

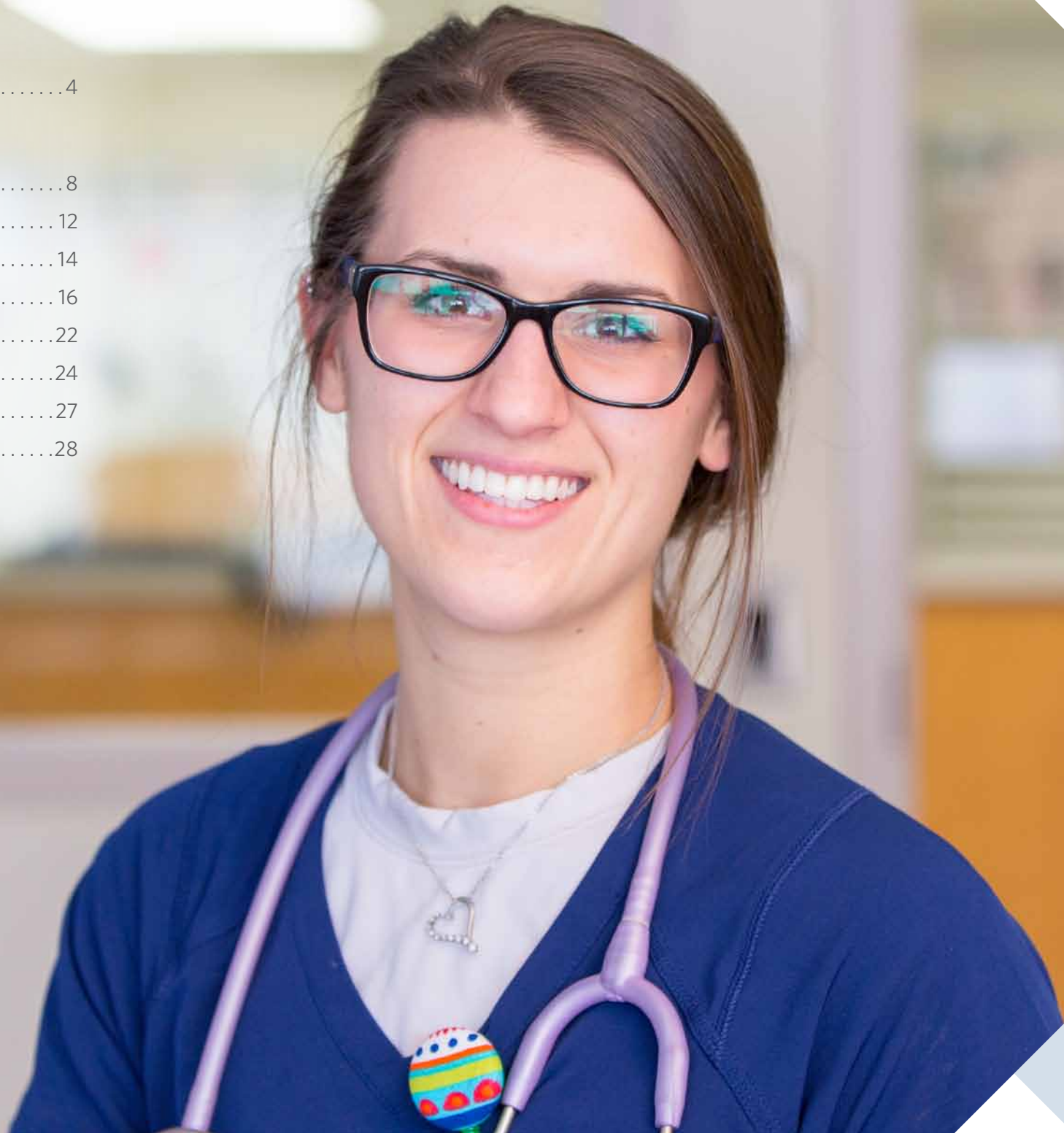
NURSING ANNUAL REPORT 2017



McLAREN NORTHERN MICHIGAN

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A Simple Word with Many Applications:
PREPARED

BEING PREPARED
for every situation — from the routine
to the unexpected — requires the same level
of readiness in every instance.

BEING PREPARED means that
we care for our patients and each other.
We employ best practices, chart our progress,
and then review our results.

We train, study, and share.

Because BEING PREPARED means that
we operate at our best, day in and day out.
BEING PREPARED means that every day is
an opportunity to be at our best.

We are the nurse colleagues
of McLaren Northern Michigan.
WE ARE PREPARED.

The Components of Magnet®

Magnet components are identified throughout the report using the oval symbols below.

- Transformational Leadership 
- Exemplary Professional Practice 
- New Knowledge, Innovations, and Improvements 
- Empirical Outcomes 
- Structural Empowerment 



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To the Nurse Colleagues and Friends of McLaren Northern Michigan



What does it mean “to be prepared?” It means that we can — and will — meet challenges, embrace changes, and maintain standards, all for the benefit of our patients, our hospital, our community, and each other. Being prepared is a simple idea, but one that is all encompassing: we are ready for every single day, no matter what that day holds.

Preparation yields some impressive results, and this annual report is a record of all that we have accomplished and all that we plan to do.

Two sepsis initiatives — one focused on inpatient care and the other on dialysis patients — are producing some remarkable numbers. (See page 9 for the data.) And, our colleagues created a Sepsis Assessment Tool that is receiving attention from facilities around the country. Other accomplishments include wide-ranging safety initiatives and a new nurse residency program. These, and other stories illustrate our promise to be prepared.

In a sense, preparedness goes hand in hand with our Magnet® journey: we know what it takes to be the best, and we willingly accept the responsibility. For this, I thank you.

Kindest regards,

Jennifer Woods, MSN, RN, CENP

VICE PRESIDENT OF NURSING, CHIEF NURSING OFFICER | McLAREN NORTHERN MICHIGAN





These are busy and exciting days here at McLaren Northern Michigan. Our modernization project is underway, and it will alter not only the landscape of our campus, but also guide and support our service lines long into the future. This is a research-based project, focused on improving and enhancing the patient experience through the creation of a safe, efficient, and advanced campus environment. Our nurse colleagues, along with their fellow health care providers, will be positively impacted by this expansion: their level of competency and compassionate care will only be strengthened in these new and updated surroundings.

While we prepare for the future of health care with brick and mortar, our nurse colleagues prepare daily for every single possibility. They study and share, question and report, observe and react. These professionals deserve a facility in keeping with their skills. Their dedication and their preparedness means that McLaren Northern Michigan continues to hold its enviable place as an important regional medical destination. Thank you, nurses, for all that you do.

David Zechman, FACHE
PRESIDENT AND CEO | McLAREN NORTHERN MICHIGAN



To be successful in the dynamic and ever-changing health care industry, the Board of Trustees must be prepared to make strategic decisions and to take the lead in change management. We have many responsibilities: for example, we monitor health care quality, guide financial activity, and keep abreast of industry best practices and advancements.

The nurse colleagues of McLaren Northern Michigan are decision makers and change leaders, as well. They have chosen preparedness as their goal, and that decision works to strengthen our system, every single day. They, too, have myriad responsibilities — to their patients, their colleagues, and their community. And, they have made themselves ready for any challenge and any situation. We are proud of them, and of their accomplishments.

Dave Frescoln
CHAIR | McLAREN NORTHERN MICHIGAN BOARD OF TRUSTEES

2015

December 16:
Official Magnet®
Recognition, Second
Consecutive Designation

2016

October 5 - 7:
ANCC Conference and
Magnet® Celebration
in Orlando, Florida

2017

October 11 - 13:
ANCC Conference and
Magnet® Celebration
in Houston, Texas

2017

December:
Interim Magnet®
Report Deadline

2019

October:
Document
Submission



NURSING disciplined
dedicated **PREPARED** strategic
nurturing adaptable **ENTHUSIASTIC**



McLAREN
NORTHERN MICHIGAN
REPORTED A

**51.7%
REDUCTION**
in SEPTIC SHOCK
MORTALITY
BETWEEN
2016 AND 2017



EPP

NK

EO

SE

THANK YOU for
STOMPING OUT SEPSIS



AMAZING Teamwork!

McLaren
NORTHERN MICHIGAN
mclaren.org/northern

McLaren Northern Michigan **SEPTIC SHOCK**
Compare 2016 - 2017 Data (from Advisory Board/Crimson Data)



quality and safety

LEFT

CAIRN

RUHUMULIZA,

RN, MS, Sepsis/Special
Projects Coordinator, shares a
sepsis data report.

FACING PAGE

Director Renal Dialysis

ROCHELLE WHITMORE, MSN, RN, CRRN,

(left) stands with Nephrology Nurse,

KRISTINE TRAUTMANN, ADN, RN, at the John and
Marnie Demmer Wellness Pavilion and Dialysis Center.

A Rapid Killer and Global Health Crisis: NURSES ADDRESS BSI AND SEPSIS

Blood stream infections (BSI) and sepsis contribute to 8 million annual deaths globally, with approximately 1.5 million Americans affected each year according to the Center for Disease Control and Prevention (CDC). Costs associated with this health crisis are astronomical. The Agency for Healthcare Research and Quality identifies sepsis as the most expensive condition treated in United States hospitals, exceeding \$20 billion in 2011 with projected annual increases of 11.9% (World Sepsis Day).

There remains a concerning number of medical professionals, patients, and community members who are unable to recognize basic symptoms and to demonstrate knowledge regarding when to seek medical attention for this life threatening, yet potentially preventable condition. Additionally, despite a low incidence of related BSI, a significant number of patients develop BSI and sepsis as a result of conditions such as pneumonia, osteomyelitis, and wound infections.

To tackle this global issue and reduce the incidence of sepsis, McLaren Northern Michigan nurses developed an innovative program for both inpatient and outpatient dialysis units using education, assessment, and nurse empowerment:

- ❖ EDUCATION - Targeted groups of medical professionals, patients, and support colleagues received a pre-education formative assessment and a post-education summative assessment. Tools and resources from the CDC and Sepsis Alliance were utilized, assessed, and modified to address the ambulatory and outpatient dialysis settings where early identification of symptoms is critical in these vulnerable patient populations.
- ❖ TRANSPARENCY - Department-specific BSI data and outcomes were accumulated and provided as an educational tool.
- ❖ DIALYSIS FOCUS - Nephrology nurses remain pivotal to enhancing provider collaboration, and have been instrumental in promoting patient-centered goals due to their consistent direct-care contact. An outpatient Sepsis Assessment Tool was created as a variant from other evidence-based sepsis assessment screens in order to best fit the outpatient dialysis population — a collaboration with the program director, nephrology nurses, and nephrologists in designing the tool.



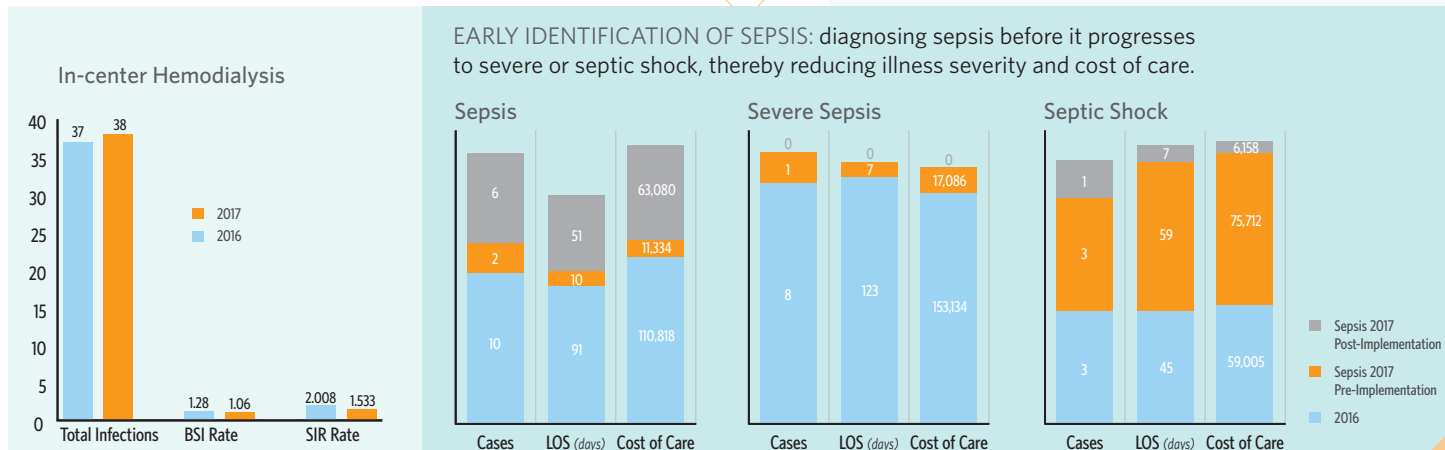
WELL-DESERVED RECOGNITION

In July 2017, the dialysis nurses presented their Sepsis Assessment Tool and outcomes data to over 100 participating facilities on a Midwest Kidney Network webinar. It was again presented to over 1,000 participants during an ESRD-NCC (End Stage Renal Disease National Coordinating Center) national webinar. Calls came from across the country including Mayo Clinic and Sanford Health with questions about the Sepsis Assessment Tool. “We are exceptionally proud of our nursing colleagues for their work on this ground-breaking project,” shares Whitmore.

A result of favorable response, McLaren Northern Michigan presented at the 2018 American Nephrology Nurses Association (ANNA) National Symposium in Las Vegas.

THE RESULTS

“A reduction in BSI was realized, demonstrating that patient safety can be a direct result of empowering nurses through education and improved assessments,” explains Director of Renal Dialysis Rochelle Whitmore, MSN, RN, CRRN. “Sepsis is a pervasive crisis that is potentially preventable and treatable when identified early,” she adds. “Innovative assessments, coupled with education for targeted audiences may make a major impact in reducing incidents and saving lives both locally and globally.”





EYE PROTECTION: ADJUSTING TO BEST PRACTICES

The initiative for reducing body substance exposure (BSE) through the use of safety goggles, begun in 2016, continued through 2017 in an effort to increase compliance among nurse colleagues. Exposing the mucous membrane of the eye to bloodborne pathogens and other substances is a dangerous and unnecessary risk.

"Our nurses are certainly committed to excellence, but when a safety protocol feels more like an impediment, we can see a decrease in compliance," says Colleague Health Coordinator Joshua Lingg, BSN, RN.

Sometimes, when a long-term protocol becomes second nature, there is a danger of becoming complacent. "We've taken a grassroots approach, because changing behavior means changing culture," Lingg adds. "When colleagues are reminded of unfortunate BSE incidences and that exposure can mean bringing it home to family, we've seen overwhelming response. Our goal is to make goggles second nature, similar to scrubs and gloves."



ADAPTING: FROM THE HAND TO THE PAN

In an effort to reduce or eliminate the risks involved in sharps handling, the Pan Instead of Hand initiative reminds colleagues about safe handling of instruments. Instead of handing sharps to the attending surgeon, nurse colleagues place sharps in a sterile, cloth-lined pan, reducing the risk of unnecessary cuts. "The very movement of passing a sharp hand to hand, from one person to another, increases the risks for both nurse and physician," says Director of Surgical Services Donna Rudy, MSNH, RN, CNOR. The initiative is based on a standard practice, and while the protocol is not new, it is a renewed campaign to make colleagues aware of the potential risks. "Every safety protocol has value and adds to the overall climate," Rudy adds.

quality and safety



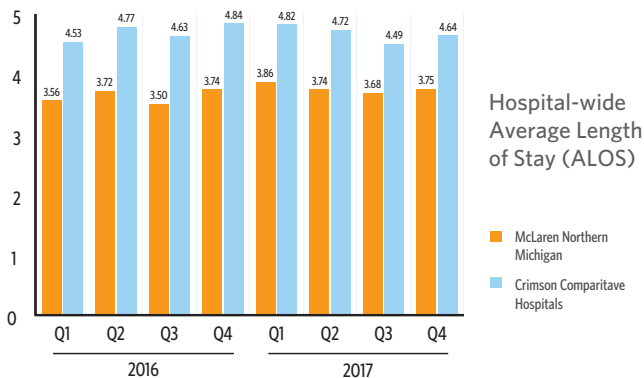
IMPROVING CARE: A CRMP UPDATE

Initiated in 2015, the Clinical Resources Management Project (CRMP) has expanded to all inpatient units, focused on improving interdisciplinary communication, coordination of care, comprehensive discharge plans, and patient length of stay (LOS).

“With improved communication amongst care teams, patients, and families, we are able to facilitate and deliver high quality care,” explains Clinical Supervisor Joan Shepherd, ADN, RN, ACM. “CRMP ultimately saves time while working to maintain cost-effective health care with safe and positive outcomes.”

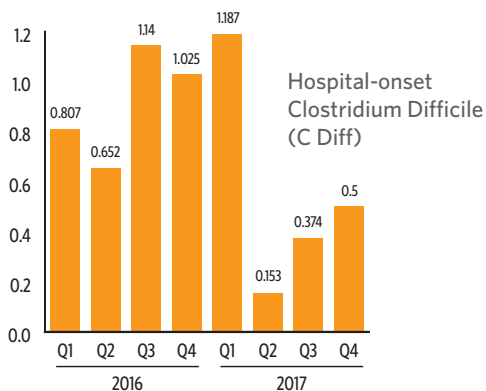
Measurables are calculated based upon quality data received from *Crimson Quality Reporting*, an independent organization that compiles claims data to streamline quality reporting and to help improve the performance of health care organizations worldwide.

“One of our 2017 areas of focus was raising awareness about LOS implications and readmissions risk,” Shepherd adds. “Our LOS index remains consistently below 1 which is very good, especially compared to other Crimson Hospitals.”

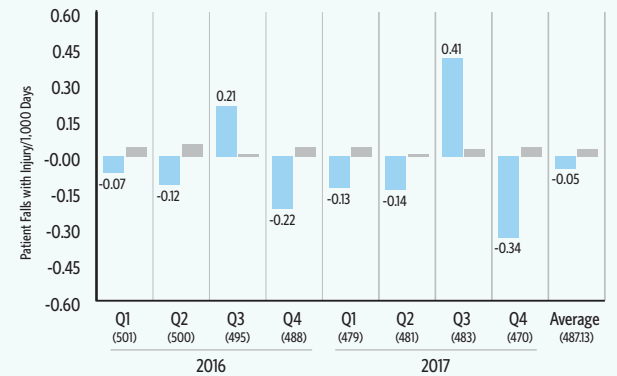


UVC LIGHT TECHNOLOGY: FIGHTING C-DIFF

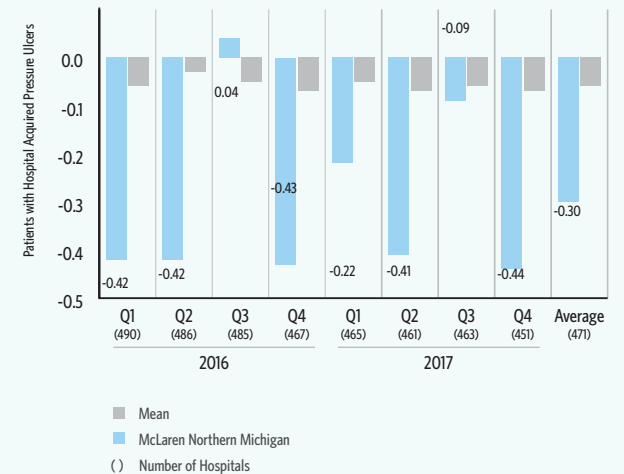
Classified by the Environmental Protection Agency as an alternative to chemical disinfection, McLaren Northern Michigan added IRiS™ in 2017 to its ongoing safety initiatives. “Though we already have several protocols in place, like antibiotic stewardship and influenza vaccination efforts, IRiS is one additional method to kill germs, ultimately decreasing bacterial infections like C-Diff (clostridium difficile) and improving patient care,” explains Infection Prevention Nurse Patricia Dallaire, BSN, RN, CIC. “Research shows that UVC light technology is capable of reducing multi-drug resistant organisms.”



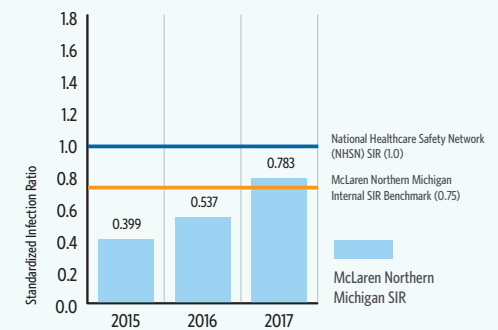
Total Patient Falls with Injury/1,000 Days



Patients with Hospital Acquired Pressure Injuries Stage II and Above



Standardized Infection Ratio (SIR) Catheter-associated UTI





- EPP
- NK
- EO

clinical practice

LEFT Clinical Nurse Manager Intensive Care Unit **MICHELLE RUSHING**, BSN, RN, and Clinical Nurse Manager Cardiovascular Unit (CVU) **ROSS WITHERBEE**, MSN, RN, oversee a code training exercise in CVU.

FACING PAGE Magnet® Coordinator and Director of Professional Nursing Practice **TONI MORIARTY-SMITH**, MSN/ED, RN, NE-BC

Coding Practice: SAVES LIVES AND IMPROVES OUTCOMES

The Resuscitation Committee, put in place in 2017, implemented quarterly mock code events to ensure that colleagues have necessary skill sets in accordance with American Heart Association guidelines. The committee is a multidisciplinary team of unit managers, physician leaders, and hospital staff tasked with scheduling mock codes, evaluating results, and updating Cardiopulmonary Code Blue policy in compliance with national standards. "First and foremost, our goal is resuscitation, though beyond that, we strive to discharge patients to their homes rather than to acute care facilities," says Michelle Rushing, BSN, RN, Code Training Committee Chair. "Fine-tuning our resuscitation skills during these practice codes improves patient outcomes during an actual Code Blue event, and our recorded data for 2017 is showing our success."

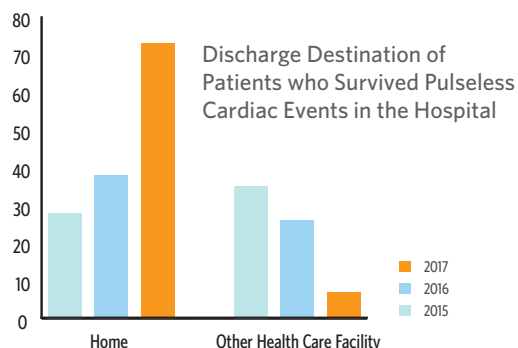
Summaries from two mock code events illustrate the strengths and improvement areas of team performance. (SimMan and SimBaby mannequins used during codes accurately measure the quality and number of compressions.)

DAYTIME MOCK CODE

- ❖ **STRENGTHS** — Timely arrival of code team with crash cart to bedside. Compressions initiated and timed, with application of defibrillation pads and delivery of shocks.
- ❖ **NEEDED IMPROVEMENTS** — Changes include delegating roles, crowd control, increasing closed loop communication, announcing CPR quality, improving time to first ventilation, allowing for full chest recoil, and minimizing time off chest.
- ❖ **SUMMARY** — All team members participated, but closed loop communication and role designations were difficult due to high number of staff in the room.

NIGHTTIME MOCK CODE

- ❖ **STRENGTHS** — Quick initial assessment and initiation of code and compressions. Timely arrival of code team and crash cart to bedside, with placement of defibrillation pads and shock delivery. Improved crowd control and role assignments.
- ❖ **NEEDED IMPROVEMENTS** — Compressions were interrupted before two full minutes, intervals between shocks were less than two minutes, and compressors needed to allow full chest recoil. Closed loop communication needed improvement.
- ❖ **SUMMARY** — Good staff participation. Improved assessment, initiation of code, and immediate CPR. Prompt response by second team member to take over compression, allowing primary nurse to open patient chart.



PEER REVIEW

With planning throughout 2016, the nurse colleague Peer Review program was implemented in 2017. Unlike most hospitals that may only collect peer reviews during annual evaluation periods, the McLaren Northern Michigan Peer Review program is ongoing. Peer concerns are submitted confidentially to Magnet® Coordinator and Director of Professional Nursing Practice Toni Moriarty-Smith, MSN/ED, RN, NE-BC, who brings the concerns to the Peer Review Council where concerns are investigated, risks are scored, and recommendations made. "This is a leading edge program," says Moriarty-Smith "allowing us to more easily identify gap areas throughout the system."

Peer review is strictly confidential, and peer identity and reputation are always protected. "This is in no way a punitive measure," she adds, "and no information goes into the personnel file of the individual being reviewed." Moriarty-Smith indicates that communicating on a monthly basis allows nurse colleagues to improve their practice in a number of areas.

In 2017, seven cases were reviewed resulting in significant improvements in a number of areas, including the discharge system and individual colleague performance.

"This program has given me the tools I need to be an effective health care professional. The courses and labs were so helpful and the mentoring gave me so much confidence. I look forward to caring for my patients and working with my colleagues."

— **JORDAN DIXON**, ADN, RN
Level 3



- EPP
- NK
- EO
- SE

The Institute of Medicine (IOM) made the IMPLEMENTATION OF NURSE RESIDENCY PROGRAMS A **KEY RECOMMENDATION**

IN ITS REPORT
*"THE FUTURE OF NURSING:
LEADING CHANGE,
ADVANCING HEALTH."*

nurse satisfaction

Nursing Satisfaction Survey: BRINGING NURSING VACANCY RATE TO FOREFRONT

In the 2017 Nursing Satisfaction Survey, the statement “I have sufficient time to provide care for my patients and customers” ranked .56 below health care mean. Coupled with a 10.65% recorded nursing vacancy rate at McLaren Northern Michigan in November 2017 alone (41 vacancies out of 437 budgeted positions), staffing became a top priority. In 2017, the Nursing Recruitment and Retention Council was reinstated.

Regional recruitment challenges traditionally revolve around housing, spousal job opportunities, and cost of living. Additionally, McLaren Northern Michigan preferred to hire experienced nurses, but the nursing shortage also created a challenge. “In order to fill vacancies, we needed to start thinking differently,” explains Transition-to-Practice Manager Janis Bishop, MSN, RN, CNL. “Our goal was to recruit novice nurses to a safe environment during their transition from student to professional nurse, and to develop a retention tool to ultimately decrease turnover and vacancy rate, and to improve current colleague satisfaction.”

The result: McLaren Northern Michigan implemented its first Nurse Residency Program, or NRP, in 2017. The average vacancy rate helped to determine program capacity. The one-year program is designed for nurses at the start of their careers. Evidence has shown that residencies increase skills and competence for new graduates and nurses with less than one year of experience. And, residency programs save money. In fact, an article in the Journal of Nursing Administration reported that it costs hospitals between \$80,000 and \$90,000 to replace a nurse who quits after his or her first year. “A stable staff is crucial to our overall effectiveness and outcomes,” says Bishop. “Helping first-year nurses and new hires navigate the ins and outs of our system is beneficial for everyone.”

NURSE RESIDENCY PROGRAM FEATURES: EXPANDING SKILLS

Participants in the Nursing Residency Program benefit from a wide-ranging curriculum.

- Educational classes and coursework in monthly four-hour seminars
- Clinical lab simulation sessions
- Effective decision making skills including critical thinking and clinical reasoning
- Clinical leadership development at the bedside
- Communication strategies
- Patient safety and positive outcomes
- Professional career planning

RECRUITMENT AND RETENTION: STAYING ON

The Nurse Residency Program has multiple aims. It promotes both high-quality and efficient care, ensures optimal patient outcomes, increases work satisfaction among staff, enhances recruitment, and stabilizes retention. “The need for quality nurses will continue to grow in the future,” Bishop explains. “Nurse residencies will help us meet our long-term health care goals.”



REACTING POSITIVELY

Based on information gathered from the Strategic Planning Committee meetings, the Safe and Effective Staffing Council took a proactive approach to addressing concerns.

- To foster understanding and respect between units, individual open houses were hosted. Colleagues visit other floors and units to review equipment, share demonstrations, and enjoy refreshments. In 2017, Level 3 and Level 2 South hosted colleagues. Additional open house events planned for 2018 will include other departments. “Our colleagues are always busy with their own duties, and it helps to remember that we are all part of a larger system,” explains Toni Moriarty-Smith, MSN/ED, RN, NE-BC, Magnet® Coordinator and Director of Professional Nursing Practice. “These open house events bring us together and allow us to share experiences.”
- To answer questions about staffing decisions, a brochure was created to explain the process.
- To alleviate concerns about holiday work requirements, the council evaluated and reduced the number of required holidays from three to two.



- TL
- EPP
- NK
- EO
- SE

Obstetrics/Pediatrics
Clinical Education Specialist
SARAH SHEPHERD, MSN/NED, RN,
reviews CPR protocol in the
Pediatrics/Obstetrics Unit.

professional development


Career Advancement: ONE STEP AT A TIME

After 20 years as a labor and delivery nurse at McLaren Northern Michigan, Sarah Shepherd, MSN/NED, RN, set an aggressive goal for herself: to obtain her master's degree in nursing. Thanks to McLaren Northern Michigan tuition reimbursement and two Foundation scholarships, she finished her goal, ahead of schedule, in August 2017.

During her studies, she continued nursing and also accepted a position to teach obstetrics (OB) clinicals at North Central Michigan College. "I really enjoyed teaching," she says, "and I thought that I would continue in some capacity. Coincidentally, a colleague suggested that I apply for the new clinical education position at McLaren Northern Michigan." Shepherd was hired in 2017 as the new OB/Pediatric Clinical Education Specialist, a position that she describes as "filling the gap between clinical education, obstetrics, and pediatrics." The position brings with it a number of responsibilities that benefit from her labor and delivery experience.

COMPONENTS OF CLINICAL EDUCATION

- Teach neonatal resuscitation for continuing education (CE) credits to pediatric and obstetrics colleagues, and Neonatal Code Team members who are required to participate in biennial training.
- Lead the Advanced Cardiac Life Support program (ACLS), a set of clinical interventions for the urgent treatment of cardiac arrest, stroke, and other life-threatening medical events.
- Lead the Pediatric Advanced Life Support program (PALS), to improve the quality of care provided to seriously ill or injured children.
- Implement and track obstetrics/pediatric-specific safety bundles, a series of protocols to increase safety and generate optimal outcomes. (See sidebar for safety bundle accomplishments and plans.)
- Collect and report data to the Michigan Alliance for Integration on Maternal Health (AIM).
- Participate as a board member on the Health Department of Northwest Michigan Child Abuse Prevention Board and as a member of the Workplace Violence Prevention Committee (on page 22).

"The role is tailored for me," Shepherd expresses, who is thrilled to be incorporating her years of experience in a teaching-focused position. "I look forward to continuing work toward improving the lives of mothers and babies." 




FOR MOTHERS AND THE YOUNGEST PATIENTS

The role of the new OB/Pediatrics Clinical Education Specialist involves the review and implementation of protocols and guidelines set by the California Maternal Quality Care Cooperative (CMQCC). CMQCC establishes benchmarks and clinical education standards through the use of evidence-based quality improvement measures for leading causes of preventable deaths in obstetrics and pediatrics. "Throughout 2017, we implemented new protocols for postpartum hemorrhage, one of the leading causes of potentially preventable maternal mortality," Shepherd explains. "We focused on four CMQCC recommended areas including readiness, recognition, response, and reporting."

Shepherd adds that McLaren Northern Michigan will report a full calendar year of data in 2018 to the Michigan Alliance for Integration on Maternal Health (AIM). "Though we do not have a full year of data for 2017, our efforts have already shown areas of improvement."

The focus for 2018 includes gestational hypertension. Future efforts will include data on early elective delivery and vaginal birth support through the reduction of primary cesarean sections.

Committed to Continuing Education: FOUNDATION DONORS SUPPORT NURSES

Continuing education is a priority for McLaren Northern Michigan Foundation. Thanks to the support of generous donors, the Foundation has awarded 1,364 scholarships during the past 10 years. Anyone employed by McLaren Northern Michigan and its affiliates – clinical and nonclinical – is eligible to apply for a Foundation scholarship. Awards support certifications, conferences, trainings and higher education. During the Foundation's 2017 fiscal year, 209 donors contributed to scholarship funds and 203 scholarships, totaling \$251,731, were awarded; of those, 122 scholarships totaling \$154,844 were awarded to nurses who work at the Cheboygan and Petoskey campuses, Home Health & Hospice Programs, and Boulder Park Terrace. 

80/20 NURSING

CONTINUING EDUCATION

- Bridgett Antaya, ADN, RN
- Brooke Blanchard, BSN, RN
- Alicia Cole, BSN, RN
- Amy Jo Flynn, ADN, BSN
- Stacey Forbes, BSN, RN
- Amy Howard, ADN, RN
- Deanna Hudson, BSN, RN
- Nichole Iwema, ADN, RN
- Diane Koenigskecht, ADN, RN, CNOR
- Jennifer Lanting, BSN, RN
- Shelley McCullough, BSN, RN
- Holly McKinney, ADN, RN
- Sherry Minzey, BSN, RN
- Melissa Nichols, BSN, RN
- Christine Perreault, ADN, RN-BC
- Nichole Varoni, BSN, RN

COLLEAGUE EDUCATION

- Sarah Abbott, BSN, RN
- Jane Armstrong, ADN, RN
- Sherry Beck, ADN, RN
- Abby Blaskowski, BSN, RN
- Sherri Carpenter, ADN, RN
- Michelle Cyr, BSN, RN
- Sarah Daniels, BSN, RN
- Megan Estep, BSN, RN
- Naomi Garnder, ADN, RN
- Karen George, BSN, RN, PCCN
- Ashley Groters, ADN, RN
- Stephanie Gullede, MSN, RN

- Dianne Hamlin, ADN, RN
- LeeAnn Hopkins, ADN, RN, CEN
- Dawn Horn, BSN, RN
- Savannah Hrenko, ADN, RN
- Kelly Johnson, BSN, RN
- Diane Koenigskecht, ADN, RN, CNOR
- Linda Linari, BSN, RN
- Molly Mehalko, ADN, RN
- Jamie Nelson, ADN, RN
- Casandra Newland, BSN, RN, PCCN

- Mari Ostrander, ADN, RN
- Dianne Rinock, ADN, RN
- Melissa Robbins, BSN, RN
- Jeanette Rokop, MSN, RN, CCRN, CSRN
- Colleen Ross, ADN, RN
- Cairn Ruhumuliza, RN, MS
- Tracey Sayles, ADN, RN
- Shari Schult, MSN, RN
- Katherine Sharp, BSN, RN, CEN, CCRN
- Kali Smith, ADN, RN
- Karri Vandenbrink, BSN, RN, RNC-OB
- Nichole Varoni, BSN, RN
- Tammy Vizina, BSN, RN
- Meghan Walls, ADN, RN
- Shawna Wessels, ADN, RN, CWOCN
- Sarah Willey, NP

- Dianne Wren, ADN, RN
- Sarah Zeilinger, BSN, RN, OCN

CVU CERTIFICATION FUND

- Wendy Davidson, BSN, RN, PCCN
- Karen George, BSN, RN, PCCN

DEVET MUNSTERMAN FUND

- Alicia Cole, BSN, RN
- Stephanie Gullede, MSN, RN
- Ross Witherbee, MSN, RN

HOSPITAL AND NURSING EDUCATION FUND

- Brooke Blanchard, BSN, RN
- Alicia Cole, BSN, RN
- Stephanie Gullede, MSN, RN
- Sara Haley, ADN, RN
- Elizabeth Hamrick, BSN, RN
- Shelley McCullough, BSN, RN
- Melissa Nichols, BSN, RN
- Alison Sibbald, BSN, RN
- Kathi St. Pierre, BSN, RN
- Carolyn Tabone, ADN, RN
- Lori Trestain, ADN, RN
- Rochelle Whitmore, MSN, RN, CRRN

JOAN JENSEN HAUPRICHT ENDOWMENT

- Bobbi Cool, BSN, RN
- Marisha Durdik, BSN, RN
- Murphy Gillespie, BSN, RN
- Tami Hightower, BSN, RN
- Jessica Knapp, BSN, RN

- Gwen Sangeorzan, ADN, RN
- Sarah Shepherd, MSN/NED, RN
- Nichole Varoni, BSN, RN

MARTIN AND PATRICIA JAHN SCHOLARSHIP ENDOWMENT

- Bobbi Cool, BSN, RN
- Maggie Jakeway, BSN, RN
- Lori Trestain, ADN, RN

PONTI FAMILY FUND

- Janet Hobbs, ADN, RN
- Leanne Rasmussen, ADN, RN

RADIATION THERAPY EDUCATION FUND

- Shelley McCullough, BSN, RN

S.T. KUTCIPAL ENDOWMENT

- Wendy Davidson, BSN, RN, PCCN
- Jennifer Dohm, BSN, RN
- Keely Dunshee, ADN, RN
- Mari Ostrander, ADN, RN
- Tracey Sayles, ADN, RN
- Katherine Sharp, BSN, RN, CEN, CCRN
- Sue Stone, MBA, BSN, RN

SCHIRMER FUND

- Sarah Hoggard, ADN, RN, OCN
- Sarah Zeilinger, BSN, RN, OCN

TOM AND ANN STALLKAMP COLLEAGUE EDUCATION

- Bridgett Antaya, ADN, RN
- Abby Blaskowski, BSN, RN

- Jennifer Boop, BSN, RN
- Jane Crain, ADN, RN
- Patricia Dallaire BSN, RN, CIC
- Will Dickinson, BSN, RN, RCIS
- LeeAnn Hopkins, ADN, RN, CEN
- Belinda Kurth, ADN, RN
- Amy Mansfield, BSN, RN
- Jane Poquette, MSN, RN, CEN, TCRN
- Taryn Roe, BSN, RN, CNOR, CRNFA
- Elaine Siwiec, BSN, RN
- Emily Taylor, BSN, RN, OCN
- Nichole Varoni, BSN, RN

TRAUMA EDUCATION PROGRAM

- Heather Beaudry, ADN, RN
- Christina Brearley, ADN, RN
- Amy DePinto, ADN, RN
- Carrie LaHaie, BSN, RN
- Jane Poquette, MSN, RN, CEN, TCRN
- Kali Smith, ADN, RN
- David Tule, ADN, RN

VOLUNTEER SERVICES ENDOWMENT

- Melissa DeSimone, BSN, RN, OCN, CBCN
- Laurie Fantozzi-Fenton, BSN, RN
- Anne Heier, ADN, RN
- Misty Jakeway, BSN, RN
- Karri Vandenbrink, BSN, RN, RNC-OB

scholarships

THE CLINICAL LADDER: Striving for 80:20 in 2020

2017 Level III Advancements

New

- Brooke Blanchard, BSN, RN
- Dena Brodin, BSN, RN
- Stacey Forbes, BSN, RN
- Tiffany Hornbeck, BSN, RN
- Sherry Minzey, BSN, RN
- Casandra Newland, BSN, RN, PCCN
- Alyssa Pechta, BSN, RN

Renewed

- Nancy Gutowski, BSN, RN
- Kelly Johnson, BSN, RN
- Melissa Robbins, BSN, RN

2017 Level IV Advancements

New

- Sharon Coen, ADN, RN, CCRN/CSN
- Taryn Roe, BSN, RN, CNOR, CRNFA

Renewed

- Mary Catton, BSN, RN, CgRN
- Patricia Dallaire, BSN, RN, CIC
- Sheryl Hitsman, BSN, RN, RN-BC

15 TOTAL OVERALL
ADVANCEMENTS FOR 2017
6 Renewal | 9 New



2017 New Certifications

- Ruth Brede, ADN, RN-BC
Care Management
- Diane Koenigskecht, ADN, RN, CNOR
Surgery
- Amanda LaBarge, BSN, RN, CCRN
Cardiac Cath Lab
- Taryn Roe, BSN, RN, CNOR, CRNFA
Surgery
- Karri Vandenbrink, BSN, RN, RNC-OB (pictured above)
Obstetrics
- Jamie Wick, BSN, RN, ONC
Nursing Resource Center

Moving toward Institute of Medicine
(IOM) Education Goal: **80:20** in **2020**

48.6% of FTE Nurses Hold
BSN or HIGHER DEGREES

100% of **NURSE LEADERSHIP** Hold
BSN or HIGHER DEGREES

42.4

McLaren Northern
Michigan FTE
Nurses Hold
**ADVANCED
CERTIFICATIONS**

2017 NURSING EDUCATION

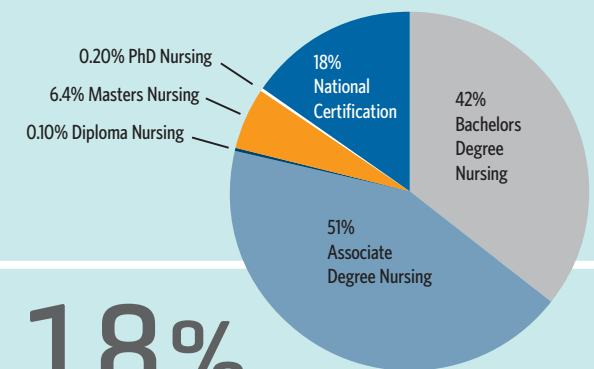
- Nursing Education provided by
McLaren Northern Michigan:
 - 133 *CE Offerings*
 - 463.35 *Available Contact Hours*
 - 1,804 *Participants*
 - 6,585.46 *Contact Hours Awarded*
- Nursing Education through
McLaren University:
 - 6,047 *Inservice Hours*
 - 4,859 *Nursing CE Hours through
CE Center and EBSCO courses*

- **Total 2017 Education Hours - 17,491.46**
*CNE Contact, Inservice, CE Center,
and EBSCO Hours*
- Total 2016 Hours - 14,407.75*
- Total 2015 Hours - 14,924**
- Total 2014 Hours - 13,112.05**
- Total 2013 Hours - 11,495.10**

* MNM CNE, Inservice, and CE Center Hours
** MNM CNE, Inservice, and Mosby CE Hours

NURSING EDUCATION LEVELS

Based on 397.69 FTE (*full time equivalent*) RNs



18%
of all FTE RNs hold
SPECIALTY nursing certifications



From
2016 to 2017
DOOR TO CT Mean Outcomes
IMPROVED by
50%

Neurology
Nurse Clinician
ELAINE SIWIEC,
BSN, RN, works with
the Stroke Collaborative
Council and patients to
compile evidence-based data
for continuous improvement of
quality patient care.

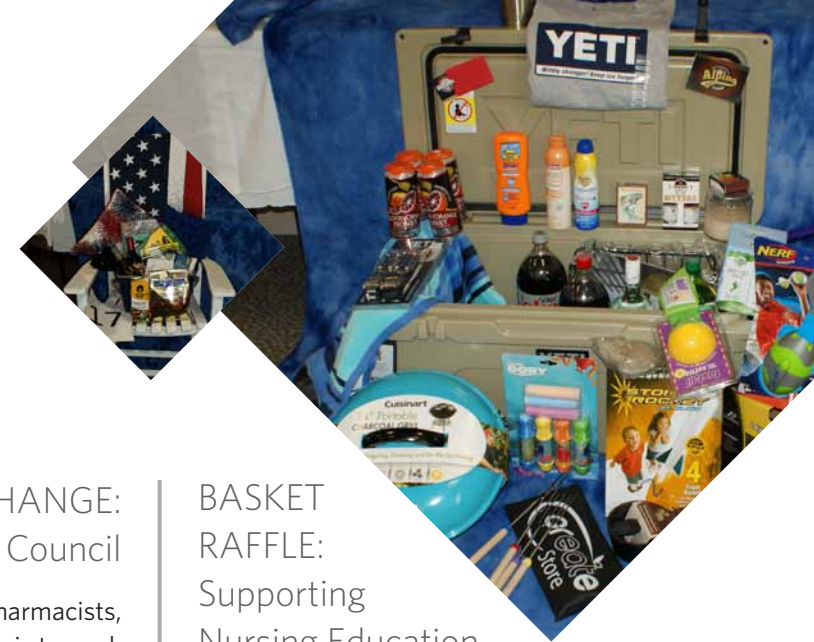
AFFECTING CHANGE: Stroke Collaborative Council

Comprised of nurses, physicians, and pharmacists, the Stroke Collaborative Council mission is to work throughout the hospital and community to provide high quality, evidence-based stroke care for patients and families. From setting goals and collecting data throughout 2017, the council recorded several factors:


- Patients moved directly from ambulance bay to CT showed improved door-to-drug time.
- Stroke/TIA Power Plans used for patients with suspected stroke or TIA help to prevent quality metric fallout.
- Use of a focused Neuro Stroke Power Plan is best implemented when a stroke is detected after hospital admission.
- In the event of an in-hospital Code Stroke, accompanying the patient with a Code Hospitalist to CT expedites communication between providers and Alteplase administration.

One anticipated hypothesis of adding a pharmacist to the Council in 2014 was decreased door-to-drug time. Recorded data from 2015 through 2017 proved this to be true.

	2015		2016		2017	
	Mean	Median	Mean	Median	Mean	Median
Door to Code Stroke	-5.9	-4.5	0.8	-2	-5.6	-9
Door to CT	14.5	13	23.8	20	12	12
Door to Drug	51	49	67.1	56	47.1	46



BASKET RAFFLE: Supporting Nursing Education

A fundraiser to support the Colleague Professional Scholarship Fund, the 2017 basket raffle was a success on many fronts. Bringing departments together to compile themed baskets, encouraging colleague participation in scholarship development, and creating awareness of available scholarship opportunities are key components to the ongoing raffle success. Coupled with 18,000 tickets sold, the 2017 raffle raised \$18,000, managed and disbursed by McLaren Northern Michigan Foundation. 



NURSES NIGHT OUT: Encouraging Education

In its fifth year, Nurses Night Out continues to provide educational opportunities beyond the traditional classroom. The evening brings colleagues together to learn and to socialize outside the hospital setting, while earning 1.0 CE credit for designated programs. Session attendance is typically 25 nurses or higher, plus patients and families attending to share their experiences.

- ❖ January — Difficult to Doable
- ❖ March — Leading with Love
- ❖ April — Alternative Pain Control
- ❖ May — Advances in Cardiology
- ❖ June — Human Trafficking
- ❖ September — Multimodal Pain Control
- ❖ October — Illegal Drug Use in the Community
- ❖ November — De-escalation Techniques for Nurses
- ❖ December — Mindfulness for Our Daily Lives

GRATITUDE AND RESILIENCE: Guest Speaker

More than 40% of hospital nurses experience physical, emotional, or mental exhaustion — all characteristics of burnout, resulting in absenteeism, workplace perception, and compromised patient care.

The 2017 Nursing Strategic Planning meeting guest speaker, David Drews (Executive in Residence, Center for Positive Organizations, University of Michigan Ross School of Business) addressed 70 nurses with his keynote “Gratitude and Resilience.” Presenting the benefits of both gratitude and resilience in ones personal life is proven to have long-term benefits on relationships, work, and health. “Encouraging positive change benefits us all,” explains Chief Nursing Officer Jennifer Woods, MSN, RN, CENP. “Mr. Drews included exercises and evidence-based data to support the premise for positive change in our daily lives and professional practice.”



Workplace Violence Prevention Team

2017 Members:

- Randy Fosmore
- Anne Foster, MLS, CPHQ
- Cassidy Hart
- Janet Hobbs, ADN, RN
- Tami Hightower, BSN, RN
- Lisa Hoover, MSN, RN-BC
- Bob Kronberg
- Bruce Kumfer, ADN, RN
- Diane Lagerstrom, MSN, RN
- Toni Moriarty-Smith, MSN/ED, RN, NE-BC
- Alyssa Pechta, BSN, RN (pictured)
- Jane Poquette, MSN, RN, CEN, TCRN
- Kathi St. Pierre, BSN, RN
- Sue Stone, MBA, BSN, RN
- Kathleen Van't Hof, RN, DIP
- Nichole Varoni, BSN, RN
- Rochelle Whitmore, MSN, RN, CRRN
- Jennifer Woods, MSN, RN, CENP

workplace environment



EPP

NK

EO

SE



According to *Injury Facts 2016*[®], an annual report produced by the National Safety Council, workplace violence is the third leading cause of death for health care workers.

Ready to React: COMBATING WORKPLACE VIOLENCE

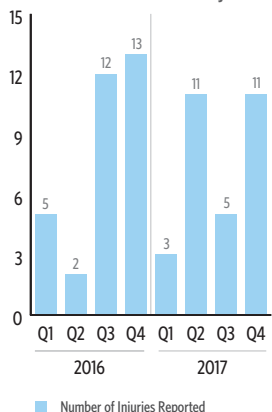
McLaren Northern Michigan nurse colleagues are well-prepared for virtually any situation, but some events require a broader response. In January 2017, Alyssa Pechta, BSN, RN, faced a patient exhibiting violent behavior while working in CVU. After Chief Nursing Officer Jennifer Woods, MSN, RN, CENP, learned of the incident at a morning safety huddle, a plan of action began almost immediately. Details from a 10-question pulse survey conducted in February among colleagues indicated that most incidents of workplace violence went unreported. And, while interventional protocols were already in place, it was determined that protocol needed to be expanded and enforced. The Workplace Violence Prevention Committee was established.

Workplace Violence
Pulse Survey Results

39.5% of colleagues
had EXPERIENCED
WORKPLACE VIOLENCE

of 768 RESPONSES
120 COLLEAGUES
feel that workplace
violence is
PART OF THE JOB

Colleague Health
Violence Related Injuries



To begin, a Workplace Violence Urgent Response Guide was created to facilitate the process. A colleague who has experienced an incident fills out the guide, and an assessment is conducted by the team leader or manager. “We want everything reported,” says Pechta, who now sits on the committee. “The more data, the better we will be able to address and improve processes.”

The committee created metrics to trace and trend events to benchmark against national trends and data. Initially focused on patient violence, 2018 plans include the addition of a Human Resources colleague to the committee in an effort address colleague-to-colleague incidents such as bullying.

To further increase safety and expand knowledge, Intensive Care Unit and Emergency Department team leaders received training developed by the Crisis Prevention Institute (CPI), an organization specializing in the safe management of disruptive and assaultive behavior. (Traditionally, CPI training was offered to McLaren Northern Michigan colleagues, but the committee lobbied for expanded training.) Since inception of the committee, CPI was taken by 102 colleagues. Plans for all nurse colleagues to take CPI training are planned for 2018.

To address other committee concerns, spit masks were placed in the Emergency Department, and window shutters were installed in behavioral health rooms.

Plans to equip each unit with a Crisis Bag containing items like restraints were initiated for 2018 implementation. Training on Crisis Bag item usage for all nurse colleagues and support staff in each unit is also scheduled. A Code Gray protocol will alert colleagues when and if extra help is needed immediately for a disruptive or violent patient.

Pechta is pleased with the committee’s accomplishments. “It has been great to be part of a group that has such a positive impact on the colleagues at McLaren Northern Michigan.



A Comparison of the Patient and Nurse Perceptions of Nurses Caring, Skills, and Knowledge Based on Appearance

HERE’S LOOKING AT YOU: Survey Collects Data on Appearance Perceptions

Results of the appearance perception survey, begun in June 2016, become available in 2018. The voluntary survey gauged attitudes of 160 patients and 160 nurses regarding the appearance of tattoos and nontraditional body piercings in a health care setting. The study, the work of Stephanie Gullede, MSN, RN, Linda Linari, BSN, RN, and Linda Schofield, PhD, RN, identified attitudes of patients toward nurses, and of nurses toward fellow nurses. Its two-fold purpose was to assess perceptions, and then apply those results to determine if McLaren Northern Michigan can or should change its dress code without jeopardizing the perception of nurse colleagues as trusted, competent, approachable, and caring. Other McLaren Health Care hospitals are also awaiting results to use findings as a guideline standard.



- EPP
- NK
- EO
- SE

Patient and Family Advisory Council
2017 Members:

- ✦ Tammy Barnadyn
- ✦ Kate Bassett
- ✦ Leo Bingley, MD
- ✦ Marty Cheney
- ✦ Dorothy Felton
- ✦ Patty Forster
- ✦ Maribeth Hemstreet
- ✦ Julie Kamerman, BSN, RN
- ✦ Debra Monroe
- ✦ Toni Moriarty-Smith, MSN/ED, RN, NE-BC
- ✦ Bobbie Rathjens
- ✦ Kathi St. Pierre, BSN, RN
- ✦ Chris VanSlembrouck



patient experience

Sharing Ideas and Goals: PATIENT AND FAMILY ADVISORY COUNCIL

In an effort to bring the community into the decision making processes of McLaren Northern Michigan, the Patient and Family Advisory Council (PFAC) invited patients, former patients, and family members of patients to join its monthly meetings. These community members collaborate with a physician, nurse, patient liaison, non-clinical colleague, and hospital management colleagues. Established in 2017, the council's goal is to involve the patient/family unit with policy, program development, professional education, and quality initiatives as they relate to the patient experience. "Including the patient/family unit on our council just felt right," explains Kathi St. Pierre, BSN, RN, Clinical Nurse Manager Progressive Pool/IVT/Transport and Council Member. "After all, we are here to serve the community; it makes sense to get community input to improve quality of care and patient satisfaction." Every monthly meeting typically addresses two topics. Below are four significant topics covered in 2017.

FAMILY GRIEF SUPPORT

- Realizing that not all unit colleagues had experience dealing with patients and families at the end of life, the council created a process folder with key ideas, coping and communication tools, and other resources for units to use as reference.

INFORMED CONSENT

- The Council reviewed the Informed Consent (IC) for Surgery/Procedure for readability and ease of use. Currently, the document is written at the 9th grade level. (The Joint Commission requires a 7th grade level.) The council suggested that the patient-directed bullet points be moved to the top of the document to increase reader understanding.

CODE SILVER DRILL

- In the event of an active shooter, weapon, or hostage situation, colleagues will barricade patient doors and take shelter in place with their patients while waiting for law enforcement. The Council suggested that patient/family be informed of their responsibilities in the event of a real Code Silver; that drills be conducted one floor at a time to reduce anxiety; and to use the new tower for practice drills while it is still empty of patients.

REGISTRATION ENVIRONMENT

- Suggestions regarding the new registration areas included using dividers or cubicles to enhance privacy; using a take-a-number system; and including a seating option for low counters. The Council also addressed wayfinding issues, including staffing lecterns, labeling entrances, and using color-coded floor lines. Members also felt a security system was needed to identify visitors in the building.



DAISY AWARD


To encourage positive nurse/patient relations, the Daisy Award was initiated in 2009. In 2017 alone, 250 nurses received 569 Daisy Award nominations from grateful patients and families. Congratulations to the 2017 recipients listed below (and many of whom are pictured above).

- Jenna Allen, BSN, RN — *Obstetrics*
- Deb Bonneville, BSN, RN, CWOCN — *Wound/Ostomy*
- Jennifer Lanting, BSN, RN — *Level 2 North*
- Rosemary Lewinski, ADN, RN — *Level 3*
- Lacy Lingg, ADN, RN — *Radiology*
- Julie Matelski, LPN — *CVU*
- Shaunee McKenney, ADN, RN — *Level 3*
- Brian Metzger, ADN — *CVU*
- Michelle Metzger, BSN, RN — *Level 3*
- Caleb Migda, ADN, RN — *Level 2 North*
- Kelly Nelson, BSN, RN — *Level 3*
- Melissa Reeves, ADN, RN — *Level 2 South*
- Kathy Sutliff, ADN, RN — *Endocrinology*
- Bill Switzer, ADN, RN — *CVU*
- Vianney Ruhumuliza, BSN/MNA, RN — *Progressive Pool*



Guardian Angel recipient
BROOKE BLANCHARD, BSN, RN

Guardian Angels: RECOGNITION FOR COMPASSIONATE CARE

Patients and family members have the opportunity to pay tribute to a caregiver or health care colleague who has helped them in a meaningful way. By making a donation through the McLaren Northern Michigan Foundation, nurse colleagues are honored for their compassionate work. Below is a list of 2017 Guardian Angel nurse recipients. 

- Timothy Amborski, MSN, RN, CCRN
- Dawn Behling, RN
- Brooke Blanchard, BSN, RN
- Melanie Bork, BSN, RN
- Carla Calhoun, ADN, RN
- Janet Cieslak, BSN, RN
- Irene Crandell, BSN, RN, CMSRN
- Deborah Davies, ADN, RN
- Jordan Dixon, ADN, RN
- Murphy Gillespie, BSN, RN
- Victoria Hart, BSN, RN
- Anne Heier, ADN, RN
- Natalie Hesselink, Hospice RN
- Margaret Hull, BSN, RN
- Jeffrey Jarvis, ADN, RN
- Christopher Knickerbocker, BSN, RN
- Kim Krieger, BSN, RN
- Laurie Laughbaum, ADN, RN
- Keenan McFall, BSN, RN
- Rebecca McFall, BSN, RN
- Holly McKinney, ADN, RN
- Susan Miller, BSN, RN, CCRN, CSC
- Barbara Moran, ADN, RN
- Billie Morell, ADN, RN
- Dennis Nessel, ADN, RN
- Casandra Newland, BSN, RN, PCCN
- Roger Ostwald, BSN, RN
- Jared Roe, BSN, RN
- Vianney Ruhumuliza, BSN/MNA, RN
- Karen Safko, ADN, RN, PCCN
- Chad SanCartier, ADN, RN
- Michael Sears, ADN, RN
- Joan Shepherd, ADN, RN, ACM
- Ashley Sigman, BSN, RN
- Cheryl Skowten, RN
- Jennifer Smith, ADN, RN
- Lydia Spencer, ADN, RN
- Mark Spencley, ADN, RN
- Janet Stutzman, ADN, RN
- Wendy Szymoniak, ADN, RN, CCRN
- Susanna Thompson, BSN, RN
- Silvia Tocikova Noel, ADN, RN
- Ruth Ann Turner, ADN, RN
- Jordan Wyeth, BSN, RN


Funding for many nursing programs, scholarships, educational opportunities, and technology advancements is made possible through generous

McLaren Northern Michigan Foundation donors.

 throughout this report notes programs supported by Foundation donations.



VIRTUAL NURSE

The evolution of nursing has changed over the past several years. With a more broad acceptance of virtual communication, McLaren Northern Michigan has embraced the technology to offer a second nurse advocate for patients. Planned throughout 2017 and introduced in 2018, the Virtual Nurse appears on the bedside monitor whenever the patient or family requests to answer questions, provide education, and expedite discharge. "If a family member is not available during physician rounding, for example," explains Tami Hightower, BSN, RN, "the Virtual Nurse is available to provide information regarding the physician visit and to answer questions the family and patient may have." She continues, "The Virtual Nurse also has the ability to pull up x-rays or other test results on the patient's television monitor." This all allows the direct care nurse to address other patient needs that require bedside attention. 



NURSING RECRUITMENT FAIR

To address the ongoing nursing vacancy rate, a Nursing Recruitment Fair was hosted in the winter of 2018. Nurse managers, bedside nurses, and other medical professionals were available to meet potential applicants. Individual unit displays provided an educational tool for attendees to explore various opportunities throughout the hospital.



YEAR OF THE HEALTHY NURSE

According to the American Nursing Association (ANA) 2016 Health Risk Appraisal, nurses are at risk of alarming trends including:

- ✧ Average BMI of 27.6 (overweight)
- ✧ Fatigue resulting in 12% of nurses nodding off while driving in a single month
- ✧ Only 16% eat the recommended daily amount of fruits and vegetables
- ✧ Less than half perform the recommended quantity and time of muscle-strengthening exercises (ICG & ANA, 2016)

As a result of the appraisal, ANA marked 2017 "The Year of the Healthy Nurse." Recognizing the impact of nursing health and wellness on "patient outcomes, quality of care, and overall nurse satisfaction and quality of life," McLaren Northern Michigan is taking steps to embrace ANA recommendations throughout 2018 and beyond which include "five focus areas: physical activity, sleep, nutrition, quality of life, and safety."



TOP 50 AWARD

McLaren Northern Michigan
Top 50 Cardiovascular
Hospital in the Nation



Quantifying: THE MEASURE OF OUR SUCCESS

The nurse colleagues of McLaren Northern Michigan work seamlessly in partnership with medical professionals and other colleagues throughout the hospital. Providing excellent patient care has not gone unnoticed.

TOP 50 NATIONALLY

Significantly for 2017, McLaren Northern Michigan ranked among the top 50 cardiovascular hospitals in the nation — and one of only three in Michigan. The IBM Watson Health award is based on publicly available Medicare data focused on four key performance areas: bypass surgery, angioplasty, acute heart attacks, and congestive heart failure. While cardiovascular physicians are the focus of the award and deservedly so, McLaren Northern Michigan nurse colleagues are regularly involved in heart and vascular care at many levels, including surgery, CVU, ED, ICU, and cardiovascular rehabilitation. “Our cardiovascular specialists may be the focus of this award,” says Heart and Vascular Center Senior Program Director Louis Cannon, MD, FSCAI, FACA, FCCP, FACC, FACP, “but we would be remiss if we did not recognize the contributions of our nursing staff as both patient caregivers and physician support.”

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) HIGHEST NATIONAL RATING

McLaren Northern Michigan received a 5-Star Rating for quality and safety by CMS. A 5-Star rating puts McLaren Northern Michigan in the top 6% of hospitals in the country, and the only one in northern Michigan to receive the highest rating.

GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD WITH TARGET: STROKE HONOR ROLL

The American Heart Association/American Stroke Association’s Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award with Target: StrokeSM Honor Roll award recognizes the commitment of McLaren Northern Michigan to provide the most appropriate stroke treatment according to nationally recognized, research-based guidelines, centered on the latest scientific evidence. Hospitals must achieve 85% or higher adherence to all Get With The Guidelines-Stroke achievement indicators for two or more consecutive 12-month periods and achieve 75% or higher compliance with five of eight Get With The Guidelines-Stroke Quality measures to receive the Gold Plus Quality Achievement Award.



AACVPR CERTIFIED PROGRAM — CARDIOVASCULAR REHABILITATION PROGRAM CERTIFIED BY INDUSTRY LEADER

Three-year certification by the American Association of Cardiovascular and Pulmonary Rehabilitation, signifying McLaren Northern Michigan as a leader in the field of cardiovascular and pulmonary rehabilitation, offering the most advanced practices available.



ANCC MAGNET RECOGNITION®

Initial American Nurses Credentialing Center (ANCC) Magnet® recognition in 2011 and again in 2015 for another six-year period, places McLaren Northern Michigan among only 6.6% of hospitals throughout the country and among only 14 in Michigan to receive recognition for nursing excellence.



U.S. NEWS & WORLD REPORT BEST HOSPITALS AWARDS

Ranked among the top 10 of 171 regional hospitals in Michigan. Nearly 5,000 hospitals are evaluated nationwide, then grouped into regions. Ranking is based on careful analysis of patient outcomes and care-related factors, such as safety and nurse staffing. *U.S. News & World Report* evaluated nine specific adult procedures/conditions. McLaren Northern Michigan was rated as High Performing in seven including: Abdominal Aortic Aneurysm Repair, Chronic Obstructive Pulmonary Disease (COPD), Colon Cancer Surgery, Heart Bypass Surgery, Heart Failure, Hip Replacement, and Knee Replacement.



QUALITY ONCOLOGY PRACTICE INITIATIVE

QOPI Certification recognized McLaren Northern Michigan for another three-year certification period for outpatient hematology-oncology practices that meet standards for quality cancer care. Certification reflects a commitment to quality care, meeting core standards in areas of treatment including patient assessment, treatment planning, and staff education.



BEACON AWARD FOR EXCELLENCE - CARDIOVASCULAR

Association of Critical Care Nurses, recognizes medical units that demonstrate exemplary levels of patient care, patient outcomes, and overall satisfaction.



RECOGNIZED AS A BLUE DISTINCTION CENTER FOR MATERNITY CARE

To help prospective parents find hospitals that deliver quality and affordable maternity care, the Blue Cross Blue Shield Association (BCBSA) evaluates hospitals on several quality measures, and awards top performers with the Blue Distinction Center for Maternity Care designation.

OUR MISSION

McLaren Health Care, through its subsidiaries, will be the best value in health care as defined by quality outcomes and cost.

OUR VISION

McLaren Northern Michigan will be the recognized leader and preferred provider of health care services to the communities we serve.

OUR GUIDING PRINCIPLE

McLaren Northern Michigan will provide health care as we expect for our own family.





NORTHERN MICHIGAN

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