



FREE ICE SKATING

If you've been wanting to try out the new skating rink at the Nickless Family Community Pavilion in Wenonah Park, join us on **January 26th from 1pm - 4pm** for a day of free skate rental and hot chocolate. **This event is open to all!**

McLaren Bay Region is proud to sponsor this event as a way to give back to our community and encourage people to enjoy a day of skating and fun at the pavilion. We hope to see you there!

The weekly newsletter for employees and friends of
McLaren Bay Region

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STATLINE

PATIENT SAFETY TIP: WHAT TO REPORT IN McLAREN SAFETY FIRST



Submitted by: Kathy Warszawski

“When in Doubt Always Report”

Please report the following events in **MSF IMMEDIATELY** upon discovery:

- Any unexpected event occurring outside of the routine expected practice/process
- Patient Safety issues jeopardizing the quality of care
- Near Misses that potentially jeopardize the quality of care
- Patient Safety Champions – prevention of an error that could have caused harm to a patient
- Any unanticipated death, paralysis, coma or psychological injury, including loss of limb or major permanent loss of function associated with, but not limited to:
 - Medication Error
 - Patient fall
 - Any elopement or unauthorized departure from the facility or department

- Any intra-partum maternal death related to the birth process
- Attempted suicide of a patient
- Wrong side, site, patient procedure or near miss
- Unintentionally retained foreign object
- Fire, flame, or unanticipated smoke, heat, flashes during patient care
- Equipment malfunction or failure during patient care
- Post-partum blood loss requiring the administration of 4 units, or more, of blood products and/or transfer to higher level of care

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BAY REGION

DOING WHAT'S BEST.®

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Make a connection. Help save a life.

Suicide is preventable. Anyone can make a difference.

- Half-day training in suicide alertness skills
- Learn four basic steps to create a life-saving connection
- Widely used by professionals and the general public

Where: McLaren Bay, Johnson East and West

When: Tuesday, January 29th
8am-11am

Speakers: Beth Wirgowski RN and Emily Williams RN, Nurse Educator

Target Audience: Anyone is welcomed to attend

Upon completion, learners will:

- Be able to identify persons with thoughts of suicide.
- Be able to ask persons if they are thinking about suicide.
- Be able to connect persons with thoughts of suicide to suicide first aid resources.

To register for the safeTALK course, call McLaren Bay Region Staff Development at (989) 894-9513

The planner(s) and speaker(s) disclose they have no relevant financial relationships with commercial interests.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Central Michigan University College of Medicine and McLaren Bay Region. Central Michigan University College

of Medicine is accredited by the ACCME to provide continuing medical education for physicians. Central Michigan University College of Medicine designates this live activity for a maximum of 3.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



PATIENT ACCESS REP EARNS EAGLE SCOUT MERIT BADGE

Matthew Sullivan earned his Eagle Scout Merit Badge on September 12, 2018 and recently held his Court of Honor on December 15, 2018 with his Boy Scout Troop 108 and many friends and family.

Matthew is a co-op Patient Access Representative at the South Tower desk on the afternoon shift. He is a senior at Central High School and is involved in 2 Jazz bands and Student Council. He has been accepted at Western Michigan University where he plans to earn an aviation degree to become a commercial airline pilot.

Congratulations Matthew on this well-deserved honor!



DOING WHAT'S BEST.®



FOUNDATION IN FOCUS

Dinner
AROUND THE
WORLD *Event*



March 14, 2019

The Grand Banquet and Conference Center, Essexville

In the past, many McLaren employees and departments have generously donated incredible gift baskets and/or fun items for the Foundation's silent auction.

We need your help again! Please consider giving a gift basket, box of goodies, event tickets, or other unique item for the Dinner Around the World auction.

We also have several volunteer opportunities available for the night of our event! If you are interested in donating or volunteering, please email/contact Alysa Matthews at alysa.matthews@mcclaren.org or (989) 895-4727.

CELEBRATING OUR DILIGENT PROGRAM!

The Diligent Program started in June 2006 and has been going strong since then. We are very fortunate to have this program here at McLaren Bay Region. Many hospitals in the region, state, and nation do not have a hospital-wide safe patient handling program. Our successful program continues to keep you and your co-workers safe, as well as improve quality of care for our patients. Thank all of you for helping to make the Diligent program a success!

Please review the graphs below to see what our numbers have looked like since starting the program in

2006. Please note that over the past 3 years we have had no restricted days due to an employee lifting injury. There were 3 avoidable lifting injuries, and one that was unavoidable, for a total of only 4 lifting injuries over the past year. Given that McLaren Bay Region employs over 2,000 people, this is outstanding. Thank you for all you do and keep up the good work!

A special thank you to all who support the program, including our administration, directors, managers, supervisors, front line staff, and especially the Diligent coaches who are on the floors and in each department ensuring that things are running as they should. Also, a special thank you to those who work to welcome new employees and assist them with teaching a new hire Diligent

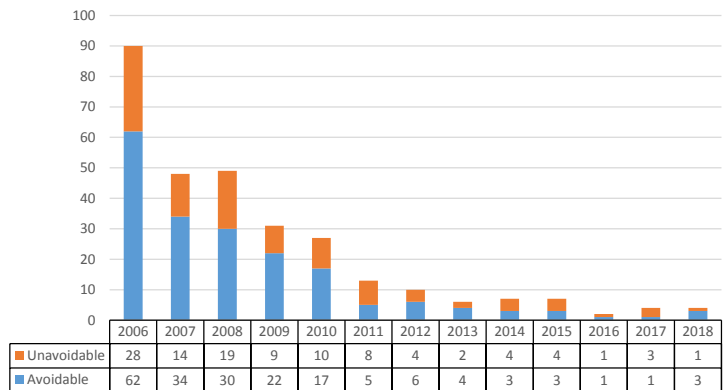
training to ensure that each employee is fully trained.

To celebrate our Diligent Program, we will be having a Hot Chocolate Bar on Wednesday, January 30th from 7am – 9:30am, 11am – 1:30pm, and 5:30pm – 7:30pm in the small café. We will also celebrate with cake and giveaways on Thursday, Jan 31. Please join us in the lobby between 11:00 to 1pm. Stop by for cake and enter a drawing to win prizes.

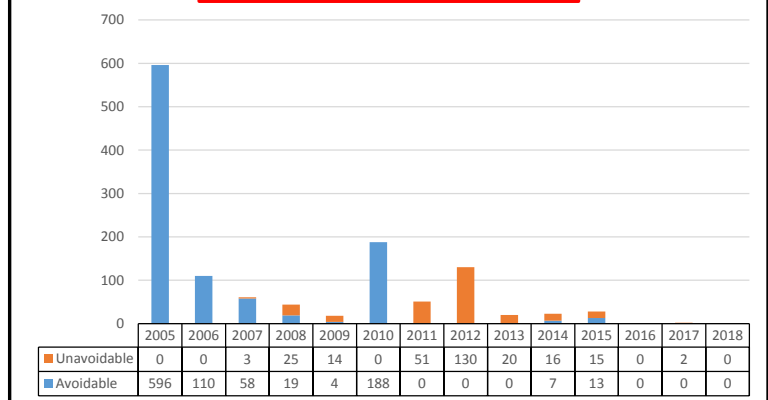
Finally, we will be holding a new coach training session on February 1st. If you're interested in being more involved with this program and becoming a coach, please contact Amanda LaVigne at 894-3149.

DILIGENT STATISTICS

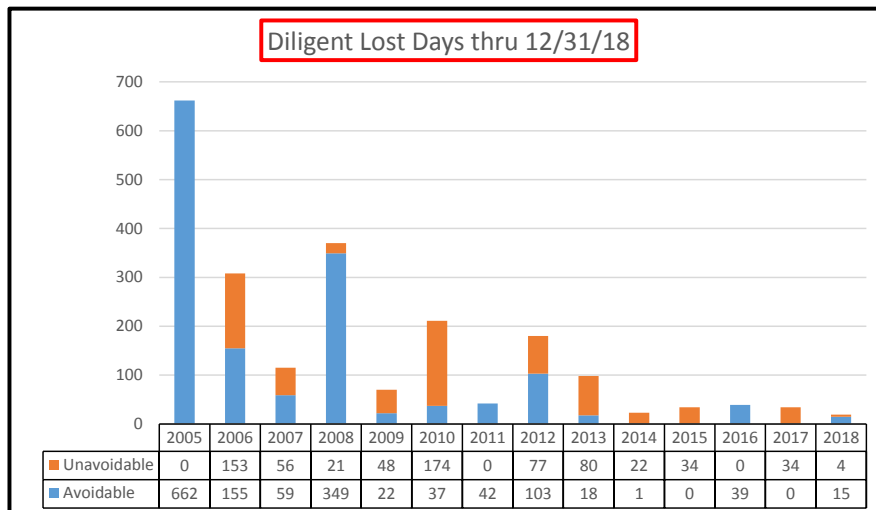
Diligent Patient Handling Injuries thru 12/31/18



Diligent Restricted Days thru 12/31/18



Diligent Lost Days thru 12/31/18



Identifying Stroke Symptoms

B.E. F.A.S.T.

B

BALANCE

Does the person have a sudden loss of balance?

Trouble walking, dizzy, loss of balance or coordination.



E

EYES

Has the person lost vision in one or both eyes?

Sudden trouble seeing in one or both eyes.



F

FACE

Does the person's face look uneven?

Is their smile crooked or mouth drooping?



A

ARM

Is one arm hanging down?

Can the person raise both arms equally?



S

SPEECH

Is the person's speech slurred?

Is speech slurred, or drooling, or confused?



T

TERRIBLE HEADACHE AND TIME

Does the patient have a terrible headache? TIME IS CRITICAL.

Activate Stroke Response or Rapid Response Code Stroke



Note: In some cases, stroke may also cause a severe nausea and vomiting of unknown cause.



American Heart Association
American Stroke Association
CERTIFIED
Meets standards for
Primary Stroke Center

McLaren

BAY REGION

CONGRATULATIONS TO OUR CATH LAB FOR BEING FEATURED IN CATH LAB DIGEST!

Read the article from Cath Lab Digest below:

Source: www.cathlabdigest.com

In this month's article, we welcome members of the nursing and medical staff at McLaren Bay Region Cath Lab to talk about what many might consider a controversial topic...non-physician vascular access. However, this facility now has over ten years of experience and a proven track record that suggests this is not only feasible, but contributes greatly to the procedural flow of the cath lab. McLaren Bay Region has leveraged their extensive experience with radial access to achieve a robust same-day discharge rate.

– Gary Clifton, Vice President,
Terumo Business Edge

McLaren Bay Region (McLaren Health Care) cath lab is located in Bay City, Michigan. Our cath lab consists of three coronary labs and two electrophysiology (EP) labs. The cath lab is staffed with 13 staff members. The cath lab is supported by a 28-bed prep and recovery area. Our Bay Region cath lab team and physicians have done some unique training that greatly improves throughput, efficiency, and learning opportunities for the staff.

The technologists and nurses at McLaren Bay Region have always been integrated into the procedure flow to obtain access. Our lab was previously recognized by Cath Lab Digest in February 2008 for providing this training and opportunity to the staff. Not only was the uniqueness of the nurse or tech access role acknowledged, but

our low site complication rate was presented as well.

This approach has evolved into obtaining radial access. Staff will attempt radial access in 100% of all appropriate patients. If unable to obtain access after three attempts, access will be deferred to the physician. A radial access training competency is in place that requires ten successful attempts in front of a physician prior to independent practice. Since allowing staff to participate, engagement has increased, as staff feel a part of the process and included in patient care. Our 2018 data shows that techs and nurses obtain 88% of radial access in our program.

Radial access is a major component to the success of our cardiac program. Seventy percent of all cases performed are done so by radial access. It saves time for the physician, allowing for faster turnover and increased cases per room. Physicians who were hesitant to proceed with radial cases quickly became comfortable with the procedure relying on experienced staff for guidance. This strategy has been extremely effective in acute myocardial infarctions, allowing staff to obtain access before the physician even arrives and shortening the door-to-balloon time. Our current door-to-balloon time averages between 47-54 minutes. Considering our program covers a large geographic area and has additional challenges of winter

weather, this approach shaves off critical minutes for the patients we serve. We have three outlying facilities that perform diagnostic angiograms only and transfer PCI cases to our facility. Radial approach provides a more comfortable and safe transport for the patient when compared to a femoral sheath management.

Our 2018 data puts our same-day discharge (SDD) rate at 40%. We believe our ability to outperform the American College of Cardiology's National Cardiovascular Data Registry (ACC-NCDR) average of 28% is due largely to our commitment to radial access and the inclusion of staff in the access work. Our radial access physician champion achieves over 90% SDD for elective PCI patients. Initially, we identified candidates for SDD as younger patients, minimal comorbidities, adequate family support, and in close proximity. Our patients often live over two hours from our program. Providing radial access is an integral part of our SDD success. Our goal is to safely discharge our scheduled elective patients who receive a stent 2-3 hours post procedure.

The biggest emphasis is that our patients obtain proper prescriptions for dual platelet therapy prior to leaving the hospital. Our outpatient pharmacy fills and delivers the medication to the patient's bedside prior to discharge. We have arranged for a free thirty days of ticagrelor on discharge for appropriate patients. This is so important to our program because our early experience showed that patients would not pick up their prescriptions, for a variety of reasons. This process assures us of a safe discharge with uninterrupted dual antiplatelet therapy (DAPT) for

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30 days, a message emphasized by the physician and re-emphasized by the nursing staff prior to discharge. We stress the importance of repeating the message and also including the caregiver in that message, as many patients may not be coherent during the initial physician counseling due to sedation. At the time of discharge, physicians and nurses collaborate to ensure core measure are met and key therapies, including statin therapy and cardiac rehab referrals, are in place. An additional safety net is that patients are sent home with a red bracelet that includes a hotline number for any urgent issues. The patient receives a phone call the day following discharge and an office visit within one week.

As our SDD program proliferated, we aborted any algorithm as to who qualifies for SDD. We are aware many programs follow guidelines such as early cases, age limits, and proximity to the hospital as requirements to consider SDD. We

have not witnessed any specific rule that benefits or defines safe SDD. Late in the day cases can have the same success as early morning cases. It is the review of the physician, outcome of the case, and response of the patient that drives the SDD criteria.

Our SDD numbers have increased gradually over time, with significant focus on the subject. Finding ways for patient and physician comfort is key. Starting out conservatively will help boost confidence and allow the facility to validate the SDD program is producing a safe patient outcome and positive patient experience. Our program focuses on making sure the patient has everything they need for a healthy recovery.

If your program is considering staff-led access or growing your SDD program, a driven physician champion must be dedicated to the cause. Radial access must be a priority and success with quality, financial, and patient experience should be shared within and outside

the organization. Patients will spread the word about radial access and SDD, and they will request it. Today patients can find more information than ever related to physician and hospital quality numbers, and soon to come, cost. Providers should be aware of the competition from those successfully performing radial access and providing SDD. It takes a program with a culture of respect for physicians to learn techniques from each other and teach their team. Our program is a blend of integrated and independent physicians, yet both side work together to create best practice guidelines and standardize care when able. It all comes down to improving clinical practice and developing best standards of care. So much literature and research has been presented on radial and SDD, much like hypertension and hyperlipidemia. The gold standard of radial access and SDD should be provided to every eligible patient.





FREE HOT CHOCOLATE BAR FOR EMPLOYEES

WEDNESDAY, JANUARY 30TH
Small Cafe

7am - 9:30am

11am - 1:30pm

5:30pm - 7:30pm

For off sites, department managers can order hot chocolate packets by contacting Janet Vennix at janet.vennix@mclaren.org or 989-894-3826 by January 25th.

The hot chocolate bar is offered to celebrate the success of the Diligent Program, a safe patient handling program that started in 2006. The program was started due to a high number of employee injuries and high cost to treat those injuries. In 2006, we had 90 patient handling injuries. Last year, we only had four injuries. We have greatly reduced the number of injuries, which has also helped us reduce costs. Great job to all on improving our safe patient handling through the Diligent Program - enjoy your hot chocolate!

Brought to you by the Rewards & Recognition Team