

Bundle Program • Navigators • Compassionate Care

microscope

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The
Nursing
Issue

RESIDENCY
PROGRAM SUPPORTS
NEW NURSES

Nurse researchers give
profession a voice

CHI Health
Nurse Journal



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About CHI Health

CHI Health is the largest not-for-profit, regional health network in Nebraska. It embraces a Mission to nurture the healing ministry of the Catholic Church while creating healthier communities. Based in Omaha, CHI Health has 14 hospitals, two stand-alone behavioral health facilities and more than 150 physician practice groups – in CHI Health Clinic and The Physician Network (TPN) – in Nebraska and southwest Iowa. CHI Health is the primary teaching partner of Creighton University's health sciences schools. CHI Health is part of Catholic Health Initiatives (CHI), a nonprofit, faith-based health system based in Englewood, Colorado, that operates in 19 states. For more information, please visit CHIhealth.com.

*If you have questions about the content of *microscope* or would like to stop receiving it, please email us at OPTOUTCHIHEALTH@catholichealth.net*

Under the Microscope



Dear Friend,

It's been said that God gathered the strongest people in the world ... and made them nurses! That's been my experience as a family physician, a chief operating officer and now a chief executive officer. Nurses, by their nature, are problem solvers. At CHI Health we use those skills to tackle big issues like standardizing start times and choosing new technology to make their jobs easier.

Whether they work in a hospital or in a clinic, nurses make physicians and patients better. At CHI Health, our nurses reach out to patients in new and different ways. From knocking on their door at home to following up by phone, nurses help navigate our patients through this complex health care world we live in.

When nurses speak, people listen; and when people speak — it's the nurse who listens. They are the ones who wash the eyes of new babies as they open and gently close the eyes of the dying. They are the heart of health care, and we, at CHI Health, are blessed to have amazing, faith-filled nurses who answered their calling to do God's work right here in Nebraska and southwest Iowa.

Sincerely,

Cliff Robertson, MD
Chief Executive Officer
CHI Health

Letter to the Nursing Team

Dear Colleagues,

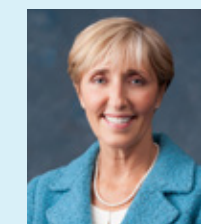
Caring for one is love. Caring for many — one at a time? That's nursing. And that's the richness of this calling. You touch innumerable lives with equal parts expertise and compassion — and end up with indelible marks on your own heart.

Nurses know it's the "little things." Seemingly routine actions you take every day have tremendous impact. That single teaching moment can save a patient's life, preserve a family or impact an entire community. The few minutes spent holding a patient's hands and hearing his or her concerns can ease a journey toward healing. And that quiet instance when you ask: "Isn't there a better way?" It can become a nursing research study that changes a national standard of care or a system-wide change that improves how we care for patients or even each other at CHI Health.

Every day at CHI Health, nurses are busy being indispensable — and exceptional. Look no further than our nationally recognized bundle programs. It's our nurse navigators who guide patients through protocols which, without their proficiency, could result in costly complication rather than efficient cure.

This *microscope* is an opportunity to pause and recognize the astounding work you, our nurses, do on a daily basis. It's also a chance to show the support in place on a system-wide level for you, our colleagues, because you and your teammates make this journey of healing and faith possible.

Sincerely,



Kathy Bressler, RN, MN
Chief Operating Officer
CHI Health

Extra Set of Eyes a Big Deal for Patients, Nurses



“Recent interviews of 70 virtual care patients found they liked the convenient, fast and accessible response of the virtual nurses,” said CHI Health Virtual Care Coordinator and Grant Principal Investigator Sue Schuelke, PhD, RN-BC. “They liked how they provided good information and offered another layer of care.”

Here’s how the promising new program works: the virtual nurse monitors up to 24 patients at a time and helps out the care team as an extra set of eyes. The virtual nurse monitors patient care, answers questions, provides patient education, rounds with providers, coaches floor nurses and helps with discharge planning.

If a patient has a problem, he hits his call light and asks to speak with the virtual nurse.

“The virtual nurse can help with the admission and discharge process,” said Judy Moore, RN, project coordinator of virtual nursing at Good Samaritan. “And that helps free up the staff nurse to be at the bedside of patients.”

CHI Health also offers eICU in its hospitals, where doctors and nurses monitor the sickest patients in the hospital — those in the intensive care unit — from an off-site location.

“Data has shown a reduction in ICU and hospital length of stay,” said CHI Health Director of Critical Care Kim Sieck, RN, MSN, CCRN. “It also shows a decrease in mortality and morbidity for these patients.”

The Virtually Integrated Care program is possible because of a three-year grant from the Health Resources & Services Administration to expand an innovative new approach to patient care.

The dilemma: hospitals want to improve patient satisfaction, but it’s tough to hire enough nurses.

CHI Health is trying out an innovative new program to see whether having a virtual nurse off the floor — and connected with patients through a two-way camera in the hospital room — will make for happier patients and help ease the nursing shortage.

It’s called Virtually Integrated Care and it’s being piloted at CHI Health St. Elizabeth in Lincoln and CHI Health Good Samaritan in Kearney.

Fewer Tumbles, Broken Bones with Virtual Sitters

Here’s a scary thought: you have less time than it takes the human eye to blink to catch yourself before a fall. As you start to fall, your brain figures out that you’re no longer steady. That activates neurons. Your eyes assess what’s going on. Your muscles react — or they don’t — and you hit the floor. All in a mere 250 to 400 milliseconds.

Patients in hospitals are particularly at risk for falls because of medical conditions, procedures, medications and weakness. But the cost of having a human sitter in the room can be prohibitive. That’s not the case with a “virtual sitter.”

This sitter is an experienced caregiver who monitors patients by video. He or she can easily view 12 patient rooms at a time and intervene by:

- Calling into the room to redirect the patient
- Calling a staff member into the room
- Issuing an all-call emergency alert

The initial 90-day pilot program in which CHI Health Immanuel Rehabilitation Institute partnered with Banyan Medical Systems to provide virtual sitters was a success and helped reduce patient falls. There were also fewer injuries to staff and sitter costs were dramatically reduced. This innovative way to keep patients safe eventually could be added to other CHI Health campuses.

Nurses Unite For 2020 Strategic Plan

A revolution in health care is upon us. For the first time ever, market forces are coming together to shape an environment that rewards health care providers and organizations for going beyond delivering services — to improving health. It calls us to strengthen ourselves as a system, reinvent the way we do things, introduce innovative programs and relentlessly focus on those we are blessed to serve.

In anticipation of this change, CHI Health nursing professionals of every role and level came together to develop one Nursing Strategic Plan through 2020, including a Nursing Professional Practice Model and Nursing Philosophy. The plan brings to life the CHI Health mission.

“This experience was new and powerful. I saw my organization and the future of health care differently. And left that day feeling



empowered knowing that our collaborative efforts made a difference,” said Leah Harrington, RN, Burn and Wound Center, CHI Health St. Elizabeth.

“We are dedicated to being creative and visionary leaders in clinical care, education and research in order to achieve these objectives,” added Brooke Schmitt, MSN, RN, Medical/Surgical Unit, CHI Health St. Francis. “They are a priority for our nursing staff to ensure we provide the highest quality of care and are the employer of choice.”

Working Out the Details

Springboarding off the Nursing Strategic Plan’s successful collaboration, several work-out sessions have taken place and others are planned with frontline nurses from across our system leading the charge.

Standardized Start Time

One common start time across the system for patient care workforce allows greater staffing flexibility. Nurses now have the ability to float, if necessary, between facilities.

“We had differing start times at our hospital and behavioral health facility 20 blocks away,” said Kimber Bonner, BSN, MSN, vice president of Patient Care Services at CHI Health Good Samaritan. “I was very proud and impressed with the representation, collaboration and willingness to compromise that our nurses brought to this challenge.”

Outcome of recent work-out session:

- Adopting a 6:30 a.m. start time for nurses throughout CHI Health.

Hourly Rounding

Proactively rounding on patients every hour, rather than being reactive, allows nurses to take better control of their day while increasing safety and satisfaction for both patients and staff.

Outcomes of recent work-out session:

- Developing work flow for nurses to perform hourly rounding.
- Creating specific scripting and keywords to use when rounding.
- Designing the implementation plan for rollout to nurses and staff.

New Patient Care Model: Team Nursing

Current research has shown that team nursing results in less stress on nurses, improved satisfaction and retention, and better patient outcomes.

“While primary care nursing has provided consistent, high-quality bedside care to our patients, this model is becoming more and more challenging,” said Kathy Bressler, RN, MN, chief operating officer. “We have fewer nurses, our patients are becoming more complex and we are getting dramatically less reimbursement with projections of continued decreases. We also know from the data that a care team model can improve patient experience and staff engagement.”

Outcomes of recent work-out session:

- Creating a sustainable nursing model that will improve patient experience, nursing engagement and quality.
- Creating, implementing and delivering individualized care plans where each team member has the ability to work to the top of their license with the reassurance they have two other team members to help.

Nurse Residency Gives New Hires a Soft Landing



“Hopefully nurses going through the program are more connected and have a better understanding of their work.”

Beth Gibbs, MS, RN

Kali Gardner, BSN, asked if CHI Health had a Nurse Residency program when she interviewed for her position as med-surg unit nurse at CHI Health Good Samaritan. It’s something she heard about while completing her degree at Nebraska Methodist College in Omaha.

Gardner is now among the first group of participants in CHI Health’s new Nurse Residency program.

Her initial reaction after just three sessions: “This is more like real life,” Gardner said. “In school, we have lectures and 70 percent is not what happens in real life. I like that this is hands-on.”

She also likes the program’s cohort model.

“Everyone around me is new and we’re all working in different areas. It’s nice hearing what things they have encountered,” Gardner said “I like getting that extra feedback from other people going through the same thing as me.”

That’s exactly what the Nurse Residency program is designed to accomplish.

“Hopefully nurses going through the program are more connected and have a better understanding of their work,” said Beth Gibbs, MS, RN, interim director of the Center for Clinical Practice.

The program launched in June and is a consolidation of efforts at the various CHI Health campuses.

“Everyone had their own program and they were of varying lengths,” Gibbs said. “We wanted to standardize the program and have a set calendar. Now they’re all on the same date and they have the same content.”

The initial work began in February of this year.

“Kathy Bressler, who was then our chief nursing officer, pulled together a work group of educators across the division and frontline staff,” said Rebecca Hubbard, BSN, RN, clinical education specialist.

The group reached out to division experts to draw on the wealth of knowledge that is available across CHI Health to develop the year-long program.

“We simultaneously revamped the Preceptor program and the Nurse Residency program to meet the needs of not only our new graduate nurses but also nurses that are new to our facility,” said Hubbard. “This was made a priority because what our preceptors begin in our Nurse Residency is hopefully continuing — and at its core that is the support and development of new nurses.”

Adjusting to the complexities of the profession can take time for new nurses. Some may wonder: “What did I get myself into?”

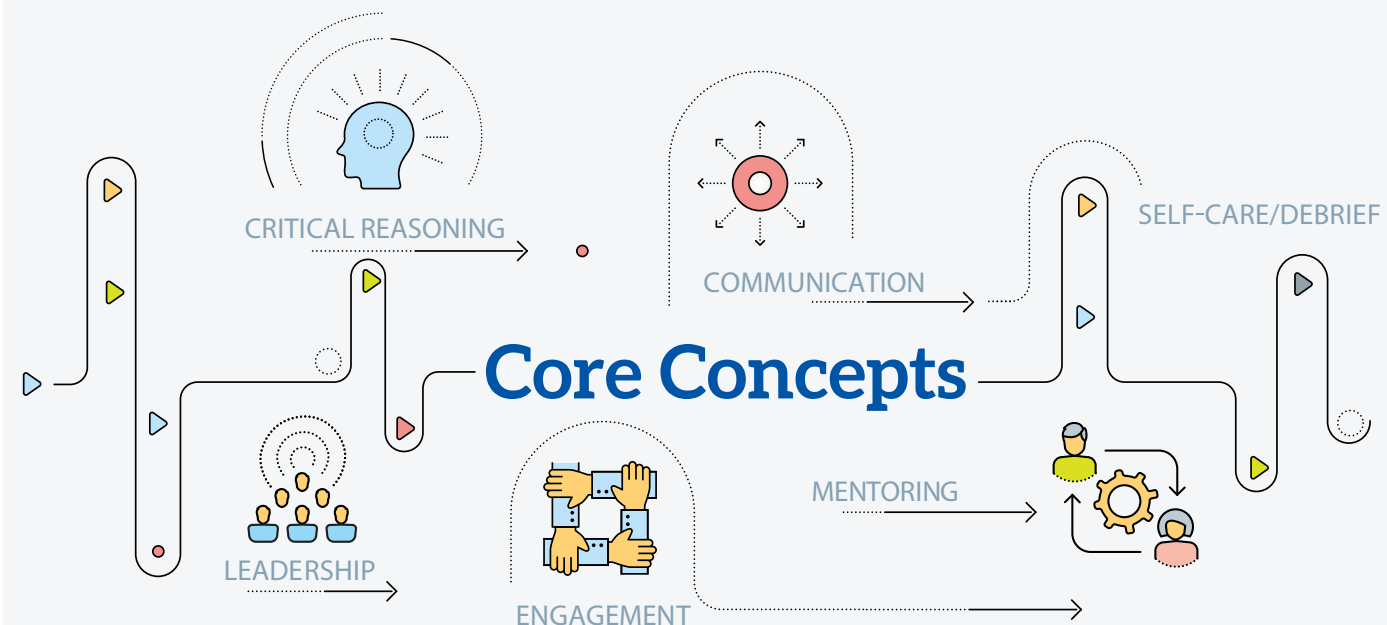
That’s when support is critical.

“That’s the reason we chose to do a cohort format,” Hubbard said. “We decided: let’s put them in groups so they can go through this together.”

The Nurse Residency program also makes time for debriefing. It’s an opportunity to discuss individual successes as well as what may have happened that was confusing or troubling.

“It’s a safe place that’s not in your chain of command or on their floor,” Hubbard said. “We never want our nurses to feel they’re not supported. It’s about developing that resiliency personally and professionally. We want to set them up for success.”

Nurse Residency Program 2017 Core Concepts



Each month, the Nurse Residency Program covers topics such as Admission/Dismissal/Transfer, Case Management, Ethical Dilemmas and much more.

Input from the first cohorts going through the program is being used to refine content as the Nurse Residency Program evolves.

Hands-On Approach Cements Clinical Knowledge for New Nurses

When Susan Calhoun, BSN, OCN, clinical educator, teaches the safe patient handling session for the Nurse Residency program, she avoids PowerPoint presentations.

“I like to do a lot of hands-on activities,” Calhoun said. “These nurses just got out of school so of course they’re kind of sick of PowerPoints.”

For lifting, she brought a variety of lifting equipment so nurses could try out the techniques she covered.

“It takes a little more time, but I feel you learn more by actually doing,” she said. “I think that’s the advantage of the residency. You can reiterate things. You’re able to give them more in-depth practice, and it gives you more of an opportunity to address issues right then and there.”





Practice Makes Perfect: Meet Noelle and Baby Hal

The delivery went well but now the new mom is experiencing a postpartum hemorrhage. Some nurses or nursing students might not know what to do.

CHI Health's NOELLE™ OB Simulation Model is here to help.

"We simulate real-life patient scenarios in a learning environment that allows practicing new skills, reviewing protocols and reinforcing new procedures," said CHI Health Clinical Nurse Specialist Rachelle Heser, MSN, APRN, RNC-OB, C-EFM. "We practice drills for high-risk, low-frequency situations."

Practice that one day could save lives.

"Drills increase the confidence, competence and skills of those caring for the patient when a real-life situation arises," Heser said. "At the end of the drills/simulation, we conduct a debrief that discusses what went well and what could have gone better."

It's a valuable learning experience. New nurses in the nurse residency program benefit. So do current nurses, nursing students, OB residents and OB techs.

"Simulations are a great way to bring

together multiple disciplines to expose them repeatedly to a certain event or practice to improve awareness, skill and response," said CHI Health OB/GYN Physician Meaghan Shanahan, MD.

"There continues to be increasing morbidity and mortality in obstetric patients here in the United States," she said. "These lead to increased blood transfusion, additional surgeries, hysterectomies and maternal deaths. In standardizing and preparing for how we treat these patients, we can recognize postpartum hemorrhages earlier with earlier and successful interventions to prevent bad outcomes."

The team can include MDs, midwives, nurses, OB residents, OB techs, surgical techs and medical or nursing students.

The OB Simulation "baby" is named Baby Hal. He and Noelle have been traveling to critical access hospitals in the region to help train and educate, as well as review newborn care, resuscitation and assessment. Paramedics in those cities have participated as well.✦

Traveling 90,000 Miles to Learn

Whether they traveled 90 miles or 90,000 miles, OB simulation users are happy to have another way to learn.

Medical teams have come from as far away as Africa to practice their skills on the simulator. Locally, the newborn and modified versions of the simulator have traveled to hospitals in Missouri Valley and Corning, Iowa, with a trip to Pawnee City, Nebraska, coming up.

The reaction? "Very positive," said Clinical Nurse Specialist Rachelle Heser, MSN, APRN, RNC-OB, C-EFM.

"They are coming to expect this as another means of learning and validation of their knowledge, skills and competence."

Those who are initially skeptical "see the benefit and after a scenario, they feel it was worth it," she added. "And some are a little intimidated with the mannequins and the concept. However, they do adjust with increased exposure."

Nurse Navigators Guide the Way for Patients

In an ever-more-complex health care system, nurse navigators help keep patients on course for healthier outcomes — whether it's for cancer, orthopedics, congestive heart failure, sepsis or other chronic conditions.

"I have now worked with nurse navigators in several settings and have observed how critical their role is for our patients and families," said Denise McNitt, MS, RN, vice president of Patient Care Services.

"They are providing psychosocial support, assisting in finding transportation, ensuring that physician appointments have been made and often act as the patient and family's own 'health concierge' — which leads to better patient outcomes and a more efficient way to provide services."

CHI Health started growing the nurse navigator program seven years ago. The attraction for nurses is the ability to work closely with patients, families and the entire care team. It's also a career track that requires gathering experience in multiple areas and taking advantage of additional educational opportunities.

Karen Pribnow, RN, MSN, OCN, CN-BN, is a breast cancer nurse navigator at CHI Health St. Elizabeth.

"As a navigator, you can't be the expert in everything, but you can direct (patients) to the person they need to talk to about their needs," she said. "Sometimes, it's nice for patients to have that go-to person that can help bridge the gaps and make sure everyone involved with their care is in the loop and we're providing the best care we can for this person."

Pribnow started as an oncology nurse in 1988, became oncology certified in 1989 and earned a master's degree in nursing in 2011. "I think that's important because it shows commitment, dedication and the willingness to go the extra mile," she said.

Nurses usually hold several nursing positions prior to becoming a nurse navigator. Having the varied experience and a willingness to learn on the job is important because there's no program for nurse navigators.

Rhonda Burger, ASN, RN, has been a nurse navigator with the Nebraska Spine Hospital at CHI Health Immanuel for seven out of her 26 years with CHI Health.

"I always liked to educate patients preoperatively and postoperatively," she said. "As a nurse navigator, I'm more involved in patient education, discharge planning and making sure patients know what to expect."

Spending time with patients means nurse navigators sometimes notice important details.

"Just by communicating with the patients and finding out more about them, there have been times when we can make a safety catch that could have been catastrophic during a surgery," she said.

Dana Welsh, RN, BSN, OCN, has been a cancer nurse navigator at CHI Health Good Samaritan Cancer Center in Kearney for the past three years, but has been at Good Samaritan in various other roles since 1998.

Helping cancer patients is also what it's all about for Welsh.

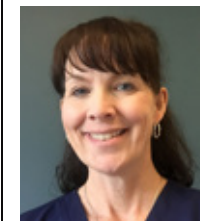
"It's just about helping them through their cancer journey, whether it's providing emotional support, explaining their disease process or helping them manage their side effects," she said. "Whatever the case may be — that's what our role is."✦



Karen Pribnow
RN, MSN, OCN, CN-BN
Breast Cancer Nurse Navigator
CHI Health St. Elizabeth

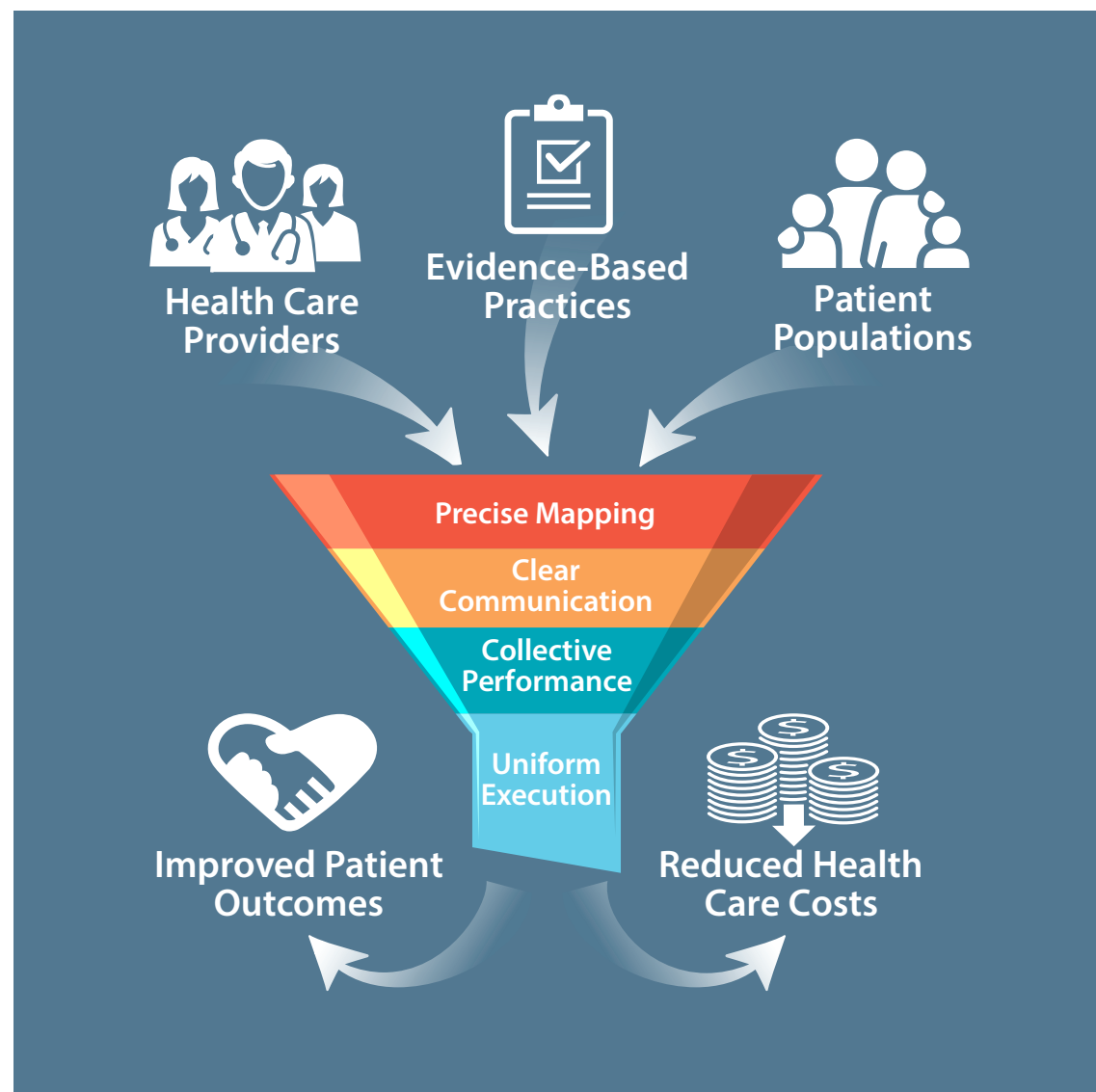


Rhonda Burger
ASN, RN
Nurse Navigator
NE Spine Hospital at
CHI Health Immanuel



Dana Welsh
RN, BSN, OCN
Cancer Nurse Navigator
CHI Health Good Samaritan

Bundle Programs Improve Care, Reduce Costs



The nationally recognized success of CHI Health's Bundle Payment for Care Improvement (BPCI) initiatives has been a team effort that requires talented and dedicated nurses at each of the participating facilities.

A health care bundle is a structured way of improving the processes of care and patient

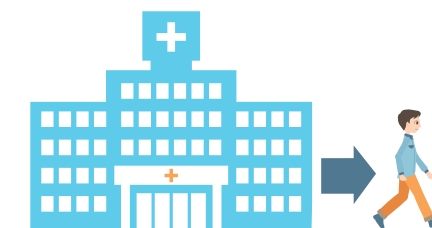
outcomes. It includes a set of evidence-based practices — generally three to five — that, when performed collectively and reliably, have been proven to improve patient outcomes and can lower costs.

CHI Health St. Elizabeth, Mercy and Good Samaritan are leading the way in orthopedics.

Orthopedics Bundle

Christy Wagner, BSN, RN, who has worked for three years as a nurse navigator in joint and spine, said prior to starting the discharge planning of joint patients, roughly 30 to 40 percent were discharged and went directly to their homes, compared to 70 to 80 percent now.

“Plus, our length of stay has definitely trended down, so we’re able to get patients home a little bit sooner than we used to just by spending a lot more time with them beforehand and figuring out all the barriers,” Wagner said. “The patients love it — and they love that we’re calling them when they get home and that they can call us.”



70-80%
joint patients discharged to home
vs. 30-40% pre-bundle

Cardiac Bundle

For CHI Health’s cardiac bundle program, nursing is also a crucial component. Once again, it starts with educating patients about their condition.

“When it comes to bundled — or any episodic payment model — one area that nurses really stand out is inpatient education,” said Stacy Cerio, MSN, RN, director of Population Health/Cardiac and Vascular West.

After heart failure diagnosis, patients are encouraged to attend and bring family members to a two-hour educational “academy.” Cerio said patients who have attended the cardiac academy have less than a 7 percent readmission rate, compared to 20 to 25 percent for non-attendees.

“The feedback that we’ve had from patients is that they would’ve never retained the information had we tried to teach them in the hospital,” Cerio said. “Bringing them to a non-stressful environment and taking our time with them has really seemed to work.”



7% readmission rate **vs.**
20-25% pre-bundle

Sepsis Bundle

CHI Health Mercy is home to a successful bundle program for sepsis, which can be a very complex condition. Unlike orthopedic or cardiac cases, sepsis symptoms can be masked by other things going on with the patient.

“Sepsis patients present with a wide range of symptoms that may or may not always be picked up in the first couple of hours, which is unlike the other bundles where it’s pretty clear cut who the patient is and exactly what their needs are,” said Denise McNitt, MS, RN, vice president for Patient Care Services at Mercy. “One of the keys to the sepsis bundle program’s success has been the nurse navigators’ ability to collaborate with the physicians to help identify those cases.”

McNitt said once those sepsis patients have been identified, the nurse navigators make contact with the patient and follow the patient throughout the hospitalization to assist with the best plan for them after discharge from the hospital.

“The nurse navigator works with physicians and care managers as a second set of eyes for an appropriate plan of care,” McNitt said. “Because some of these patients are very, very sick, they really require quite a bit of coordination. The nurse navigator takes them on from the beginning, follows them while they’re in the hospital and then continues to play a role in the patient’s care for 90 days afterward.”

How sick a sepsis patient is determines whether they will go home, to a skilled care facility or require home care. McNitt said recovery from sepsis can take time as well as require multiple treatment protocols — and requires nurse navigators to maintain close personal contact by phone or visits. Thanks in part to nursing, the sepsis bundle program at Mercy is working.

“Not only did we improve the care of sepsis patients, but we demonstrated cost savings. To me, that’s the key point of these bundles because if we’re not improving the outcomes of patients, we’re not meeting the true objective,” McNitt said.



<25%
discharge to skilled
nursing facility **vs.**
42% pre-bundle

Research by Nurses Gives Profession a Voice



“I think the word research intimidates a lot of nurses,” said Suzanne Goetz, PhD, RN, CHI Health educator and Nursing Research Council vice chair. “It’s like a foreign language until you do it. But by going through the process, we get our science documented.”

“Our students are taught that nursing interventions should be evidence-based, so it is important that they understand how that evidence is generated and how they can contribute to better patient outcomes,” said Catherine Todero, PhD, RN, FAAN, Creighton University College of Nursing Dean. “Nursing knowledge is dynamic. There are always questions to be answered regarding how to improve the quality of care we deliver.”

The board serves as a resource for nurses and nursing students conducting research.

“We review the proposals to make sure they’re feasible,” said Kempnich. “I can say: there’s going to be some roadblocks here, so you’re going to have to change your process or tackle the roadblocks.”

“Once it’s approved, it’s a stamp of approval that the research can go forward.”

Going forward means clearing a key hurdle: the Institutional Review Board or IRB.

Because potential problems are spotted and resolved at the Nursing Research Council level, “nurse researchers likely go through the IRB only once,” Kempnich said.

The council continues guiding and supporting nurses — even after the project is complete.

“Research isn’t done unless you share it,” Kempnich said.

That means presenting at local, state and national conferences. Doing so helps support evidence-based practice, which integrates clinical expertise, patient values and research evidence into the decision-making process for patient care.

“This is so we have a voice in what we do,” Kempnich said. 🌱

It happens every day. A nurse at the bedside says: Why are we doing it this way?

What happens next can ultimately change a national standard, as did a CHI Health nurse’s research study about tube feeding. Or it can become an electronic alert adopted by CHI facilities as far away as North Dakota and Washington state — as was another CHI Health nurse practitioner’s study about mammogram alerts.

“Nurses doing research don’t always know that they can make that big of an impact on the system, but they do,” said Jody Kempnich, MSN, RN, CNLM, CHI Health senior clinical practice coordinator for the Center for Clinical Practice.

The CHI Health Nursing Research Council was created to support and empower research efforts of nurses and nursing students.

Monthly Journal Club De-Mystifies Research

Want some exposure to the mechanics of research? Try CHI Health’s Nursing Journal Club.

Each month, an article is chosen for review by participants. “It’s a chance to practice critiquing research and determining the level and quality of evidence used in studies,” said Jody Kempnich, MSN, RN, CNLM, CHI Health senior clinical practice coordinator for the Center for Clinical Practice.

“It also counts as one contact hour for continuing education.”



Increasing Breast Cancer Screening Rates Through an Alert Tool as a Component of the Electronic Medical Record: A Quality Improvement Project

*Elizabeth Kelsey
DNP, APRN, FNP-C*

For her master’s program, Elizabeth Kelsey, DNP, a family nurse practitioner at CHI Health’s Benson clinic, researched why women did not get mammograms.

“This sparked my idea,” she said, for a doctoral research project: an electronic medical record alert to signal clinicians if a woman is due for a mammogram.

The intent was to utilize the EMR system to increase breast cancer screening compliance, thus earlier identification of treatable breast cancer.

CHI Health team members from Population Health and Informatics helped build the software into the EMR and put it through rigorous testing.

It next went live at several CHI Health Clinics in Nebraska and Iowa.

Kelsey’s research measured how many providers used the alert, how many mammograms were ordered by providers and how many women had mammograms.

“Within the first month we had 43 mammograms ordered,” Kelsey said.

Because the alert was added to Epic, it was available to other CHI facilities also using Epic — CHI St. Alexius Health in Bismarck, North Dakota, and CHI Franciscan Health in Tacoma, Washington.

Kelsey presented the study at the Creighton College of Nursing Iota Tau Chapter of Sigma Theta Tau International Nursing Honor Society Annual Research Day and the Methodist Interprofessional Research Day.

Implementation of a Screening Procedure for Pre-diabetes (Population Ages 19 and Older) in the Primary Care Setting

Abbey Modlin, DNP-FNP

When she was a Creighton University nurse practitioner student, Abbey Modlin saw an 18-year-old female with abdominal pain, and happened to notice dark skin on the back of her neck indicative of excess insulin.

On a hunch, she asked if the patient had a family history of diabetes. She did.

“That patient was the person who drove my thoughts on the importance of early screening for pre-diabetes — regardless of the chief complaint,” Modlin said. “She was a prime candidate.”

The resulting research for Modlin’s DNP-FNP degree looked at whether the CDC screening tool for pre-diabetes was appropriate for the clinic setting, and was completed at Mercy Family Care in Perry, Iowa, and the Mercy Panora Clinic in Panora, Iowa.

“The tool takes less than a minute,” she said. “But it’s often missed due to time constraints in the clinic.”

In her study, 79 percent of patients scored high enough on the screening tool to receive pre-diabetes education.

Modlin’s conclusion: the tool is useful to start the conversation about pre-diabetes with appropriate patients.

“I’ve always used the term ‘planting the seed,’” she said.

Modlin presented her findings at the Creighton College of Nursing Iota Tau Chapter of Sigma Theta Tau International Nursing Honor Society Annual Research Day in May.

Nursing Perception of Horizontal Violence in an Acute Care Setting

*Nicole Malmstrom
MBA, MSN, RN*

“Horizontal violence has been a soap box of mine for years,” said Nicole Malmstrom, MBA, MSN, RN, quality improvement coordinator at CHI Health St. Francis.

When she was completing her MSN, she put the topic under the research microscope and found the bulk of studies looked at prevalence, “but nothing tied it to engagement,” she said.

Malmstrom’s study found 38 percent of St. Francis nurses polled reported feeling bullied by peers monthly, compared to the national average of 36 percent. Plus, “as our scores for horizontal violence went down, our engagement went up,” she said.

“It didn’t really surprise me. I thought it was right along the national average. We knew we needed to do some work to change that.”

Malmstrom presented her findings at the Creighton College of Nursing Iota Tau Chapter of Sigma Theta Tau International Nursing Honor Society Annual Research Day in May. She also presented at the 22nd Annual State of the Art Nursing Conference, “Wake up and Smell the Inspiration!” in LaVista, Nebraska, and at the 2017 ANCC Pathway to Excellence Conference — Building Bridges in Dallas.



Compassion: Nurses Turn Feeling into Action

“When you are a nurse, you know that every day you will touch a life or a life will touch yours.”

Anonymous

Each day the nurses at CHI Health encounter people in need and willingly enter into the challenges they face. Their readiness to help, to connect with others, is a part of what they do on a

daily basis. Unfortunately, the extraordinary nature of their call to care is sometimes lost, shrugged off because “it’s just what we do.” That’s why shining a light on these caregivers, celebrating the best of their compassion, reverence for life and love for one another helps us all understand the profound impact we make in the lives of others.

We Are Called to Serve

A family down on its luck will never forget the kindness they were shown at CHI Health Creighton University Medical Center.

“The family was essentially homeless and had no transportation,” said Andrea Hunter, manager of security. A friend had been able to bring them to the hospital, but only on the day before the adult male was scheduled for surgery.

“The family hoped to fly under the radar,” said Hunter. Instead, security along with the staff in Care Management worked together to make arrangements for the family to have an appropriate place to stay in advance of receiving care.

“It was not only the safer option, but also showed a great deal of caring for the man and his family. Such amazing staff we have!” Hunter said.

Going the Extra Mile

Have you ever wondered what makes a person go that extra mile? Continually giving of themselves and their talents each day? We asked a few of our extraordinary nurses from across our system to share their insights.

Nancy Exstrom, RN, Critical Care Unit, CHI Health St. Elizabeth:

“Since I was a little girl I have always been the one to care for everyone. At slumber parties, at school, with my family, it’s very innate. It is the gift God gave me and it has been up to me to grow it. I started as a bedside nurse, now in management I love watching young nurses grow into experienced, fulfilled, knowledgeable and competent nurses. I love being a nurse and proud to say I am a nurse!”

Joy Taggart, RN, Emergency Services, CHI Health Good Samaritan:

“I try to treat everyone I meet the same way I would treat my mother. I hope to alleviate people’s fears and make the ED not such a scary place. Everyone deserves a laugh, a smile or a kind word – especially on the worst day of their lives.

“I have had a few patients over the years that I won’t ever forget, and for them I am grateful. They were kind enough to let me into their world, and I was honored to be part of it.

“It’s going to sound corny, but I really enjoy when I first walk into the building. Everyone says “Hi!” and people seem genuinely happy to see me. I have an amazingly awesome work family! We work hard together, and have seen some pretty awful things, but we are always there to lift each other up.”

Michael Kingsley, RN, Cath Lab, CHI Health St. Francis:

“My faith has always given me something to hold on to and I can’t imagine not being able to share that hope with others. A comforting touch, a prayer before surgery — I believe in treating the ‘whole’ person — body, mind and especially spirit.”

Each day the nurses at CHI Health encounter people in need and willingly enter into the challenges they face.

Seven Ways to Make an Impact

Do you want to make a positive difference in the world? It doesn’t take superpowers or special skills. It starts where you are, with habits and mindsets anyone can master. Kathy Caprino, professional coach and author of “Breakdown, Breakthrough: The Professional Woman’s Guide to Claiming a Life of Passion, Power and Purpose,” identified seven core behaviors of those who make an impact.



**We Value
Your Feedback!**

Please share your thoughts about this issue of *microscope* and your ideas for future stories at CHIhealth.com/MicroIdeas

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**66. NOT ONLY DID WE
IMPROVE THE CARE
OF SEPSIS PATIENTS,
but we demonstrated
cost savings.** **It's just about helping
them through their cancer journey.**

microscope

**ONE AREA THAT NURSES REALLY STAND OUT
IS INPATIENT EDUCATION.**

**This is
more like
real life.**

It's a stamp of approval that the research can go forward.

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CHI Health Hospital Locations

NEBRASKA

Grand Island
CHI Health St. Francis
Kearney
CHI Health Good Samaritan
Lincoln
CHI Health St. Elizabeth
CHI Health Nebraska Heart
Nebraska City
CHI Health St. Mary's

Omaha

CHI Health Creighton University
Medical Center - Bergan Mercy
CHI Health Immanuel
CHI Health Lakeside
CHI Health Midlands
Plainview
CHI Health Plainview
Schuyler
CHI Health Schuyler

IOWA

Corning
CHI Health Mercy
Council Bluffs
CHI Health Mercy
Missouri Valley
CHI Health Missouri Valley