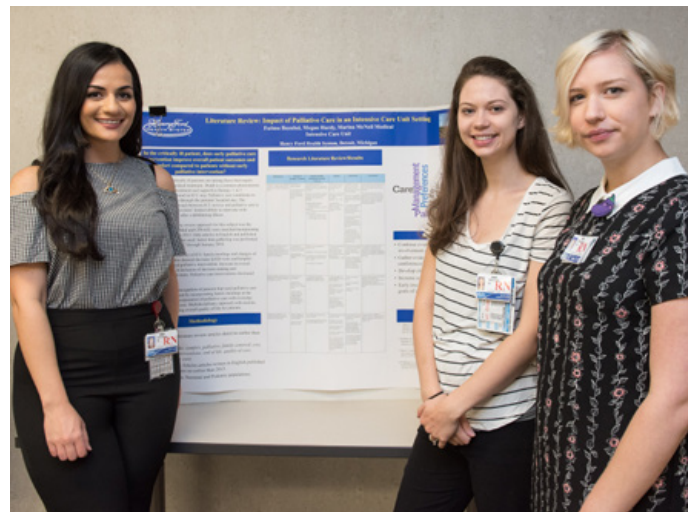
– Anthony Valeri, RN, BSN

In August 2018, Cohort eight began the Henry Ford Hospital (HFH) Nurse Residency Program. Nearly 200 nurse residents have gone before them. The program is doing exactly what it was intended to do – support nurses in the transition from student nurse to professional nurse.

Last year, as Cohort one began the Nurse Residency Program, HFH Nurse Education Specialists Pat Empie, MSN, RN, and Kathy Putman, DPN, RN, were excited to see what the program would bring. The Nurse Residency Program coordinators fully expected to see the residents grow professionally through role play, hands on and seminar learning. They spoke passionately about how the residents would complete an evidence-based practice presentation at the end of the 12-month program.

Putman and Empie were right. The residents have made presentations based on collaboration with their nurse managers to identify patient or staff needs. Many of the projects are now being implemented at HFH and others are continuing their research, while heading back to school to further their nursing education.

One resident, Empie said, introduced a program at HFH called “Code Lavender.” A nurse may become overwhelmed with feelings when a patient passes away, she said, or when a nurse has just experienced an extremely stressful shift or event. Code Lavender allows the nurse to go to a quiet environment to relieve the stress and attempt to relax. The Code Lavender kit provides lavender aromatherapy and lavender tea, which have a calming effect.



Residency facilitator Dana Greggs, MSN, RN said one team of residents presented on the need for increased use of the Posey Elite Bed Alarm Systems to prevent patient falls.

“Through patient education and visual reminders to unit staff on how to use the alarm systems on high-risk patients, the utilization of the alarms went up from 521 alarms over a six-month period to 751 alarms over a five-month post-intervention period,” Greggs said.

Real-life Nursing Experiences

The residency consists of 12 seminars, including topics such as wound care, chest tubes, tracheotomy care, pain management, professional development and conflict resolution. Simulation labs are part of the residency program. In one seminar, residents in an emergency room simulation lab go over the first five minutes of a code. They learn more about the role of the Rapid Response Team

(continued)

Nurse Residency (cont.)

and when to consult them. The nurse residents also go over in detail the contents of a crash cart. Residents are also given case scenarios and use their critical thinking skills to determine the best way to handle a situation.

"We give them real-life situations, the types of problems they're likely to run into as a nurse," Empie said. "They learn what types of resources are available to them at HFH. Everything we do helps them to improve their confidence and competency." The nurses in the program, she said, finish feeling less isolated and not fearful to reach out to others.

Putman said they continue to improve the program, asking residents and facilitators to provide suggestions at the conclusion. The feedback, Putman said, has been positive and has driven changes in the Nurse Residency Program.

"The basic framework of the program is set. The program is based on evidence-based research. We do surveys along the way, asking the residents about their confidence in their practice and their growth after they leave. Our goal is to make them successful."

Cohort #1

Words from a Nurse



Anthony Valeri, RN, BSN, loves his job at Henry Ford Hospital (HFH). He also believes the benefits he received from the Nurse Residency Program have played a major role in his success in the Medical Intensive Care Unit (MICU).

Valeri graduated from the University of Windsor in Ontario, Canada in 2016 with a degree in nursing. His interest was in critical care, so he applied for a full-time position in the MICU at HFH.

"I was lucky enough to meet some MICU managers and introduce myself," Valeri said. His efforts landed him a job and a 2017 entrance into the first cohort of the hospital's Nurse Residency Program.

"The program makes you feel comfortable at Henry Ford. You discuss real situations and learn the resources available to you," Valeri said. "I give HFH props for a program like this. When you start a new job in general, you may be afraid of doing something wrong. The residency program taught me to ask questions and how to talk to senior nurses. They taught me that I'm not just a new nurse, that I have an impact on patient care. What you put into it is what you get out of it."

Valeri said he viewed the residency program as an opportunity to learn as much as he could from the experts at HFH. He showed up to every meeting, shared stories from his unit and dove into his evidence-based project with the objective of helping to bring about change. Valeri's project was entitled "Exploring the Significance of Early Advanced Care Planning and Early Palliative Care Consultation in the ICU Setting."

Valeri's interest in working with critically ill patients and his project topic stem from his grandfather's hospital experience. For the most part, he said, palliative care and intensive care are viewed at either end of the spectrum. In Valeri's project, he believes they should be more integrated. Palliative care should be introduced at the beginning of ICU.

"It doesn't mean the patient is dying," he said. "It's a way to improve the quality of care while they're in the hospital - just shining a light on the subject."

Most critically ill patients don't have any documented wishes, Valeri's project shows. Integrating early advanced care planning just starts the conversation. If a family understands the patient's wishes, it's less stress on them.

Valeri said his goal is to utilize Henry Ford University, Henry Ford's learning management system, to educate nurses and providers on the need for advanced care planning.

Exemplary Professional Practice



The Professional Nurse Practice Model (PNPM) is the framework which describes our practice, structure, values, collaboration, communication and professional development. At Henry Ford Hospital (HFH) our PNPM drives our desire to achieve exemplary professional practice every day with every patient encounter.

Nursing care at HFH is centered around the patient and family using evidence-based practice and professional standards to provide exemplary care. Nurses utilize data to measure outcomes and continuously engage in process improvement to reduce patient harm. Data is utilized to budget for and obtain resources for the Department of Nursing.

IPASS + SAFETY

New Bedside Handoff Improves Communication



- I** = Illness severity, review patient status
- P** = Patient summary
- A** = Action list, tasks to complete
- S** = Situational awareness - oncoming nurse asks questions
- S** = Synthesis of receiver - offgoing nurse verifies understanding
- +
- S** = Stand at bedside
- A** = Assess your patient
- F** = Fall risk
- E** = Explain plan of care
- T** = Try to involve patient
- Y** = Why - ask patient if they have questions



In November 2017, Henry Ford Hospital (HFH) educated all nurses on a new handoff technique to improve RN-to-RN communication and improve nursing communication with patients and families. This handoff process occurs with shift change or caregiver change and involves two steps.

The first step is IPASS, which is the part of the handoff that occurs outside the patient room. IPASS provides background information, history, reason for admission and general plan of care. The second step, SAFETY, takes place at the bedside with the patient and family, if present. SAFETY begins with an introduction of the oncoming nurse. This portion of the handoff allows for open communication between both nurses, patient and family.

“The nurse will check the patient’s IV, discuss any new medicines, check the patient’s skin condition, provide the patient with a yellow

‘fall risk’ wristband (if needed) and socks with grip on the bottom,” said Nurse Education Specialist Kathy Putman, DNP, RN. “They discuss pain control with the patient and make sure the patient is safe.”

Both nurses will talk to the patient, explain the plan of care and answer any questions, Putman said. This handoff improves the patient’s and family’s feelings of trust and safety. Using this new method, nursing accountability increases and patients feel more involved in their own care. Since using IPASS + SAFETY, patient satisfaction scores with nursing communication has increased.

In March 2018, nursing assistants were educated on IPASS + SAFETY and HFH has incorporated it in their handoff process. Doctors have a similar process for handing off patients to the incoming physician, Putman said. Nursing began to implement IPASS + SAFETY in November 2017. Following the education process, the new communication technique was piloted on several floors. The program was implemented quickly and it is now benefiting patients hospital-wide.

Progression Rounds

Changes Lead to a Decreased Length of Stay

Around the nation, hospitals are exploring ways to reduce cost of care and ensure patient safety. To accomplish a safe transition from the hospital setting, communication and coordination of the health care team is essential. Henry Ford Hospital's interprofessionals are collaborating to achieve one objective - to decrease the patient's length of stay (LOS) and to provide a safe transition of care.

In 2016, the hospital rolled out the idea of Progression Rounds. The goal was to implement a reliable, sustainable and daily Progression Rounds process on the inpatient units that supports timely discharges. Many departments changed their workflow to decrease delays. An escalation process for delays was established for nurses, physicians or case managers to notify department leaders of barriers. These leaders have committed to breaking down barriers so these delays are reduced. To reduce LOS, things had to change.

Another change was simple, but helped with the overall goal of decreasing LOS and the risk of readmission. Unit secretaries are now instrumental in setting up the follow-up appointments for patients who are at high risk for re-admission. No longer does the hospital rely on the patient to schedule their own follow-ups.

In 2017, all units were on board with regular Progression Rounds.

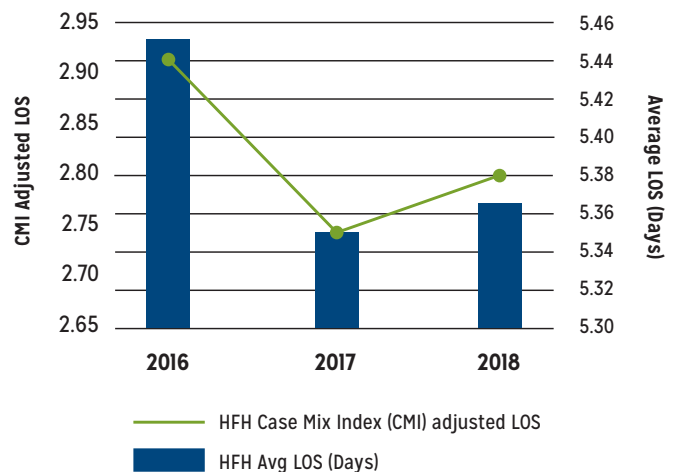
On the general practice units (GPU), nurse managers and case management co-lead the rounds. In ICU, rounds are interprofessional so departments can collectively determine a patient's date of discharge.

Within 24 hours of admission, the expected discharge date is entered in to the electronic medical record by the provider.

"Nurses put the expected discharge date on the white board to improve communication with patients and families," said GPU Nurse Manager Amber Hayes, BSN, RN, NE-BC. "Everyone needs to be on the same page to safely discharge the patient."

"It took some time to get everyone's buy-in because everyone sees the patient from their own practice perspective. We have to mesh those perspectives to set up the plan of care," Hayes said.

In ICU, rounds by providers, occupational therapy, physical therapy, pharmacy, nursing, respiratory therapy and case managers makes it easier to get patients transitioned to acute care, rehabilitation or the GPU.



ICU Nurse Manager Nancy Price, MSN, RN, said "Progression Rounds empower frontline staff to remove the barriers to discharge delays."

"If a patient is simply waiting on just one thing, like an MRI, the nurse can make the escalation call and get it done quickly so care is not delayed," Price said. "The longer the patient stays in the hospital, the more risk there is for complications. Overall, these changes improve the patient's and family's hospital experience. It prepares them for the next phase of care."

New Knowledge, Innovation and Improvements



At Henry Ford Hospital (HFH), nursing research is highly valued and supported. It is backed by a Nurse Researcher/Nurse Scholar along with financial support for research projects. Nurses are educated about evidence-based practice and research, and are able to participate in the Evidence-based Practice and Research Council to generate new knowledge and improve the practice environment. Research and evidence-based practice results are shared within HFH, across the System and at external venues.

Moving health care forward requires a strong focus on outcomes of care and quality improvement. HFH strives to innovate, redesign, transform and expand knowledge to develop next-generation applications to ensure safe, effective and efficient patient-centered care.



Technology

Digital Huddle Boards Move HFH Forward

The theme running through Nursing at Henry Ford Hospital (HFH) for the last year focuses on improved communication, and new huddle boards are playing a starring role.

Last year, Nurse Managers Sue Naster, BSN, RN, and Emily Sexton, MSN, RN, BC-NE, CMSRN, began to look at new ways to share information with staff and easily communicate general notices to patients. The days of decorating bulletin boards to catch someone's attention were over. Hospitals draw on technology for everything else; there should be something digital they could use.

"White boards made it difficult to get information out, and color printers were removed due to a green initiative," Naster said. "It became difficult to distribute information that was visually appealing."

Naster and Sexton determined the software already existed for electronic boards, yet no one was using it. They worked with IT and Facilities to install large TV screens. The result: digital huddle

"Nurses are busy people, so if you can provide information that is easy, short and quick to read, it's great, and you don't have to be techy to do it."

– Emily Sexton, MSN, RN, BC-NE, CMSRN

boards in staff and patient areas. Today, each unit can provide their patients, families and staff with general information, recognitions and acknowledgements, quality metrics and even fun facts about the hospital.

"The time alone it saves is worth it," Sexton said.

In break rooms, the electronic boards run a continuous five- to 10-minute loop of educational information for the nursing staff. Some topics include, a new policy on pressure ulcers, performance goals, or information a nurse shares from a conference. The digital boards allow for more detail about a subject than previous bulletin board posts.

Departments outside of Nursing also have found huddle boards to be useful, making them a multidisciplinary communication tool. Physical Therapy and the Spiritual Care have found it is an easy way to get information to the nursing staff, patients and their families.

"Other departments find it improves communication," Sexton said. "Nurses are busy people, so if you can provide information that is easy, short and quick to read, it's great, and you don't have to be techy to do it."

Sometime mid-year, Sexton decided she didn't want to stop with huddle boards, and started a live feed through an HFH mobile app. The ease of using an app allows for control over the amount of information each nurse receives, as well as the accuracy of the information. Electronic messages are simple to change as the information changes, Sexton said, adding that a live feed makes it easy to conduct surveys with staff. There's accountability with staff as to whether or not they've read the information, she said. When new information is sent out, each nurse can choose to receive a digital notification.

Human Trafficking

New Tools and Education are Saving Lives

The stories can be horrifying and it's easy to become emotional when talking about the patients they encounter, but the doctors and nurses at Henry Ford Hospital (HFH) are making a difference in the lives of adults and children who are trapped in the world of human trafficking.

Want to know more? Talk to Emergency Room Nurse Danielle Bastien, DNP, RN, FNP-BC. What started out as a doctoral project for Bastien has turned into hospital policy and formal training for all doctors and nurses. Bastien's project has become her passion and the results are proof that HFH is saving people from domestic servitude, labor, sexual and organ trafficking.

"This project became my job and it became my obsession," Bastien said. "I'm grateful to Henry Ford for letting me pursue this."

The U.S. government estimates that every year 2 to 4 million adults and children are victims of human trafficking in the United States. Human trafficking is estimated to generate more than \$30 billion dollars annually and is the second largest international crime industry - behind illegal drugs.

Health care providers are in a unique situation to identify victims. Nearly 90 percent of all trafficked victims have some type of direct contact with health care providers and an estimated 67 percent have that encounter in an emergency department. Unfortunately, fewer than 1 percent of liberated victims are actually identified in a health care setting. There are no best practice national guidelines for health care providers and the enormity of human trafficking has only recently reached the national spotlight for concern.

Potential victims of human trafficking often come in with vaginal bleeding and other gynecological problems. They can exhibit signs of

Human Trafficking – The Scope of the Problem



Talk to Emergency Room nurse Danielle Bastien, DNP, RN, FNP-BC. What started out as a doctoral project for Bastien has turned into hospital policy and formal training for all doctors and nurses. Bastien's project has become her passion and the results are proof that HFH is saving people from domestic servitude, labor, sexual and organ trafficking.



blunt trauma, broken teeth, malnutrition, pregnancy, botched abortions, infections or a forced drug overdose. The issues are endless.

"The perpetrator only brings them in when they're losing money from them," Bastien said. "Most people trafficked are citizens of their own country and are threatened by a family member or partner. The threat keeps them doing it. Often, they live a double life."

Bastien's project began with developing guidelines and assessment tools for nurses. The screenings, a set of subjective red flags, can give the triage nurse – often the first person to treat the patient – reason to suspect the patient is a victim. The nurse looks for outward signs, including suspicious bruises, injuries or signs of abuse, as well as less obvious signs, such as unwarranted anxiety, fear or submissive behavior with an accompanying person. If the initial assessment sends up red flags, the patient's primary nurse will continue the assessment with specific questions.

If it appears the patient is with someone who answers questions for them or will not allow the patient to be alone with the nurse, Bastien said, the nurse will do what he/she can to separate the patient from the perpetrator, including taking the patient for an X-ray just to get them to a place where Bastien can enter through a back door to further assess the situation.

Suspected adult victims cannot be held against their wishes, Bastien said. "You can only offer them help and try to empower them. Minors are mandatory reports."

In the first month under the new policies at Henry Ford, 23 screenings were completed. Of those, four adults and one child victim were identified. Five more than what would have been identified prior to the implementation of the guidelines and procedures.

In addition to assessment guidelines, Bastien's work included developing physician and nurse education modules. The hospital's electronic medical records system software, EPIC, has been configured to include the nurse's assessment and follow-up. Names can be kept anonymous in EPIC to keep the patient safe from a perpetrator who may call the hospital looking for them.

"This subject is gaining a lot of awareness," Bastien said, adding she is asked to speak to groups within Henry Ford Health System as well as in the community.

As of this year, regulatory bodies of nursing and licensure boards have new requirements for nurses to have education on human trafficking. Michigan law now mandates all health care professionals report suspected cases of minor abuse, neglect and injuries due to violence.

Part of Bastien's efforts to help victims comes in the form of a lip balm label with a hidden message for the victim to text "help" to be free. The national human trafficking phone number is part of the label's fictitious bar code.

Awards / Presentations / Posters

Nurses at Henry Ford Hospital (HFH) are smiling ear-to-ear after receiving several awards over the last year.

DAISY Award recipients are honored for empathy and kindness toward their patients. One nurse receives the DAISY Award each month. Honey Bee Awards are given every other month, honoring nursing support staff who have gone out of their way to provide extraordinary care.



DAISY Honorees 2017

January – Brian Rolland, BSN, RN, Medical ICU Pod 4
February – Lena Mathena, BSN, RN, Surgical ICU
March – Josie Vitale, BSN, RN, I3-High Risk Antenatal
April – Fatima Mezahi, BSN, RN, H3-Family Centered Maternity Care
May – Hillary Licata, BSN, RN, Medical ICU Pod 1
June – Katelyn Gunnels, BSN, RN, Medical ICU Pod 2
July – Andrea Dabrowski, BSN, RN, P2-Oncology Medicine
August – Dasherm Hawthorne, BSN, RN, I6-Neuro/Surgery Stepdown
September – Dana Hoopes, BSN, RN, Cardiovascular ICU
October – Jordan Greenwood, BSN, RN, Medical ICU Pod 6
November – Allie Nasser, BSN, RN, I6-Neuro/Surgery Stepdown
December – Debra Michaels, BSN, RN, Emergency Department

In addition to DAISY and Honey Bee awards, several nurses at Henry Ford Hospital received many other awards, and were presenters at various local and state conferences.

Congratulations to all the nurses who received awards and recognition in 2017-2018.

HONEY BEE Honorees 2017

February – Jasmine Hill, Nurse Assistant, B2-Cardiology/Short-Stay
April – Latasha Freeman, Patient Advocate, Emergency Department
June – Betty Johnson, Unit Secretary, Medical ICU Pod 1
August – Jeanee Garlitz, Nurse Assistant, P5-Cardiac & Vascular Surgery
October – Caitlin Berdijo, Nurse Extern, H5-Cardiology/Telemetry
December – Medina Sales, Nurse Assistant, F6-Infectious Disease



Awards

Sekeita Lewis-Johnson, BSN, DNPc, RN, IBCLC, IBCLC of the Decade, Black Mothers' Breastfeeding Association, Oct. 12, 2017

Peoples Choice Award, Michigan Council of Nurse Practitioners for Poster Presentation: Implicit Bias of Health Care Providers and Breastfeeding Disparities. March 17, 2017

Involved in a team that was recognized, The Super Hero Award, Community Innovations Project, 2018

Tracy Bridgen, BSN, RN, CCRN, Clinical, Clara Ford Award for Nursing Excellence, 2017

Cathy Jackman, MSN, RN, ACNS-BC, Education and Research, Clara Ford Award for Nursing Excellence, 2017

Jennifer Prevost, BSN, RN, People's Choice Award, Runner Up, Nightingale Awards, 2017

Josh Winowiecki, RN, CCRN, TCRN, Scholarship, American Association of Critical Care Nurses Continuing Professional Development, 2018

Scholarship, Board Certification for Emergency Nursing Society of Trauma Nurses Undergraduate, 2018

Danielle Bastien, DNP, RN, FNP-BC, Safest Care And Best Outcomes, Clara Ford Award for Nursing Excellence, 2018

Angela Smitka, BSN, RN, CCRN, Exceptional Experience, Clara Ford Award for Nursing Excellence, 2018

Krystal McNamee, BSN, RN, People's Choice Award, Runner Up, Nightingale Awards, 2018

Presentations 2017-2018

Aiden Murtagh Nance, BSN, RN, CCRN; **Stephanie Schultdt** MN, RN, CCRN, CCNS, ACNS-BC. Decreasing CLABSI using High Reliability Strategies. Nursing Research Conference, May 19, 2017

Stephanie Schultdt, MN, RN, CCRN, CCNS, ACNS-BC Decreasing CLABSI using High Reliability Strategies, National Association of Clinical Nurse Specialists in Austin, Feb. 1, 2018

Dawn Smith, MSN, RN, CNS, Pregnancy in the End-Stage Heart Failure patient, Annual Westernman Cardiology Conference, Feb. 6, 2018

Sekeita Lewis-Johnson, BSN, DNPc, RN, IBCLC State of the Science Breastfeeding Disparities amongst African American Women, Advantage Health Center, Feb. 1, 2017

Lactation Triage and Acuity in the Inpatient setting Reaching Our Sisters Everywhere (R.O.S.E) Annual Breastfeeding Summit, Aug. 25, 2017

Sorting the Fog Through the Smoke: Marijuana and Breastfeeding, Webinar: The Michigan Breastfeeding Network, March 20, 2018

Danielle Bastien, DNP, RN, FNP-BC, Human Trafficking, DNP Defense and CME program, May 1, 2018

Josh Winowiecki, RN, CCRN, TCRN, Contributing author to the Head Trauma chapter, *Advanced Trauma Care for Nurses* Course Manual, 2017

Dana Greggs, MSN, RN; **Angela Budai**, BSN, RN;

Dayna Donnelly, RN; **Cathy Drais**, MSN, RN;

Rebecca Gensler, MSN, RN; **Jessica Hall**, RN;

Ryan Liddy, MSA, RN; **Kate Manning**, RN; **Carolyn Manchester**, RN; **Michelle Ortiz**, RN; **April Saari**,

BSN, RN; **Bienvenida Sabharwal**, BSN, RN; **Cherie Shelton**, BA; **Lori Sumner**, RN; **Jean Talley**, MSN,

RN; **Corey Wright**, RN, Re-siting Peripheral IVS When Clinically Indicated: Is Safe and Effective, EXPO Competition, Oct. 1, 2017

Cheryl Larry-Osman, RN, MS, CNM, Webinar: Health Equity And Social Determinants of Health, Michigan Department of Health and Human Services, Michigan Infant Mortality Reduction Plan, Jan. 17, 2017

Healthcare Equity: Advocating for Moms & Babies, Reducing the Risk of Preterm Birth Conference, Colorado Hospital Association, March 4, 2017

Discover your Communication Style, Henry Ford Hospital, May 11, 2017

Avatar/Virtual Nurse Project, Disseminating the Information, Nursing Inquiry, Henry Ford Hospital, July 20, 2017

OMG! She's Pregnant! Care of the pregnant Trauma Patient, AWHONN National Convention, New Orleans, July 27, 2017



Awards / Presentations / Posters (cont.)



Cheryl Larry-Osman cont. Nurse Advocacy, Health-care Equity Scholars Program, Henry Ford Hospital, Sept. 7, 2017

Provider Social Determinants of Health Training, Southeast Michigan Perinatal Quality Improvement Coalition/Michigan Collaborative Quality Initiative, Hutzel Hospital, Sept. 29, 2017

Hypertensive Disorders of Pregnancy, AWHONN Michigan Fall Conference, Mackinac Island, Oct. 13, 2017

Culturally Competent Care, Henry Ford Hospital Nurse Resident Lectureship, HFH, Nov. 2017 - present
Caring for the High Risk OB Patient, Samuel L. Westerman Cardiology Symposium, HFH, Feb. 6, 2018
Fetal Monitoring Magic, AWHONN Detroit Chapter meeting, Hutzel Hospital, June 6, 2018

Posters

Marie Bosco, BSN, RN, IBCLC; **Terry Brannon**, BSN, RN; **Irene Andres**, RN; **Mesha Farrington**, BSN, RN; **Barbara Farley**, NA; **Joi Johnson**, BSN, RN; **Susan Klotz**, RNC MS; **Cheryl Larry-Osman**, RN, MS, CNS, CNM; **Melissa Major**, MSN; **Cindy Renault**, RN, MCS, IBCLC, "Personalized Room Service Now Available for All Babies" Empower Breastfeeding National Collaborative Meeting, May 15-16, 2017

Catherine Jackman, MSN, RN, ACNS-BC; **Cathy Draus**, MSN, RN, The Impact of a Multi-Faceted Approach on Reducing Pressure Injuries, Wayne State University: Urban Health Conference, April 12, 2017

Catherine Jackman, MSN, RN, ACNS-BC, Improving Adherence to the Nurse Driven Urinary Catheter Removal Protocol, 12th Annual Nursing Research Conference, May 19, 2017

Sekeita Lewis-Johnson, BSN, DNPc, RN, IBCLC, Implicit Bias of Health Care Providers and Breastfeeding Disparities, Nurse Practitioners Annual Conference, March 16, 2017

Shelley Hagan, MPH, BSNm RN, CNOR, Nurse's Insights and Experience of Bullying in the Workplace, Global Surgical Conference & Expo in New Orleans, March 24-28, 2018

Alexandra Agapiou, BSN, RN and **Nicole Kirk**, BSN, RN, Putting the Sacred Cow to Pasture: Nighttime Vital Sign Frequency on a Cardiac-Telemetry Unit, Western Symposium, Allegiance Research Day, Feb. 6, 2018, April 18, 2018

Dana Greggs, MSN, RN; **Angela Budai**, BSN, RN; **Dayna Donnelly**, RN; **Cathy Draus**, MSN, RN; **Rebecca Gensler**, MSN, RN; **Jessica Hall**, RN; **Ryan Liddy**, MSA, RN; **Kate Manning**, RN; **Carolyn Manchester**, RN; **Michelle Ortiz**, RN; **April Saari**, BSN, RN; **Bienvenida Sabharwal**, BSN, RN; **Cherie Shelton**, BA; **Lori Sumner**, RN; **Jean Talley**, MSN, RN; **Corey Wright**, RN, Re-siting Peripheral IVS When Clinically Indicated: Is Safe and Effective, EXPO, Wayne State University: Urban Health Conference, 26th Annual Greater Lansing Community Nursing Research Day, Oct. 2017, May 19, 2017, April 18, 2018

Catherine Draus MSN, RN; **Angela Budai**, BSN, RN; **Gale Camper**, BSN, RN, CCM; **Isabel Cole**, BSN, RN, CCM; **Jackie David**, BSN, RN; **Michael Hudson**, MD, MHSC, FACC; **Mark Ketterer**; **Nicole Kirk**, BSN, RN; **Jona LeKura**, PharmD, BCPS; **Maria Paraschiv-Buican**, BSN, RN; **Deidre O'Brien**; **Diane Pomorski**, RD; **Renee Ruhlman**, LMSW, CCM; **Matthew Saval**, MS, ACSM-RCEP; **Cherie Shelton**, BS; **Pamela Walker**, Psychosocial Factors Influencing Readmission Rates in Patients with Heart Disease, 2017 Annual ANA Conference-Translating Quality into Practice, March 2017

Stephanie Schuldt, MN, RN, CCRN, CCNS, ACNS-BC Protocol for Intubated Patients in a Medical Intensive Care Unit, American Thoracic Society, May 18-23, 2018

Cheryl Larry-Osman RN, MS, CNM; **Wendy Mackenzie**, MScN, RN, RNC-OB; **Mesha Farrington**, BSN, RN; **Alissa Amlin**, MSN, RN, C-EFM; **Linda McMath**, MSN, RN, Emergency Cesarean Section Drills, HFHS Quality Expo, AWHONN Michigan Spring Conference, Frankenmuth, MI, Oct. 2017, May 4, 2018



Cheryl Larry-Osman RN, MS, CNM; **Wendy Mackenzie**, MScN, RN, RNC-OB; **Dorothy Valvo**, BSN, RN; **Mesha Farrington**, BSN, RN; **Mary Cinat-Teno**, BSN, RN; **Lisa Van Acker**, BSN, RN, Immediate Debriefing Following Critical Incidents: Emotional Support for Maternal Child Health Team members, HFHS Quality Expo, Oct. 2017

Therese Miannecki, PhD, RN; **Arthur Ko** PhD; **Rosanne Burson**, DNP, RN, Closing Administrative Knowledge Gaps around Advanced Nursing Roles, 13th Annual HFH Research Conference, June 2018

Certifications

Olufunke Ajifolokun, BSN, RN, CMSRN, Medical Surgical Nursing Certification

Sharron Alejandria, RN, CCRN, Critical Care Certification

Alice Andrews, RN, BSN, CMSRN, Medical Surgical Nursing Certification

Olimpia Antonie, RN, CMSRN, Medical Surgical Nursing Certification

Susan Armstrong, BSN, RN, AGPCNP-BC, Adult-Gerontology Primary Care Nurse Practitioner

Laura Baker-Fraser, BSN, RN, RNC, C-EFM, Obstetrics and Electronic Fetal Monitoring

Danielle Bastien, DNP, RN, FNP-BC, Family Nurse Practitioner

Marie Bosco, BSN, RN, IBCLC, International Board Certified Lactation Consultant

Bernard Browner, RN, RRT, Registered Respiratory Therapist

Kristen Canty, BSN, RN, CMSRN, Medical Surgical Nursing Certification

Shelley Catania, BSN, RN, CCRN, Critical Care Certification

Patrice Davison, MSN, RN, CMSRN, Medical Surgical Nursing Certification

Jessica DesRosier, BSN, RN, TCRN, Trauma-Certified Registered Nurse

Catherine Draus, MSN, RN, CMSRN, CCRN, Medical Surgical Nursing Certification

Rachel Eklund, RN, CCRN, Critical Care Certification

Cyndi Engelhardt, BSN, RN, CCRN, Critical Care Certification

Mesha Farrington, BSN, RNC-MNN, Maternal Newborn Certification

Kimberly Ford, BSN, RN, CMSRN, Medical Surgical Nursing Certification

Elizabeth Fratarcangeli, MHA, BSN, RN, CCRN Critical Care Certification

Alitha Glenn, BSN, RN, CMSRN, Medical Surgical Nursing Certification

Amber Hayes, BSN, RN, NE-BC, Nurse Executive Board Certified Nurse

Ashley Hopkins, RN, BSN, CCRN, Critical Care Certification

Kristina Johnson, MSN, RN, AGCNS-BC, CCRN, Adult Gerontology

Lynda Karnib, BSN, RN, FNP-C, Family Nurse Practitioner

Krista Kramer, RN, CMSRN, Medical Surgical Nursing Certification

Christine Lambert, BSN, RN, CMSRN, Medical Surgical Nursing Certification

Jesserie Lao, BSN, RN, CCRN, Critical Care Certification

Emily Lemerand, BSN, RN, FNP-C, Family Nurse Practitioner

Kelly Madrid, BSN, RN, CCRN, Critical Care Certification

Marlee Mann, BSN, RN, CCRN, Critical Care Certification

Tajana Milos, BSN, RN, CCRN, Critical Care Certification

Aiden Murtagh Nance, BSN, RN, CCRN Critical Care Certification

Kristen Paruch, BSN, RN, CMSRN, Medical Surgical Nursing Certification

Colleen Pidgeon, BSN, RN, CMSRN, Medical Surgical Nursing Certification

Hanan Setto, BSN, RN, CCRN, Critical Care Certification

Shari Sharp, BSN, RN, CMSRN, Medical Surgical Nursing Certification

Dave Shunkwiler, BSN, RN, CCRN, Critical Care Certification

Erika Simpson, MSN, RN, CMSRN, Medical Surgical Nursing Certification

Matt Snethkamp, BSN, RN, CCRN, Critical Care Certification

Jordan Steinbrenner, BSN, RN, CCRN, Critical Care Certification

Hollie Thacker, BSN, RN, CCRN, Critical Care Certification

Leanne Vangilder, BSN, RN, CCRN, Critical Care Certification

Josh Winowiecki, RN, CCRN, TCRN Trauma-Certified Registered Nurse





2017 Fun Facts

1,838 registered nurses and over
150 Intensive Care beds

101,436 individual patient visits
in the Emergency Department at HFH

37,996 patients were discharged from HFH

16,915 surgical procedures performed at HFH

120 liver transplants and
158 kidney transplants performed

Over **7,500** physicians, staff and
allied health professionals

3.07 million gross sq. ft. on 53 acres

Over **80,000** CME credits provided to
physicians, nurses and allied health professionals





**HENRY FORD
HOSPITAL**