



NURSING: *The Profession of Excellence*
The Art of Caring

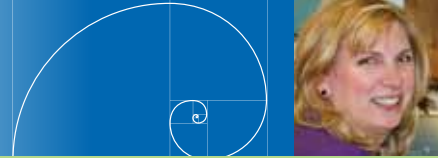




NURSING: *The Profession of Excellence* *The Art of Caring*

How does one measure success in nursing? Hospital nurses understand better than most that the success of one Colleague or the success of a particular unit generates success for all. We measure it through needs met and goals fulfilled. By personal best and professional growth. By treating every patient as the only patient; indeed, as a member of the family, every single day.



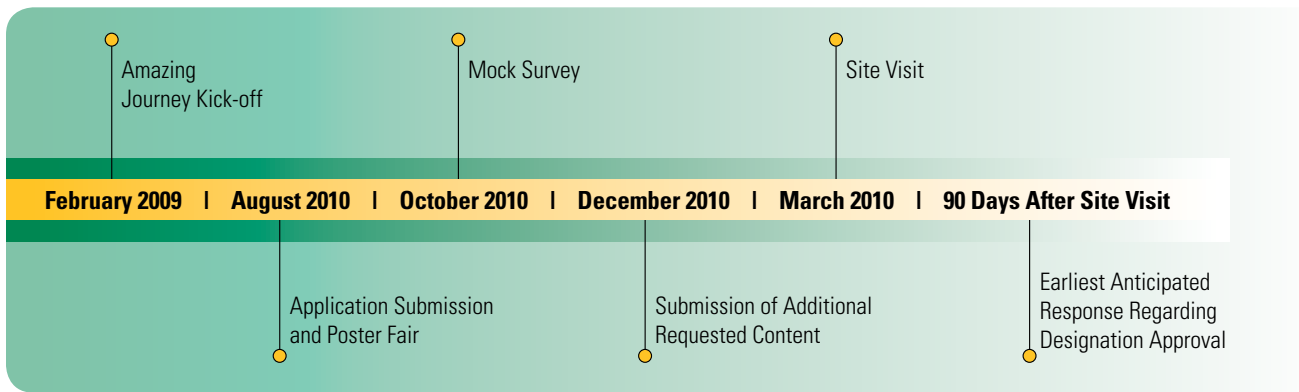


Why Magnet? Why Now?

It's All About the Journey

In this time of healthcare transformation, our Magnet Journey is more important than ever, not for the award itself, but for the process, because it reinforces and validates what we know to be correct: that healthcare, compassion, and professionalism do not stop for politics. Already, nursing Colleagues have significantly raised patient safety, expanded professional knowledge, assisted with cost-saving measures, and embraced the Magnet principles. Consequently, our efforts have strengthened our Hospital mission.

As healthcare providers, we understand that our duty is to our patients and our Colleagues, around the clock, day in and day out. As we fulfill the criteria for Magnet designation, we continue to grow and learn, and to strengthen our original purpose: to be the best that we can be.



NORTHERN MICHIGAN REGIONAL HOSPITAL MAGNET COMPONENT MODEL

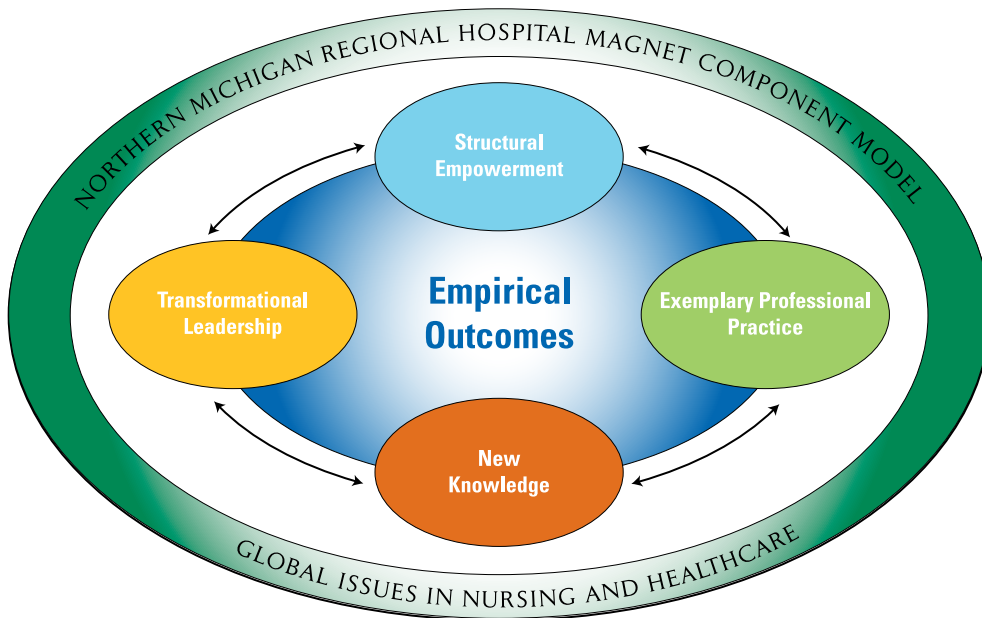


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Modeling Change

The intent of this model component is to transform the organization to meet the future.



On behalf of the nursing leadership team, we thank each and every one of you for your dedication and commitment to providing exceptional patient care. The past year has brought numerous challenges and transitions, however, the one constant is the ability to place quality, caring relationships at the center of your practice. Your leadership, knowledge, clinical skills, and myriad talents make a significant impact on the lives of those you serve. Throughout the Hospital, you inform decisions, implement improvements, regulate nursing practice, promote professional growth, and ensure the quality and safety of healthcare.

It has been a privilege to personally witness Hospital nurses improve care for our patients, families, and our region, and to read the words of our patients, through hundreds of Daisy Award letters received throughout the year. By staying focused on our Northern Michigan Regional Hospital mission *to provide healthcare as we would expect for our own family*, and on our nursing vision *to provide exceptional patient-centered care*, we will continue to achieve excellence. We know that striving for excellence requires teamwork, collaboration, reflection, and tenacity. These are traits witnessed daily throughout the halls of Northern Michigan Regional Hospital and we thank you.

In 2011, we know that change is certain. We will use the change as an opportunity to shape the future of nursing excellence at the Hospital.

Mary-Anne D. Ponti, RN, MSN, MBA, CNAA-BC
Chief Operating Officer/Chief Nurse Executive
Northern Michigan Regional Health System

Jennifer Woods, RN, BSN, CNML
Senior Director
Northern Michigan Regional Health System

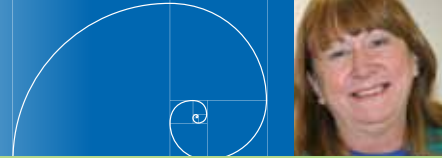


I'd like to express my deep appreciation for the commitment, compassion, and caring that you have shown for our patients, families, and each other this past year. Despite our challenges — including the growth of uncompensated care, the uncertainty of our partnership strategy, and the closure of several long-standing healthcare services in our community — your efforts have still resulted in a number of quality and service awards, as well as accolades from many patients. This annual report highlights the many certifications and degrees that you have completed, as well as moving stories of Hospital departments working in unique ways to meet individual patient needs.

In 2010, you have improved patient safety through consistent hand washing procedures, the use of advanced technology in intravenous administration, and rigorous review of unexpected events and near misses. Additional clinical areas have joined the growing number of Colleagues associated with "Keystone" projects and processes. The results we have achieved in reducing or eliminating infections, falls, and decubitus ulcers testify to the ongoing integration of evidence-based nursing care. The protocols needed to achieve these results reflect many hours of research, dialogue, and continuing education. Again, this is only possible when a profession truly understands the contract it has with its community and patients to continually improve safety and quality.

As we enter 2011, I look forward to another year of progress in our quest to achieve our mission each day — care as we expect for our own family. Thank you for being part of such a valuable and essential team.

Reezie DeVet, RN, EdD
President & CEO
Northern Michigan Regional Health System



The Northern Michigan Regional Health System Board of Trustees extends its congratulations and gratitude for your attention to nursing excellence. The awards we have received for patient safety and quality are the result of your professionalism and dedication. When people tell us about their Hospital experiences, they invariably begin with their impressions of their nursing care, both the quality of the care they received and the attitude of the caregiver.

The year 2010 was filled with uncertainty and the changes that are occurring in healthcare are continually challenging all of us. How we respond to change will determine our future. If we continue to focus on excellence and what is best for our patients and our region, we will emerge as a stronger organization, determined to continue our tradition of care as we would expect for our own family.

Thank you for your dedication and your constant daily efforts to improve the health of our patients!

David Buzzelli
Chair, Northern Michigan Regional Health System Board of Trustees

Cooperative Leadership

Perioperative Surgical Services Exceed 2009 Benchmarks

Nurses on the front line of surgical care have worked diligently to make improvements in numerous areas. “Our leadership team, service line supervisors, and clinical resource members are the true key to our successful front line services,” says Megan Combs, RN, MSN/MHA, Clinical Nurse Manager Surgical Services. “Our departmental success is a result of our senior leadership, Kathy English, as well as honest and respectful communication between management and nurse Colleagues,” Combs adds. To date, Perioperative Surgical Services have achieved the following results:

- Completion of 90% of briefing/debriefing timeouts prior to incision; reduction of specimen handling defects to below the national mean; and monthly efforts to catch and reduce errors within the Keystone Surgery Project.
- Surpassing the 100% goal for perioperative services productivity measures.
- Reduction of reportable sharp injuries by over 50% from the previous year.
- On-boarding two recent RN graduates into perioperative internship.
- Completion of new surgical supply room and hybrid vascular operating suite, funded by Northern Michigan Regional Hospital Foundation.



L to R: Terri White, RN, BSN, Manager of Ambulatory Services; Kathy English, RN, MSN, Director of Surgical Services; Trina Kline, CST, CSPDT, Manager of Sterile Processing; Megan Combs, RN, MSN, MHA, Clinical Nurse Manager Surgical Services

Going Beyond

Underlying this component are the strong relationships and partnerships developed among all types of community organizations to improve patient outcomes and the health of our community.

2010 DAISY AWARD WINNERS

- MEGAN SMITHBURG, RN
Obstetrics
- ALLISON WALLIN, RN
Level 2 North
- TAMMY VIZINA, RN
Obstetrics
- ELIZABETH BROWN, RN
CVU
- DEBORAH HOLMGREN, RN
Obstetrics
- JULIE MATELSKI, LPN II
CVU
- ERIN MCCOUBREY, RN
Emergency Department
- BROOKE CUMMINGS, RN
Level 2 South
- FAYE DUBAY, RN
Level 2 South
- REBECCA GRIFFIN, RN
CVU
- DONNA PASTORIUS, RN
Cardiac Cath Lab
- JAMIE SCHWARTZFISHER, RN
Progressive Pool (pictured)



Expanding The Horizon of Nursing

Taking advantage of continuing education opportunities is the best insurance for positive growth, both professionally and personally. Thanks to the 2010 efforts of Northern Michigan Regional Hospital Foundation, scholarships totaled \$46,366 with more than \$37,000 directed specifically to nurse Colleagues for expanding their skills in best practices, research, and professional development, and to pursue advanced degrees and certifications in their fields.

BAIARDI SCHOLARSHIP

- Kelli Anderson
- Patricia Dallaire
- Justine LaLonde

LACEY NURSING SCHOLARSHIP

- Melissa Beckett
- Laura Berger
- Stacey Bester
- Jennifer Berlin
- Sally Brown
- Kathryn Chanda
- Matthew Cheney
- Emily Cochran
- Annie Cordova
- Patricia Dallaire
- Victoria Faucett
- Ashley Figiel
- Julia Gron
- Cindy Holman
- Ellen Hull
- Alex Hull
- Whitney Johns
- Allison Lewis

- Brooke McLeod
- Lucinda Peebles
- Kali Penfold
- Lorena Phillips
- Jamie Schwartzfisher
- Kathi St. Pierre
- Sarah Tanner
- Paul Vermaire
- Patty Walton
- Ryan Waldron
- Terri White
- Jennifer Woods

CONTINUING EDUCATION SCHOLARSHIP

- Mary Catton
- Elise Crofoot
- Helen Crossley
- Michelle Cyr
- Sharon Ferrell
- Leila Griffin
- Rebecca Griffin
- Dianne Hamlin
- Mary Ann Handwerk

- Tammy Hightower
- Susan Hoffman
- Jill Jack
- Louise Kabat
- Gisele Nicholas
- Virginia Nuffer
- Jacqueline Pavlich
- Melissa Robbins
- Gwen Sangeorzan
- Kathleen Schlehner
- Melinda Shock
- Barb Smith
- Kathleen Taylor
- Patricia Woodside

ORTHOPAEDIC EDUCATION SCHOLARSHIP

- Judy Bricker
- Jane Crain
- Brooke Cummings
- Faye Dubay
- Amy Flynn
- Elizabeth Fox
- Toni Gruler

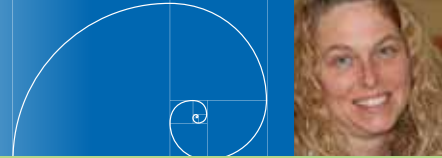
- Sue Keith
- Lisa Krause
- Sarah Tanner

JOAN JENSEN HAUPRICHT EDUCATION SCHOLARSHIP

- Norm Baumhardt
- Jodi Beebe
- John Binko
- Justine LaLonde
- Sara Luepnitz
- Esther Peariso
- Dawn Sager

VOLUNTEER SERVICES SCHOLARSHIP

- Karen Doherty



Working with the Association of Critical Care Nurses Local Chapter Connects Regional Nurse Colleagues

2010 NIGHTINGALE AWARD WINNERS

- LESLEE PEARSON
Advanced Practice Nurse
- MEGAN COMBS
Administration
- MARYELLEN SWARTZ
Staff Nurse Practice
- JOHN MORGAN
Education/Research
- NIKI KENNY
Lifetime Achievement Award
- MARGIE KESSLER
Nurse in Non-Traditional Role



Twin Bays Mission: Providing the acute and critical care nursing community of northern Michigan with expert knowledge and resources.

Twin Bays Vision: To be the resource for acute and critical care nurses to grow professionally and to promote evidence-based patient care.

As ambassador to the Twin Bays chapter of the American Association of Critical Care Nurses, (AACN) Michele Adaline, RN, BSN, MBA, CCRN, Clinical Nurse and Manager of the Intensive Care Unit, is responsible for meeting with critical care Colleagues from northern Michigan to share information that will benefit the region's residents. "The biggest benefit is community networking with other nurse Colleagues," Adaline says. "The meetings connect us to Colleagues at other hospitals (Munson is one) to stay current with information and best practices which enables us to better support our regional healthcare community," she adds.

The AACN is the largest specialty nursing organization in the world, representing the interests of more than 500,000 nurses who care for acutely and critically ill patients. Hospital participation is a result of the Magnet process, which encourages participation in national and local nursing organizations. "Our focus is on education for our members and anyone in the healthcare community," Adaline says. Of special interest to Hospital nurses is the ability to earn credits toward CCRN and PCCN certifications.



PICTURED:

L to R: Carol Yorkison, RN, BSN; Michele Adaline, RN, BSN, MBA, CCRN, National AACN Ambassador; Karen Safko, BSN, PCCN; Linda Schofield, RN, PhD

NOT PICTURED:

Sharon Coen, RN; Wendy Davidson, BSN; Karen George, BSN; Stephanie Gullede, RN; Kelly Peterson, BSN; Paula Jo Shingler, MSN; Wynne Lienhardt, RN, BBA

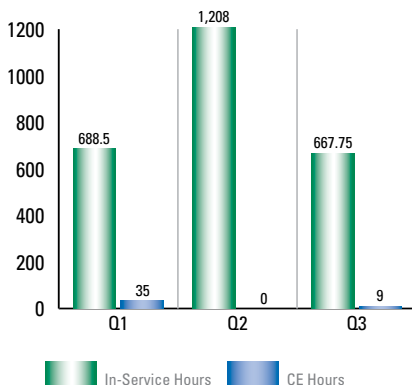
Simulation Training Continues

From April 2007 to present, more than 3,600 Hospital Colleagues and community members have received training or demonstration using SimMan, including High School Health Occupation students and local EMS personnel.

SimMan is a Human Patient Simulator (HPS) used for training. Hospital educators are faced with the need to train Colleagues quickly and efficiently, and high fidelity HPS are valuable learning tools. Unlike standard training methods, simulation scenarios allow for repetitive learning opportunities without patient risk.

SimMan is part of a Region 7 bioterrorism grant that continues to benefit our region with the addition of SimBaby in January 2011. The baby will be shared in Region 7 among the 21 counties and will be housed here at Northern Michigan Regional Hospital.

■ RN SIMMAN HOURS



Doing What's Best

A comprehensive understanding of the role of nursing; the application of that role with patients, families, communities, and the interdisciplinary team; and the application of new knowledge and evidence.

Expanding Our Culture of Safety

In an ongoing commitment to streamline information systems, Hospital nurses have adopted new software that enhances their ability to safely and effectively handle patient medications. CareAdmin, a bar code medication software system which is totally



Jim Douglas, RN, Clinical Applications Coordinator

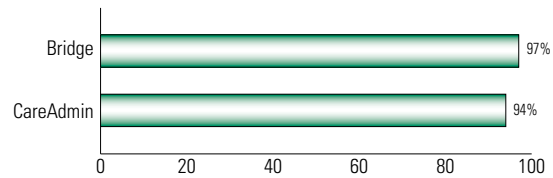
integrated with Cerner PowerChart®, has replaced the Bridge system implemented in 1991. This software change also anticipates the addition of two new technologies, both scheduled for launch in 2011: Computerized Physician Order Management (CPOM), which will allow Hospital doctors to place their own medication orders; and CareMobile, a new state-of-

the-art hand-held scanning device that works in conjunction with the CareAdmin system.

“We are totally dedicated to preventing medication errors,” says Clinical Applications Coordinator, Jim Douglas, RN. “The transition to CareAdmin went very well,” he adds. “We are excited about the possibilities inherent in this new software.”

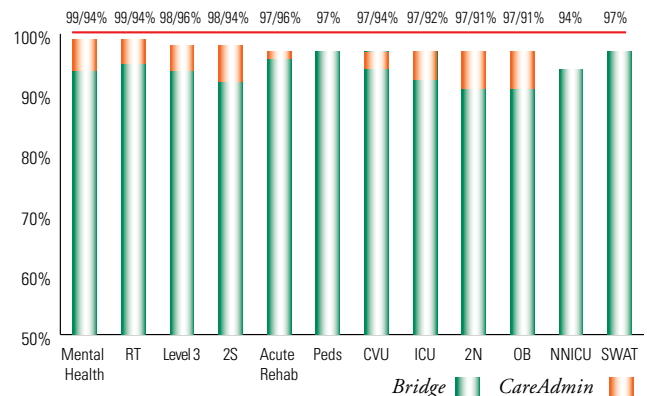
Significantly, new Hospira smart pump safety software, funded through the Northern Michigan Regional Hospital Foundation, was implemented on December 2, 2010, and the system prevented 50 IV pump programming errors within the first three weeks of use.

2010 OVERALL SCANNING PERCENTAGES



6,397 medication errors were prevented; 329 of those errors prevented were classified as potentially dangerous, with 17 classified as very dangerous and 2 classified as extremely dangerous. 575 allergy warnings were generated. 835,231 doses were administered. 575 sound alike medication errors were prevented.

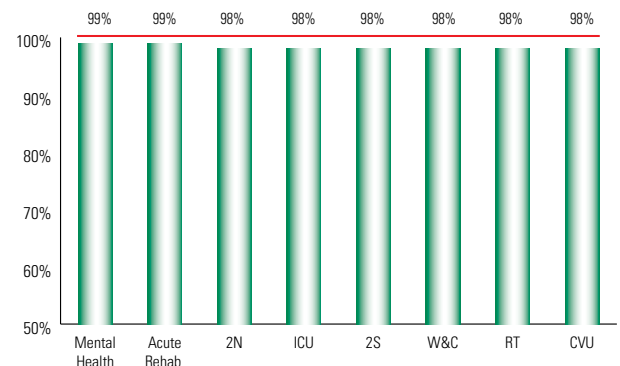
MEDICATION SCANNING



Engage users that are scanning 90% or less for details.

2010 Top Medication Scanners (all systems): Karl Kowalewsky, RN, Acute Rehab; Esther Peariso, RN, Level 3; Katherine Sharp, RN, Level 3

WRISTBAND SCANNING



Engage users that are scanning 93% or less for details.

2010 Top Wristband Scanners: Erin Wormell, RN, Level 3; Jill Carson, RN, Acute Rehab; Robin Burke, RN, Acute Rehab

One Rung at a Time

Nurses Advance up the Clinical Ladder

Applications to the Clinical Ladder program doubled in the fourth quarter as a result of being combined with Performance Appraisal and Development Program, as well as nursing leadership's efforts to increase awareness of goals. "Advancement within the Clinical Ladder is a stretch goal, but nurse Colleagues have risen to the challenge," says Clinical Ladder Chairperson, Mary Catton, RN, BSN, CGRN (pictured). "We expect to see increased applications in 2011 as goals are met."

Coming in 2011: A sub-committee is developing requirements for the Nurses in Specialty Roles Expanded Clinical Ladder.

NURSES ADVANCED IN 2010

LEVEL IV: SEVEN (7) RNs ADVANCED

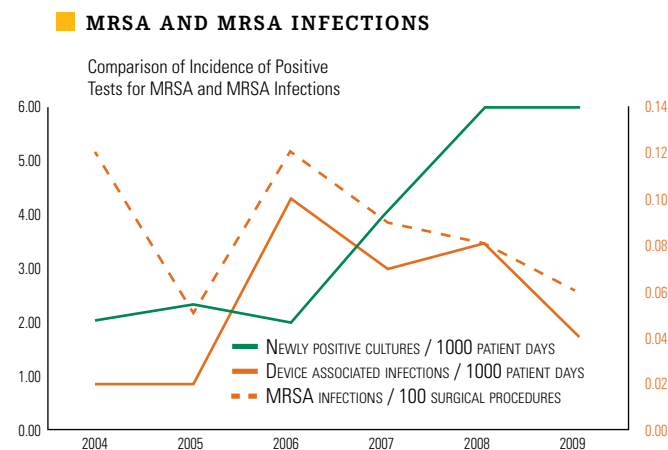
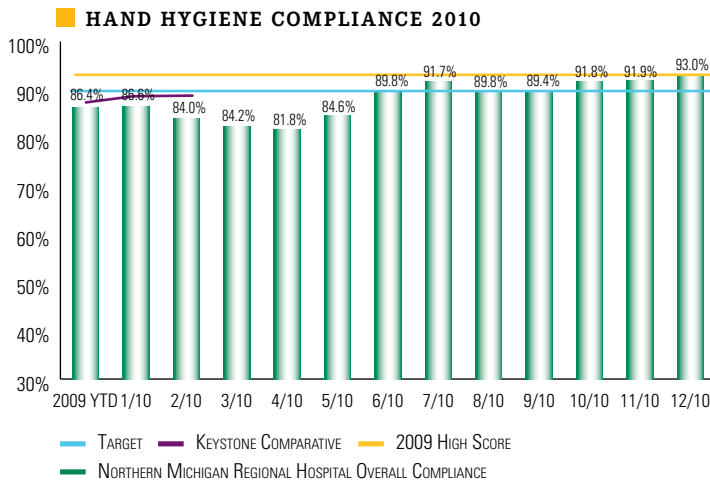
- Karen Safko, BSN, PCCN, CVU
- Sally Brown, RN, Surgery
- Linda Leech, RN, Surgery
- Cindy Strong, RN, Ambulatory Services
- Mary Catton, RN, BSN, CGRN, Endoscopy
- Darlene Lockery, RN, ONC, Level Two South
- Nancy Gutowski, RN, BSN, Operating Room

LEVEL V: ONE (1) RN ADVANCED

- Leslee Pearson, RN, BSN, CNOR, RNFA, Operating Room
Leslee is the first nurse to advance to Level V status.



Looking At The Data



Professional Development, Personal Growth

New Board Certifications for 2010

The following nurse Colleagues have achieved advanced certifications. Congratulations to all.

- Lisa Ashley, Executive Director of Hospice of Little Traverse Bay, became a Certified Hospice and Palliative Care Administrator.
- Rene Bieganowski, BSN, BBA, RN-BC, is certified in Nursing Professional Development.
- Rosemary Duggan, RN, MSN, is an approved member of the NCSBN (National Council of State Boards of Nursing), NCLEX (National Council Licensure Examination) development panel (April 2010-April 2012).
- Rhonda Fink, BSN, RN-BC, is a certified Cardiac Vascular Nurse.
- Janet Gentle, RN, BSN, MSN, CCDS, Clinical Documentation Specialist, is now a Certified Clinical Documentation Specialist (CCDS).
- Shelly Germain, RN, BSN, Clinical Manager of Level 2 South, has achieved certification as a Nurse Manager and Leader (CNML).
- Lisa Hoover, RN, MSN, passed the ANA Nursing Professional Development Certification examination.
- Amanda LaBrie, RN, CNOR, became a Certified Operating Room Nurse through the Competency & Credentialing Institute.
- Vivian Legrand, RN, MAC, LPC-NCC, Medical Weight Management, successfully completed National and State of Michigan requirements to earn the title of Board Certified Licensed Professional Counselor (MAC, LPC-NCC).
- Denise Marecki, RN, CHPN, became a Certified Hospice and Palliative Nurse through National Board for Certification of Hospice and Palliative Nurses.
- Kathy Reppuhn, RN, CCRN, Acute Rehab, became a Certified Rehabilitation Registered Nurse through Rehabilitation Nursing Certification Board.
- Jennifer Woods, RN, BSN, CNML, passed her Certified Nurse Manager – Leader (CNML) examination.

Rising MRSA rates provided a troubling trend for 2010. As increased antibiotic use led to the growth of multiple drug resistant organisms, Colleagues worked to identify the reasons for the MRSA increases and to reduce the number of surgical sight infections.

Honing Skills

This component includes new models of care, application of existing evidence, new evidence, and visible contributions to the science of nursing.



PICTURED:
Front Row L to R: Pat Woodside, RN; Billie Morell, RN; Denise Antonishen, RN, BSN, CCRC
Middle Row L to R: Lisa Ashley, MSW, NHA, CHPCA; Cindy Holman, RN, BSN; Gretchen Schrage, MBA, MT(ASCP)SH, CPHQ; Tosca Habel, GISP, HIPAA Security Officer; Cathryn Pawlusiak, MHA
Back Row L to R: Karen Hadley, MSN; Elaine Whipp, RN, BSN; Liz Brown, RN; Julie Fettig, RN

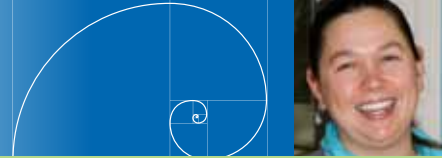
Reviewing the Stats

After attending the American Association of Heart Failure Nurses in 2008, Pat Woodside, an RN in the Cardiovascular Rehabilitation Unit, became aware of the significant number of heart patients who needed further care within six months of a cardiac episode. In fact, national statistics show that one-third to one-half of readmissions were preventable. In 2009, Woodside convened a subcommittee to make telephone calls to heart failure patients who had received care at Northern Michigan Regional Hospital. “The goal of the phone survey is to improve upon the safety of transitions from the Hospital to home and to decrease the number of unnecessary readmissions,” says Woodside. “The majority of patients were extremely appreciative of the calls.”

- 20% – 50% of patients with heart failure will be readmitted within six months, an estimated 1/3 – 1/2 are preventable.

INTERVIEW FINDINGS:

- 61% of patients needed an intervention.
- 25% of patients were told to call their physician or provider regarding symptoms/concerns.
- 20% of patients required reinforcement of education.
- 14% of patients needed reminders to obtain lab work and/or schedule follow-up appointment.
- 2% of patients were referred for additional resources.



Research to Benefit Patients

Quality of Life in Persons with Dysphagia: Does the Frazier Free Water Protocol Make a Difference?

In a concerted effort to reduce dehydration and to improve quality of life for dysphagia patients, the Acute Rehabilitation Unit made necessary preparations for conducting a study to evaluate the effectiveness of the Frazier Free Water protocol. Funding for the study was made possible thanks to a grant of almost \$10,000 from the Rehabilitation Nursing Foundation in Illinois, based on a proposal written by Sharon Bryant, RN, BSN, MPH, CRRN, and Linda Schofield, RN, PhD, Nursing Research Coordinator, in collaboration with Denise Dundon, Grant Specialist, of the Northern Michigan Regional Hospital Foundation. Qualifying dysphagia patients must be on a regimen of thickened fluids, capable of performing oral care, evaluated by a speech pathologist, and must undergo a video fluoroscopy. Dysphagia patients on Level 2 North (medical/surgical unit) will be asked to participate in the control group. The study will begin in January 2011 and will run for two years.



Sharon Bryant, RN, BSN, MPH, CRRN, Professional Nursing Council (PNC) Chair

Reading For Health

Journal Club Inspires Others

In 2010, Hospital nurses established the Journal Club, a Colleague-led reading group that reviews professional articles and then presents the information to co-workers. Nursing Research Coordinator, Linda Schofield, RN, PhD, and Clinical Education Specialist, Rene' Bieganowski, BSN, BBA, RN-BC, plan and orchestrate the monthly events. "The club has been really well received," she says. "It's important that we look regularly at the publication of evidence-based practices to understand whether or not particular evidence is moving nursing forward." The November 2010 session, for example, focused on Dabigatran versus Warfarin in patients with atrial fibrillation. "I learned so much," Schofield adds. "It helped me to better understand the research results and best practices for patients."



Significantly, the Journal Club meetings inspired the Acute Rehabilitation Unit to start another journal club beginning December 2010. CEs for the Nursing Journal Clubs are awarded for time attended; .5 for half-hour sessions and 1.0 for the first Acute Rehabilitation meeting.

*PICTURED:
The Acute Rehabilitation Unit prior to their first Journal Club meeting in December. The focus: Assistive Devices for Balance and Mobility.*

The Measure of Our Efforts

The Magnet recognition process primarily focuses on structure and processes, with an assumption that good outcomes will follow. These outcomes will represent the “report card” of Northern Michigan Regional Hospital and a concise way of demonstrating excellence.

Winners!

Colleagues Work Together for the Gold



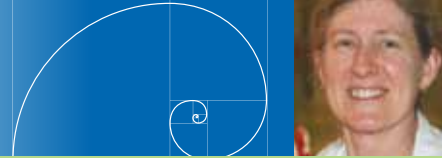
“Never in a million years could one person have achieved this alone,” says Clinical Supervisor of the Emergency Department, Joanie Vargo, RN, referring to the *Get with the Guidelines* Gold Achievement award from the American Heart Association and American Stroke Association. “It took the willingness and the tenacity of the entire team to meet the criteria of improved outcomes for this award.” The award was based on the team’s ability to exceed state and national goals for door-to-needle within 60 minutes and arrival-to-call in less than 15 minutes.

As a gold medal winner, the Hospital now qualifies for the Stroke Honor Role, the AHA/ASA’s campaign which is focused on shortening door-to-needle times to 60 minutes or less and improving care for acute ischemic stroke patients.

PICTURED:

Front Row L to R: Kelly Johnson RN; Laura McMasters, RN, BSN; Charlene Sweeny, MD

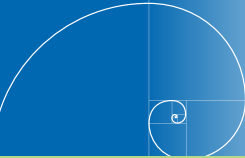
Back Row L to R: Elaine Siwec, RN, BSN; Joanie Vargo, RN; Troy Robertson, Paramedic; Daphne Weston, RN; Jane McAuliff, RN, BSN; Kathi St. Pierre, RN, ED Manager.



How We Use Evidence-Based Practice

The paradigm for clinical practice emerging across all healthcare disciplines is evidenced-base practice (EBP). In 2010, the Nursing Research and Evidence-Based Practice Council adopted the following definition “... the process of shared decision-making between practitioner, patient, and others significant to them based on research evidence, the patient’s experiences and preferences, clinical expertise or know-how, and other available robust sources of information.”

Initiative	What We're Doing	Departments
Clinical Practice Guidelines (CPM)	Evidence-based clinical practice guidelines assist nurses in clinical decision-making and in applying best practices at the point of care. Over 200 Clinical Practice Guidelines and additional evidence-based documentation are available directly to the nurses at the bedside.	Available to all areas
Michigan Health & Hospital Association (MHA) Keystone	The MHA Keystone Center for Patient Safety & Quality was created by Michigan hospitals in March 2003 and brings together hospitals, state and national patient safety experts, and evidence-based best practices to improve patient safety and reduce costs by enhancing the quality of care delivered. In 2010, Northern Michigan Regional Hospital focused on many safety and quality initiatives including decreasing ventilator associated pneumonia, hypoglycemia and diabetes education, velocity-time integral (VTI), and insulin drip control to name a few.	ICU, OB, ED, Surgical Services
Total Joint Clinic and Pathways	CPM Guidelines: Pathways provide standardization and coordination of uniform care that is evidence-based, resulting in improved outcomes.	Level 2 South, CVU, ICU
Stroke Care; Stroke Pathway; Stroke Team; Stroke Code	Early admission of most patients to a unit that has a specialized interest in the treatment of stroke is strongly recommended (Level of Evidence I, Grade A Recommendation). Rapid transfer of a patient to a hospital that has a specialized stroke care unit is strongly recommended.	ED, Level 2 North, ICU
Cardiology	American College of Cardiology/American Heart Association Guidelines Myocardial Infarction Care – Survival after an acute myocardial infarction is associated with progressive use of evidence-based treatments during the initial admission to hospital and in the 12 months after the event – aspirin, Beta blockers; door-to-balloon in less than 90 minutes.	
Heart Failure (HF)	ACE inhibitors and beta-blockers; discharge instructions including dietary teaching; weigh daily.	ED, CVU, ICU
Oncology Chemotherapy Administration Certification	Certification classes are evidence-based and supported by the Oncology Nursing Society.	Level 3
Diabetes – ADA Guidelines	New normal glucose ranges (no longer “tight glucose control” which resulted in hypoglycemia). Treatment of hypoglycemia and rechecking blood sugars within 15 minutes.	ED, ICU, CVU, Med/Surg, Surg Services
Bundles: VAP, UTI, BSI, Sepsis	Bundles are several evidence-based interventions grouped together in a single protocol, essential to improving clinical outcomes.	ED, ICU, CVU, Med/Surg
Sedation Vacation	Decreases the risk for excessive sedation that is minimized by a daily interruption of both sedative and analgesic infusions.	ICU
Hand Washing	A Centers for Disease Control and Prevention initiative stressing the importance of improved hand hygiene as one of the most important steps to avoid getting sick and spreading germs to others.	House wide
Needleless System	Food and Drug Administration (FDA) and evidence shows that one of the best ways to prevent accidental needle-stick injuries is to eliminate as many needles from the bedside as possible.	House wide
Activities of Daily Living	Oral Care — Decreases oral pathogens, lead to a decreasing Hospital acquired pneumonia and ventilator acquired pneumonia. Repositioning — Decreases skin breakdown. Foley care — Decreases urinary tract infections. IV site and line care — Decreases blood stream infections. Pain management/scale — Prevents disparity in rating and treatment. Braden Scale — Predictor of pressure ulcer risk. John Hopkins Fall Prevention tool — Evidence-based tool to assess and help prevent falls.	House wide
Mental Health Initiatives	Pet Therapy — Nurturing relationships with animals serve a healing function. Cognitive Behavioral Therapy — A best practice psychotherapy effective in helping people change the way they feel and behave. Dialectical Behavioral Therapy — Effective treatment for patients with spectrum mood disorders. Close observation — Ensures patient safety.	Mental Health



Nursing Colleagues rightly share the 2010 accolades given to Northern Michigan Regional Hospital. Their efforts were crucial to the overall record of success for the Hospital.

CARDIOVASCULAR & PULMONARY REHABILITATION ACCREDITATION

The Hospital Cardiovascular Rehabilitation Program received a three-year accreditation by the American Association of Cardiovascular & Pulmonary Rehabilitation for meeting strict performance measurements in patient care.

2010 CERTIFICATE OF COMMENDATION

A Certificate of Commendation by the Michigan Health and Hospital Association was awarded to Northern Michigan Regional Hospital and Munson Medical Center for their collaborative work on the LIFENET STEMI (ST Elevation Myocardial Infarction) Initiative of Northern Lower Michigan which helps to coordinate lifesaving cardiac information among 11 northern Michigan hospitals and emergency medical services.

2010 GET WITH THE GUIDELINES – STROKE GOLD PERFORMANCE ACHIEVEMENT AWARD

Recognized in the July US News and World Report “Best Hospitals” Issue as a 2010 Gold award winner by the American Heart Association/American Stroke Association, which recognizes those hospitals that have gained excellence recognition for the Get with the Guidelines/Mission Lifeline initiatives for Stroke Care.

TOP 25 CONNECTED HEALTHCARE FACILITIES

Named a 2010 Top 25 Connected Healthcare Facilities by Health Imaging & IT magazine, recognized for practices to seamlessly integrate imaging and IT systems, provide physicians with immediate, anywhere access to patient data, and demonstrate return on investment, as well as high patient and staff satisfaction.

QUALITY ONCOLOGY PRACTICE INITIATIVE

One of 23 national organizations to be recognized by the Quality Oncology Practice Initiative (QOPI®) Certification Program, an affiliate of the American Society of Clinical Oncology (ASCO), in 2010. The QOPI Certification Program provides a three-year certification for outpatient hematology-oncology practices that meet standards for quality cancer care.

2010 MOST WIRED HOSPITAL

For the second year in a row, named to the nation’s Most Wired list of healthcare organizations by Hospital and Health Networks magazine for excelling in the use of technology.

2010 BLUE DISTINCTION CENTER

Designated as a Blue Distinction Center for Knee and Hip Surgery for demonstrating expertise in delivering quality care, resulting in better overall outcomes for patients.

2010 EXCELLENCE IN INCREASING STROKE TREATMENT

One of 24 hospitals involved in the INSTINCT (Increasing Stroke Treatment through Interventional Behavior Change Tactics) Trial over the past 4 years, recognized for the following achievements:

- Winner: Most improvement in percentage of stroke patients treated (2007 vs. 2009/2010)
- Winner: Highest percentage of stroke patients treated in 2009/2010
- Winner: Most improvement in percentage treated (2008 vs. 2009/2010)
- Winner: Data management award
- Honorable Mention: Highest number of treatments 2009/2010
- Honorable Mention: Fastest average door-to-needle time 2009/2010
- Honorable Mention: Fastest door-to-needle time 2009/2010

2010 GOLD LEVEL START! FIT-FRIENDLY COMPANIES AWARD

Recognized as a Platinum-level Start! Fit-Friendly Company by the American Heart Association’s Start! movement for helping employees eat better and move more.

2010 PRACTICE GREENHEALTH ENVIRONMENTAL LEADERSHIP CIRCLE AWARD

Named a member of the Environmental Leadership Circle, Practice Greenhealth’s most prestigious award, for the third year in a row.

2010 WAY-PAVER AWARD

Awarded the Way-Paver Award for being among the earliest hospitals in the country to implement barcode-enabled point-of-care.

2010 PRC TOP PERFORMER

Earned several Top Performer awards, based on patient satisfaction ratings as compared to other hospitals nationally.

- **CRYSTAL TOP PERFORMER AWARD** — 100th Percentile – Overall Quality of Care (Radiation Therapy and Mental Health Unit)
- **5-STAR – TOP 10% OVERALL QUALITY OF CARE** (Radiation Therapy, Endoscopy, Acute Rehabilitation, Mental Health Unit)
- **4-STAR – TOP 25% OVERALL QUALITY OF CARE** (Emergency Department, Inpatient Units, Outpatient Diagnostic Services)

The Profession of Nursing at Northern Michigan Regional Hospital

Hospital nursing Colleagues are represented by men and women with varied backgrounds and experiences, diverse professional achievements, and a wealth of specialized training and degrees.



TOTAL NUMBER OF RNs 512

- 2010 Direct Care – 85%
- 2009 Direct Care – 75%
- 2008 Direct Care – 80%

GENDER

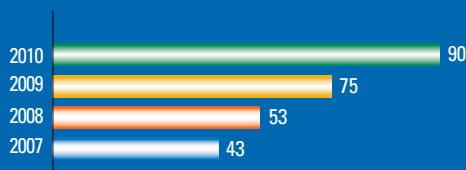
- Female – 461 (90%)
- Male – 51 (10%)

STATUS

- Full Time – 401 (78%)
- Part Time – 64 (13%)
- Per Diem/Temp – 47 (9%)

NURSING SPECIALTY

CERTIFICATIONS HELD

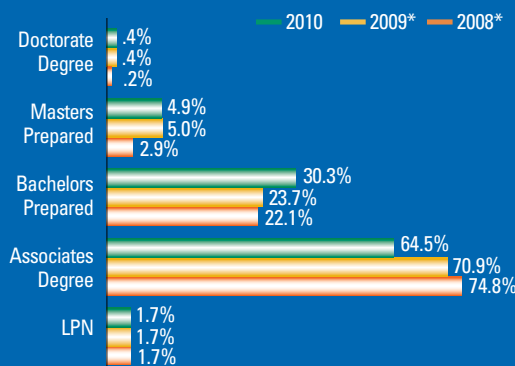


NURSE COLLEAGUE AGE

- Average Age – 45
- 30 and younger – 73 (14%)
- 31-40 – 106 (21%)
- 41-50 – 146 (29%)
- 51-60 – 156 (30%)
- 60+ – 31 (6%)



NURSING EDUCATION LEVELS BASED ON 537 LICENSED HOSPITAL RNs



DIRECT CARE RN VACANCY RATE

- 2010 – 1.40%
- 2009 – 3.50% (Healthcare Advisory Board YE 2009 Median = 2.2%)
- 2008 – 6.70%
- 2007 – 5.30%

DIRECT CARE RN TURNOVER RATE

- 2010 – 6.70%
- 2009 – 9.90% (Healthcare Advisory Board YE 2009 Median = 9.8%)
- 2008 – 6.80%
- 2007 – 9%

CONTRACT / TEMPORARY LABOR HOURS

- 2010 Contract – 0
- 2010 Temporary – 10,191
- 2009 Contract/Temp – 4,190 (a 92% reduction from 2008 due to discontinuation of contract labor in February, 2009)
- 2008 Contract/Temp – 53,549

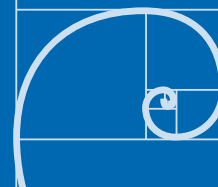
POWERCHART® INSERVICE HOURS FOR NURSES

- 2010 – 1,298
- 2009 – 1,008
- 2008 – 3,392

NURSING EDUCATION HOURS

- Nursing CE Hours – 4,193
 - Mosby CE – 1,902.7
 - Nursing Inservice Hours (not including PowerChart® hours) – 6,568.5
 - Total for 2010 – 12,664.2**
 - Total for 2009 – 10,409.8**
 - Total for 2008 – 12,523**
 - Total for 2007 – 3,621
- ** Includes nursing CE Hours, Mosby CE, and Nursing Inservice Hours.

** 2008 and 2009 Education Level percentages reported in the 2009 Nursing Annual Report have been revised to reflect newly calculated percentages.*



Clinical Practice Model

Patient-Centered Holistic
Care Partnership

*Clinical
Practice
Model*

Quality-Caring Theory

1. Mutual Problem Solving
2. Attentive Reassurance
3. Human Respect
4. Encouraging Manner
5. Appreciate Unique Meaning
6. Healing Environment
7. Basic Human Needs
8. Affiliate Needs

*Quality-Caring
Theory*

**Principles of American
Nursing Association**

- Ethical Practice
- Accountability
- Authority
- Autonomy
- Advocacy
- Safe Staffing
- Development
- EBP

*Principles of American
Nursing Association*

Mission / Vision / Values

Mission/Vision/Values

- Safety
- Excellence
- Respect
- Value
- Enthusiasm

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