



Transforming Nursing Excellence

Northwestern Medicine Woodstock Hospital
Fiscal Year 2020-2021 Nursing Annual Report





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Woodstock Hospital Nursing Awards, Recognition and Accreditation 2019-2021



Greetings,



To say these past two years have been an adventure is an understatement. Fiscal year 2020 began with much optimism and excitement as we finally felt part of the Northwestern Medicine

family. While we were still acclimating to our new health system and the changes associated with policies, procedures and processes, we began the transition from our previous electronic health record (EHR) to Epic, the EHR used throughout Northwestern Medicine. This was perceived to be the final step in our transformation, and we looked forward to implementing this change and going back to some normalcy in our routine.

Unfortunately, we were in the thick of our EHR conversion when the world changed. At first COVID-19 seemed to be just another hurdle that would need to be cleared, but reality soon set in. COVID-19 challenged the healthcare system and our practices, and impacted the personal lives of our patients and our peers. We learned the value of frequently checking our intranet, NM Interactive, because the updates from the system changed so often with the emerging information from the Centers for Disease Control and Prevention.

Despite entering the uncharted territory of a pandemic, life went on. There were deaths and births, devastating diagnoses and recovery from illness, separations and even some weddings, although on a much smaller scale!

The first extremely compromised patient with COVID-19 caused fright and concern within the Emergency Department, but hearing news of her progress downtown at Northwestern Memorial Hospital, and knowing our nurses had been instrumental in treating her illness, brought a glimmer of hope and victory. The day-to-day challenges of treating patients who were symptomatic became a little less frightening with each situation. We began to feel better equipped to care for these patients, literally with our personal protective equipment and emotionally from peer support.

Patients continued to arrive and all hospitals were challenged with developing plans for accommodations. Without a dedicated medical-surgical unit at Woodstock Hospital, we began to consider how we could lessen the impact of the increased volumes of patients at our other regional hospitals. The logical answer was to proactively move the Rehabilitation Unit into its newly renovated area from Northwestern Medicine McHenry Hospital. The unit was near completion and had a planned transition within a few months, so what better use of that space than for the patients it was designed to accommodate? This move would create much-needed patient care space at McHenry Hospital and lessen exposure to the acute rehab patients who used the shared elevators to access the physical therapy gym. Recognizing the positive impact this would create for the patients and putting our patients' needs first, the Inpatient Rehab team moved into Woodstock a record eight days later!



The one thing that remained steadfast throughout the trials and frustrations in all areas of the hospital was prioritizing our patients. Nurses came to work every day despite the potential toll it had on their physical and mental health and possibly that of their family members. They provided the same exceptional care to each patient from our community.

It did not seem possible that this pandemic would continue past spring 2020, but each month brought some hope and then frustration as numbers increased again. We began to settle into a routine of accommodating the “new normal.” By fall, all hospitals had indoctrinated processes and protocols to rely on for testing, diagnosis and treatment. The month of December brought a new source of encouragement because we learned that vaccinations would be available to us by the end of the month. There were many tears, high-fives and celebrations during those first few employee vaccination clinics; the atmosphere was one of excitement and a sense of hope.

Woodstock Hospital was awarded the great honor of organizing community vaccination clinics for the patients of Northwestern Medicine. It required coordination by almost every department of the hospital, but no one questioned whether it was worth it.

The team quickly worked out the details. Within a couple of weeks, we welcomed the first of our patients from the community to our regional vaccination site. The building was alive with an energy it had not experienced in months. Again, there were tears, celebrations and numerous stories of how people had survived the year, many in isolation. Friends, neighbors, co-workers, and even some family members were reunited, and some people even made new acquaintances as they waited in the monitoring area for their mandatory 15 to 30 minutes. Some groups were quiet and kept to themselves; other groups were boisterous, giddy and very entertaining.

The nurses came from all clinical areas across the Northwest Region. They continued to come back time after time, and the common theme was that they felt they were doing something proactive. As healthcare providers, much of our role is to provide education and preventive care. That paradigm changed to providing what relief and treatment could be offered to very ill patients. Nurses were limited in the amount of support and education they would normally provide to family members because of visitor restrictions. The vaccine clinic atmosphere and the ability to interact with ambulatory patients was extremely cathartic for them.

It has been a challenging 18 months, but it has also been very rewarding. I am amazed and awed by the resiliency and ingenuity our nurses have displayed. I am honored to work with such a dedicated group of professionals. Despite the lack of a “playbook” on surviving a pandemic, we rose to the occasion and we have thrived. Patient experience scores are the highest in the system, patient outcomes are exceeding targets, and our nursing teams exemplify Northwestern Medicine values every day!

Sincerely,

Lori Sullivan, MSN, RN

Vice President and Chief Nurse Executive
Northwestern Medicine Woodstock Hospital

Transformational leadership

Today's healthcare environment is experiencing unprecedented, intense reformation.

Unlike yesterday's leadership requirement for stabilization and growth, today's leaders are required to transform their organization's values, beliefs and behaviors.

American Nurses Association (ANA), nursingworld.org

TRANSFORMATIONAL LEADERSHIP

Adopting the Interprofessional Relationship-Based Care model

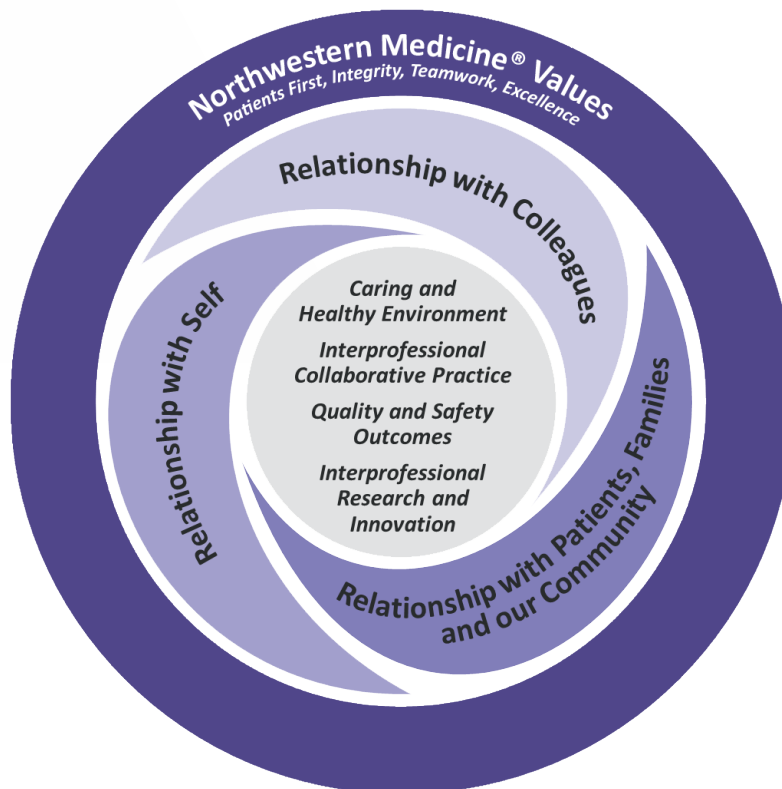
This spring, Northwestern Medicine Woodstock Hospital began transitioning to the Northwestern Medicine Interprofessional Relationship-Based Care (IRBC) practice model.

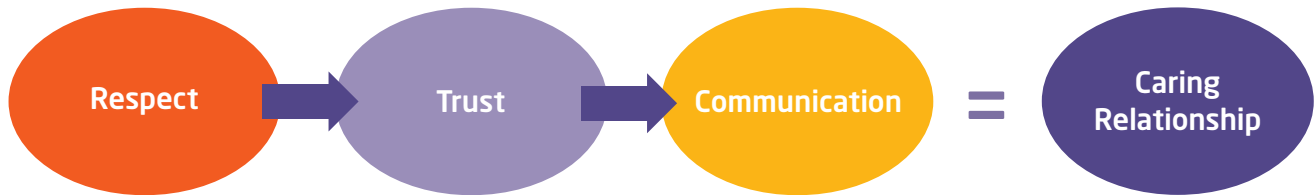
The IRBC model is founded on the Northwestern Medicine values of Patients First, Excellence, Integrity and Teamwork. The NM values rely on strong, healthy relationships that encourage open communication and collaboration.

The IRBC model is centered on the relationship-based care model, with three main foci.

The first focus is relationship with self. This segment challenges the team member to practice self-awareness and self-care to balance their mind, body and spirit. It is important to have an awareness of their traits, behaviors and feelings. The team member should be self-knowing with an understanding of their values and beliefs as well as their character, powers and limitations. Further, the team member should practice intentional caring, giving purposeful attention to caring relationships, especially with one's self.

The second focus is relationship with colleagues. Our team consists of peers within our department





and throughout the hospital. Interprofessional and interdepartmental teamwork depends on cooperation, coordination and collaboration among members of different professions in collectively delivering safe, efficient, patient-centered care.

Establishing a relationship with the community we serve is important. This relationship can help us build trust and provide resources through volunteerism.

The third focus is relationship with patients, families and our community. Forming relationships with our patients helps us know the patient as a person. This relationship can answer the questions of what is important to the patient and what are the patient's health goals. The patient will include their family and support team as they desire. This guides us to remember

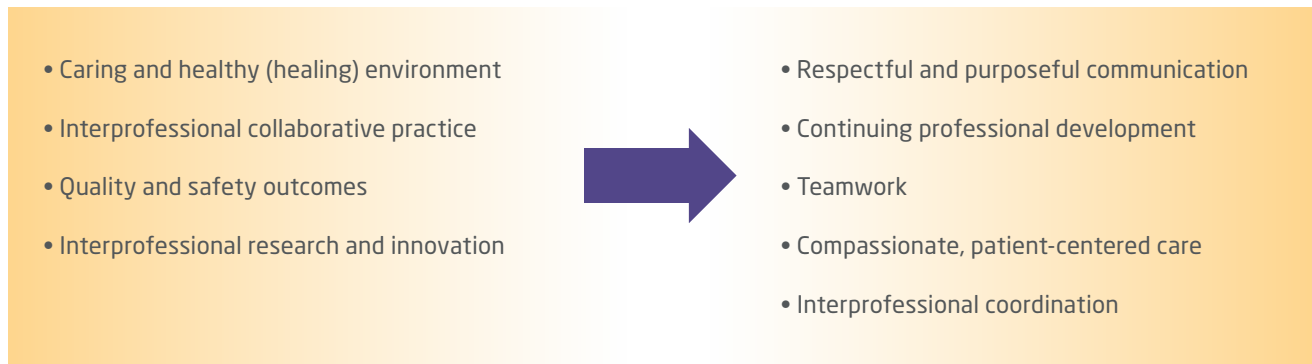
that their family and support team have significant influence on a patient's health.

The core of the model holds our guiding principles. These standards drive us toward excellence. We want a caring and healthy (healing) work environment where we can provide the best for our patients. We strive for and improve on interprofessional collaborative practice, knowing this open coordination of care will guide great patient outcomes. We strive to provide quality and safety outcomes. In addition, we desire to move our profession forward through interprofessional research and innovation.

This new practice model will enhance our relationships, build respect and foster collegiality.

Alanna Talles, MSN, RN, RNC-OB

Guiding principles at core



TRANSFORMATIONAL LEADERSHIP

Inpatient Rehab moves in

The Acute Inpatient Rehabilitation unit moved from McHenry Hospital to the newly renovated second floor at Woodstock Hospital earlier than initially planned, says Lori Sullivan, MSN, RN, vice president 2020 and chief nurse executive. In mid-March 2020, regional leaders involved in surge planning for the COVID-19 pandemic determined that moving Inpatient Rehabilitation as soon as possible would free up 22 beds at McHenry Hospital and be the best way to make use of the new space at Woodstock.

“This was the best solution for our Inpatient Rehabilitation patients to be here at Woodstock in a dedicated space we built for them,” Sullivan says, adding that the team immediately started communicating with patients and their families about the move. “They took a lot of time to talk with patients and their family members to explain what was happening because their families couldn’t visit or come to an open house.”

and Woodstock relied on two years of preparation to make the move a success. “We’ve been meeting since February 2018 to get this move prepared, with representation from every department that supports our unit,” Webel says. “In those six days, all the teams from Environmental Services, Lab, Respiratory, Food and Nutrition, and Security, they were all just executing the steps that we had outlined.”

In late March, 11 patients were transported from McHenry to the 22-bed unit at Woodstock. That’s when positive feedback on the new space started pouring in.

“The Nursing team told me how much they appreciate having space that’s dedicated to what we do,” Webel says. “With all the space and brand-new equipment in every room, we have everything we need to deliver exceptional care to our patients.”

Kris Germain, MS, CCC/SLP, manager of Rehabilitation Services at Woodstock, says the therapy team is very happy with the new spaces for the patients, which include a rehabilitation gym with a new car simulator; large, private treatment rooms; and a spacious apartment area. “The team is already feeling very much at home,” she says. “Everybody being on the same floor on this unit has really helped with communication.”

Patients are enjoying the new space, too. “Patients love the private rooms, the therapy area and the gym space,” Germain says. “Patients appreciate that they can come to rehabilitation knowing that they are getting excellent, safe care.”

Thanks to support from Marianjoy Rehabilitation Hospital, part of Northwestern Medicine, patients recovering from COVID-19 are also receiving that same rehabilitation care. Sullivan and Webel say that they benefited from input from the team at Marianjoy



Daniel Webel, BSN, RN, CRRN, manager of Patient Care for Inpatient Rehabilitation, says with just six days’ notice, Inpatient Rehabilitation, Rehabilitation Services and all the support services teams at McHenry



throughout the development of the new unit, but especially so when it came to setting up a post-COVID-19 isolation wing. "It has been very helpful to collaborate with our peers at Marianjoy during this process," Webel says.

The post-COVID-19 wing began taking patients in May 2020. The wing has the capacity to take up to 10 patients recovering from COVID-19. "For some patients, it takes a long time to recover from this illness," Webel says. "We are addressing the subsequent rehabilitation needs they have from COVID-19."

Throughout this transition, Webel says the team has relied on the experience and leadership of the psychiatrists who work on the Inpatient Rehabilitation unit. B. Shankara, MD, who helped found the Inpatient Rehabilitation unit at McHenry in 1985, postponed

his retirement until the end of May to help see the team through the move to Woodstock. That guidance helped the Inpatient Rehabilitation team maintain an exceptional commitment to patient safety. Sandhya Meesala, MD, the unit's current medical director, intends to keep that momentum going.

The Inpatient Rehabilitation team moved to Woodstock on March 27, 2020. This move was earlier than planned to support the need for space to care for patients during the anticipated COVID-19 surge. Throughout the two-year planning journey, the team always focused on how to center patients and meet the needs of the healthcare team as well.



Structural empowerment

Structural empowerment is accomplished through the organization's strategic plan, structure, systems, policies and programs. Staff are developed, directed and empowered to find the best way to accomplish the organizational goals and achieve desired outcomes.

ANA, nursingworld.org

STRUCTURAL EMPOWERMENT

Shared Governance restructuring: Woodstock Hospital interdisciplinary leadership team

Nursing shared leadership supports nurse involvement in decision-making at all levels. An organized structure promotes autonomy, quality improvement, staff and professional development, and research.

Nurse leaders from Northwestern Medicine Huntley Hospital, McHenry Hospital and Woodstock Hospital worked on identifying the structures needed at their specific sites. In October 2020, the first new Woodstock Nurse Leadership Council met, ready and excited to focus on elevating nursing Shared Governance. This monthly meeting has evolved into an interprofessional leadership meeting led by Lori Sullivan, MSN, RN, vice president and chief nurse executive at Woodstock Hospital.

Informally, Shared Governance occurs when clinical nurses and leadership work together to make decisions that affect all stakeholders.

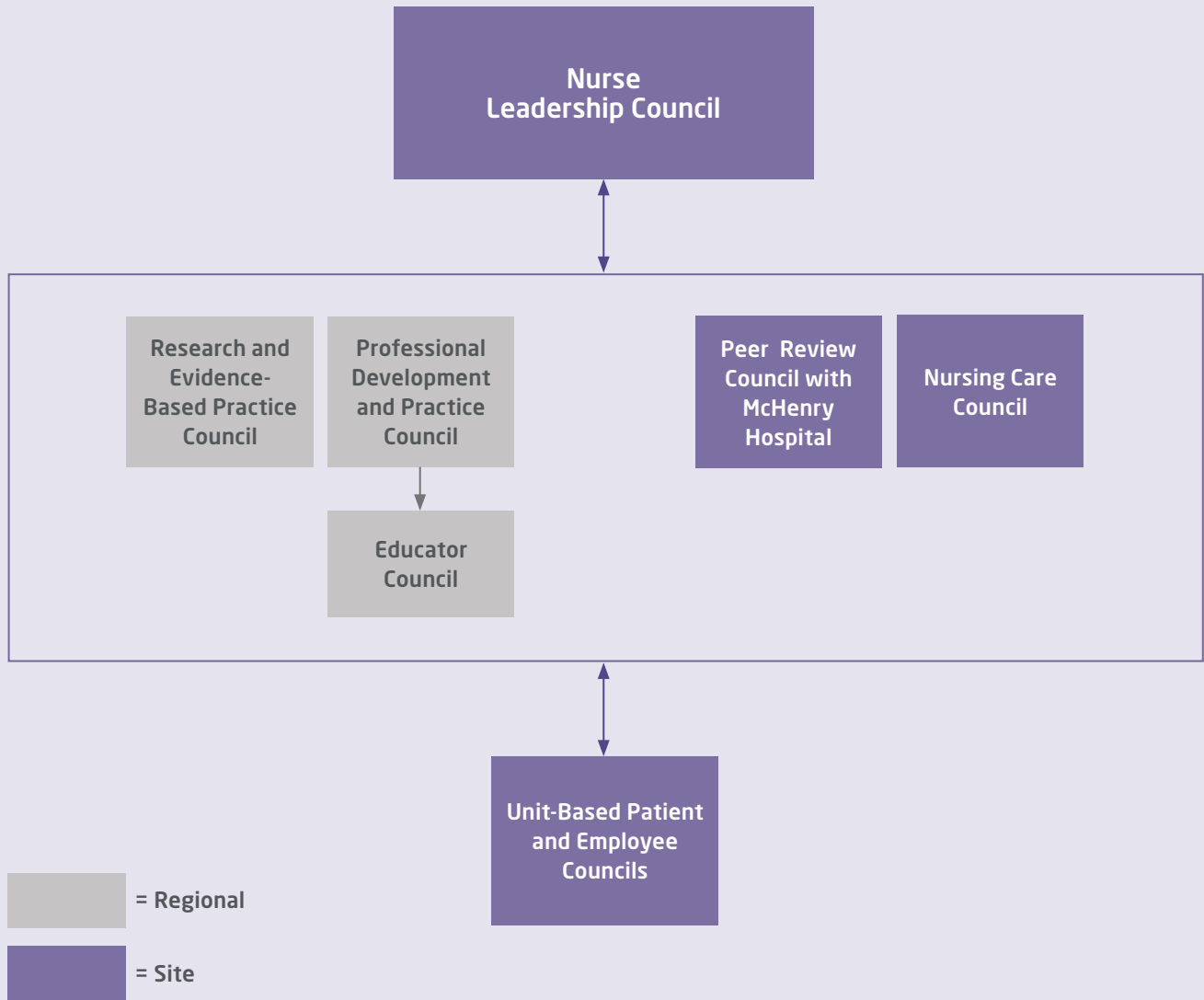
Shared Governance is in action during any meeting, big or small, where the group shares accountability, is facilitative rather than directive, and comes to a consensus about the steps to take.

More formally, the Shared Governance structure includes:

- Leadership councils: Executive and Nursing Leadership
- Unit-based councils: Patient and Employee councils
- Regional councils: Quality and Safety, Professional Development, and Research and Evidence-Based Practice

At these meetings, clinical nurses are encouraged and empowered to collaborate with leadership so their voices are heard when making changes that impact nursing practice or patient outcomes. When you are a member of Shared Governance, you are the representing voice for your unit, and you have the opportunity to participate in shared decision-making with your leaders.

Alanna Talles, MSN, RN, RNC-OB



STRUCTURAL EMPOWERMENT

Nurses of the Year 2019–2021

2019

Transformational Leadership Award

Catherine McNalis, BSN, RN

Structural Empowerment Award

Julie Ruiz, BSN, RN, PMH-BC

Exemplary Professional Practice Award

Joanne Bellazzini, RN

New Knowledge and Innovation Award

Amanda Borhart, RN

Friend of the Nurse Award

Kelli Landman
Project manager, Information Services

Nursing Partnership Award

Nancy Vaughn
Emergency Department technician

RN Rookie of the Year Award

Erin Gordillo, RN

2020

Structural Empowerment Award

Morena Quintarelli, BSN, RN
Certified addictions nurse

Friend of the Nurse Award

Julie Yesulis
Behavioral Health counselor

Nursing Partnership Award

Alma Sanchez, PCT

RN Rookie of the Year Award

Giles Budiongan, BSN, RN

2021

Transformational Leadership Award

Julie Ruiz, BSN, RN, PMH-BC

Structural Empowerment Award

Maria Luczynski, BSN, RN

Exemplary Professional Practice Award

Elizabeth Varughese, BSN, RN, CMSRN

New Knowledge and Innovation Award

Kristi McCarthy, BSN, RN

Friend of the Nurse Award

August Percle
Transport coordinator

Nursing Partnership Award

Nicole Johnson
Patient care technician

Rookie of the Year Award

Mary Poyer, RN



IN MEMORY OF J. PATRICK BARNES

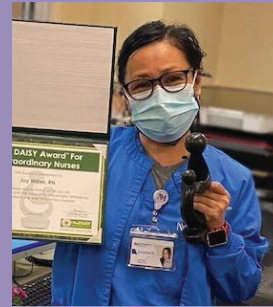
Woodstock Hospital Nursing is honored to participate in the DAISY Award program. Here are some of the extraordinary nurses who have received the DAISY Award since January 2020.



June 2020:
Ali Koch, BSN, RN
Psychiatric Emergency Services



November 2020:
Julie Ruiz, BSN, RN,
PMH-BC
Inpatient Behavioral Health



March 2021:
Joy Miller, RN
Inpatient Behavioral Health



April 2021:
Karen Carr, RN
Inpatient Rehab

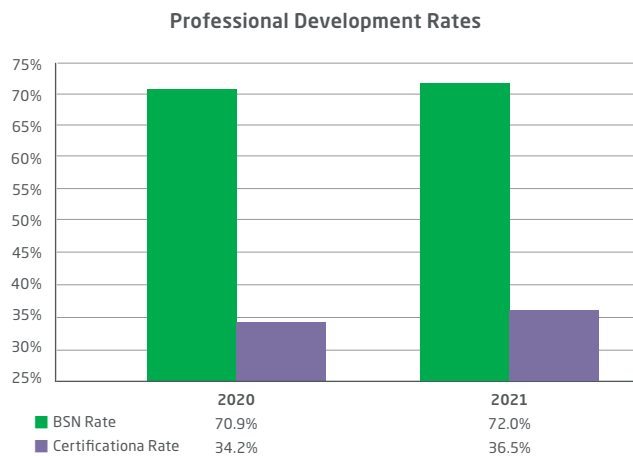


June 2021:
Kandi Krajecki,
BSN, RN
Inpatient Behavioral Health

STRUCTURAL EMPOWERMENT

Professional development and advancing education

Ongoing professional development is crucial to remaining current in practice. Nurses are committed to lifelong learning by participating in professional development activities that improve their knowledge, skills and practices in the workplace. Professional development activities at Woodstock Hospital are designed to improve the professional practice of nursing and patient outcomes. Part of the commitment to lifelong learning is degree advancement and pursuing specialty nursing certifications. Northwestern Medicine encourages nurses to pursue lifelong learning by providing financial assistance for higher education, specialty certification and other professional development opportunities.



Through its Future of Nursing call to action, the Institute of Medicine (IOM) called for 80% of nurses in an organization to hold a Bachelor of Science in Nursing (BSN) or higher degree by the year 2020. The American Nurses Credentialing Center (ANCC) and American Nurses Association as well as many professional organizations support the IOM goal. To encourage ongoing professional development, the ANCC Pathway to Excellence® program encourages organizations to provide opportunities that support lifelong learning.

The Woodstock Hospital Nursing Strategic Roadmap aligns with the IOM goal. Robust annual goal-setting in the Nurse Leadership Council and unit Shared Governance councils receives strong support from the Professional Practice department and generous reimbursement policies for continuing education. Woodstock Hospital has made great strides toward the 80% goal with a current BSN rate of 72%.

Alanna Talles, MSN, RN, RNC-OB

STRUCTURAL EMPOWERMENT

Striving for excellence through specialty nursing certification

The standard benchmark for certification of professional nurses is 51% or greater. Professional nursing certification is a formal process by which a certifying agency validates a nurse's knowledge, skills and abilities in a defined clinical area of practice based on rigorous standards.

As part of a lifelong learning plan, certified nurses bring expert care to the bedside, and bring evidence-based practice guidelines and leading-edge knowledge to the organization through their affiliation with their professional organization.

The current certification rate for Woodstock Hospital is 36.5%. Members of the nursing teams currently hold 20 different nursing specialty certifications.

Certified Nurses Day™ is an annual day of recognition for and by nurses dedicated to nursing professionalism, excellence, recognition and service. It is a day to honor nurses worldwide who contribute to better patient outcomes through national board certification in their specialty. Every March 19, nurses are celebrated and publicly acknowledged for earning and maintaining the highest credentials in their specialty. March 19 is the birthday of Margretta "Gretta" Madden Styles. Styles was one of the greatest leaders in the field of nursing certification, recognizing the critical importance of credentialing and its global impact on the nursing profession. In 2021, Woodstock Hospital certified nurses were celebrated with a sweet treat and a small token of appreciation to reflect on their commitment to lifelong learning and the nursing profession.

Collaborating with Northwestern Medicine, MED-ED is an ANCC-accredited provider that offers unique learning opportunities for registered nurses to become certified in a nursing specialty. MED-ED hosts online learning modules for certification preparation. Nurses access the online platform at their convenience, making the program ideal for people working various shifts. The courses include tests that allow nurses to check their knowledge before their certification examination date. Contact hours are awarded for the program with printable continuing-education certificates.

Courses available to the Northwestern Medicine Northwest Region nurses include:

CMSRN (Med/Surg)

CCRN (Critical Care)

CEN (Emergency Nursing)

CNOR (Operating Room)

EFM (Electronic Fetal Monitoring)

OB (Inpatient Obstetrics)

SCRN (Stroke)

TCRN (Trauma)

PCCN (Progressive Care)

NICU (Neonatal Intensive Care)



As of June 2021, five nurses from Woodstock Hospital have taken advantage of this learning opportunity to prepare for certification exams.

In addition to using MED-ED, many nurses belong to their specialty nurse organization, such as American Psychiatric Nurses Association (APNA) or Emergency Nurses Association (ENA). Through these organizations, nurses can participate in continuing education offerings. Two great examples include APNA's competency-based training for suicide prevention and ENA's geriatric emergency nursing education.

These accomplishments exemplify the commitment of Woodstock Hospital nurses to continuously strive for excellence through lifelong learning and education.

Alanna Talles, MSN, RN, RNC-OB

STRUCTURAL EMPOWERMENT

Annual skills simulation goes virtual

The Nursing Professional Development (NPD) team planned live education and simulation sessions for clinical nurses, addressing their needs for continuing education and furthering nursing excellence. With the arrival of the COVID-19 pandemic, the uncertainty of face-to-face education presented an obstacle to using simulation to achieve these outcomes.

A group from the NPD team quickly created three e-learning modules to meet all regulatory and centers-of-excellence educational needs. This group consisted of Kathy Glass, MS, BSN, CCRN, professional development specialist; Shannon Havenhill, MSN, RN, OCN, CNOR, professional development specialist; Judy Pasternack, BSN, RN, NPD-BC, professional development specialist; and Thomas Tockey, MSN, RN, NPD-BC, manager, Transition to Practice Program. The e-learning modules were assigned to all nursing staff who were unable to attend a required simulation session because of the shutdown.



Over the summer of 2020, the NPD team collaborated with the Rosalind Franklin University simulation team to determine how to provide education while maintaining safety. As the state of Illinois began to reopen in phases, capacity limitation and safety continued to be important. By October 2020, the NPD began to restructure annual learning once again, and all learning was placed on hold until a feasible plan could be created.

The e-learning sessions covered the following:

An interactive module about how to keep a suicidal patient safe, including ligature risk and contraband

A module and quiz on the use of restraints

A module about identifying and caring for patients with chest pain or myocardial infarction that included electrocardiogram testing and interpretation

The approved objectives for the simulation experience included the following:

To use critical thinking skills to prioritize the initial assessment of an assignment based on shift report

To emphasize the importance of a complete bedside shift report with the off-going nurse

To improve early identification of patient deterioration and what steps to take to prevent further decline

To improve communication in handoff and other departments

The team developed a live virtual experience that could happen via Microsoft Teams. Once logged in to their session, participants are briefed on the interactive expectations and learning outcomes. After viewing an array of video vignettes, they have a virtual debriefing with a member from the NPD team. This is the setting for sharing knowledge and learning outcomes.

The learning outcomes from these sessions include meeting the objectives as well as the following:

Importance of using two patient identifiers

Importance of alerts for ST segment elevation myocardial infarction

Use of the BEFAST assessment for stroke and checking labs and glucose with a change in level of consciousness

Confirming patients are correctly monitored by the telemetry monitor room

Identification and prevention of delirium

Calling a rapid response team when needed

Fall prevention and safety interventions

Because the team was unable to hold the three skill stations, they became creative in meeting timing requirements. Each unit's education coordinator received a "skill kit" that included all restraints, and a tip sheet created by Pasternack, Glass and a member of Security. Pasternack and Glass completed the competency with each unit's educator and members of their team they chose as the validators. An e-learning on restraints was deployed as a foundation of their knowledge before participants were tested on the live validation skill.

Katherine Glass, MS, RN, CCRN-K

Comments about the program success

"The virtual learning environment worked well for me with my schedule and time."

"This activity was a good reinforcement/reminder on the importance of bedside reports to promote patients' safety."

"This is a great platform and can be used for other topics, such as end of life, difficult conversations, challenging situations, and infection precautions and effective and relevant scenarios."

STRUCTURAL EMPOWERMENT

Nurse volunteers meet the needs of their communities

Beyond their daily responsibilities, Woodstock Hospital nurses gave their time to other avenues for serving their communities. Especially during the pandemic, distributing food and staffing vaccination clinics were two of the ways nurses addressed urgent needs and supported individuals and families.

Mobile Food Pantry

Northwestern Medicine sponsored food donation events in McHenry and Woodstock that supported more than 300 local families who were experiencing food insecurity.

The events were organized by the Spiritual Care and Education department, led by Chaplain Sister Appolonia Irika. "During the pandemic, we found out that some



of our undocumented community members were not benefiting from general food pantries, because of fear they might be asked to present their documents," Irika says. "We decided it was best to feed these people through the local faith community they trust."

The Spiritual Care team worked with St. Mary Catholic Church in Woodstock and Church of the Holy Apostles in McHenry to organize the food donations.

On August 24, 2020, employees from Huntley Hospital and Woodstock Hospital volunteered to distribute food at St. Mary, serving 150 families.





Community Vaccine Clinic

On January 29, 2021, Woodstock Hospital opened its doors to community members for COVID-19 vaccinations. The ground floor conference room area was determined to be the perfect regional location for this project. Access to the formerly coveted meeting space had been limited because of physical-distancing requirements and the transition of meetings to electronic platforms. This location allowed for convenient access to the building and had a dedicated parking lot.

On the first day, there were 150 scheduled appointments for Northwestern Medicine patients. That was the “dress rehearsal,” the result of several weeks of planning by an interdisciplinary team led by Megan Weber, program manager, Woodstock Hospital Worksite Wellness. It was such a success that available appointments were increased by more than 100 for the next two weeks.

Less than a month later, more than 300 appointments were scheduled each day; a few short weeks after that, the schedule grew to 600 appointments a day. By the time the clinics were completed on May 18, life-saving vaccinations were provided to more than 10,000 Northwestern Medicine patients across all regions.

The team would not have accomplished this without the support of the leaders and staff. Nurses from more than 19 different departments in the region volunteered

to assist in this effort and were supported by Lori Marcantonio, RN, Woodstock Hospital Sun City Wellness Center. Marcantonio was involved in the coordination, orientation and support of nursing staff. Her enthusiasm, energy and positive attitude made the clinic a festive place. Many of the nurses returned as often as possible, stating they felt they were able to make a difference by providing a proactive intervention.

There were many emotions throughout those long days; numerous stories of anxiety, isolation, depression and hope resulted in tears for both staff and patients. There were happy reunions of friends and neighbors who had not seen each other over the long year of isolation, but there were also sobering moments of reality when comforting patients who were lonely and had lost family members.

One particular patient appeared timid and distraught and shared her story with the team. Her husband passed away from complications of COVID-19 in January. She wanted to be vaccinated in his honor. She expressed amazement at the compassion and empathy each person provided her, stating that she arrived on the verge of tears but left feeling supported and truly cared for by everyone she encountered. Her husband’s photo now hangs on the “Why I Got Vaccinated” poster to remind everyone of her courage and why nurses do what they do. You never know what each patient is going through!

Lori Sullivan, MSN, RN



Exemplary professional practice

Exemplary professional practice, built on a professional practice model and the care delivery system, focuses on excellence, collaboration, quality, safety and best practices to realize extraordinary results.

Craig Luzinski, *Journal of Nursing Administration*, 2012

EXEMPLARY PROFESSIONAL PRACTICE

Leadership rising to the challenges presented by COVID-19

Like every hospital, Woodstock Hospital was required to evaluate the safe provision of patient care during the pandemic. One challenge was how to continue the specialized work that occurs on the Inpatient Behavioral Health (IBH) unit. Janet Goebel, BSN, RN, RN-BC, manager of Patient Care, Woodstock Hospital Inpatient Psychiatry, proactively contacted Heather Voss, BSN, RN, CPHQ, program director, North and Northwest Regions, Epidemiology and Infection Prevention, and Lisa Parlich, MPH, MT(ASCP), infection preventionist, North and Northwest Regions, to develop a plan. They enlisted Melissa Nolan, BSN, RN, CEN, Emergency Department nurse staff educator (who was providing coverage for Christine Becker, BSN, RN, CEN, CPEN, manager of Patient Care, Woodstock Emergency Room), because the Psychiatric Emergency Services (PES) area would also be impacted by these decisions.

Goebel and Parlich worked with system leaders of the other Behavioral Health Services (BHS) units and their Infection Prevention teams to determine a consistent approach to psychiatric care and a standard for testing before admission. There were three main concerns: semi-private rooms, how to screen and accommodate visitors during visiting hours, and group therapies.

The immediate outcomes were converting rooms to private occupancy and eliminating visiting hours. This resulted in the 32-bed unit becoming a 20-bed unit within the span of a few days. Parlich and Voss helped establish unit guidelines for group participation and physical distancing in the common areas. They provided

educational and emotional support to the IBH team as they navigated the frequently changing guidance in the first six months of 2020.

The next scenario addressed was that patients in need of inpatient psychiatric treatment might be positive for COVID-19. Because there was no way to provide isolation on the inpatient unit, this group of patients would require an alternative care space. The PES area of the Emergency Department was the logical choice. After a discussion with the chief medical officer, the ED medical director, nursing leadership and Infection Prevention, this plan was solidified for patients who were positive for COVID-19 but did not require medical treatment for their condition. Parlich and Voss were again called to provide education and support for the staff in the PES and ED.





The final concern was the potential that despite screening and monitoring compliance, a patient may be admitted to the IBH unit and then become symptomatic for COVID-19. Discussions with system BHS leaders and the physician/leadership group resulted in a decision: If that should occur, the patient would need to transfer to the PES for the remainder of their stay, or until they were no longer contagious.

No decisions during this process were simple or without impact to other areas. Without the collaboration of BHS and ED leadership, physicians, and Infection Prevention with their system peers and ED, PES and ancillary staff, patients and staff would have been at risk.

Despite their fears and frustrations, everyone collaborated as a professional, interdisciplinary team to continue to provide safe and effective care for this patient population.

Lori Sullivan, MSN, RN

EXEMPLARY PROFESSIONAL PRACTICE

Master's entry into nursing practice: An exciting partnership with Lake Forest College and Rosalind Franklin University

In February 2018, Lake Forest College began to explore the possibility of establishing a nursing program.

Stephen Schutt, president of Lake Forest College, Michael Orr, dean and provost, and select faculty started the discussion with Thomas McAfee, president of Northwestern Medicine Lake Forest Hospital and senior vice president of Northwestern Memorial HealthCare, Diane Wayne, MD, vice president of talent development, NM Academy, and Denise Majeski, MSN, RN, ACM, NE-BC, Bernthal Family Chief Nurse Executive and vice president of Operations at Lake Forest Hospital. In May 2018, Majeski further explored the possibilities with faculty members and administration from Lake Forest College and two representatives from St. Olaf College of Nursing, Kevin Crisp and Rita Glazebrook. Discussions included resources, curriculum and culture, to reach a better understanding of what would be involved in launching such a program.

Building an undergraduate degree program would include developing a traditional nursing curriculum and training in "soft skills" like the following:

- Caring for patients with behavioral health issues
- Handling workplace violence
- Managing incivility and bullying
- Communicating assertively
- Conflict resolution and "crucial" conversations

- Providing compassionate and informed care for unique patient populations
- Communicating with interprofessional teams
- Stress management
- Caring for challenging patients and families
- Maintaining boundaries

In February 2020, Majeski and Catie Schmit, MSN, RN, CEN, NE-BC, vice president and chief nurse executive, McHenry Hospital, met with representatives from Lake Forest College and Rosalind Franklin University to share their hospitals' vision for the future of nursing in Lake and McHenry counties. Together they discussed perspectives and goals for the partnership: to create an innovative nursing curriculum and a robust network between academia and health care.

We agreed that a strong partnership would enhance each organization's ability to advance wellness, healthcare delivery and health education.

The proposal shared by Rosalind Franklin University was to create an innovative dual-degree program whose graduates will be highly educated entry-level registered nurses. This program would address nursing shortages, revise the nursing curriculum, prepare nurses to practice in the Northwestern Medicine system, and accelerate career advancement. The program was also built to align with the Lake Forest College strategic plan, enhance



alignment with the Rosalind Franklin University mission and vision, and address the Lake Forest and McHenry nursing strategic roadmaps.

Current and ongoing work includes chartering the Rosalind Franklin University/Northwestern Memorial HealthCare/Lake Forest College Nursing Partnership Advisory Council. Through leadership and collaboration with community stakeholders, the council will champion the Rosalind Franklin University College of Nursing as it pursues excellence in nursing education, nursing practice, and responsiveness to the community's nursing needs. We also have aligned with Lake County to advance health profession education and

employment in Lake County by supporting student access to the new program in hardship communities. This is such an exciting venture for nursing and opportunity for all who seek a master's entry into nursing practice (MENP). The goal is to open the program with the first students in the fall of calendar-year 2022.

Denise Majeski, MSN, RN, ACM, NE-BC

EXEMPLARY PROFESSIONAL PRACTICE

Inpatient Rehabilitation unit celebrates two years without HAI



The Inpatient Rehabilitation unit at Woodstock Hospital celebrated two years of avoiding two major hospital-acquired infections: *Clostridioides difficile* infections and catheter-associated urinary tract infections (CAUTIs).

As of August 12, 2021, the unit celebrated 803 days since their last *C. diff* infection or CAUTI. In addition, the unit has not had a central line-associated bloodstream infection (CLABSI) or a methicillin-resistant *Staphylococcus aureus* (MRSA) infection in the blood in more than three years.

“This significant achievement demonstrates the dedication and excellent work of our teams, and it speaks

to our partnership and collaboration across the patient care team,” says Lori Sullivan, MSN, RN, vice president and chief nurse executive at Woodstock Hospital.

Tracking of these numbers began before 2020, when Inpatient Rehabilitation moved from McHenry Hospital to a 22-bed newly renovated unit at Woodstock Hospital.

Read more about the importance of monitoring nurse-sensitive indicators in the Empirical Outcomes section of this annual report.

Daniel Webel, BSN, RN, CRRN



EXEMPLARY PROFESSIONAL PRACTICE

Inpatient Behavioral Health interdisciplinary care team puts IRBC into action

Recognizing when patients come to the hospital in a mental health crisis and providing immediate, therapeutic intervention in a nonjudgmental, compassionate manner is critical towards helping patients feel supported and safe. Painting a picture of a patient's pathway on the Inpatient Behavioral Health unit showcases how the interprofessional healthcare team collaborates to keep the focus on relationship-based care.

On entering the unit, a patient is greeted by the intake nurse, who establishes a rapport and strives to build a trusting relationship with the patient. During the intake process, the nurse determines the level of observation needed for the patient, based on such health factors as level of orientation, suicide risk, potential for substance withdrawal, violence potential and other behavioral risk factors. The nurse collaborates with the patient, psychiatrist and counselors to share information and implement a treatment plan and observation level that best serves the patient's needs.

After intake, the patient is oriented to their surroundings, provided information on therapy schedules, and encouraged to tend to their basic needs first. A patient care technician rounds at least every 15 minutes to complete safety and environmental checks. These checks alert the care team when a patient may need additional assistance or changes in behavior are observed. Patients engage in multiple one-on-one encounters daily with members of the care team, along with various group therapies to provide an immersive and individualized therapeutic experience.

The interprofessional team includes but is not limited to registered nurses, counselors, psychiatrists, physicians, nurse practitioners, psychosocial coordinators, expressive therapists, nutritionists, patient care technicians and health unit coordinators. Every day, the team collaborates

during the evaluation process of each patient's treatment plan. They continually revise and implement plans to help patients on their road to success. This plan often includes therapy and treatment and follow-up with physicians to support them after discharge.

Some of the unique roles and the care provided include the following:

Nurses provide nursing assessments, medication administration, and individualized patient education about medications and their disease process and prevention. They evaluate and implement treatment plans and assist patients with daily care and medical needs.

Counselors provide one-on-one therapeutic encounters, facilitate various group therapies, assist with daily needs and activity schedules, and monitor the environment for safety concerns.

Physicians manage a patient's course of treatment, including medication orders.

Expressive therapists help patients express and process emotions through group therapies.

Psychosocial coordinators are actively involved in the development and implementation of treatment plans and assessments, counseling, facilitating family engagement and conflict resolution, and discharge planning.

Nutritionists assist with plans for high-risk patients with nutritional deficits. They provide enhanced nutritional education to patients when needed.

Julie Ruiz, BSN, RN, PMH-BC

EXEMPLARY PROFESSIONAL PRACTICE

Standardized safety tools important to improving patient outcomes

Among nurses and certainly all members of a care team, the key mission is to promote the health and well-being of all patients, whether directly or indirectly. When patients walk through the doors of a Northwestern Medicine facility, they come in need of three things:

- Care that is free from harm
- Care that is effective in achieving the best possible clinical results
- Care that is delivered promptly and with compassion

Don't hurt me. Heal me. Be nice to me. Patients expect to be healed without being harmed. And employees expect a safe workplace environment. At Northwestern Medicine, safety is always a priority.

In alignment with the core values, the patient safety model emphasizes the tasks prevent, respond, improve and measure. The elements of the patient safety model are foundational to the culture and care delivery. Delivering excellent patient care can be both challenging and rewarding. Healing a debilitating injury, curing a life-threatening disease and hearing an infant's first cry are the moments that make it all worthwhile. The safety journey provides the education, training, tools and leadership support necessary to deliver exceptional care to every patient, every time.

Determined to make the right thing to do the easiest to do, workflows are standardized to reduce variance and human error, and promote safety behaviors. Safety behaviors include the use of the Safety Toolkit, verbiage



that allows everyone to stop and pause because of a safety concern. When a safety concern is identified, all employees are encouraged to report occurrences, to provide the opportunity to review and revise processes and policies as warranted. Opportunities for improvement are managed as a team, allowing for a more thoughtful approach to change and monitoring for sustainment. Improvement initiatives are shared as lessons learned throughout the health system, which gives teams the opportunity to evaluate local processes for potential risk.

In an effort to maintain transparency with quality measures, each Northwestern Medicine hospital displays their data on the nm.org website.

Daneen Gorski-Adams, MSN, RN, OCN, CHPN

New knowledge, innovations and improvements

Through research and evidence-based practice, we demonstrate our contribution to health and wellness, answer questions about our practice and confirm our knowledge. The purpose of nursing research from Florence Nightingale's time until today is to provide empirical evidence to support nursing practice and help us provide excellent patient care.

American Association of Colleges of Nursing (AACN)

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Implementing Epic and the continuing transition

Nursing is a highly skilled profession that uses technology to communicate. Paper medical records are becoming obsolete, and the information contained within the electronic health record (EHR) is now used by all members of the healthcare team to communicate, provide data and validate care.

On Saturday, February 29, 2020, Woodstock Hospital, Huntley Hospital, McHenry Hospital and regional outpatient locations integrated with the rest of the health system to use Epic, the Northwestern Medicine EHR system.

This transition is part of continued integration efforts at Northwestern Medicine to ensure the effective and efficient delivery of high-quality care systemwide. Using one integrated EHR system enables better coordination of care for improved patient safety and care outcomes.

The Northwest Region Epic Transition project team worked on this effort for 18 months.

Here's a look at the Northwest Region Epic go-live, by the numbers:

More than 70 people on project teams with guidance from Operations, Informatics, Business Relationship Management and Information Services leadership

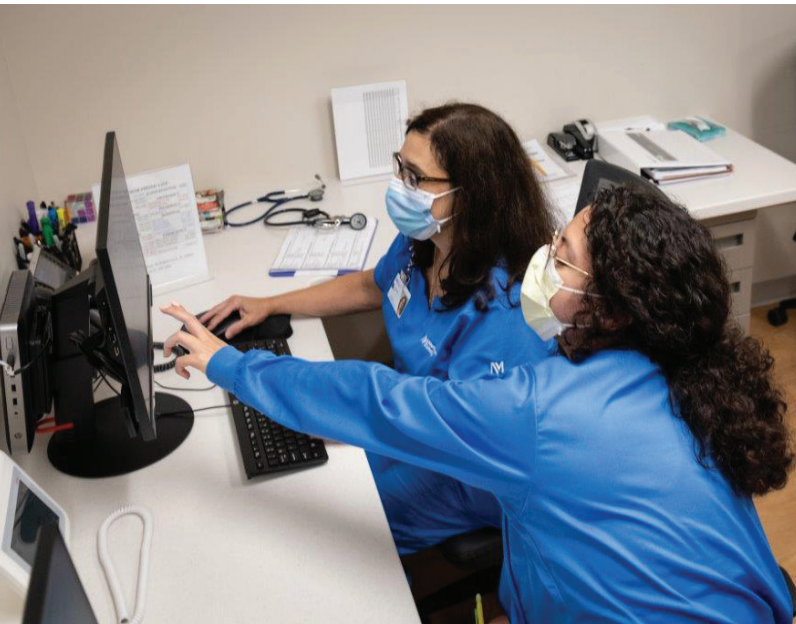
Fifty-two credentialed and principal trainers and 400 superusers

More than 3,150 people trained, including physicians, advanced practice providers, contractors and employees

More than 4,450 hours of training instruction provided and more than 1,000 training classes conducted

First time Northwestern Medicine offered Epic training in Saddle River, New Jersey, and in India

At-the-elbow support provided by more than 400 people for two full weeks



In addition to the transition to Epic EHR, the Northwest Region implemented Beaker, Epic's lab information system. This major milestone marks the path to a single, integrated lab information system across all of Northwestern Medicine, including physician offices and ambulatory care.

"This move to Epic has been a tremendous effort made possible by a large team of people from across Northwestern Medicine," says Thomas McAfee, senior vice president, Northwestern Memorial HealthCare, and president, North and Northwest regions.

"Transitioning the Northwest Region hospitals into a common medical record is singularly the most significant advancement to date as we continue to integrate with the Northwestern Medicine health system. Thank you to everyone involved – from the Epic Transition team leaders, analysts, trainers, nurses, physicians and therapists, to many others for your commitment to the future of Northwestern Medicine," says McAfee.

Annie Rohe, BSN, BSHIM, moved from a clinical nursing role in the Woodstock Emergency Department into legacy Centegra Clinical Informatics and then to Northwestern Medicine Epic Training Team through the transition. She became a credentialed trainer for Clinical Documentation and ASAP applications. She prepared many inpatient and emergency clinical staff for the upcoming transition to Epic.

After go-live, Rohe remained with the Epic Clinical Documentation/Stork Training Team. She has continued to train new nursing staff for documentation in Epic and create training materials for quarterly and monthly releases and program enhancements to improve nursing workflows. As Rohe became more familiar with the training team, she advanced her role to lead principal trainer, now overseeing all the Epic training materials for Clinical Documentation and Stork, scheduling and curriculum for all new inpatient nursing hires, and coordination of training resources.

Many clinical employees assumed roles as subject matter experts (SMEs) and superusers for their departments: Julie Ruiz, BSN, RN, PMH-BC; Neal Wagner, RN; Vida Kalavinskis, RN, CRRN; Melissa Nolan, BSN, RN, CEN; Sarah Cartwright, ED technician; and Sok Ratanak, PCT. This group received additional training in Epic so they could provide at-the-elbow support to staff on all shifts during implementation.

The journey to Epic implementation was very exciting.

The credentialed trainers, SMEs and superusers described the features they find the most exciting:

All departments use Epic and have information that flows throughout the charting.

Pharmacy can send messages back to nursing in the Medication Administration Record.

There is a handoff report tool for nursing and PCTs, plus many other useful reports.

The EHR uses patient goals for the hospitalization and the current shift, instead of care plans.

Navigating through a chart is much easier, seeing what documentation is required to be completed for your shift.

Useful order sets are available for many common ailments, such as constipation, urine retention and nausea.

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Annual Improvement Day celebrates projects that offer solutions

Improvement Day celebrates team-based efforts to share meaningful project work across Northwestern Medicine. Each year, projects that positively impact the patient experience, engagement, quality, safety, access and financial performance are showcased.

Improvement Day is an opportunity to formally recognize teams as they share improvement-oriented solutions and inspire their colleagues to lead change. The following projects show the hard work by the teams over the past two years.

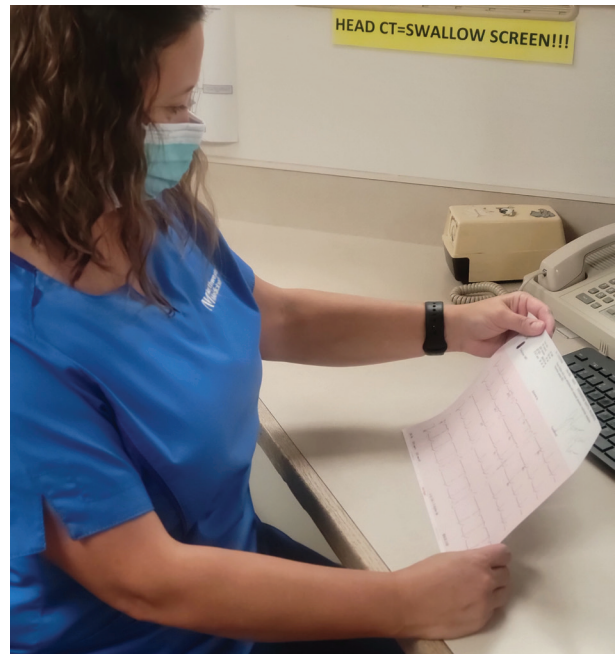
2020

Improving LTR scores in the Woodstock Emergency Department by reducing medical imaging wait times:

Patient surveys indicated that wait times for medical imaging exams were too long, and Likelihood to Recommend (LTR) scores were lower as a result. Analyzing actual wait times, enhancing medical imaging workflow and improving nursing scripts led to an increase in LTR above the 76% threshold.

Improving staff perception of safety during

COVID-19: Personal protective equipment (PPE) coaches implemented coaching at Woodstock Hospital and ambulatory sites to help promote safety, reduce anxiety and improve employee satisfaction after the pandemic began.



2019

Improving cardiac alerts from the time of arrival

to diagnosis: A model of patient-centered care was successfully implemented in the Woodstock Hospital Emergency Department in December 2018. This helped Woodstock improve compliance with obtaining and reading electrocardiograms for cardiac patients in 10 minutes or less from the time of arrival.

Improving the door-to-transfer time for stroke

patients: The time from door to transfer for patients who experienced a stroke was successfully decreased from 185.9 minutes to 153.5 minutes in FY19.

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Evidence-based practice projects and research studies

Nurse participation in research is crucial to the contribution of new knowledge and influences nursing practice or patient care outcomes. Pursuing innovations in patient care and nursing is a practice shared by organizations that seek nursing excellence.

Nurses have an ethical and professional responsibility to contribute to the profession through redesigning and redefining current practices and systems. Current practice needs to be challenged through research studies and evidence-based practice (EBP) projects.

Clinical inquiry is the driving force of nursing research. This process of natural inquiry is the basis of EBP and the beginning of the research process. Research does not need to be large in scale. The focus can be how or why something is occurring in the community hospital setting, even examining a specific unit or a certain patient population. Nurses review current

EBP, judiciously appraise the evidence, and determine whether and what type of research may be needed for the particular condition.

EBP allows nurses to use the best clinical practices and knowledge, reinforcing what they know to be true, that nursing is a profession rooted in science. Evaluating the latest research promotes the implementation of EBP, evaluation and validation. EBP also gives nurses the opportunity to grow and develop professionally while they provide the best clinical care. Many of the previously mentioned Improvement Day projects were EBP implementations.

The Research and EBP Shared Governance Council provides resources and mentorship for all nurses who want to get involved. Members of the council help nurses evaluate their ideas and provide guidance on how to design and evaluate their project outcomes. What follow are reports on a couple of research studies from Woodstock Hospital.

Retrospective Review of Outcomes of Patients With An Up Ad Lib Order in an Inpatient Rehabilitation Unit Compared to the General Inpatient Rehabilitation Patient Unit Population

Elizabeth Rasmussen, MSN, RN, CNL, CRRN, principal investigator, along with Daniel Webel, BSN, RN, CRRN, co-investigator, and Vida Kalavinskis, RN, CRRN, clinical nurse, conducted a unit-based research study about Inpatient Rehabilitation. Portions of the abstract for the study appear below.

Purpose: This retrospective study is to compare the functional independence measurement (FIM) scores outcomes of the patient population that was granted 'Up Ad Lib' orders with the general population, in the same time period. By comparing these groups, we hope to determine if these patient groups had statistically significant outcomes compared to one another.

continued >

Methods: Comparison of the FIM gains of patients with Up Ad Lib orders discharged from September 2018 to August 2019 to the whole population of inpatient rehab patients discharged during the same timeframe. Completion of a T-test to look for significance in gains made.

Results: Patients with an Up Ad Lib (N = 17) order had a statistically different outcomes than their non-Up Ad Lib counterparts (N = 463) in the following areas:

- Length of Stay (Sig .039, $p < .05$)
- FIM Change Total without Tub Transfers (Sig .027, $p < .05$)
- FIM Change Total with Tub Transfers (Sig .020, $p < .05$)

When looking at just the patients admitted for stroke who had an Up Ad Lib order (N = 6) compared to their stroke patient counterparts without an Up Ad Lib order (N = 157), there were statistically different outcomes in the following areas:

- DC FIM Total without Tub Transfers (Sig .004, $p < .05$)
- DC FIM Total with Tub Transfers (Sig .003, $p < .05$)

Implications: Up Ad Lib orders are a useful tool in the arsenal of interventions clinicians have. Care teams should not discount the use of Up Ad Lib orders as they can lead to better outcomes for patients when appropriately used.



Leadership Styles and Workplace Incivility: A Correlational Study

Lisa Young, MSN, RN, RN-BC, Magnet® and quality coordinator for Huntley Hospital, principal investigator, along with her co-investigator team Alanna Talles, MSN, RN, RNC-OB, McHenry Magnet and quality coordinator; Judy Pasternack, BSN, RN, NPD-BC, professional development specialist; and Kim Armour, PhD, NP-BC, RDMS, NEA-BC, vice president and chief nurse executive, Huntley Hospital, conducted a regional research study entitled "Exploring the relationship between leadership styles and workplace incivility in nursing." Portions of the abstract for the study appear below.

Purpose: This study's purpose was to determine if relationships exist between nurses' perception of workplace incivility and nurse managers' leadership styles.

Methods: A correlational study design was used to assess nurses' ratings of general, nurse and supervisor incivility in relation to transformational, transactional and passive-avoidant leadership styles. Convenience sampling was used to obtain 175 anonymous responses from clinical nurses who provide direct patient care at three community hospitals in the midwestern United States. Participants completed a secure online survey using the Nurse Incivility Scale and the Multifactor Leadership Questionnaire. Responses were collected from October 2019 through January 2020.

Results: Most respondents were female (90.3%), reported to their manager for less than 10 years (59.6%), and were a nurse greater than 20 years (35.8%). Transformational leadership styles were associated with lower levels of supervisor incivility ($r = -0.3$ to -0.4 , $p < .01$). Passive-avoidant leadership styles were associated with higher levels of supervisor incivility ($r = 0.3$ to 0.5 , $p < .01$). The transactional leadership style of "Rewards Achievement" was associated with lower levels of supervisor abusive supervision ($r = -3.14$, $p < .01$). No significant or linear correlations were found between the three leadership styles and general or nurse incivility.

Implications: Leadership development courses should emphasize elements of transformational leadership styles such as encouraging and building trust with staff while recognizing that passive-avoidant styles should be avoided. Rewarding staff for their work when goals and objectives are achieved may also benefit direct care nurses' relationship with the leader.

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Self-care for new nurses and their first-year experience

Thomas Tockey, MSN, RN, NPD-BC, manager, Transition to Practice, was interested in learning more about the nurse resident's experience of stress during their first year of nursing practice. He is currently leading a longitudinal study that examines whether self-reported participation in self-care activities limits the amount of perceived stress. Nurse residents hired into Northwest Region hospitals are eligible for the study and are followed up throughout the duration of their program.

New graduate nurses are entering a new workplace environment that can be demanding and stressful. Stress can lead to negative consequences to a nurse's physical, emotional and mental health. Because efforts are underway to retain nurses in the workforce, it is important to understand how stress may play a role in a new graduate nurse's first year in practice. This research study aims to understand the relationship between reported self-care activities and perceived stress in the clinical workplace.

A descriptive longitudinal design will be used to survey new graduate nurses from the nurse residency program at Huntley Hospital, McHenry Hospital and Woodstock Hospital. Participants will measure their stress using



the Expanded Nursing Stress Scale (ENSS) three times during their one-year nurse residency program. Statistical tests will be used to analyze the data.

Results from this study may provide insight on how self-care activities may mediate stress levels for this population. Nursing implications from this study can provide direction for self-care curricula in nurse residency programs.





Empirical outcomes

Empirical outcomes are the concrete data on the difference a hospital has made. The focus is on the outcomes of structures and processes and how they compare to benchmarks in the following categories: nursing outcomes, workforce outcomes, patient and consumer outcomes, and organizational outcomes.

WoltersKluwer, 2017

EMPIRICAL OUTCOMES

Outperforming the benchmarks in measures of nurse-sensitive indicators

Nurse-sensitive indicators (NSIs) reflect three aspects of quality nursing care: structure, process and outcomes. NSIs are monitored in both the inpatient and ambulatory settings. The Press Ganey National Database of Nursing Quality Indicators™ (NDNQI®) establishes national benchmarks in these areas by comparing hundreds of similar units and patient populations across the country. The data allows Woodstock Hospital to see how it measures up against similar hospitals in the U.S.

Woodstock Hospital is outperforming all NDNQI benchmarks for NSIs. These scorecards represent a snapshot of measures from the past eight calendar quarters.

Inpatient unit measures for NSIs

Falls with injury

Patients who fall when hospitalized can sustain serious and potentially life-threatening injuries. Nurses are responsible for accurately identifying patients who are at risk for falls, and are expected to minimize the risk through effective care planning. At Woodstock Hospital, nurses use a fall risk assessment screening tool. The fall risk score determines further actions, including a robust, standardized organizational fall prevention bundle.

Central line-associated bloodstream infections (CLABSI)
CLABSI continue to be one of the most deadly and costly hospital-associated infections in the U.S. Woodstock Hospital has continued to consistently outperform the NDNQI national benchmark mean by unit type during the majority of the last eight quarters. Specific, strict clinical interventions, including a daily review of the necessity of central lines, has helped Woodstock Hospital achieve outstanding outcomes around CLABSI.

Falls with injury: 100% of inpatient units and 100% of ambulatory units outperformed the benchmark.

CLABSI: 100% of inpatient units outperformed the benchmark.

Total RN assault rate: 100% of inpatient units outperformed the benchmark.

Total RN assault rate

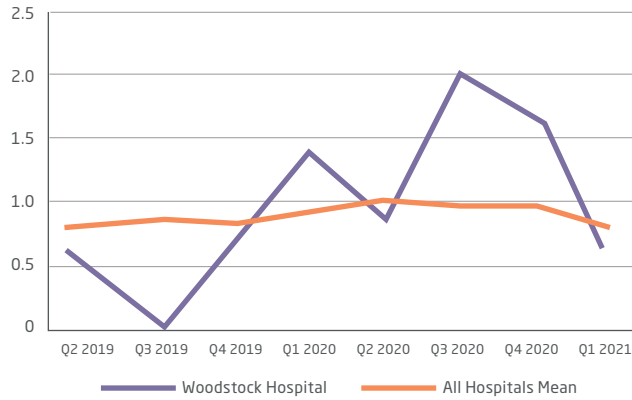
Assaults on nursing, or RN assault rate, is a reflection of how well organizational processes and educational processes promote nurse safety. Workplace violence can be unpredictable, but organizations can put procedures in place to protect nurses from physical and sexual harm. Nurses can also receive trainings on how to mitigate potentially violent situations when caring for patients.

Ambulatory unit measure for NSIs

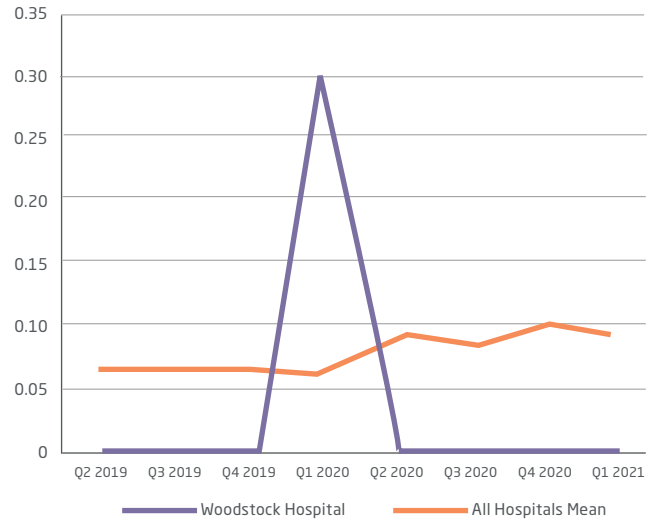
Falls with injury

The American Nurses Association and the American Nurses Credentialing Center have placed an emphasis on nursing care in ambulatory settings. As a result, Woodstock Hospital has increased the focus on NSIs for walk-in clinics and ambulatory settings, such as the Emergency Department. Addressing falls with injury is one area of focus, although tracking patient falls with injury in the outpatient setting can be challenging because patients may be wearing street clothes, and traditional ways of indicating fall risk are not as visible. In addition, inpatient fall risk screenings do not apply. In response to these challenges, ambulatory units are collaborating on screening tools and visual cues to notify staff of fall risk.

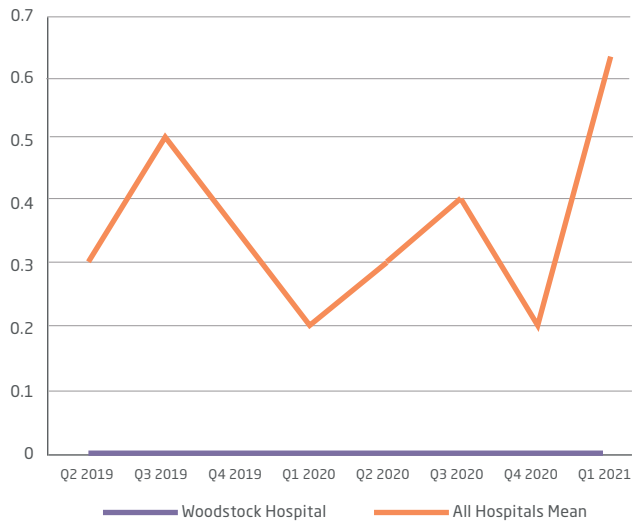
Injury Falls per 1000 Patient Days
Inpatient Rehabilitation



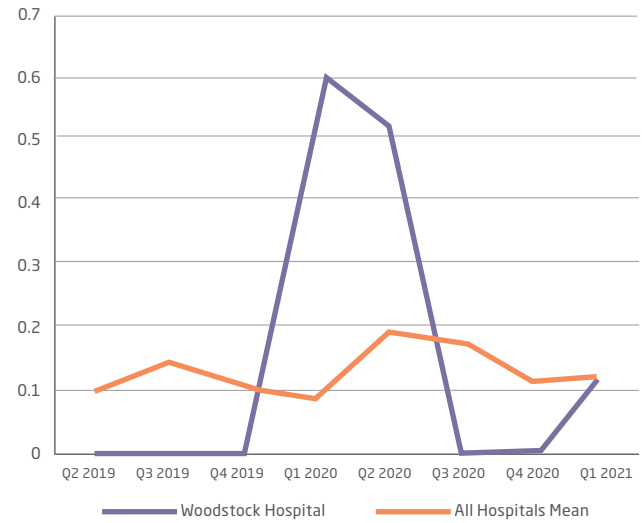
Injury Falls per 1000 Patient Visits or Cases
Ambulatory - Emergency Department



Central Line-Associated Bloodstream Infections
per 1000 Central Line Days
Inpatient Rehabilitation



Total RN Assault Rate
Inpatient Behavioral Health Unit



EMPIRICAL OUTCOMES

Highlighting the data about patient satisfaction

Patient Satisfaction is a measure of perception from patients on the care they receive in both inpatient and outpatient settings. Measuring excellence in the provision of nursing care helps in the evaluation and analysis of the enculturation of the professional practice relationship-based care model. Nurses at Woodstock Hospital provide extraordinary care and attention to patient and family needs.

There are nine Patient Satisfaction categories:

Patient engagement/patient-centered care

Patient education

Careful listening

Safety

Service recovery

Courtesy and respect

Responsiveness

Pain

Care coordination

With the support of a dedicated Patient Engagement team, the hospital has significantly improved the overall score of patient satisfaction: Likelihood to Recommend (LTR). Excellent patient satisfaction scores exemplify the strong partnership among Nursing, interdisciplinary care teams and support staff at Woodstock Hospital to provide the best care and patient experience possible. Each category has seen significant improvement as the LTR excelled.

The Inpatient Behavioral Health team has had another amazing fiscal year in the space of patient experience. The team has performed at top decile performance every month, sitting through the end of June 2021 at 92.24% top box, which represents the 98th national percentile rank (top 2% in the national benchmark). They are the top-performing inpatient behavioral health team in the Northwestern Medicine system.

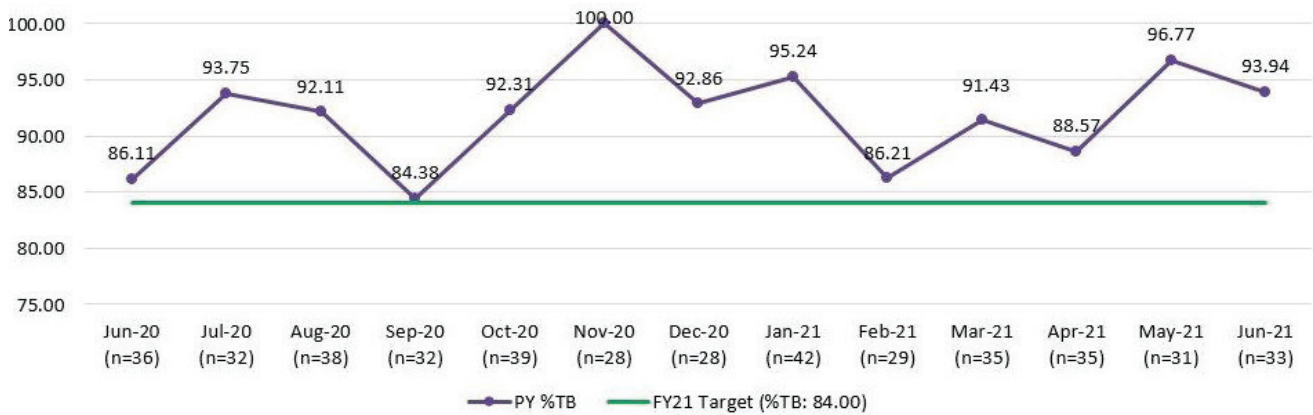
The Inpatient Rehabilitation unit has also had a great fiscal year, outperforming their regional challenge target by achieving 89.53% top box through the end of June (a regional challenge target was set at 89%). This represents the 96th national percentile rank and a 5 percentile rank improvement over fiscal year 2020. They are the top-performing inpatient rehab area in the Northwestern Medicine system.

The Emergency Department closed out FY21 in May 2021 and the patient survey has transitioned to a new short, modern and smart platform. The team far outperformed both the system and regional challenge targets, closing at 78.41% top box (the system target was 68% top box and a regional challenge target was set at 76% top box). The team closed the year at the 80th national percentile rank, demonstrating a 34 percentile rank point improvement over the prior fiscal year. The team was the top performing ED in the system, outperforming eight other Northwestern Medicine teams for that designation.

The all-team approach has shown success. Woodstock Hospital Nursing will continue to push forward, staying current with evidence-based practices and specialty standards of care.

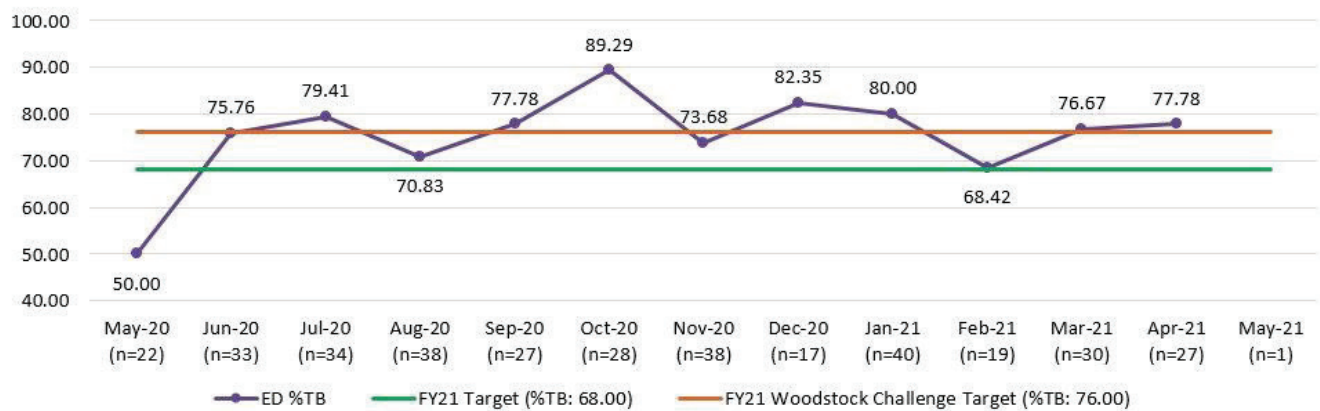
NM Woodstock Inpatient Behavioral Health LTR Performance

Data through June 30, 2021



FY21 Woodstock Emergency Department LTR Performance

Data through May 31, 2021





Northwestern Medicine Woodstock Hospital

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