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Passion, Perseverance and Partnership

Northwestern Medicine Delnor Hospital
Fiscal Year 2021 Nursing Annual Report





Dear colleagues,



I am both humbled and honored to share with you the Fiscal Year 2021 Northwestern Medicine Delnor Hospital Nursing Annual Report: Passion, Perseverance and Partnership. As the COVID-19 pandemic continues to throw us curves, so the healthcare system continues to experience significant impact. This past year, our profession has been challenged in ways we never imagined. You faced the challenges head on and continued to excel as leaders locally, nationally and internationally, and for that you should be so proud!

This year's report highlights your accomplishments in the areas of transformational leadership, exemplary professional practice, and research and innovation. None of these accomplishments would have been possible without three key ingredients: your **passion** for putting our patients first, your **perseverance** for continuous improvement amidst many challenges and, of course, your **partnership** with the entire team of clinical and nonclinical support staff members who are part of our Delnor Hospital family.

Our Interprofessional Relationship-Based Care Model was never more alive than it was this past year. The highlights in this annual report are only a small representation of how you put your patients and families first as well as cared for your colleagues and took part in initiatives to support your self-care. As you give yourself time to read these amazing narratives, be sure to pause and reflect on all that Delnor Hospital nurses accomplished despite the world around us being unsettled. Your positive contributions were recognized a number of times by those you serve.

This upcoming year is a big one for us as we prepare to submit evidence for our fifth Magnet® designation. I challenge you to continue to embrace change and care for yourself and your colleagues, and I have no doubt you will continue to excel in changing the lives of the patients, families and communities we serve. Thank you for all you do each and every day.

With gratitude,

Gina Reid Tinio, PhD, MS, MPH, RN-BC
Vice President and Flinn Family Chief Nurse Executive

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Delnor Hospital Magnet timeline



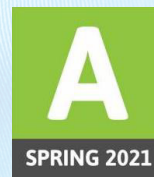
The Delnor Hospital Nursing vision

As innovative Delnor Hospital nurses, we desire to be leaders in high-reliability, evidence-based, interdisciplinary care delivery while embracing diversity and promoting well-being for our patients and their families, colleagues and the community we serve.

In 2021, Delnor Hospital nurses embodied the Interprofessional Relationship-Based Care professional practice model through interprofessional collaborative care and promotion of a caring and healthy environment for our patients. Our quality and safety achievements are reflected in the outcomes that were recognized nationally.



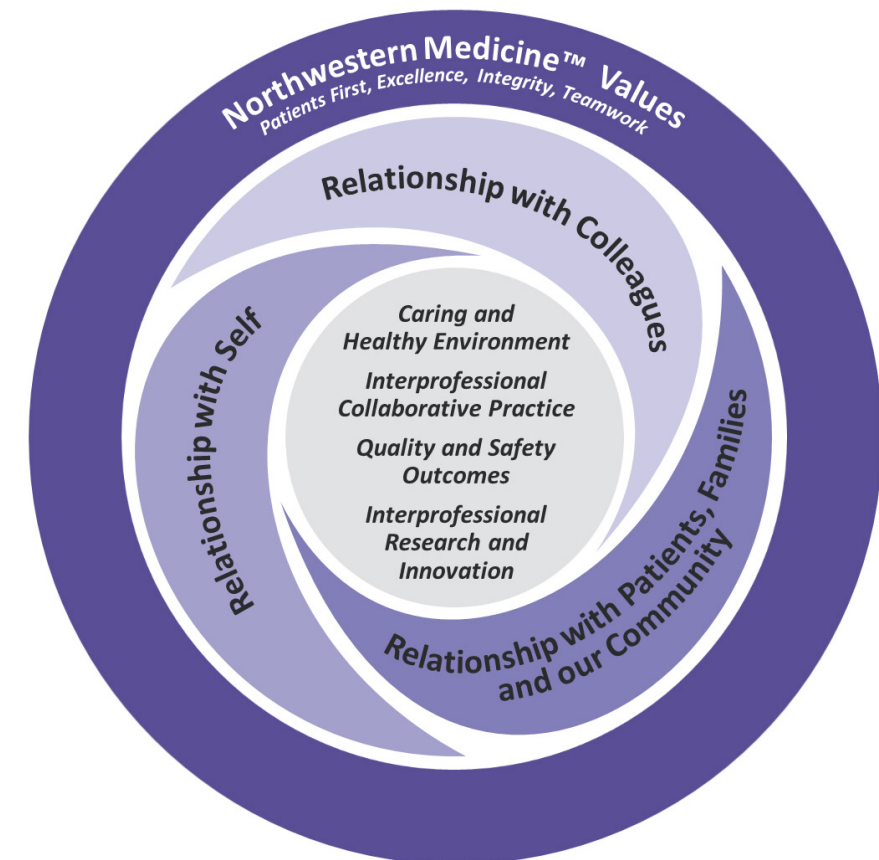
Delnor Hospital Nursing Specialty Awards, Recognition and Accreditation 2017 - 2020



Northwestern Medicine Interprofessional Relationship-Based Care Practice Model

The model depicts how nurses and other disciplines practice, collaborate, communicate and develop professionally to provide high-quality care for the people we serve. In addition, it shows that we:

- Align with the Northwestern Medicine mission, vision and values
- Empower caregivers to establish and nurture healthy relationships with patients, families and our community, our colleagues, and ourselves
- Embody four key pillars that serve as a framework for action to meet goals within our nursing strategic roadmap





Transformational leadership

Transformational leaders stimulate and inspire followers to achieve extraordinary outcomes and develop their own leadership capacity. At Delnor Hospital, we consider all nurses, regardless of level, to be transformational leaders!

TRANSFORMATIONAL LEADERSHIP

Off-shift nurse leaders: Making a difference quickly

The nurse house managers, also known as house supervisors, are the first responders during the off shifts when unit clinical directors and other senior leaders are not present. If a situation occurs that may disrupt normal hospital operations, these skilled professional nurses take immediate action, including the following steps:

- Quick assessment of the situation
- Deployment of resources
- Coordination of the Incident Command System

In 2021, the nurse house managers identified a need for additional emergency response education to build on their skills.

Kim Czaruk, MSN, RN, director of Nursing Operations, and Tiffany Evenson, MSN, RN, clinical director, worked with Keith Hronek, emergency manager, to create a tabletop exercise geared toward a nurse house manager taking the role of Incident commander. Nurse house managers Megan Garafolo, MSN, RN, TNS, CEN, Sue Velichkoff, MSN, RN, Mindy Connole, BSN, TNS, Michelle Block, BSN, RN, TNS, CEN, and Rocio Rodriguez, BSN, RN, participated in the first exercise.

The scenario involved identifying and coordinating resources and interventions to evacuate patients from a high-risk clinical area during a flood, while establishing the Incident Command structure. Garafolo, nurse house



manager, says the importance of these exercises cannot be overstated. "Drills such as this tabletop exercise are invaluable in high-risk, low-frequency situations," she says. "They reinforce our knowledge and skills so that we can respond quickly and effectively to ensure the best outcomes possible."

Kim Czaruk, MSN, RN
Tiffany Evenson, MSN, RN



TRANSFORMATIONAL LEADERSHIP

The strength and reliability of clinical shift coordinators

Clinical shift coordinators (CSCs) are unit-based front-line clinical nurses who are selected to serve as shift leaders. These strong clinical nurses are chosen because of their leadership skills and clinical expertise. The CSCs model the Northwestern Medicine values, promote Interprofessional Relationship-Based Care and serve as champions by supporting the Nursing Strategic Roadmap at the hospital and unit level. They have a deep understanding of department goals, and support the team in creating and sustaining processes that lead to the achievement of excellent patient outcomes. They disseminate important information, and coach and mentor staff.

The unit responsibilities of the CSC augment those of the clinical director role by serving as the shift leader, the consistent "go to" person. CSCs create schedules, ensure that wellness and lunch breaks are scheduled and taken, coordinate resources, round on staff, connect with patients and their families, oversee unit-based quality goals and participate in leadership development. Excellent candidates for nurse leader succession planning, these individuals are essential to the daily success of hospital operations.

Kim Czaruk, MSN, RN
Emily Bingley, MSN, RN

Year-round excellence recognized in 2021



Transformational Leadership Award
Suzanne Heinkel, Clinical Shift Coordinator



Research and Evidence-Based Care Award
Lauren Freeman, MSN, RN, CMSRN



Professional Practice Award
Sarah Yoder, BSN, RN



Nursing Partnership Award
Ashley Cinatl, Patient Care Technician

85%*

of Delnor Hospital nurses hold a bachelor's degree or higher

*Exceeds the Institute of Medicine goal of 80%

58%

of Delnor Hospital nurses hold specialty certification in nursing

Structural empowerment

Structures and processes developed by influential leaders provide an innovative environment in which professional practice flourishes and an organization's mission, vision and values help achieve desired outcomes. At Delnor Hospital, structural empowerment takes on many different shapes, from shared decision-making, to structures supporting nursing professional development, to nurses advocating for resources to support patient care.

STRUCTURAL EMPOWERMENT

Nurses empowered to change practice

Inpatient and procedural clinical nurses from 3 South, Critical Care (CCU) and Interventional Labs discovered discrepancies while patients who had arterial punctures were transferred to inpatient units. Although clinical knowledge of routine management was strong, areas of opportunity were identified in communication about the location of the arteriotomy site and potential for hematomas. A Nursing team collaborated to discuss a new two-person handoff practice at the bedside.

The nurses decided that because of the high-risk nature of the procedure, they wanted to revise a previous handoff tool and review the key elements of arterial puncture site management, including both femoral and radial approaches.



During the transfer, clinical nurses finalize their respective sides of the tool and sign it. This allows for the nurse accepting the patient to understand anatomically where the arteriotomy site is, how it currently feels during the initial baseline assessment, and where to hold manual pressure if bleeding occurs.

Coinciding with the initiative, Delnor Hospital also adopted the Vasc Band™, a new hemostatic device that is positioned on the radial arteriotomy after a procedure to prevent and stop bleeding. The Nursing team developed a comprehensive evidence-based algorithm, including a checklist and device guidelines. Titled Management of Arterial Puncture Site: Potential Problems, the algorithm can prompt staff if a hemorrhage or hematoma occurs from either a femoral or a radial approach so they can initiate a manual pressure hold. The two-person handoff and algorithm are designed to work in unison if an arterial puncture site begins to bleed. Use of the new process and algorithm is reviewed monthly by the Interventional Labs outcomes manager to ensure opportunities for improvement are addressed.

Since the implementation of these new tools and device, there have been zero serious safety events for this high-risk patient population related to adverse effects or bleeding post-procedure.

JoAnn Ricketts, MSN, RN, CCRN-K, NE-BC
Katie Nelsen, MSN, RN, CCRN
Meg Pittard, MSN, RN, NPD-BC

STRUCTURAL EMPOWERMENT

Improving the care of patients on ventilators

A stay in the Intensive Care Unit can have long-term consequences for a patient. Reducing that risk and improving patient outcomes are the goals the Society of Critical Care Medicine targeted with the ICU Liberation Bundle. The outcome goal is to have a Richmond Agitation Sedation Scale (RASS) score close to 0 so the patient receives the least amount of sedation possible. Critical care unit (CCU) nurses used their unit-based shared decision-making structure to adopt an evidence-based approach called Collaborate to Extubate that includes the ICU Liberation Bundle.



With support of CCU Clinical Director Troy Meister, MSN, RN, NE-BC, the clinical nurses collaborated with their Professional Development Partners Laura Proctor, MS, NPD-BC, RN-BC, and Tammy Matthews, MS, APN, CNS-BC, CCRN, and Outcomes Manager Katie Nelsen, MSN, RN, CCRN. The Promoting Interprofessional Excellence (PIE) tool was developed to engage and hold interprofessional stakeholders accountable. Use of the tool was validated and tested for interrater reliability in real time by Matthews at the point of care with staff members.

Delnor Hospital CCU nurses and interdisciplinary colleagues, including respiratory therapists, pharmacists, physical therapists, occupational therapists and patient care technicians (PCTs), were trained over the course

of a few months. As bundle elements are reviewed and implemented, interprofessional team members sign their piece of the PIE to acknowledge their element for each patient.

The Collaborate to Extubate initiative has contributed to improvements in ventilator-free days, RASS score documentation, and average RASS scores. It has also led to increased completion of Spontaneous Awakening Trial (SAT) screening, a way to check whether a trial of no sedation is safe and appropriate for a patient who is receiving mechanical ventilation.

Katie Nelsen, MSN, RN, CCRN
Tammy Matthews, MS, APN, CNS-BC, CCRN

Metric	Baseline	December 2020 and January 2021
Ventilator-free days	9.7	14.4
SAT safety screen completed daily, % of patients	58.9	83.9
RASS score documented every 4 hours, % of patients	89.5	94.0
Average RASS score while intubated	-2.3	-2.0
Early mobility assessment made, % of patients	23.1	47.3

STRUCTURAL EMPOWERMENT

Translating research into practice for safer oncology care

Chaired by Alison Lund, MSN, RN-BC, ONC, OCN, the Onc Squad is a team of clinical nurses from unit 2600, Northwestern Medicine Cancer Center Delnor, the Professional Practice team and a pharmacist. This subgroup of the 2600 shared decision-making unit council meets monthly to optimize care for patients with cancer. In late spring 2021, Clinical Nurse Brittany Rakowski, BSN, RN, brought to the group an evidence-based article, "Improving the Safety of Chemo Administration."

The article highlighted that providing a "silent area" can help nurses when they need to perform a cognitive task, such as double-checking chemo orders and medication bags, ultimately leading to zero patient-harm events at the research site.

Although 2600 has never made a chemotherapy administration error, the group decided to survey the clinical nurses about chemotherapy administration. The nurses also evaluated the time it took for chemo administration from the time of the patient's admission. In the pre-data, the group discovered staff stated that only 50% of the time do they feel they are often or always safely administering a high-risk medication. The group also found that on average, the time to chemo administration from the time of admission is 7.68 hours.



In summer 2021, after reviewing the data, the Onc Squad established a quiet place as a way to improve safety for these high-risk patients and tracked whether the uninterrupted space would also improve the average time to chemotherapy administration. The area, while small, has enough room for the team to house their chemotherapy and oncology resources, store a chemo RN computer on wheels, and perform two nurse double-checks. The Onc Squad continues to track outcomes around this new initiative.

Justin Gray, MBA, MSN, RN, NE-BC



STRUCTURAL EMPOWERMENT

Urinary retention: A nurse-driven protocol

In July 2021, Delnor Hospital Nursing began using a new urinary retention and indwelling catheter protocol. The effort was led by Lauren Freeman, MSN, RN, CMSRN, clinical practice partner, PCS 2600 and PCS 3600; Tammy Matthews, MS, APN, CNS-BC, CCRN, clinical nurse specialist, 2 North, Critical Care and Rapid Response Team; Moukala Encho, BSN, RN, clinical nurse, Critical Care Unit; and Samantha Markelz, BSN, RN, clinical nurse, PCS 2600, with the support from the shared decision-making Quality and Practice Council.

The team collaborated to create a standardized approach for when to use and remove indwelling catheters and to provide appropriate interventions for urinary retention management. The expected outcome of the new protocol is reduction of the risk of catheter-associated urinary tract infections (CAUTIs) and the potential for negative consequences of catheter use.

A literature review demonstrated that using indwelling urinary catheters is no longer best practice for first-time management of urinary retention. With evidence-based practice at the forefront, a collaborative Epic order set was developed and implemented. An associated Urinary

Retention and Indwelling Urinary Catheter algorithm was created to assist front-line nurses. The algorithm includes indwelling catheter alternatives, indications for indwelling catheter insertion, criteria for indwelling catheter removal by the clinical nurse, and causes of urinary retention. The tool also includes alternative methods for preventing urinary retention, including the use of external urinary drainage devices, the use of a bladder scanner, intermittent straight catheterization and other tips. The nurse-driven protocol provides education and enhances nursing autonomy, professional judgment and interprofessional collaboration.

Implementation involved interdisciplinary teamwork with clinicians, the Infection Prevention team, CSCs and professional development specialists. Clinical nurse specialists and clinical practice partners rounded to audit the new processes. Since the implementation of the protocol, Delnor Hospital has decreased the total number of Foley catheters in use daily, a fundamental step in the prevention of CAUTIs.

Lauren Freeman, MSN, RN, CMSRN
Tammy Matthews, MS, APN, CNS-BC, CCRN



Exemplary professional practice

Our Interprofessional Relationship-Based Care professional practice model illustrates exemplary professional practice. Nurses collaborate with patients, families and interprofessional colleagues to positively affect care delivery and outcomes.

EXEMPLARY PROFESSIONAL PRACTICE

Delnor Hospital achieves top decile inpatient satisfaction

In fiscal year 2021, Delnor Hospital inpatient units maintained top-decile performance month over month for Likelihood to Recommend (LTR), finishing the fiscal year at 84.25%. The Likelihood to Recommend score reflects a patient's overall experience, including their nursing care. Several key factors have supported our success in putting patients first. Teamwork, transparency, enhanced relationships and partnerships have been essential.



Some of the key ingredients for successful inpatient care include:

- Protected time for leader rounding
- Daily nurse and physician rounding
- Inpatient and ancillary leader huddles
- Bedside handoff
- Purposeful hourly rounding
- Unit nurse leader and physician engagement dyads
- Strong partnerships with engagement coaches

Top-Decile Nursing Question Performance

Inpatient Units

Nurses kept me informed
94th percentile

Nurses explained things in a way I could understand
92nd percentile

Ambulatory Surgery Units

Instructions regarding caring for myself at home
94th percentile

Nursing's courtesy toward my family
92nd percentile

Outpatient Units

Staff's concern for your questions/worries
98th percentile

Nurses treated you with dignity and respect
94th percentile

This achievement is strong evidence that consistent performance of best-practice behaviors paired with a common goal drives the metric!

Julie Lichtenberg, MSN, MA, RN, NEA-BC, FACHE

EXEMPLARY PROFESSIONAL PRACTICE



Ambulatory Surgery delivers exceptional care amid the dust

Ambulatory Surgery patient engagement scores have made a steady climb to the top decile. What makes this accomplishment particularly impressive is that it was done during a time of great disruption within the department. In summer 2018, the hospital broke ground on a \$39 million, three-year construction project to renovate and expand the Surgical Services Department. This led to many space constraints and noise issues within the area before it was completed in June 2021. Despite the disruption, the team was able to hold steadfast to their commitment to providing an exceptional patient experience.

Setting accurate expectations was critical to success. The team consistently communicated what the patients could expect during all phases of their surgical experience. After an initial phone call to share what Delnor Hospital was doing to help modernize the

surgical setting, the message was reinforced again when nurses made the pre-operative call. If the patient visited for any pre-operative testing, they received a handout in their patient preparation folder outlining the construction plan and all the hospital was doing to make their surgical experience exceptional.

Once patients arrived for surgery, they were greeted by Same Day Surgery nurses and PCTs, who outlined their perioperative process and answered any questions. The "Excuse Our Dust" clings in each same-day bay described our construction journey. Putting patients first, providing transparency about construction impact during their stay, and consistency of the message delivered by the surgical team have led to top-decile patient engagement!

Victoria (Tori) Nyman, MSN, RN, CNOR

EXEMPLARY PROFESSIONAL PRACTICE

Rosemarie Nolazco leads as president-elect of the Illinois ENA

Rosemarie Nolazco, BSN, RN, TNS, clinical director of the Emergency Department, is the 2021 - 2022 president-elect for the Illinois Emergency Nurses Association (ENA). Nolazco will transition to the president role in 2023. The ENA is a 1500-member professional organization for emergency nurses dedicated to quality patient care, public safety, continuing education, nursing research and promotion of the nursing profession. Nolazco's dynamic leadership has been instrumental not only in the Delnor Hospital COVID-19 response, but also in her ability to collaborate with medical and ancillary leaders to drive excellence in clinical quality, patient safety and engagement.



Delnor Hospital receives the 2021 IBCLC Care Award



The International Board Certified Lactation Consultant® (IBCLC) Care Award recognizes hospitals with a dedicated lactation support program that is staffed by lactation consultants who hold the IBCLC certification. Under the leadership of Emily Bingley, MSN, RN, clinical director, the lactation program at Delnor Hospital was recognized for providing evidence-based lactation services to the community as well as specialized education for all healthcare professionals who provide care for new families. Congratulations to our lactation nurses!

- Sharon Lemon, BSN, RN, IBCLC
- Mary Ellen Pollina, BSN, IBCLC, RNC-MNN
- Katie Reel, BSN, RN, MNN
- Deanna Schulz, BSN, RN, C-EFM

EXEMPLARY PROFESSIONAL PRACTICE

Delnor Hospital achieves metabolic accreditation

The Bariatric Surgery and Metabolic Health Program achieved Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) re-accreditation in September 2021. The accreditation visit was conducted by a MBSAQIP physician surveyor and verified that safe, high-quality care is provided to patients.

Accredited facilities demonstrate the proper physical and human resources and compliance with standards of practice.

Since the program's first MBSAQIP Center of Excellence destination in 2017, surgical volume has increased 118%. The multidisciplinary team of clinical nurses, physicians, registered dietitians, an advanced practice nurse and a health psychologist is essential to both the care of this patient population and accreditation success. The team collaborates to achieve excellent patient outcomes. The metabolic program has reduced our surgical site infection rate to 0 and has maintained that reduction for longer than two years.

Anne Lindstrom, DNP, APRN, FNP-BC, NEA-BC



EXEMPLARY PROFESSIONAL PRACTICE

Wellness and resiliency: Supporting nurses through challenging times

Over the past seven years, the Department of Professional Practice has been innovative in creating two positions to support front-line nursing wellness and resiliency, and their expertise has been more relevant than ever during the COVID-19 pandemic.

Since 2015, Social Worker Kathy Czyzewski, MSW, LCSW, SEP, has been a teacher and advocate of self-care at work for nurses, encouraging staff to be mindful of how they sustain their energy, focus and compassion during their shift. She rounds on the inpatient units and ED, connecting with staff by offering in-the-moment breathing and stretching exercises, essential oils, tactile toys and, of course, a piece of chocolate! Other ways Czyzewski has supported nurse well-being include the following initiatives:

- Co-authoring the monthly Resiliency Calendar
- Contributing to the Wellness Table
- Educating on burnout, moral distress, empathy and compassion fatigue, communication and resiliency strategies
- Consulting with the leadership team on building infrastructure to support well-being

In the spring, Czyzewski helped initiate mid-shift check-ins at 1 pm and 1 am. At these times, the unit leader or their designee (such as the CSC, a clinical nurse in an informal leadership role) rounds to check on whether staff has had a meal break, and water and bathroom breaks, and to learn anything that may affect their ability to leave on time at the end of their shift.



**JUST KEEP SHOWING UP
SELF-CARE = SAFE CARE**

Allison Johnsen, MS, LCPC, BCC, a clinical counselor and board-certified coach, transferred into Professional Practice in April, where she filled a brand-new, donor-funded Delnor Hospital position as a professional development specialist for Behavioral Health. Johnsen spent 19 years at Central DuPage Hospital Behavioral Health, where she held roles in clinical therapy, leadership coaching, project management, program

development, supervision and administration. Johnsen is now supporting the educational needs of nurses and other clinical staff at Delnor Hospital while they care for patients with primary or secondary behavioral health needs in non-behavioral health inpatient units, the ED and outpatient departments. Since April, Johnsen has begun supporting nurses and clinicians in the following ways:

- Conducting a hospitalwide qualitative, unit-by-unit needs analysis
- Measuring nurse and clinical staff baseline knowledge and confidence in caring for patients with mental health disorders, substance use disorders or aggressive behaviors
- Developing a Choose Civility cultural campaign to educate and empower Delnor Hospital staff to get ahead of workplace violence
- Rounding to provide just-in-time support and assisting clinical leaders in educating their teams on the use of two-person Buddy System procedures for patients who have the potential to escalate to physical violence
- Supporting the Workplace Violence, Wellness-Resiliency, and Ethics committees

Kathy Czyzewski, MSW, LCSW, SEP
Allison Johnsen, MS, LCPC, BCC

Nurse Sensitive Indicators

NSI accomplishments over the last eight consecutive quarters:

- **Hospital-Acquired Pressure Injury Stage 2 and Above:** 100% of inpatient units outperformed the benchmark.
- **Central Line-Associated Blood Stream Infections:** 100% of inpatient units outperformed the benchmark.
- **Catheter-Associated Urinary Tract Infections:** 100% of inpatient units outperformed the benchmark.
- **Falls With Injury:** 71% of inpatient units and 92% of ambulatory units outperformed the benchmark.

The following ongoing work supports NSIs for falls:

- Discussion at monthly falls committee meetings lets clinical nurses examine cases to determine any trends, barriers, fallouts or learnings that might be evident after a patient falls.
- New electronic medical record smartphrase assists the units with standardized follow-up documentation after a fall occurs.



New knowledge, improvements and innovation

The conscious integration of evidence-based practice and research into clinical and operational practices to generate new knowledge and enhance patient care and the nursing care environment.

EXEMPLARY PROFESSIONAL PRACTICE

Nursing research in the spotlight

Delnor Hospital nurses have conducted research into such areas as supportive work environments, cognitive bias and aromatherapy during infusion treatments.

Moral distress and perceived organizational support

The objectives of this study were to determine the level of perceived organizational support and moral distress, and investigate the relationship between the two variables. Data collection for this multisite study ended in fall 2020, with 320 nurses surveyed across the Northwestern Medicine sites in the west suburbs.

Results from research that included Delnor Hospital suggested that when a nurse's perceived organizational support increases, there are decreases in moral distress – nurses performing duties that are contrary to their beliefs – and vice versa. The study did not imply that one causes the other.

There is future opportunity to reduce moral distress through targeted interventions to support the nursing practice environment and favorably affect behavior at work and psychological well-being, including stress reduction and increased job satisfaction. This work will be a focus in the year ahead.

Katie Nelsen, MSN, RN, CCRN
Kate Sommers, RN, CNOR



Addressing cognitive bias innovatively

The root cause analysis process used organizationwide to analyze serious harm events revealed that cognitive bias was a predominant impediment to nursing clinical judgment and decision-making. The Professional Development Specialist team initiated an innovative awareness campaign to narrow this practice gap for nursing disciplines from multiple departments.

Recognizing the sheer complexity of the topic, the group donned their filmmaker hats to create short, fun and easy-to-understand movies. Staff were introduced to basic concepts through storytelling about real-world adverse patient outcomes that had resulted from cognitive biases. Subsequently, staff members completed six months of case study-based exercises, while simultaneously participating in annual competencies designed to promote continued conversation through an interactive discussion board.

Sustainment of the cognitive bias program continues as new graduate nurses are introduced to the topic during forum days. Overall, many measures demonstrated an increase in knowledge and improvements in both critical thinking and patient outcomes. For example, clinical nurses who participated in cognitive bias exercises showed an improvement in early recognition of sepsis assessment criteria.

Chrissy Segreti, MSN, RN, NPD-BC
Laura Proctor, MS, NPD-BC, RN-BC
Megan Pittard, MSN, RN, NPD-BC
Kathy Czyzewski, MSW, LCSW, SEP

Clinical nurses research aromatherapy at Delnor Cancer Center

Lorraine Mack, APN/MSN, CNL, OCN, AOCNS, clinical nurse specialist, collaborated with Clinical Nurses Megha Shah, BSN, RN, OCN, and Heather Mitchel, BSN, RN, OCN, to research a question about stress relief while receiving treatment.

Does the use of aromatherapy during chemotherapy infusion treatments in the outpatient oncology setting promote relief of perceived nausea and anxiety? Infusion clinical nurses at Delnor Hospital enrolled 40 patients in a study that offered peppermint oil and lavender to patients.

The feedback was overwhelmingly positive. Among this patient group, 93% said the aromatherapy was successful in helping to relieve their symptoms. Almost everyone (98%) said they will use aromatherapy again.

Lorraine Mack, APN/MSN, CNL, OCN, AOCNS

EXEMPLARY PROFESSIONAL PRACTICE

Delnor Hospital embraces Vocera technology

Communication between caregivers has improved with the implementation of Vocera, a wearable, voice-controlled communication device.

Since its implementation in September 2021, Vocera has:

Reduced numbers of calls because you can directly reach a nurse, physical therapist, physician or PCT assigned to each patient

Routed all alerts directly to the appropriate caregiver, providing a distinct tone for clinical alerts, which reduces response time

Enabled caregivers to text each other to provide updates to physicians or nurses on patient needs or ask questions

Increased efficiency in the way clinicians are able to contact each other



Improving call light responsiveness

Enhancing the use of Vocera technology helped address a specific need in the 2600 unit. In January 2021, the unit saw an opportunity to improve their call light response times. The average response time was 6 minutes. Clinical Director Justin Gray, MBA, MSN, RN, NE-BC, along with clinical nurses and support staff, realized that the current call light escalation pathways did not align with the unit's goals for response times.

Gray innovatively collaborated with the Delnor Hospital patient engagement vendor to connect with top-decile-performing hospitals for patient responsiveness. Then

Gray engaged his unit's Shared Decision-Making Council to review lessons learned and adopt new workflows. The call light alert was sent to both nurse and PCT in a shorter time frame, and a third recipient was added to all escalation pathways. Among other changes was the use of "night mode," which routes a call directly to a Vocera phone when there is no one at the desk to respond.

Since initiating the changes on June 24, 2021, the 2600 unit reduced call light response times by more than 1 minute, with a new average around 4 minutes, 40 seconds. The team's perception of teamwork has improved, acknowledging shared accountability around all call lights.



Impacting system technology

Tweaking the use of the Vocera phone also led to improvements on the 3600 unit. In spring 2021, Kylie Rieser, BSN, RN, CMSRN, clinical nurse, noticed how much the text tone for their Vocera phone sounded the same as that for patient call light alerts. Knowing this could lead to confusion and possible delay in response, Rieser and other nurses escalated the issue to their unit clinical director, Kelly Calabrese, BSN, RN, CRN. Calabrese collaborated with Samantha Schoenfelder, MSN, RN, Process Improvement leader, who was overseeing overall responsiveness improvement work at Delnor Hospital.

The 3600 unit trialed a different tone to indicate a call light, and the feedback was positive. Nurses could hear that they were receiving only a text, rather than an alert, so that they did not disrupt their workflow while providing patient care. This small change was demonstrated to decrease the average call light response time by 20 to 30 seconds.

In summer 2021, the new tone was set for all units using the Vocera technology. The Clinical Communications Regional Workgroup has approved this enhancement, driven by Delnor Hospital nurses, for systemwide use.

Justin Gray, MSN, RN, MBA, NE-BC



EXEMPLARY PROFESSIONAL PRACTICE

Better care for patients in the ED who present after sexual assault

Sexual assault nurse examiners (SANEs) have special training in the field of forensic nursing. They provide culturally competent, trauma-informed care for patients who survive sexual violence. Empowering their patients and starting the process of healing, they are concurrently providing full medical treatment and collecting evidence in case there is a future investigation. Central DuPage Hospital and Delnor Hospital have 17 verified SANEs and 11 more in training. On average, the hospitals care for 100 patients per year who present in the Emergency Department after experiencing sexual violence, including pediatric, adolescent and adult patients.

SANE training entails a registered nurse attending a 40-hour didactic training and then 40 to 60 hours of clinical training. Both components must be completed before becoming verified by the state of Illinois to practice independently as a SANE. Historically, SANE clinical training was a quick transition from intense classroom to on-the-job experience with patients. Because there was no formalized clinical support available to allow novice SANEs to practice clinically before treating patients, an innovative training solution had to be created. Addressing this gap, the SANE Simulation Program was created to support newly trained SANEs.

This simulation program provides nurses with a unique opportunity to practice specialized skills in a safe learning environment. The program is based on a similar one created at Northwestern Memorial Hospital by SANE Coordinator Jaime Psarras.



In response to recent changes in Illinois legislation to ensure appropriate and effective care for people who have experienced sexual assault or sexual abuse, Northwestern Medicine hired three regional SANE coordinators for Northwestern Memorial Hospital and hospitals in the north, northwest and west suburbs.

Patients who are cared for by highly trained and well prepared SANEs are more likely to feel in control during the examination; they are kept informed at each step, and their care is provided in a sensitive manner. SANEs participate in skills-based learning opportunities, immersive simulation with trained patient actors, and virtual reality (VR) simulation. To practice the therapeutic communication and conversations that occur with this special patient population, a VR simulation was created as part of the program. VR scenarios can be customized to replicate various environments and patient age, gender and physical features.

Imagine you walk into an ED patient room, have real-time conversations, and see the reactions of your patient. You can practice explaining the medical and legal process to your patient as you progress through the scenario.

When the objectives are met, the scenario ends, and the VR equipment is removed. All participants are then involved in the debriefing process. This is a time for trainees to reflect on the simulation, discuss ways to improve patient communication and verify their clinical practice in a safe learning environment.

Having this simulation and VR experience better prepares SANEs to answer their patients' questions, anticipate their needs, and most importantly, respect their autonomy throughout the examination. Evidence-based practice supports simulation-based training methods to increase a nurses' comfort, confidence and competence.

These patients are placing their trust in our clinicians and organization to take care of them. Northwestern Medicine strives for excellence in all areas, especially when caring for patients with complex medical, social and emotional needs.

Mindi Robles, MS, RN, CEN, CPEN, SANE-A, TNS
Kate Lindley, MSN, RN, CHSE

LEAD: A systemwide program for clinical advancement

In 2020, Delnor Hospital nurses collaborated with other Northwestern Medicine hospitals and disciplines to create one clinical advancement program that addresses various roles. Historically, hospitals within the system had different recognition or clinical ladder programs, almost exclusively for nursing. As a result of the collaboration, Lead, Excel, and Develop (LEAD) was launched as the new Northwestern Medicine clinical advancement program, available to people in different clinical roles, such as occupational therapists, dietitians and nurses.

The program gives clinicians the opportunity to advance their practice and care delivery through innovation, research and quality improvement. The two components are professional activities and participation in a project at three different levels. Successful completion results in a financial bonus. Clinicians apply to the program at the beginning of each fiscal year for their desired level.


- Level 2 is participation in a project.
- Level 3 is leading a DMAIC project (define, measure, analyze, improve and control).
- Level 4 is co-investigating a research project or leading an evidence-based practice project (with up to two years to complete).

At the beginning of fiscal year 2021, 18 nurses submitted for LEAD; most of their projects will be finished by the end of August 2022. While the projects vary in topic, they will all serve to improve patient care and advance nursing practice. Congratulations to the inaugural Delnor Hospital LEAD nurses!

EXEMPLARY PROFESSIONAL PRACTICE

Delnor Hospital nurses provide leadership through research

During fiscal year 2021, Delnor Hospital participated in four research studies; three of the studies are now closed and one is ongoing. Look for the * in the chart to spot which investigators are from Delnor Hospital.

Title	Investigators	Purpose	Status
Respite room effectiveness on nurses' stress and anxiety	Tamberly Matthews, MSN, APN, CNS-BC, CCRN* Megha Shah, BSN, RN, OCN* Rocio Rodriguez, BSN, RN* Kathy Czyzewski, MSW, LCSW, SEP*	To measure the effectiveness of a respite room on nurses' perceived stress and anxiety within a community hospital, and describe the most frequently used interventions within the respite room	Closed
Moral distress and organizational support	Missy LeCuyer, MSN, RN, NE-BC Jennifer Grubbs, BSN, RN Kristina Rangel, BSN, RN, PCCN Barbara Martinez, BSN, RN Beth Mosher, MSN, RN, FNP-C Diane Broadley, DNP, RN Nicole Bruno, BSN, RN Katherine Sommers, RN, CNOR* Kate Nelsen, MSN, RN, CCRN*	To determine the level of perceived organizational support and moral distress among nurses, and investigate the relationship between the two variables	Closed
Does the use of aromatherapy during chemotherapy infusion treatments in the outpatient oncology setting promote relief of perceived nausea and anxiety?	Lorraine Mack, APN/MSN, CNL, OCN, AOCNS* Megha Shah, BSN, RN, OCN* Heather Mitchel, BSN, RN, OCN Janie Bristow, BSN, RN, OCN Jennifer Rejsek, BSN, RN, OCN	To determine if aromatherapy assists in relieving anxiety and nausea in patients with cancer	Closed
U.S. Clinician Wellbeing Study 	Sandra Hutchinson, MSN, RN, ACE* Amanda Haberman, MS, RN, ACNS-BC, CMSRN Dean Shoener, MD* Amy Barnard, MS, APRN-CNS, CCNS, SCRN, CEN Michael Bauer, MD	To determine whether the value of positive environments affects clinical well-being and thus patient safety and quality of care; part of Magnet4Europe involvement	Ongoing

Using Magnet principles to improve European hospital work environments: Magnet4Europe



Magnet4Europe (M4E) is a two-year workplace intervention guided by the principles of Magnet recognition and involves one-to-one pairing of a European hospital with an experienced Magnet-designated hospital. Delnor Hospital began a relationship with Deutsches Herzzentrum Berlin (DHZB), a 195-bed specialty heart hospital in Berlin, Germany, in September 2020. Sandi Hutchinson, MSN, RN, ACE, is the project leader for Delnor Hospital, collaborating with her German counterpart, Elena Wuzel, at DHZB.



Using a European version of the 2019 Magnet manual, Delnor Hospital is working with DHZB to determine if redesigning hospital work environments is feasible, effective and sustainable in Europe to improve care quality and safety, patient satisfaction and workforce outcomes. This project is related to the U.S. Clinician Wellbeing Study, whereby nurses, physicians and physician assistants from the emergency department

and inpatient units took a wellness survey. These wellness and resiliency results will be aggregated to publicly reported quality outcomes.

Delnor Hospital helped DHZB to complete an American Nurses Credentialing Center (ANCC) gap analysis to ANCC standards in November 2021. This process was largely about helping our German counterparts understand Magnet terms and the required infrastructure behind each component. Hutchinson and Wuzel earned a M4E Milestone Achievement award for being one of the first twinning pairs to complete the gap analysis and begin effective action planning. The pair also shared their keys to success with an international consortium of U.S. and European counterparts via a Zoom meeting and the European Union M4E newsletter.

It has been exciting to witness the excitement and energy the DHZB team has as they begin building their Magnet structure and culture with the goal of applying for Magnet in fall 2023-2024! The DHZB team has many processes in place that require formalization to meet Magnet intent—something some of us remember when we first started Magnet preparation. Traditionally, German nurses are not seen as interdisciplinary partners in care, nor do they lead projects to improve care. However, it is fun to see how much our organizations share the “same spirit,” as noted by DHZB Chief Nursing Officer Sebastian Dienst. Delnor Hospital is now engaging varied members of our Nursing teams with their German counterparts as detailed planning and infrastructure building is underway at DHZB. We look forward to meeting face to face for a DHZB site visit!

Sandra Hutchinson, MSN, RN, ACE

