



2011

Annual Nursing Report



Aurora Lakeland Medical Center®



A message from our
Chief Nursing Officer

Dear Nursing Colleagues of Aurora Lakeland Medical Center,

This is our first Nursing Annual Report, designed to honor you – our nurses – and all the wonderful work that you do. All of you are integral to our success. This report is but a glimpse into the passion you have for the nursing profession. It also gives testimony to your commitment for living out our values of:

- Every patient deserves the best care
- Responsibly managing resources
- Building a health workplace through accountability, teamwork and respect

Health care is all about giving. Giving care, giving support and giving of ourselves for the good of one another and our patients. Thank you for how much you give of yourselves every day to our patients, their families, your physician colleagues and most of all ... *each other.*

Sharon Behrens

Sharon Behrens, RN, MSN
Chief Nursing Officer
Aurora Lakeland Medical Center

*At Aurora, every patient
deserves the best care.*



Our nursing philosophy:
Nurse and patient partnership for quality health care

At Aurora Health Care, the *Nursing Practice Framework: Nurse and Patient Partnership for Quality Health Care* is based on the realization that many patients want and need to be involved in their health care and health care decisions, and that both the nurse and the patient bring expertise to the relationship. Partnership is based on development of a continuous healing relationship with our patients. Through this relationship, each patient is assisted in developing a supportive and strong relationship with their health care providers, assisted in achieving feelings of empowerment and control over their care, and involved in the health care decisions that they face. This relationship includes mutual respect, sharing of knowledge and competence, and is measured by the safe, patient-centered care delivered by the Aurora nurse.

Nursing practice at Aurora Health Care is consistent with the mission, vision and values of the organization. Nursing is both an art and a science. It is comprised of basic, applied and practical sciences that use the nursing process of assessment, diagnosis, outcome identification, planning, intervention and evaluation. The nurse is supported in this nursing practice framework of *Nurse and Patient Partnership* through

shared leadership, shared decision-making and service commitments.

Our Care Delivery model: Nurse as Care Coordinator

The patient experience, which includes both exceptional service quality and clinical quality, and the *Nurse and Patient Partnership for Quality Health Care* are fully integrated into a nurse-as-care-coordinator care delivery model. As care coordinator, each nurse partners with her/his patients and across disciplines to create a comprehensive plan of care. To fulfill the role of care coordinator, the nurse must draw upon a broad skill set displaying leadership, clinical expertise and the ability to provide functional direction to colleagues and unlicensed assistive personnel.

Shared Governance/ASNA/Mission/Purpose

Mission

Aurora System Nursing Alliance (ASNA) is dedicated to providing an accountability-based nursing practice for our patients, families, peers, physicians, other disciplines and the community at large while fostering an atmosphere of patient



partnership and interdisciplinary collaboration.

Purpose

ASNA is dedicated to:

- Achieving highest quality and service for patients.
- Promoting the art and science of nursing as defined in the *Aurora Nursing Practice Framework: Nurse and Patient Partnership for Quality Health Care* (ASNA, 2003); also known as *Patient as Partner*.
- Assuring mechanisms for communication, dissemination of information and partnerships with Aurora's health care providers to continuously find a better way of providing better patient care.
- Facilitating nursing's role in the advancement of an integrated delivery system (IDS).

ALMC Nursing Strategic Plan

April 1, 2011 to April 1, 2012

Redesign Nursing to a Transformational Leadership Model

1. One-hundred percent of nursing managers will have BSN by 2013. Sixty percent will have master's degree.
2. Twenty-five percent of nursing managers will be certified in nursing administration or their area of specialty.
3. Develop and implement a succession plan for managers.
4. Establish and initiate evaluations and a peer review process.

Professional Empowerment – Structural Empowerment

1. Professional Development – Increase by 10% ALMC nurses certified in area of specialty.
2010 Baseline **22 (11.6%)** 2011 Expectation **24/25** Achieved **26**
2. Percentage of BSN-prepared nurses will increase by 10%.
2010 Baseline **59 (31.2%)** 2011 Expectation **60/65** Achieved **65**
3. Journey to Excellence – Individual ACCs to identify two clinical and one patient satisfaction indicators specific to their unit's practice to consistently track and improve.
4. Develop NCC Annual Nursing Report.

Professional Practice – Exemplary Professional Nursing Practice

1. Bedside charting – 90% of time by 7/1/2011.
2. Nurse-to-nurse bedside report – 90% of reports by 9/1/2011.
 - CNA report sheets
 - New phone system
3. Standardized chart audit process for performance evaluations.
4. Top quartile patient satisfaction, nurse satisfaction, NDNQI clinical indicators. Caregivers able to identify the two clinical and one patient satisfaction indicators specific to their unit and describe the indicator's current status, progress and action plans.

Innovation and Improvement – New Knowledge, Innovation and Improvement

1. Develop nursing quality committee for Aurora Lakeland Medical Center that reviews nursing indicators and develops needed improvement plans. Name quality champion. Develop quality dashboard for each department.
2. *NICHE* – Identify 20 RNs to enroll and complete GRN training modules by end of year (20 hours per RN); resulting in 15 previously un-certified RNs completing ANCC Geriatric certification.
3. Discharge Process (Transitional Care) – Develop a process and plan for patient's readiness for discharge at 11a.
 - Explore strategies and implications related to transition of care.
 - Improve the process of observation patients on Medicare bringing in their home medications.

Outcome Coordinating – Empirical Outcomes

1. Evaluate Nursing Quality Safety Committee inclusion of nursing research. Staff participation in nursing research (two studies).
2. Participation and involvement in replication study *Safety Speaks*.
3. Develop and implement process for dissemination and implementation of "best practices."
 - Finalize retooled reporting process and structure
4. Reassess hourly rounding of patients on all units.

Nurse support for care excellence

Here at Aurora Lakeland Medical Center, we have several nursing experts to ensure our patients receive the best care. Leading the way are the clinical nurse specialists, clinical informatics educator and hospital and unit educators.

The three clinical nurse specialists, **Brenda Larkin, Mary Lowisz, and Georgia Owens**, all hold master's degrees and work in the following specialties: Medical-Surgical Nursing; ICU/ED Nursing and Perioperative Nursing. Together they work to promote evidence-based nursing interventions at the bedside. They monitor select patient populations for quality outcomes and assist the staff RN in caring for our most complex patients. In addition, they are leaders in Quality Initiatives such as, Surgical Care Improvement Project, Pressure Ulcer Prevention, Acute Myocardial Ischemia, Stroke, Ventilator-Associated Pneumonia, Central Line-Associated Blood Infections and Catheter-Associated Urinary Tract Infections. Additionally, they give staff RNs the support and guidance needed to ensure patient safety and comfort by implementing interventions to prevent patient falls and consulting with staff RNs in managing patient's pain.



Brenda Larkin



Mary Lowisz



Georgia Owens



Brandy Ketchum

Clinical Informatics integrates the science of nursing, computer technology and information science to enhance the quality of the nursing practice. Here at Aurora Lakeland Medical Center, Clinical Informatics Educator **Brandy Ketchum** holds a master's degree in Nursing Education, works with caregivers to ensure that the documentation system is used correctly and also with those who design the technology to create a system that is consistent with the workflow of the nursing caregivers as much as possible. Some of the projects that involve the clinical informatics educator include collaboration with nursing managers and other departments for improvement projects that require

staff documentation, including medication reconciliation, suicide risk documentation, patient education and initiating electronic documentation in hospital outpatient departments. Participation in system councils that deal with nursing documentation and policy assists in identifying issues related to documentation, and ensures that the proper education is provided to caregivers related to that change. We are currently working toward a transition to a new computerized documentation system called *Smart Chart* starting in fall 2012. The clinical informatics educator works with the system team to assist in planning and implementing this project at our facility.

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Nurse support for care excellence *continued*



Lana Peters

We also have educational support provided by our Nursing Educator, **Lana Peters**. The nursing educator supports our nursing caregivers by designing and implementing site and market education for new caregivers. Lana facilitates planning and implementation of nursing caregiver annual and semi-annual competencies.

In collaboration with Aurora system operations, she coordinates nursing student, shadow student and post graduate preceptorship programs at Aurora Lakeland. The nursing educator consults and collaborates nursing education program planning and submits continuing education contact hours for Wisconsin Nurses Association/Aurora approval.



Mary Brow



Anna Ganhs

The Unit Educators **Mary Brow** and **Anna Ganhs** oversee unit orientation processes and schedule in-services related to new equipment or processes as they apply to a specific unit that they support. They also assist with competency evaluation and ensure all nursing staff is equipped to deliver the highest quality nursing care. They also serve as a resource for staff RNs at the bedside. Currently, the Surgical Services, Intensive Care and Emergency departments have unit educators.

Cancer Nurse Navigator

Cancer Nurse Navigator **Leann Kuhlemeyer** partners with patients and families providing support, advocacy and education based on their individual needs. She makes sure patients and families have the information and access to resources they need to be confident with their decisions, which encourages them to play an active role in their cancer journey. Leann helps patients with cancer diagnosis. Her role begins at diagnosis and continues throughout the spectrum of survivorship and end of life. As a cancer nurse navigator, she constantly aspires to expand her awareness of cancer survivors' needs and how she can help them live well, which is our purpose at Aurora Health Care. Leann also facilitates the Breast Cancer Support Group at Aurora Lakeland Medical Center. Terri Jambor, a very generous volunteer, helps lead the group.



Leann Kuhlemeyer

Welcome new nursing services caregivers in 2011

- | | |
|---------------------|--------------------|
| Danielle Beaudoin | Mary Lowisz |
| Katherine Biermann | Heather McGregor |
| Macie Breidenstein | Susan Meinel |
| Luræ Bruzan | Samantha Oldenburg |
| Crystal Byington | Brittany Pfaff |
| Amanda Cassity | Amber Plohocky |
| Anna Cerny | Tanya Quilling |
| Amy Dice-Knedler | Gloria Ramirez |
| Mark Donahue | Michelle Sattler |
| Brittany Hammel | Ashley Scheele |
| Kristine Hohlfelder | Danielle Scott |
| Lynn Horton | Kelli Seales |
| Jennifer Kempken | Maggie Smith |
| Traci Kruienza | JoLyn Zamora |
| Jessica Leeds | |

Patient experience

Have you ever had an exceptional experience that left you feeling very well cared for? What was it about the experience that left you feeling that way? There was probably a culture of service that was part of every interaction you had, leaving you with a feeling that you were the *only* person that mattered at the time and everything possible was going to happen to give you the best care. You might have learned about the quality and value of those you came in contact with through your interactions, reinforcing your experience.

That's exactly what an exceptional patient experience is and what we can accomplish with every patient, every interaction. I've witnessed so many of our caregivers providing an above average, extraordinary patient experience for all who walk through our doors – patients and their loved ones. It is so exciting to be a part of!

Put another way, "*Patient Experience = Clinical Quality + Service Quality.*" **Clinical Quality** is what we

deliver to patients (our fourth service commitment). **Service Quality** is how we deliver the care (our first three service commitments). When you think about it, most patients will have the most contact with their nurse – the one they are trusting with their care. The nurse relationship is so critical in terms of service quality. Purposeful communication is integral in building a relationship with the patient, which impacts the patient experience and outcomes.



Julie Boulware

Julie Boulware
Patient Experience Coordinator
Aurora Lakeland Medical Center and
Aurora Memorial Hospital of Burlington

Purposeful rounding

Over the past several years, Aurora Health Care sites have implemented different versions of hourly rounding. In 2011, Aurora rolled out a system-wide initiative to increase the patient experience by redefining hourly rounds to reenergize and standardize rounding. The phrase "hourly rounding" was replaced with "*purposeful rounding.*"

Purposeful rounding is more than just entering a room every hour. It is a way to capitalize on the time we spend with our patients to assure we are meeting their needs and improving their patient experience. A purposeful visit involves *scripting* that allows us to address key points consistently. Scripting consists of addressing the four P's every time we enter the room. **Possessions:** Are all the

patient's personal belongings within reach?
Potty: Does the patient need to use the bathroom?
Pain: Does the patient have pain and what can we do to address their discomfort (i.e., distraction, music, medication, etc.)? **Positioning:** Does the patient need to be repositioned? Lastly, we close the visit by asking if there is anything else we can do for our patient. By addressing the four P's, we can better serve our patients' needs and identify tasks we need to accomplish at the same time.

Research shows that purposeful rounding has multiple benefits for patients, as well as caregivers. It reduces call light frequency and increases the patient's perception that their needs are being addressed with every interaction – resulting in an increase in patient satisfaction.

Academic affiliations

Gateway Technical College

Aurora Lakeland Medical Center's nursing inpatient units graciously hosted approximately 66 students in clinical groups over the fall and spring semesters in 2011. Expert Aurora Lakeland nurses served as mentors and guides for six Gateway 4th semester courses titled *Transitions*.

UW-Milwaukee

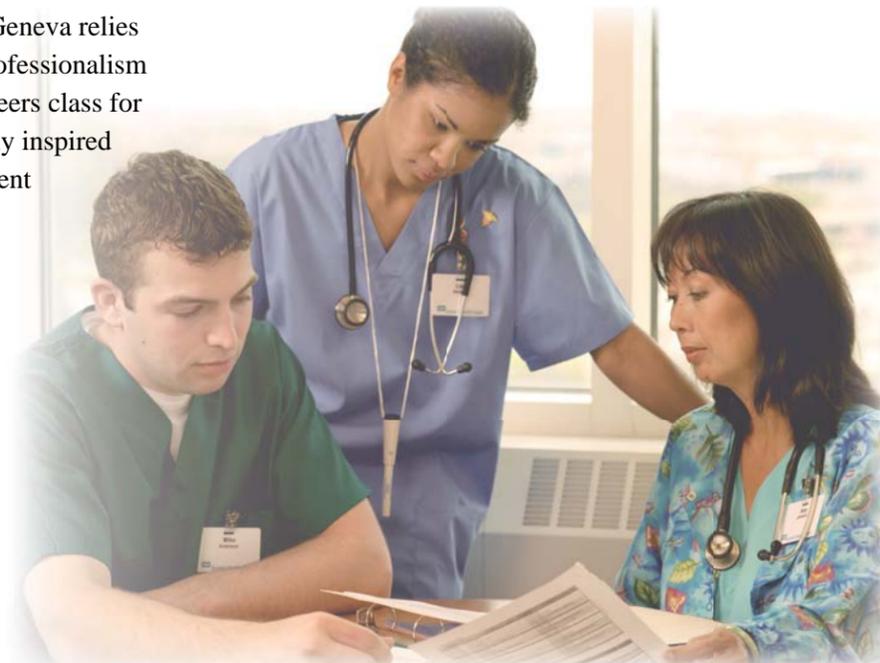
One University of Wisconsin - Milwaukee graduate preceptorship.

UW-Oshkosh ACCEL program

The University of Wisconsin - Oshkosh has sought Aurora Lakeland BSN-prepared RNs to host precepted clinicals for students enrolled in their accelerated BSN program (for students who already have a bachelor's degree in another field). Aurora Lakeland RNs provided the expertise for precepting Adult Health, Geriatric and Maternal Health clinical rotations for one ACCEL student over 15 weeks in 2011.

Badger High School

A teacher at Badger High School in Lake Geneva relies on Aurora Lakeland RNs to model their professionalism for a Medical Terminology and Health Careers class for juniors. In 2011, one student was potentially inspired to seek a career in health by observing patient interactions and nursing in action.



Advancement of Nursing Professions

From RN to BSN and BSN to MS – many opportunities exist for RNs to advance their education. Both George Williams College of Aurora University and Grand Canyon University have sponsored informational sessions at Aurora Lakeland Medical Center in the past year. Numerous Aurora Lakeland RNs are enrolled in BSN or BSN-MSN completion programs.

Twenty-six caregivers used tuition reimbursement for ADN to RN in 2011.

Ongoing Professional Development

During spring and fall 2011, 168 nursing caregivers demonstrated excellent mastery of their profession in eight Competency Day programs offered at Aurora Lakeland. In addition to the Competency Day events, Aurora Lakeland nurses successfully completed numerous other online modules and live training programs.

Aurora Lakeland Medical Center 2011 Registered Nurse Summary

Did you know that there is at least one registered nurse in 24 different departments? There is at least one registered nurse in all of the following departments:

- Ambulatory Services
- Case Management
- Community Outreach
- Day Surgery
- Emergency Department
- Employee Health
- GI Services
- Hyperbaric Medicine
- ICU/Tele
- Imaging
- Inpatient Rehabilitation
- Medical Surgery
- Nutrition Services
- Oncology Services
- Operating Room
- PACU
- Pain Clinic
- Regional Float Pool
- Risk Management
- Sexual Assault Treatment Center (SATC)
- Utilization Review/ Care Management
- Women's Health



There are 181 registered nurses at Aurora Lakeland Medical Center. The educational levels and percent overall of total RNs are the following:

Degree

| Degree | Number | Percent |
|------------|--------|---------|
| Associate | 93 | 51% |
| Diploma | 12 | 7% |
| Bachelor's | 65 | 36% |
| Master's | 11 | 6% |

Age distribution

| Age | Number | Percent |
|-------------|--------|---------|
| 25 to 29 | 20 | 11% |
| 30 to 39 | 49 | 27% |
| 40 to 49 | 46 | 25% |
| 50 to 59 | 38 | 21% |
| 60 and over | 28 | 15% |



Our nurses mission trips

Cameroon 2011 by Lydia Bird, RN

Since I was a little girl, I have always wanted to be a missionary nurse in a faraway country. Many years later, that dream has partly come true. God opened the door for me to travel to Cameroon, West Africa. Cameroon is a beautiful, mountainous country with majestic waterfalls. It is a country rich in agriculture, yet large areas of the country remain poverty stricken. Thousands of primitive, mud hut villages are scattered across the hills devoid of any modern conveniences, medical care and often sufficient food.

For three days, I flew to Fouban, Cameroon, to help with the medical ministry that had been started in a prison. A friend who is a nurse practitioner, along with a lady who is an OB/GYN medical doctor, have started this ministry because the prisoners are not allowed to leave the prison to receive medical care. Although this is a very short synopsis of a trip full of adventure, I can tell



you one thing – it was life changing! The physical and spiritual needs all around the world are great and I was thankful to have a small part in being able to minister to the needs of others. Luke 5:31-32 says, “*And Jesus answering said unto them, ‘They that are whole need not a physician; but they that are sick. I came not to call the righteous, but sinners to repentance.’*”

Mission trip to Honduras

In May 2011, a group of nursing students from Aurora Lakeland Medical Center took a trip to Honduras for their Transcultural Nursing class. The students are in the RN to BSN program at George Williams College affiliated with Aurora University in Aurora, Ill. The trip was optional for the students in place of the eight-week classroom course and is organized, led and taught by RN to BSN coordinator Deann Edgers, MS, (pictured second from right) who has taken several groups in the past years.



While in Honduras, the students were able to not only observe the health care of Honduras, but to personally assist and teach in the Honduran communities themselves. Most Hondurans are extremely poor and unable to afford health care, and the condition of the public health care facility is extremely poor as well. The students went prepared to teach information to the communities. Some of the topics included how to make the unsafe drinking water safe to drink, the importance of low fat, low calorie diets, consuming less salt, increasing exercise and how it all impacts their health, including blood pressure, diabetes and healthy baby care. The students also took part in health brigades where the community came to them for health and dental care, medications and spiritual care. Many children were de-iced, properly washed, and had colorful barrettes placed in their brushed hair, which in turn gave them a sense of beauty and self confidence. In contrast to their struggling, poorly educated and unfortunate economic world, this experience led the students to appreciate the standards of health care in the United States with a different perspective.

Celebrating nurse excellence

National Nurses Week is celebrated annually from May 6, National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing.

To mark this annual occasion, an idea was born to host a special event to honor excellence in nursing. Aurora Lakeland Medical Center’s annual *Nurse Excellence Award* event is held during National Nurses Week at Evergreen Golf Club in Elkhorn.

The amazing nurses who are nominated each year demonstrate compassionate care and involvement within Aurora Health Care and throughout our community. It is a challenging selection process, as all truly embody the spirit of nursing and readily go above and beyond the call of duty, demonstrating a commitment to excellence and delivering care in an attentive and compassionate manner – for this, **we thank you!**

2011 Nurse Excellence winner – Cheryl Sherman

Cheryl Sherman was awarded a 2011 *Nurse Excellence Award* for her work in wound/ostomy care, foot care and incontinence. Cheryl collaborates with nursing students, providing educational experience and exposure to wound care nursing. She has worked with the hospital departments to establish skin care resource nurses who are trained in wound care assessment, policy and treatment plans to foster preventative skin care for high-risk patients, as well as treatment plans for patients who have had surgery. Cheryl works as a teacher, mentor and resource for the hospital staff, and collaborates with physicians to address patient needs.



Professional certification

Certification in nursing specialties is another way Aurora Lakeland Medical Center nurses show their commitment to the profession and demonstrate practice excellence. Not only does professional certification promote ongoing development, but it also contributes to high-quality patient care as evidenced through better outcomes. Aurora Lakeland recognizes 26 nurses with 30 certifications. (*indicates two certifications)



| | | | |
|------------------------|--------------------------|-----------------------------|----------------------------|
| <i>Peggy Adney</i> | <i>Daryl Halsted</i> | <i>Susan Leffelman</i> | <i>Pat Positano</i> |
| <i>Judy Atkinson</i> | <i>Amy Jablonowski</i> | <i>Lisa Loepke</i> | <i>Sue Rich*</i> |
| <i>Marti Beecroft</i> | <i>Sue Johnson</i> | <i>Mary Lowisz*</i> | <i>Angelita Sacramento</i> |
| <i>Rhonda Brovold*</i> | <i>Jennifer Kleist</i> | <i>Diane Martin</i> | <i>Cheryl Sherman</i> |
| <i>Mary Cucchi</i> | <i>Theresa Kobernick</i> | <i>Carol McShane-Street</i> | <i>Ann Tomal</i> |
| <i>Kim Egan</i> | <i>Leann Kuhlemeyer</i> | <i>Georgia Owens</i> | |
| <i>Anna Ganhs</i> | <i>Brenda Larkin*</i> | <i>Mary Polk</i> | |

The Daisy Awards

DAISY is an acronym for Diseases Attacking the Immune System. The DAISY Foundation was formed in November 1999 by the family of J. Patrick Barnes, from the Seattle area, who died at age 33 of complications of idiopathic thrombocytopenic purpura (ITP).

As friends and family brainstormed what to do in Pat's memory, the one really positive thing they could hold onto from the experience of his eight-week hospitalization was the skillful and amazingly compassionate care he received from his nurses – even when he was totally sedated. When Pat died, they felt compelled to express their profound gratitude to nurses for the work they do for patients and their families every day. This is the primary mission of The DAISY Foundation.



2011 Daisy Award winners



Ann Aurand

Ann Aurand

Ann was my nurse when I was in telemetry a month ago and again today when I came to the Emergency Department. I cannot tell you what wonderful

care she gives to her patients. She is very compassionate and patient. Ann goes the extra mile to provide excellent nursing care to her patients while making them feel more relaxed. Ann's sincere friendliness also helps one feel less nervous. Ann was so good to listen to me babble on. She cheered me up considerably. I must say you have the best Emergency Department because of staff like Ann.



Leann Kuhlemeyer

Leann Kuhlemeyer

I would like to nominate Leann for The Daisy Award. I assist Leann with both the Breast Cancer Support Group and the Cancer Support Group. Leann is so compassionate with the patients who attend these groups and with their family members. You can

see Leann's compassion in her eyes and hear it in the way she talks to the members of the group. Leann puts everyone at ease and makes them feel that they are in a safe and confidential environment. It is a tremendously difficult job to be the lead coordinator of such groups. Leann must be sensitive to everyone's feelings. When there is a member of the group who is terminal, Leann must be able to determine how they are accepting their diagnosis. Working with cancer patients is very rewarding, but it is also emotionally draining.

continued

2011 Daisy Award winners *continued*



Claudia Garvens

Claudia Garvens

When the night shift started and Claudia became my nurse, all I can say to describe her was "relief." I called her "Octonurse" to my husband, because it seemed like she had eight arms. As if attending to everything didn't put me at ease enough, she offered to do my supplemental

feeding for my newborn daughter at the next two-hour time so I could get some sleep. I hesitated at first, then realized I needed this relief and the next thing I knew, Claudia was back in about 4 hours, reporting on how my daughter ate two hours ago, and that a new feeding was now on track... I soon learned I could count on her to not miss anything for my daughter. Claudia, my "Octonurse" with eight arms helping me and my baby in what was a very nervous time for me since my daughter wasn't doing well at first, will always be gratefully remembered.



Amanda Vant

Amanda Vant

Amanda stood out and was our "star" nurse. Amanda demonstrated an equal balance of both professional and compassionate care. Amanda consistently communicated everything she was doing and why she was

doing it. She never seemed rushed to get in and get out, but rather provided care efficiently and patiently, making every effort to make sure we understood everything that was going on, why she was doing it and how mom was responding to it. She delivered all this care with a warmth and compassion that showed she really cared not only for our mother, but also for us. Amanda exhibited a level of authenticity, professionalism, warmth and intelligence that gave us confidence, comfort and security.



Susan Mienel

Susan Mienel

Susan shared with me her experience of being a medical chaperone on the Freedom Flight for WWII veterans. As a veteran myself, I expressed an interest in participating and she offered to assist me with the application. Susan did more than assist – she obtained the forms and helped me fill them out. She has agreed to

go with me as my medical chaperone. In the past few weeks, I have had some medical problems and have become weaker. Susan has advocated for me to be on an earlier trip and I have received notification I will be going in October. Susan has gone above and beyond the normal nursing care for me and I value her care and support for my illness and well being.



Ami Mabie

Ami Mabie

Ami is definitely in the right profession, as her tenderness and caring for [patient] touched his family, also. She was such a caring person for [patient], myself, his daughter and

granddaughter. I loved that she would touch [patient's] hand and say, "Honey, I'm sorry but I have to prick your finger again," or her gentleness and tenderness when moving [patient] to different positions.

Aurora Lakeland Lactation Center

Aurora Lakeland Medical Center women and infant care

Aurora Lakeland Medical Center is a **Baby-Friendly**® designated hospital and we were the first in the state of Wisconsin to be designated as such in 2001. **Baby-Friendly**® is a world-wide breastfeeding initiative. A hospital in the U.S. undergoes an evaluation and assessment process through **Baby-Friendly**® USA. It requires meeting 10 steps, including education for patients and staff on the promotion, protection and support of breastfeeding. Meeting these 10 steps also follows the newly revised statement on breastfeeding and the use of human milk by the *American Academy of Pediatrics*, helps to meet the goals of *Healthy People 2020*, as well as *Joint Commission* standards to increase the number of exclusively breast milk-fed infants at discharge and follow evidence-based practice. All health organizations now recognize that breastfeeding is healthiest for mothers and babies, including exclusive breastfeeding for the first 6 months. This is why meeting our process improvement goals to increase exclusive breastfeeding is so important.



In order to support mothers, we have four RNs who are International Board Certified Lactation Consultants: **Rhonda Brovold, BSN, RN, IBCLC**; **Carol McShane-Street, RN, IBCLC**; and **Diane Martin, RN, IBCLC** (missing from photo is Mary Polk, BSN, RN, IBCLC). We also have a breastfeeding support group available. For caregivers, we offer a Lactation Lounge for pumping while at work and discounts on all of our supplies.

CARF

(Commission on Accreditation of Rehabilitation Facilities)



Aurora Lakeland Medical Center's inpatient rehabilitation unit is CARF (Commission on Accreditation of Rehabilitation Facilities) accredited for three years. CARF accreditation is a symbol of excellence among rehab facilities indicating rigorous organizational and practice standards that are evident in care delivery.

The inpatient rehabilitation unit specializes in adult acute medical rehabilitation. The caregivers in the department tend to acute medical needs, as well as focus on training patients to return safely to their discharge destination. On any given day, a patient may experience care from a combination of nursing, physical therapy, occupational therapy, speech therapy, recreational therapy, psychology and psychiatry disciplines. CARF accreditation is an indication of our organization's dedication and commitment to improving the quality of the lives of the people we serve.

Commission on cancer

2011 Outstanding Achievement Award

Aurora Lakeland Medical Center's Vince Lombardi Cancer Clinic opened in the fall of 1999. One of its first goals was to develop an outstanding cancer program. The American College of Surgeons' *Commission on Cancer* establishes the standards by which every cancer program should achieve. This solid foundation led a group of inter-departmental leaders to work toward this goal.

Applying for and maintaining Commission on Cancer accreditation is a voluntary commitment by a cancer program that ensures its patients will have access to the full scope of services required to diagnose, treat, rehabilitate and support patients with cancer and their families. A cancer program is able to continually evaluate its performance and take proactive corrective action when necessary. This continuous evaluation reaffirms the commitment of the program to provide quality cancer care.

The CoC works closely with the Oncology Nursing Society and follows the standards and policies established by this quality nursing program. The CoC has raised the expectations of the cancer programs to encourage



nurses to become certified in Oncology. In 2012, the standard will require 50% of nurses be certified, which Aurora Lakeland's Vince Lombardi Cancer Clinic has already achieved. The CoC also expects nurses to be trained through the ONS chemotherapy/biotherapy course and maintain this competency, which again our Vince Lombardi Cancer Clinic is already 100% compliant.

Having the CoC accreditation and receiving its Outstanding Achievement Award for 2011 assures that our patients and their families will receive quality nursing care by knowledgeable oncology nurses.

Chest Pain Center accreditation



Left to right: **Tony Quintanilla**, **Dave Fladten**, **Daryl Halsted** and **David Greenberg, MD**.

On January 7, 2012, Aurora Lakeland Medical Center was granted accreditation as a Chest Pain Center by the Society of Chest Pain Centers, making it the only rural community hospital in Wisconsin to receive such recognition.

The Society of Chest Pain Centers is an international not-for-profit organization committed to leading the fight to eliminate heart disease as the No. 1 cause of death worldwide. It focuses on transforming cardiovascular care by assisting facilities in their effort to create communities of excellence that bring together quality, cost and patient satisfaction.

In April 2011, four individuals (*pictured at left*) were tasked with spearheading the effort to obtain Chest Pain Center accreditation for Aurora Lakeland Medical Center. They quickly assembled a team of other health care professionals and accomplished in four months what normally takes a facility up to three years to complete.

Presentations and publications

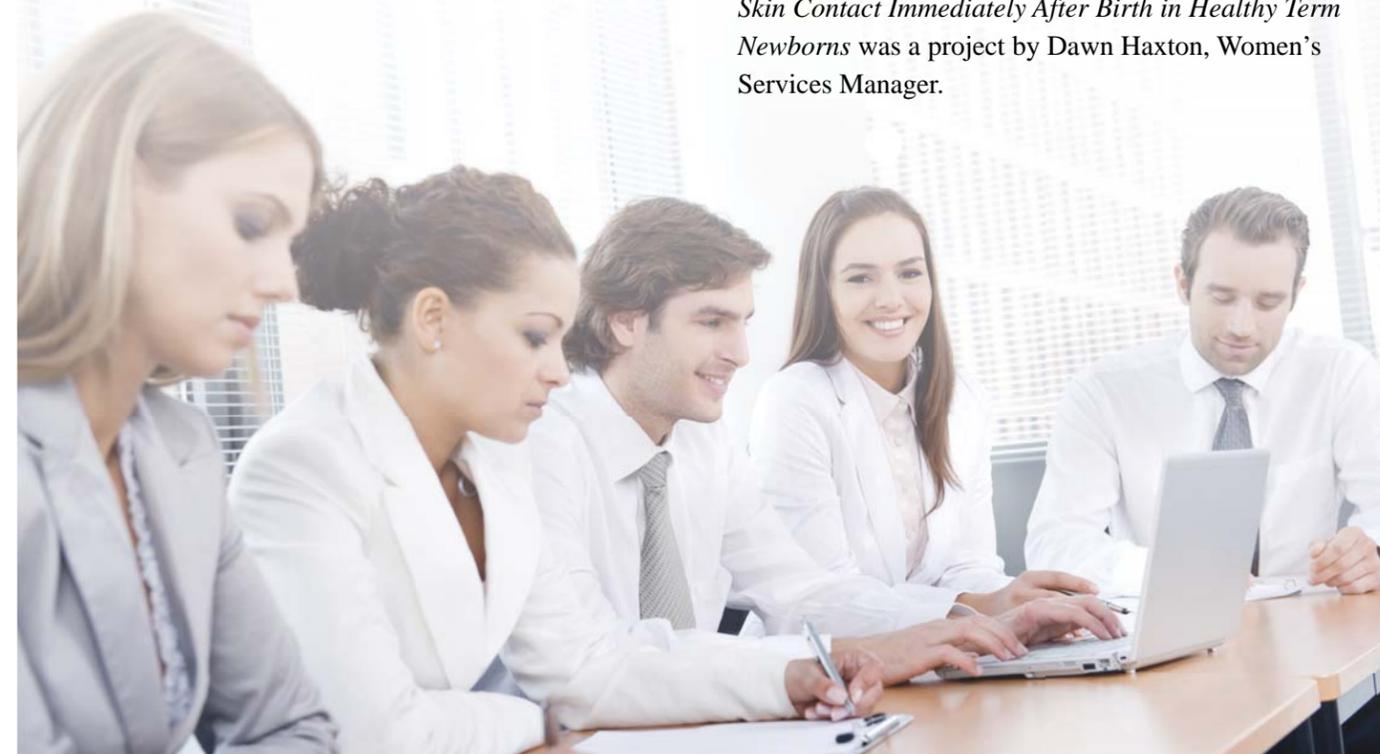
1. Haxton, Dawn (2011). *Implementing the evidence-based practice of skin-to-skin contact immediately after birth in healthy term newborns*. Poster presentation at Building Bridges Conference, Milwaukee, WI
2. Larkin, Brenda G. and K M Mitchell (2011, September). *Measuring outcomes of evidence-based practice for mechanical venous thromboembolic prophylaxis*. Podium presentation at Wisconsin Association of Clinical Nurse Specialists General Meeting, Oconomowoc, WI.
3. Larkin, Brenda G. (2011, March). *Evidence-based practice for mechanical VTE prophylaxis*. Poster presentation: at 58th AORN Congress, Philadelphia, PA. (A Clinical Excellence poster award winner)
4. Larkin, Brenda G. and K M Mitchell (2011, March). *Measuring outcomes of evidence-based practice for mechanical venous thromboembolic prophylaxis*. Podium presentation at National Association of Clinical Nurse Specialists National Conference, Baltimore, MD.
5. Larkin, Brenda G. (2011, October). *Evidence-based practice for mechanical VTE prophylaxis*. Poster presentation at 2nd Annual Wisconsin Association of Clinical Nurse Specialist Conference, Milwaukee, WI.
6. Owens, Georgia (2011). *Reducing Blood and Blood products Administration Time*. Poster presentation at Quality Forum, Aurora Health Care.

Journal publications

1. Larkin, Brenda G., Beier, M., Lewis, C., and K. M. Mitchell. (2011). Measuring outcomes of evidence-based practice for mechanical venous thromboembolic prophylaxis. *Clinical Nurse Specialist*, 25(2), 84.

Undergraduate/graduate nursing projects

Implementing the Evidence-based Practice of Skin-to-Skin Contact Immediately After Birth in Healthy Term Newborns was a project by Dawn Haxton, Women's Services Manager.



Facts and Snacks

Facts and Snacks was initiated in February 2010. The first program was a presentation by Joshua Phillips, MD, on alcohol withdrawal, CIWA and medications. The purpose of Facts and Snacks is to provide a mechanism for communication, dissemination of information and enhancement of nurses' knowledge regarding specific topics. This type of venue encourages the nurse to advance their knowledge so that we may continually find a better way of providing better patient care.

Facts and Snacks presentations in 2011

| | | |
|---------|--|--|
| January | Aaron Malsch, MS, and Deanna Rusch, BSN | <i>Magnet Journey</i> |
| May | Fouad Husnain, MD, Pulmonologist | <i>ARDS</i> |
| June | Joey Sweeney, PharmD | <i>Non-Opioid Pain Management</i> |
| July | Jenny Johnson, MSW, LCSW | <i>Hospice and Palliative Care</i> |
| August | Amanda Herder, BS, PharmD student; Joey Sweeney, PharmD | <i>New Common Medications</i> |
| August | Jeffery Scherer, MD | <i>Is there really a difference in the gauge of the IV cath and type of contrast used?</i> |
| October | Michael Malone, MD, Professor of Medicine at UW School of Medicine & Public Health, Medical Director at Aurora Senior Services and Aurora Visiting Nurse Association | <i>Delirium</i> |

Approximately 20 staff members attended each session. Contact hours were provided.

All Facts and Snacks presentation are recorded and available for check out at anytime by any caregiver to view.

Nurse Physician Collaborative Committee

The Nurse Physician Collaborative Committee is chaired by Cari Johnson and Ami Mabie and began in 2007 to explore nurse-physician dynamics. The committee is composed of bedside nurses, clinical nurse specialists, nurse managers and physicians who represent a wide array of clinical specialties and leadership positions.

The specific goal of the committee is to identify the current nurse-physician culture at Aurora Lakeland

Medical Center and to examine examples of best practice as they relate to nurse-physician interactions.

The committee has sanctioned the Safety Speaks research study. Brenda Larkin, CNS, is the principal investigator with Georgia Owens and Mary Lowisz as co-investigators.

The unifying theme of this committee is one of collaboration between nurses and physicians.

ACE and e-Geriatrician

As part of Aurora Health Care's ACE (acute care for the elderly) program, the e-Geriatrician component was developed to allow a health care system to bring ACE unit care to hospitals that had no ACE unit and no geriatrician on medical staff. The e-Geriatrician is an off-site geriatrician who participates in the interdisciplinary team meetings through teleconference. The geriatrician discusses high-risk cases with the team to help develop a plan of care in response to geriatric problems. Because Aurora's electronic health records are available systemwide, the e-Geriatrician can access the ACE Tracker checklist for each patient, as well as individual medical records.

Outcomes of this model of care have shown significant improvements in urinary catheter use and decrease in restraint use, as well as increasing appropriate physical therapy referrals. The interdisciplinary team has reported

increased knowledge and confidence in caring for our older adults by having the geriatrician on their team. The e-Geriatrician at Aurora Lakeland Medical Center provides real-time learning for nursing and the ACE team.

Nurses at Aurora Lakeland are improving care for older adults through a multi-pronged approach. The nurses utilize the e-Geriatrician for expertise and guidance, ACE program principles to guide their plan of care to decrease functional decline and NICHE (Nurses Improving Care for Healthsystem Elders) as an educational foundation in the care of older adults. Aurora Lakeland is innovative in its approach to model programs which improve care for older adults in the acute care setting, but also closely interact with caregivers in the clinic, home care and long-term care settings to improve the delicate balance of transitions our older adult patients must navigate.

Geriatric Resource Nurses (GRNs)

| | | | |
|------------------|------------------|-----------------|-----------------|
| Lydia Bird | Magdalena Horn | Mary McWherter | Kristine Voigt |
| Nympha Centeno | Sherri Kinney | Georgia Owens | Deborah Wendt |
| Jana Diaz | Jessica Kreidler | Lana Peters | Rosemary Wester |
| Lisa Engelbrecht | Mary Lowisz | Cheryl Tuescher | Jenny Zoellner |

Hospitalists and nurses Teamwork and collaboration

As nurses, we are fortunate to have hospitalists onsite to collaborate with regarding patients who have complex health issues, such as those admitted multiple times for complication of metastatic carcinoid cancer, or with a prolonged stay on the Med Surg floor, or even that COPD patient that says, "Something is wrong."

Nurses and hospitalists working together have a significant influence on many patient outcomes. Our

success depends on our ability to effectively foster and coordinate a spirit of collaboration.

The value of working together is a reduction in patient length of stay, reduced hospital costs, decreased mortality rates, improved overall efficiency of care for hospitalized patients, enhanced quality of care, improved clinical outcomes and improved patient satisfaction.

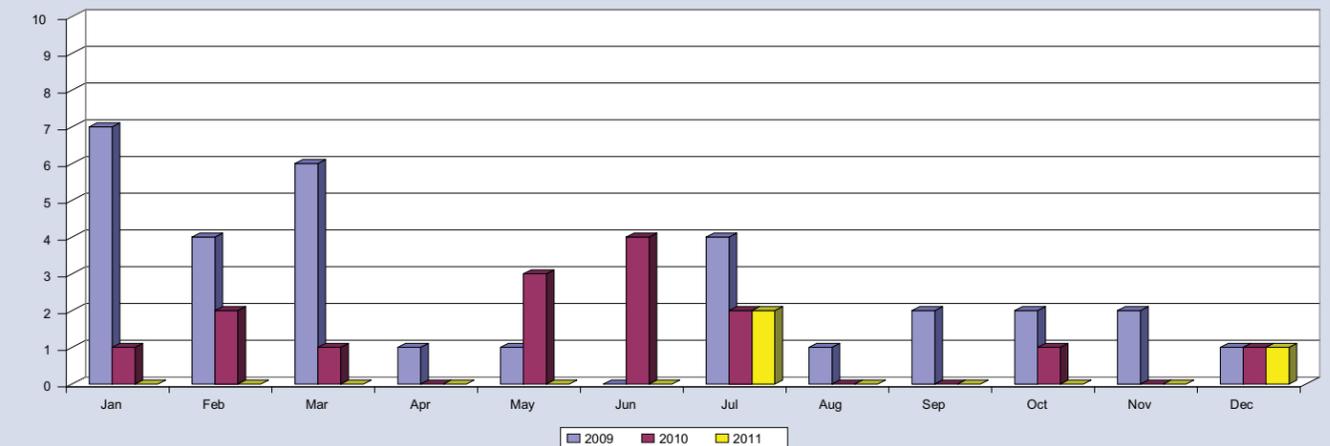
Reducing blood and blood products administration infusion time

Blood bank and transfusion services collect, process, store and provide human blood intended for transfusion, perform pre-transfusion testing and finally, infusion into the patient. The infusion of blood or blood products is equivalent to the

use of any other intravenous therapeutic agents. According to AABB (formerly known as the American Association of Blood Banks), Aurora System policy #1010, the maximum time for infusing any blood component is 4 hours.

Aurora Lakeland Medical Center Transfusion over four hours

2009 to March 2011: 2009 = 31; 2010 = 14; 2011 = 3



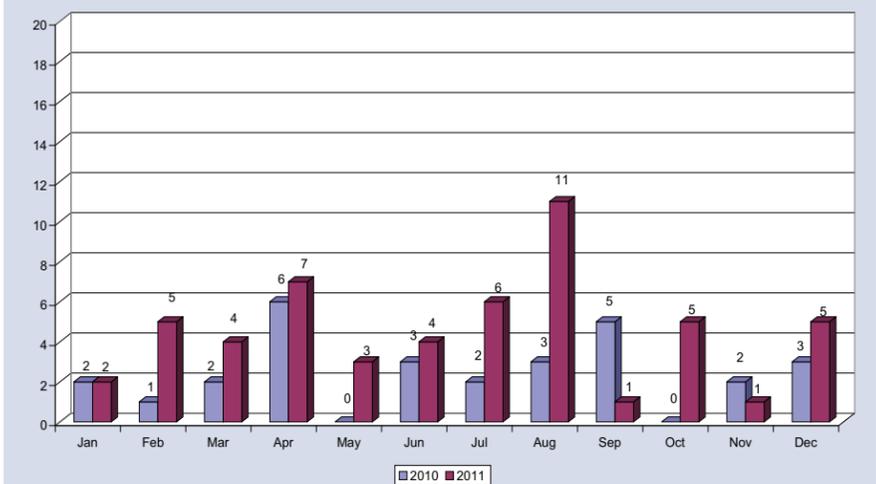
Rapid Response Team

Patients often show signs of clinical deterioration long before they experience cardiopulmonary arrest. Having a Rapid Response Team (RRT) on call 24/7 allows nurses to intervene before patients experience cardiopulmonary arrest by summoning this team of clinicians with critical care expertise who respond within minutes to the bedside.

The goal of RRTs is to decrease the incidence of cardiopulmonary arrest and ultimately decrease mortality. RRTs are primarily a nursing intervention.

Aurora Lakeland Medical Center Rapid Response (STAT) Team

2010 – 29; 2011 – 54



Peripherally Inserted Central Line Catheters (PICC) 2007 to 2011

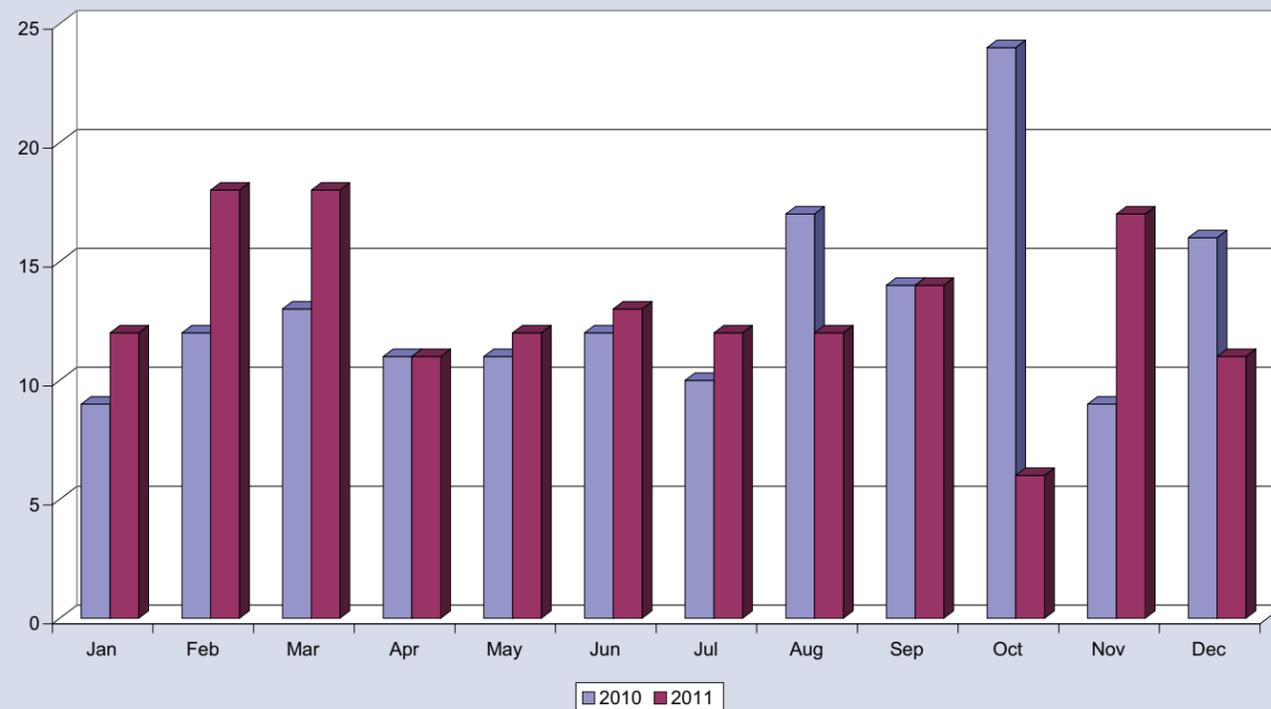
Prior to end of the year, 2007, Aurora Lakeland Medical Center patients needing PICC lines had to be transported to the Interventional Radiology department at Aurora Memorial Hospital Burlington for the procedure. The impact of not performing PICC insertions at Aurora Lakeland affected all areas:

- Patients had to be scheduled for the PICC, usually *not* on the same day
- Transportation to and from Aurora Memorial Hospital Burlington had to be coordinated
- Increase in cost per case
- Increase in length of stay
- Delay in treatment
- Patient, physician and nurse dissatisfied

The PICC process is nurse driven. Since the end of 2007, there has been an increase in the number of PICC lines inserted. In 2011 there were 156 PICC insertions with a zero central line infection rate.

The seven Aurora Lakeland RNs who are PICC trained are: Jenny Krueger, Melody Brown, Jessica Newlun, Sherri Kinney, Tracey Jacobsen, Crystal Johann and Ann Aurand.

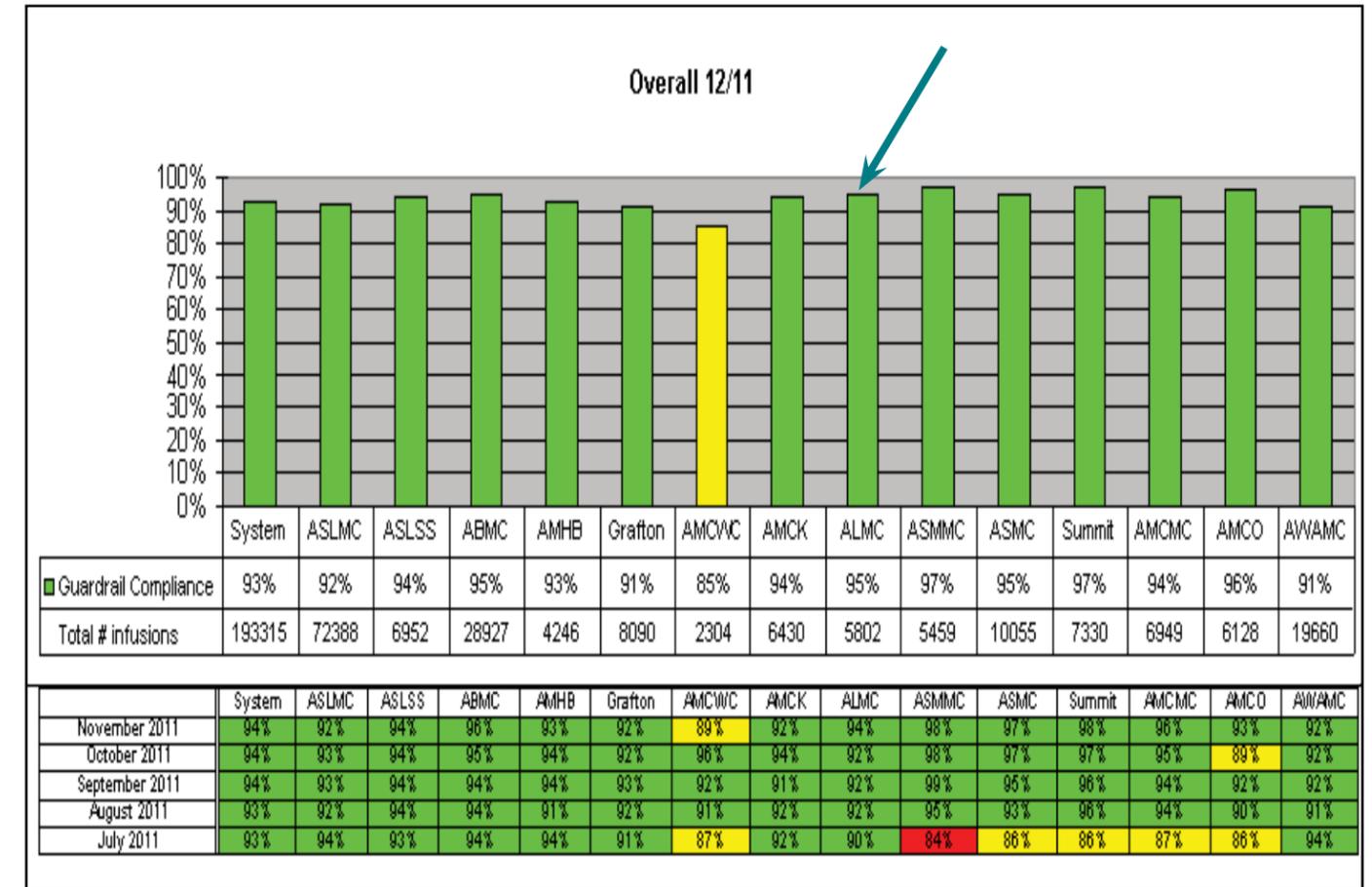
Aurora Lakeland Medical Center PICC line insertions
2010 – 158; 2011 – 156



Alaris Pump Guardrail use

Guardrails® Suite MX safety software is a comprehensive safety solution in use at Aurora Lakeland Medical Center. It can help reduce IV medication errors, improve the overall quality of patient care, track and measure system performance and help increase compliance with national safety standards.

As nurses, we can be proud that we are protecting our patients with evidence-based best practice of dose, rate, concentration and duration of IV fluids. Our goal was to be >90% compliant. The table below is evidence of our improvement efforts.



Participation in multisite pain study December 2010

In 2010, Aurora Lakeland Medical Center was invited to participate in a multisite pain study. Other participants included University of Wisconsin - Madison, University of North Carolina, Central DuPage Hospital in Illinois, University of Pennsylvania and other Aurora facilities.

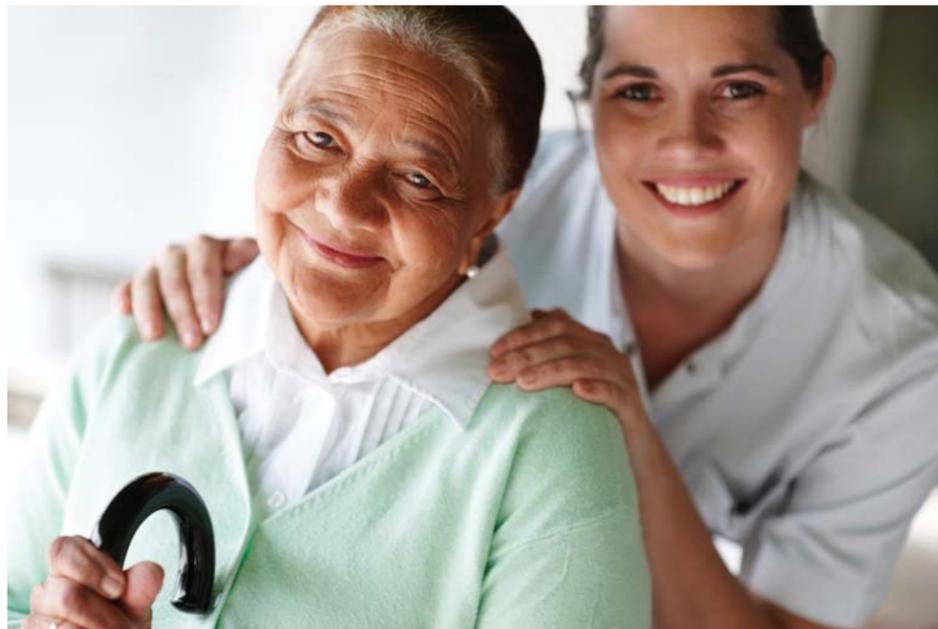
Our part of the study involved collecting data at our site using the American Pain Society Patient Outcome Questionnaire - Revised (APS_POQ_R). The purpose of the study was to validate the revised version of the questionnaire. We had 32 participants from our site.

Data was collected in December 2010 with the results presented to the Pain Committee in June 2011.

The total sample size in the study was 577. Characteristics include:

1. Med patients higher worst pain score $p < .001$
2. Med patient > time spent in severe pain
3. Med patient lower percent pain relief
4. Med patient lower percent scores for participation in pain care
5. No difference between groups in satisfaction scores (Cancer, non-Cancer, surgical and medical)

Innovation in patient care and nursing is the key to our success. Learning and trying new approaches to our work have resulted in better patient outcomes, increased patient satisfaction and increased staff satisfaction in many of our departments.



Skin Champions

Bunny Kohl
Deann McDonough
Bethany Scurek
Cheryl Sherman
Deb Wendt

Falls Champions

Jessica Newlun
Georgia Owens

Pain Champions

Charmain Breunig
Dennis Campbell
Lisa Engelbrecht
Darlene Erickson
Jacki Flitcroft
Donna Friemoth
James Goodrick
Sarah Haase
Tracey Jacobsen
Amy McConley
Kathy Miller
Georgia Owens
Barb Robers
Kathryn Schmalz
Ann Tomal

Coming in 2012 ...

Primary Stroke Center Certification application to be submitted

The Joint Commission's *Certificate of Distinction for Primary Stroke Centers* recognizes centers that make exceptional efforts to foster better outcomes for stroke care. Achievement of certification signifies that the services you provide have the critical elements to achieve long-term success in improving outcomes. It is the best signal to your community that the quality care you provide is effectively managed to meet the unique and specialized needs of stroke patients.

The Joint Commission's Primary Stroke Center Certification program was developed in collaboration with the American Stroke Association. It is based on the Brain Attack Coalition's "Recommendations for the Establishment of Primary Stroke Centers."

Transition to Smart Chart

As we transition to *Smart Chart* in late fall 2012, nursing plays a vital role in ensuring a positive and smooth transition to the new documentation system. Nurses will have the opportunity to be a part of training and support of their peers.

Trauma Level IV to III application

Aurora Lakeland Medical Center is currently a Level IV Trauma facility tasked to provide advanced trauma life support prior to a patient being transferred to a higher level of care. Aurora Lakeland is collaborating with our surgeons to provide a higher level of service and become a Level III Trauma Center. This will provide prompt assessment, resuscitation, emergency operations and stabilization, with admission to our facility. Aurora Lakeland is also collaborating with Aurora Medical Center in Summit, which is currently applying for Level II Trauma Center status from the American College of Surgeons. This will allow patients to stay close to home and in-network – a win/win for all.

At Aurora, we strive to provide the best patient experience.



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