



Cheyenne Regional

**NURSING SERVICES ANNUAL REPORT**

**2014**



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## Letter from Chief Nursing Officer

Dear Cheyenne Regional Medical Center Nurses,

Congratulations on achieving another year filled with exciting changes and progress on our journey toward nursing excellence. Inside this 2014 annual nursing report, you will find a summary of all of the wonderful things going on within the nursing division. As you review the report, I invite you to pay particular attention to the many nurse-driven projects and changes. They reflect the hard work taking place on our units and the commitment, dedication and skill of our frontline nurses.

As you know, the healthcare environment is changing rapidly. Cheyenne Regional's nursing division must evolve and stay agile to meet the many regulatory and governmental changes taking place. At the same time, we must also continue to elevate the professional practice of nursing. I wish to personally thank each and every one of you for your commitment to excellence in your professional practice. The energy is palpable, and I know that we are well on our way to achieving nursing excellence.

Please take a moment to consider how much of an impact you make on our patients and our community. Day in and day out, you are healing and saving lives. There are so many committed and dedicated nurses here at Cheyenne Regional, and I want each of you to know that I am extremely proud to serve you. Thank you for all you do!

A handwritten signature in black ink that reads "Constance Schmidt". The script is elegant and cursive.

Constance A. Schmidt DNP, RN, CBN, FACHE  
Chief Nursing Officer / Vice President of Clinical Services

# Nurses Display Exemplary Professional Practice

## PLAN OF CARE

The nursing team demonstrated remarkable resilience and commitment to their patients after a 2014 Centers for Medicare and Medicaid Services (CMS) survey identified a lapse in the documentation of care plans. As soon as we were contacted by CMS, a group consisting of bedside nurses, nursing leaders and Epic (electronic health record) team members came together to improve the process. The hospital's entire plan of care format was restructured to more accurately reflect the care that our patients receive. Prior to the change, care plan compliance was less than 50 percent. By the end of 2014, chart audits reflected 87 percent compliance with the required elements. The months of planning, education, audits and team work made a significant difference.

## PATIENT EXPERIENCE HUDDLE

For several years, Cheyenne Regional Medical Center (CRMC) has used daily huddles to address the quality and safety of the care being provided to patients. The huddles have allowed nurses and other clinical staff to identify and resolve medical concerns before a patient is discharged.

In 2014 CRMC's nursing division implemented huddles to improve the patient experience. Until then, the patient experience was primarily assessed through Press Ganey survey results. These results could only provide a retrospective look at how patients felt about their care. By implementing a patient experience huddle, we were able to address concerns in "real time" while the patient was still in our facility.

A multidisciplinary team meets daily for 15 minutes to review patient views and concerns about their care. The team is comprised of nurses and other employees who influence the patient's perception of care.

The huddle incorporates therapeutic relationship principles to address issues faced by patients, families and staff. Depending on the concerns, the huddle may focus on service recovery, coordinating care more efficiently, aligning resources to help patients receive a difficult diagnosis, addressing a difficult social situation or improving processes. We also use this time to celebrate and recognize nurses and other hospital employees who have gone above and beyond to create positive experiences for our patients.

When patients express that their care has been less than they expected, the team is able to quickly intervene and can often offer solutions prior to the patient's discharge. Overall, the huddle has proven very valuable in helping us improve the patient experience.

### WHITE BOARDS

Cheyenne Regional Medical Center first started using white boards in patient rooms in 2013. They were so well-received by patients and staff that nurses recommended placing them on all inpatient units in 2014. The white board helps the patient understand what will be expected throughout the day and also helps nurses communicate each patient's plan of care. The use of the white boards is a vital communication tool that we expect to continue utilizing.

### THERAPEUTIC RELATIONSHIP TRAINING

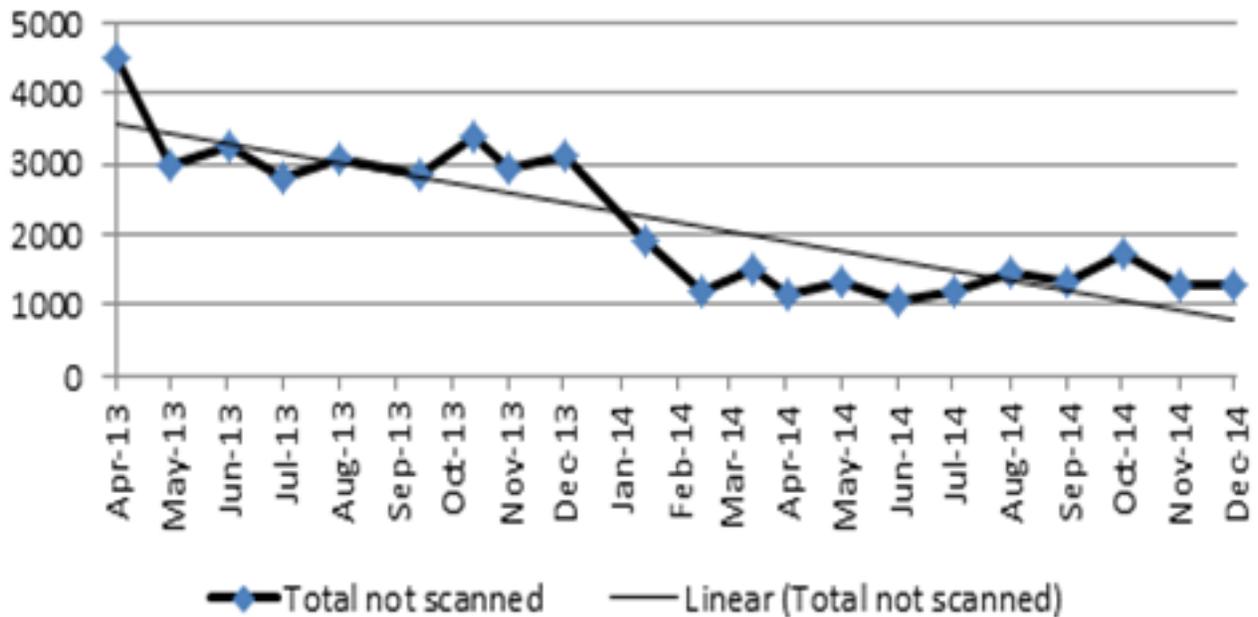
Cheyenne Regional Medical Center began its formal "authentic connection" work with clinical services leadership in 2014. After the initial training, we followed up with monthly reflections to support the work. To ensure we had the support and understanding of our executives, our nursing division also taught them about the elements of having a successful therapeutic relationship.

We have continued to expand this work by offering training sessions to clinical preceptors, case managers, patient representatives and educators. We have educated approximately 200 employees on how to use this model, which promotes "seeing patients as people" and focuses on providing an optimal healing environment. The training includes three types of competencies: leadership, relational and technical.

### BEDSIDE BARCODE SCANNING FOR MEDICATIONS

To enhance safety in medication administration, Cheyenne Regional Medical Center implemented bedside barcode scanning as part of the system-wide change to a new electronic health record system called Epic. Medication scanning has always been a high priority, but as nurses have become more proficient at using Epic, our nursing division has considered additional ways to improve. In June of 2013, our medication scan rate was 96 percent. Nursing teams then partnered with pharmacists to find barriers that impeded their ability to scan medications. As a result, new scanners were purchased and processes were tightened. By the end of December 2014, our medication scan rates were at 98.5 percent.

## Total Medications not scanned April 2013 - December 2014



# Nurses Drive Positive Change

Cheyenne Regional nurses helped drive positive change throughout the organization in 2014. They wrote grants, developed new projects and implemented best practices—all for the benefit of our patients. Below are a few highlights.

## GRANTS FUND NEW TVs

The Oncology Unit purchased new TVs for their patients with grant money they received. These TVs have larger screens and better pictures—which are both benefits for patients.

The Acute Rehabilitation Unit also received grant funding to replace the unit's old TVs with new ones that meet Federal Communications Commission quality standards for closed captioning. Patients with impaired hearing can now read closed captions instead of increasing the volume. Patients and staff also appreciate the noise reduction.

## TELEMETRY FOCUSES ON QUALITY IMPROVEMENT

The Telemetry Unit moved telemetry technicians to a private room as part of the unit's focus on quality improvement. Telemetry technicians continuously monitor patient electrocardiogram tracings and will quickly alert nurses of possible complications. It is imperative that the technicians are focused and distractions are limited. Prior to the move, telemetry technicians were located next to the main nurses station, where distractions were common. To find a quieter environment, the technicians partnered with the unit's nursing staff to secure a private office.

As part of this improvement process, the unit's charge nurses now work with the technicians to ensure alarm settings are appropriate. Nurses also implemented a process to improve communication between the telemetry technicians and other units caring for telemetry patients.

## COLORFUL NEW PAINT HELPS PEOPLE LOCATE UNITS ON PATIENT TOWER

Cheyenne Regional has a patient tower consisting of several floors, with similar-looking nurses stations located next to the elevator on each floor. To help guests know if they are on the correct floor, the walls behind each station were painted a different color. This improvement was made at the suggestion of nurses.

## MEDICATION PREAUTHORIZATION BENEFITS PATIENTS

Nurses in the Behavioral Health Unit implemented a medication preauthorization program for the benefit of the unit's patients. Under the new process, discharge medications are reviewed by the patient's pharmacy before the patient is discharged. The inpatient psychiatrist provides the preauthorization if it's required. This means that the patient has quicker access to needed medications once he or she leaves the unit. This process was improved as a result of nurse feedback. Behavioral Health patients had been coming to the Emergency Department for treatment because of their inability to access needed psychotropic medications. Some patients were also being readmitted to the Behavioral Health Unit because they didn't have access to their medications.

## UNIT PRACTICE COUNCILS FIND COST SAVINGS

Many unit practice councils have implemented small changes that have added up to big savings.

The unit practice council for Women and Children's Services identified and implemented the following cost savings:

- Nurses were using a pair of sterile gloves when examining a woman in labor. Nurses would then dispose of the glove that hadn't been used because it was no longer sterile. The practice council recommended that the unit purchase packaged single sterile gloves to use during the exams. This change saved the unit \$30,000.
- The Lactation team researched the use and cost of Soothies® gel pads for nursing mothers. Without compromise to patient quality or nursing practice, the team changed vendors and saved \$2,000.
- Every year Labor and Delivery nurses are required to complete fetal monitoring education. By changing to a new module, they saved \$4,000.

To prevent waste, many units are also being more thoughtful about the quantity of linens and supplies they are using and limiting how much they are taking into patient rooms.

Additionally, the Behavioral Health Unit assessed inpatient meals to see if they could improve the patient experience and also reduce waste. Behavioral Health patients often received buffet-style meals, which limited their meal options and choices. Unit nurses requested that Behavioral Health patients be allowed to order the same kinds of meals provided to other hospital patients. This has helped reduce the amount of wasted food and has also increased patient satisfaction.

# Nursing Quality Benchmarked

## NURSING COMPASS

A Nursing Compass tool is now being used to help bedside nurses better understand how Cheyenne Regional Medical Center (CRMC) performs in comparison to other organizations. The Compass focuses on indicators that directly reflect the care that patients receive from nurses. Indicators include fall rates in addition to the number of catheter-associated urinary tract infections, hospital-acquired pressure ulcers and central line-associated bloodstream infections that occur at CRMC. The tool also helps CRMC's nursing division assess professional development, including advanced practice nursing and BSN rates in addition to CRMC nurses with national certifications. The goal is to report professional practice and quality benchmarks to CRMC's shared governance committees. Using this data, nurses will be able to drive quality outcomes using measurable data to support and validate their efforts.

## CORE MEASURE RECOGNITION

Through its Crimson performance technology program, The Advisory Board Company recognized and published the success of Cheyenne Regional Medical Center's (CRMC) daily core measure huddles. To begin, the Advisory Board conducted a site visit and toured our organization in 2014. The company then nationally recognized CRMC for its dedication to improvement. By evaluating its core measure data through the daily huddles, CRMC had 74 fewer noncompliant cases than it did in 2013. This helped CRMC avoid more than \$70,000 in penalties that would have been assessed through the value-based purchasing reimbursement model.

## BSN COMPLETION RATES MEASURED

In 2014, CRMC continued to encourage employed nurses to earn a baccalaureate degree in nursing (BSN). Through a baseline assessment completed in 2013, we discovered that about 30 percent of our clinical nurses were BSN prepared. We believed that number was low, so we reached out to leaders throughout the organization in 2014 to help us gather a more accurate count. Data was collected on 543 of the 592 clinical and support nurses who were employed as of December 2014. Nearly half of the nurses—45.3 percent—had at least a BSN. More than half—50.6 percent—had achieved a BSN or higher degree. At the same time, we also reviewed the number of nurses with national certifications—meaning they had completed additional studies and taken national certification exams in a specialty area. As of December of 2014, 12.8 percent of CRMC nurses were nationally certified. Our Shared Governance Education Council plans to set goals and determine ways to help increase the number of nurses with national certifications.

## BEHAVIORAL HEALTH IMPLEMENTS PATIENT CALL MANAGER SYSTEM

CRMC's Behavioral Health Unit achieved national Studer Group® recognition in 2014 for implementing a patient call manager system. It can be complicated to manage call-backs to this population as each patient must sign a consent form for a call-back prior to discharge and must also have a functional contact number. After creating a process to overcome these barriers, the unit has seen a reduction in the 30-day readmission rate from 41 percent to 5 percent in the last two years. The call-backs have also supported patients by helping them stay healthy post-discharge.

# Transformational Leadership Highlighted

## FOCUS ON EMPLOYEE ENGAGEMENT

In 2012-2013, the engagement score for nursing leadership was at 85.7 percent. By developing and adhering to an engagement action plan, the nursing management team was able to increase its engagement score to 100 percent in 2013-2014. Part of that increase can be attributed to the leaders' commitment to creating action plans with the entire nursing team in an open, creative environment.

The leadership team has been very collaborative in its work. Team members ensured that annual competencies were aligned with the engagement plan. They also kept the action plan top-of-mind and reviewed it during huddles and at quarterly retreats. The team also worked on developing a vision ("With grace we inspire") that guides team members in their work.

When the leadership team met, members would discuss operational items as well as create space to share experiences, ensure group connection and inspire one another. Huddles focused on helping team members stay connected to their purposes.

The nursing management team also focused on gratitude and recognition, often holding uplifting "flash mobs" for other departments. In addition, managers regularly invited employees from other departments to attend huddles, to ensure that the nursing division and non-nursing departments continued to communicate and collaborate effectively.

As part of this effort, the inpatient services administrator used a coaching model to develop and encourage nursing leaders. Her goal was to expand strengths and tend to any areas that needed additional development. She rounded on all of her direct reports every month and asked provocative questions about their individual engagement to help them grow professionally and personally. During rounding, she was also able to discover who should be recognized and found solutions and suggestions for improvement. When asked how she was most able to influence her team, the administrator said, "Mostly, I loved my team 100 percent and made sure that they knew it and knew why!"

# Nurses Focus on Structural Empowerment

## INDEX FOR PROFESSIONAL NURSING GOVERNANCE SURVEY

The Index for Professional Nursing Governance (IPNG) survey was launched in September 2014. After the 2014 survey was completed, a team was formed to review the results and start working on priority areas. One outcome was the formation of a new nursing governance group. The group includes nurses from all levels in the organization to share in the decision-making process. Their mission is to drive professional development and nursing practice at Cheyenne Regional Medical Center.

## PROTONIX IV ADMINISTRATION

Through a “Bright Ideas” submission, the Shared Governance Education Council was asked to partner with the Pharmacy to change how Protonix is administered. The previous process required Pharmacy to mix extra quantities of Protonix. If patients were discharged, medication that had already been mixed had to be discarded. This new process saves our staff time and also saves our organization money.

# Collaborative Partnerships Formed

## AMBULATORY CARE AND EVALUATION

An Ambulatory Care and Evaluation (ACE) concept was initiated in the Emergency Department (ED) in November 2014. ACE is a redesign of front-end operations in the ED to improve patient flow, throughput and patient satisfaction. Goals of ACE include improving bed efficiency, maximizing staff resources and reducing the number of patients who leave without being seen.

The process starts in the check-in area, where the patient is evaluated by a registered nurse. Lower-acuity patients are placed in the designated ACE area, where a team of nurses, technicians and providers see the patient quickly, provide necessary care and discharge the patient from ACE.

This new process has helped decrease the number of patients who leave without being seen, and has also helped improve the ED's patient satisfaction scores. It is a process that is being successfully used in many other healthcare organizations.

# Nurses Recognized

## NURSES ATTEND MAGNET® CONFERENCE

More than 7,000 nurses from top hospitals around the nation and world attended the ANCC (American Nurses Credentialing Center) Nursing Magnet® Conference in Dallas, Texas, in 2014 to share evidence-based best practices and network. Among those attending were five nurses from Cheyenne Regional Medical Center (CRMC): Kenny Dunn, Kris Loeffelbein, Hainy Lawson, Sue Johnson and Heidi Tatum. On their return, the five nurses formed a Magnet Champion Committee. This committee is responsible for finding ways to engage and inspire our nursing staff. The committee is also focused on sharing what the CRMC nurses learned at the conference and helping staff maintain a commitment to nursing excellence.

## DAISY AWARD

To recognize outstanding nurses, CRMC participates in the DAISY award program. More than 1,000 healthcare organizations are members of this international program, which was formed “to honor the super-human work nurses do for patients and families every day.” Patients, peers and physicians all can nominate a nurse for the award. A committee then makes a selection from the nurses who were recognized and announces quarterly winners. Below is the list of CRMC’s 2014 DAISY award winners:

Justine Nusz..... Women and Children’s Services  
Summer Huber..... Women and Children’s Services  
Estella Spretzel..... Cardiac Catheterization Lab  
Betty Middelstadt..... PICC Team  
Kathy Stevens..... Surgical Unit  
Elizabeth Shedd..... Cardiac Catheterization Lab  
Jennifer Kamarad..... Women and Children’s Services  
Susan Pixley..... Telemetry Unit  
Hainey Lawson..... Surgical Unit  
Kimberly Smith..... Cheyenne Children’s Clinic  
Tracy Christensen..... Women and Children’s Services  
Stan Middelstadt..... Emergency Department

## TRANSITIONAL CARE UNIT RECOGNIZED

In 2014, Cheyenne Regional Medical Center’s Transitional Care Unit (TCU) achieved a five-star quality rating from the Centers for Medicare and Medicaid Services (CMS). This was the second year in a row for the unit to receive a five-star rating, which is the highest given by CMS. The criteria for this outstanding award is based on yearly CMS survey results, staffing levels and quality measures that are submitted to CMS via the Resident Assessment Instrument, which includes the MDS (Minimum Data Set) and the care plan.

# New Knowledge and Innovations

As healthcare advances, it is imperative that our nurses continue to think about how to accommodate these advances with improved processes and flow. With healthcare reform, it is also critical that our nurses find ways to improve clinical outcomes and efficiencies while at the same time reducing the cost of care. In 2014, our nurses initiated or adopted several innovations to address the changing face of healthcare and nursing.

## NEW WEB SCHEDULER OFFERS MORE AUTONOMY

In multiple forums held in 2014, bedside nurses requested more scheduling autonomy. In response, Cheyenne Regional Medical Center (CRMC) purchased and rolled out the ANSOS Web Scheduler. The scheduler tracks the number of nursing employees who are available and also keeps track of vacations and other scheduling information. The Web Scheduler has given nurses more freedom in selecting shifts. This has had a positive impact on nursing engagement.

## FOUNDATION GRANT PROVIDES NEW FIXED VITAL SIGN MONITORS

It can be frustrating for nurses or aides to have to search for equipment to perform basic but important patient assessments. This was the problem nursing staff often faced when they needed to use a vital sign monitor. Often the monitors were missing from rooms or were missing parts. In 2014, the Cheyenne Regional Foundation provided a \$200,000 grant to purchase and install 52 fixed vital sign monitors in inpatient rooms located in CRMC's patient tower. Nurses and aides appreciate having vital sign monitors readily available. The monitors have been so well received that the nursing division has a goal of purchasing fixed vital sign monitors for the rest of the tower's inpatient rooms.

## MASSIMO SECURITY SYSTEM AIDS PULSE OXIMETRY MONITORING

A new Massimo Security System went live in CRMC's patient tower in October 2014. The new system provides central monitoring of a patient's pulse oximetry levels. There are many benefits to this new system. Having oximeters in every room means nursing staff don't have to spend time searching for oximeters. Historically, staff had to dedicate time to search for pulse oximeters, which took them away from patient care. The new system also alerts the patient's nurse, aide and charge nurse via phone when the patient's oxygen level is too low. This allows staff to respond quickly to an alert.

Having a pulse oximeter in every room is also a workplace satisfier, according to cardiopulmonary (CP) clinicians. “It makes it easy to do the right thing for our patients,” said one CP employee.

Respiratory therapists also appreciate being able to run reports from the system. Reports help the therapists determine criteria for home oxygen evaluations and can help them make appropriate discharge decisions.

## EMERGENCY DEPARTMENT IMPLEMENTS REAL-TIME PATIENT SURVEY

Many healthcare organizations struggle with determining the best ways to assess and improve patient satisfaction and patient perceptions of their care. One common method is to mail patients a survey after they are discharged. The drawback with using only this approach is that results are often reported to the organization months after the patient was treated. This lag time makes it difficult for organizations to adjust and respond to concerns.

Another alternative is to ask patients to assess their care and experience while they are still in the hospital. CRMC’s Emergency Department (ED) adopted this second approach by implementing a “real-time” survey of patients in 2014. Patients in the ED are invited to take the electronic Client IQ survey prior to leaving the department, after discharge instructions have been given. This process allows the ED team to evaluate what changes need to be made before the patient leaves and to determine if the changes have improved patient satisfaction.

## EMERGENCY DEPARTMENT PROVIDES EBOLA RESPONSE TRAINING

Earlier this year, the United States experienced its first cases of Ebola. To prepare for the possibility of treating a patient with Ebola, CRMC’s Emergency Department (ED) trained its nurses, technicians and medical providers on how to don and doff Centers for Disease Control and Prevention-approved personal protective equipment. Additionally, “quick look” admissions employees were taught how to screen patients who may have been exposed to the Ebola virus, and how to transport a potential Ebola patient through the ED to the appropriate treatment room. As an additional means of preparation, the ED participated in a city-wide drill on how to properly care for and transport someone suspected of having Ebola. The drill involved a local urgent care clinic, first responders, ED personnel and the county coroner.

## WOMEN AND CHILDREN'S SERVICES INSTALLS NEW INFANT SECURITY SYSTEM

For several years, Cheyenne Regional Medical Center (CRMC) has used a patient tracking system to help prevent the abduction of children and infants. The system had a flaw in that it was triggering 4,000 to 5,000 nuisance alarms every month. The result was alarm fatigue, frustration and wasted energy and effort.

To determine if there was a better option, the unit practice council for Women and Children's Services reviewed and compared other tracking systems to the one being used at CRMC. After extensive research, including system demonstrations, the council recommended that CRMC replace the old system with the Cuddles Infant Protection System.

Since the implementation of Cuddles in 2014, nuisance alarms have decreased to approximately 500 per month, significantly reducing staff frustration and wasted time.

## AWHONN FETAL-MONITORING PROGRAM STARTED

In 2014, a Labor and Delivery employee submitted a grant application and secured funds from the Cheyenne Regional Foundation to train and certify a local person to become an AWHONN (Association of Women's Health, Obstetric and Neonatal Nurses) -certified fetal-monitoring trainer. The trainer followed up by instructing two CRMC employees and an educator. As a result, CRMC can now offer basic and advanced AWHONN fetal-monitoring training to our nurses. These courses are also provided to other hospitals, and attendance has been increasing.