Riverside Medical Center nurses provide their kindest touch, their highest thinking and are committed to excellence in order to ensure they meet the needs of our patients along their life’s journey. This roadmap of how our nurses meet the patients’ needs is inspired and supported by our Riverside mission statement shown below:

*Life is a Remarkable Journey*

*Health impacts every step—how we connect with others, how we express our potential, how we pursue our dreams.*

*At Riverside, our mission is to provide healthcare experiences that are just as remarkable.*

*We do this for each person, regardless of social or economical circumstance.*

*We offer our highest thinking, our kindest touch, and our strongest commitment to excellence.*

**Creating Our New Organizational Mission Statement**

Before 2008, Riverside’s mission statement was “To provide quality, caring, services which improve the health status of the communities we serve”. This mission statement served the hospital well for over a decade.

In September 2007, the senior management team agreed the current mission statement was ripe for change to better reflect the evolution of our organization. Our organization includes so many aspects of delivery in addition to an acute care hospital—Senior Living Center, Community Health Network, and regional referral center. There were many people involved with creating the new mission statement. Some of those included in the meeting were members of our Board of Directors, medical staff, Phil Kambic, President and CEO, Bill Douglas, CFO, David Duda, Senior Vice President/Chief Operating Officer (COO)/Chief Nursing Officer (CNO), and Maggie Frogge, Senior Vice President (VP) of Strategic Planning.

Great care was taken in order to create the new mission statement that would reflect what we currently do and also to take us into the future. We surveyed several health system mission statements, studied cross-industry statements, and studied the corporate reason for a mission statement. We engaged a health
care futurist to help us vision and create the mission statement. We distributed articles about the meaning of mission statements, their use to inspire and motivate, and their ability to communicate the spirit of the organization. Participants in the mission development group were asked to complete this pre-reading. We assembled in retreat fashion at a board member’s home and after a brief educational session with the health care futurist, the team brainstormed ideas for an entire day. Key concepts were then formulated into a statement and tested with key members of our various Boards of Directors.

In January 2008, this new mission statement was rolled out to our staff, patients, physicians, and community through training, our State of Riverside town hall meetings provided by our CEO and Vice Presidents, and internal newsletter articles. Every action we take connects back to our mission—to support life in all its remarkable aspects through delivering remarkable health care experiences in all settings.

*Riverside’s Nursing Mission Statement*

Our nursing mission statement is “Riverside Nurses are vigilant in providing quality, caring services in a safe environment to our patients and families.” Like our Vigilance Model (at end of this document), this mission statement was developed by interviewing direct care nurses across all shifts and specialty areas to identify key words and concepts that describe our care focus.

Riverside nurses are aware that everything they do impacts every step of the patient’s health care journey. We want to provide the highest quality care to our patients so they have a remarkable health care experience. We are very watchful over our patients so they have a safe experience while at Riverside. In addition to being committed to quality and safety, we are very committed to providing patients with the best experience we possibly can. We understand health care can be very frightening to many of our patients so we pay special attention to providing our kindest touch to our patients, regardless of where that patient may be in their life journey.

*Riverside’s Vision Statement: Organizational Fuels the Nursing Vision*

Our hospital and nursing mission statements describe the overall purpose of Riverside in achieving our hospital vision. The vision of Riverside Medical Center is “to be the safest and highest quality provider of health care in the State of Illinois.”

The Riverside Nursing Vision, “Professional Nurses Empowered to Create a Culture of Excellence”, was adopted in 2009. Direct care nurses from all shifts and nursing units provided their input into the development of the nursing vision at a Patient Care Council Day in August 2009. Each word was specifically chosen in order to accurately describe the aspirations of the Riverside Medical
Center nurses. Dave Duda, COO/CNO and Deena Layton, VP of Nursing Services, believe nurses should be empowered to own and make changes to their professional practice. Ultimately, our nurses strive for excellence in everything they do.

**Organizational and Nursing Values are in Alignment**

The nursing values are in alignment with the overall hospital values of Integrity, Partnership, Excellence and Stewardship.

Our Nursing Values are:

- **Integrity**: Nurses are honest and ethical in all interactions with our patients, families and colleagues.

- **Excellence**: Nurses strive to utilize best practices for optimal patient outcomes.

- **Partnership**: Nurses work in cooperation with patients, families, and other care providers guided by open communication and decision making.

- **Stewardship**: Nurses are responsible for the use of hospital and patient resources in our practice of nursing.

**Strategic Planning Process for the Hospital and Nursing Staff**

The overall hospital mission and vision guides the strategic planning process for both the hospital and nursing.

**Structure Supporting Organizational Strategic Plan Development**

Riverside Medical Center is fortunate to have five senior nurses on the Executive team for our health system, which is comprised of ten administrators including our President and CEO, Phil Kambic. The five nurses include David Duda, Senior Vice President, COO/CNO; Margaret (Maggie) Frogge, Senior Vice President of Strategic Planning; Judy Amiano, Vice President of Senior Services; Allen Kelly, Vice President of Procedural Services/ Women’s and Children’s; and Deena Layton, VP of Nursing Services. Deena and Allen were promoted into their current VP positions in December 2007. Riverside has a strong history of promoting within as 4 of the 5 senior executive team that are nurses have each served at Riverside more than 20 years. Dave has been at the hospital for over 20 years. He started at Riverside in 1986 as Director of the Mental Health Unit and in 1996, was promoted to Vice President of Patient Care Services (which was the CNO title then), transitioning to the Senior Vice President/COO/CNO role in 2008.
The executive team meets twice a year, in the spring and in the fall, to develop and review the system-wide strategic plan.

**Process for Integrating Direct Care Nursing Input into the Organizational and Nursing Strategic Plan**

In preparation for the senior executive team retreats, each nursing director is required to submit annually management goals which are then compiled into a management plan. The goals are then categorized into nine different strategic imperatives:

I. Direct Access to Care  
II. Eminent Quality  
III. Seamless Delivery  
IV. Healing Environment  
V. Superior and Financial and Operational Performance  
VI. Strong market and Brand Awareness  
VII. Comprehensive Specialty Coverage and Robust Referral Network  
VIII. Connected to the Communities we serve  
IX. Innovative and Collaborative Culture

At the retreats, the goals of the management plan are then reviewed by all of the Vice Presidents and the CEO. There is much discussion around each management goal and decisions are made about what to include in the actual strategic plan. In addition, each Vice President leads a discussion topic pertinent to the goal and his/her area of expertise during the retreats to support modification or changing of timelines related to the divisional goal—and to support cross-pollination and sharing of resources across the health system.

Once the organizational or system-wide strategic plan is finalized, the overall strategic plan is then shared with the nurse leaders. The nursing strategic and quality plan is developed at that point by using the hospital strategic plan. The Nursing Strategic Plan is organized using the hospital strategic imperatives as headers with the nursing with the nursing quality plan directly embedded into our strategic plan (included at the end of this document). The nursing strategic and quality plan is then shared with staff nurses in unit meetings, at Patient Care Council Day and in UBC meetings and in the nursing annual report which is shared with the Board of Directors (included at the end of this document). Based upon direct care nurses’ feedback, goals were made clearer and this helped create ownership and collaboration in achieving those goals.

**Ongoing Feedback and Interaction on Strategic Plan Goals at all Levels of Staff**

The Executive team meets with the CEO on a weekly basis every Wednesday for four hours to discuss strategic planning and major initiatives and to hear updates on progress or obstacles to achieving goals. This meeting also serves as an
opportunity for nursing directors, managers, team leaders, and direct care nurses
to present information to the senior management team. Direct care nurses have
attended this meeting to present the Rivernet Nursing Intranet Site
(communication web page for all units) and the winning posters and projects of
the Annual Poster Fair described in other SOEs such as SE1. Direct care nurses’
presentations allow nurses to share information on their specific initiatives, which
contribute to our organizational and nursing missions.

**Guiding Characteristics of the Strategic Plan**

Riverside Medical Center’s leaders integrate strategic planning with its mission,
vision, and operational core values throughout every domain of its structure.
Riverside has set forth specific characteristics as part of its planning that are
imperative for future growth based upon working with an external strategic
planning consultant, Towers-Perrin, and using Press Ganey, CompData,
CareScience data, Metropolitan Chicago Health Care Council Data, SG2 data,
and other external data sources to examine the national, regional, and local
market and consumer demands. These characteristics include:

- Direct access to care,
- Eminent quality,
- Seamless delivery, and
- Providing a healing environment.

However, these characteristics do not stand alone. These characteristics are
supported by Riverside and the nursing core values of integrity, excellence,
partnership, and stewardship. In conjunction, these strategic characteristics and
core values are what provide our community with a truly exceptional experience
for patients choosing Riverside Medical Center.

**Partnering with All Staff including Direct Care Nurses: Clinical Documentation System**

The first strategic characteristic is **providing direct access to care for the community**. Riverside has invested in nineteen offsite clinics in order to reach out to community members, allowing for convenient, accessible, yet innovative health care. In addition, in 2007, Riverside modified its clinical documentation system to a system that made health information available in “real time,” emphasizing point of care charting. This was an instrumental step in making sure that patient records would be current, with easy accessibility to physicians 24-7 and other disciplines within all of the Riverside facilities to guide clinical decision making. Riverside turned to its direct care nurses in **partnership** to determine the needs of those who would be using the system as well as determining the practical functionality of the system.

Times were set aside for direct care nurses to choose which type of mobile chart device from a hands-on vendor demonstration fair would be most efficient, identify barriers to point of care charting, and to develop charting screens specific
to their charting needs, making for the most optimal design and creating direct care nurses’ buy-in to the new documentation system with SHIPS (computers on wheels). During this transition, Riverside allotted enough time so that direct care nurses received multiple training sessions and had direct care nurses and nurse managers and nurse team leaders who were early technology adopters designated as SuperUsers during the go-live of the new system to provide real-time support at the point of care to ensure success of the newly implemented equipment and process. Accessibility and real time access to health information are merely two examples of how the Riverside core value of stewardship used its financial and human resources for the advantage of communities in which we serve.

**Eminent Quality: Direct Care Nurses Developing Acuity System**

The second characteristic identified by Riverside Medical Center was to ensure eminent quality. Riverside identified that establishing quality management and patient safety programs would be instrumental in moving forward in its visionary quest to provide a truly exceptional experience for patients. Again, Riverside leadership turned to its direct care nurses and patient care staff to initiate and maintain safety programs geared at patient safety and improved patient outcomes. One example was the acuity system used to assign patients to nurses in each inpatient unit. Direct care nurses from each unit developed a plan for determining acuity of each patient, based on their specific unit. Not only did this improve safety and patient outcomes for patients, but provided nurses with a more balanced assignment. Through partnership with leadership, nurses were empowered to develop a process that not only served to meet the integrity of patients, but meet the nursing excellence identified in Riverside’s Core Values.

**Seamless Delivery of Care: SBAR Adoption**

The third imperative to Riversides strategic plan is to provide seamless delivery of patient care. This is practiced by minimizing “handoffs” between care providers. Handoffs are done using a universal SBAR report system throughout the Riverside facilities, developed by nursing staff. The core values of excellence and partnership played an essential role in this process, ensuring clinical, operational, and service excellence through teamwork and multidisciplinary shared-decision making. All reports include the patient situation, background, assessment, and response. Shortly after, a team of nurses identified a need for a safer practice when handing off patient care and the orders associated with those patients. The committee developed a medication reconciliation form to be use during handoffs to ensure patient safety between unit handoffs. Once developed, a policy was implemented and has become a universal practice at Riverside Medical Center, allowing for a safe, personalized patient experience (see policy at end of this document).
Currently, shift reports are being computerized (they are on paper now) to facilitate walking rounds (report between oncoming and off-going nurse) to be done at the bedside. For efficiency and due to staff requests, a query is being developed for later 2010 implementation based on direct care nurse input that will pull onto one computer screen all the information for a standardized electronic SBAR report per shift. It is anticipated that walking rounds will be live in all hospital inpatient units by May 2010—and are already live based on staff input on 2nd Med-Surg.

**Providing a Healing Environment: Patient Room Design with Direct Care Staff’s Input**

The last strategic imperative in Riverside’s strategic plan is providing a healing environment for customers. This characteristic is fundamental in providing integrity for each person who chooses Riverside Medical Center for his or her health care experience. Riverside uses Press Ganey for its external benchmarking to measure and compare Patient Satisfaction results with hospitals within our same size bed group and peer group. The Press Ganey results are posted and shared with staff. Direct care nurses are responsible for changing their practice to improve processes which would provide for a better healing environment and improve patient satisfaction. A great deal of partnership and stewardship has taken place as Riverside has moved to providing patients with healing environments in which they receive exceptional health care in newly remodeled private rooms. In these rooms, patients enjoy amenities such as large, flat screen televisions, walk-in showers, and ample room for family members to stay and visit. To support this process, direct care nurses and patient care ancillary staff members were invited to share visions of how the private rooms should be designed, not only to make them inviting to the patients, but functional for all staff. Riverside launched the construction of an East Tower in September 2009 with an expected completion date of Summer 2011. The East Tower addition will include an additional 41 private rooms (23 Ortho/ Neuro and 18 ICU), which will enable Riverside to further reach its goal of private rooms for all patients. As this East Tower connects on to the existing West Tower which will also have remodeling, direct care nurses and techs have given their input at each design phase of the nurses’ station look and feel, to break room designs, to patient room, surgical suite, and labor and delivery’s new C-section room.

**Strategic and Nursing Quality Plans: Eminent Quality**

The nursing quality plan is directly linked to the hospital Quality Improvement Plan.

Riverside’s Nursing Department supports the hospital’s strategic and quality plans by continuously promoting and cultivating a learning culture for quality improvement among the nurses. Nurses strive for a culture of excellence. We
believe that with every improvement we make to the quality of nursing care, we play an important role in ensuring better safety and outcomes for our patients who come under our care.

One of the main hospital strategic imperatives is Eminent Quality. Direct care nurses monitor quality indicators to ensure our patients achieve the best outcomes. Riverside has been recognized as a Top 100 Hospital in the nation by Thomson Reuters for the last 3 consecutive years and also in 2010 was one of 23 hospitals nationwide who earned the Everest Award from Thomson Reuters due to faster improvement over prior year for quality and operational indicators. Riverside also has received the Healthgrades Patient Safety Award for the last 5 consecutive years as of March 31, 2010. In addition to the Patient Safety Award, Riverside has received 5 star ratings in the following areas: Ortho, Spine, Stroke, etc.

Nursing supports a major strategic imperative, Superior and Financial and Operational Performance, by working on ways to decrease length of stay (LOS). While a shorter LOS has financial implications, nurses are vigilant about maintaining an appropriate LOS as LOS is directly related to quality with a direct correlation with patient outcomes.

Nurse sensitive indicators are selected by nursing leadership. Quality metrics are reported on an integrated scorecard across all inpatient units and performance is benchmarked against external databases such as the National Database of Nursing Quality Indicators (NDNQI). Data is used to track and trend performance and to monitor results of implemented performance improvement strategies.

Each nursing unit selects unit specific quality indicators which are monitored on a monthly basis. Benchmarks are set by the Nursing Director. The results are posted on the nursing unit as well as on the Dashboard File on the O Drive.

Various forums are used in reporting Nursing Quality. There is a Quality and Safety Council made up of 18 direct care nurses, Quality and Patient/Employee Safety Directors and other ancillary staff. The Quality and Safety Committee reviews patient care quality. The Council makes revisions to policies and processes in order to improve patient outcomes.

Each nursing unit and specialty area has a Unit Based Council (UBC) that reviews unit specific quality indicators and makes necessary changes using the Plan, Do, Check, Act (PDCA) methodology.

Continuing educational opportunities are also organized in collaboration with other healthcare professionals to keep nurses updated on the latest in evidence-based care. With the added knowledge and skills, we believe our staff will be better empowered to take on the responsibilities to improve our nursing care standards and quality.

To ensure quality initiatives are effectively implemented, the respective patient care units’ nurse leaders and direct care nursing staff perform regular audits for
compliance and identify areas for improvement. Analyzed results are shared to create awareness and action plans are formulated to address areas identified for improvement. Direct Care Nurses are constantly encouraged to share and adopt best practices based on evidence and research and are evaluated on their annual performance appraisal for participation in quality improvement and evidence-based nursing practice.

**Nursing Helps Plan and Lead the Way to the Future of Riverside**

As evidenced in this story, the overall organizational and nursing strategic and quality plans are interdependent and intertwined. Communication flows from direct care staff up to senior management and back so that direct care nurses help shape goals and plans at the strategic level—and in order to create nursing ownership and engagement in implementing the plans. Based upon our results to date for achieving and exceeding our eminent quality goals, we can celebrate the work of our nursing excellence model and mission directly supporting and driving these results. Nursing care truly leads the way in taking Riverside into our future by working each day to create remarkable health care experiences for our patients within the safest possible environment and with the best possible outcomes.
Overview

Riverside HealthCare’s Model of Professional Nursing Practice was developed around the concept of “Vigilance.” As the model evolved, the concept of “Vigilance” was important to operationalize at the individual, department, and organizational levels.

The interactions among the concept of vigilance and the organizational environment, care delivery environment, outcomes, and professional nursing characteristics and practices all contribute to effective care delivery and an optimal safe healthcare care journey for our patients, families, community, and care providers.
The model has integrated the values of the organization and therefore supports its mission.

**Foundation of Nursing Practice**

Nurses promote the optimal safe healthcare journey through caring and vigilant actions based on the watchful and continual oversight of the patient’s changing responses to healthcare needs and the care environment in order to maximize intended outcomes.

**Organizational Environment**

Processes and structures that occur outside the boundaries of the patient’s care unit that influence and support nursing practice and patient care.

**Organizational Vigilance:**
The continual observation, detection, interpretation, and communication of the changing needs and expectations of external and internal sources that result in creating purposeful change.

- **Integrity** - Respect for human dignity and consistent promotion of fairness and honesty.
- **Excellence** - Striving for clinical, operational, and service excellence by fostering professional development, accountability, teamwork, and commitment to high quality.
- **Partnerships** - Cooperation with other care providers that is guided by open communication, trust, and shared decision-making.
- **Stewardship** - Prudent use of financial and human resources for the advantage of the communities served.
- **Shared Governance** - Organizational structures and processes that demonstrate a commitment to empower professional nursing staff’s and managers’ active engagement in policy- and decision-making. Nurses engaged in shared decision-making influence their professional practice environment and define, promote, and evaluate consistent nursing practice.
- **Purposeful Change** - Engagement in deliberate and meaningful change.
- **Patient Centeredness** - Structures and processes that promote compassion, empathy, and responsiveness to the needs, values, and expressed preferences of the patient and family.
• Standards of Practice - Guidelines and evidence-based rationale that promote consistent patient care throughout the organization.

Care Environment

Factors and conditions that occur within the boundaries of the care unit that can directly or indirectly influence the vigilance of nursing care for the patient and/or family. The care environment is highly influenced by vigilant management

Management Vigilance

The ongoing, continual oversight of the unit’s changing needs and responses which result in modification of fiscal, material, and human resources and expectations that impact patient care, nursing practice, and outcomes on the unit

• Resource Availability – The possession of tools, technology, people, and materials that are readily available to meet the needs of the patients and the workforce.

• Communication - The structures and processes of interactions between individuals in the care environment.

• Staff Capacity - The number, experience, and competency of staff.

• Information – The possession of available and appropriate data to process, manipulate, and organize in order to answer questions in a meaningful and useful manner.

• Team Competence - The supportive nature of the interrelationships between the individual and other caregivers.

• Care Delivery Model - The structures and processes by which the unit uses to organize and provide patient care.

• Peer Accountability - The act of holding team members and colleagues answerable for actions and outcomes.

• Culture of Inquiry – The promotion of expectations of calculated risk-taking, innovation, and reflection that generates new knowledge and practices.

(Nursing Care) Vigilance

The primary abilities the nurse needs to have for vigilant nursing care within the work environment. The nurse’s watchful, continual oversight of the patient’s
changing needs and responses resulting in effective clinical judgments, nursing actions, and intended outcomes.

*Levels of vigilance will vary based on:*

- Needs and expectations of the patient/family related to complexity, predictability and, safety.

- Nurse’s experience and level of competence.

- Factors in the care and organizational environment.

- **Advocacy** - The ability to promote the needs of the patient and/or family during the healthcare journey.

- **Surveillance** - The ability to systematically observe, collect, analyze, interpret, and respond in an appropriate and timely manner.

- **Situational Awareness** - The ability of the nurse to accurately perceive elements in the environment that may impact patient care progression, workload, and unit status.

- **Vigilant Actions** - The ability of the nurse to create and implement actions reflective of current patient status or the anticipated risk for potential changes in the patient’s response and desired outcomes.

- **Caring Relationship** - The integration of knowledge, evidence, skills, judgment, and the unique connection between the patient and nurse impacting the “how” of providing care as well as the patient’s perception of being “cared for.”

- **Pattern Detection** - The ability to reflect on and recognize the meaning of cues that may indicate a change in status.

- **Translation** - The ability to effectively articulate findings, changes, and results to patients, their families, and other healthcare providers, based on assessment of teaching, learning, and information needs.

- **Collaboration** - The ability to partner with others to achieve intended outcomes.

*Professional Nursing Characteristics*

- **Authority** - Recognition and use of the nurse’s rights, power, and responsibility given them by Standards of Professional Practice and the “Nursing Code of Ethics” to use nursing knowledge, skill, and judgments that promote patient care and impact outcomes.
• **Accountability** – Acceptance of the responsibility for one’s actions, judgments, and the resulting outcomes.

• **Autonomy** – Recognition of the privilege to make decisions which are not subject to authoritative review by those outside a self-regulating professional body.

• **Empowerment** – Recognition of the importance of nursing practice, its unique contribution to patient- and family-centered care, and its impact on the goals of the organization. Nurses position themselves to influence decisions and resource allocation.

• **Evidence Based Decision-Making** - Systematic application of the best available evidence to evaluate options and make decisions in clinical situations.

• **Professional Development** - Engagement in reflective practice and ongoing learning.

• **Competence** - Possession of nursing knowledge and skills grounded in nursing standards of care.

**Outcomes**

The results that reflect what patients and healthcare providers planned for the healthcare experience. Intended outcomes reflect knowledge of the patient/patient populations’ healthcare needs, health trajectory, and family and community resources.

• **Active Participation of Patient, Family, and Community** – Purposeful involvement of the patient, family, and community in determining the intended result of the health care experience.

• **Anticipated Needs** - The needs patients and/or families foresee having within and as a result of the health care experience. The anticipated needs of the patient and family primarily reflect their perception and knowledge of their healthcare needs.

**Overall Outcome: Optimal Safe Healthcare Journey**

A healthcare experience that recognizes and respects the anticipated needs and intended outcomes of our patients and families in our organization and community.
## HOSPITAL STRATEGIC IMPERATIVE: I. Eminent Quality

### NURSING STRATEGY: A. Provide Safe and Quality Patient Care

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Zero Medication Errors</td>
<td>• Identify and correct barriers of medication administration safety (i.e. equipment, process)</td>
<td>• Peminic Reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Scanning Reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• IV Pump Reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Safety Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Core Measures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dashboards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Drug Libraries</td>
</tr>
<tr>
<td>2. 90% Scanning on Each Unit</td>
<td>• Design, implement and evaluate new safe patient identification system, medication administration bar coding.</td>
<td>• Medication Scanning Reports</td>
</tr>
<tr>
<td></td>
<td>• Explore possibility of scanning in the following areas: ED, OR, Anesthesia, CCL, IR, PACU, EKG, AIC, OPS, SPL</td>
<td></td>
</tr>
</tbody>
</table>
### HOSPITAL STRATEGIC IMPERATIVE: I. Eminent Quality

**NURSING STRATEGY: A. Provide Safe and Quality Patient Care (Contd.)**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 3. 100% Compliance with National Patient Safety Goals | • Use 2 patient identifiers when providing care  
• Improve communication among caregivers (read back order and clinical test results)  
• Use approved abbreviations only  
• Report and record critical tests/results  
• Look alike/sound alike education  
• Label all meds  
• Anticoagulant protocols  
• Comply with World Health Org. Hand Hygiene Guidelines  
• Develop evidence-based guidelines to prevent hospital-based injuries and central line associated bloodstream infections | • Peminic Reports  
• Abbreviations Audit  
• Critical Test Audit  
• Hand Hygiene Reports |
| 4. 90% Drug Library Use | • Educate managers about pump reports  
• Update drug libraries  
• Spot checks of pumps | • Hospital Pump Reports  
• Peminic Reports |
| 5. Zero Never Events | • Time out compliance  
• Falls risk reduction  
• Identification of present on admission conditions  
• Pressure ulcer reduction  
• Assure processes are in place to decrease nosocomial infections (i.e. VAP, MRSA, respiratory, UTI) | • Core Measures  
• SCIP Data  
• Dashboards  
• Risk Mgt Reports  
• Infection Control Reports  
• Sentinel Events  
• OR Events |
### NURSING STRATEGY: A. Provide Safe and Quality Patient Care (Contd.)

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 6. Decrease Employee Injury Rate | • Add minimal lift equipment to orientation  
• Minimal lift annual competency/return demo | • Employee Injury Reports                     |
| 7. Effective Multidisciplinary Communication | • CPOE preparation, hire resources, standardize orders, prepare nursing, increase proper use of care organizer  
• Standardized work, nursing report, walking rounds, SBAR/handoffs, post op care  
• McKesson 10.1  
• Nursing leadership to attend ancillary flex meetings  
• Nursing newsletter to ancillary areas with nursing  
• Nurse champion for the ancillary areas with nursing | • Peminic Reports Related to Communication  
• Meeting Attendance (i.e. Flex, Town Meetings, Unit Meetings)  
• CPOE  
• McKesson Standardized Work Complete  
• Reduce Missed Orders |
### HOSPITAL STRATEGIC IMPERATIVE: 1. Eminent Quality

**NURSING STRATEGY: A. Provide Safe and Quality Patient Care (Contd.)**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 1. 100% Compliance with Core Measures Owned by Nursing | • Develop unit-based action plans on areas of noncompliance  
• Each unit to name a nurse to be accountable for monitoring compliance daily  
• Interdisciplinary teams to continually improve core measures | • Core Measures  
• Safety Dashboards  
• Door to Balloon Time  
• Stroke Indicators |
| o STEMI – Door to Balloon Less than 90 Minutes  
o Pneumonia Antibiotic Given within 4 Hours  
o Flu Vaccine Assessment Completed Every Admission  
o Improved Stroke Indicators  
o SCIP (Glucose and Normothermia and Clippers)  
o DVT Assessment/Orders Completed Every Admission  
o Surgical Core Measures  
o Psychiatric Core Measures (Restraints) |
**HOSPITAL STRATEGIC IMPERATIVE: II. Innovative, Collaborative Culture**

**NURSING STRATEGY: A. Improve Nurse Sensitive Outcomes (NDNQI)**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 1. Improve Nurse Sensitive Indicators – Define Goals Using NDNQI Information | • Develop unit-based specific action plans if unit score is less than mean score  
• Assign unit accountability for continuous improvement  
• At flex, units to give update on action plan | • NDNQI Unit-Based Scores  
• Vacancy Rates  
• Turnover Rates  
• Number of Certifications |

**HOSPITAL STRATEGIC IMPERATIVE: II. Innovative, Collaborative Culture**

**NURSING STRATEGY: B. Enhance Accountability and Ownership of the Nursing Practice**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 1. Assure Every RN is Provided with Peer Feedback/Peer Review | • Peer review established per unit  
• RN job description redesign  
• Educate staff on Magnet Sources of Evidence (SOE)  
• Evaluate nursing orientation curriculum  
• New hire evaluation of orientation | • Core Measures  
• Random Audits Every Quarter to Assure Journaling is Completed |
### HOSPITAL STRATEGIC IMPERATIVE: II. Innovative, Collaborative Culture

**NURSING STRATEGY: C. Advanced Shared Governance**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 1. Shared Governance Structure in Each Nursing Area | • UBC meets monthly  
• PCC meets monthly  
• UBC reports to nursing leadership monthly  
• Evidence-based practice poster fair  
• Magnet admin update  
• Establish shared governance in CHC and APN nurse group  
• Peer interviewing  
• Exit interviews | • Meeting Attendance  
• EBP Fair Attendance  
• Exit Interviews |

### HOSPITAL STRATEGIC IMPERATIVE: II. Innovative, Collaborative Culture

**NURSING STRATEGY: D. Become Transformational Nursing Leaders**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 1. Evolve from Transactional to Transformational Nursing Leadership | • Provide transformational education to nurse leaders and staff  
• Conduct NDNQI Nurse Survey  
• Implement shared governance concepts presented by Dr. Porter-O’Grady  
• Leadership development  
• Standardize work of nursing leaders  
• Evaluate nurse leadership orientation | • NDNQI Nurse Survey |
### HOSPITAL STRATEGIC IMPERATIVE: II. Innovative, Collaborative Culture

#### NURSING STRATEGY: E. Enhance Nursing Leadership Visibility

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop Multiple Forums for Nursing Leadership and Staff Interaction</td>
<td>• Schedule town hall meetings for year</td>
<td>• Attendance at Nursing Meetings</td>
</tr>
<tr>
<td></td>
<td>• VP Nursing Services (CNO) chairs with PCF, NC</td>
<td>• Number of Times Rounding</td>
</tr>
<tr>
<td></td>
<td>• Dinner with Deena and Allen</td>
<td>• Evaluations of Dinners</td>
</tr>
<tr>
<td></td>
<td>• Rounding (including nights/weekends)</td>
<td>• State of Riverside Attendance</td>
</tr>
<tr>
<td></td>
<td>• State of RMC</td>
<td>• NDNQI Nurse Survey</td>
</tr>
<tr>
<td></td>
<td>• Open door policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New grad luncheon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dialoguing with nurse leaders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Deena/Allen to attend nursing orientation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Promote nurse attendance of “Research/No Research” class</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Promote nurse attendance at Journal Club</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• EBP Fair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• UBC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Publish research</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Conduct nursing research</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Build EBP/research into nursing policies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Present EBP and research projects at national conferences</td>
<td></td>
</tr>
</tbody>
</table>

---

### HOSPITAL STRATEGIC IMPERATIVE: II. Innovative, Collaborative Culture

#### NURSING STRATEGY: F. Enhance Role of Nursing

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expand Infrastructures, Capacities, and Processes for Nursing Research and Evidence-Based Practice</td>
<td>• Promote nurse attendance of “Research/No Research” class</td>
<td>• Number of Research Studies</td>
</tr>
<tr>
<td></td>
<td>• Promote nurse attendance at Journal Club</td>
<td>• Research/No Research Class Attendance</td>
</tr>
<tr>
<td></td>
<td>• EBP Fair</td>
<td>• Journal Club Attendance</td>
</tr>
<tr>
<td></td>
<td>• UBC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Publish research</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Conduct nursing research</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Build EBP/research into nursing policies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Present EBP and research projects at national conferences</td>
<td></td>
</tr>
</tbody>
</table>
**HOSPITAL STRATEGIC IMPERATIVE: III. Healing Environment**

**NURSING STRATEGY: A. Provide Exceptional Patient Care Experience**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 1. Improve Inpatient and ED Satisfaction Scores (90<sup>th</sup> Percentile within Large Group of Press Ganey) | • Each clinical unit to develop action plans  
• Patient Satisfaction Team to round during meeting time  
• Hourly rounding  
• Follow-up phone calls  
• Enhance patient education  
• Decrease noise on units  
• Increase communication with patient/family  
• Patient specific care plan to be shared with patient | • Weekly Reports: Inpatients  
• Monthly Reports ED |

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Explore Options for Obtaining Patient Satisfaction Information on Outpatient, Therapies, Diagnostics, and Procedural Areas</td>
<td>• Re-implement outpatient satisfaction surveys</td>
</tr>
</tbody>
</table>

**HOSPITAL STRATEGIC IMPERATIVE: III. Healing Environment**

**NURSING STRATEGY: B. Modernization Project**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 1. Decrease Noise | • Involve Staff in Design of East Addition  
• Complete Design Phase | • Patient Satisfaction Survey |
| 2. Increase Number of Private Rooms | |


<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 1. Enhance Profile of Nursing’s Role in Community | • Staff driven community activities will be supported and enhanced | • Nursing Stories  
• Activities Captured in Community Benefit Form |

**HOSPITAL STRATEGIC IMPERATIVE: V. Seamless Delivery**

**NURSING STRATEGY: A. Enhance Communication within Nursing**

1. Increase Communication Score on NDNQI Nurse Survey  
   • Nursing Newsletter  
   • Unit Newsletter  
   • Rivernet Nursing Website  
   • All RN’s to use Outlook for Email  
   • NDNQI Survey

**HOSPITAL STRATEGIC IMPERATIVE: V. Seamless Delivery**

• **NURSING STRATEGY: B. Redefine Roles and Responsibilities for Nursing Leadership, Education, and Advanced Practice**

1. Clearly Define Responsibilities of All Nursing Roles  
   • Task force to define roles and responsibilities  
   • Roles and responsibility grids with clear lines of accountability within unit nursing leadership  
   • Develop accountability grid  
   • Complete performance evaluation tool for nursing leadership  
   • NDNQI Nurse Survey
### HOSPITAL STRATEGIC IMPERATIVE: VI. Financial/Operational Performance

**NURSING STRATEGY: A. Improve Efficiency of Nurses and Improve Work Environment**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 1. Utilize Lean Principles Throughout Nursing | • Educate staff on Lean principles  
• Complete Lean project plans/timeline  
• Complete 4 nursing units/year  
• Build sustainability for process improvement  
• Enhance use of call light data  
• Conduct a telephone pilot | • Employee Opinion Survey  
• NDNQI Survey  
• Patient Satisfaction Scores  
• Lean Before and After Survey  
• Call Light Audits |

### HOSPITAL STRATEGIC IMPERATIVE: VI. Financial/Operational Performance

**NURSING STRATEGY: B. Decrease LOS**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reduce LOS to 3.74</td>
<td>• Improve Discharge Process</td>
<td>• LOS Report</td>
</tr>
</tbody>
</table>

### HOSPITAL STRATEGIC IMPERATIVE: VII. Comprehensive Specialty Coverage

**NURSING STRATEGY: A. Advance Nursing Professional Development**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 2. 1% Increase in Certifications and a 5% Increase in MSN/BSN | • Managers will support and coach staff on continuing professional development  
• Recognize staff with awards, pins | • Number of Certifications, BSN, MSN  
• Nurses Enrolled in School, Seeking Advanced Degrees in Nursing |
### HOSPITAL STRATEGIC IMPERATIVE: VIII. Strong Market & Brand Awareness

**NURSING STRATEGY: A. Strengthen Nursing’s Role in Community**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 1. Enhance Profile of Nursing’s Role in Community                      | • Capture nursing community outreach and educational endeavors via profiles, stories, inventory  
• Provide opportunities for staff to participate in community education  
• Partner with local colleges to provide nursing instructors  
• Work with legislators on healthcare policy | • Number of Community Events Nurses Participated In  
• Number of RMC Nursing Instructors  
• Attendance at State Representative’s HealthCare Advisory Board |

### HOSPITAL STRATEGIC IMPERATIVE: IX. Direct Access to Care

**NURSING STRATEGY: A. Coordination of Care in the Chronically Ill Patient**

<table>
<thead>
<tr>
<th>GOALS</th>
<th>TACTIC</th>
<th>METRIC</th>
</tr>
</thead>
</table>
| 1. Joint Commission Diabetic Certified  
2. HF Certification  
3. Geriatric ED  
4. Elder Life Program  
5. Reduce Readmissions  
6. Post-Acute Care Coordination  
7. Transitional Coach/Chronic Care Management | • Improve Discharge Process  
• Apply for Joint Commission Diabetes Designation  
• Apply for Heart Failure Certification  
• Remodel ED to be Geriatric Friendly  
• Develop ElderLife Program  
• Develop Chronic Care Program | • Certifications obtained  
• Designations obtained  
• Patient satisfaction  
• Raise market share of geriatric patients |
A Message from Dave Duda, Senior Vice President, COO, and CNO

It is with great pleasure I take pen to paper to detail the 2009 highlights of the Riverside Healthcare professional nursing staff. The past year has been an epic one for the organization. Our BSN completion program has a record number of Riverside nurses enrolled. Riverside Medical Center was pleased to announce more professional nurses committing to advanced degrees and certification than in its 45 year history. We await word on a grant, the purpose of which is to provide funding for 22 MSN and DNP students. Upon degree completion, Riverside will assist in meeting the critical shortage of nursing faculty in the Chicago metropolitan region. During 2009, 48 ADN nurses began matriculating to a Bachelor's Degree, 13 Bachelors prepared nurses started matriculating towards a Master’s degree and 16 nurses achieved national certification in various areas such as acute rehabilitation nursing to neuro certification. In addition during 2009, two nurses completed their Master’s degree. In closing, I am very proud to be a professional Registered Nurse at Riverside Medical Center. I wish each and every one of you great learning during 2010, a spirit of inquiry, and practice based on the best evidence we can find.

*Riverside Medical Center Nursing Mission:*

“Riverside nurses are vigilant in providing quality, caring services in a safe environment to our patients and families.”

*Nursing Practice Changes and National Accreditations*

Education is not the only significant milestone of 2009. Our professional nursing groups have positively effected change in the practice of nursing at Riverside. The Unit Based Council of 5 Telemetry investigated patient falls, which resulted
in plans to implement new patient falls assessment protocol hospital-wide. Our 2009 VAP infection rates continue to be below the national mean, which is the outcome of new protocols instituted through evidence-based nursing practice. Riverside physicians actively partnered with nursing staff by providing ongoing opportunities for learning. Nurses have attended lectures on topics such as geriatric/elder life issues, palliative care, neurosurgery, and stroke to name a few. Riverside successfully attained Chest Pain Certification from the Society of Chest Pain, as well as a designation of Primary Stroke Center of Excellence from the Joint Commission.

**Riverside’s Evidence-Based Practices are being shared with the world!**

Riverside professional nursing councils are transforming patient care throughout the organization. A culture change has occurred within the nursing population resulting in evidence based practice as the preferential form of patient care. In 2009, we held our 2\textsuperscript{nd} Annual Evidenced Based Practice & Research Poster Fair. In attendance was Senior Administration, several area nursing schools and representation from all disciplines at Riverside. Especially noteworthy; five of the projects represented at the 2009 EBP/Research Poster Fair were accepted to be presented in April 2010. Four posters will be displayed at the 17\textsuperscript{th} National Evidence-Based Practice Conference at the University of Iowa Hospitals and Clinics in Iowa City, Iowa. One poster will be displayed at the 16\textsuperscript{th} Annual Research and Evidence-Based Practice Conference at Memorial Medical Center in Springfield, Illinois.
Lean Improves Physician, Patient and Nurse Satisfaction

Riverside professional nursing staff utilized evidence based practice not only to improve clinical pathways, but also to implement the Lean process on several patient care units. The focus of Lean is to smooth process flows. This is accomplished by nursing identifying the processes that add value, while eliminating the activities that diminish value. The outcome of Lean has resulted in process efficiency as well as increased satisfaction from nurses, patients, and physicians.

Nursing Excellence Fund Drive Completed—Exceeds Goal

2009 began with the conclusion of the nursing excellence fund drive. It is with great delight that I report over $750,000 (our goal was $500,000) was raised for Riverside nurses to continue their education. Approximately $200,000 was put into an endowment which will generate money well into the future. This will allow career advancement opportunity for other Riverside nurses seeking to further their education. Nurses must continue to grow, excel, and deliver the best possible patient care. The generosity of colleagues, friends, neighbors and
physicians allow many to increase their nursing skills and further their education. Riverside Medical Center Nursing vision states: “Professional nurses empowered to achieve a culture of excellence.” The nursing excellence fund supported this endeavor in 2009 and will continue to do so for years to come.

In the spring of 2009, Riverside entered a joint venture with Olivet Nazarene University to provide a Bachelor’s in Nursing Completion Program for Riverside’s Registered Nurses interested in advancing their Associate’s Degrees to a Bachelor’s Degree on-site.

In 2009 Riverside launched a second initiative with three schools: Governors State University, Olivet Nazarene University and Saint Xavier University, to help advance nursing education on a regional level. There is a national shortage of nurse educators. Regional schools annually ask area hospitals to bridge the gap in nursing instructors with part-time Nurse Educators, both in the classroom and practice settings, maintaining classroom capacity and ensuring the graduation of future nurses. In August of 2009, the first of 20 bed-side nurses began advanced training to attain their Master’s Degrees (18 in Education and two in Clinical Nurse Leadership).
2009 Annual Report from Patient Care Councils

Evidence-Based Practice/Research Council

2009 was a productive year with many initiatives led by the EBP/Research Council. The first overarching goal for this council was to alter the mindset and understanding of evidence based practice. The accomplishment of this goal would result in evidence based practice and medical research as the preferred clinical application. They began the year by sending out a ‘survey’ of nurse perceptions and practices with regard to accessing and using EBP. The survey results were wonderful! The return was a 50% response rate from the staff nurses, which was largely due to the survey champions.

The survey supported a growing awareness at Riverside, of the importance of evidence based practice, remaining current through professional nursing journals and understanding the application of knowledge to enhance patient care.

EBP/Research council, in conjunction with the Magnet office and Advanced Practice Nurses, hosts a monthly Journal Club. Attendees receive continuing education credits sponsored by Rush University. With input from staff nurses on the council, articles are chosen and critiqued based upon research design, statistics, methodology and outcomes. Research is new to Riverside but the concept and its importance is growing. Currently the Special Procedure Lab is conducting a department specific research project. The Evidence Based Practice/Research council has unit projects accepted for display at state and national EBP conferences.

The EBP/Research Council is reviewing current nursing practice regarding the pain assessment process for dementia and/or Alzheimer’s patients. Two pilot ‘reviews’ were completed within the healthcare continuum, one at Miller Senior Living facility and the other in the Emergency Department. The results identified an opportunity for improvement in our practice. The council is moving forward with this project in 2010.

The greatest accomplishment in 2009 was the successful 2nd annual Unit Based Council/ EBP/Research Poster Fair, held in conjunction with the Nursing Excellence Celebration on November 17th, 2009. Months of planning, coordination and volunteer time went into the event. Currently, in addition to staff across the entire healthcare continuum, students from the local colleges and universities also attended. Prizes were awarded in three categories; Best Unit Collaboration, Best Outcome and Best Overall Project. Judges from various areas of Riverside leadership examined the Unit Based Council posters while speaking to council representatives. This has since become a long anticipated and celebrated annual event! We are looking forward to 2010.
Professional Development Council

The responsibilities of the Professional Development Council are varied, the main focus being to promote continuous learning within the profession of nursing at Riverside Medical Center. Goals for 2009 were lofty, but the council is proud to announce the accomplishment of all but one of their goals. The subject of a career ladder remains in discussion.

The 2009 successes of the Professional Development Council:

- Refined Nursing Excellence Fund Application and approval given funding/usage levels.
- Conducted interest surveys for degrees, certifications, career ladder and nurse faculty interest.
- Recommended degree and certification targets to support organizational goals.
- Developed and approved Olivet Nazarene University cohort funding.
- Participated in development of Nursing Excellence Celebration.
- Recommended Nurses’ Week recognition
• Revised and marketed Workforce Board grant application approval process.
• Collaborated with Practice Council to implement peer review structure and training in emergency department and 4 Med/Peds.
• Reviewed, marketed, and monitored PEARLS and MC Strategies, CE web-based content for 2010 expansion of CNE offerings.
• Revised Professional Development web page on Rivernet, including maintaining certification listings, assessing certification readiness, NEF and scholarship/grant funding applications and frequently asked questions.
• Reviewed and approved over 50 nurses for Nursing Excellence funds in 2010 in support of degrees/certifications.

**Nearly 140 employees pursuing degrees!**
Quality and Safety Council

The Quality and Safety Council is charged with the review, planning, development, and implementation of nursing practices focused on quality and safety. In 2009 the council collaborated with the pharmacy department to improve medication administration, IV narcotic use, and safer heparin protocols. The nursing team also reviewed skin care assessment, Rapid Response Team selective order sets, and the safety protocols involving PICC line use. Rapid Response Team selective order sets were changed and approved by medical staff. Changes allowed nursing increased autonomy to act on behalf of the patient prior to physician arrival. The Quality and Safety Council accomplished improvements in Hospira smart pump medication library compliance as well as an increased use in compliance reports. The results of the council's work in 2009 improved nursing practice and processes.
2009 Quality and Safety Council

Practice Council

The Practice Council’s focus is to establish, implement, and monitor exemplary nursing communication processes. The council’s 2009 highlights included the development of nursing department intranet sites. The Practice council members collaborated with Information Systems (IS) to develop a nursing site through Rivernet; Riverside’s Intranet system. Each unit developed a site which is updated by designated staff on the unit. Staff can access unit specific highlights, educational opportunities, staff meeting minutes, and other information particular to the unit.

The Council continued its work on the effective process of nurse shift report and physician report. The council developed a template on key information to be included in report. This template was given to each unit to individualize as a unit specific report form. Nursing graduate student, Liz Wirth, worked with the Council to improve nurse to physician phone report. Staff and physicians were surveyed regarding the process and subsequently refresher education was conducted for staff using the SBAR format.
The Practice Council provided assistance to the Infection Control department and the Lean Team in the development and nurse education related to updated Isolation signage for patient rooms.

The Council continued its work assisting units in the identification and development of peer review projects. This will be an area of focus in 2010.

Practice Council

2009 Unit Based Council Activity

2ICU – In critical care, family presence in an acute environment affords a delicate balance between rest, health and wellness. Certain situations provide a necessity for open visitation, i.e., end of life, trauma, etc, while other scenarios promote the need for quiet restful healing. In the course of the past year, the 2ICU Unit Based Council developed a family visitation/contract. This project has proven challenging due to the unique lack of EBP regarding ICU visiting hours, as well as the unit goal of standardized visiting policies between cardiac and neuro patients. We look forward to 2010 to move this phenomenon into everyday practice.
2 Medical/ Surgical- Created and implemented a history SBAR report sheet for shift to shift report. The history SBAR is used in conjunction with nursing Walking Rounds implemented on 2nd Med/Surg. The UBC also completed their own employee satisfaction survey and implemented the High Five Staff Recognition Board as a result of the survey responses.

3 Ortho/ Neuro - Created unit specific CNA badges as a quick reference for orthopedic physician preferences. The badges offer guidance regarding use of TED hose, SCDs, showers, and post op care. The council continued their work on pain clocks in patient rooms. The pain clocks are meant to inform patients of analgesic administration times and help patient’s feel more in control of their pain. When used properly, the pain clocks will reduce the amount of call lights and improve patient satisfaction. 3rd Ortho/Neuro UBC started research into best nursing practice models for orthopedic unit charting and barriers to patient’s perception of delay of discharge. The council interviewed orthopedic surgeon, Dr. Puri regarding the future of orthopedic surgery. The poster created for the poster fair focused on the Evolution of Orthopedic Nursing.

3 Med/Tele – Created and implemented a new SBAR report sheet for shift change and increased the awareness of patient teaching and education. They made frequently used patient education material more readily available.

4th Med/Peds - Developed and implemented a new SBAR form for shift to shift report.

4th Rehab - The inpatient rehab unit UBC developed a new nursing report form to increase communication and decrease amount of time spent by nursing in shift to shift report. Also the UBC started to work on a dehydration prevention program. In this program, patients at risk will be identified and actions will be taken to prevent dehydration.

SPL/OR/SPD – Developed a hypothermia cart and redesigned the pre-op check list.

MHU – Developed a Research Proposal on long term effects of No Smoking on the mental health unit

5 ICU - Developed new wound care protocols to help reduce sternal wound infections.

5 Tele - Implemented a new Falls assessment and prevention protocol organization wide and participated in the poster fair.
Emergency Department - The Emergency Department Unit Based Council project for 2009 was to decrease the contamination rate of urine specimens sent for culture and sensitivity. The council members measure the contamination rate prior to staff education and then completed staff education including a return demonstration of the correct procedure. The contamination rate after staff education was subsequently measured and found the rate had decreased from 49% to 26%. Their project won the research poster fair as Best Overall Project.

Cardiac Services (Cardiac/Neuro Diagnostics, Cardiac Cath Lab, Cardiopulmonary Rehab) – Improved patient education booklets

OPS/ PACU/ Procedural testing. – Developed Spanish interpretation flashcards to improve communication with our Spanish speaking population and revised the pre-op surgical checklist.

L&D, OB, and OBN – Developed and implemented a new patient education handbook to be given to all mothers who deliver at Riverside. This book gives detailed information about personal and infant care. The patient education is all inclusive and meets all maternal needs. It is discussed on an individual basis with all moms prior to discharge. We are currently working on new staffing grids to be fiscally responsible while giving our patients excellent care.

Certifications

2 ICU - Marisa Harpin, Korene Scharp, Coleen McCabe received a TNCC

3rd Ortho/ Neuro - Sheila Kirchner and Diana Toohill both received their CNRN

4th Rehab - Robin Ahramovich and Judy Smith both received their CRRN

Resolve - Sheryl Wieghaus received her CARN--Certified Addictions RN

ED – Brian Boggess, Ellen Bollino, Elizabeth DeLong, Vicki Mitchell, Alfredd Ponton, and Lindsay Smith received a TNCC.

ED - Katan Winterroth Hertzberg received a CEN certification and TNCC.

Girls Specialty Unit - Bert Calderon received her Psychiatric Nursing Certificate

Degrees

Liz Wirth received a Master of Science in Nursing Degree
Rick Carlson obtained his Bachelors Degree.
Cris Langellier also received her BSN degree
ED - Katan Winterroth Hertzberg achieved her BSN degree
**Partnerships with Nursing Schools**

Nurses were happy to accommodate and provide excellent learning opportunities for nursing students from Kankakee Community College, Olivet Nazarene University, and Prairie State College. LaRee Shule APN was a mentor for three graduate students, two from Governor’s State University (CNS) and one from Ball State (Masters in Nursing Education), as well as a BSN student from University of Phoenix. Margaret Ondrey APN precepted a graduate CNS student from Governor’s State University.

**Nurse Externs**

Ashley Darling was a nurse extern who worked with Jessica DeGroot on 4th Med/Peds.

5 ICU and 2 ICU shared two externs over the summer, Maggie Gorecki and Matthew Farcus.

**Nursing Leadership Changes**

Many leadership changes and promotions occurred throughout the organization, amongst them, Stephanie Huffines, RN, promoted to Team Leader of 4th Med/Peds. She brings with her eleven years of Pediatric experience and two years of Level III NICU experience. She graduated from Olivet Nazarene University in 1998 with a BSN degree.

Eileen Krach accepted the Manager position on 2 Medical/Surgical. Eileen brings both ICU and case management experience to her role of a very busy unit. Eileen continues to build her management team and has been mentored by Amy Memenga, RN/Mgr 5 Telemetry and Cheryl Tyson RN/Mgr 3 Ortho/Neuro.

Cheri Rogers accepted the Manager position on 2ICU and will start her role in early 2010. Cheri brings CCRN certification, experience in the Education Department, PACU, and ICU to her new role.

Trina Calhoun RN and Cheryl Lewis RN were promoted to Team Leader positions on 3 Ortho/Neuro. They bring not only combined experience in ortho/neuro nursing, but the support and dedication of the staff.
MHU Angela Penman was promoted to Team Leader this year. In addition to attending classes in Education, she joins the Team Leader group on MHU for monthly Team Leader and Nursing Forum meetings.

**Preceptors**

Every nursing care department at Riverside boasts competent and qualified nursing preceptors. Guidance and preceptor education is offered, allowing experienced nurses the opportunity and instruction necessary to competently train newly employed nurses.

**Recognition**

SPL/OR/SPD Geri Martinez for Relay for Life

OPS/ PACU- Jeanny Bertrand, Stacy White, Michelle Goselin and Julie Pranger spent a lot of time precepting new nurses and also working on the computer upgrade which just took place.

5 ICU - Jackie Billings. Weekend RN, worked during the week for almost 6 months to help develop cardiovascular skills of our newer nurses. She completed heart training and worked with everyone on vents, balloon pumps and the CVOR population.

**Construction**

2009 was a busy year for Riverside’s Mental Health unit, as space was prepared to open the Bolder Boys Specialty Unit in January 2010. To make way for the new program, two existing programs had to be moved and 'refitted' in space currently occupied. This restructuring involved planning, construction, moving, cleaning, reorganizing, and patience! RN leadership and patient advocacy throughout this time was key to providing the best possible patient care.

July 28th, 2009 was a historic day for Riverside Medical Center. A groundbreaking ceremony was held on the east lawn which in 2011 will be the site of a new patient care tower. The nursing staff at Riverside played in integral role in the development and planning process related to the initial construction details. The new structure will include surgical suites, labor and delivery, intensive care, and surgical patient rooms. All disciplines within the organization have been allowed the opportunity to collaborate on decisions regarding the expansion project. This partnership of ideas will result in patient care areas designed and built with a focus on efficient nursing workflow.
**Connected to Our Community**

Riverside’s Mental Health Unit has a Multidisciplinary focus. The RN staff account for less than half the work force of the unit; however, their presence is felt in support of various activities which connect them to the community. MHU nurses participated in the Relay for Life team, assisted with MHU’s Santa’s sleigh project, participated in the Achieve program, and various community activities such as representing RMC in the Bourbonnais Friendship Festival Parade, and at Chicago Bears Camp.

The second annual “Take Your Daughter to Work Day” planned and run by ED staff nurses, was a great success in 2009. It proved to be a bigger event than the previous year with more mothers and daughters in attendance. The young participants were given “The Future of Riverside” T-shirts and a tour of the hospital. Each participant had a visit with the Life-star air ambulance, learned about a heart monitor, and viewed their own heartbeat. The daughters made casts for broken bones and finished the day with lunch in the cafeteria where they were presented with their photograph and a thank you card for spending the day with us. The day has become an annual event, which the entire Emergency Department staff look forward to.

Sherry Mayes RN, MSN, serves as Chair of the Local Emergency Planning Committee (LEPC). Her role includes coordinating community emergency preparedness, mitigation, response, and recovery activities in collaboration with other agencies. The committee is also responsible for planning, executing, and evaluating the annual Kankakee County exercise. A County Tabletop Exercise was conducted October 24, 2009.

The CRRN staff of Riverside’s Rehabilitation Unit successfully launched a Stroke Survivor Support Group. The first meeting was held on October 20, 2009. Since then the average attendance by stroke survivors has been approximately 7 – 13 patients. Guest speakers are scheduled a year in advance and through open discussion are able to inform and educate patients and family members. Topics in 2009 were “Stress and the Holidays”, and “Eating Sensibly.” Future support group discussions will be exercise, problem solving, medical issues, community services, and even traveling tips.

Kankakee County benefitted through the combined effort of the employees of Riverside Medical Center. Nursing partnered in the effort to raise $68,000 for the United Way campaign. This substantial amount placed the organization 2nd in the county for total monies raised. United Way provides funding to worthy organizations in the county. Health and human services are provided to needy residents by the organizations funded by United Way.
The Obstetric/Labor and Delivery department nurses remodeled a family shelter room at the Salvation Army facility in 2009. The room is sponsored by Riverside Medical Center. Nursing provided new bedding, fresh paint, furniture and carpeting which made the room a welcome respite for a family in need.

Each holiday season Riverside Medical Center sponsors “Santa’s Sleigh Project”. In December of 2009 nursing “elves” worked tirelessly to provide Christmas trees, clothes, toys, clothing and food for 30 families; 118 children and 48 adults. In total, 54 Riverside departments joined together to spread the holiday spirit in the Kankakee area.

**Leadership Development**

Joy Allen, Manager of 5ICU and Eileen Krach, Manager of 2 Med/Surg attended the Chamber of Commerce Leadership Institute.

**Quality**

**Chest Pain Accreditation**

Riverside Emergency Department championed the Chest Pain Accreditation Initiative. With a focus to improving the process of STEMI care within our hospital and our community, we focused on education and process improvement. It was a team effort involving EMS, ED and the CCL. With cooperation and collaboration, we were successful in reducing the door to balloon time from 92 minutes in 2008 to 61 minutes in 2009. Successful accreditation as a Chest Pain Center with PCI was achieved March 25, 2009 after survey by the Society of Chest Pain Centers.
Certified Advanced Primary Stroke Center

Riverside Healthcare became a Regional Center of Excellence in stroke care during 2009. Members of the Stroke Team, which includes 10 nurses, partnered with neurosurgeons, neurologists, physicians, pharmacists, nursing staff on stroke designated units, as well as the Emergency Department staff, ambulance service, and radiology department to achieve Joint Commission designation as a Certified Advanced Primary Stroke Center. The Stroke Team conducted community stroke education events, instructed Riverside staff nurses on stroke and relevant neuro protocols, and accomplished organization-wide stroke performance improvement. Progress occurred by developing stroke order sets based on evidence based practice. Stroke measures were reviewed for outcomes and positive improvement changes were implemented based on stroke outcomes.

Riverside nursing staff participated at the local and regional level in H1N1 Pandemic Influenza mitigation, preparedness, response, and recovery activities and meetings. The Hospital Command Center was activated. Pandemic Influenza meetings and briefings occurred with the Kankakee County Health Department, local ESDA, Region VII hospitals, and the Local Emergency Planning meetings.

As a result of a strong influenza and H1N1 educational and prevention campaign, 78% compliance was achieved with staff receiving the season flu vaccine, an improvement from 57% the previous year. A total of 29 staff volunteered to assist with the hospital vaccination clinics. Several nurses from Riverside also assisted with the flu vaccination clinics conducted by the Kankakee County Health Department, as well as at local schools.
Riverside Medical Center Mission

Life is a remarkable journey.

Health impacts every step – how we Connect with others, how we express our potential, how we pursue our dreams.

At Riverside, our mission is to provide healthcare experiences that are just as remarkable.

We do this for each and every person, regardless of their personal or economic circumstances.

We offer our highest thinking, our kindest touch, and our strongest commitment to excellence.

Riverside Medical Center nursing staff played a significant role in the creation of our mission. Every day our nurses place footprints on the hearts of their patients, by every word spoken and every hand held. The Riverside website defines the organization as giving “World Class Healthcare”. We are “World Class Nurses”.

Subject: Medication Reconciliation

Policy:
Reconciliation is the process of comparing medication taken prior to admission to a new setting where medication will be provided.

At the time the patient enters the hospital or is admitted, a complete list of the medications the patient is taking at home (including dose, route, and frequency) is created and documented. The patient and, as needed, the family are involved in creating the list.

Reconciliation will take place prior to any new medication being ordered/given. If this is not possible, a licensed independent practitioner must make the decision, based on the patient's condition, whether to wait for the complete list of medication.

Medication reconciliation is an interdisciplinary process between physician, pharmacy and nursing designed to decrease the risk of adverse medication events by reviewing the patient's medication list either with the patient/family or between 2 nurses when a patient is admitted, transferred and discharged.

Procedure:
On Admission Medication Reconciliation
Medication reconciliation is done prior to calling the physician for the first set of orders.
Obtain and document patient allergies
Ask the patient or family his/her current medications including over the counter, herbal, vitamins, sample medications, drug patches and respiratory medications (inhalers).
In those cases when patient and family are not considered to be reliable sources of information, the nurse should make every attempt to obtain the medication information from the following:
For those patients who are unaccompanied on their admission, phone family members to bring in their medication list when they come to visit.
Patients being transferred from another facility should have a transfer form that indicates current medications. For those transfers that do not have a list, a phone call to the facility may be necessary in obtaining the medication list.
Review of any recent hospital records, including previous discharge summaries and the discharge medications
Contact the patient's current pharmacy to determine or validate their current medications
Contact the physician offices to obtain a list of current medications
Patients who are admitted from a Riverside Community Health Center (CHC) or employed physician practice should have a current list of medications at t that site.
Contact the CHC/physician practice to obtain the current medication list during regular operating hours
If the patient is a Home Health Care (HHC) patient, contact HHC to fax a current medication list to the Emergency Department or nursing unit.
When the most accurate listing of medications is obtained, the nurse will compare this list to the physician's orders. Those medications which match the orders are considered to be reconciled. Medications which do not match the orders require reconciliation with the physician. Any medication which needs to be reconciled with the physician should have a corresponding order written.
Any discrepancies (that is, omissions, duplications, adjustments, deletions, additions) are reconciled and documented while the patient is under the care of the hospital.
Emergency Department- Discharge from ED

Ask the patient which medications, including over the counter and herbals, that they are currently taking.
If the patient presents with a list of their current meds, photocopy the patient’s current medication list and place in chart.
Reconcile the current medications by entering, removing, modifying and/or confirming medications in the Medication History in Admin Hx. in McKesson. Include the Name, Dose, Route, and Frequency, if available. If not available type in comment that patient unable to provide info. Also include Start/Stop dates if applicable (ie: physician ordered antibiotic with a start/stop date).
Upon discharge from the Emergency Department, provide medication discharge instructions to the patient/family. Remind patient to bring med list to future physician/hospital visits.
Give ‘Medication Reconciliation Form’. This list includes home medication medications given in ED and discharge medications. Fax the discharge instructions and a copy of the ‘MD View’ to the primary physician.

ED Transfer - Admission from ED to Inpatient Nursing Unit

ED nurse to ask the patient which medications, including over the counter and herbal, they are currently taking.
If the patient presents with a list of their current meds, photocopy the patient’s current medication list and place in chart.
ED nurse to reconcile the current medications by entering, removing, modifying and/or confirming medications in the Medication History in Admin Hx. in McKesson. Include the Name, Dose, Route, and Frequency, if available. If not available, type in comment that information was unable to be located. Also include Start/Stop dates if applicable (ie: physician ordered antibiotic with a start/stop date).
Unit nurse to review the Emergency Department ED Chart View documentation form, which includes ‘home medications’ and medications given in the Emergency Department. Unit nurse to use ED Chart View form or view medications on line to verify home medications with patient.
Unit nurse reconciles the current medications by entering, removing, modifying and/or confirming medications in the Medication History in Admin Hx. in McKesson. Include the Name, Dose, Date/Time Last Dose, PRN with indication, Route, and Frequency, if available. If not available, type in comment that information was unable to be located. Also include Start/Stop dates if applicable (ie: physician ordered antibiotic with a start/stop date).
Enter allergies, height and weight in Admin Hx tab.
Print ‘RHC Home Medication List’ from ‘McKesson Reports’ icon Desktop and place on chart.
The ‘RHC Home Medication List’ may be used as an order sheet to order admission medications (either telephone orders or written orders). After this form is faxed to the pharmacy any additional medication orders will need a clarification order written on the physician order form to fax to the Pharmacy. The original RHC Home Medication List should not be altered or re-faxed to the Pharmacy.
Nurse to sign/date/time order sheet, and include physician’s name, if telephone order.
Fax ‘RHC Home Medication List’ order sheet to pharmacy.
Place ‘RHC Home Medication List’ in ‘Physician’s Order’ section of chart. (physician to sign verbal order).

Resident from Nursing Home/ Shapiro/ VA/Another Hospital - ED Visit to Nursing Unit Admission
ED Nurse obtains the Transfer Orders from the nursing home.

ED Nurse to reconcile the current medications by entering, removing, modifying and/or confirming medications in the Medication History in Admin Hx. in McKesson. Include the Name, Dose, Route, and Frequency, if available. If not available type in comment that patient unable to provide info. Also include Start/Stop dates if applicable (i.e., physician ordered antibiotic with a start/stop date).

Unit nurse to review the Emergency Department ED Chart View documentation form, which includes ‘home medications’ and medications given in the Emergency Department. Unit nurse to use ED Chart View form to verify transfer medications sheet. Unit nurse reconciles the current medications by entering, removing, modifying and/or confirming medications in the Medication History in Admin Hx. in McKesson. Include the Name, Dose, Date/Time Last Dose, PRN with indication, Route, and Frequency. Also include Start/Stop dates if applicable (i.e., physician ordered antibiotic with a start/stop date).

If medication information is not available Unit RN may contact Retail Pharmacy, Physician’s Office, or family to bring in information. RN to provide information during “handoff” at shift change to clarify orders that lack information.

Enter allergies, height and weight in Admin Hx tab.

Print ‘RHC Home Medication List’ from ‘McKesson Reports’ icon Desktop and place on chart. The ‘RHC Home Medication List’ may be used as an order sheet to order admission medications (either telephone orders or written orders). Nurse to sign/date/time order sheet, and include physician’s name, if telephone order. Fax ‘RHC Home Medication List’ order sheet to pharmacy. Place ‘RHC Home Medication List’ in ‘Physician’s Order’ section of chart. (physician to sign verbal order)

**Direct Admissions from Physician’s Office, Clinic, Radiology, etc.**

Ask patient which medications, including over the counter and herbal, they are currently taking.

If patient presents with a current med list, photocopy the current medication list and place in chart. May use physician admit orders, selective orders, etc.

Unit nurse reconciles the current medications by entering, removing, modifying and/or confirming medications in the Medication History in Admin Hx. in McKesson. Include the Name, Route, Date/Time Last Dose, PRN with indication, Route, and Frequency. If not available, type in comment that information was unable to be obtained. Also include Start/Stop dates if applicable (i.e., physician ordered antibiotic with a start/stop date).

If medication information is not available Unit RN to contact Retail Pharmacy, Physician’s Office, and family to bring in information. Unit RN to provide information during “handoff” at shift change to clarify orders that lack information. Medication reconciliation is to be completed within 24 hours of admission.

The ‘RHC Home Medication List’ may be used as an order sheet to order admission medications (either telephone orders or written orders). Nurse to sign/date/time order sheet, and include physician’s name, if telephone order. Fax ‘RHC Home Medication List’ order sheet to pharmacy. Place ‘RHC Home Medication List’ in ‘Physician’s Order’ section of chart. (physician to sign verbal order)

**In House Transfers** (To/from another inpatient unit, to Cath Lab, radiology, and SPL, and discharge to Riverside Inpatient Rehab unit)
Print the ‘Transfer Order Sheet’ from the ‘McKesson Reports’ Icon on the Desktop. The physician may use the ‘Transfer Order Sheet’ to continue, discontinue, change or order new medications. Fax to pharmacy if there are any medication changes. Both the Sending and Receiving nurses will sign the last page of the ‘Transfer Order Sheet’ indicating that they have reviewed the current and home medications.

**OutPatient Surgery to Discharge of Patient**

Preadmission Testing Nurse to obtain home medication information and record in HSM under current medication. Day of Surgery Admission Nurse to Reconcile Medication with patient and update current medication list in HSM.
If Patient is transferred to PACU for recovery then PACU RN will reconcile medications with Anesthesia. Current medication list is printed and reviewed with Anesthesia; Anesthesia documents "Meds reconciled" on Pre-Anesthesia questionnaire. If Patient is ready for discharge, current medication reconciliation list is updated and printed, and placed in the Attending Physician's mailbox.
Patient is given a copy of medication reconciliation list.

**OutPatient Surgery to Nursing Unit for final phase of Recovery.** (23 hr OBS, RSDS, RCCL, Cath Lab)

Pre admission testing RN to obtain home medication information and record on OutPatient Surgery/Procedure Medication Reconciliation, Sign, Date/Time Home Medication Box.
If patient presents with a current med list, photocopy the current medication list and place in chart.
Day of Surgery/Procedure Admission Nurse to Reconcile Medication and Sign, Date/Time, Admission Nurse Box.-
If Patient is transferred to PACU for recovery then PACU RN will Sign, Date/Time, Recovery/Post Procedure Reconciliation Box.-
If Patient continues in Procedure for post recovery ie: (Cath Lab, SPL) then RN will Sign, Date/Time Recovery/Post Procedure Reconciliation Box.
If Patient is not ready for discharge then the Patient will transfer to the Unit for the final phase of recovery.
If Patient is ready for discharge, then Nurse discharging Patient will Sign, Date/Time, Unit/Discharge Medication Reconciliation Box.
Patient is given copy of discharge instructions and Home Medication List. Remind Patient to keep copy of Home Med List to bring to Physician Office visits
The white copy of the Outpatient Medication Reconciliation is kept with the chart; the pink copy is sent to the surgeon via interoffice mail.

**OutPatient Procedure/ Cath Lab to Admission of Patient in Nursing Unit**

If OPS patient is sent to a unit for final phase of Recovery, the nurse discharging the patient will sign, date and time the HSM Medication Reconciliation List and place it on the chart for review by the RN receiving report on the unit.
If CCL outpatient is sent to a unit for final phase of Recovery, the nurse discharging the patient will sign, date and time the Outpatient Medication Reconciliation Form and place it on the chart for review by the RN receiving report on the unit.

**OutPatient Surgery to Admission of Patient in Nursing Unit**
Pre Admission Testing RN to obtain home medication information and record on OutPatient Surgery/Procedure Medication Reconciliation, Sign, Date/Time Home Medication Box.
If patient presents with a current med list, photocopy the current medication list and place in chart.
Day of Surgery /Procedure Admission Nurse to Reconcile Medication and Sign, Date/Time, Admission Nurse Box.
Patient is transferred to PACU for recovery then PACU RN will Sign, Date/Time, Recovery/Post Procedure Reconciliation Box.
Complete Post Anesthesia Care Unit Record.
Fax SBAR/PACU record and Outpatient Medication Reconciliation list to receiving RN.
Notify receiving nurse of any changes or updates that may have occurred after faxing SBAR/ PACU record.
Unit RN will receive/ review faxed copy of SBAR/ PACU Patient Report and Outpatient Medication Reconciliation list. Contact PACU with any questions. File original copy of SBAR/PACU Record and Outpatient Medication Reconciliation list in OR section of chart.
If medication information is not available Unit RN to contact Retail Pharmacy, Physician’s Office, Family to bring in information, provide information during “handoff” at shift change to clarify orders that lack information. Medication reconciliation is to be completed within 24 hours of admission.
Print ‘RHC Home Medication List’ from ‘McKesson Reports’ icon on Desktop. The ‘RHC Home Medication List’ may be used as an order sheet to order admission medications (either telephone orders or written orders). Contact Primary Physician and review RHC Home Medication List and check-box Medications as ordered, changed or held.
Nurse to sign/ date/ time order sheet, and include physician’s name, if telephone order.
Fax ‘RHC Home Medication List’ order sheet to pharmacy.
Place ‘RHC Home Medication List’ in ‘Physician’s Order’ section of chart. (physician to sign verbal order).

Unit nurse responsibilities when sending InPatient to OR:
Send to OR with the patient
Medication Administration Report (last 24 hours of medications given)
Transfer Order Sheet. Sending nurse to sign/ date/ time last page.

OR Receiving Nurse Responsibilities
Inpatient Preoperative Nursing Record- to be signed by receiving OR nurse. Signature indicates OR nurse has reviewed the Inpatient Preoperative Nursing Record, Medication Administration Report and the Transfer Order Sheet, which includes home meds.
Transfer Order Sheet receiving nurse to sign/ date/ time last page.
RN completes the OR Nurses Care Plan Record

Post-Anesthesia Care Unit (PACU) Unit sending to Unit RN

For Inpatients, the Transfer Order Sheet originally sent with the patient to the OR) will be
used for Medication Reconciliation between the PACU RN and the unit’s receiving RN
The last page of the form must be signed, dated and timed by the PACU RN upon
discharge from the PACU
If the inpatient is transferred to PACU for recovery, the PACU RN will update to reflect
any changes and sign, date and time the Transfer Order Sheet
PACU RN will place updated Transfer Order Sheet on chart for review by receiving RN
PACU RN will notify receiving nurse of any changes or updates that may have occurred if
Transfer Order Sheet is faxed
For Outpatients, Medication Reconciliation List from HSM will be used for Medication
Reconciliation between the PACU RN and the unit’s receiving RN
PACU RN will review the Medication Reconciliation List, update as needed and Sign,
Date and Time
Updated Medication Reconciliation List will be placed on chart for review by receiving
nurse
PACU RN will notify receiving RN of any changes or updates that may have occurred if
Medication Reconciliation List was faxed

Unit Nurse Receiving InPatient from OR/PACU

Unit RN will receive/ review faxed copy of SBAR/ PACU Patient Report and Transfer
Order Sheet. Contact PACU with any questions. File original copy of SBAR/PACU
Record in OR section of chart.
RN receiving patient should check original copy of SBAR/PACU Report and Transfer
Order Sheet when patient and chart arrive on unit, to see if there were any documented
changes/ updates.
Patient is transferred to the Unit, Receiving Unit RN will review the medication list
recorded on the Transfer Order Sheet and sign the last page as receiving RN with
date/time.
If there are new orders on the last page of Transfer Order Sheet, RN will fax to the
orders to pharmacy so pharmacy may enter the new medications orders/ changes.

Surgery Nurse Transferring a Patient from OR to ICU

OR Nurse will call the unit approximately 30 minutes before arrival of the patient
OR nurse to give a report using the SBAR format
The OR nurse will transport the patient with the Anesthesia provider to the ICU. The
Anesthesia provider will give report to the nurse taking care of the patient.
The OR Nurse will give her report to the Nurse taking care of the patient and sign the
Transfer Medication Reconciliation Record.

Discharge of Inpatients to Home

Print the ‘Discharge Order Sheet’ from the ‘McKesson Reports’ Icon on the Desktop.
The physician may use the ‘Discharge Order Sheet’ to continue, discontinue, change or
order new medications. The physician will reference the home medication list while
ordering the discharge medications. Reconcile any medications that may have been
substituted.
Clarify if patient to restart anticoagulant when discharged.
Assure patient has prescriptions for any new medications and copy prescriptions to put on chart.
Type ordered discharge medications into the ‘Discharge Instructions’ and print 3 copies. After reviewing the instructions with the patient, have the patient sign and date one copy and place it in the chart, give a copy to the patient and send the third copy to the primary physician. Provide patient teaching of discharge medication list.
Physicians may view the Discharge Instructions in Portal.
Send Specific home Discharge Instructions ie; care notes, medications, procedures, etc. (obtain from DCI-utilities-DCI-all- specific or general).

**Discharge of Patient to Nursing Home or another facility**

Print the ‘Discharger Order Sheet’ from the ‘McKesson Reports’ Icon on the Desktop. The physician will use the 'Discharge Order Sheet' to continue, discontinue, change or order new medications. The physician will reference the home medication list while ordering the discharge medications.
Provide report to receiving facility.
The Discharge Order Sheet will be faxed to the physician’s office.
Additional orders written after the Discharge Order Sheet is completed must be faxed to the nursing home or other facility.