

2020 Nursing Annual Report

Carle BroMenn Medical Center



An incredible year

January 1, 2020 marked the beginning of a brand-new decade, but who could have predicted that in the approaching months the coronavirus pandemic would change the world. A virus - highly communicable, imposing and previously unidentified was the culprit. During my 37 years of nursing, I've practiced during the HIV/AIDS pandemic, H1N1 Swine Flu, Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Ebola *Virus* Disease (EVD), and the Zika virus. But COVID-19 was unlike anything we've experienced before, and it impacted nursing practice in ways we could have never predicted.

During the fall of 1918, an influenza outbreak, known as the Spanish Flu, spread across the United States as troops returned to our shores from the first World War. Doctors had limited resources and few medicines to assist and the focus was to alleviate suffering. Nursing care was critical in the day-to-day battle against influenza. Regardless of where they worked, nurses remained calm, cool, and courageous amid the deadly outbreak. One hundred and two years later, nurses again stood at the forefront of care with our physician partners, battling a virus that has taken a toll on the world, our country and our personal lives.

Pandemics, like the one we're in the middle of now spur uncertainty, but they are not unbeatable. Time and again healthcare professionals show solidarity in the struggle to stop the spread of illness while caring for those who succumb to disease. Along with the rest of the country, this has been our 2020.

I would like to thank our dedicated team of nurses and interdisciplinary partners for their outstanding work in the most challenging of times. Carle BroMenn Medical Center (BroMenn) nurses continue to play a vital role in improving the quality of life for the patients we serve by delivering safe, high quality nursing care. It is a privilege to serve as the Chief Nursing Officer for this group of dedicated professionals. Please continue to read this document to learn about what BroMenn nursing has accomplished in 2020, despite the challenges that we faced this year.

Sincerely,



Laurie Round, MS, BSN, RN, NEA-BC
Vice President and Chief Nursing Officer



Accolades



In February 2020, the American College of Emergency Physicians (ACEP) announced BroMenn’s achievement of **Geriatric Emergency Department Accreditation (GEDA)**. BroMenn became only the third hospital in Illinois to receive this accreditation. This was an interdisciplinary effort that included the ED Medical Director, the ED clinical nurse geriatric champion, Nicole Gregg, the ED RN Case Manager, Hallie Cook, and ED leadership.



BroMenn was awarded the **Platinum Performance Achievement for the care of the MI** (heart attack) patient through the American College of Cardiology National Cardiovascular Data Registry. The “platinum” recognition acknowledges those institutions who have demonstrated MI care at the highest level for specific performance measures in the Chest Pain-MI Registry for two consecutive years (2018 and 2019).



BroMenn received the **American College of Cardiology Chest Pain Center with Primary PCI** re-Accreditation award in July 2020. This was BroMenn’s fourth Chest Pain Center with PCI (Percutaneous Coronary Intervention) Accreditation.



The American Heart Association / American Stroke Association awarded the **GOLD PLUS and TARGET: Stroke Honor Roll ELITE 2020** to BroMenn. There are three levels of recognition, determined by the length of demonstrated performance. Gold recognizes performance of the institution for 24 consecutive months or more. The Gold Plus Quality Award is an advanced level of recognition acknowledging hospitals for consistent compliance with quality measures in stroke care.

Accomplishments

COVID Plan and Implementation

BroMenn nurses showed their true colors during the early days of the pandemic and throughout the following months as the pandemic continued. As elective surgeries were cancelled, programs closed, and new processes were set up to combat the disease, nurses and other healthcare workers found themselves re-deployed to new areas and new roles. Nurses served as screeners, triage workers, Employee Health team members, and in a multitude of other roles wherever needed. Inpatient nurses braced for the worst, which did not come in the early months but appeared later in the year as the “second surge” became reality. Nurses kept themselves informed and up to date as personal protective equipment supplies and requirements changed, stricter visitor policies implemented, relaxed and then re-implemented, and updates came first on a daily basis and then weekly. Through it all, BroMenn nurses provided compassionate, thorough, safe care to all of our patients.



Mother Baby Unit—Labor and Delivery

Traditionally, the Mother Baby Unit (MBU) utilized non-pharmacological interventions such as massage, cold, heat, patterned breathing, use of a birthing ball, laboring in a tub or shower, and ambulation to reduce maternal discomfort during labor. Pharmacological interventions such as intravenous pain medications and regional anesthesia were also used. In 2020, MBU explored the use of nitrous oxide as a pain management option for laboring women. A Nitrous Oxide Implementation Team formed, and a literature appraisal on the use of nitrous oxide in labor and delivery completed. Team members discussed the evidence-based practice materials and determined there was adequate evidence to move forward with the project. Our partners who work in philanthropy at BroMenn provided funding for the necessary equipment purchases.

The implementation team identified superusers and coordinated education to team members. On March 10, 2020, nitrous oxide became available for laboring patients. Within the first two weeks, three patients were able to take advantage of the new intervention and all three patients reported satisfaction with its use. Unfortunately, due to COVID-19 restrictions the MBU team had to temporarily discontinue its use of nitrous oxide due to the aerosolization of it. In November 2020, with restrictions lifted, the team reimplemented the intervention as a pain management option for eligible patients.

Mother Baby Unit—Postpartum

In collaboration with the Illinois Perinatal Quality Collaborative (ILPQC), the Mother Baby Unit formed the Maternal Newborn Opioid (MNO) Initiative team in response to the opioid crisis. Over the last three years, this interprofessional collaborative care planning team evaluated and identified areas of opportunity in current practice including the following: use of opioids for pain management during the postpartum period, screening, intervention, referral, and treatment for substance abuse. The MNO Initiative Team implemented evidenced-based strategies to positively impact the identified opportunities. These included implementation of the 5P's validated screening tool to identify increased risk of substance abuse on every patient admitted to the MBU, implementation of a brief intervention when substance abuse is identified, development of a MNO bundle packet to provide a standardized approach to intervention, referral, and treatment of substance abuse, and revision of the postpartum opioid standing orders. In addition, the MNO Initiative Team partnered with community obstetric offices to roll out these evidenced based strategies in their offices.

Intensive Care Unit

In August 2020, the Intensive Care Unit (ICU) implemented a delirium prevention program to decrease the prevalence of delirium in ICU patients, excluding alcohol withdrawal, through the utilization of evidence-based assessments and protocols. The interventions included prevention of sleep disturbances, early mobilization, and improved sleep quality as evidenced by a decrease in positive CAM-ICU assessments, decreased administration of Seroquel, decreased utilization of restraints and an increase in percent of patients returning to home after discharge. The interdisciplinary workgroup who developed the program included clinical nurses, nursing leadership, physical therapy, speech therapy, and pharmacy.

Progressive Care Unit

In January 2020, the Progressive Care Unit (PCU) implemented an informational video for patients about the pre-operative and post-operative phases of spinal surgery. The goal of the project was to improve patient outcomes by better preparing patients and informing them about their procedure. The project was developed and implemented by members of the PCU Shared Governance Team. The video presentation was made available for viewing by patients during their pre-operative phase in Same Day Services or on the PCU via iPad. During the initial development and implementation phases of the project, patients were asked to participate in a survey after viewing the video prior to discharge to evaluate the content of the presentation. The patient feedback was 100% positive.

Cardiovascular Care Unit

In March 2020, the Cardiovascular Care Unit (CVCU) changed their staffing model to provide for a 24/7 charge nurse on the unit. Prior to the change, CVCU was supported by the Critical Care charge nurse who covered multiple units. The previous model did not support the day-to-day operations and overall flow of the CVCU. CVCU interviewed interested nurses and promoted eight nurses from within the department to charge nurse positions. The new model provides more support for the CVCU team and improves recruitment and retention for the department.

Medical/Oncology Specialty Unit

At the beginning of 2020, the Medical/Oncology Specialty Unit (MOSU) provided culturally sensitive care to a patient who was newly diagnosed with cancer. The patient was very ill, did not speak English, and needed inpatient chemotherapy treatment involving several admissions. The staff relied heavily on translator services throughout the hospital stays to ensure the patient understood the chemotherapy treatment, side effects, and discharge plans. Our Chemotherapy Immunotherapy Certified Nurses worked together to provide 24-hour coverage during this patient's admissions for several weeklong chemotherapy treatments. They managed and coordinated the patient's care in partnership with the physicians and the Community Health Care Clinic. This was just one example of MOSU nurses' commitment to providing excellent, coordinated, and individualized patient care.

6 West Surgical Unit

STAAR is the Surgical Team Approach to Advanced Recovery. The goal of STAAR is to decrease post-operative length of stay and complications for selected surgical procedures. Within the program structure, the entire surgical team has defined care expectations.

In August 2020, the 6 West Shared Governance team implemented the STAAR program and created a poster for each of the patient rooms (derived from the Surgical Recovery Pathway) to keep care expectations in front of the patient. The poster is interactive and allows the care team and patient to track the patient's progress. The Shared Governance team conducted regular audits to evaluate the effectiveness of the interventions and make adjustments as needed.

Acute Rehabilitation Unit

The Acute Rehabilitation Unit reviewed evidence-based literature and other rehabilitation facilities' patient fall policies prior to updating their patient falls policy and procedure in 2020. The previous policy restricted the patient's independence due to their fall score and subsequent interventions. Policy changes allow appropriate patients on the unit to practice their independence and improve mobility prior to discharge, while maintaining patient safety.

Behavioral Health Services

The Mental Health Unit (MHU) and Addiction Recovery Units (ARC) moved into completely renovated spaces in October 2020. The new units allow for an increased inpatient census for both areas. MHU increased their beds from 13 to 19 and ARC from five to nine

Increased bed capacity will provide much needed additional access to services and allow for transfers from other, outlying communities. The new space is state of the art and ligature-free, incorporating many patient and team member safety features. The unit includes private rooms and increased capacity for restraint beds if needed.



Pediatrics/Outpatient Infusion

After attending a pediatric conference in January 2020, nursing team members brought the idea of utilizing a thermomechanical device to help decrease pain during IV procedures to the Pediatric/Outpatient Infusion Shared Governance team. The device had been used by pediatric nurses and child life specialists to help decrease pain for procedures. It uses vibration and a cooling technique to interfere with how nerves send pain signals to the brain.

After purchasing the device, the Pediatric/Outpatient Infusion nursing team decided to gather data on the adult outpatients who required frequent intravenous (IV) starts due to low pediatric volumes. Adult outpatients rated their pain level upon IV start without using the device for pre-intervention data. Then the nurses asked the adult outpatients to rate their pain of their IV start when the device was used. Prior to implementation, the average pain score was 3.32. With the device, the average pain score for the four post-implementation measurement timeframes was 2.08.

Emergency Department

BroMenn completed a full remodel of the area within the Emergency Department designated for behavioral health patients, in order to enhance patient and team member safety. The new space was designed to be ligature-free to keep patients safe and to protect team members from violent patient behavior. The space was approved for occupancy by the Illinois Department of Public Health on August 31, 2020.

Perioperative Services

Dr. Ahadi Hakki, a cardiovascular surgeon, joined the medical staff BroMenn in 2020. With his arrival came significant growth in vascular procedure in the Operating Room (OR). The number of endovascular abdominal aortic aneurysm repairs increased nearly 120%, allowing patients in the community to receive care closer to home. The increased cardiovascular volume also led to continued collaboration between OR and Intensive Care Unit (ICU) nurses and the continued practice of ICU nurses coming into the OR to receive handoff on cardiovascular cases. This handoff, involving medication review and discussion of the ongoing plan of care between the ICU nurse, surgeon and the anesthesiologist, creates a smoother transition for all involved.

Cardiac, Pulmonary, and Interventional Radiology Services

Through the work of the clinical nursing team members in Cardiac Catheterization Laboratory, a same day discharge after percutaneous coronary intervention (PCI) was initiated to improve patient satisfaction and reduce the length of stay and cost for this patient population.

Cardiopulmonary rehabilitation is a vital part of recovery for patients. The multidisciplinary team created a safe environment for patients to continue their rehabilitation for cardiac and pulmonary events during the COVID-19 pandemic. This involved rearranging class times and increasing the number of offerings to reduce class sizes, as well as setting up pods for each patient to social distance while exercising. The team also transitioned all patient teaching to an electronic platform so that patients would receive all of their important education.

Center for Wound Healing and Hyperbaric Medicine

The Wound Healing clinical nurses facilitated the addition of an advanced wound care modality to the clinic's formulary in July 2020. The product was identified when one of the nurses attended a conference and brought the information back to the team members and physicians.

The skin substitute, NuShield, is a dehydrated placental allograft that contains extracellular matrix proteins, cytokines and growth factors assisting in the wound healing process. Wound Healing physicians and nurses currently utilize this product for acute and chronic wounds that have stalled in their epithelial progression. They have seen favorable healing outcomes as a result.

Clinical Informatics

BroMenn's Clinical Informatics (CI) department was instrumental in the safe transition of patient data and clinical workflow functionality within the electronic health record (EHR) when the hospital's ownership changed mid-year from Advocate Aurora Health to Carle Health. In less than six months, the team planned for creating a new general ledger for billing and new virtual facilities in Meditech. They discharged and re-admitted hospitalized patients on July 1, 2020. Numerous safety checks were put into place to prevent errors and confusion for the nurses caring for the patients. In anticipation for an extensive build and re-configuring of the EHR, the CI team met with an interdisciplinary team to map out the process and resources needed to accomplish the task safely.

In total, CI helped to configure 1,400 surgical preference card records, 225 surgeon access profiles, 24 operating room team member access profiles, 82 procedure group records, 77 clinical documentation access profiles, and 13 access profiles. On the night of cutover from one EHR to the other, CI coordinated teams of nursing technicians and nurses to validate, distribute, and transpose patient data into the new facility for 108 patients at BroMenn patients and 3 patients at Eureka Hospital.

Simulation Lab

The pandemic forced the Simulation Lab to take a hiatus for the first part of the year. However once restrictions were lessened, simulations began again in full force. Operating Room (OR) nurses participated in *Fire in the OR* simulations the week of August 24, 2020. This was a rich collaborative effort requiring much teamwork with ancillary partners. Crystal Bricker, OR, was the lead designer and facilitator for the simulation. Alex Trickett, safety manager, participated with the team to ensure the fake smoke used did not trigger the fire alarm system. The Normal Fire Department lent a smoke machine to create realism in the scenario and the Environmental Services team ensured the floors were clean after each day of simulation due to residue from the smoke machine.

A total of 32 OR team members, both nurses and techs, participated in the simulation. All learners agreed they would be able to immediately use what they learned from the simulation. Learners noted that they would apply the following back on the job:

- waiting three minutes for prep to dry
- always having saline on the table
- calling for help immediately
- knowing the number to call for help
- techniques for holding surgeons accountable for prep dry time

Fire in the OR helped successfully meet the learning objectives of demonstrating fire triangle awareness, implementing fire prevention strategies, demonstrating appropriate management of fire, and applying post-fire procedures. This was just one of the many simulations conducted in 2020.



Wound Ostomy

The Wound Ostomy nurses at BroMenn had a very busy year. One new initiative for 2020 was a wound care simulation, used to collaborate with clinical nurses to address identified trends related to daily wound care practices. The simulation experience was performed in the Simulation Lab, facilitated by the two Wound Ostomy nurses and assisted by the Simulation Specialist, in August 2020. Thirty-eight RNs from the Progressive Care Unit (PCU), and the Clinical Resource Unit (CRU) were first to complete the one-hour, hands-on, interactive wound care simulation. The learning method proved to be a very positive experience of learning verbalized by the clinical nurses and wound nurses. Clinical nurses also acknowledged having a better understanding of important evidence-based practice standards, such as measurement of each wound, physician orders, and staging. Overall, the experience was beneficial for both nursing participants and facilitators, strengthening bedside practice and improving patient outcomes for the PCU unit. The wound nurses look forward to utilizing wound care simulation for other units in the future.

Stroke Program

The Stroke Process Improvement Team found a way for community stroke education to continue during the pandemic. Stroke team members utilized multiple resources to raise awareness of stroke symptoms, even during challenging times. Five hundred McLean County Peace Meal recipients received a STROKE/BE FAST educational flyer with their meals and members of the Stroke Process Improvement Team participated in outdoor presentations for assisted living facilities with emphasis on BE FAST and stroke risk factors.



Sepsis

Sepsis continued to be one of BroMenn's high-risk diagnoses and a focus for the health care team. Sepsis Alert cases were audited concurrently each week by a quality care coordinator (QCC) to identify opportunities for improvement. Weekly reviews at a team huddle of unit managers and QCCs allowed trends to be identified early and an action plan developed. Feedback was provided to individuals or departments who cared for the patient as needed.

ARJO/Safe Patient Handling

In January 2020, planning for the implementation of the Safe Patient Handling (lift equipment) program began. After many setbacks due to the pandemic, the program went live on October 22, 2020. The program, supported by the Arjo Company, involved a massive training effort to educate nursing and ancillary team members across the organization on the equipment.



The goal of the program is to decrease the number of patient handling injuries and worker's compensation claims and increase the mobility/safety of patients. Notable aspects of the program include:

- Appropriate lift equipment for patient populations located and stored on each unit/area of the facility, decreasing the need to find and transport the equipment
- Super users from each department trained to support their colleagues
- General training sessions and rehabilitation/therapy-specific training sessions to personalize the training for participants
- Standardized equipment and supplies across the facility