

## 7 South Inpatient Neurology



2019 has been a year of positive transition for 7 South. The unit welcomed Angelica Porras, MSN, RN, CMSRN as their dedicated manager and Lucy Kim, MSN, RN, SCRNP as their educator. The unit also transitioned to Executive Director Connie Selsky, MS, BSN, RN, NE-BC and along with the department of nursing welcomed new CNO Eileen Gillespie, DNP, RN.

Angelica and Lucy transitioned from clinical nurse roles. Their mutual goals are to work with the unit's nurses to impact and improve patient care. The unit has undertaken many projects for performance improvement such as around-the-clock huddles, information champions and a new format for the unit's operations team. An example of the team's work was implementation of shortened phone cords to decrease fall hazards on the unit and reporting staff approve of the unit's direction, as noted in employee engagement measures, which had a positive trajectory in all categories compared to the previous survey outcomes.

7 South nurses support NCH as a Stroke Center. In 2019, following process build and training, the Epilepsy Monitoring Unit was opened in July and has made NCH a level 3 Epilepsy center.

## Community Services, Community Health Nurses Work and Outcomes Overview

NCH's Community Nurse Program uniquely serves the hospital's population who often need additional help in navigating the healthcare system. Whether looking for a PCP, understanding follow-up discharge instructions, or simply looking for ways to improve health and prevent illness, the Community Health Nurses work with patients to assess immediate needs and collaborate with community clinics, local agencies and health programs to meet overall health and wellness needs. The Community Nurses also address the unique healthcare needs of under-resourced populations and older adults by providing treatment options and referrals for low income, culturally diverse and uninsured populations. Our nurses are able to serve our multicultural communities to promote wellness, improve healthcare and advocate for their patient's unique needs.

Our Community Nurses provide care and support through chronic disease management, medication management, diabetes support groups, healthy cooking demonstrations, nutritional counseling, blood pressure screening and health education, and prevention classes at various community locations and venues. All services are free and allow for care to continue beyond the bedside to promote a culture of health, wellness and prevention.

In FY19 the Community Nurses provided:

- > 7,500 patient encounters
- > 60 health & wellness classes
- > 1,000 class participants
- > 170 referrals to clinics / partner agencies for follow-up care and medical homes

## 8 South Inpatient Orthopedics



The Orthopedic unit focused on improving patient experience scores this past year. The unit's patient experience or customer service has historically had a strong performance. Nurses and team members discussed our data and focused on what we could do to improve, deciding that purposeful rounding and hand-off were areas that would improve our patient experience. Nurses led the plans to ensure rounding was optimal and they were not just "checking on" patients, but offering to meet their needs so they could better rest and recover. The team talked about responsiveness with focus on promptly answering call lights. The unit's Nurse Manager, Colette Sutton, BSN, RN, CNML rounded on new patients, with a focus on those going home. The patients provided her positive feedback about their care and ensured the plans were meeting their needs. Rounding and hand-off were discussed during team huddles and reviewed whenever new data was available.

During 2019, the unit also began an employee spotlight with photographs and answers to questions. This initiative helps employees get to know more about each other. This has been such a fun thing to do and the staff feels that getting to know more about each other on a personal level serves to improve teamwork.

It has been a busy year on 8 South and we look forward to an even better outcome in 2020.

## The Inpatient Behavioral Health Adolescent Unit



The team on the Adolescent Behavioral Health Unit has a common goal of advocating for the adolescent population. Over the past decade, the number of adolescents with mental health issues has more than doubled, creating a serious need for our psychiatric nurses, psychiatrists, case managers, teachers and behavioral health associates to collaborate to meet every patient's individual needs. Their knowledge and expertise serve to develop specialized treatment plans.

In 2019, the unit made great advances to optimize patient treatment. This includes rollout of the new AIM (Awareness, Insight and Maintenance) patient workbook and treatment program. Additionally, we redesigned and expanded our therapy groups to include cognitive behavioral therapy, dialectical behavior therapy, relaxation groups, art therapy, self-reflection groups and more.

Safety remains one of our top priorities, demonstrated through new furniture in patient rooms and new restraint devices, which together decrease ligature risks. Staff dedication and collaboration made significant impact on decreasing restraint use and recidivism rates. The team stays current with changes in our specialty through training, education and updated equipment. Education provides knowledge to effectively manage the variety of patient diagnoses treated.

Many other changes in 2019 supported increased referrals to NCH's PHP or IOP programs to maximize and extend treatment. We adapted the patient menus to include teen-friendly food such as pizza, changed patient phones to decrease ligature risks, and added new artwork to make the unit feel less institutional. We also increased the frequency of staff meetings to enhance communication.

## Medical Group Nursing (ECF, ACO, Triage team)



### Extended Care Facilities (ECF)

The NCH Medical Group's Post-Acute Team (nurse and nurse practitioner) worked on the following initiatives in 2019:

- Worked with the post-acute transition committee and IT to improve the AVS and medication reconciliation on discharge from NCH to our five partner facilities.
- Partnered with IT to add several days of administered medications to the Post-acute transfer sheet to improve transparency upon transition to the ECF.
- Developed standard admission order sets to improve quality and standardize care among our five extended care partner facilities.
- Collaborate with Clinical Care Coordinators (C3s) to alert facility staff of high-risk or complex patient transfers, resulting in improved transitions from NCH to the ECF.

## ACO Department

The ACO department has 3 main responsibilities. First, telephonic outreach to high-risk patients. Secondly, we help NCH to meet quality goals and care coordination as a requirement for the NCQA Patient Center Medical Home program. Thirdly, each ACO nurse maintains a panel of patients per office location for care management as required for NCQA Patient Center Medical Home recognition. The Medical Group has held this status since 2012.

The ACO nurses are responsible for telephonic outreach to high-risk populations. We ensure patients are compliant with their plan of care, follow up with their PCP and specialists and ensure their gaps in care are closed accordingly.

The ACO team has access to multiple payer tools and reports that enable us to develop quality outreach strategies to enhance the patient experience at NCH

## Medical Group Care Team Redesign - Triage Team

2019 brought expansion of our services to four more sites in the Medical Group, bringing our total coverage to nine primary care sites. Our telephone triage nurses receive all incoming complaint of symptom calls from offices, incoming MyChart messages from patients, deliver abnormal and complex normal lab and imaging results to patients and complete approximately 3,000 encounters every week. They work closely with the primary care providers to assist them in answering patients' clinical questions and provide education on their conditions. Through our telephone triage nurses' efforts, we close patient care gaps, provide an added level of knowledge and expertise to patients' care, expedite answering messages for providers and efficiently direct patients to the appropriate level of care. We also take all of the incoming answering service calls from 5-7 p.m., allowing the physician on-call to complete their day without interruption.

## Home Health



The patient experience global rating goal for home health was set as 50 or greater for FY19. Home Health has identified challenges to achieving that goal. The team noted that contributing to low scores were responses by patients to five medication questions that patients are asked as part of the survey. The five questions are: Did someone ask to see your medication? Did someone talk to you about your medication? Did someone talk to you about medication side effects? Did someone talk to you about the purpose of your medication? Did someone talk about when to take your medication?

Home Health nurses developed a process improvement project to improve the patients' perception of these medication questions to ultimately improve the patient experience overall global rating. During 2019 the nurses' interventions to improve medication teaching for the patient included:

- Script by staff to include "ask to see all medications"
- Green medication buttons were ordered for staff to wear that state "Let's talk meds"
- Focus on utilizing teach back technique
- Focus on field visits/supervisory visits with nurses to include medication teaching and medication reconciliation
- A form was added to the patient's admission folder to identify all medications
- Patient rounding calls by managers include identifying any medication needs
- MediPlanners (pill boxes) are ordered for patients to facilitate medication administration

Additionally, to support our patient satisfaction scores, Home Health now provides a thank you gift to the patient when discharged from home care. In October 2019, our home health global rating was above goal at 54, indicating our work is moving us in right direction.

## OP Wound Clinic

During 2019, the outpatient wound clinic adapted their workflow processes to accommodate a new role in the clinic, the medical assistant (MA). The role, commonly used in the Medical Group setting, was new to outpatient areas in the hospital. Job role functions were defined and competencies established.

The unit's team embraced the new role, as it supports the clinic's nurses who focus on patient care. The MA also assists the unit secretary/access specialist with her many functions. The team continues to focus on evaluating workflows to improve productivity and provide high quality outcomes.

## Ambulatory Infusion Center (AIC)



In 2019, the Ambulatory Infusion Center (AIC) collaborated with the pharmacy to assess workflow processes involving chemotherapy orders and administration. These areas were revised to improve safety and decrease delays in administration. The AIC adopted a new requirement that mandates receipt of the chemotherapy order 48 hours prior to the patient's appointment to administer chemo. This supports the pharmacy to process the order of the chemotherapy/biotherapy agents, assures compliance with safety requirements and guidelines for cancer therapy administration and obtains any clarifications and/or verifications needed. Additionally, the new process ensures required lab results are available prior to the chemotherapy appointment. Through a coordinated team effort in the provision of care, the AIC and pharmacy improved patient experience by enhanced efficiency, which decreased time spent in the clinic.

## Radiation Oncology



In 2019, the multidisciplinary team in radiation therapy noted an opportunity to decrease the number of scans needed for patient treatment that are impacted by the patient's bladder volume. Although education regarding bladder filling was provided to the patient during consult when the exam was scheduled, the unit's quality committee discovered inconsistent compliance with instructions. Nursing led development of a process for patients to receive a reminder phone call 24 to 48 hours prior to their appointment. The highly successful initiative reduced the incidence of repeat scans from 44% to 3.6%.

## Clinical Practice Innovations Council (CPIC)



The Clinical Practice Innovations Council (CPIC) is comprised of the Clinical Nurse Transformation Leaders. Members are Advanced Practice Registered Nurses (APRN), Clinical Nurse Specialists, or master's prepared Clinical Nurse Educators. CPIC members work with nursing units in addition to leading hospital-wide teams that impact patient outcomes.

In 2019, the CPIC team continued to contribute to nurse sensitive indicators outcomes by collecting and analyzing data, implementing best practices, trialing new products and updating nursing policies accordingly. A great example is the introduction of female external catheters, as well as promoting early discontinuation of urinary catheters to decrease catheter associated urinary tract infections (CAUTIs).

Members of the CPIC team collaborated to support onboarding of 132 RNs, 21 Nurse Residents, and 72 PCTs in 2019. Orientation content is evaluated and edited to streamline and provide the most relevant information for the new staff members. The Nurse Resident Program also has evolved throughout the past year, successfully onboarding five cohorts, comprised of 21 nurse residents, while achieving a 95% retention rate.

## Care Coordination



The Care Coordination team ensures patient care services are organized and managed before admission, during hospitalization and post-discharge. Our purpose is to collaborate with medical providers across the continuum of care to ensure the patient receives healthcare resources at the right time and place that are aligned with the patient's goals of care.

The main accomplishment of the Care Coordination team for 2019 was a decrease in inpatient acute patient length of stay from 4.10 to 4.02 days, while maintaining outcomes for patient experience and readmission rate. This success was achieved through early discharge planning, proactive care progression and the alignment of appropriate post-acute resources.

## Atherton Heart Failure Clinic



The nurses in the clinic manage acute and chronically-ill heart failure patients. There were 1,318 encounters with urgent/acute treatment delivered to 199 patients over the past year. The nurses educate, as well as track treatment progress longitudinally for all patients.

We hold a support group six times per year featuring a different topic at each gathering (nutrition, medication, device therapy, etc.). During 2019 we became part of the initiative “Get with the Guidelines” through the American Heart Association. Nurses abstract patient data from their medical records, focusing on the first 30 post hospitalization days. The data review allows us to learn from current practice and assure best practice as a routine.

The clinic follows patients remotely through two programs that are nurse/nurse practitioner driven. Telehealth has been in place for many years. The CardioMems program began in July 2019, and involves a sensor implanted into the pulmonary artery during a heart catheterization procedure. Following implant, patients lay on a pillow reader at home each day to send the pulmonary artery pressure to a secure website. Nurses review the patient's data daily, deciding if current therapies need to be changed. These programs serve to prevent hospital readmission.

## Acute Inpatient Rehabilitation



In 2019, our unit achieved many milestones, the most significant was our 3 year Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation for adult and stroke programs. This achievement indicates NCH's and our unit's level of dedication and commitment to improving the quality of the lives of the patients we serve.

Some of the strengths noted were:

- Strong leadership, a dedicated group of individuals who built the program over several years and take great pride in the unit.
- Nursing staff demonstrated dedication, compassion, enthusiasm and skill. Professional commitment was found throughout the organization. Staff members demonstrated competencies across disciplines and a knowledge base that allows the program to continue to grow and strengthen the interdisciplinary approach to treatment.
- There is an atmosphere of mutual respect and congeniality between staff members and patients served. Patients mentioned how much they appreciated staff members' ability to address their rehabilitation needs and educate them in a manner that is both instructive and respectful.

Our IP Rehab team has done an excellent job in adding to the success of our program and of providing quality care.

## Immediate Care Centers (ICC)



The NCH ICC's Leadership Team is proud to announce this year's accomplishments. This team is committed to supporting each other to achieve service excellence that comes from the heart. We all know when we wholeheartedly perform a task, it is felt by everyone. Our patients sense our caring feeling, which shows that we are compassionate and gives them a sense of comfort and confidence in our care.

A true example of this compassionate teamwork is the team at the Lake Zurich location. The entire team met their goals for patient experience in 2019. If a nurse or other staff member is out or not available, the medical provider, MA, PA and/or NP assumes the role and vice versa. This team doesn't complain - they just kick in and get the job done. The teamwork is evident in our employee engagement scores.

The ICC staff engaged in various community events to bring more awareness and clients to NCH. Examples are a local pancake breakfast and the community's tree lighting event. Our goal is to keep improving and have our Lake Zurich team and ICC Lab team as primary illustrators of the actions and behaviors that support our success.

The leadership team focused on recognizing staff for a job well done. In weekly huddles, leaders published "thank you" and "kudos", to recognize good deeds of the staff. We had employee appreciation lunches for staff, where members of the leadership team prepared the lunch. Leaders show our staff that we appreciate and thank them for their value, purpose and potential. A few words and actions are all they may need to feel energized and motivated to accomplish our results.

## Perioperative Services



Perioperative services improved in several areas. We developed a shared governance committee within our department to focus on employee engagement, scheduling request and service-line-related uses. Another team was created to review all surgical service policies that ensure staff has a voice. We have our STAR board for employee-to-employee recognition, which is visible to all. Our routine staff meetings include hands-on in-service that supports staff training on core surgical cases.

## Clinical Documentation, Health Information Management



Nurses on the clinical documentation team partner with physician and non-physician providers to facilitate capture of inpatient diagnoses and procedures for the highest specificity in the medical record. Our documentation specialists support accurate diagnosis-related group (DRG) assignments and capture of severity of illness and risk of mortality, which is translated into coded data.

In 2019, our nurses expanded their role by learning about documentation clarifications specific to inpatient quality indicators, which helps ensure accurate administrative data describing the high-quality care provided at NCH.

## Diabetes Services



At NCH, Diabetes Services consists of five registered nurses and one dietitian who are all Certified Diabetes Educators (CDEs). CDEs are health professionals who have extensive knowledge and training in diabetes prevention, prediabetes and diabetes management. The CDEs at NCH care for our community members with prediabetes, type 1 and type 2 diabetes, and gestational diabetes. During FY19, they saw more than 1,200 patients in the outpatient offices. The team saw nearly 800 additional patients during hospital admissions.

The CDEs at NCH provide education on diabetes management, medical nutrition therapy, medication and insulin teaching, healthy living skills, education on insulin pumps and continuous glucose monitors, as well as free diabetes education classes and a support group offered to the community. Diabetes Services at NCH meets the national standards for Diabetes Self-Management Education and is certified by the American Diabetes Association. The education provided is focused on evidence-based practices.

## 5 South Inpatient Women and Infants



In 2019, the team focused on the Glucose Gel Project. The American Academy of Pediatrics (AAP) reasserts its recommendation of exclusive breastfeeding for about the first month of a baby's life. Breastfeeding provides protection against respiratory infections, asthma, allergies and gastrointestinal issues. Sudden Infant Death Syndrome (SIDS) is reduced at 30% when newborns are breastfed. The emotional bonding between the mother-baby dyad is significantly enhanced. The purpose of the project was to decrease NICU admission and decrease the use of formula with transitional hypoglycemia using glucose gel. Over the last two years, the percentage of term newborns with glucose <40 treated with breast milk and glucose gel not admitted to the NICU improved from 12.7 %to 14.8%.

#### 4 South Labor and Delivery



In 2019, Labor and Delivery collaborated with Women's and Infants, and NICU, to achieve The Joint Commission's Perinatal Care Certification, becoming only the second hospital in Illinois and the first in the Northwest suburbs to be recognized with this certification. The certification required more than one year of work by a large interdisciplinary team led by Clinical Nurse Managers Laura Peters, MSN, RN, NE-BC, C-EFM of L&D and Felicitas Cacal, DNP, RN-C, CNML, C-EFM of W&I.

As members of the Illinois Perinatal Quality Collaborative (ILPQC), the NCH units participated in Wave 1 of the Mothers and Newborns affected by the Opioids Initiative, receiving an OB Initiative Quality Award for Data Completion in May 2019. NCH entered the sustainability phase of the Severe Maternal Hypertension Initiative, also through ILPQC, which we have been a part of since 2015. The time to treatment for women with severe range blood pressure decreased. In 2015, 69% of our patients received no treatment compared to 97% of our patients receiving treatment in less than 30 minutes in 2019.

## 2 South Cardiac Renal Unit



The Cardiac Renal Unit (CRU) team provides care for adult and geriatric patients with the primary diagnosis of heart failure and/or renal failure. The team closely monitors length of stay and readmission data to ensure high-quality care is delivered. Employees share their input and suggestions on improving patient care through numerous organizational and unit-based teams.

The unit's team has been working to increase team engagement with focus on creating an atmosphere of positive teamwork, enhanced problem solving and greater employee recognition. In 2019, one of the most successful endeavors to increase recognition and a sense of team was the creation of a "Bravo Board," where staff can handwrite personal notes of thanks to each other.

## Neonatal Intensive Care Unit (NICU)

In 2019, the NICU collaborated with Labor and Delivery, and Women's and Infants, to obtain The Joint Commission's Perinatal Care Certification, becoming only the second hospital in Illinois and the first in the Northwest suburbs to be recognized with this certification.

The NICU received their IDPH Level III re-designation in 2019, which also represented collaborative efforts with the Women's and Children's interdisciplinary team.

NCH team member, Rachel Krauska, BSN, RN-C, received an award from the March of Dimes for the commitment, care and lasting impact she has had on families.

With tremendous efforts by the staff, and specifically the Neonatal Peripherally Inserted Central Catheter Team, our NICU has achieved 28 weeks without a Central Line Associated Bloodstream Infection (CLABSI). This highly trained team of specific bedside nurses insert, monitor insertion site and line removal.

In 2019, the NICU team continued to collaborate with the community by mentoring students, including high school science program shadowing, and both undergraduate and graduate nursing programs.

## Pediatric Emergency Department



The Pediatric ED nurses collaborated with the Palatine Park District and volunteers at ICompete Summer Camp. The nurses work with campers, age 6-11 years, to educate them on topics such as nutrition, health and safety.

In 2019, the Pediatric ED team continued to collaborate with the community by mentoring students, including high school science program shadowing, both undergraduate and graduate nursing programs and paramedic students.

The NCH Research Council is currently working with the pediatric nursing staff in both the Pediatric ED and the IP Pediatric Unit to develop updated asthma education for our patients and families.

## Inpatient Pediatrics



Pediatric nurses collaborated with the Palatine Park District and volunteers at ICompete Summer Camp. The nurses work with campers, age 6-11 years, to educate them on topics such as nutrition, health and safety.

In 2019, the Pediatric Quality Improvement Council submitted an abstract for work they did related to prevention of pediatric patient falls. The team was invited to present a poster on the topic at the annual Society of Pediatric Nurses conference.

The NCH Research Council is currently working with the pediatric nursing staff to develop updated asthma education for our patients and families.

In 2019, the Pediatric team continued to collaborate with the community by mentoring students including high school science program shadowing, both undergraduate and graduate nursing programs.

## Gastroenterology (GI) Center



In 2019, the GI Center focused on their marketing campaign surrounding colonoscopy awareness. The campaign featured the team members receiving departmental t-shirts with the “Butt Seriously” tagline.

The department also had our first Bowling for Colons. This was the first fundraiser to raise money to help support individuals with a financial need to get their screening colonoscopy.

Pre - Post Procedure Unit



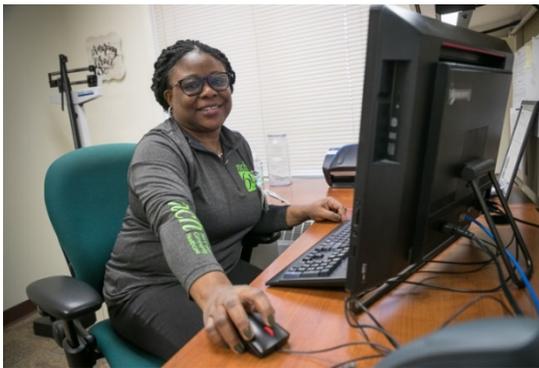
Inpatient Oncology



### Behavioral Health Inpatient Geriatric



### Behavioral Health Outpatient



### Cardiac Cath Lab



Nursing Annual Report 2019 – Department Updates

Surgical Prep Area



Medical Observation Unit



PACU



Pre-Admission Testing



Day Surgery Center Perianesthesia



Radiology Nursing



Day Surgery Center - Operating Room



Quality Department



Cardiac Surveillance Unit



# Nursing Annual Report 2019 – Department Updates

## AFib Clinic



## Emergency Department



Critical Care Unit



9 South Medical Pulmonary



6 South Post-Surgical

