ABOVE ALL...

*do the right thing!*

Photo courtesy of Jack Bell
“...it unifies, empowers, and innovates the profession of nursing.”

Shanti Lackey, 2015 Infusion Magnet® Champion
Thank you for taking the time to review the past year in nursing at Kalispell Regional Healthcare. As we open the second chapter of Annual Nursing Reports, the staff continue to amaze me as they steadily raise the bar of excellence for patient care. These improvements come from holding to a higher, more stringent standard of care. This standard includes a concerted effort to know our patients one on one, and to increase our collaboration and teamwork among staff members and varying disciplines within the hospital. It ends with an overall dedication to clinical excellence, empathy, dedication, and pride in the profession of nursing.

Our Magnet® journey continues with an expanded circle of committed nurses as well as mentors across the state willing to see us through the journey. The staff has an increased knowledge base of the tenets of Magnet® that make up the processes that create progress. We have formed partnerships that ultimately result in better patient care, and better patient and employee satisfaction. These nursing accomplishments touch all departments. Magnet® designation is not an end; in fact, it is the beginning of a new era of nurse-driven protocols, in an atmosphere where nurses continue their valued position as caregivers and healers of excellence.

We have more nationally certified nurses than ever before, with nurses from all disciplines going back to school to further their nursing education. We continue to move forward, making gains in nursing quality indicators. This dynamic process is fueled by a desire to be our very best, every patient, every encounter. I am proud of the work exhibited within this booklet and am honored to share it with you.

Magnet® designation is not an end; in fact, it is the beginning of a new era of nurse-driven protocols, in an atmosphere where nurses continue their valued position as caregivers and healers of excellence.
Congratulations to Kalispell Regional Healthcare’s
Nurse of the Year 2015
Melissa Pliley, RN, 3rd Floor Surgical

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Magnet® Matters

to me because...

“...it empowers nurses to go above and beyond their job description!”

Kristen McLaury, 2015 KRHPN Magnet® Champion
The Sparkplug Project:
Transformational leadership improves staff morale

Keeping staff motivated and finding meaningful ways to recognize the work they do is a challenge in every organization. Because teamwork is crucial to caring at Brendan House, nursing staff participated in an employee satisfaction survey and the Brendan House Unit Council received the results. Respondents indicated that 30 percent of the nurses and certified nursing assistants disagreed with the statement, “I feel valued as a team member.” Another 50 percent only somewhat agreed with this statement. These findings, along with the ownership focus that Joe Tye championed with his visits to Kalispell Regional Healthcare, inspired the council to create an initiative to improve morale in the Brendan House workplace.

According to Joe Tye’s teaching, “A ‘Sparkplug’ is an employee who is engaged, motivated, dedicated and takes initiative.” The Brendan House Unit Council seized this concept and designed a Sparkplug appreciation card. Sparkplug boards went up in every resident pod. Employees and patients are encouraged to fill out these cards for staff members who go above and beyond, demonstrating Sparkplug qualities. All the completed cards are displayed on the units’ Sparkplug boards for the quarter so that everyone can see how staff members excelled and exceeded expectations. At the end of each quarter, the cards are taken down and the Brendan House Unit Council randomly selects a card. The employee whose card is drawn is rewarded with the addition of 12 hours to his or her Earned Time Bank. The first drawing was held in August 2015 and the success of this new project was obvious. There were over 250 Sparkplugs to draw from for a winner.

With the next quarterly drawing held in November 2015, the Sparkplug nominations continued to grow in number. The Unit Council plans to conduct a follow-up employee satisfaction survey after the next Sparkplug drawing.

"A ‘Sparkplug’ is an employee who is engaged, motivated, dedicated and takes initiative."

Joe Tye

Brendan House nurses, Laura Zetzmire and Stacie Pugh, at one of the Sparkplug boards.
Magnet® Matters
to me because...

“...now, more than ever before, the profession of nursing at KRMC is being recognized as playing a key role in improving the work environment and impacting patient outcomes.”

Mandy Pokorny, 2015 Education Magnet® Champion
Having a Voice in Changing the Practice Environment:
Implementing strategies to create a “night-shift friendly” hospital

The Magnet® Recruitment and Retention group selected a project to help create a more night-shift-friendly hospital at Kalispell Regional Healthcare. The group surveyed all night-shift staff to see where KRH could make low-cost changes to improve working conditions, and received responses in four areas: nutrition, wellness, rest periods, and education for night-shift workers.

Karen Lee, the KRH Chief Nursing Officer, is collaborating with the team regarding healthy nutrition. Together with the hospital coffee shop and cafeteria, they are working out a plan to modify hours of operation so the two spots are open when the night shift needs them.

Wellness staff members at The Summit were excited to be included in the project. They built a special workout/wellness class at 7:45 a.m. Wednesdays to accommodate night-shift employees. All KRH employees may attend free of charge, regardless of Summit membership.

Periodic rest periods are vital to maintaining vigilance and avoiding errors in high-risk industries such as health care, research shows. Since nurses’ stations and break rooms often can’t offer a true rest area, the team is looking at options for creating a relaxation room for unpaid meal breaks.

To address education opportunities for night-shift workers, the Education Department is working to offer required training at class times that are convenient for night-shift employees.

In the coming months the group will continue working to create a more night-shift-friendly hospital and work with The Summit to promote wellness for KRH staff. Members will survey employees to measure improvement in each of the four areas by March 2016.
Community involvement is a key component of the structural empowerment domain in the Magnet® plan. As defined for Kalispell Regional Healthcare, “community” broadens to include Browning, Conrad, Cut Bank, Libby, Plains and Shelby, Montana. KRH nursing leadership supports sharing knowledge and expertise with critical access hospitals (CAH). An outreach chief nursing officer who is a liaison between KRH and the CAHs is evidence of this commitment. To help build professional capacity KRH mentors outlying CNOs one-to-one, works with the KRH nursing leadership team on education and training, and, when needed, fills the role of interim CNO until a permanent officer is hired.

During 2015, KRH nursing leadership helped CAHs by:
- Sending supplemental staff to cover shifts when there were vacancies in obstetrics, med/surg and emergency department
- Offering a TNCC certification course specific for CAH staff
- Sharing policies and procedures
- Shadowing and observing RN staff who are developing their OB skills
- Shadowing and observing OR techs who are developing their OR skills
- Sharing the New Graduate RN residency program and exploring ways to adapt it for CAHs
- Proposing staffing models with more new graduate RNs and international nurses

Going forward into 2016, KRH plans to continue sharing resources and formalize a CNO Collaborative with critical access hospitals to foster idea sharing and explore solutions within the CAH setting.
Nurse Residency Program

Turning degrees into careers for new nurses

Kalispell Regional Healthcare hired approximately 20 newly licensed nurses in 2015, and takes seriously the responsibility for their smooth transition from academics to professional nursing. Countless studies have demonstrated that participating in a nurse residency program leads to higher nursing competencies, job satisfaction and overall self-confidence. The KRH nurse residency program is designed to ensure that success.

Mandy Pokorny, Program Coordinator, launched an enhanced program in July 2015, when KRH welcomed 11 newly licensed nurses. For their first year of practice, the program bridges the gap from school to the work environment. Phase 1 of the immersion period is 14 weeks of intensive clinical orientation and hands-on work with a trained preceptor. (For more on the preceptor program, see page 15.) Biweekly classes and debriefings are based on research that identifies the most common learning and practice needs of new nurses. The meetings help nurses develop skills and build knowledge over a broad range of topics. The July group, for example, discussed compassion fatigue, prioritization and time management, when to call the doctor, critical thinking, adjusting to shift work and preventing burnout. They also completed a number of skills labs for crucial procedures.

After the 14-week intensive, the program focus changes to supporting practice. Clinical skills still are emphasized, but professional development becomes a new focus. Monthly classes allow residents to discuss best practices, policies and the work environment. The residents complete an evidence-based practice project as part of the curriculum. This process encourages collaboration and provides an opportunity to bring improvements in care to KRH. Working as a team creates tangible solutions to clinical issues within KRH and fosters leadership at the unit level.

The July group of residents is working on a project to make KRH more night-shift friendly for patients and promote better rest while hospitalized. They will present their final report in Nursing Grand Rounds in June 2016.

July 2015 nurse residents start their program.
“...it means having a voice at the table driving our practice through evidence-based research. It means having more accountability for our profession.”

Derek Starker, 2015 Surgical Services Magnet® Champion
Demonstrating Excellence:
Nursing Grand Rounds feature research and best practices

Nursing Grand Rounds had a banner year in 2015. Attendance numbers continued to soar and three separate offerings showcased the work of 11 teams. In addition, the October session included Liz King, who provided a brief overview of her research on secondary stroke prevention. Ms. King accomplished her work in the course of completing requirements for her Doctorate of Nursing Practice from the University of Arizona.

Two of the projects featured in grand rounds were competitively selected for poster presentations at national specialty conferences. PICC 3G (2014 Annual Report, page 21) and Radioactive Seed Localization (2015 Annual report, page 35) got lots of attention when Kalispell Regional Healthcare nurses took them to share with colleagues from around the United States.

Bringing best practices to the forefront and sharing them with other nurses is part of growing professionalism. The pages of this report include a number of the initiatives.

June 2015

Evidence-Based Practice (EBP) Educational Needs
Kristi Anderson, BSN, RN-BC and Heidi Brandt, MN, RN, CNL | CE Coordinators, Kalispell Regional Medical Center

Improving Documentation and Reimbursement in Rehab
Kristin Barney, BSN, RN | Inpatient Rehabilitation PPS Coordinator

Tracker Board in the Operating Room
Kallie Woods, BSN, RN, CNOR | Operating Room Registered Nurse

“Med-ucation” – Innovations in Medication Education for Mental Health Patients
Mandie Hunt, BSN, RN-BC | Pathways Registered Nurse

October 2015

Implementing Healing Touch™ for Pain (page 25)
Elizabeth Beaty, BSN, RN | First Floor Staff RN

Family Presence During a Code
Peggy Perkins, BSN, RN, CEN | Emergency Room Staff RN

TIA/Stroke and a Needs Assessment to Serve Rural Northwest Montana
Elizabeth King, DNP, ARNP | Woodland Clinic Nurse Practitioner

Evidence-Based Practice (EBP) Improving Stroke Care through Stroke Assessment (page 28)
Nichole Perisho, BA, BSN, RN | Telehealth Clinical Coordinator and Stroke Educator

Radioactive Seed Localization (page 35)
Kim Grindrod, BSN, RN, OCN, CBCN, CN-BN | RN Nurse Navigator
Empowerment in Action: Bringing professional development to the Flathead Valley

Clinical research shows that patient outcomes improve when nurses are professionally certified and baccalaureate prepared. A handful of nurses discovered that, even though Kalispell Regional Healthcare’s patient population was relatively large, the percentage of medical-surgical registered nurses (RN) serving those patients was low. The professional development team campaigned to make certification attainable. Research and discussions with their peers showed the group it was possible to overcome a number of the barriers, among them the cost of certification, the opportunity to reinforce knowledge and the distance to travel for the exam. They brought in a medical-surgical nursing review course that would apply to nearly every practicing RN or Licensed Practical Nurse. They also learned the least-expensive course was paired with an organization that would permit local testing in Kalispell.

The KRH executive nursing leadership and the Education Department strongly endorsed and financially supported the nursing team’s action plan. KRH partnered with Flathead Valley Community College to invite nationally recognized speaker Sally Russell from the Academy of Medical-Surgical Nurses. From this grew a two-day review course with the option to sit for the national exam one day later.

On October 16-17, 68 nurses (97 percent of them from KRH) in varying specialties across the organization attended the two-day review course. Over half of the attendees took advantage of the option for local testing. Thirty-five KRH nurses completed the national certification exam, with a noteworthy pass rate of 86 percent.

The course was a huge success, with about 100 positive comments on the formal critiques. It had a profound impact on staff, many of whom said they wished Sally had been their medical-surgical nursing instructor in school. The tremendous cooperation of clinical managers meant there was maximum attendance from the KRH medical surgical nursing units. Every one of those units exceeded its annual goal for increasing the percentage of certified nurses, and some even met their three-year goals. Future initiatives will be aimed at other large populations of nurses, with ambulatory nursing certification in the works for the 50-plus RNs working in KRH clinics.

“Having the AMSN review course and test offered locally was not only convenient, but also a great opportunity to collaborate and learn with my fellow colleagues. The course was an incredible review for any nurse. It will help to build an exceptional medical-surgical foundation for the nurses at our facility.”

Liz Dwyer, Newly-Certified RN

Growth in Certified Nurses: In-Patient KRMC

![Growth in Certified Nurses: In-Patient KRMC](image)
Sharing Success and Building Skills:

Adopting the NICU mock code process at The Surgery Center

The 2014 Nursing Annual Report included a piece about the mock code competency program created in the Neonatal Intensive Care Unit (NICU). That program continued to thrive and sustains the skills of the NICU nurses and respiratory therapists. When NICU nurses presented their project at Nursing Grand Rounds, the audience response was uniformly positive. Many nurses asked how they could get a similar program started in their area. The project leads made themselves available to consult and help throughout Kalispell Regional Healthcare.

The Surgery Center at HealthCenter recognized an incredible opportunity to benefit from NICU’s work and modify it to meet their patient population requirements. As patients recover from anesthesia and sedation, there is a risk of respiratory difficulties. Staff members needed to be able to respond quickly and capably.

Under the guidance of Resuscitation Committee representative Lucia Martino-Moritt, an enthusiastic group of Surgery Center personnel devised a training program and standardized locations for equipment. They made the initial phases of the project fun and interactive, with quizzes and a timed scavenger hunt. Their competitive spirits emerged bold and strong.

Outcome measures of the success of the program are pending. But if laughter and smiles are any indication, the mock code process is a winner.

The Surgery Center at HealthCenter recognized an incredible opportunity to benefit from the mock code competency program created in the Neonatal Intensive Care Unit, modifying it to meet their patient population requirements.
“...nurses are encouraged and supported to further their education in order to exude exemplary care to benefit patients and their families and sets a higher standard for nurses in the organization.”

Ally Wilson, 2015 3-Surgical Magnet® Champion
Raising the Bar in Unit Level Clinical Training:
Adopting the Married State Preceptor Model

A Magnet® group dedicated to improving the onboarding process for newly-licensed nurses dove head first into the literature to identify best practices across the country. A strong preceptor program not only helps the new employee get oriented more quickly, they found, but it also helps retain these employees.

The team identified five key activities to enhance new-staff onboarding:
1. Establish preceptor criteria
2. Standardize and enhance orientation checklists
3. Use best practice
4. Expand preceptors’ knowledge of role
5. Ensure safety for nurse, preceptor and patient

The group came across a well-researched model, the Married-State Preceptor Model (MSPM). A healthcare system in Florida developed this model and found first-year turnover among new staff steadily decreased to far below the national average as a result.

MSPM is based on Benner’s stages of clinical competence, is structured in three phases and includes one preceptor for each phase (see side panel). Each phase builds on the last as preceptors work to continually increase the new nurse’s confidence and skillset.

1. **SIDE-BY-SIDE PHASE**
   Preceptor on the frontline; new nurse acts as shadow
   Focus on practicing skills
   Staffed as one RN
   Doing things together
   Joined at the hip

2. **SHADOWING PHASE**
   New nurse moves to front line; preceptor acts as a shadow
   Staffed as one RN
   Doing things together
   Joined at the hip
   Loop (shadow) with other team members (HUC, CNA, Charge)
   Competency check-off

3. **FRONTLINE PHASE**
   New nurse functions independently
   Preceptor immediately available for support/questions
   Still staffed as one RN
   Preceptor encourages delegation
   Preceptor initiates separation to promote confidence in independent practice

Newly trained preceptors show off the roles of a preceptor with help of our mentors from Florida Health.
Change in Practice:
Results proven to beat the benchmark for pressure ulcers

The nursing staff in the ICU is aggressively adding to their evidence-based protocols. In addition to ongoing interprofessional efforts to improve care for patients with sepsis, the Unit Council began standardizing skin assessment and building documentation to support best practices that will help prevent hospital-acquired pressure ulcers.

With more patients who acquired pressure ulcers in the ICU than the national benchmark, nursing staff set to work lowering that number by instituting several changes beginning with patient admission. They created a new skin assessment at admission that is entered in the electronic health record, using standardized descriptions of skin changes that note high risk areas for assessment. One typical area is the top of the ear near the skull for patients on oxygen therapy at home. The team also worked with staff in medical records and health information technology to upload photographs of skin breakdown along with their written assessment.

Simultaneously, the wound ostomy team partnered with the critical care educator to train all Kalispell Regional Healthcare nursing staff in preventing and treating pressure ulcers. This training used the nationally recognized modules from the National Database of Nursing Quality Indicators (NDNQI) as its first phase. Even the wound team experts were impressed with the content and found it easy to build more advanced curriculum from this foundation.

A review of the nationally benchmarked data shows the success of this evidence-based initiative. For the Magnet® Journey, KRH must beat the benchmarks for unit-acquired pressure ulcers that reach Stage 2 or above. While the number of patients identified as high risk for pressure ulcer development has soared in the ICU, the incidence of Stage 2 or higher ulcers has dropped to zero.
High Tech-High Touch:
Patient-centered care in interventional radiology

The nursing staff in the Interventional Radiology (IR) Department began supporting more complex procedures and, to maintain high-quality customer service, made sure the patient and his/her family came first. With a higher volume of procedures and a broadened scope of services – providers now are handling cases that used to require hospitalization and a trip to the operating room – the IR staff now treats nearly 100 patients a month.

Sue Elder, RN, CCRN, guided the department to emphasize patient education and empowerment, leading patients to be partners in their own care. Staff developed a booklet to teach patients about nephrostomy tubes, tubes that are placed in the kidney to drain urine and allow the kidneys to continue functioning. While many of the patients have advancing cancer, a surprising number require this procedure for kidney stones or trauma. The patients told nursing staff they really didn’t have a good understanding of how to live with the tube at home, so the staff created the booklet. Urology Associates adopted the booklet for office use, as well, so patients and their families are getting a consistent message at all sites of care.

Patients with a gastric tube placed in their stomachs for feeding also need special assistance and education. IR staff members including Dr. Ben Pomerantz, Dietitian Pat Dickey and Nurse Navigator Sandy Shaw collaborated on an easy-to-read manual about care of the tube and how it is used to supplement or replace oral nutrition.

Finally, the team now ensures patients get timely feedback as they await culture or biopsy results. Each patient receives a postcard with the name of the physician, the phone number and the expected date results will be available. This simple tool keeps the patients in the know and empowers them to participate in their care.

Developing educational tools for patients empowers them to be partners in their own care.
“...it is a process that can renew and ignite the passion and reasons for which we chose this profession.”

Lori Mitchell, 2015 Home Options Magnet® Champion
Tracking fall data and reducing patient falls is essential for excellent care. To establish a baseline and start improving patient safety, the Kalispell Regional Healthcare Quality and Safety Council made fall reduction a priority. In examining the data, they found that in July 2014 Kalispell Regional Medical Center’s acute-care patient fall rates had trended above the national benchmark for 10 of the previous 11 quarters. Of the 259 patient falls reported from July 1, 2011, through March 31, 2014, records showed 72 patients were injured. Although 83 percent were minor injuries, this evidence required action.

The council began a focused initiative to reduce inpatient fall rates across KRH. Clinical evidence demonstrates that a bundle of activities is needed to reduce patient fall rates and decrease injuries from falls. This undertaking required an ambitious two-year, nine-step action plan.

Pharmacy Manager Hugh Easley, Rehabilitation Services Manager Joe Bilau, and Clinical Informatics Specialist Pat Mulberger teamed up with nursing staff for the initial steps.

Beginning in early 2015 they led the effort to:
1. Implement regular rounding on patients, with the purpose of reducing falls.
2. Adopt a validated fall risk assessment.
3. Use pharmacy staff to educate nursing staff on high-risk medications.
4. Improve gait belt availability and effective use.

This focus on reducing falls drove three departments to develop performance improvement projects, which ushered in improved data. By the end of the second quarter of 2015 the majority of units tracking falls with injury beat the national benchmark. Data for the third quarter was even better.

Following the initial roll-out, more steps followed:
5. Patients and families partnered in fall prevention. Using standardized whiteboards, each nursing unit posted fall risk assessment and mobility assistance information for each patient.
6. Staff learned how to educate patients.
7. KRH bought the AvaSys® Telesitter system.
8. In early 2016 huddles reviewing each fall began, with a goal of preventing future incidents.
9. A Patient Family Advisory Council will be launched in March 2016.

RN Quality and Safety Council members recognize that sustained improvement takes the unified efforts of the interprofessional care team as well as the various actions outlined above. KRH is monitoring data trends to measure the impact of these actions.
Exemplary Professional Practice:
Improving safety and engaging the patient and family in care

One of several measures the First Floor Medical-Surgical Unit nursing staff initiated this year was bedside reporting – a practice designed to increase patient safety and satisfaction. Since its inception in June, patient satisfaction scores improved and the nursing culture successfully shifted to reporting on every patient, every shift.

To prepare for the change, the Unit Council reviewed an article from the Journal of Nursing Care Quality. As seen from the patient’s perspective, the article showed that, “RN bedside handoff has a positive effect on a patient’s perceptions of safety, understanding and satisfaction, but only when it is done consistently.”¹

The article made it clear that bedside reporting must become a part of the unit’s culture, with bedside handoffs expected for every patient, every shift.

The planning team asked nurses to inform their patients 30 minutes before shift change that the oncoming nurse would be in for a quick introduction. Pre-reporting done at the nurse’s station was to be very short and include only pertinent information.

After this pre-report, the current nurse would introduce the oncoming nurse to each patient and both nurses would have an opportunity to address the 5 Ds: drains/tubes, drips, dressings, drugs and dilemmas. This time also could be used to update the white board and provide education on fall risk status with the patient. Each bedside report should take only about five minutes.

As with any change, staff education and review were central to creating a long-term shift in unit culture. Staff reminders via email and at staff meetings encouraged nurses to keep the bedside report short and concise. As a bonus, the management team randomly passes out coffee cards to nurses doing bedside reporting.

First Floor has shown an increase in patient satisfaction between first quarter and third quarter. When asked, patients report that they feel bedside reporting addresses their concerns and lets them know the nurses are communicating well.

Implementing a Bundle of Best Practices Improves Care and the Care Environment

Telemetry alarms are a lifesaver, literally. They allow staff to detect fatal heart rhythms and take lifesaving measures. But what happens when the constant barrage of false alarms due to such problems as artifact, poor electrode placement or dried patches make staff tune out the alarms? Unintended consequences can be tragic.

To combat alarm fatigue, the Intermediate Care Unit’s (IMC) Unit Council developed a strategy to decrease the number of false or un-actionable telemetry alarms. First, they evaluated baseline data on the total number and type of alarms to see if alarm fatigue truly was an issue. In two weeks, they found 31.6 alarms per patient hour. When IMC has a full patient complement, that equates to 6,602 alarms for health unit clerks and nurses to respond to over a 12-hour shift.

Staff reviewed the literature and found ways to improve the situation on IMC. First, staff members on IMC and the medical and surgical floors learned proper skin preparation and electrode placement for monitoring. Next, they created a Meditech (KRH’s electronic medical record system) intervention to remind staff to change telemetry electrodes and batteries every 24 hours. They changed the default alarm settings on the monitoring system to align with current evidence-based practice. Finally, the telemetry electrodes on IMC are now stocked in packages of five instead of 50 to prevent the electrodes from drying out before use.

The unit saw instant success – the number of alarms dropped by almost 90 percent. Current data show an average of only 3.6 alarms per patient hour, a commendable improvement.

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<th>Warning</th>
<th>Advisory</th>
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Number of alarms per patient hour
BEFORE INTERVENTIONS

Number of alarms per patient hour
AFTER INTERVENTIONS
“...it empowers me to make changes, at the bedside and at an organizational level, that improve patient care and outcomes.”

Andrea Lueck, 2015 3-Medical Magnet® Champion
AvaSys® Telesitter® Monitoring:
The emerging solution to reducing patient falls

The 3-Medical Unit-Based Council embarked on a project to monitor patients at an increased risk of falls and other potentially harmful situations. Patient falls during a hospital stay hurt not only the patients, but both the reputation and finances of Kalispell Regional Healthcare. After just one month of this trial with AvaSys® TeleSitter®, a video monitoring device, the council is seeing potential for reducing the number of falls and injuries. Using the portable monitor, caregivers can observe several patients and intervene rapidly when needed.

The portable monitor cart features a camera that pans, tilts and zooms, and that comes equipped with infrared capability for low-light viewing. The camera does not record images, and has a virtual privacy curtain that can be activated to protect patient privacy. Council leadership trained several experienced certified nursing assistants to become Telesitter® monitor techs, who rotate mid-shift so they remain alert. The monitor techs observe patients from a central station and can intervene by using two-way audio to speak with the patient and family in the room. They also can contact nursing staff directly if they have safety concerns, or use the STAT alarm feature to notify nearby staff of immediate danger.

Besides improving patient safety and fall rates, Telesitter® also can limit the need for one-on-one sitters. Council leaders expect the system to pay for itself in lower salary expenses for sitters within the first year. Other hospitals that implemented virtual monitoring have reported sitter cost reductions of up to 70 percent.

The TeleSitter® is useful for patients experiencing alcohol withdrawal, delirium and seizures, and can help maintain the safety of lines and tubes. A few patients seem comforted knowing someone is watching out for them, with one patient even calling the monitor “the eye in the sky.”

The results of implementing AvaSys® are already showing in the data for the first month:

1. For the acute care units, no patients under AvaSys® monitoring suffered a fall.
2. 77 patients were monitored for over 2,327 hours, resulting in approximately $30,000 in cost savings.
3. 177 STAT alarms alerted staff members to patient conditions.
4. Monitor techs initiated over 5,000 verbal interactions with patients.
5. Kalispell Regional Medical Center’s response time for STAT alarms consistently beats the national average.
Improving Patient/Resident Outcomes with an Updated Rounding Process

About five years ago Brendan House nursing staff implemented hourly rounding, a practice that promotes patient safety and comfort and typically improves satisfaction. But somewhere along the way the purpose for rounding had been lost, and the duty, which was supposed to involve all members of the nursing team, fell solely upon the certified nursing assistants (CNAs).

Leadership asked the Brendan House Unit Council to address this issue and create a solution. Council members researched the literature and used their findings to develop a new rounding sheet and process. They surveyed the CNAs to collect current rounding data, confirming that only the CNAs were rounding on their patients regularly. They also discovered the rounding process was being performed incorrectly, often involving no direct contact with the patient.

Current nursing research demonstrates that rounding is most successful when done every hour during the day and every two hours at night. Brendan House staff had been rounding with patients every hour, even during the night. Constantly having staff in and out of the room meant patients had trouble getting sleep. Nursing staff adopted the research-based best practice for frequency of rounds, and developed a new rounding sheet used for a single day instead of a full week. This sheet incorporates an intake and output section, displays the patient’s code status and has blank lines where information can be written. As a result of the more specific form, staff recorded information frequently.

Council members educated nursing staff on this updated rounding sheet and used the opportunity to review the 5 P’s of rounding (pain, position, personal needs, possessions and pathway).

The updated sheets and new process were implemented in early November 2015. Staff will be re-surveyed in the first quarter of 2016 to see if the rounding process has improved and if any adjustments need to be made.

The 5 P’s of Rounding

1. Pain
   Is your pain at an acceptable level?

2. Personal needs
   Do you need to use the bathroom, have assistance to get washed up, walk, etc.?

3. Position
   It is important to turn and reposition at least every 2 hours to prevent breakdown of skin.

4. Possessions
   Can you reach your call light, glasses, tissues, phone, water, etc.?

5. Pathway
   Is your room clean, bed in its lowest position and brake locked? Is a tab/bed alarm on if needed for your safety?
Putting Best Evidence Into Practice:
Decreasing patient pain through Healing Touch™

The fall 2014 nurse resident group explored the use of Healing Touch™ as a complementary form of pain control for Kalispell Regional Medical Center patients. Determining the balance between effective pain control and safe use of pain medication is a major aspect of patient comfort, safety and satisfaction.

As part of this Magnet® evidence-based practice project, the residents read peer-reviewed literature to learn more about the positive effects of Healing Touch™ for chronic and acute pain. From their reading they gleaned techniques for the most effective way to implement Healing Touch™ and then developed a 16-hour training course for nursing personnel. Twenty-one nurses enrolled, representing direct patient care areas on 3 West Surgical, 1st Medical-Surgical, Inpatient Rehab, OR, 3 East Medical, Same Day Surgery, IMC and NICU. All attendees earned their Healing Touch™ Level 1 Healer certification upon completion.

Healing Touch™ was trialed on five units, where 63 patients consented to the therapy. When asked to rate their pain on a scale from 0-10 before and after receiving the treatment, patients reported an overall increase in relaxation and decrease in pain.

The project educated KRMC patients and employees on alternative forms of pain control and opened the door to new and innovative methods. The nurses trained in the therapy continue to offer Healing Touch™ as complementary pain control for patients in acute care areas. Leaders held a second Level 1 training in late October to expand the cadre of certified KRMC personnel.

Determining the balance between effective pain control and safe use of pain medication is a major aspect of patient comfort, safety and satisfaction. The Healing Touch™ project educated KRMC patients and employees on alternative forms of pain control and opened the door to new and innovative methods.
Magnet® Matters to me because...

“...I want the best for my patients, even if it means changing something that has been done forever. That’s what evidence-based practice is all about.”

Ally Wilson, 2015 3-Surgical Magnet® Champion
The Surgery Center at HealthCenter identified an opportunity to increase patient safety as well as nursing satisfaction by standardizing the procedure with patient hand-offs. At The Surgery Center, there are a number of hand-offs during every surgical experience, rapid turnover time between patients and high daily patient volumes, but there had been no standardized hand-off method. The OR Unit-Based Council accepted the challenge to improve procedure.

The council searched the literature on standardized hand-offs, and came across the Joint Commission's National Patient Safety Goals. Goal 02.05.01 requires health care organizations to implement a standardized approach to hand-off communications. References to a mnemonic system proved to be the lead the council needed. Situation, Background, Assessment and Recommendation – SBAR – allows critical information to be communicated effectively, in the same format every time. It reduces communication errors and patient identification errors, and promotes efficiency.

The council also discovered that nursing hand-offs occurring at the bedside engage patients and their families in care; allow for direct, interactive, real-time communication; and foster face-to-face clarity. Studies show nurses retain more when they have a verbal and written report, resulting in a lower risk for errors or sentinel events.

Since the bedside SBAR was implemented in February 2015, The HealthCenter staff members have come a long way in improving the process. Nursing staff from pre-op on the day of service, the operating room and the recovery room collaborated to develop, assess and improve the so-called “hands-on hand-off.” It now also is being implemented between The HealthCenter recovery room nurses and inpatient nurses.

Council members looked at patient satisfaction scores and surveyed nursing staff both before and after standardized reporting was implemented. Before implementation, both measures showed opportunities for improvement. Recognizing that change takes a long time to be fully embraced, the OR Unit-Based Council plans to check both measures again at the one-year mark.

Already, though, it is apparent that SBAR bedside reporting creates a more patient-centered care environment by bringing care back to the bedside, encouraging patients to be actively involved in their care, and allowing standardized communication as care transfers to the next nursing team. The extra few minutes it takes can prevent miscommunications from occurring, ultimately avoiding unnecessary adverse events.

Kalispell Regional Healthcare nurses continued bringing best practices to the bedside by using the American Heart Association/American Stroke Association (AHA/ASA) achievement measures listed here. The stroke committee used these benchmarks to compare KRH performance with each parameter.

Nurse leaders pinpointed opportunities to modify practice by identifying areas where KRH does not beat the benchmark. Time is of the essence in strokes, and monitoring KRH's performance helped streamline and organize care to achieve the best outcomes. In 2014, KRH began participating in the national Get With the Guidelines stroke database. By February 2015, KRH received the AHA/ASA Silver Plus Award, the highest award achievable with 12 months of data. In January 2016, KRH applied for the Gold Plus award with 24 months of data for the years 2014 and 2015.

One of the key standards that improved at KRH is the time from the patient’s arrival at the Emergency Department until intravenous thrombolytic therapy (IV tPA) is started for stroke patients, otherwise known as door-to-needle time. To achieve the goal, the patient must have a brain Computed Tomography scan, a physical exam and lab tests, and be deemed a candidate for therapy in less than one hour. Seventy seven percent of KRH patients who were eligible for thrombolytic therapy from January 2015 to October 2015 received the therapy in less than 60 minutes after arrival at the hospital. All patients receiving thrombolytic therapy during this period received the critical medication in 74 minutes or less.

It took hard work by Emergency Department, imaging, nursing, laboratory and pharmacy staff members as well as the consulting neurologists to create the conditions for this success.
Bringing Exemplary Practice and Innovation to Rural Communities

Kalispell Regional Healthcare is part of a statewide effort to improve stroke care in rural areas by using technology. Begun in 2010, the Telestroke program grew steadily through October 2015 when it encompassed seven live sites at critical access hospitals as well as a link to Kalispell Regional Medical Center's Emergency Department. Three more sites will be added soon.

Three prime goals govern the program:
1. Increase use of tissue plasminogen activator (tPA) in rural areas, to lower disability in stroke victims.
2. Increase access to the latest evidence-based practice for rural healthcare providers.
3. Increase referrals to neurologists.

Montana tobacco tax funds and the United States Department of Agriculture provide partial funding for the Telestroke program.

Neurologists at KRH provide around-the-clock coverage for all the linked sites by using an audio-visual robot. The KRH Communication Center manages requests for Telestroke assistance, which come in on a dedicated Telehealth line and are forwarded to the on-call neurologist.

A big component of the Telestroke initiative is education for physicians and nurses. Dr. Kurt Lindsay and Nichole Perisho, RN, BSN, provide this education, with Nichole serving as the program’s Telehealth Clinical Coordinator. She ensures all sites have access to the latest clinical protocols, algorithms, policies and education, contacting them monthly through conference calls, emails and telephone.

Nurses, often the first to assess individuals experiencing a stroke, are vital to the success of the program.

Telestroke Locations

- Cabinet Peaks Medical Center
  Libby MT
- Clark Fork Valley Hospital
  Plains MT
- Saint Luke Community Hospital
  Ronan MT
- Pondera Medical Center
  Conrad MT
- Marias Medical Center
  Shelby MT
- Northern Rockies Medical Center
  Cut Bank MT
- North Valley Hospital
  Whitefish MT

Coming Soon!

- Community Hospital of Anaconda
  Anaconda MT
- Blackfeet Community
  Browning MT

Telestroke Interventions

Please note that in 2012 there were no tPA administered and no transfers to KRH.
Bringing Evidence to Practice:
Adopting the National Institutes of Health Stroke Scale

The Kalispell Regional Healthcare stroke committee formed in 2010 to develop protocols and stroke order sets for the Emergency Department and inpatient units. The group also emphasized staff and community education.

Committee members pushed hard in 2014 for consistent nursing assessments of stroke patients across the continuum of care and for fewer knowledge gaps. A nurse’s assessment using the National Institutes of Health Stroke Scale (NIHSS) is the gold standard for care, research reveals. This tool helps nurses gather clinical information to make decisions and guide treatment of an inpatient stroke victim. Research also demonstrates that strokes can be diagnosed earlier if changes in the patient’s condition are detected earlier by using NIHSS. This ultimately can contribute to better patient outcomes.

The stroke committee adopted the NIHSS as the primary assessment tool for stroke patients at KRH. Leaders instituted hands-on training in neurological assessments using the NIHSS. The acute-care nursing staff coupled it with a standardized online training tool to learn how to use the scale, then tested each staff member. All RNs in the emergency, intensive care, intermediate care, medical floor and rehabilitation units who completed the entire program attained NIHSS certification. In other units, the charge nurse is certified and performs the NIHSS assessment on stroke patients. Education continues, as KRH leverages the talents of the critical care educator and stroke coordinator.

Staff nurses in acute care areas greatly increased their use of NIHSS for stroke patients. Nurses report greater confidence in measuring neurological changes in stroke patients and in relaying those changes to the providers. Although nurses complied with NIHSS documentation in only 24 percent of patient cases in the second quarter of 2014, compliance was up to 70 percent after staff went through education and became certified. By the end of the fourth quarter of 2015, it stood at 100 percent. The dedicated efforts of nursing staff and stroke committee members made the difference.

NIHSS Compliance by Quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Percent of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 2014</td>
<td>27</td>
</tr>
<tr>
<td>Q3 2014</td>
<td>70</td>
</tr>
<tr>
<td>Q4 2014</td>
<td>88</td>
</tr>
<tr>
<td>Q1 2015</td>
<td>70</td>
</tr>
<tr>
<td>Q2 2015</td>
<td>72</td>
</tr>
<tr>
<td>Q3 2015</td>
<td>70</td>
</tr>
<tr>
<td>Q4 2015</td>
<td>100</td>
</tr>
</tbody>
</table>
Using Technology to Keep Families and Friends in the Know:

KRMC electronic patient status board in Surgical Services

Effective communication with patients, their families and friends is very important for everybody’s well-being and comfort. In addition, it affects the bottom line as patient satisfaction scores translate into Medicare reimbursement rates. When patients undergo surgery, those waiting for information can feel out of the loop if they don’t know where their loved one is located within the surgical department. Minutes feel like hours when you don’t get updates.

At Kalispell Regional Medical Center, a number of patient tracking systems have been tried in the past. These were fraught with the difficulties of keeping the information current and dealing with small print size when video monitors were used. Surgical Services Director Bev Dowling came upon an innovative tool for use in the waiting room when she visited another facility. The large monitor used color coding to identify each patient’s location; a case number assigned to the patient protected confidentiality. While there is little in the research literature to suggest that this is the best way to communicate, several case studies showed that introducing a tracking board did improve family satisfaction.

KRMC trialed the electronic status board on patients going through Same Day Surgery. Once the bugs were worked out, the system was expanded to include all patients having procedures in the KRMC operating rooms. Leadership evaluated its effectiveness by tracking data on three questions from the National Research Corporation-Picker patient surveys. The trend for answers of “Always” on the questions improved between 6 and 12 percent after the status board was introduced.

Bringing this technology to KRMC was a team effort. Staff from Health Information Technology created the template for the board. Surgical team members worked through the processes of updating patient information and assigning people to make these updates. The hospital’s Printing Services made bright, color coded cards for family and friends with the patient on the day of surgery. Finally, all nursing staff in the department learned the new system and trained on the technical skill necessary for using the computer program.

KRMC Surgery Patient Status

<table>
<thead>
<tr>
<th>SDS-PRE</th>
<th>Same Day Surgery (before surgery)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>Operating Room (in surgery)</td>
</tr>
<tr>
<td>PACU</td>
<td>Post Anesthesia Care Unit (recovery - waking up) if in-patient, will go to room after waking</td>
</tr>
<tr>
<td>SDS-POST</td>
<td>Same Day Surgery (after waking up) if out-patient</td>
</tr>
</tbody>
</table>

Patient status board in waiting room
Magnet® Matters
to me because...

“...it showcases the hard work, commitment to excellent care, and driving force of innovative and evidence-based care that nurses provide for our patients.”

Karen Rupp, 2015 NICU Magnet® Champion
Technology Innovations:

NICView™ means bonding anytime, anywhere

Having a new baby in intensive care is never part of a family’s plan. Having a premature or sick baby in the Neonatal Intensive Care Unit (NICU) is stressful enough, but leaving the hospital without taking the baby home can be devastating.

At Kalispell Regional Medical Center, NICU staff members work extremely hard to help alleviate the stress and anxiety that are a part of having a sick baby. The goal always is to keep families connected with their infants. That is why the NICView™ system has been such a welcome addition to the NICU. The secure webcam allows families to see their baby any time of the day or night from any location where they have a cell phone or computer with an Internet connection.

The cameras hang directly over the baby’s bed and stream the live feed to a website provided by NICView™. The hospital then provides a secure login to parents for their child’s camera. Parents are welcome to share the login password with anyone they choose. The cameras provide a live 24/7 video feed of the baby.

In the first two weeks of use there were over 175 logins to Kalispell’s system from 19 different states, and the usage has grown by almost 1,500 visits per month since then.

The nursing staff writes notes to the family through the system to keep them included in the care, sharing updates on the baby’s weight or letting the family know how their baby enjoyed the most recent bath.

Some infants spend several weeks or months in the hospital, but many parents have obligations such as work or other children that require them to be away from their newborn. The NICView™ system allows them to continue to develop a connection with their infant, even when parents are not able to stay in the NICU. The system is especially helpful for family members who are in the military and stationed out of state or overseas. They may not be able to come to the baby’s crib side, but can still bond and feel involved.

“We loved having NICView™ while our baby had to be in the NICU,” Stephanie Sneeden told the nurses at Kalispell’s NICU. “It was so nice to be able to check on him when we weren’t able to be with him. Relatives living far away enjoyed being able to watch our baby too. It was so easy and convenient just to log in and see how our baby was doing – definitely comforting, especially for those with a long NICU stay. Thanks for making our NICU experience even better.”

“It’s like they have their baby in their pocket,” said Dr. Mark Kaneta, one of the neonatologists in Kalispell, referring to parents being able to log in on their cell phones any time from any place.

Worldwide NICView™ usage in January 2016
Magnet® Matters

to me because...

“…it provides an environment to be able to deliver the best possible care for our patients and the community we serve, along with developing nurses in their profession, enabling them to realize their full potential.”

Carol Kodlick, 2015 KRHPN Magnet® Champion
Innovations in Cancer Care: Transitioning to radioactive seed localization while maintaining effectiveness of lesion marking

A procedure known as wire localization has been the standard of care for breast lesions that cannot be detected by feel and must be located by image-guided techniques before surgery. In this procedure, the wire was placed the day of surgery and often delayed the surgery start time. Also, the wire extended out from the surface of the patient’s breast, causing anxiety and posing a risk of dislodging it during surgery.

Radioactive seed localization (RSL) can solve those issues. An Iodine-125 seed is injected as many as five days before surgery, eliminating the wire and more accurately pinpointing the lesion’s location. It allows for a more precise surgical procedure with lower re-excision rates.

It took an entire team to bring RSL to the patients of Kalispell Regional Healthcare. First, Kalispell Regional Healthcare worked with Andre Vanterpool, BS, RT, to amend KRH’s United States Nuclear Regulatory Commission (NRC) license. He and his team took care to comply with NRC guidelines and maintain the chain of custody of the radioactive seed. Leadership developed and implemented a policy for handling radioactive seeds and created forms to guide the new procedure. All staff who care for patients with non-palpable lesions – radiologists, nuclear medicine specialists, mammographers and surgical specialists – learned the new process. Today, a nurse navigator coordinates every step if RSL is to be used for treating a patient.

KRH has completely transitioned to RSL, allowing Breast Surgical Oncologist Dr. Melissa Hulvat to locate the lesion quickly and keep the patients comfortable. Re-excision rates have remained low.

“The introduction of radio seed localization at our Women’s Center has significantly improved our ability to care for our patients by allowing more flexibility in the timing of the procedure and eliminating the traditional exposed wire with its inherent risk of being dislodged.” - Dr. William Benedetto

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Number of Surgical Cases</th>
<th>Re-excisions (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>71</td>
<td>7 (9.86%)</td>
</tr>
<tr>
<td>2013</td>
<td>75</td>
<td>13 (17.3%)</td>
</tr>
<tr>
<td>2014</td>
<td>94</td>
<td>9 (8.51%)</td>
</tr>
</tbody>
</table>
By the Numbers

Professional Development at Kalispell Regional Healthcare

Nursing Professional Development at KRH

Raising the Bar for Practice

Growing Knowledge, Skills, and Community Involvement
Excellence in care; every patient, every time.