

R E S P O N S I V E

Every Moment, Every Day:
Connecting Patients, Colleagues, and Community.
For the Betterment of All.



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RESPONSIVE



RESPONSIVE NURSING is the new normal.

It means that we react quickly, appropriately, and decisively to every aspect of our profession. From patient care to clinical initiatives, from community outreach to professional support, our nurse colleagues:

- › identify issues,
- › create action plans,
- › monitor the results,
- › evaluate for effectiveness,
- › and implement change whenever and wherever it is needed.

We are FLEXIBLE. We are ENGAGED.

We are the nurse colleagues of McLaren Northern Michigan.

We are RESPONSIVE.



COMPONENTS OF MAGNET®

MAGNET COMPONENTS ARE IDENTIFIED THROUGHOUT THE 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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To the Nurse Colleagues and Friends of McLaren Northern Michigan

TL



Beginning with the ANCC National Magnet Conference and celebration in Orlando, Florida, last year was exciting and productive for all of us. What an honor to join with other professionals from around the nation to share stories, renew contacts and friendships, and congratulate others who have also chosen the Magnet journey — all despite hurricane emergencies and conference event cancellations. We received our Magnet® redesignation in late 2015, and the conference was an occasion to recognize a job well done.

We knew, however, when we began our journey in 2011, that there would not be an endpoint, that the Magnet designation is an ongoing responsibility, and that our commitment to nursing excellence is a conscious choice that informs every professional decision we make. Now, we look forward to collecting data for our next resubmission, scheduled for 2019. One way we will prepare is through our Strategic Planning Initiative, a structured, quality improvement process that facilitates gathering feedback, instituting change where needed, and collecting data to measure results. Revising our planning process to include proactive 90-day action plans streamlines the process and speeds the results. You will find more information about Strategic Planning inside this report, plus much more about changes implemented to improve colleague retention, job satisfaction, and overall patient care.

As always, I am immensely proud of you and your accomplishments, and I am honored to be a part of this wonderful team. Your tireless dedication to your patients and fellow colleagues is an inspiration to us all.

Kindest regards,

A handwritten signature in black ink that reads "Jennifer Woods". The signature is fluid and cursive, with a large initial 'J'.

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



As far as we are concerned here at McLaren Northern Michigan, everyone in the region has a right to quality health care, and we have a responsibility to provide it. There are no politics at play in what we do: that is, providing health care as we would expect for our own families. We accomplish this goal by consciously choosing the best colleagues; embracing the latest techniques; and continuously measuring outcomes. Our nurse colleagues know that outstanding patient care is a nonpartisan issue. They see one issue and one issue only: treating patients with exceptional skill, deep compassion, and unfailing professionalism. Congratulations to our Magnet nursing team and thank you for another outstanding year.

A handwritten signature in black ink that reads "David M. Zechman". The signature is fluid and cursive, written in a professional style.

David Zechman, FACHE
PRESIDENT AND CEO
McLAREN NORTHERN MICHIGAN



The Board of Trustees is tasked with guiding McLaren Northern Michigan through the business and administrative elements of health care. By necessity, system growth and strategic planning drive our process. But we know that the process includes a human element, the individuals that give an organization its strength and drive. We know that the nurses of McLaren Northern Michigan are integral to our mission, and we appreciate all that you do to further the goals of this important health care system. Our reputation is stronger because of the nurse colleagues of McLaren Northern Michigan, and we thank you for your dedication to your patients and your profession.

A handwritten signature in black ink that reads "L. D. Frescoln". The signature is cursive and written in a professional style.

Dave Frescoln
CHAIR
McLAREN NORTHERN MICHIGAN BOARD OF TRUSTEES

WE ARE RESPONSIVE

The strategic planning team of nurses at McLaren Northern Michigan: aware, flexible, enthusiastic, interested, open minded, receptive, sensitive, resilient, adaptable, accessible.



Tami Hightower
BSN, RN

Christine Perreault
ADN, RN

Bobbi Cool
BSN, RN

Aaron Cannon
ADN, RN

Sue Stone
MBA, BSN, RN

Faye Dubay
BSN, ONC

Ross Witherbee
MSN, RN

Stacey Forbes
BSN, RN

Brianna Alger
BSN, CCRN

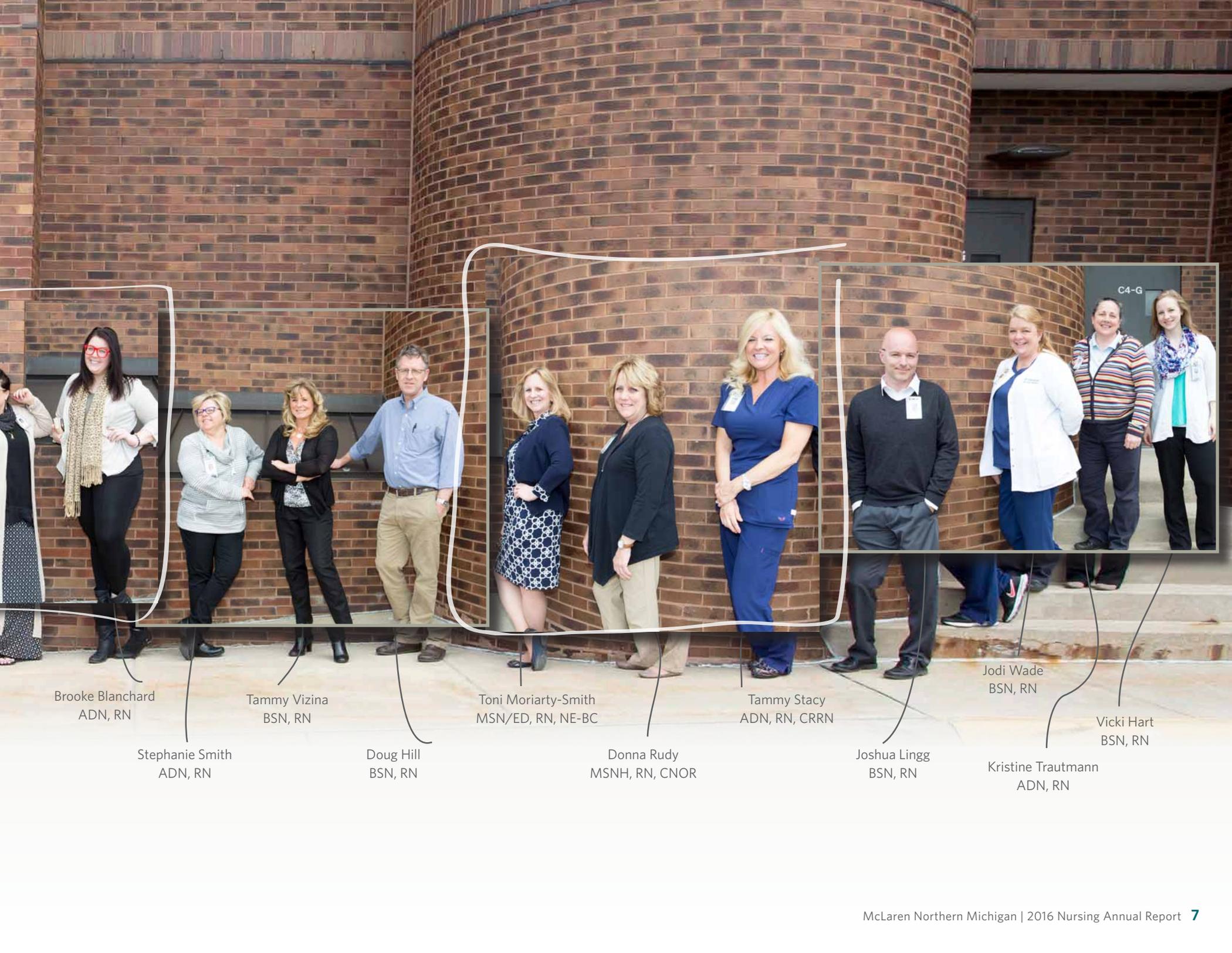
Evamarie Buskirk
MSN, RN, FNP-BC,
CPAN, CCRN

Lisa Hoover
MSN, RN-BC

Rochelle Whitmore
MSN, RN, CRRN

Nichole Varoni
BSN, RN

Janis Bishop
MSN, RN, CNL



Brooke Blanchard
ADN, RN

Tammy Vizina
BSN, RN

Stephanie Smith
ADN, RN

Doug Hill
BSN, RN

Toni Moriarty-Smith
MSN/ED, RN, NE-BC

Donna Rudy
MSNH, RN, CNOR

Tammy Stacy
ADN, RN, CRRN

Joshua Lingg
BSN, RN

Jodi Wade
BSN, RN

Kristine Trautmann
ADN, RN

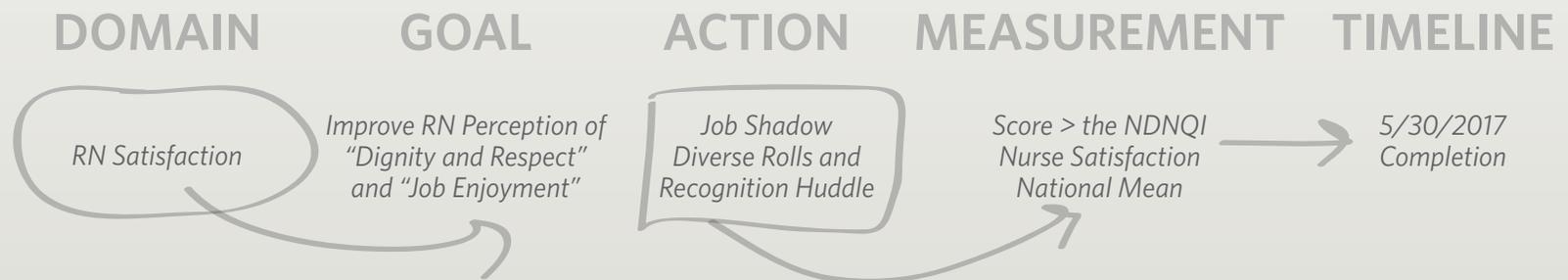
Vicki Hart
BSN, RN

WE ARE RESPONSIVE

NURSE COLLEAGUES: AT THE FOREFRONT OF STRATEGIC PLANNING

Collecting immediate feedback, processing findings, and strategizing solutions allow nurse colleagues to respond quickly and effectively.

Taking Action: ONE EXAMPLE



Magnet Conference: CAUSE FOR CELEBRATION

McLaren Northern Michigan was represented by 21 nurses, including 16 direct-care nurses, at the National Magnet Conference. Attended by over 9,800 nurses, keynote speakers and camaraderie filled the first days. However, Hurricane Matthew drew an early end to the conference, allowing McLaren Northern Michigan nurses to collaborate, bond, and celebrate on their own.

2011

Official Magnet®
Recognition

2013

Interim Magnet®
Report Deadline

SHORT-TERM GOALS YIELD LONG-TERM IMPACTS

The nursing model at McLaren Northern Michigan has traditionally embraced long-term strategic planning with annual evaluation to measure efficacy. Throughout 2016, nurse colleagues continued this model, however with a shift, geared toward more efficient implementation and evaluation.

In a coordinated effort to assess nursing practices and implement appropriate change, the Division of Nursing adjusted the Strategic Planning process. A real-time method of creating and updating action plans was implemented using 90-day increments. The first quarterly Strategic Planning meeting was held in October of 2016. Presentations, break-out sessions, and hospital-wide evaluations filled the day-long meeting. Within the meeting, six key nursing domains were identified: nurse satisfaction; work environment; quality and safety; clinical practice; patient experience; and professional development. This report is outlined with these key domains.

IMMEDIATE FEEDBACK

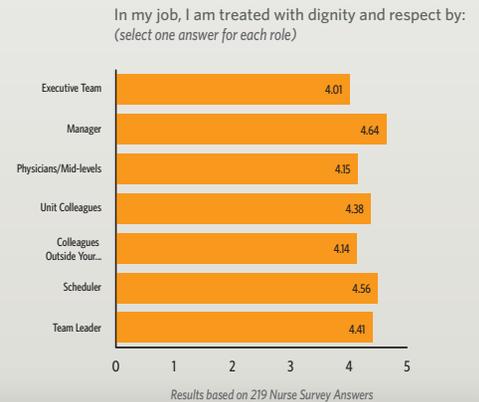
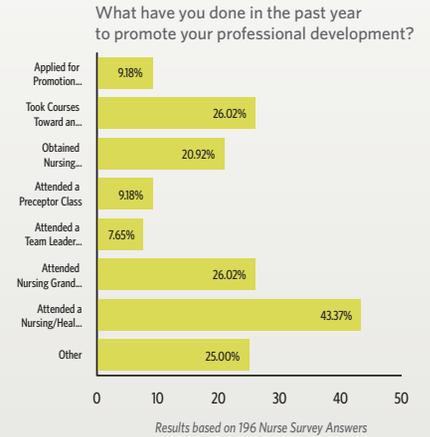
The evolution in the Strategic Planning model reflects the Magnet® culture for continued improvement through shared governance. Two Strategic Planning changes improved timeliness of data collection and overall participation.

- Thoughtful planning and gathering of input from multiple departments was traditionally an annual, vendor-based electronic survey. Nurses were asked to respond to a lengthy questionnaire, though time involved did not garner full participation. The Strategic Planning team recognized this, set a goal of increasing participation for more accurate data collection, and implemented shorter, electronic pulse surveys more frequently. The result was as anticipated — greater participation with more timely and comprehensive data.
- Previous Strategic Planning processes focused on nurse manager feedback versus direct-care nursing input. Managers would previously reach out to their departments over a year-long period to gather information. Consistent with electronic surveys, this process was evaluated to determine ways to increase quality and timeliness of data collection, encourage participation, and ultimately improve patient care.

A shift in the overall process was aimed at more frequent progress assessment of goals with opportunities to adjust as needed. During the first quarterly session, two-person teams, each assigned to the same domain, collected and reviewed feedback gathered through face-to-face interviews with direct care nurses on their unit. Each team gathered these bedside perspectives on nursing and patient care topics. “With this feedback, we are able to create 90-day action plans to meet the needs of our professionals at the bedside,” reports Toni Moriarty-Smith, MSN/ED, RN, NE-BC, Magnet® Coordinator and Director of Professional Nursing Practice. “These quarterly evaluations and adjustments have considerable impact, allowing us to keep goals and tactics current and constantly monitored.”

Increasing Feedback: NURSE SATISFACTION

Pulse survey examples below show real-time feedback, while monthly Nursing Cabinet progress evaluations keep goals at the forefront.



WE ARE RESPONSIVE

TO OUR COLLEAGUES, WHENEVER AND WHEREVER THEY MIGHT NEED US.

Safety in the workplace is critical in the medical community. A safe and healthy professional staff is better able to provide exemplary patient care and to realize optimal outcomes.

QUALITY AND SAFETY

EPP

EO

SE

JOSHUA LINGG BSN, RN
Colleague Health Coordinator, shows
an example of new safety goggles
introduced in 2016 to
decrease BSE hospital-wide.



Strategic Planning at Work: ONE INITIATIVE AT A TIME

As Colleague Health Coordinator, Joshua Lingg, BSN, RN, is tasked with aiding colleagues on health and safety issues at the individual, departmental, and system levels. “Maintaining hospital safety throughout the organization not only elevates the level of patient care but also contributes to optimal outcomes,” Lingg says. “Continuous improvement within the Magnet® culture is what motivates me.” Lingg admits that some health and safety issues are not due to skill level, but rather to complacency. “We all get comfortable performing protocols; they become second nature, and at that point, there might be a danger of getting too comfortable,” he adds.

The Quality and Safety domain identified a complacency issue during the fall 2016 Strategic Planning meeting. Lingg’s group was tasked with decreasing incidences of body substance exposure (BSE) among nursing staff. Lingg introduced new safety goggles with an educational component to promote goggle use at the bedside. “We want to keep nurses safe on the job, and we want their family members to be safe at home,” he explains. “I couldn’t imagine bringing BSE into the home.”

In his post as Colleague Health Coordinator, Lingg is both observer and reminder. “Sometimes my job is to remind colleagues of the basics and to make sure that they are cognizant of their surroundings,” he says. “We must be aware of health and safety in our professional roles at all times.”

A DEDICATION TO SAFETY

Nominated by their peers and recognized for their tireless work in promoting patient safety, Patient Safety Heroes improve care and encourage others to do the same. Below is a list of outstanding leaders honored in 2016.

- Barb Brown, ADN, RN — *Cheboygan ED*
- Carla Calhoun, ADN, RN — *ICU*
- Sherri Carpenter, ADN, RN — *Obstetrics*
- Treavor Elmers, CRNA — *Anesthesia*
- Valerie Gaudette-Adair, ADN, RN — *Cheboygan ED*
- Leatrice Hopkins, ADN, RN, CEN — *Cheboygan ED*
- Jeff Jarvis, ADN, RN — *CVU*
- Shaunee McKinney, ADN, RN — *Level 3*
- Caleb Migda, ADN, RN — *Level 2 North*
- Mina Neitzke, BSN, RN — *Pre-Procedure Holding*
- Jamie Nelson, ADN, RN — *Pre-Procedure Holding*
- Mike Sears, ADN, RN — *CVU*
- Heather Smith, RN — *Anesthesia Practice*
- Tracy Tonson, RN — *VitalCare*
- David Tule, ADN, RN — *Cheboygan ED*
- Nichole Varoni, BSN, RN — *Cheboygan ED*
- Meghan Walls, BSN, RN — *CVU*
- Daphne Weston, RN — *House Supervisor*
- Alice Whennan, BSN, RN — *Pre-Procedure Holding*
- Ross Witherbee, MSN, RN — *Nurse Manager*

IMPROVING COMMUNICATION

The Clinical Resources Management Project (CRMP) was charged with improving interdisciplinary communication between unit care teams to ultimately enhance efficiencies. Initiatives for implementation included:

- Coordination of care between the hospitalist and specialty/consulting physicians,
- Development of comprehensive discharge plans to optimize post-discharge care and prevent readmission,
- Identifying patients for discharge and discussing barriers to transitioning to next level of care, and
- Decreasing patient length of stay and optimizing documentation for CMI (Case Mix Index).

CRMP initiated in 2015 throughout Level 3, expanded to the Cardiovascular Unit in 2016, and is now hospital-wide. Geographic rounding, development of interdisciplinary teams, and real-time discussion has proven to provide better coordination and work flow, keeping patients and families at the center of all decisions.

“With improved communication amongst the care teams, patients, and families, we are better advocates and able to facilitate and deliver high quality of care,” explains Joan Shepherd, ADN, RN ACM, Clinical Supervisor (pictured above with Ross Witherbee, MSN, RN, Clinical Nurse Manager, Cardiovascular Unit).

WE ARE RESPONSIVE

TO THE DAILY DEMANDS OF OUR PROFESSION
THROUGH BEST PRACTICES AND HIGH STANDARDS.

Nurse colleagues stay ahead of emerging technology and procedures.
Every advancement informs decisions with patient-centered care.

CLINICAL PRACTICE

EPP

NK

EO

SE



Emergency Department
Clinical Nurse Manager
SUE STONE MBA,
BSN, RN, facilitates an
Emergency Department
Unit Based Council
meeting.



When Seconds Count: ED REDESIGN IMPROVES CARE

Recognizing the need to review overall Emergency Department (ED) areas of improvement, Philips Blue Jay Consulting was enlisted to assist in the evaluation of current processes and to recommend opportunities for improvement. “We wanted to impact the patient experience, increase patient safety, and make improvements to the overall clinical practice,” explains Sue Stone, MBA, BSN, RN, Emergency Department Clinical Nurse Manager.

In conjunction with the Philips Blue Jay study, the Emergency Department Unit Based Council (UBC) was expanded into three individual teams:

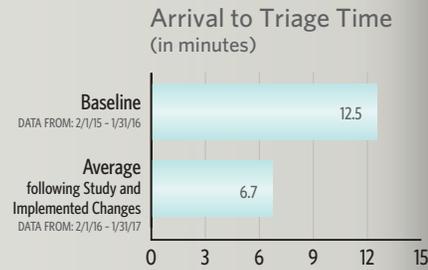
- FRONT END TEAM — ED and Registration Staff
- PATIENT FLOW TEAM — ED Staff, plus Radiologists, Imaging Specialists, and Laboratory Representatives
- TEAM LEADER TEAM — ED Team Leaders

Teams met weekly to evaluate processes, review established protocols, and summarize collected data.

A rapid triage process was implemented, and all ED nurses were fully trained in Emergency Severity Index (ESI) protocols. Significantly, a triage nurse was moved directly inside the ED entrance at the registration desk. “This makes the process more efficient and helps to ensure that every patient who enters the ED can be rapidly evaluated, ultimately reducing the number of patients who leave the hospital without being seen and facilitating patient flow from waiting room to bedside,” Stone adds.

Following the six-month collaborative study period, teams reconvened into a single UBC to facilitate final recommendations. Changes were made to the overall ED footprint, including the addition of vertical assessment stations for less acute patients. “This improves the patient experience and keeps unit beds available for emergent cases,” Stone explains. “Following the implemented changes, we realized an 8.2% reduction in patients leaving without being seen.”

46.4%
DECREASED TIME from
ED ARRIVAL to TRIAGE
From 12.5 to 6.7 Average Minutes



REDUCING ED BOARDING TIMES

ED boarding data collected over a 14-month period indicated areas for improvement. The resulting action plan called for a revised admission process with prioritization algorithm, increased bed availability through high-priority discharges, enhanced communication with support services, and increased availability of ADT (admission-discharge-transfer) nurses. Implementation 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.

22% REDUCTION IN ED BOARDING TIMES from 2014 - 2016



WE ARE RESPONSIVE TO OUR TASKS AND OUR RESPONSIBILITIES WITH ENTHUSIASM.

High colleague satisfaction is the goal in all service lines and departments. McLaren Northern Michigan nurse colleagues are especially fortunate to practice in a respected regional health center.

NURSE SATISFACTION

KATHI ST. PIERRE BSN, RN
Clinical Nurse Manager
Progressive Pool/IVT/Transport

“The introduction of ADT nurses has increased bedside nursing satisfaction, allowing them to focus on their already-admitted patients. For patients, feedback has shown that perceived time spent with the ADT nurse is productive prior to transfer and/or admission.”

EPP

NK

EO

SE



The Nursing Challenge: MANAGING PATIENT THROUGHPUT

In 2015, in an effort to keep floor nurses on their rounds and available to patients without interruption, an ADT (Admission, Discharge, Transfer) nurse was added to facilitate the admission process. Previously, moving patients through admission to their unit was slow, taking bedside nurses nearly an hour to complete. After the successful implementation of the ADT nurse, the program gradually increased to 36 hrs/day (3 shifts/day, 9 a.m. – 11 p.m.). “We knew that patient care might be impacted if our bedside nurses continued to process new patients,” explains Kathi St. Pierre, BSN, RN, Clinical Nurse Manager Progressive Pool/IVT/Transport. “An ADT nurse elevates safety and also provides peace of mind for bedside nurses.”

ADMISSION ASSISTANCE: ADT nurses gather patient data, thereby speeding the process.

- Patient profile and medical history
- Medication and compliancy forms, such as HIPAA
- Falls assessment
- Full EMR (Electronic Medical Record) capture
- Personal preferences, such as visitor and meal details
- Verbal hand-off to unit nurse

UNDERSTANDING THE PROCESS: ADT nurses move patients both internally and externally.

- ED boarding support, including transferring patients to units
- Post-surgery transfers
- Direct admit from referring physicians, bypassing ED for quicker transfer
- Internal transfers from one unit to the next — ICU to recovery floor, for example — especially when census is high and beds are needed quickly

REVIEWING THE RESULTS: Feedback is positive.

The addition of ADT nurses has increased bedside nursing satisfaction, allowing colleagues to focus on their already-admitted patients and to realize increased resource availability. Additionally, patient feedback indicated that ADT services are helpful and productive, as compared to “plain wait time.”

VIRTUAL TECHNOLOGY IMPROVES COMMUNICATION

In an effort to facilitate greater participation in meetings and conferences, nurses were introduced to Zoom, a new virtual resource. Nurses are now able to participate from home when meetings or events are scheduled on days off. Zoom is useful in a number of scenarios including:

- **COLLABORATIVE MEETINGS** — Unit-based Councils, for example, may schedule online monthly Zoom meetings to encourage greater participation and input.
- **ONLINE TRAINING** — In the planning stages, Continuing Education (CE) credits and certifications will be introduced through Zoom, consistent with remote classrooms.

INTERNET RESOURCES

Thanks to the dedicated efforts of Karen Safko, ADN, RN, PCCN, nurse colleagues were introduced to an updated and more user-friendly website. In addition to navigation tools, the website now features individual Unit-based Council links with goals and objectives; meeting minutes; education icons with specific calendar dates; plus archived documents and newsletters. Nursing website access is through mclaren.org/northern.

RECOGNITION



DAISY AWARD

In 2016 alone, 407 nurses received Daisy Award nominations. Two hundred nursing colleagues received one or more nominations, 16 colleagues had 5 or more nominations, and Level 2 North lead all departments with 88 nominations. Congratulations to the recipients.

- Nancy Busch, ADN, RN — *Cheboygan Emergency Department*
- Eileen Butler, BSN, RN — *Pre-Procedure Holding*
- Chris Fountain, ADN, RN — *House Supervisor*
- Sannah Huss, ADN, RN — *Level 2 North*
- Amber Johnson, ADN, RN — *Cheboygan Emergency Department*
- Sue Kinney, ADN, RN — *Pre-Procedure Holding*
- Belinda Kurth, ADN, RN — *Cheboygan Emergency Department*
- Jennifer Lanting, BSN, RN — *Level 2 North*
- Becca Meighan, MSN, RN — *Obstetrics*
- Ryan McRae, ADN, RN — *Level 2 North*
- Melissa Reeves, ADN, RN — *Level 2 South* (pictured above, middle)
- Laura Wallace, ADN, RN — *CVU*
- Alice Whennan, BSN, RN — *Pre-Procedure Holding*

NIGHTINGALE AWARD

Dedication, compassion, altruism — all characteristics that guided Florence Nightingale in her nursing duties. Below are nurses recognized for reflecting the same admirable qualities that colleagues strive for today.

- **AMY HOWARD** ADN, RN — *Obstetrics*
As a lactation specialist, Amy Howard is a strong patient champion, helping all to get off to a successful breastfeeding start after birth with care and support. Incorporating the latest evidence-based research regarding breastfeeding, she advocates for change in unit practices to support new research.
- **SHAUNEE MCKINNEY** ADN, RN — *Level 3*
Encouragement of others and a positive approach make Shaunee McKinney a Clinical Nurse champion. "She believes in embracing new nurses and supporting colleagues to make them the best version of themselves," her nomination expresses. Her bedside care is recognized by patients and colleagues alike.
- **SUE STEMPKY** RN, CNOR — *Operating Room* (pictured above, right)
An educator and nurse, Sue Stempky's dedication to keeping Surgical Services staff up-to-date with the ever-changing health care practices, policies, procedures, and credentialing requirements is evident. Her willingness "to go that extra mile" was noted by a fellow colleague. "She is a kind, compassionate, caring, and reliable."
- **KATHI ST. PIERRE** BSN, RN — *Clinical Nurse Manager*
A global thinker, Kathi St. Pierre takes a creative idea, assembles a team, and then brings it to life. Evident in many successful changes she has helped to implement, Kathi's latest accomplishment was her leadership role with ADT nurses to help decrease ED boarding times (see more on previous pages).

GUARDIAN ANGELS



GRATEFUL PATIENTS RECOGNIZE 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 2016 Guardian Angel nurse recipients.

- › Ian Adkins, BSN, RN
- › Jason Armfield, ADN, RN
- › Margaret Ball, BSN, RN
- › Daniel Beard, BSN, RN
- › Alicia Beebe, BSN, RN
- › Dawn Behling, ADN, RN
- › Cheryl Blomberg, ADN, RN
- › Karen Ciccoretti, ADN, RN
- › Kari Curtis, BSN, RN
- › Shelly Dale, MSN, BSN, RN
- › Melissa DeSimone, BSN, RN, OCN, CBCN
- › Shauna Domke, BSN, RN
- › Penny Givens, ADN, RN
- › Natalie Hesselink, ADN, RN
- › Janet Hobbs, ADN, RN
- › Leetrice Hopkins, ADN, RN, CEN
- › Penny James, ADN, RN
- › Kelly Johnson, BSN, RN
- › Christian Kessler, BSN, RN
- › Christopher Knickerbocker, BSN, RN
- › Kim Krieger, BSN, RN
- › Heather Lewis, ADN, RN
- › Laurie Logan, ADN, RN
- › Kristin Lufkin, BSN, RN
- › Jennifer McBride, DNP, RN
- › Shaune McKinney, ADN, RN
- › Michelle Metzger, BSN, RN
- › Vincent Pizzino, BSN, RN
- › Melissa Robbins, BSN, RN
- › Danya Russo, BSN, RN
- › Gwendolyn Sangeorzan, ADN, RN
- › Jennifer Smith, ADN, RN
- › Shauna Stark, BSN, RN
- › Jeannie Stephenson, ADN, RN
- › Robert Urman, ADN, RN
- › Patricia Vincent, ADN, RN
- › Torre Walper, ADN, RN
- › Sarah Zeilinger, RN, OCN



WE ARE RESPONSIVE

TO THE REQUIREMENTS OF OUR PROFESSION,
AS BOTH SCHOLARS AND PRACTITIONERS.

Nurse colleagues never stop learning, continually pursuing advanced degrees and certifications.

PROFESSIONAL DEVELOPMENT

NK

Level 2 South Nurse
STACEY FORBES BSN, RN,
completed her Bachelor of Science
in Nursing (BSN) through Western
Governors University with scholarship
assistance from McLaren Northern
Michigan Foundation.



CLIMBING THE LADDER

Advanced Degree Initiative EXCEEDS GOAL

Adopted in 2012, the 80:20 education initiative was created to inspire and motivate nurse colleagues in the pursuit of advanced degrees. The goal is for 80 percent of nurses to obtain a BSN degree by 2020. This push for continuing education and professional growth is part of the McLaren Northern Michigan commitment to continuously improve care and patient outcomes, while meeting the complex health care needs of our region.

Nursing colleague Stacey Forbes, BSN, RN, recently completed her BSN degree and credits McLaren Northern Michigan and Western Governors University, along with a McLaren Northern Michigan Foundation scholarship, for her success. "The program and my unit gave me the flexibility to study, work full time, be a mom, and belong to nursing councils," she states. "My mentor called every two weeks and helped me transition through the program, providing resources and tutors, giving me tips on each class, and offering encouragement and support," she adds. "And, my fellow colleagues who also completed the program were extremely supportive, providing helpful guidance. Being online doesn't mean being alone."

While academically rigorous, this program and others like it are relatively fast and affordable, especially with financial help. Says Forbes, "I started in August 2016, took two months off in the winter, and still graduated the following June. And, my tuition was completely covered by McLaren Northern Michigan tuition reimbursement and Foundation scholarships."

"Flexibility is key to the process," explains Jennifer Woods, MSN, RN, CENP, Vice President of Nursing and Chief Nursing Officer. "Our nurses take their responsibilities seriously. They need programs that allow them to practice their profession while they pursue their degrees." Woods stresses that many educational programs allow students to earn degrees in as little as three semesters, and that McLaren Northern Michigan is fully engaged in professional development through tuition assistance and scholarships.

THE CLINICAL LADDER

Feedback obtained from a Nursing Clinical Ladder Council survey revealed a lack of objective criteria between RNI and RNIII levels. As a result, the Council worked to update the Clinical Ladder to reflect four steps from the original five. "Incorporating feedback into policy changes improves the overall nursing experience," Woods adds.

Level III Advancements in 2016

New

- Kari Curtis, BSN, RN
- Shauna Stark, BSN, RN
- Mindy Sears, BSN, RN
- Kim Krieger, BSN, RN
- Evamarie Buskirk, MSN, RN, FNP-BC, CPAN, CCRN

Renewed

- Will Dickinson, ADN, RN, RCIS
- Kim Westrick, BSN, RN
- Debbie McConnell, MBA, MSN, RN
- Katherine Sharp, BSN, RN, CEN, CCRN
- Nancy Gutowski, BSN, RN
- Kelly Johnson, BSN, RN

Level IV Advancements in 2016

New

- Linda Linari, BSN, RN, ONC
- Karen George, BSN, RN, PCCN
- Karen Safko, ADN, RN, PCCN

Renewed

- Irene Crandell, BSN, RN, CMSRN
- Melissa DeSimone, BSN, RN, OCN, CBCN

New Certifications in 2016

- Stacey Schultz, BSN, RN, CLC
Obstetrics | Certified Lactation Counselor
- Katherine Sharp, BSN, RN, CEN, CCRN
ICU | Critical Care Registered Nurse
- Stephanie Smith, BSN, RN, TNCC
Level 2 South | Trauma Nursing Core Course
- Susan Stempky, RN, CNOR
Surgery | Certified Nurse in the Operating Room
- Rochelle Whitmore, BSN, RN, CMSRN
*Acute Rehabilitation
Certified Rehabilitation Registered Nurse*

SCHOLARSHIPS

CONTINUING EDUCATION: SUPPORTED BY GENEROUS DONORS

Thanks to generous donor support, McLaren Northern Michigan Foundation disbursed \$269,265 in 2016 alone to support educational scholarships. Of that total, \$129,180.12 specifically assisted the 102 Petoskey and Cheboygan nurse colleagues listed below.

80/20 NURSING

CONTINUING EDUCATION

- Brooke Blanchard, ADN, RN
- Alicia Cole, BSN, RN
- Will Dickinson, ADN, RN, RCIS
- Amy Flynn, ADN, RN
- Stacey Forbes, BSN, RN
- Jennifer Hoffman, BSN, RN
- Tiffany Hornbeck, BSN, RN
- Deanna Hudson, ADN, RN
- Misty Jakeway, ADN, RN
- Penny James, ADN, RN
- Kari Kangas, ADN, RN
- Lori Kasubowski, BSN, RN
- Diane Koenigs knecht, ADN, RN, CNOR, CST/CSFA
- Carrie LaHaie, ADN, RN
- Shelley McCullough, BSN, RN
- Patricia Soper, ADN, RN
- Laura Willey, BSN, RN

BAIARDI SCHOLARSHIP

- Irene Crandell, BSN, RN, CMSRN
- Katie Morell, BSN, RN
- Alison Sibbald, BSN, RN

CANCER SERVICES

- Melissa DeSimone, BSN, RN, OCN, CBCN
- Kayla Moore, ADN, RN

COLLEAGUE EDUCATION

- Katy Baynham, ADN, RN
- Brooke Blanchard, ADN, RN

- Debra Bonneville, BSN, RN, WOCN
- Amy Burns, BSN, RN
- Patricia Dallaire, BSN, RN, CIC
- Melissa DeSimone, BSN, RN, OCN, CBCN
- Amanda Dratnol, ADN, RN
- Dawn Ebersole, MSN, RN
- Megan Estep, BSN, RN
- Kimberly Fazio, BSN, RN
- Amy Howard, ADN, RN
- Savannah Matelski, ADN, RN
- Sandra Novotny, ADN, RN
- Christine Perreault, ADN, RN
- Vianney Ruhumuliza, BSN/MNA, RN
- Stephanie Smith, BSN, RN, TNCC
- Patricia Soper, ADN, RN
- Shauna Stark, BSN, RN
- April Stokosa, ADN, RN
- Ruth Terbush-Nelle, BSN, RN
- Nichole Varoni, BSN, RN

DEVET MUNSTERMAN FUND

- Robin Burke, ADN, RN, CRRN
- Evamarie Buskirk, MSN, RN, FNP-BC, CPAN, CCRN
- Denise Cook, ADN, RN
- Laura Hill, MSN, RN, CNS
- Nichole Iwema, ADN, RN
- Laurie Letson, ADN, RN
- Katherine Sharp, BSN, RN, CEN, CCRN

- Tammy Stacy, ADN, RN, CRRN
- Patricia Woodside, RN

HOSPITAL AND NURSING EDUCATION FUND

- Irene Crandell, BSN, RN, CMSRN
- Amy Flynn, ADN, RN
- Ashley Groters, BSN, RN
- Laura Hill, MSN, RN, CNS
- Leatrice Hopkins, ADN, RN, CEN
- Penny James, ADN, RN
- Stephanie Schlak, ADN, RN
- Stephanie Smith, BSN, RN, TNCC

JOAN JENSEN HAUPRICHT ENDOWMENT

- Deanna Hudson, ADN, RN

MARTIN AND PATRICIA JAHN SCHOLARSHIP ENDOWMENT

- Amber Johnson, ADN, RN

RADIATION THERAPY EDUCATION FUND

- Shelley McCullough, BSN, RN

RENAL EDUCATION

- Kristine Trautmann, ADN, RN

S.T. KUTCIPAL ENDOWMENT

- Nicole Coburn, ADN, RN
- Louisa Munro, RN

SCHIRMER FUND

- Sherri Engler, BSN, RN
- Jeanne Melton, RN, OCN

TOM AND ANN STALLKAMP COLLEAGUE EDUCATION

- Caitlin Capps, ADN, RN
- Murphy Gillespie, BSN, RN
- Ashley Groters, BSN, RN
- Stephanie Gullede, BSN, RN
- Leatrice Hopkins, ADN, RN, CEN
- Valerie Jons, BSN, RN, CCDS-CDI
- Belinda Kurth, ADN, RN
- Mary Jo LaHaie, BSN, RN
- Linda Linari, BSN, RN, ONC
- Darlene Lockery, ADN, RN, ONC

VOLUNTEER SERVICES ENDOWMENT

- Sue Bronson, RN, WOCN
- Eileen Butler, BSN, RN
- Theresa Conley, BSN, RN
- Jessica DeBord, BSN, RN
- Victoria Johnson, BSN, RN
- Kathleen Van't Hof, RN, DIP
- Alice Whennen, BSN, RN

WOMEN AND CHILDREN

- Karen Altman, ADN, RN
- Sherri Carpenter, ADN, RN
- Robin Chapman, ADN, RN
- Janet Cieslak, BSN, RN
- Lizabeth Compton, ADN, RN
- Anne Crittenden, ADN, RN

- Michelle Cyr, BSN, RN
- Deborah Davies, ADN, RN
- Lori Lee Driskill, ADN, RN
- Shaleagh Earl, ADN, RN
- Amy Flynn, ADN, RN
- Regina Gasco, ADN, RN
- Lucy Groff, MSN, RN
- Dianne Hamlin, ADN, RN
- Beth Harwood, ADN, RNC-NIC
- Callie Hausler, BSN, RN
- Savannah Hrenko, ADN, RN
- Misty Jakeway, ADN, RN
- Laurie Laughbaum, ADN, RN
- Jessica Maglothan, ADN, RN
- Rebecca Meighan, MSN, RN
- Denice Milazzo, BSN, RN
- Virginia Nuffer, ADN, RN, CLS
- Mari Ostrander, ADN, RN
- Dianne Rinock, ADN, RN
- Stacey Schultz, BSN, RN, CLC
- Sarah Shepherd, BSN, RN, CLS
- Lydia Spencer, ADN, RN
- Tammy Vizina, BSN, RN
- Kim Westrick, BSN, RN

NURSING CONTINUING EDUCATION HOURS

- ✦ Nursing CE Hours:
 - 86 CE Offerings
 - 242.10 Available Contact Hours
 - 1,081 Participants
 - 2,792.75 Contact Hours Awarded
 - 10,407 Nursing Inservice Hours
 - 1,208 CE Center Hours (2016 Only)
- ✦ **Total for 2016 - 14,407.75***
- ✦ Total for 2015 - 14,924**
- ✦ Total for 2014 - 13,112.05**
- ✦ Total for 2013 - 11,495.10**
- ✦ Total for 2012 - 11,302.82**

* Includes Nursing CE, Nursing Inservice, and CE Center Hours.

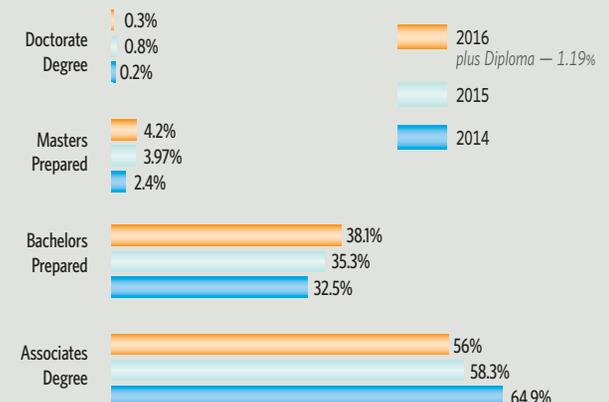
** Includes Nursing CE Hours, Mosby CE, and Nursing Inservice Hours.

SPECIALTY CERTIFICATIONS

18% of all eligible RNs hold **SPECIALTY** nursing certifications

NURSING EDUCATION LEVELS

Based on 516 Licensed Hospital RNs



NURSES NIGHT OUT: The Camaraderie Component

Providing educational opportunities beyond the traditional classroom has proven successful for McLaren Northern Michigan. In its fourth year, Nurses Night Out continued to bring colleagues together to learn and to socialize outside the hospital walls, all while earning 1.0 CE credit for designated programs. In 2016, each session was attended by over 25 nurses, plus patients and families who volunteered to share their experiences.

- ✦ *January* — Multimodal Pain Control
- ✦ *February* — Practicing From the Heart
- ✦ *March* — The Effects of Extended Work Hours
- ✦ *April* — Lack of Quality Health Care Across Borders
- ✦ *May* — STEMI Evidence-based Care and 12 Lead EKG Changes
- ✦ *June* — A Patient's Experience Following Cardiac Arrest and Hypothermia
- ✦ *September* — Multimodal Pain Control
- ✦ *October* — The Gift of Life: Organ Donation
- ✦ *November* — Supplements and Vitamins: Are They Really Helpful?
- ✦ *December* — Illegal Drug Use in Our Community



RN SKILLS DAY: Changes Impact Participation

Significant changes were made to the Skills Day schedules to encourage colleague participation and to increase satisfaction. Colleagues requested fewer sessions of longer duration, so the multiple two-hour trainings were replaced with fewer meetings lasting four to eight hours.

"The feedback was positive and nurse participation was markedly increased," explains Clinical Education Manager Lisa Hoover, MSN, RN-BC. "These events are important for training and review, so we are pleased that our nurses have responded favorably to the scheduling adjustments."

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

43% of McLaren Northern Michigan nurses hold **BSN** or **HIGHER DEGREES**

65 McLaren Northern Michigan Nurses are Enrolled in **BSN** or **HIGHER PROGRAMS**

WE ARE RESPONSIVE

TO OPPORTUNITIES THAT IMPROVE OUR
WORKPLACE, OURSELVES, AND OUR PATIENTS.

Acknowledging areas for improvement and applying evidence-based solutions benefits every nurse, provider, health care colleague, and patient.

WORKPLACE ENVIRONMENT



Patient Relations Representative
MARIBETH HEMSTREET

"Using evidence-based tactics and practices, McLaren Northern Michigan has implemented over 2,400* processes, tools, and resource ideas since our work began with Studer Group. And the Division of Nursing plays an integral part in these positive changes."

Pictured left to right:

LISA LOCKWOOD BSN, RN

SUSANNA (SUZY) THOMPSON BSN, RN

Embracing Studer Group: MAKING A DIFFERENCE FOR COLLEAGUES

In early 2015, McLaren Northern Michigan partnered with Studer Group, a national consulting company whose mission is to make health care better by making great places for employees to work, physicians to practice medicine, and patients to receive care. Supervisors, managers, directors, and senior leadership have taken part in Leadership Development Institutes, learning evidence-based leadership tactics and practices developed by Studer Group.

LEADERSHIP ROUNDING: FOR COLLEAGUES

The first tactic learned was Leadership Rounding on colleagues. “With consistent unit manager rounding on staff members, leaders are able to develop personal relationships; identify processes, tools, and resource ideas on their unit; and to recognize other staff members who may have helped a team member with a thank you card,” says Patient Relations Representative Maribeth Hemstreet.

STOPLIGHT REPORT

From Leadership Rounding conversations, leaders are able to develop Stoplight Reports, another evidenced-based Studer Group tactic. “The Stoplight Report is a way to communicate ideas and concerns identified through Leadership Rounding,” Hemstreet adds. Just like its title, the Stoplight Report is made up of:

- GREEN — addressed and completed,
- YELLOW — in progress, and
- RED — cannot be done, and reasons why.

** Figure based upon achievements as of report publishing.*



WE ARE RESPONSIVE

TO EVERY PATIENT NEED AND REQUIREMENT.

Dedicated colleagues work hand in hand to create and maintain a safe and positive atmosphere, addressing the physical, mental, emotional, and spiritual needs of the patient.



PATIENT EXPERIENCE



SHELLY GERMAIN
BSN, RN, CNML
Clinical Nurse Manager

Pictured left to right:
ALLISON SCHLEHUBER ADN, RN
BRIDGETT ANTAYA ADN, RN
SHELLY GERMAIN BSN, RN, CNML
Clinical Nurse Manager

EPP

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Embracing Studer Group: MAKING A DIFFERENCE FOR **PATIENTS** AT THE BEDSIDE

“Bedside care requires significant attention to communication and protocol coordination,” says Clinical Nurse Manager Shelly Germain, BSN, RN, CNML. “Anytime colleagues and patients engage face-to-face can be an opportunity to share information and enhance the patient experience.” She adds, “This is our version of ‘boots on the ground.’”

LEADERSHIP ROUNDING: FOR PATIENTS

The McLaren Northern Michigan partnership with Studer Group has enabled the Division of Nursing to improve the patient experience through communication tactics of Leadership Rounding on patients and Bedside Shift Report. Nursing managers visit patients on their unit to find wins and opportunities from the patient’s point of view. “Leadership rounding with patients gives me an opportunity to advocate for a better patient experience,” explains Germain. “Having managers on the floor, visible, troubleshooting, and in regular contact with patients and their caregivers has a real impact on patient perception.”

BEDSIDE REPORT

First implemented in 2015, the Bedside Report remains an integral part of bedside care, ensuring patient safety in keeping with the Joint Commission’s national safety requirements. During a shift change, both nurses visit the bedside for accurate patient identification, enhanced caregiver communication, and collaborative, realistic pain goals. Use of the white board maximizes input and provides a real-time overview of care.

“Bedside Shift Report is an effective safety check and hand-off between nursing shifts that encourages the patient and their families to become true partners in their care,” says Germain.

PAIN CONTROL INSERVICE

Lower than desirable HCCAP scores in 2016 provided the impetus for a pain control inservice. Results were immediate: nurse colleagues were given tools to standardize narration of care, resulting in improved scores and increased patient comfort. “Our initial goal was to include the patients in pain control goals,” explains Lisa Hoover, MSN, RN-BC, “and, through regular white board use, nurses and their patients can easily gauge pain levels.”

DECREASING PRE-OPERATIVE WAIT TIMES

Prior to 2016, patients scheduled for surgery were required to arrive at the hospital two hours before their procedure. Based on data from the overall process review and patient satisfaction reviews, pre-op times were reduced to one hour. Predictably, patient satisfaction increased.

APPEARANCE REVIEW

An increasing awareness of body art — tattoos and piercings — in the workplace has given some employers cause for concern. McLaren Northern Michigan, in an effort to recognize personal freedom while maintaining patient satisfaction, is conducting patient and nurse perception research titled “A Comparison of the Patient’s and Nurse’s Perception of Nursing Caring, Skills, and Knowledge Based on Appearance.” The ongoing study will measure data collected from 160 patients and 160 nurse colleagues. Collected data will guide future decisions about the appropriateness of visible tattoos and piercings among colleagues, with an overall review of dress code policies. Following results, anticipated in 2018, other McLaren Health Care organizations plan to use the data to evaluate policies throughout the system.



IN REVIEW

Nurse colleagues stay engaged and involved in all aspects of health care.



TRAUMA PROTOCOLS IN ACTION



In 2014, McLaren Northern Michigan began the arduous process of achieving Trauma Center verification, a designation

only awarded to an elite group of hospitals. Verification will ensure that no matter where a person is injured in northern Michigan, he or she will have access to trauma care with the highest standards. A critical component to achieving this goal is the assurance that every Trauma Team member, including nurses, receives continuing education and training opportunities specifically related to trauma care. Injured patients present with a wide range of complex problems, and optimum care depends on the preparedness of professionals with a broad range of skills.

One significant goal was aimed at increasing the percentage of Trauma Team Registered Nurses with education and training to anticipate trauma-related complications and to provide multisystem responses for trauma patients to 80%. The result: 87% of Emergency Department (ED) Trauma Team Registered Nurses completed TNCC (Trauma Nursing Core Course) and 67% of Intensive Care Unit (ICU) Trauma Team Registered Nurses completed a TCAR (Trauma Care After Resuscitation). 

iPAD TECHNOLOGY



iPad® therapy facilitates stroke recovery for those with aphasia (stroke-induced

deficiencies in speaking, listening, reading, and writing without affecting intelligence). Instruction and programming are introduced during inpatient rehabilitation, so patients are prepared to continue therapy at home. Various apps encourage patients to reach higher skill levels such as speech and recognition accuracy.

At the iPad program's inception, McLaren Northern Michigan was one of only two hospitals chosen to spearhead a Transition of Care (TOC) project, a part of the larger Michigan's Ongoing Stroke Registry to Accelerate Improvement of Care (MOSAIC) initiative; TOC identifies progress of the stroke patient and identifies improvements needed in the hospital-to-home transition. Thanks to The McLaren Northern Michigan Foundation, the purchase of iPads in support of this program continues to aid patients in recovery and rehabilitation. 

NURSING RESEARCH: ENDOCLEAR UPDATE



Following results of the endOclear® Liberator™ study facilitated by Linda Schofield, PhD, RN, Nursing Research

Coordinator, new suctioning policy

changes were implemented in March 2016. The study concluded that the Liberator and original Restore devices were effective in removing adherent secretions from the endotracheal tube (ETT), resulting in lower ETT resistance, and therefore decreasing work of breathing for patients after treatment with either device.

The benefits of the endOclear® Liberator™ over the ECD is that it can be used several times per day up to 72 hours, it is a modular device that can be used with other attachments that can be changed without losing pressures or lung volumes, and it is less costly.

The hospital policy was updated to include this evidence-based practice of suctioning only when indications present, specifying incidences for use of deep and shallow suctioning.

RECRUITMENT AND RETENTION COUNCIL



Re-established in 2016, the Nursing Recruitment and Retention Council is tasked with recruiting

and retaining top talent, including direct-care nurses. "Attracting and retaining top nursing talent is beneficial to the system as a whole," explains Jennifer Woods, MSN, RN, CENP, Vice President of Nursing and Chief Nursing Officer. "Providing resources for current colleagues and increasing patient satisfaction are all positive outcomes to strong recruitment efforts."

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.



ON THE HORIZON

Looking ahead, the new Strategic Planning model encourages evaluation of current procedures and policies, while recognizing areas for improvement. Here are just three scheduled for implementation.

PATIENT AND FAMILY ADVISORY COUNCIL



Planning throughout 2016 for a new Patient and Family Advisory Council targeted a 2017 launch. The new council will partner patients and families with health care team members to provide guidance, ultimately aimed to improve care and overall hospital experience. In its infancy, the Council will collaborate to develop and implement policies, programs, and educational opportunities.

NURSING RESIDENCY PROGRAM



A 2010 Institute of Medicine report suggested the benefits of nurse residency programs for those at the start of their careers and during career transitions. McLaren Northern Michigan embraced the concept and began planning for 2017 implementation. A one-year program will be available to nurse graduates with offerings such as clinical laboratory simulation sessions, critical thinking and clinical reasoning workshops, communication strategies, patient safety, bedside daily practice, and career planning. The program is aimed at supporting and retaining nurses, reducing vacancy rates, and decrease the cost of traveling nurses — all meeting the growing need for an expanded medical force. 

PEERS AND ROLE MODELS: COLLEAGUES WORKING TOGETHER

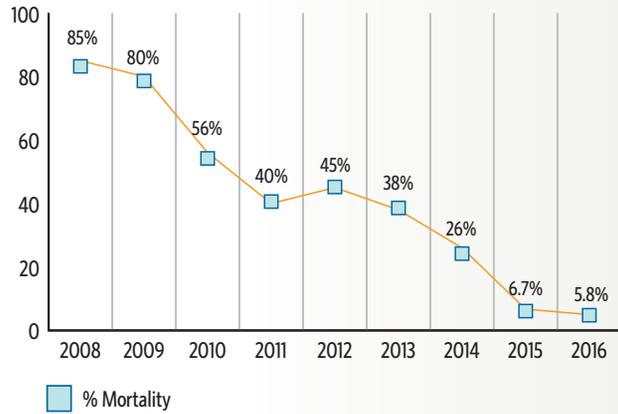


Peer Review planned throughout 2016, once implemented, will allow colleagues to learn from each other in a constructive way. Sharing new ideas and protocol updates, combined with peer mentoring and modeling yields optimal results for both staff and patients.

SAFETY DATA

Using records to recognize achievements and to identify areas for improvement.

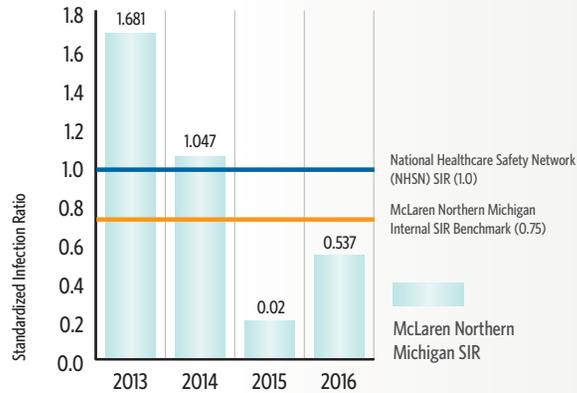
Sepsis Mortality Data



Total Patient Falls with Injury/1,000 Days



Standardized Infection Ratio (SIR)
Hospital-wide Catheter-associated UTI



Patients with Hospital Acquired Pressure Ulcers Stage II and Above





AWARDS AND ACCOLADES

The nurse colleagues of McLaren Northern Michigan work tirelessly to provide seamless patient care within the continuum. Congratulations to all who contributed to these honors.



CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

RATED NATIONALLY FOR LOWEST 30-DAY HEART ATTACK READMISSION RATE

The only northern Michigan hospital in the top 10, and ranked among the top 7 U.S. hospitals for the lowest 30-day readmission rate following a heart attack by CMS.

RANKED 2nd IN THE NATION FOR LOWEST READMISSION FOLLOWING HEART FAILURE

Ranked second in the nation with the lowest 30-day heart failure readmission rates by CMS. McLaren Northern Michigan performed at 16.5%, better than the National average of 21.9%.

HIGHEST NATIONAL RATING BY CENTERS FOR MEDICARE AND MEDICAID SERVICES

McLaren Northern Michigan received a 5-Star Rating for quality and safety by the CMS. A 5-Star rating puts McLaren Northern Michigan in the top 2.2% of hospitals in the country, and the only one in northern Michigan to receive the highest rating.



GET WITH THE GUIDELINES® GOLD PLUS AND STROKE HONOR ROLL ELITE PLUS AWARD

McLaren Northern Michigan received the American Heart Association and American Stroke Association Get With the Guidelines - Stroke Gold Plus Quality Achievement Award with Target Stroke Honor Roll Elite Plus recognition, the highest rating a facility can receive. The award demonstrates commitment to quality care and best treatment for stroke patients based on nationally recognized and research-based guidelines.



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 Magnet® recognition in 2011 and again in 2015 for another six-year period, placing 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 five adult procedures/conditions including: Heart Bypass Surgery, Chronic Obstructive Pulmonary Disease (COPD), Heart Failure, Hip Replacement, and Knee Replacement.



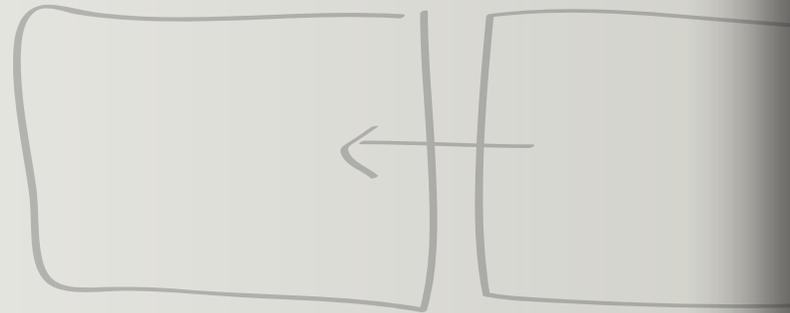
QUALITY ONCOLOGY PRACTICE INITIATIVE

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.



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.



NORTHERN MICHIGAN

mclaren.org/northern | (800) 248-6777