



## THE COLLABORATIVE EFFECT:

a common goal, a common dream, success for all

adjective | col·lab·o·ra·tive | /ke-'lad(e)rediv/



## COMPONENTS OF MAGNET®

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

TL

Transformational Leadership

EPP

Exemplary Professional Practice

NK

New Knowledge, Innovations, and Improvements

EO

Empirical Outcomes

SE

Structural Empowerment



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## LOOK INSIDE FOR THE COLLABORATIVE RESULTS

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FOCUSED DEDICATION

ADMIRABLE TENACITY

INTELLECTUAL CURIOSITY

ENDEARING COMPASSION



Dedication, tenacity, curiosity, and compassion make up the shared goals and values of McLaren Northern Michigan nurse colleagues. Through collective actions, nurses regularly exceed professional expectations. Advanced certifications, adoption of best practices, and enviable state and national rankings are the result —all contributing to the reputation of McLaren Northern Michigan as a highly respected regional health care organization. Collaboration strengthens the nursing cohort and the hospital alike.

MAGNET MEANS:

“Each Magnet designation period encompasses hallmark successes and dynamic health care challenges. With our collective pursuit of lifelong, professional learning, our nurses are more prepared than ever to meet our community and population health needs.”

— JENNIFER WOODS, MSN, RN, CENP  
VICE PRESIDENT OF NURSING  
CHIEF NURSING OFFICER



WE ALL REMEMBER THE BEGINNING of our Magnet® journey in 2009. We were motivated by the task, dedicated to its completion, and very, very aware of the challenges it posed. No one is prouder of your combined efforts than I. Announced in December 2015, our re-designation validates our continued efforts, honors our professional growth, and recognizes our collective skills and strengths, while directing our focus from process-driven to empirical outcomes. Most important, Magnet benefits every single patient who enters the doors of McLaren Northern Michigan.

Each Magnet designation period encompasses hallmark successes and dynamic health care challenges. With our collective pursuit of lifelong, professional learning, our nurses are more prepared than ever to meet our community and population health needs.

In fact, we are on our way to realizing the 80:20 by 2020 goal set forth by the Institute of Medicine. Eighty-three colleagues are currently enrolled, 205 nurses have finished their degrees, and we have already exceeded our 2016 goal. The 80:20 initiative also strengthens our position as health care leaders and decision makers.

Exceptional health care is provided at McLaren Northern Michigan every day. This annual report covers important progress in the reduction of sepsis, the elimination of hypoglycemic events, the prevention of CAUTI, the decrease in blood product usage, and the increase in patient satisfaction. Nursing efforts impact quality and safety every day.

I applaud each and every one of you — your skills, your dedication to your job, and your support of each other and the patients you serve. Thank you, friends and colleagues, for all that you do.

A handwritten signature in black ink that reads "Jennifer Woods". The signature is written in a cursive, flowing style.

Jennifer Woods, MSN, RN, CENP  
VICE PRESIDENT OF NURSING, CHIEF NURSING OFFICER  
McLAREN NORTHERN MICHIGAN



IT IS MY PLEASURE to introduce this Nursing Annual Report. In these pages, you will see the results of your daily dedication to patients and to the nursing profession. Going forward as an organization, we have examined one significant trend that will impact the future of health care: an aging workforce. Couple this with an aging population, and it is abundantly clear that health care must grow, change, and adapt, not only in treatment advancements, but also in staffing requirements for the needs of this population.

Our strategic plan focuses on positive growth and the recruitment and retention of quality physicians and nurses. One should know that nurse colleagues at McLaren Northern Michigan play a significant role in these efforts to recruit top talent. The quality of care, the collegiality and support in relationships with each other, the pursuit of best practices, and, most of all, the incredible Magnet success will help us with recruitment challenges far into the future.

Thank you to our nurse colleagues for all that you do for this organization.

David Zechman, FACHE  
PRESIDENT AND CEO  
McLAREN NORTHERN MICHIGAN



QUALITY IS A BROAD TERM, but a very useful one in health care. Our quality initiative keeps us focused, not just on outcomes, but on the methods that produce those outcomes. So, what is quality? At McLaren Northern Michigan, quality is a set of beliefs supported by actions. Actions that define personal and professional growth, that recognize patient needs, that focus on searching for best practices, and that bring humanity into every interaction with patients and their families.

The statistical data in this report is proof of nursing abilities and a proactive approach to patient satisfaction. It is most visible in the renewal of Magnet recognition. This effort most clearly illustrates what McLaren Northern Michigan nursing professionals are willing to do for patients, colleagues, and the hospital. Magnet has been a positive experience for staff and patients facility-wide.

I am proud of each and every one of you. Thank you for your dedication.

Robert Foster  
CHAIR  
McLAREN NORTHERN MICHIGAN BOARD OF TRUSTEES

MAGNET MEANS:

“The organization has structures and processes in place to empower nurses at all levels, to influence high quality patient outcomes, and to provide a positive work environment.”

— TONI MORIARTY-SMITH, MSN/ED, RN, NE-BC  
MAGNET COORDINATOR AND  
DIRECTOR OF PROFESSIONAL NURSING PRACTICE



PICTURED FROM LEFT TO RIGHT:  
Toni Moriarty-Smith, MSN/ED, RN, NE-BC,  
Magnet Coordinator and  
Director of Professional Nursing Practice  
and Jennifer Woods, MSN, RN, CENP  
Vice President of Nursing and  
Chief Nursing Officer

# DILIGENCE PAYS OFF

IN MAGNET® RE-DESIGNATION



IN DECEMBER 2015, nurse colleagues at McLaren Northern Michigan received their Magnet® re-designation, the highest honor an organization can receive for nursing excellence. Nationwide, only seven percent of medical facilities meet the criteria for Magnet status, and McLaren Northern Michigan is one of only 13 facilities in the entire state. McLaren Northern Michigan nurses began their Magnet journey in 2009 and received initial Magnet recognition in 2011.

MAGNET MEANS:

“Nursing research demonstrating high quality nursing care and elevating the standards of the nursing profession.”

— LINDA SCHOFIELD, PhD, RN  
NURSING RESEARCH  
COORDINATOR

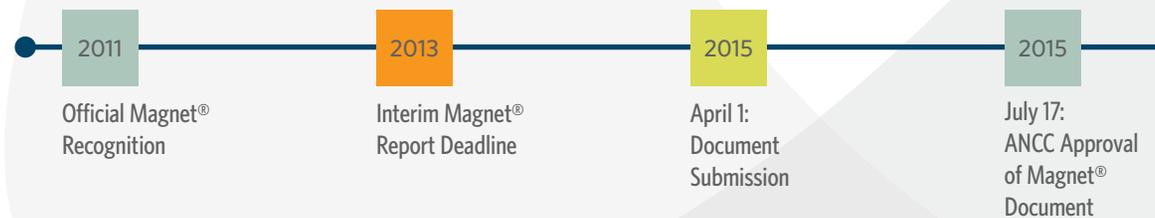
MAGNET WRITING COMMITTEE:

- Anne Heier, ADN, RN
- Lisa Hoover, MSN, RN-BC
- Debbie McConnell, MBA, MSN, RN
- Karen Safko, ADN, RN, PCCN
- Linda Schofield, PhD, RN
- Toni Moriarty-Smith, MSN/ED, RN, NE-BC



The Magnet Recognition Program®, overseen by the American Nurses Credentialing Center®, recognizes professional nursing excellence based on quality patient outcomes, a collaborative work environment, and innovations in professional nursing practice. Achieving Magnet status means that McLaren Northern Michigan nursing colleagues demonstrate extraordinary innovation and peak performance in nursing.

“Our initial 2009 Magnet journey was focused on process, the whys and hows of our daily nursing protocols,” says Toni Moriarty-Smith, MSN/ED, RN, NE-BC, Magnet® Coordinator and Director of Professional Nursing Practice. “Our re-designation focused on empirical outcomes, which is in keeping with the overall trend in health care. In other words, the outcomes are proof that our processes are working.”



This change in focus from process-driven to empirical outcomes is evident in the compilation of data. In 2008, McLaren Northern Michigan nurses submitted an 18" tall report detailing process from 117 sources. This latest effort relied on 69 sources of evidence, but with 49% more empirical data. "Ironically, a shorter report has more data and is much more difficult to produce," adds Moriarty-Smith. To facilitate the writing process, the Magnet committee worked with a consulting agency and then established an internal writing group of nurses tasked with producing the report.

Significantly, the scores from the ANCC were high enough for the McLaren Northern Michigan organization to move directly from application to site visit with only a few revisions. "Fewer than 10% of applications move directly to a site visit," Moriarty-Smith says. "The team effort was just great; everything came together smoothly." In October, 2015, Magnet appraisers spent three days at McLaren Northern Michigan, meeting with 150 nurses, plus physicians, board members, managers, key community stakeholders, and executives to observe quality patient care, leadership, empowerment, professional practice, and new knowledge and innovations.

The next evaluation will be in 2019, and nurse colleagues will continue to collect data and monitor opportunities for growth and improvements through shared governance. "We are deeply committed to maintaining Magnet status. We will receive guidance from the Magnet organization as we continue forward, so we will be prepared for the re-designation in four years," says Moriarty-Smith.



## LEARNING CAN BE FUN

In preparation for October's site visit, nurse colleagues developed a series of activities and contests to increase learning and ready themselves for important interview questions. "By treating every day as a quiz opportunity, we were able to commit information to memory and then maintain it through review and incentives," says Anne Heier, ADN, RN, Magnet Writing Committee.

Activities included a monthly Magnet newsletter, tailgate party, trivia contest, and fun bowl. Prizes and giveaways, including an iPad, FitBit, and homemade quilt, provided added incentives. "We worked very hard as a team to prepare for the site visit and for our interviews," adds Heier. Winners include:

- ✧ Laura Willey, ADN, RN  
Level 3 (*iPad*)
- ✧ Allison Sibbald, BSN, RN  
Education (*Magnet Conference*)
- ✧ Heather Burks, ADN, RN  
Surgical Preadmission (*homemade quilt*)
- ✧ Susan Kalchik, Billing Specialist  
Physician Billing (*FitBit*)

MAGNET MEANS:

“Utilizing nursing research and applying new evidence to improve our patients’ care. As evidence surrounding best practices continues to evolve, we continue to add to this body of knowledge...Magnet also means engaging colleagues and all of the stakeholders in the change process. All disciplines must work together for evidence-based outcomes.”

— **KATHI ST. PIERRE, BSN, RN**  
NURSE MANAGER

EMERGENCY DEPARTMENT BOARDING INITIATIVE:

## POSITIVE OUTCOMES YIELD IMPROVED PATIENT SAFETY



A facility-wide effort to reduce Emergency Department (ED) boarding time commenced in July 2014, with implementation in September 2015. Boarding occurs when bed capacity cannot accommodate the number of admissions, meaning that some patients must remain in the ED, sometimes for long periods. Of concern is that the level of care differs from those admitted in a timely manner.

Recent professional articles identified a number of negative effects for patients in a boarding situation including preventable adverse events, higher rates of ventilator associated pneumonia, higher rates of medication errors, and higher mortality rates. The initiative applies specifically to critically ill patients.

Despite a national trend showing decreased inpatient volumes in 2014 and 2015, McLaren Northern Michigan experienced an increase. These admissions originated from external transfers, direct admissions from referring physicians, scheduled surgeries, additional procedural departments, and ED admissions, creating an unprecedented demand for inpatient beds. As a result, patients were held in the ED and in the Recovery Room. Another consequence of this situation was the diversion of external transfers due to inadequate bed capacity.

In 2014, the Joint Commission published a patient flow standard to measure the boarding of patients coming through the ED and to set goals for the management and reduction of such numbers in order to reduce complications. “The participation in this initiative really covered all levels of the hospital, from nurses and doctors to housekeeping and administration,” says Nurse Manager Kathi St. Pierre, BSN, RN.

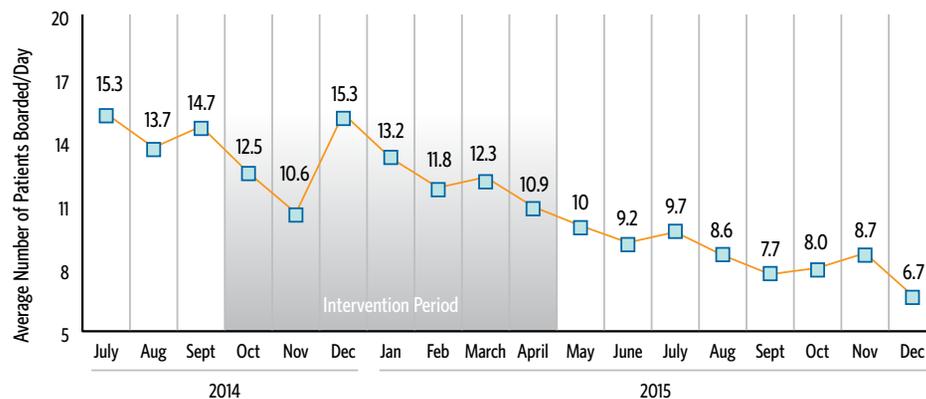


PICTURED FROM LEFT TO RIGHT: Ian Adkins, BSN, RN, and Karen Grayson, ADN, RN, transport an ED patient, while Nurse Manager Kathi St. Pierre, BSN, RN, consults with Sarah Drury, BSN, RN, and Dena Brodin, BSN, RN, during an ED boarding exercise.

“We looked across departments to identify every possible scenario, process, and protocol in order to coordinate time-saving measures.”

An action plan was created using data collected over a 14-month period. Changes included a revised admission process with prioritization algorithm, improved bed availability through high-priority discharges, enhanced communication with support services, and increased availability of ADT (admission-discharge-transfer) nurses. Outcomes were positive, indicating a 56% DECREASE in the number of patients boarded per day, with a 43% DECREASE in the average number of boarding minutes per patient.

Average Number of Patients Boarded/Day



Initiative Results: **43% DECREASE**  
 IN NUMBER OF BOARDING MINUTES PER PATIENT  
 SURPASSING THE ORIGINAL GOAL OF 25% BY 18%

MAGNET MEANS:

“...nursing excellence,  
guided by research and  
an evidence-based foundation,  
ultimately promoting positive  
patient outcomes.”

— SHELLY GERMAIN, BSN, RN, CNML  
CLINICAL NURSE MANAGER



Clinical Nurse Manager  
Shelly Germain, BSN, RN, CNML (middle),  
and Melissa Reeves, RN (right), comfort  
a Level 2 South patient.

AIDET:

## PATIENT SATISFACTION POLLS WARRANT NEW INITIATIVE

In response to Press Ganey scores regarding patient satisfaction, and to improve the overall patient experience, nurse colleagues initiated AIDET, an acronym derived from Acknowledge, Introduce, Duration, Explain, and Thank. The AIDET program is designed to standardize all nurse/patient interactions based on data collected in patient-reported outcome measures. “The patient’s physical and emotional comfort is the goal of the AIDET initiative,” says Clinical Nurse Manager Shelly Germain, BSN, RN, CNML. “For example, the Press Ganey scores identified noise as a detriment to patient comfort. Our efforts, therefore, include a quiet initiative.”

To promote a quiet atmosphere, the hospital designated quiet hours, supported through an evening announcement and visual reminders in patient rooms and at high-traffic areas on the Petoskey Campus. And, an in-house channel with soothing music and calming visuals was created to promote a calm atmosphere. “These small measures have a significant impact on overall patient outcomes,” adds Germain.

## RED HOT BEST WINNER BEST NURSE

Emergency Department Nurse Allison Lewis, ADN, RN (left), received Red Hot Best Nurse recognition by *Traverse Magazine* voters. She is pictured here with Trauma Program Manager Jane Poquette, MSN, RN, TCNR.

*Traverse Magazine* stated: "Allison as an acronym, courtesy of her colleagues: Always caring. Leader. Loving and kind to patients and colleagues. Inspired. Supportive. Outgoing and original. Nurturing."



A I D E T

### HERE'S HOW IT WORKS

#### ACKNOWLEDGE

the patient to establish trust and create a welcoming environment.

#### INTRODUCE

oneself to the patient, including name, position, and role at McLaren Northern Michigan.

#### DURATION,

the length of time for a procedure or process keeps the patient informed about delays.

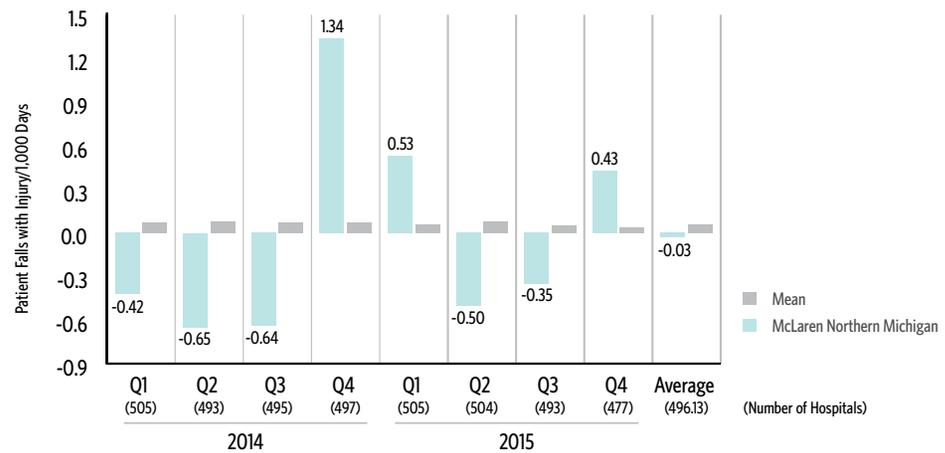
#### EXPLANATION

of processes and procedures increases compliance and decreases anxiety.

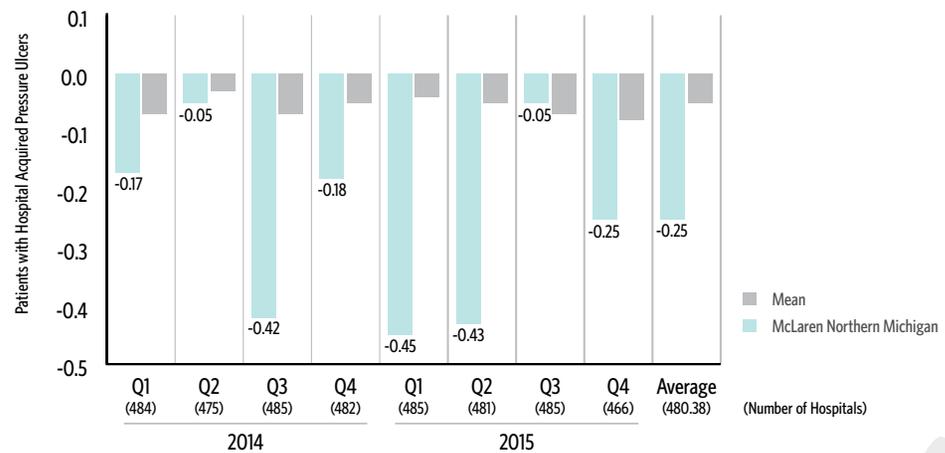
#### THANK

the patient to express gratitude and allow time for additional questions.

Total Patient Falls with Injury/1,000 Days



Patients with Hospital Acquired Pressure Ulcers Stage II and Above





MAGNET MEANS:

“To provide nursing care using the latest evidence-based practices.”

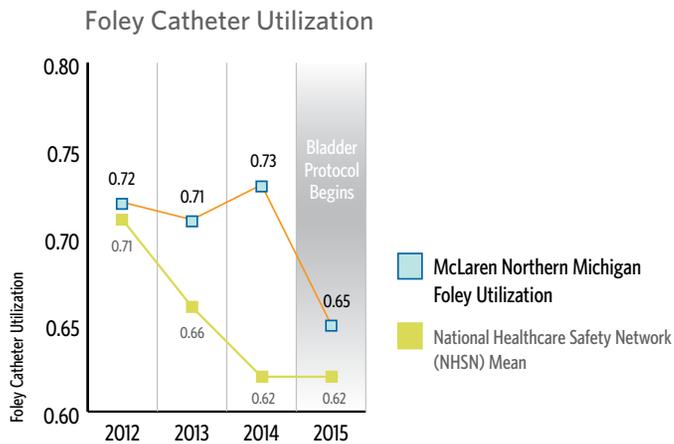
— PATRICIA DALLAIRE, BSN, RN, CIC  
INFECTION PREVENTION NURSE

# IMPROVING PROCESSES

YIELDING POSITIVE RESULTS  
FOR COLLEAGUES AND PATIENTS



PROCESS IMPROVEMENT is a system used to meet the complex challenges inherent in medical care. This system examines current methodology, implements changes as needed, measures the results, and analyzes their validity. Process improvements engage physicians, colleagues, and support staff in forward-thinking, collaborative efforts to increase patient satisfaction and enhance outcomes, all within a healing environment. The continuum of care works best when processes are regularly examined and evaluated.



## CATHETER PROTOCOL:

# INCREASING NURSE AUTONOMY IN THE ICU

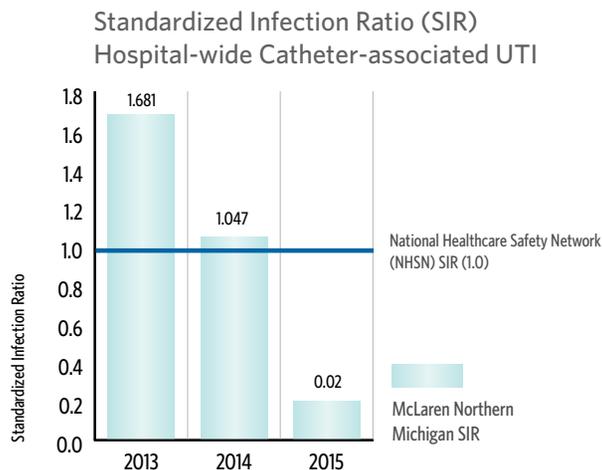
According to the Centers for Disease Control and Prevention, catheter-associated urinary tract infections (CAUTI) are the fourth most common type of hospital infections, accounting for more than 12% of infections reported by acute care hospitals and resulting in an estimated 93,300 UTIs annually. “Preventing and reducing health care-associated infections (HAI) has long been part of our Annual Infection Control Risk Assessment,” says Infection Prevention Nurse Patricia Dallaire, BSN, RN, CIC. “So we were naturally concerned about the inability to reduce Foley utilization and the gradual rise in CAUTI, especially with ICU patients. It was clear that we needed a new strategy.”

In 2015, a collaboration of ICU nurse colleagues and the members of the Infection Prevention Committee reviewed HAI data, conducted a gap analysis on insertion technique, and provided education for clinical nurses. In addition to a review of monthly device utilization and the Annual Risk Assessment, incidences of CAUTI were addressed in interprofessional safety huddles. Unit-specific feedback and catheter utilization auditing were conducted on multiple nursing units on a monthly basis. Consequently, the necessity for a Foley catheter was added to the ICU rounds to assess indications for each ICU patient. “The Foley Bundle uses state-of-the-science device insertion, maintenance, and added assessment using strict protocols,” says Dallaire. “And, with Bladder Protocol implemented in 2015,” she adds, “nurse colleagues are now able to remove Foley catheters that are no longer indicated without calling the physician. This empowers nurses to be autonomous in the care of patients.”

CAUTIs can lead to complications such as prostatitis, epididymitis, and orchitis in males, and cystitis, pyelonephritis, gram-negative bacteremia, endocarditis, vertebral osteomyelitis, septic arthritis, endophthalmitis, and meningitis in all patients. Complications associated with CAUTI cause discomfort to the patient, prolonged hospital stay, and increased cost and mortality. It has been estimated that each year, more than 13,000 deaths are associated with UTIs.



FROM LEFT TO RIGHT: Elizabeth (Dibby) Smith, BSN, MPH; Kathy Smith, RN; Patricia Dallaire, BSN, RN, CIC; Karen DenBesten, MD; Amber Johncheck, BSN, RN



# ONE EVENT IS ONE TOO MANY: ZERO TOLERANCE FOR HYPOGLYCEMIC EVENTS

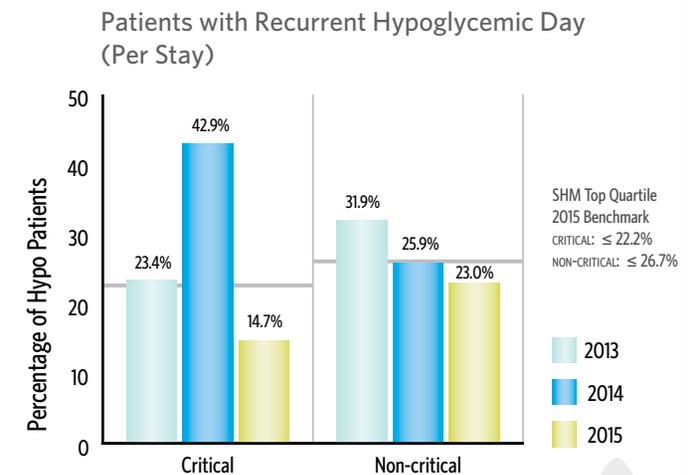
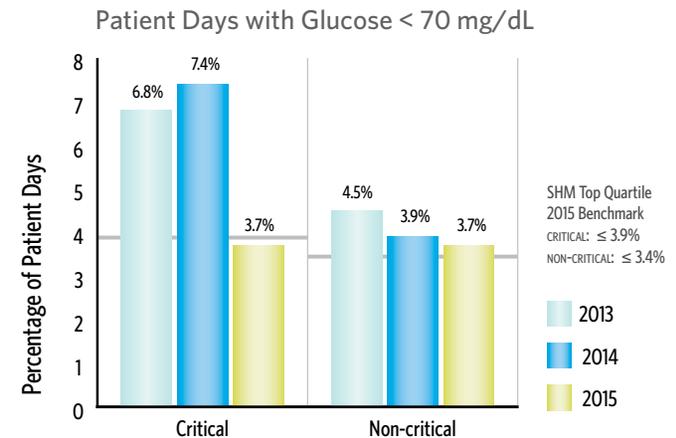


FROM LEFT TO RIGHT: Diabetes Educator Betsy Pollock-Tiedeck, RD, CDE with CVU Nurse Melanie Bork, BSN, RN, and Clinical Pharmacist Ron Fila, RPh.

McLaren Northern Michigan nurses are following evidence-based guidelines and using state-of-the-art technology to optimize care of patients prone to hypoglycemic events. Through effective hypoglycemic management, nurses are positively impacting the care of this patient population.

The successful launch of the EndoTool IV Insulin software program in November 2013 resulted in a significant reduction in hypoglycemic events. To further improve care, in October 2014, McLaren Northern Michigan implemented an Electronic Medical Record (EMR) process recommended by the Society of Hospital Medicine (SHM) Glycemic Control program. The process alerts nurses to patient blood glucose (BG) levels less than 70 mg/dL, which requires the nurse to complete a Hypoglycemic Event Form. The form supports an analysis of the hypoglycemic event and prompts the nurse to notify the patient's provider of the event. Timely notification allows the provider to adjust insulin orders to prevent further hypoglycemic events, if necessary.

Hypoglycemia outcomes are compared against national benchmarks provided by SHM. In 2013, critical hypoglycemic events were at 6.8%, but by 2015, these events were reduced to 3.7%, lower than the SHM benchmark of 3.9%. "Our focus is on maintaining these numbers through a proactive, team approach," says Inpatient Diabetes Educator, Betsy Pollock-Tiedeck, RD, CDE. "In 2015, our patients were in the SHM top quartiles in the nation, indicating one of the lowest percentages of patient days with BG levels less than 70 mg/dL in the critical care population and recurrent hypoglycemic days in both the critical and non-critical care populations. Our success in this area is largely attributed to nurse colleague diligence and care for their patients," she adds.



BLOOD PRODUCT USAGE  
DECREASED BY  
**27%**

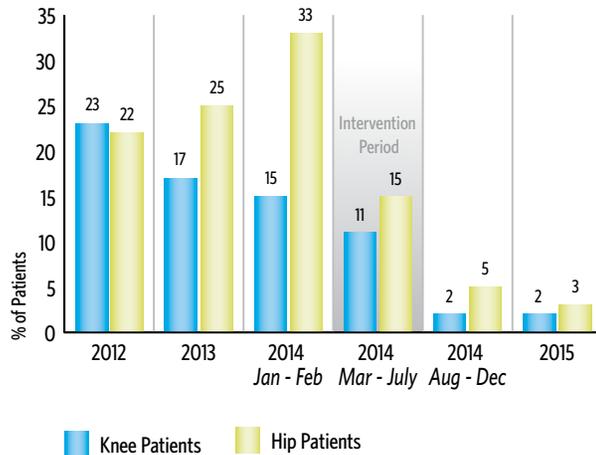
A COMBINATION OF UNIT PURCHASING,  
TRANSFUSION COST, AND ADVERSE  
EVENT COST EQUATES TO AN ESTIMATED

INPATIENT SAVINGS  
OF **\$2,295,603**

AT MCLAREN NORTHERN MICHIGAN

FROM MAY 2013 TO 2015  
AFTER IMPLEMENTATION

Percentage of Knee and Hip Patients  
Receiving Blood Product



TRANSFUSION INITIATIVE ADOPTED HOSPITAL-WIDE:

# IMPROVES OUTCOMES AND SAVES MONEY

Blood transfusions, resulting from blood loss during total hip arthroplasty (THA) and total knee arthroplasty (TKA), can be as high as 30%. Specifically, in January and February 2014, approximately 33% of THA and 15% of TKA patients required transfusions. Once considered a best practice, routine blood transfusions have been re-evaluated by nurses and physicians for both efficacy and safety. Accumulated data shows that the practice can result in prolonged recovery and hospitalization, systemic adverse reactions, and even fatalities.

To reduce the need for blood transfusions during hip and knee arthroplasty procedures, a team of physicians, nurses, anesthesiologists, pharmacists, and other medical professionals, led by Linda Linari, BSN, RN, ONC, Orthopedic Nurse Clinician, collaborated on a program which reviewed current literature and identified best practices. They recommended three new interventions: adding a pre-surgery iron supplement, which is an important component of hemoglobin; adding tranexamic acid, a drug proven to facilitate post-operative clotting; and lowering the hemoglobin threshold for transfusion triggers.

“Our outcomes were very impressive,” says Linari. “Post-intervention data from August to December 2014 shows that only 5% of THA patients and just 2% of TKA patients received post-operative transfusions. These numbers represent a transfusion decrease of 67% and 86% respectively.” The initiative’s success led to its adoption as a hospital-wide protocol for other surgical procedures. “Reducing the need for transfusions will have far reaching effects for McLaren Northern Michigan and its patients,” says Jeff Fox, PAC, Transfusion Safety Officer and Physicians Assistant for Cardiothoracic and Vascular Surgery. “Reduced risk, shorter recovery time, and decreased hospitalization and re-admission all lead to improved patient outcomes.”

# CUSP INITIATIVE: ENHANCING A CULTURE OF SAFETY



CUSP Initiative Coordinators  
Robin Hoffman, BSN, RN, CCRN (left) and  
Michelle Rushing, BSN, RN, CCRN (right)

McLaren Northern Michigan has adopted the Comprehensive Unit-based Safety Program (CUSP) to effect change in both ventilator-associated events and delirium prevention. CUSP provides a framework derived from communication, teamwork, and leadership to improve patient safety and outcomes through the adoption of clinical best practices and emerging safety protocols.

Adopted by the Michigan Health & Hospital Association (MHA) Keystone Center from Johns Hopkins Armstrong Institute for Patient Safety and Quality, CUSP promotes quality and safety through patient-centered, evidence-based interventions within a facility-wide culture of improvement. CUSP is a nationally and internationally accepted five-step program to implement and document quality improvement initiatives. “Our goal in using the CUSP toolkit is to decrease the incidence of delirium and ventilator-associated events,” says Michelle Rushing, BSN, RN, CCRN. “The CUSP guidelines enhance communication among staff.”

Delirium affects up to 80% of ICU patients nationwide and often goes undetected by doctors and nurses. It is responsible for extended hospital stays, ventilator time, mortality, and expenses totaling billions of dollars annually. To identify delirium instances and to counter its effects, nurses at McLaren Northern Michigan also adopted the THINK mnemonic and the ABCDE bundle.

- THINK looks for: toxic situations including dehydration, medications, or organ failure; hypoxemia; infection or sepsis; immobilization; and nonpharmacologic interventions.
- ABCDE refers to: awakening, breathing trial, careful sedation choice, delirium monitoring, and early progressive mobility and exercise.

“THINK, ABCDE, and CUSP all work together to streamline our course of care and to optimize vital communication and understanding among staff,” Rushing adds. “These protocols encourage the practice of less ventilator time and early patient mobility, ultimately decreasing time in the ICU, so patients leave the hospital faster.”

## THE CUSP TOOLKIT

STEP 1: Understanding the science of safety as it applies to system design and protocols.

STEP 2: Assessing patient safety culture through staff input and identification of problem areas.

STEP 3: Coordinating communication and reducing barriers between hospital management and frontline providers.

STEP 4: Identifying and investigating system deficits to prevent reoccurrence.

STEP 5: Using CUSP tools on a continuous basis to improve teamwork, communication, and overall safety.

MAGNET MEANS:

“...what I have always known about McLaren Northern Michigan — it is the place of choice for our patients to receive the very highest level of quality nursing care. Our colleagues have the heart of nursing — you can hear it in their stethoscopes.”

— DAPHNE WESTON, RN  
HOUSE SUPERVISOR

THE THREE-HOUR BUNDLE:

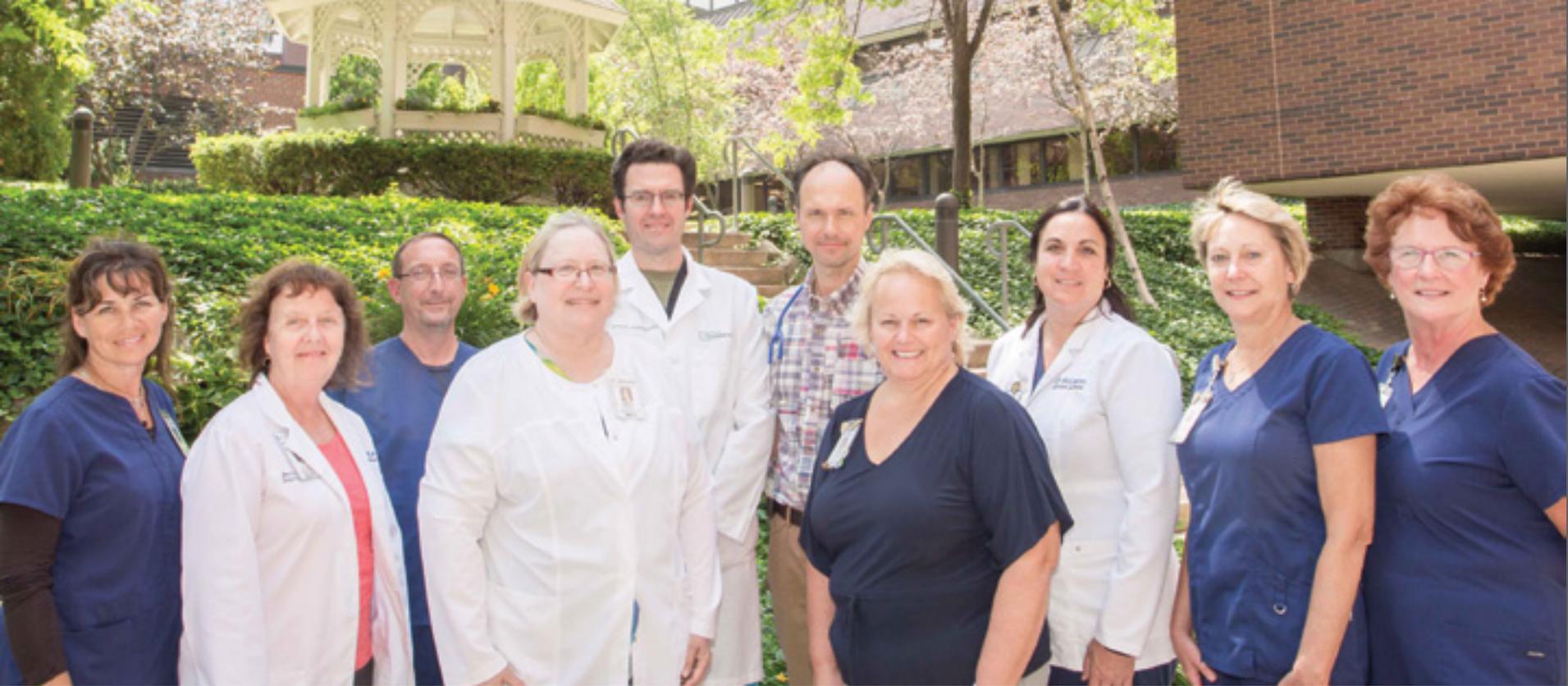
## DECREASING SEPSIS MORTALITY



Over a three-month period in 2014, sepsis mortality rates hospital-wide averaged 45%, significantly above the 10 - 29% mortality rates established by the Society of Critical Care Medicine. “This number was clearly unacceptable and worrisome for the hospital,” says Sepsis and Special Projects Coordinator Cairn Ruhumuliza, MSN, RN.

The original Sepsis Committee at McLaren Northern Michigan was established in 2006, but eventually dissolved with the development of bundle orders and the completion of staff education. In 2014, with the rise in sepsis fatalities, it was clear that a program needed to be re-activated. The re-formed sepsis committee reviewed data, updated hospital guidelines, and created an education plan for physicians and nurses. The Three-Hour Resuscitation Bundle was re-designed to include a review of sepsis-related patient documentation within 48 to 72 hours of admission; to offer a streamlined, chronological resuscitation power plan; and to implement sepsis triage in Emergency Department (ED).

To facilitate communication among staff, sepsis updates became a standard agenda item in the Adult Critical Care meetings, algorithms established order sequences for nurse colleagues, and an ED scorecard tracked compliance. At the end of the intervention period, data revealed that sepsis mortality had dropped from 45% to 6.7% between 2008 to 2015. “The overall success of the Three-Hour Bundle, originally used in ICU, convinced the Sepsis Team that the bundle system was viable for the entire hospital in reducing patient harm,” adds Ruhumuliza. “Ultimately, the Sepsis Coordinator position was created to assist in bringing hospital numbers in line with established benchmarks.”



Pictured above, from left to right:

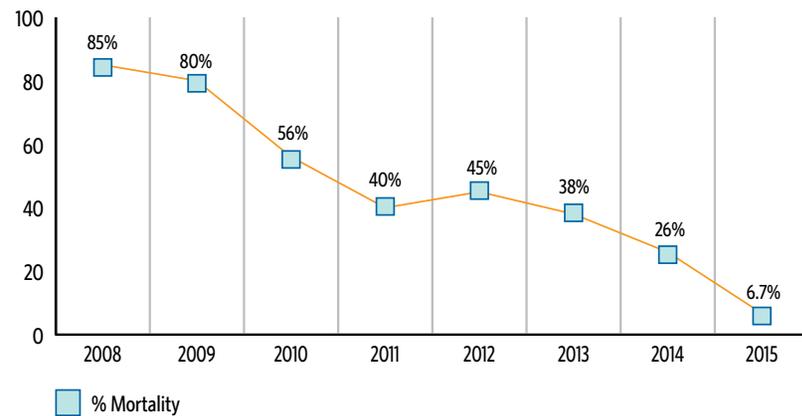
\* Indicates Implementation Team Member

- ✧ Michelle Rushing, BSN, RN, CCRN\*
- ✧ Pat Woodside, ADN, RN, CCDS
- ✧ Ross Witherbee, MSN, RN
- ✧ Cairn Ruhumuliza, MSN, RN
- ✧ Jeffrey Washington, MD
- ✧ Anton Sharapov, MD
- ✧ Kathi St. Pierre, BSN, RN\*
- ✧ Sue Stone, BSN, RN, MBA
- ✧ Janis Bishop, MSN, RN, CNL\*
- ✧ Joanie Vargo, BSN, RN\*

Implementation Team Members not pictured:

- ✧ Thomas Charlton, MD
- ✧ Dan Gerard, RPh
- ✧ Kelly Kragenbrink, BSN, RN
- ✧ Lynda VanderMeulen, BSN, RN
- ✧ Heather Williams, ADN, RN

Sepsis Mortality Data



## BEDSIDE SHIFT REPORT

Joint Commission National  
Patient Safety Goals:

- Improve accuracy of patient identification.
- Improve effectiveness of communication among caregivers.
- Encourage active involvement of patients and families in care as a patient safety strategy.

BEDSIDE MANNER:

# INCREASING PATIENT SAFETY AND SATISFACTION



Shift-to-shift reporting is not new to nurse colleagues of McLaren Northern Michigan, but there is a renewed interest and a recommitment in the process to improve patient safety and communication, and to ensure consistent practices for all shift nurses. Nationally, poor communication is responsible for about 30% of patient safety events; as a result, Bedside Report is considered a mandatory practice for all nursing shift changes at McLaren Northern Michigan.

Bedside Report addresses national patient safety goals as identified by the Joint Commission. The reports improve accuracy of patient identification, improve communication among caregivers, and encourage active involvement on the part of patients and families.

“Traditionally, patients were not encouraged to become involved in their own care, but the new model of care stresses the importance of communication, and evidence shows that this increases patient satisfaction,” says Clinical Nurse Manager Tami Hightower, BSN, RN.

“Now, patients are empowered to share in decision making, pose questions about their treatments, and share their preferences with their caregivers.”

The process is relatively straightforward, keeping Bedside Report fast and fact-oriented. Before entering the patient room, incoming and outgoing nurses perform the standard protocol for shift changes: they review the patient chart and medical history, and discuss treatments.



Bedside Report includes the following additional basic procedures:

- Nurses go to the bedside, at which time the oncoming nurse is introduced.
- Nurses perform a safety scan and discuss the patients' primary problems as well as the plan for the next shift.
- The patient is given the opportunity to ask questions.

Patients aren't the only ones to benefit from Bedside Report. Improved nurse accountability and enhanced communication with colleagues and patients have shown to increase levels of nurse satisfaction. "Bedside Report is beneficial on multiple levels," explains Hightower. "The process improves both patient and professional satisfaction. Participation in this initiative covered all levels of the hospital, from nurses and doctors to housekeeping and administration," she adds. "We looked across departments to identify every possible scenario, process, and protocol in order to coordinate time-saving measures."

PICTURED FROM LEFT TO RIGHT:  
Level 3 nurses Kelly Nelson, BSN, RN, and  
Jessie Matelski, BSN, RN, interact with a patient  
during Bedside Report shift change.

Heart and Vascular Services  
Nurse Clinician and Stemi Coordinator  
Gretchen Lamarche, BSN, RN, BA



## A YEAR IN REVIEW

NURSE COLLEAGUES HAVE  
IMPACTED HEALTH CARE  
IN A NUMBER OF WAYS.  
HERE ARE JUST A FEW.



### REDUCING CONTRAST-INDUCED NEPHROPATHY

Hydration with physiological saline has proven effective in contrast-induced nephropathy caused by iodinated contrast material in at-risk patients. The condition is characterized by acute renal failure within 24 to 72 hours after the administration of iodinated material. Such cases of nephropathy can result in extended hospitalization, increased mortality rates, and increased patient costs. "Critical care nurses play a significant role in recognizing the at-risk patient, modifying treatment through the administration of hydration, and facilitating a favorable outcome," explains Gretchen Lamarche, BSN, RN, BA, Nurse Clinician and STEMI Coordinator.

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## VACCINE INITIATIVE

In 2015, nurse colleagues adopted a series of interventions and activities designed to increase the number of patients receiving influenza vaccinations. The effort was in compliance with a 2010 CDC recommendation for universal flu vaccinations. In a three-month period in 2014, McLaren Northern Michigan reported a monthly vaccination rate of 85.67%. To increase that percentage, the McLaren Northern Michigan Electronic Medical Record (EMR) was modified to require recording of vaccinations rather than recording only noncompliance; the electronic order set was revised to allow vaccines to be administered at any time during a patient's hospital stay, and an automated eligible patient list was sent to clinical team leaders on a daily basis and provided to the ADT (admission-discharge-transfer) team to verify the vaccinations. As a result, the average influenza vaccination rate increased 9.1% from 2014 to 2015.

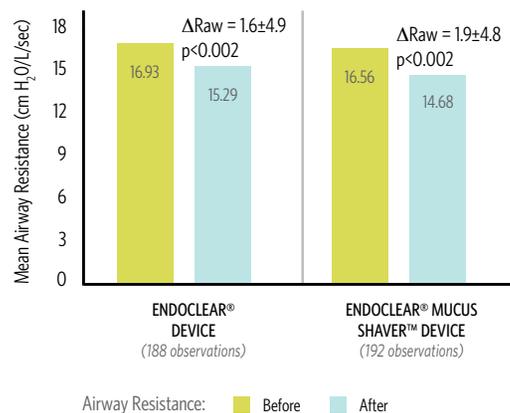
2015 POST-INTERVENTION  
REPORTED A

**93.4%**  
PATIENT INFLUENZA  
VACCINATION RATE

A 9.1% INCREASE FROM 2014

## STUDY VALIDATES USE OF ENDOCLEAR

A comparison study conducted by nurse colleagues regarding the efficacy of the new mucus shaver (MS) device compared to the endOclear® device (ECD) showed that both devices were effective in the removal of secretions from the endotracheal tube. The MS is a flexible, sterile, single-use, inflatable catheter, and the ECD is a rigid, sterile, single-use, mechanically operated wiper. Collected data showed that the difference was significantly smaller than was originally thought, and both devices, used in conjunction with routine suctioning, aid in the prevention of ventilator associated pneumonia, resulting in shortened ICU and hospital stays, improved outcomes, and reduced costs.



## ONE McLAREN

Collaboration across the entire McLaren Health Care network of hospitals benefits the individual facilities, regions in which they serve, and patients. The One McLaren initiative acts as a link between McLaren Health Care as the parent organization, McLaren Northern Michigan, and the 11 other McLaren hospitals to standardize and promote patient safety. As the McLaren Northern Michigan nursing liaison, Stephanie Gullede, BSN, RN, periodically attends meetings in Flint to share best practices for the purpose of adopting them across all facilities. "Keeping communication open through all levels of the organization ensures optimal outcomes," explains Gullede. "When we identify best practices, we want to share that information so that every patient benefits."





PICTURED: Michelle Juntunen, ADN, RN, OCN, (left) and Patient Care Tech and Wayne State Nursing Student Gretchen Shoen, PCT, (right) work with a patient in CVU.

80:20 — AN EDUCATION UPDATE:

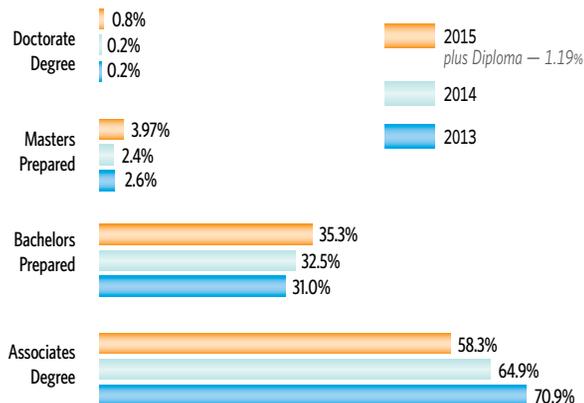
## COLLEAGUES MAKE PROGRESS TOWARD BSN

With the adoption of the 80:20 initiative in 2012, McLaren Northern Michigan nurse colleagues have actively promoted a culture of professional attainment, focused on advanced degrees, specifically the BSN. “Our educational push fulfills two goals at once,” says Jennifer Woods, MSN, RN, CENP, Vice President of Nursing and Chief Nursing Officer. “First, we are keeping our Magnet promise, which includes the pursuit of degrees and continuing professional growth. And, this professional and educational growth improves overall care and outcomes throughout the hospital. Everyone benefits.”

To facilitate the degreed status of nurse colleagues, as of January 2014, new ADN hires agree to sign an acceptance letter requiring them to finish a BSN within five years. To that end, a number of strategies support the initiative for both new hires and existing staff. Department managers now assume a mentorship role by including a review of education status within each annual performance evaluation. The Clinical Ladder process was updated with new requirements for attaining Level IV based on BSN enrollment/completion or professional certification. Tuition reimbursements were increased to incentivize education, and McLaren Northern Michigan Foundation actively pursues donations to fund its scholarship program.

Additionally, an in-house collaboration between McLaren Northern Michigan and Lake Superior State University allows nurses to pursue their BSN through distance learning, and a partnership with Chamberlain School of Nursing includes an application fee waiver. “While we have increased the degree requirements, we have also coordinated college opportunities and smoothed the way with financial help,” explains Woods. “The incentives are working for the good of all.”

Nursing Education Levels  
Based on 504 Licensed Hospital RNs



## SUPPORTED BY GENEROUS DONORS

Thanks to generous donor support, McLaren Northern Michigan Foundation disbursed \$200,573 in 2015 to support educational scholarships. Of that total, \$117,916.25 specifically assisted the 125 Petoskey and Cheboygan nurse colleagues listed below.

## 80:20 NURSING

## CONTINUING EDUCATION

- Abby Blaskowski, BSN, RN
- Jessica DeBord, ADN, RN
- Cecil Dickinson, ADN, RN
- Lance Edgerton, BSN, RN
- Amy Flynn, ADN, RN
- Tiffany Hornbeck, BSN, RN
- Jennifer Lanting, ADN, RN
- Debra Left, ADN, RN
- Sarah Marble, PCT
- Shelly McCullough, ADN, RN
- Michelle Rushing, BSN, RN, CCRN
- Patricia Soper, ADN, RN
- Karri Vandenbrink, BSN, RN

ACUTE REHABILITATION  
EDUCATION

- Kathy Reppuhn, ADN, RN

## BAIARDI SCHOLARSHIP

- Melissa DeSimone, RN, BSN, OCN, CBCN
- Dawn Ebersole, BSN, RN
- Stephanie Gullede, BSN, RN
- Lori Kasubowski, ADN, RN
- Christine Perrault, ADN, RN
- Rochelle Whitmore, BSN, RN, CRRN

## CANCER SERVICE LINE

- Melissa DeSimone, RN, BSN, OCN, CBCN
- Jeanne Melton, ADN, RN, OCN

COLLEAGUE CONTINUING  
EDUCATION

- Brianna Alger, BSN, RN
- Jane Armstrong, ADN, RN
- Janis Bishop, MSN, RN, CNL
- Sherrie Bradley, ADN, RN, CPAN
- Nicolette Brinks, BSN, RN, PCCN
- Susan Bronson, ADN, RN
- Caitlin Capps, PCT
- Mary Catton, BSN, RN, CgRN
- Teresa Conley, BSN, RN
- LouAnn Detmer, ADN, RN
- Monica Doctor, DIP, RN
- Virginia Downey, MSN, RN
- Amanda Dratnol, ADN, RN
- Mary Jo Dubas, BSN, RN
- Kady Elkins, ADN, RN
- Sherri Engler, BSN, RN, CCRN
- Kimberly Fazio, ADN, RN
- Michelle Fenlon, ADN, RN
- Karen George, BSN, RN, PCCN
- Beverly Hansen, ADN, RN
- Amy Howard, ADN, RN
- Michael Imbleau, MSN, RN
- Louise Kabat, ADN, RN
- Janis Kendall, ADN, RN, CCRN
- Susan Kinney, ADN, RN
- Charles Ku, ADN, RN

- Laurie Logan, ADN, RN
- Savanna Matelski, PCT
- Chris Nance, BSN, RN
- Mina Neitzke, BSN, RN
- Jamie Nelson, ADN, RN
- Sandy Novotny, ADN, RN, PCCN
- Donna Pastorius, ADN, RN
- Melissa Robbins, BSN, RN
- Sandra Rogers, MSN, RN
- Colleen Ross, ADN, RN
- Rebecca Sewell, ADN, RN
- Becky Stalder, ADN, RN
- Cindy Strong, ADN, RN
- Karen Sussman, MSN, RN, WHNP
- Megan Walls, BSN, RN
- Diane Wren, ADN, RN

## DEVET/MUNSTERMAN FUND

- Jane Armstrong, ADN, RN
- Irene Crandell, ADN, RN, ONC
- Toni Moriarty-Smith, MSN/ED, RN, NE-BC
- Jennifer Woods, MSN, RN, CEN

## EMERGENCY DEPARTMENT

- Carol Gillespie, BSN, RN
- Laura McMasters, BSN, RN

HEART SERVICES COLLEAGUE  
EDUCATION FUND

- Alicia Beebe, BSN, RN
- Karen Doherty, DIP, RN, BC
- Jennie Klingshirm, MSN, RN

HOSPITAL AND NURSING  
EDUCATION FUND

- Michelle Fenlon, ADN, RN
- Heaven Jutson, PCT
- Holly Owen, BSN, RN
- Patricia Soper, ADN, RN
- Laura Willey, ADN, RN

JOAN JENSEN HAUPRICHT  
ENDOWMENT

- Jodi Beebe, ADN, RN, ONC
- Mandy Robinson, HUC

## LACEY NURSING SCHOLARSHIP

- Kimberly Fazio, ADN, RN

MARTIN AND PATRICIA JAHN  
SCHOLARSHIP ENDOWMENT

- Carrie LaHaie, BSN, RN

## MEENG'S HEART FAILURE FUND

- Patricia Woodside, ADN, RN, CCDS

## RENAL EDUCATION

- Laura Becraft, ADN, RN
- Lisa Fitzpatrick, BSN, RN, CNN
- Brooke McLeod, ADN, RN
- Kristine Trautmann, ADN, RN

## S.T. KUTCIPAL ENDOWMENT

- Sherrie Bradley, ADN, RN, CPAN
- Lori Driskall, ADN, RN
- Virginia Nuffer, ADN, RN, CLC
- Dianne Rinock, ADN, RN

TOM AND ANN STALLKAMP  
COLLEAGUE EDUCATION

- Amy Boge, BSN, RN
- Murphy Gillespie, BSN, RN
- Nichole Iwema, ADN, RN
- Holly Owen, BSN, RN
- Michelle Rushing, BSN, RN, CCRN
- Mindy Sears, BSN, RN

## TRAUMA PROGRAM EDUCATION

- Timothy Amborski, BSN, RN
- Doretta Brodin, ADN, RN
- Carla Calhoun, ADN, RN
- Brian Carson, ADN, RN
- Lee Ann Hopkins, ADN, RN
- Kelly Johnson, BSN, RN
- C. Michelle Murphy, BSN, RN, CEN

VOLUNTEER SERVICES  
ENDOWMENT

- Erin Cowan, BSN, RN
- Patricia Dallaire, BSN, RN, CIC
- Margaret Jakeway, BSN, RN
- Linari, BSN, RN, ONC
- Jeanette Rokop, MSN, RN, CCRN, NIH
- Shauna Shipman, BSN, RN
- Barb Stone, MSN, RN

MAGNET MEANS:

“...the support to advance my professional knowledge through continued education and degrees. It allows me the opportunity to sit on and lead professional nursing councils such as the Cath Lab UBC and Nursing Research Council. Lastly, it means having pride in the work I do everyday to ensure the best care is provided to my family, friends, and neighbors in my community.”

— ANNIE SIMONS, RN  
CARDIAC CATH LAB



## NIGHTINGALE AWARD

The dedication, compassion, and altruism that guided Florence Nightingale in her duties are the same qualities that nursing colleagues strive for today. The nurse colleagues listed below were honored with Nightingale awards.

- ✦ Jane Armstrong, ADN, RN  
STAFF NURSE
- ✦ Chris Chappell, BSN, RN  
LIFETIME ACHIEVEMENT
- ✦ Amy Mansfield, BSN, RN  
EDUCATION
- ✦ Jeannie Stephenson, ADN, RN  
STAFF NURSE (pictured)
- ✦ Lynda Vandermuelen, BSN, RN  
NON-TRADITIONAL ROLL
- ✦ Daphne Weston, ADN, RN  
ADMINISTRATION



## DAISY AWARD

In 2015 alone, 328 nurses received Daisy Award nominations. Congratulations to the recipients.

- ✦ Tim Amborski, BSN, RN — *Progressive Pool*
- ✦ John Binko, ADN, RN — *CVU*
- ✦ Abby Blaskowski, BSN, RN — *Level 2 South*
- ✦ Kelsey Burges, ADN, RN — *CVU*
- ✦ Erin Cowan, BSN, RN —  
*Emergency Department*
- ✦ Amy Diehl, BSN, RN — *CVU*
- ✦ Faye Dubai, ADN, RN, ONC, WTA —  
*Level 2 South*
- ✦ Murphy Gillespie, BSN, RN —  
*Progressive Pool*
- ✦ Lucy Groff, MSN, RN — *Obstetrics*
- ✦ Ashley Groters, ADN, RN — *Acute Rehab*
- ✦ Dianna Hudson, ADN, RN — *Level 3*
- ✦ Penny James, ADN, RN — *Level 3*
- ✦ Chelsea Kaye, ADN, RN — *Level 2 South*
- ✦ Derek Neumann, ADN, RN — *Level 2 North*
- ✦ Stephanie Nivelte, ADN, RN — *Level 2 South*  
(pictured)



## CONGRATULATIONS 2015 GUARDIAN ANGELS

Karmanos Cancer Institute  
at McLaren Northern Michigan  
Nurse Navigator  
Jeanne Melton, ADN, RN, OCN

Grateful 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 below were honored in 2015 for their compassionate work.

- ✧ Dawn Behling, ADN, RN
- ✧ Brooke Blanchard, ADN, RN
- ✧ Jaimie Carter, ADN, RN
- ✧ Robin Chapman, ADN, RN
- ✧ Amber Cronk, ADN, RN
- ✧ Kari Curtis, BSN, RN
- ✧ Shelly Dale, ADN, RN
- ✧ Lee Anne Fate, ADN, RN
- ✧ Ann Gunderson, ADN, RN
- ✧ Sara Haley, ADN, RN
- ✧ Natalie Hesselink, ADN, RN
- ✧ Laura Hill, BSN, RN
- ✧ Robin Hoffman, BSN, RN, CCRN
- ✧ Liane Humphrey, ADN, RN
- ✧ Gina Isard, ADN, RN
- ✧ Penny James, ADN, RN
- ✧ Mary Kafer, ADN, RN
- ✧ Julie Kamerman, ADN, RN
- ✧ Kim Krieger, ADN, RN
- ✧ Diane Lagerstrom, MSN, RN
- ✧ Mary Jo LaHaie, ADN, RN
- ✧ Lisa Lockwood, ADN, RN
- ✧ Jessica Matelski, ADN, RN
- ✧ Wendy McCallum, ADN, RN
- ✧ Jeanne Melton, ADN, RN, OCN (pictured)
- ✧ Heidi Migda-Richter, ADN, RN
- ✧ Kayla Moore, ADN, RN
- ✧ Tara Morrow, ADN, RN
- ✧ Stephanie Nivelt, ADN, RN
- ✧ Roger Ostwald, BSN, RN
- ✧ Vianney Ruhumuliza, ADN, RN
- ✧ David Sanderson, ADN, RN
- ✧ Gwendolyn Sangeorzan, ADN, RN
- ✧ Joseph Sawasky, ADN, RN
- ✧ Jane Shaw, ADN, RN
- ✧ Marie Spiewak, ADN, RN
- ✧ Ruth Ann Turner, ADN, RN
- ✧ Robert Urman, ADN, RN
- ✧ Joanie Vargo, BSN, RN
- ✧ Patricia Vincent, ADN, RN
- ✧ Valerie Waterson, ADN, RN
- ✧ Christina Whippo, ADN, RN
- ✧ Laura Willey, ADN, RN



EDUCATION CAN BE FUN:

## NURSES NIGHT OUT

Now in its fourth year, Nurses Night Out has proven its effectiveness as a way to foster professional growth and collegiality while offering continuing education credits. Every event showcases topics of interest to colleagues in a relaxed atmosphere. "We continue to see solid attendance for this event," says Linda Schofield, PhD, RN, Nursing Research Coordinator. "Nurses Night Out is a serious program in a casual format, and nurses — and the patients they serve — all benefit."

### 2015 TOPICS:

- JANUARY The Long and Scary Truth of Ebola, presented by Patty Dallaire, BSN, CIC
- FEBRUARY Anticoagulation, presented by Dr. Kaatz / Pfizer
- MARCH Blood Conservation, presented by Kristal Fulmer, RN
- APRIL Quality of Care for Patients — Boarding in the Emergency Department, Presented by Kathi St. Pierre, BSN, RN
- MAY A Year Long Journey of Living a Life of Gratitude, Presented by Donna Rudy
- JUNE The Importance of Vaccinations, presented by Dr. Gunner Deery / Pfizer
- SEPTEMBER Pain Management in the Palliative Care Patient, Presented by Janis Bishop, MSN, RN
- OCTOBER The Challenge of Change, Presented by Sandy Rogers
- NOVEMBER Sleep: the Great Equalizer, Presented by Craig Boss, MD
- DECEMBER A Healthier Me, Presented by Tiffany Lenau

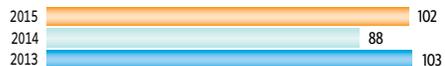
### CONTINUING EDUCATION

The pursuit of new knowledge is evident in McLaren Northern Michigan nurses colleagues.

### NURSING EDUCATION HOURS

- ✧ Nursing CE Hours:
  - 107.00 CE Offerings
  - 160.57 Available Contact Hours
  - 818.00 Participants
  - 1,991.60 Contact Hours Awarded
- ✧ Mosby CE Hours - 85.44
- ✧ Mosby CE Modules Completed - 77
- ✧ Nursing Inservice Hours - 12,848
- ✧ **Total for 2015 - 14,924\***
- ✧ Total for 2014 - 13,112.05\*
- ✧ Total for 2013 - 11,495.10\*
- ✧ Total for 2012 - 11,302.82\*

### NURSING SPECIALTY CERTIFICATIONS HELD



\* Includes nursing CE Hours, Mosby CE, and Nursing Inservice Hours.



### Silver level AACN Beacon Award

Cardiovascular Unit Nurses received the American Association of Critical Care Nurses (AACN) Beacon Award for Excellence, recognizing medical units that demonstrate “exemplary levels of patient care, patient outcomes, and overall patient satisfaction.” This accomplishment represents one of many significant milestones toward optimal outcomes and exceptional patient care.



### Governor's Award of Excellence

The Governor's Award for Excellence was awarded in two areas: outstanding achievement in reducing health care-associated infections and outstanding inpatient clinical achievement, both in the Acute Care Hospital Setting. The award measures performance and safety criteria over a three-year period.



### 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.



### Commission on Cancer

The oncology program received full accreditation with commendation from the American College of Surgeons Commission on Cancer (CoC). CoC accreditation ensures that patients have access to the full scope of treatment and services, including the latest oncological therapies and clinical trials. Accreditation also provides continuous evaluations, facilitating a proactive response to all areas of cancer care.



### The 5-Diamond Patient Safety Program

Recognized for the second consecutive year as a 5-Diamond Facility by the Renal Network of Upper Midwest, Inc. for dialysis services. Five of twelve 5-Diamond Patient Safety Program modules have been completed, each designed to assist dialysis units in increasing patient safety through continuous improvement.



### Get With The Guidelines® — Gold Plus and Target Stroke Honor Roll Elite Plus

McLaren Northern Michigan has received the American Heart Association and American Stroke Association Get With the Guidelines — Stroke Gold Plus Quality Achievement Award with Target of Stroke Honor Roll Elite Plus recognition. The award demonstrates McLaren Northern Michigan's commitment to quality care and best treatment for stroke patients based on nationally recognized and research-based guidelines.



### U.S. News & World Report Best Hospitals Awards

Ranked among top 10 regional hospitals in Michigan, McLaren Northern Michigan was rated as High Performing in four of five categories.



### Joint Commission Top Performer on Key Quality Measures®

The Joint Commission recognized McLaren Northern Michigan as a Top Performer on Key Quality Measures®, representing the top 36.9 percent of all Joint Commission-accredited hospitals that reported accountability measure performance data for 2013. McLaren Northern Michigan attained excellence recognition in Heart Attack, Heart Failure, Pneumonia, and Surgical Care.



### Cardiovascular Rehabilitation Program Certified by Industry Leader

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



**NORTHERN MICHIGAN**

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