



FEBRUARY  
2018

# Clinical Connections

{ KEY TO CLINICAL EXCELLENCE }

2017

## ANNUAL NURSING REPORT

*Special Edition: Excellence in Nursing*

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## A Message From Your Nursing Leader

*Julie Clayton, Chief Nursing Officer*

Dear Colleagues,

I, along with Clinical Care Congress and nursing leadership, am delighted to share Overlake's first Annual Nursing Report with you.

I am proud of the remarkable nurses and patient care teams who provide exceptional care to our patients and families. Our nurses are the driving force behind Overlake's mission to provide *compassionate care for every life we touch*.

In this report, which covers fiscal year 2017, we highlight a number of notable nursing accomplishments, quality improvement projects, and safety improvements.

In the past year, our nurses have contributed to the innovative design of Project FutureCare, have been on the front lines of reducing our central line infections, and helped Overlake realize zero pressure ulcers. Overlake nurses are vital in advancing a Just Culture where it is safe and expected for all to speak up and create a work environment that recruits, retains, and supports a thriving team, which are among the pillars of Overlake's strategic plan.

This annual report is the final component of Clinical Care Congress' plan to raise the level of professional recognition for nursing at Overlake. The first step involved creating our Philosophy of Nursing, which embraced and encouraged nurses' opportunities to influence, impact, and affect change at Overlake. For the second element we developed a method to honor nurses and launched the DAISY Award for Nursing, a nationwide program that rewards excellence in nursing by celebrating an outstanding registered nurse every month.

In reading this report, I hope our nurses feel pride in all they have accomplished at Overlake in the past year. You are ALL essential to the extraordinary outcomes our patients experience every day. I thank you all for your dedication, commitment, and compassionate nursing care. It is a privilege to work with such a talented and diverse nursing team.





# Clinical Care Congress

## New Changes for Professional Development Committee

Clinical Care Congress’s Professional Development (PD) Committee works to promote education and recognition for staff. They spent a greater part of 2017 experimenting with new strategies to accomplish these goals. With Clinical Grand Rounds (also called Quarterly Presentations), service lines were given the opportunity to organize and present a topic that had relevance to their practice or department. While this brought challenges, we also saw incredible success.

The Childbirth Center presented “Care of the Transgender Patient” on April 12, 2017, and brought about the single

largest attendance for a Grand Rounds Presentation to date. We continue to experiment with recording of lectures for viewing at a later time following the interest after this session.

Nurses Week 2017 featured the theme: *Nursing: The Balance of Mind, Body, and Spirit*, and featured a mix of clinical and self-care topics. After consolidating to two days of featured events, we still welcomed over 400 participants in lectures, skills labs, poster sessions, and vendor visits.

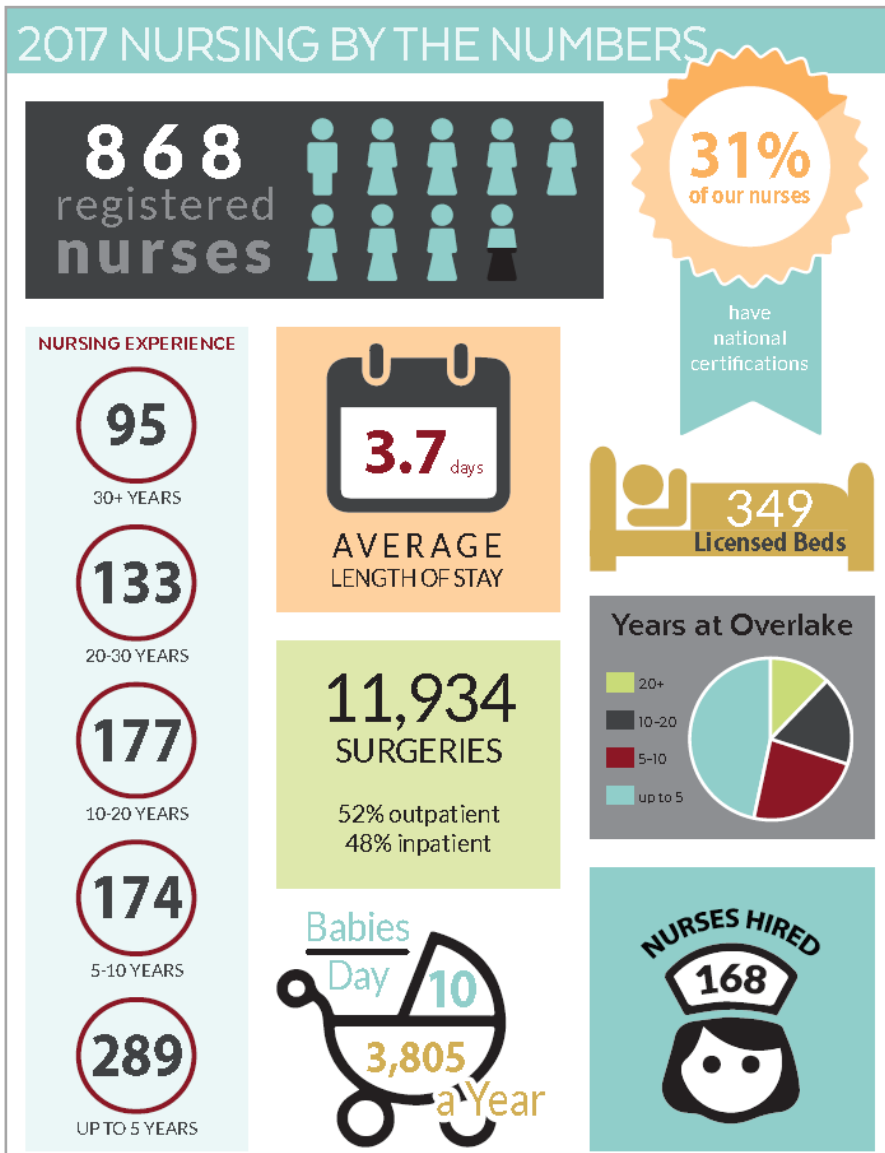
In March 2017, Professional Development and the Leadership team recognized 63 staff at the Annual Professional Development Recognition Ceremony. Staff were celebrated who had received advanced degrees, published articles,

presented at a conferences, or earned certifications in the prior year. In an effort to recognize that Shared Governance extends beyond nursing, this ceremony incorporates recognition of those in other patient care areas.

## QPPS Develops End of Shift Notes

Clinical Care Congress’s Quality Practice & Patient Safety Committee (QPPS) is made up of a powerhouse of strong nurses, dedicated to maintaining the standards of nursing practice and patient safety across the hospital. The goal of QPPS is to promote a system of comprehensive health care delivery through collaborative practice.

In fiscal year 2017, QPPS worked with EPIC and other team members in creating unit-specific templates for the End of Shift Notes. These notes are the last piece of the Care Plan Documentation workflow. An excellent video was created by the team (in conjunction with EPIC) entitled “Shift Documentation with Patient Story and Plan of Care Note” and can be found in EPIC under “My Dashboards.” The committee began this work in March 2017, meeting monthly to review and finalize the End of Shift Notes.



(Continued on page 4)



# Clinical Care Congress

(Continued from page 3)

The purpose of the notes is to have one place to identify what happened with the patient during each shift and a consistent method of "passing the torch" to the next shift. Since nursing is a 24/7 job, the "plan for next shift" section provides continuity of care by



QPPS “designed” the Room of Risks for the 2017 Safety Week. This med-surg patient room featured many safety risks—can you spot them?

identifying what the patient needs to be completed in order to meet their goals—and therefore improving patient safety. The notes are used by all disciplines to identify the patient’s status in working toward discharge.

QPPS also organized the “Room of Risks,” portion of Overlake’s 2017 Safety Week, held March 20-24, 2017. The exhibit featured medical-surgical, NICU, and clinic rooms, with staged safety errors. Participants then identified the errors, such as medications left unattended, side rails down, and broken equipment, among many other “risks.”

QPPS will also be contributing to the upcoming 2018 Safety Week, but they are changing focus to a “Room of Rights,” in which clinical staff will be able to participate.

## Patient Experience-Partnering Staff & Patients

The CCC Patient Experience Committee (PEC) is responsible for generating and overseeing the implementation of initiatives in patient care areas that the committee believes will have a positive impact on patient satisfaction results. They focus their actions on the areas of satisfaction with the most opportunity for improvement and most weight in overall satisfaction.

In fiscal year 2017, PEC supported all inpatient units to achieve a house wide Overall Rating of Care score of 74 YTD, through staff education, staff support, monthly tips, communication coaching, and in-the-moment status updates. Patient Experience Champions were appointed on each Inpatient Unit, OPS, PCU, MI, Admitting and Rehab Services.

Communication was a big focus in FY 2017—PEC partnered with directors and man-

agers to increase frontline staff participation and two-way communication.


Each month, the committee publishes helpful “Tip of the Month” flyers that are distributed electronically throughout the hospital, and posted in each of the care areas. They can also be found in Clinical Connections and Karly Top Story. These sheets contain easily digestible tidbits of information on Patient Experience initiatives, and are presented in a way that is fun and easy for staff to remember (see below).

Our awesome and committed committee members have also played a tremendous role in hardwiring Patient Partnership Measures throughout the hospital. Examples include:

- Facilitated 75% check-off rate for “Your Stay” booklet & materials.
- Focused efforts to maintain Bedside Report, Comfort Rounds, and Whiteboard use through continued education and quarterly audits.
- Championed Responsiveness campaign, which led to a 4-point increase in scores.
- Promoted Sit to Discharge.
- Encouraged staff to remain engaged and to take initiative on their home units to augment continued staff engagement.

CCC PATIENT EXPERIENCE COMMITTEE

**TIP OF THE MONTH**



**By establishing a Partnership of Care, admission you build trust and a platform of communication that promotes safety and wellness throughout the stay.**

**ON ADMISSION BE SURE TO:**

- Get to know your patient as a PERSON
- Engage the patient/family about personal goals, stay, interests, cultural/social needs, etc.
- Identify with the patient critical information to go care (preferred spoken and written language, patient representative, fears regarding hospitalization, etc.)
- WRITE IT ALL on the whiteboard!
- Update the whiteboard with every Bedside Report

CCC PATIENT EXPERIENCE COMMITTEE

**TIP OF THE MONTH**

WE ARE WHAT WE REPEATILY DO

EXCELLENCE, IS NOT AN ACT, BUT A HABIT

(ARISTOTLE)

Just like athletes preparing for a competition, we must repeatedly practice those basic skills that ensure our success:

- Engage patients, families & guests with good eye contact, whether you meet them in the halls, at the desk, or in the room.
- Greet every person you meet with a SMILE
- Knock & ask permission when you enter the room
- Be sure to use the Whiteboard!
- Offer choices whenever possible
- Make a point of remembering something PERSONAL about each patient: occupation, outside interests, family members, service, country of origin, pets, travel, etc.

Examples of “Tip of the Month” flyers from August & October 2016

# Med-Surg/Telemetry Units

Lindsey Lynd, MSN, RN, CMSRN & Alyson Willard, BSN, RN-C

## Inpatient Nurses are Quality Leaders

Inpatient Units, such as East 2, West 4, South 4, South 5, and East 3, have made great improvements in FY 17—quality initiatives initiated and improved upon; team building efforts on the rise; increased education offerings; and procuring new equipment—all to facilitate top notch patient care.

Janette Pavone, manager of E2, believes in growing and building her team as a top goal. In 2017, her team implemented a Staff Recognition Board for excellence in Patient Experience, with quarterly recognition for staff who receive the most patient compliments; and a Peer-to-Peer Recognition Board to celebrate staff compliments and kudos from one another. Janette also makes it a priority to celebrate and recognize each staff member for their accomplishments, such as awards and new certifications, as well as personal celebrations, such as birthdays and service awards.

The inpatient units' nursing teams are integral to accomplishing Overlake's many nurse driven quality initiatives,

such as CLABSI, HAPU, Falls and C. Diff (see the graphic below). Without each and every nurse making it a priority to follow these protocols, these improvements would not have been a possibility. We thank and honor each of the bedside nurses for your role in this impressive work!

## Departments *Lean In* to Move Patients

Emergency services are designed to provide temporary care in an effort to treat and transfer individuals to the appropriate unit. Therefore, patients who remain in the emergency department for prolonged periods of time may not receive the care they need, which can ultimately affect outcomes and increase patient length-of-stay.

Previously, patients admitting through the ED waited approximately 140 minutes from admission decision until reaching the inpatient floors. Compared with the Centers for Medicare & Medicaid Services (CMS) median of 85 minutes, this demonstrates a significant opportunity for improvement. Throughout the year, departments have participated in a *Lean In* initiative designed to help pull patients from the ED to inpatient units in a more timely manner.

Overlake has committed to a goal of 100 minutes and continues to recognize the efforts of units who regularly achieve this goal. This has taken remarkable effort and dedication by nurses, physicians, and support staff and continues to be a focus on our units into 2018.

## Inpatient Reductions in C.Diff Infections

In 2017, Overlake saw a significant increase in reportable Clostridium difficile (C. diff) infections. Through examination of our testing and diagnosis process, several procedures were identified that could falsely identify patients with C. diff colonization as hospital acquired infections. In the last year, education has been provided to physicians and staff in an effort to reduce unnecessary testing and treatment. As a result, we are seeing a significant decrease in C. diff infections throughout the hospital, which has positively impacted nursing care and has led to more efficient patient discharges.

Working together for the **GREATER GOOD**

we can reduce patient admit times by 30 min.:  
**ADMIT ORDER TO FLOOR~ 100 MIN.**

### LEAN IN TO FIND YOUR SUPER POWER!

**MD Initiatives:**

- ★ ED MD initiates admit process when critical elements are known
- ★ Hospitalist OMC/KP writes "bridging orders" early to secure bed in correct unit, avoiding lateral transfers

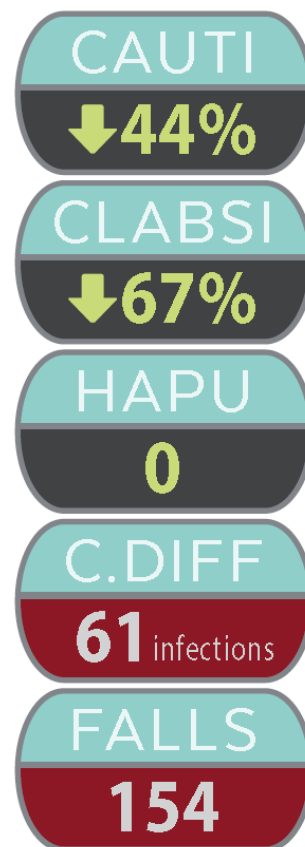
**EVS Initiatives:**

- ★ 60 min. turn-around

**Nursing Initiatives:**

- ★ Rapid room assignment by SA & Charge RN
- ★ Streamline admission
- ★ ED RN initiates brief (4 min.) report
- ★ Respective Charge RN will take/give report if primary RN is unavailable
- ★ "Throughput Thursday!"

Nursing Quality Initiatives (Non-CCU)





# DAISY Award Recognizes the Best of the Best

*Stephanie Charaf, RN & Lindsey Lynd, MSN, RN, CMSRN*

As nurses, we begin our shift by getting our assignments and planning our day. We organize our day around room numbers, diagnoses, and plan of care; we look up histories, lab values, and set priorities. It is then that we begin caring for our patient—providing nursing care to improve health outcomes and doing all we can to positively impact their stay.

In 2015, Overlake Medical Center introduced the DAISY award, a monthly recognition of the efforts and impact of nursing from a personal perspective—that of the patient.

DAISY is an acronym for Diseases Attacking the Immune System. The DAISY Foundation was formed in November, 1999, by the family of J. Patrick Barnes, who died at age 33 of

complications of Idiopathic Thrombocytopenic Purpura (ITP). The nursing care Patrick received when hospitalized profoundly touched his family, so they decided to create this foundation in order to recognize extraordinary nurses.

DAISY award recipients at Overlake are nominated by patients and/or their families. The DAISY award recognizes nurses for their skill, compassion, and caring, while also living out Overlake's mission.

To date, 26 nurses have received the DAISY Award at Overlake. The nominations are reviewed blindly by a committee and the winner is chosen. The DAISY winner is presented with the award on their home unit with flowers and a beautiful Healer's Touch statue. The winner is also showcased on the DAISY Award website! And don't forget—boxes of Cinnabon cinnamon rolls (J. Patrick Barnes' favorite treat) are given to the winning nurse's unit.

Many nurses feel it has had a lasting influence over their nursing practice.

Stephanie Charaf, South 5 RN, received the award in August 2016 and said, "Not merely a room number, our patients are humans who are often in a very vulnerable position, or sometimes a life changing transition. Receiving this award reminded me that being present is necessary to provide excellent care, and that connecting with patients plays a key role in recognizing subtle changes and understanding the true needs of our patients and their families."

Other nurses share this sense of commitment through their recognition. Shadia Mohammud, South 3 RN, has said that the receiving the DAISY award has been a highlight of her career. Cathleen Duffy, PCU RN, said the award recognized the commitment she

has had to patients over her 20 year career, and she is committed to continuing to provide that same standard and best practice.

DAISY recognition at Overlake contin-



*2017 DAISY Award Winner of the Year, Doris Vigus*

## FY 2017 DAISY WINNERS

**Lisa Antush, OPS**

**Lauri Grossman, L&D**

**Kelly Apperson, W4**

**Marianne Mingione, MBU**

**Stephanie Charaf, S5**

**Aimee Rich, S3**

**Jamie Cline, E2**

**Doris Vigus, NICU \***

**Jessica Farrow, W4**

**\* DAISY Nurse of the Year  
(2017)**

ues to grow. We have noticed an increase in patients and families recognizing not only single nurses, but teams that have worked together to impact the patient experience.

In 2018, we will recognize team impact by initiating the DAISY team award annually, to a group or team (led by a frontline nurse) who has made a significant impact on patient experience.

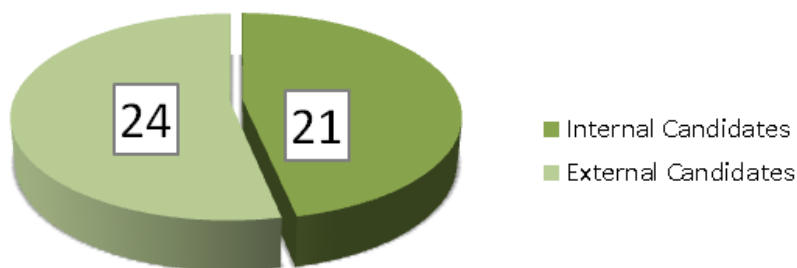
Sometimes it really does take a village, and our patients see that effort and dedication, as we have already begun to receive qualifying nominations. More information on the team award will be available in a future issue of Clinical Connections. Please contact Julie Mitman or Lindsey Lynd with any questions.

# Clinical Education

Fiscal Year 2017 was a period of notable accomplishments and expansion for our Clinical Education team at Overlake. We have welcomed many new nurses, transitioned current Overlake employees, and offered a number of educational opportunities. We have also had a number of nursing students on the units learning with our excellent nursing team. We have much to be proud of!

## FY 2017 Resident Nurses

July/October 2016



Two Resident Cohorts were launched in fiscal year 2017—July and October 2016 for a total of 45 nurses.

Accomplishments

FY 2017

- 1000 participants attended hospital CE Courses
- 17 Transition RNs
- Vizient launched—new “resident friendly” curriculum
- Hosted 402 RN students
- Hosted 16 Senior Practicum Students
- Expanded Life Support classes
- Offered new PCT & cardiac education

### Save the Date!

Clinical Care Congress’  
Professional Development  
Committee Presents:

## Nurses Week 2018

May 2-3, 2018

FREE contact hours, refreshments,  
poster sessions, drawings, nursing  
school representation, vendors, and  
hands-on practice

CONTEST: Name the “Sim Man”

Please email:

[Kerry.Chen@overlakehospital.org](mailto:Kerry.Chen@overlakehospital.org)  
with any questions

OVERLAKE MEDICAL CENTER

# BANDAGE BALL

SATURDAY, APRIL 21, 2018

5:30 P.M.

Hyatt Regency Bellevue

Funds raised will support Overlake’s Emergency Services

Purchase your tickets today!

[bandageball.org](http://bandageball.org)

# Critical Care Unit

## Nurse Driven Impacts Outcomes

Kudos to Critical Care (South 3) for their amazing work in fiscal year 2017! During the year, S3 staff worked very hard to implement decreased door-to-cooling time for targeted temperature management post-cardiac arrest. The team has also implemented a faster proning process to treat acute respiratory distress syndrome. This work, which is 100% nurse driven, has led to significantly improved patient care outcomes.

And why not share these accomplishments? Well, that's exactly what the South 3 leadership and nursing staff have done. They have showcased their work and exceptional results by attending local and national conferences to speak to participants or by presenting posters. Conferences included the Seattle Nursing Research Conference (SNRC), International Hypothermia & Temperature Management Symposi-

um, Mountain to Sound Symposium (MTS), and the AACN National Teaching Institute.

## Door-to-Cooling Time Decreased

Placing a patient in a hypothermic state after suffering a cardiac arrest has been shown to be effective in giving the patient's brain the best chance to return to full function. The shorter the time from return of circulation after the arrest to target temperature (33 °C) helps improve the patient's odds of survival as well. In conjunction with the ED, the protocol for this therapy has become well ingrained and has resulted in a significant decrease in time to target temperature.

## Proning Process Improved

Patients who have significant lung injury and progress to acute respiratory distress, often have difficulty with their lung functioning while resting on their backs. Prone (stomach) positioning relieves some of that pressure and promotes increased lung function. The time from identification of need to prone to an actual prone position has decreased significantly in the ICU thanks to the combined dedicated efforts of the CCU RTs, RNs, and intensivists, on a new manual proning protocol.

Accomplishments FY 2017

Decrease in CAUTI/CLABSI by 70%

6 new National Certifications

3 March of Dimes Nurse of the Year (2016) nominees

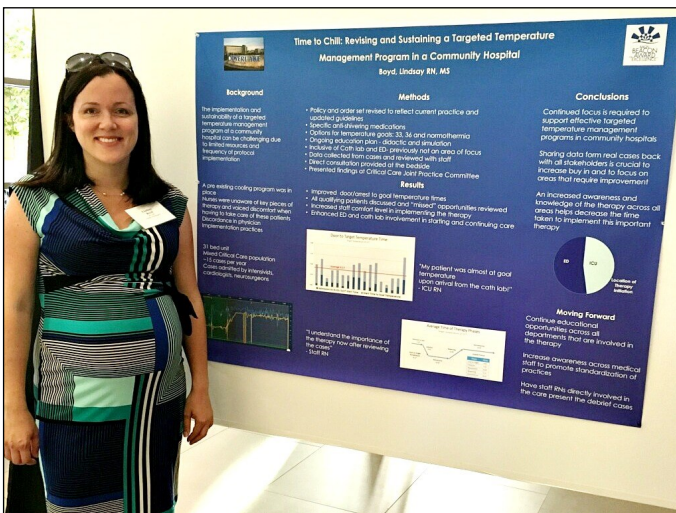
Completed construction for staff respite room and lactation room

Many educational opportunities offered for staff

## MEWS Makes an Impact

Patients can often show troubling signs before ending up in distress. These signs may not be easily recognizable if each one is considered on its own. The Modified Early Warning System (MEWS) runs in the background of EPIC to help pull these indicators (i.e. vital signs, lab values) together and present a combined picture or score that could indicate that the patient may be heading for trouble.

Since rolling out in October 2016, MEWS has supported a dramatic reduction in the number of code blue calls outside of the critical care setting, and an increase in rapid response calls. The MEWS score allows the opportunity for earlier intervention and earlier trigger of the rapid response intervention, which can help contribute to improved patient outcomes.



Lindsay Boyd, CCU Clinical Nurse Specialist, presenting her poster: "Time to Chill: Revising and Sustaining a Targeted Temperature Program at a Community Hospital" at the International Hypothermia and Temperature Management Symposium September 12-14, 2016 in Philadelphia.



# Emergency Department

## New Initiatives Launched

Marie Yabut, MN, RN, CEN, Nurse Educator, ED

The Emergency Department (ED), its staff, and committees are dedicated to improving process for overall patient and staff safety and satisfaction. With this common goal, the ED team planned, implemented, followed-through, and sustained the goals we set to make. Below highlights a few projects implemented this year and demonstrates the journey of our success.

## ORCA Process

The Overlake Rapid Care Area (ORCA) Process in the ED began as a concept similar to the Vertical Patient Process used in other EDs. In this process, patients who are ambulatory or “vertical” are taken back to the waiting room after medical screening examination (MSE) to wait for results. This allows patients to be seen sooner, which provides care to sicker patients faster, thereby reducing mortality and morbidity. This has also reduced Left Without Being Seen (LWBS) pa-

tients—those who go home and deteriorate without getting seen by a provider.

The ORCA process was conceived by our ED Shared Leadership Committee composed of staff nurses, techs, HUCs, and physicians.

## Quest for 150

Quest for 150 is an ED initiative to reduce length of stay (LOS) in the ED from patient arrival (Door) to Discharge in under 150 minutes. This initiative includes the re-launch of the ORCA Process components with the addition of “Swarming,” reduce testing times, early planning for discharge and ride home, prioritize discharge, document in real-time, and use of whiteboard to plan and keep the patient informed.

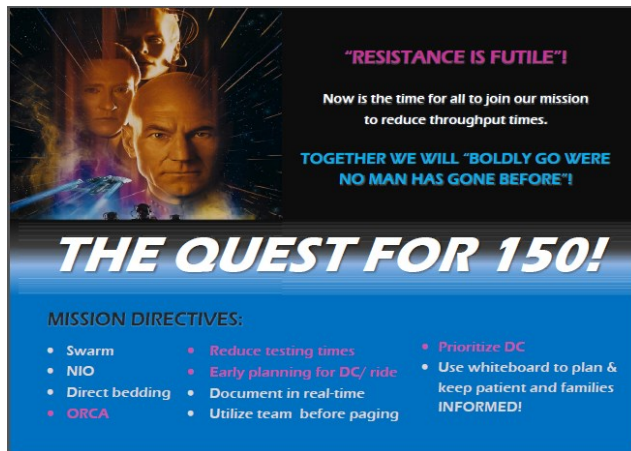
Swarming is defined as a “large number of animate or inanimate things massed together and usually in motion.” Swarming in ED is achieved when a group of staff swarms into a room on patient arrival and performs necessary tasks/interventions to rapidly attend to a patient in a short amount of time.

‘Quest for 150’ was launched in May 2017 with a successful first month at 150 minutes (median) for May 2017. Continued staff efforts maintain the numbers at or below 150 minutes.

## DTN Times Decreased

Jennifer Kurtz, MS CCC-SLP, Stroke Program Coordinator

Tissue Plasminogen Activator (tPA) has become a standard of care in the treatment of acute ischemic stroke. In January of 2017, we doubled down on



This flyer was posted in the Emergency Department to “advertise” for the new initiative.

our commitment as an organization to decrease Door-to-Needle (DTN) times to not only meet the national guideline of DTN times of less than 60 minutes, but to edge our way past that to DTN times of less than 45 minutes.

We revised the ED Code CVA process, looking at every single step, for an opportunity to shave off minutes. Current research demonstrates that early treatment with tPA, in patients with acute ischemic stroke, translates into better outcomes. Early treatment has demonstrated reductions in mortality, improved independence in ability to walk, and increased likelihood to return to independent living after stroke.

The bottom line is **minutes matter** for acute ischemic stroke. In 2017, our average DTN time was 46.9 minutes—20.5 minutes less than the previous year! This is a tremendous achievement realized through rigorous training and attention to every step of the Code CVA process, and it was a challenge for all. We accomplished this with flexibility, effort, communication and, in some cases, the raw faith to just try to do things differently. Many thanks go out to the entire team for their efforts and dedication!

Accomplishments FY 2017

Intraosseous Insertion Training for Charge Nurses

ED Sepsis Nurse Initiated Order (NIO) panels updated and launched

Whiteboards launched

Lab label printing in each room

# Childbirth Center

## Baby Friendly Status in Sight

Alyson Willard, BSN, RN-C

Just five years ago, delivering a baby was a very different experience than it is today. This is thanks in part to an amazing team of dedicated, innovative, and compassionate nurses who are driven to incorporate best practice initiatives into their work. In fiscal year 2017, the Childbirth Center (CBC) introduced several new best practice initiatives to improve maternal and newborn outcomes, while also continuing the work already in progress.

These initiatives included daily work towards obtaining Baby Friendly status – an ongoing project incorporating the “10 Steps to Successful Breastfeeding” into care of all patients, including: patient education, initiating breastfeeding within one hour of birth, rooming-in with mom and baby, assisting patients to maintain lactation while separated, and no supplementation unless medically indicated. Because of this work, our exclusive breastfeeding rate at discharge is at 78.87% YTD! The CBC has continued staff education, improved rooming-in rates by significantly reducing the use of respite nursery care, and continued to emphasize



*Keeping baby skin-to-skin with mom for one hour after birth has been shown to be improve temperature and blood sugar regulation, promote bonding, and increase exclusive breastfeeding rates.*

skin-to-skin care (SSC) after both vaginal and cesarean deliveries. Our rate of SSC with moms after cesarean is very high, at over 80%. The criteria for this measure is that a baby has 60 minutes of uninterrupted SSC with mom, beginning within one hour of delivery.

Accomplishments FY 2017

2 nurses nominated for March of Dimes Nurse of the Year (November 2016)

Kangaroo board protégé developed—convenient storage for neonatal resuscitation supplies

Tranexamic Acid (TXA) introduced for treatment of postpartum hemorrhage—education, policy/procedure developed, and pharmacy on-boarding

VTE Screening on all patients

3 members appointed to Maternal Mortality Review Panel



## Keeping Moms & Babies Together Longer

The CBC has also initiated an Early-Onset Sepsis Calculator. The calculator is used after a baby is born to a mom with diagnosed clinical chorioamnionitis. This interactive calculator produces the probability of early-onset sepsis per 1000 babies (over 34 weeks gestation) by entering values for the specified maternal risk factors along with the infant's clinical presentation.

The calculator was introduced to our NICU and Labor & Delivery units in January 2016. This policy change has allowed the CBC to keep newborns with moms, not over treat with antibiotics, reduce unnecessary procedures, encourage skin-to-skin care, and promote family centered care and our breastfeeding friendly status. At the end of 2017, there were remarkable results—75 term babies were born to moms with chorioamnionitis, and 92% of those babies were able to stay with mom throughout their stay! This also impacted exclusive breastfeeding: 57% of moms who planned on exclusive breastfeeding on admission were able to make their goal. Prior to this work, less than 10% were exclusively breastfeeding at discharge.

Risk per 1000/births			
EOS Risk @ Birth	<b>2.38</b>		
EOS Risk after Clinical Exam	Risk per 1000/births	Clinical Recommendation	Vitals
Well Appearing	<b>0.98</b>	No culture, no antibiotics	Vitals every 4 hours for 24 hours
Equivocal	<b>11.79</b>	Empiric antibiotics	Vitals per NICU
Clinical Illness	<b>48.14</b>	Empiric antibiotics	Vitals per NICU

Classification of Infant's Clinical Presentation Clinical Illness Equivocal Well Appearing

*Example of a Neonatal Sepsis Calculator—risk is based on newborn's clinical exam at one hour of age.*

# Surgical Services

## Incredible Changes Across Surgical Services

*Pamm Bouchez, RN, BSN, Manager PCU, PACU, SPA*

Overlake's Surgical Services department values innovation and patient safety as top priorities. Their work over the last year has led to many incredible changes and improvements for the department. In 2017, the very first DIEP Flap Procedure cases were performed by Dr. Flugstad. A deep inferior epigastric artery perforator (DIEP) flap is a procedure done to surgically reconstruct the breast after mastectomy, using the patient's own tissue. All surgical units were involved in this new procedure.

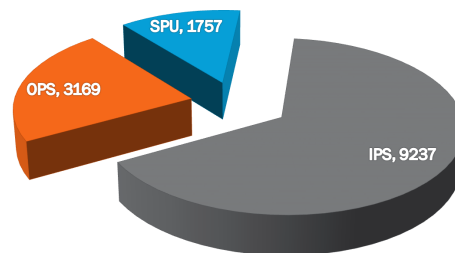
The Surgical Services Executive Committee (SSEC) was successfully launched in 2016, with significant up-ramping of responsibility during the following year. SSEC is regulatory in nature, and works as an oversight committee, with wide representation across various surgical specialties. SSEC successfully developed an IPS/OPS surgical block redesign. This redesign was fully implemented in September 2017.

Many changes were made in Surgical Pre-Admission (SPA), Pre-op, Inpa-

tient Surgery (IPS) and Outpatient Surgery (OPS), and Recovery (PACU & OPR) to increase patient safety and process efficiency, decrease day-of-surgery cancellations, improve room turnover times, and improve the FCITR (first case in the room) on-time starts:

- SPA department **hired its first mid-level provider** to thoroughly evaluate higher acuity patients. Madeline Piediscalzi, ARNP, joined the department's team at the end of fiscal year 2017.
- A **six-question risk assessment Triage Questionnaire form** was created to identify a patient's cardiac risk for surgery. This form is completed by patients in the surgeon's office at time of surgery scheduling. Any positive answers by a patient will trigger an evaluation by a primary care practitioner or our SPA nurse practitioner prior to surgery.
- The **Surgical Risk Stratification and Pre-Anesthesia Testing Grid** were developed in tandem to determine appropriate testing needs for each surgical patient. These tools are based on surgery type and comorbidities of the pa-

Surgical Services Procedures by Department FY 17



Number of surgical cases by unit, July 1, 2016—June 30, 2017

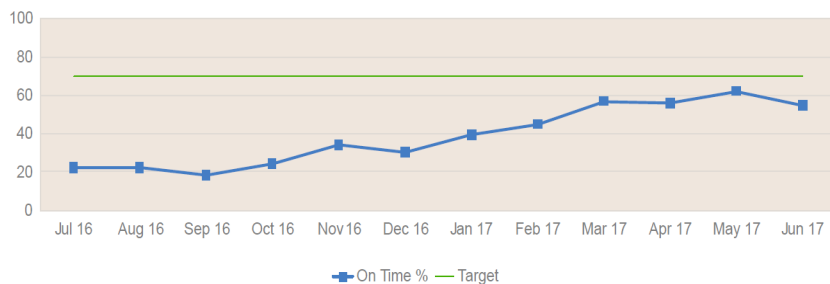
tient and are utilized in SPA and Pre-op.

- A **Pre-Anesthesia Protocol** was implemented to improve patient care and efficiency prior to surgery. The protocol includes pre-anesthesia testing, IV start, and IV fluid orders.

Surgery, Recovery, and Pre-op made specific changes in their SBAR reporting in order to improve turnover times in the OR. Quick, concise turnover times are important to manage in a fast-paced operating room. Efficiency can decrease overall costs, and improve physician, staff, and patient satisfaction.

Surgical Services made huge improvements in FCITR (first case in the room) start times. Starting the first case on time is vital for maintaining our OR's complicated schedule. For a variety of reasons, however, first cases can be delayed, causing subsequent cases to be delayed and a significant decrease in patient satisfaction. In December 2016, we were at 24% (on-time starts) and at the end of the fiscal year we had increased to 54%! This is amazing work and a huge accomplishment for our entire team. We continue to make changes in order to reach our goal of >70%.

On Time Start % by Month for the Reporting Period



*IPS & OPS FCITR on-time starts consistently improved, beginning in mid-fiscal year 2017*



# Innovation & Research

## Massive Transfusion Events On The Rise Throughout Hospital

Renee LeBlanc, BSN, RN, Transfusion Safety Office

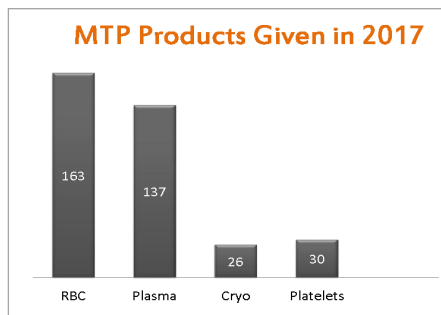
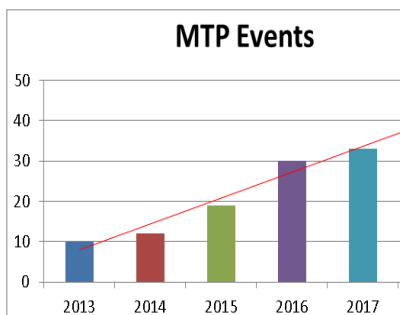
Great efforts have been made by all members of our MTP team, ensuring blood products get to the bedside quickly for patients who are exsanguinating. Charge RNs from CCU, ED, and L&D, and the RRT RN, make up the “MTP Team” and respond to the Code MTP. They provide expertise in managing this complex, time sensitive bleeding protocol. The response team performs the clerical checks, rapidly transfuses and documents the 14 products given in a bleeding emergency. Often the rapid infuser is utilized, which requires specialized skills to operate.

Thirty-three Massive Transfusion events were activated in 2017—this is a significant increase from previous years (see chart). During those events, a total of 356 products were transfused.

The upgrade to EPIC 2017 introduced improvements in the MTP serial lab label process. Thanks to the team for their patience working through the initial challenges. Improvements included easier ordering of the MTP order set and the MTP serial lab labels now automatically print all the to the patient location. Staff were trained in how to separate the MTP labels by test type/color tube.

**Accomplishments FY 2017**

- Successful integration of blood bank standardized work -onsite transfusion service
- Decreased turnaround time for STAT type & screen testing
- Onsite red cell antibody testing for anti-D antibody
- Acquisition of new equipment



## Nurses Play a Crucial Role in Research at Overlake

Stephanie Porenta, RN, BSN, CCRC & Tina Fortney, RN, BSN, CCRC

Did you know that Overlake is currently participating in over 30 clinical trials? These trials are coordinated and implemented by our very own Clinical Research Department. Our team works closely with a variety of physicians, nurses, patients, and non-clinical staff in all settings to provide care, testing, assessments, teaching, and medication administration, depending on the study. In addition to our own clinical duties as research nurses, we must often work closely with the nurses caring directly for the patients in the hospital to ensure strict adherence to the study’s protocol.

One clinical trial that Overlake is currently taking part in is studying 3D-Gene® microRNA (miRNA) technology for breast cancer, developed by the Toray Molecular Oncology Laboratory in California. This simple blood test is intended to provide additional information to drive clinical decision-making in patients with inconclusive imaging results. We are currently the second-highest enrolling site for this study

among institutions nationwide. We expect to reach our enrollment goal of 100 patients by the end of March.

We are on the lookout for potential research participants all year long—some studies are very complex and may only enroll one or two patients depending on the patient population they are seeking; others, like the miRNA blood draw study, may enroll several patients each week. These studies are carried out in several of our clinics and in the hospital settings, with most of our study enrollment focus being in neuroscience, oncology, cardiology, and surgery. There is a chance your patient may be enrolled in a clinical trial! Do you know how to identify a research patient? If not, stop by our booth during Safety Week for a quick tutorial!

If you are interested in learning more about other research trials offered at Overlake, please visit the Overlake website [overlakehospital.org/clinicaltrials](http://overlakehospital.org/clinicaltrials), or email the research team at [OHMCresearch@overlakehospital.org](mailto:OHMCresearch@overlakehospital.org).