Summa Health System — Akron and St. Thomas Campuses are Magnet® Recognized

Summa Health System — Barberton Campus is on the Journey to Magnet Excellence®
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So much more than just a theme for the 2018 National Nurses Week, the phrase “Inspire. Innovate. Influence.” serves as a year-long guiding principle for all nurses throughout Summa Health. Together, we recognize the significance of what this principle embodies...
Nursing Inspires.
To help recognize our exceptional nurses and the inspiration they bring to others, Summa Health participates in the internationally recognized DAISY Awards® for Extraordinary Nurses. In 2018, the DAISY Award was presented monthly to two Summa Health nurses who were recognized by both their patients and their colleagues for going above and beyond in their daily work. Throughout 2018, we honored 24 DAISY Award winners at Summa Health who represented the “best of the best” of our nurses. And we look forward to expanding the program in 2019.

Nursing Innovates.
Summa Health System – Akron and St. Thomas Campuses, which first earned Magnet® Recognition in 2011, are working toward a second re-designation in 2020. Summa Health System – Barberton Campus and Wadsworth-Rittman Medical Center submitted their Magnet documentation in April 2019. The Magnet Recognition Program® is a showcase of four years of nursing excellence. It is our way of documenting, with evidence and data, how Summa Health nurses have followed the Magnet blueprint to improve patient care, as well as collaborate, innovate, and elevate our nursing practice and profession.

Nursing Influences.
Nursing is an integral part of all healthcare services, and has a wide and enduring impact on health outcomes. Every day, our team of dedicated nurses works together to provide excellent patient experiences and outstanding care. They not only help our sick patients get better, they also influence our community to make lifestyle changes that will keep them well. As the first line of defense in the prevention of illness and injury, they improve, champion and promote the health of our entire community.

Within this 2018 Nursing Annual Report, you will learn more about how Summa Health nurses are helping to inspire, innovate and influence throughout our system and our community. From developing new processes and leading hospital initiatives to improving our environment and enhancing patient care, nursing is committed to creating – and sustaining – a culture of true excellence.

We continue to be inspired by our nurses’ commitment; to marvel at their innovation; and to recognize that they are influencing the lives of all those who work alongside them or are cared for by them. We thank our more than 2,100 nurses for their dedicated service to our system and the thousands of patients who trust in Summa Health for their care.

Lorie Rhine, MSN, RN, NE-BC
Vice President/Chief Nursing Officer, Summa Health System Akron and St. Thomas Campuses

Anthony (TJ) DeAngelis, MBA, BSN, RN, NE-BC
Vice President/Chief Nursing Officer, Summa Health System Barberton Campus and Wadsworth-Rittman Medical Center
To support the Summa Health System – Barberton Campus’ mission of providing the highest quality, compassionate care to our patients and members and to contributing to a healthier community, Michael Hughes, M.D., President of Barberton Campus, introduced Always Events® as a platform for improving patient satisfaction at a January of 2018 senior leadership meeting.
Always Events, initially conceived in the U.S. by the Picker Institute and now led by the Institute for Healthcare Improvement (IHI), are defined as aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with healthcare professionals and the healthcare delivery system. According to the IHI Toolkit, Always Events are clear, action-oriented and pervasive practices or sets of behaviors that:

- Provide a foundation for partnering with patients and their care partners
- Ensure optimal patient experience and improved outcomes
- Provide commitment to patient-centered care
- Add meaning to the work of care team staff

Starting the Conversation
TJ DeAngelis, MBA, BSN, RN, NE-BC, VP/CNO at Barberton Campus, and Steve Monacelli, MBA/HM, BSN, RN, CNOR, NE-BC, Director of Surgical Services, recognized Always Events as an opportunity for nurses to meet the mission of the hospital and align to the nursing professional practice model. They formed a team, led by Monacelli, to develop a nursing practice initiative that would provide the highest quality, compassionate care to patients by integrating the Always Event approach.

The group designed and implemented a “voice of the customer” (VOC) tool, which asked patients to identify what was most important to them during their stay/visit. “Continuing to ask that question – having that conversation with patients – really opened the door for us,” says Matthew Gustovich, Senior Process Engineer. The VOC results were categorized into themes, such as providing care reassurance and managing expectations regarding timeliness of care. The themes were then translated into specific actionable items, which resulted in the development of one cohesive Always Event, coined “Commit to Sit” by Tiffany Dillon, MSN, RN, CMSRN, Unit Director 4 South.

Connecting with Patients
The “Commit to Sit” practice consists of each nurse sitting down and connecting with his/her patients once a day at bedside. Nurses are encouraged to make eye contact, sit down when possible, and utilize tools such as nursing notes, the whiteboard and discharge planning. Questions should be customized to understand what’s most important to that individual patient. “Nurses strive to understand the needs and goals of the patients and family members they serve. Yet, in the busy world of clinical care, it’s often difficult to fully appreciate what is important to individual patients,” says Monacelli. “We wondered, ‘what would we learn by making this an important and consistent practice?’”

Monacelli’s team presented their findings and recommendations at the Barberton System Provider Operations Committee (BSPOC) in February of 2018. Findings showed that the measurement of change in practice was driving improvement in the nursing communication domain of the patient experience questions:

1. How often did the nurses treat you with courtesy and respect?
2. How often did nurses listen carefully to you?
3. How often did nurses explain things in a way you could understand?

This, in turn, was driving improvement on the overall “rate this hospital” question, which meets the mission outcome.

Since there was much variability in the types of departments involved, the scope of the “Commit to Sit” project was narrowed and piloted within just three nursing units – Units 1 East/1 West, Same Day Surgery, and OB/GYN – in February 2018. Feedback from the pilot was gathered and DeAngelis presented it at the Barberton Nurse Practice Council meeting in April of 2018. As a result, the Council agreed to the implementation of “Commit to Sit” for all inpatient nursing units with the “soft” rollout scheduled for April and May 2018.

“Nurses strive to understand the needs and goals of the patients and family members they serve. Yet, in the busy world of clinical care, it’s often difficult to fully appreciate what is important to individual patients.”
“This may be the first time we’ve approached a patient satisfaction initiative by first asking patients what’s important to them. I think that’s a big piece of the ‘Commit to Sit’ success. We actually talked to the patients prior.”

Ongoing Education and Support
In support of the program’s house-wide implementation, Monacelli and Gustovich met with each unit director to discuss the program and best ways to educate their staff. Unit directors presented at staff meetings and shift huddles, as well as communicated through routine communications, such as email newsletters and bulletin boards. Education also was assigned through HealthStream, the Summa Health electronic learning management system, to ensure that all current and newly hired nurses were aware of the initiative.

To track compliance of “Commit to Sit,” unit directors verified with their patients during leadership rounds. “The inpatient unit directors were invaluable to this process,” says Gustovich. “They really helped with data collection and improvement feedback, which allowed us to tweak the program moving forward.”

“This has definitely been a journey,” agrees Monacelli. “Any process change can be difficult. We’re asking the nurses to do something that they may not all be comfortable with. But with persistence, education and communication, we’re seeing more and more people embracing the ‘Commit to Sit’ concept.”

At the June 2018 Nurse Practice Council meeting, the council suggested making a training video for the Always Event with Summa Health nurses and staff as the actors. The first video, “The Always Event Patient Experience,” provides explanations of the patient satisfaction nurse communication domain. Produced by Jaimee Rood, BSN, RN, OCN, and Tiffany Kurtz, MSN, RN, OCN, RN Clinical Coordinator – Oncology, the video features various skits of Summa Health nurses demonstrating the wrong way to communicate with patients, and then showing the right way using the Always Event “Commit to Sit” approach.

“The video was very well received both at Barberton and in other areas around the system,” says Monacelli.

The second video, the “Always Event Throw-Down Challenge,” invites nursing units to create their own patient experience video. The winning entry, titled “Wheel of Jeopardy,” was developed by the Barberton Campus Surgical Services team. The videos were shared with Barberton nurses and staff through HealthStream.

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"The Always Event Patient Experience" video features (left to right): Matthew Gustovich; Steve Monacelli, MBA/HM, BSN, RN, CNOR, NE-BC; Annette Ivan-Meidlinger, RN; Jaimee Rood, BSN, RN, OCN; TJ DeAngelis, MBA, BSN, RN, NE-BC; and Tiffany Kurtz, MSN, RN, OCN. (Not pictured: Tiffany Dillon, MSN, RN, CMSRN, Dr. Michael Hughes and Dr. Bradley Martin.)
The "Commit to Sit" Always Event has successfully increased patient satisfaction scores, from communicating with nurses to rating and recommending the hospital.
Saluting the Red, White and Blue

Veteran’s Recognition Program

The Summa Health Veteran’s Recognition Program offers respect and recognition to all Summa Health – Akron Campus patients who are veterans of the United States Armed Forces. The program was inspired by Amy Hirnikl, BSN, RN, CCRN, Transitional Care Coordinator. “The idea came to me around Veteran’s Day. I thought to myself, ‘I love that we honor veterans on Veteran’s Day, but it would be great if we could recognize their service every day.’” Hirnikl reached out to Brenda Kovacik, MSN, RN, CCRN, NE-BC, Vice President, Inpatient Nursing, who quickly expressed her complete support.
Amy shared that her husband is a veteran who often gets recognized out in the community, and what a positive experience it is,” says Kovacik. “She recognized that there should be a way for Summa Health to identify which patients are veterans so that everyone who cares or interacts with them has an opportunity to express appreciation for their sacrifice.”

Planning of the Veteran’s Recognition Program started in early October 2018. Just two months later, in December of 2018, Summa Health – Akron Campus proudly launched the initiative within the inpatient setting. The initiative is designed to recognize and respect individuals who have served our country and prompt all hospital staff, visitors and patients to thank them for their service.

One part of the program starts with patients being asked during the hospital registration process if they have served in the military and, if so, would like to participate in our Veteran’s Recognition Program. When patients answer yes, a small sticker (star/American flag) is placed on their blue registration card. This allows all departments to easily identify them as veterans. Upon admission, registration also sends a ribbon-shaped magnet within the admission packet, which is placed on the doorframe of the patient’s room. The magnet denotes veteran status allowing staff and visitors – from nurses and physicians to those delivering meal trays – to easily identify patients who have served our country. As a small token of our appreciation, the magnet is sent home with the patient and family.

The second part of the initiative was adapted from an existing program offered to 3 East Hospice/Palliative Care patients. In the event that a veteran patient dies during his or her stay at Summa Health – Akron Campus, the hospital staff will initiate a special tribute protocol with the consent of the family. It begins with the floor staff notifying Protective Services prior to requesting transport to the morgue. Protective Services arrives at the unit, drapes the body with a service flag and escorts the deceased to the morgue, along with transportation. All other current processes related to the death of the patient remain unchanged.

While Kovacik credits Hirnikl as the program’s hero, she also emphasizes that it was a collaborative effort between many different people and disciplines. The development group included Laura Johns, System Director Patient Access; Patrick Johnson, Chair of the Summa Health Veterans Employee Resource Group; Kim Rienzi, Unit Director with military service; and two other Unit Directors, Evan Deighan, MSN, RN, CMSRN, and Melissa Sauer, MSN, RN, CRRN, NE-BC, who have experience within the Palliative Care Unit and its veterans practice. “Laura Johns and her registration team were such a huge help,” says Kovacik. “If you can’t identify these patients early on in their stay, it lessens your opportunity. Registration was the easiest way, and it was right at the beginning of the patient encounter.”

While the initial goal of the program was to recognize and honor our veterans, it has emerged into the creation of an overall enhanced veteran-friendly patient experience. “Knowing that someone is a veteran can help physicians and nurses better understand and care for their patient,” says Hirnikl. “Just knowing where they get their medications, how they can afford things or what they’re emotionally going through as a veteran can make a real difference.”

The Veteran’s Recognition Program has been embraced by the entire Akron Campus. In fact, staff from other departments throughout Summa Health have expressed the desire to participate in honoring our patients who are veterans post mortem. Therefore, as of late July 2019, the program has evolved to include a veteran honor escort. After seeking the consent of the patient’s family, floor staff contacts Telecommunications (in addition to Protective Services) when ready for transport of the deceased. Telecommunications provides notification to staff throughout the hospital of the planned escort via an overhead page, stating “Veteran Honor Escort to (name of floor).” Anyone who is available and wishes to participate may come to the designated floor and line the hall outside the patient’s room. The act serves as a final show of respect and appreciation for the service of the patient.

“We went through 1,000 magnets in six months, so we see a large number of veterans here at Summa Health – and we have a lot of opportunity to honor them,” says Kovacik. “I’m glad that we’re able to seize that and recognize them in a positive way.”
Caring for the Caregivers

Code Lavender, an Employee Wellness Initiative

Workplace stress costs U.S. employers some $300 billion a year in absenteeism, lower productivity, staff turnover, workers’ compensation, health insurance costs and other stress-related expenses. Additionally, care teams who are unable to renew their personal emotional resources are likely to develop apathy, treat patients and family members inappropriately, become dissatisfied with their work, and suffer in both personal and professional relationships. In fact, according to the American Psychological Association, unmanaged stress contributes to 21% of missed deadlines and errors.

Code Lavender is a crisis intervention tool aimed at caring for the caregivers. A formalized, rapid response program, it is designed to support staff members during atypical, highly stressful or traumatic events, such as the injury or death of a fellow employee, multiple patient deaths, actual or potential threats to the staff’s well-being or safety, or any emotionally charged situation. Demonstrating the importance of self-care, Code Lavender’s goals are to:

• Acknowledge a traumatic event has occurred
• Provide emotional and physical support
• Provide supportive materials and options for additional help as needed (Employee Assistance Program, Spiritual Care, etc.)
• Combat stress and burnout among nurses, physicians and other staff

Through these goals, Code Lavender strives to restore and reinvigorate employees’ physical and emotional capacity for caring, as well as provide support that enables employees to continue their valuable work. What’s more, according to Kathy Wise, System Director, Employee Wellness, it perfectly aligns with Summa Health System’s values, principles and practices.

According to Wise, there is often a cultural stigma in healthcare where asking for help in times of high stress can be viewed as a sign of weakness. “When we’re stressed, we often think that we have to ‘suck it up’ and keep going – that stress is just part of the job – so we don’t take the time to pause and share feelings,” she explains. “Code Lavender is a way to quietly provide personalized care to our frontline caregivers. It gives staff permission to acknowledge that something bad has happened, and provides support and resources to help.”

In March 2018, at the request of Lorie Rhine, MSN, RN, NE-BC, Vice President/Chief Nursing Officer and TJ DeAngelis, MBA, BSN, RN, NE-BC, Vice President/Chief Nursing Officer, Wise presented information about Code Lavender programs to the Summa Health System Nursing Cabinet, which included chief nursing officers, vice presidents in nursing and the director of professional practice and the Magnet program.

The Nursing Cabinet unanimously decided to partner with Wise to design a Code Lavender program at our hospitals. Wise led the Code Lavender Committee that included nursing leaders at all levels, an advanced practice registered nurse, two staff registered nurses and an employee wellness specialist.

Summa Health Employee Wellness launched the Code Lavender program system wide in August 2018. It was requested five times in just the first four months (August–December) and another five in the first half of 2019. While available to all Summa Health employees, Code Lavender has been most frequently requested by the nursing staff.

"Nurses are constantly in high-stress situations, from their fast-paced workload to interacting directly with patients," says Wise. "Their willingness to call for a Code Lavender intervention on behalf of themselves or their team addresses the need for a coordinated effort that combats secondary traumatic stress and compassion fatigue in the moment."

In order to initiate Code Lavender at Summa Health, the unit director, supervisor or other designated staff completes a request form via phone call, fax or email to the Code Lavender Coordinator. In response, the Code Lavender team sets up a room near the unit or department for the team members to access for up to 48 hours. While the program provides supports at many levels and in many formats, depending on the events and audience, it typically includes:

• A portable cart with tea, water, and other comforting snacks and drinks
• A healing basket filled with items ranging from lavender wrist bands to lotions
• Inspirational quotes and handouts on coping with grief, stresses, etc.
• Soft music, guided meditations and aromatherapy
• Chaplain and specially trained Code Lavender team members’ support
For ongoing stress relief, the Summa Health System also features two OASIS (Opportunity to Achieve Staff Inspiration and Strength) rooms that offer a calm, supportive environment in which to relax. With 24/7 badge access for all employees, the Barberton Campus OASIS room is located on the fourth floor near the central elevators, while the Akron Campus room is positioned at ground level near the Circle Drive entrance.

Code Lavender is typically in effect for 24 to 72 hours depending on the event and circumstances. After the event, staff completes a formal evaluation card. Employee Wellness then schedules a follow-up appointment to assess the program’s value to the involved staff and overall department.

According to Krista Kline, RN, Clinical Coordinator, Akron Campus Emergency Department, Code Lavender was very helpful during a recent traumatic patient event. “We had the Code Lavender cart set up in a room with dimmed lighting,” recalls Kline. “Just coming together and relaxing made the team feel better and helped us to move on.”
Increasing Nursing Professional Certification Rate

Nursing certification rates are reported quarterly and listed on each units’ balanced scorecard, which are posted on each nursing unit and discussed in staff meetings and Unit Clinical Practice Council meetings.

Summa Health System had not offered live certification preparation classes in several years and our rate of certified nurses was not increasing. In the fourth quarter of 2016, the professional nursing certification rate for Akron and St. Thomas Campuses was 27.42% and for Barberton Campus and Wadsworth-Rittman Medical Center was 12.61%. The number of nurses who achieved initial certification in 2016 was only six. That number had declined steadily from 69 in 2013. At our January 2017 Nursing Leadership Retreat, nursing leaders set goals to increase the professional nursing certification rate.

Strategies Utilized to Increase Nursing Professional Certification Rate

For full-time and part-time Summa Health System Registered Nurses (RNs), initial certifications and recertifications are paid for/reimbursed at 100%. Based on feedback from our RNs, in December 2016, the policy for reimbursement for certification and recertification was changed to allow also for 100% reimbursement for Per Diem RNs who have been employed as an RN at Summa Health System for at least one year and are in good standing, now supported by funds provided by the Women’s Board of Summa Health.

In 2017, Summa Health System joined the following programs, so that our nurses did not have to pay for a certification exam and wait for reimbursement:

- American Nurses Credentialing Center (ANCC) Success Pays® program
- Orthopaedic Nurses Certification (ONC) Board Retest for Success™ program
- Competency & Credentialing Institute (CCI) Certified Operating Room Nurse Take 2 facility program
- Oncology Nursing Certification Corporation (ONCC) FreeTake program (2018)

These programs also provide each nurse up to two attempts to pass the exam. All four programs offer voucher codes to Summa Health System that allow our nurses to use in place of payment, so they don’t have to pay out of pocket and wait to receive reimbursement until after they pass their exam. The ANCC Success Pays Program does not require payment for the exam unless the RN passes it, so the RN does not have to pay Summa Health System back if they fail the exam at both attempts. Some of these programs also allow voucher codes to be used in place of payment for recertifications.

In October 2016, Summa Health System resumed offering live certification preparation courses at Summa due to the decreased number of initial certifications in 2015 and the first three quarters of 2016. All nursing leaders were asked to determine how many eligible RNs they had for their specialty certification exam and courses were offered each year based on greatest need. One certification preparation course was offered in November of 2016, eight courses were offered in 2017 and six in 2018. These courses were coordinated by Christine Benson, MSN, RN-BC, Director of Professional Practice and Magnet Program, and two Nursing Professional Development Educators, Vickie Wells MSN, RN-BC, CAPA, and Jocelyn Davis DNP, CNM, RN, C-EFM.

1 Certification Preparation Course 2016:
- 1. Nurse Executive November 13-14, 2016
8 Certification Preparation Courses 2017:
- Orthopaedic Nursing Certification
  February 28 – March 1, 2017
- Certified Emergency Nurse March 7-8, 2017
- Critical Care Registered Nurse March 21-22, 2017
- Progressive Care Certified Nurse March 22-23, 2017
- Inpatient Obstetrics Nursing March 28-29, 2017
- Stroke Certified Registered Nurse
  September 28-29, 2017
- Certified Nurse Operating Room
  September 30 – October 1, 2017
- Certified Heart Failure Nurse November 16, 2017

6 Certification Preparation Courses 2018:
- Oncology Nursing Certification July 21-22, 2018
- Critical Care Registered Nurse live AACN webinar
  September 24-October 15, 2018
- CAPA CPAN group webcast September 29, 2018
- Certified Breastfeeding Counselor October 17-18, 2018
- Psychiatric-Mental Health November 6-7, 2018
- Medical-Surgical November 28-29, 2018

How Our Nurses Are Supported to Achieve or Maintain Certification
Summa Health System supports nurses seeking/maintaining certification in a variety of ways. Nurses who are eligible to take a specialty certification exam are encouraged to achieve certification through their Unit Clinical Practice Council, during their annual performance appraisal with their Unit Director, and by peers who are certified.

For nurses seeking initial certification in a specialty, Summa Health System prepays for the certification exam for certifications that still accept applications and checks by mail, so the nurse does not incur any out-of-pocket expenses. Nurses are required to test within 90 days of having their completed application paperwork sent in to the accrediting body, and submit evidence of their successful completion to Tara Clemas, Educational Facilities Coordinator. Information about initial certification reimbursement is available to the nurses both on Summa’s intranet (Summa@Work) and in the instructions for pre-payment for certification exam guidelines/forms, which can be emailed by Clemas upon request.

If a full-time or part-time nurse wants to take a certification preparation course in a specialty not offered onsite through Summa Health System, he or she can receive reimbursement for the cost of the course through our Human Resources Educational Assistance Program.

All Summa Health System nurses have free access to 40 nursing specialty certification preparation courses in HealthStream’s CE Center. These courses assess their knowledge and then suggest courses that match their assessment results.

Our Medical Library also has many nursing specialty certification preparation books available to our nurses, as well as some online preparation books.

Success Increasing Our Nursing Professional Certification Rate
Our professional nursing certification rates steadily increased over 2017 and 2018. One hundred and two of our Registered Nurses achieved initial certification in 2017 and 52 achieved in 2018. From the fourth quarter 2016 to the first quarter 2019, the professional nursing certification rate for Akron and St. Thomas Campuses increased by 8.18% (to a rate of 35.60%) and for Barberton Campus and Wadsworth-Rittman Medical Center the rate increased 14.84% (to a rate of 27.45%).

Nursing Professional Certification Rates
Summa Health System Akron & St. Thomas Campuses

Nursing Professional Certification Rates
Summa Health System Barberton Campus & Wadsworth-Rittman Medical Center
A Shift in Thinking
Bringing the Change-of-Shift Report to the Bedside

Nurses are all too familiar with the traditional change-of-shift report in which responsibility and accountability for the care of a patient is transferred from one nurse to another. However, studies show that this transition – which typically occurs at the nurses’ station or outside of the patient room at the chart box – has potential for inaccuracies and lacks patient and/or family engagement.

A bedside shift report (BSR), on the other hand, takes place in front of patients and, if appropriate, their family. Designed to improve safety and provide a better understanding of a patient’s condition and treatment plan, it offers the opportunity for nurses, patients, and family to share vital information with each other. A typical BSR ranges from discussing test results and plan of care to safety concerns and the patient’s goals for the day.

Acknowledging patients as partners in their care, the BSR builds trust in the process by showing that nurses recognize their patients as individuals, rather than just “the patient in Room 352.” It also allows patients and family to ask questions and correct inaccuracies, and keeps everyone informed throughout the patient stay, which helps with the transition to home. What’s more, the BSR demonstrates teamwork among the nursing staff by reassuring patients that they are all on the same page.
There are benefits for nurses, too. The BSR has shown to decrease the time needed for the shift report, decrease shift overtime and increase accountability between shifts.

**Making BSR Our Own**

According to Gina Dain, BSN, RN, CCRN, T3ICU, and Amy Johnson, MSN, APRN, ACCNS-AG, CCRN, MedSurg/Tele Clinical Nurse Specialist, the BSR initiative at the Summa Health System – Akron Campus stemmed from the Nurse Practice Council’s commitment to increasing patient satisfaction/patient experience. A 15-person workgroup – made up of staff nurses from all levels of care – was formed in early 2018 to develop a process that would work throughout a patient stay. The workgroup focused on evaluating the current process, understanding the barriers to executing bedside handoff and developing a complete revision of the shift report process. All in an effort to:

- Create a practice change surrounding the current nursing handoff process
- Decrease period of time that patients are not seen by nursing staff during a shift change
- Increase patient satisfaction scores related to nursing communication and education
- Improve peer-to-peer accountability and communication

According to Johnson, Dain stepped up to be actively involved from the very beginning. She led the workgroup in organizing activities and creating tools for education and implementation. These tools include an:

- Online education course with post-test
- “Perceived Barriers” flyer
- Shift report checklist customized for each unit
- Positive reinforcement program

The positive reinforcement program, in fact, may be the component that makes the Summa Health BSR initiative relatively unique – and potentially more sustainable. Using positive reinforcement as an incentive to change the practice, the staff is encouraged to participate in a friendly competition between units. BSR compliance is tracked through participation forms entered into raffle boxes on each unit. Every month, unit winners are drawn from both shifts for a choice of prize. Three handmade “BSR Clipboard Trophies” also are awarded monthly based on the top three patient satisfaction scores for the question, “During shift change, how often does your nurse allow you to participate in bedside shift report?”. While these fun and eye-catching awards – proudly displayed for the month on each winning unit – serve as incentives for the competition, they also act as conversation starters with patients and family about how the units are working to improve the patient experience.

“Our goal is to have the bedside shift report evolve into part of our daily routine (something that’s just expected), so we’re looking to eventually transition away from positive reinforcement and more toward peer accountability,” explains Dain. “Yes, the bedside shift report affects patient satisfaction. Yet nurses know that if the shift before you isn’t getting things done – and it’s consistent – it affects your level of satisfaction, too.”

**Components of a BSR**

The Summa Health BSR has been designed to take about 2-5 minutes per patient and generally consists of introducing the nursing staff, patient, and family and asking the patient and family to participate. One nurse opens the electronic health record in the patient’s room, while the other updates the white board. The staff conducts a verbal SBAR report with the patient and family, using words they can understand, as well as performs a focused assessment of the patient and a safety assessment of the room. Finally, the nurses review tasks that require completion and identify needs and concerns of the patient and family.

The BSR workgroup offers several tips for making the process more effective. Tips include:

- Inviting patients and family to participate at admission
- Utilizing the individual BSR checklists designed for each unit
- Avoiding discussions in front of the patient regarding problems with the environment or a situation with the outgoing nurse
- Thanking the nurse going off duty
**Overcoming BSR Challenges**

A BSR, in itself, is becoming a fairly common practice nationwide, yet many hospitals struggle to sustain this practice in real-world settings. “Involving the family in care is a standard of nursing,” says Johnson, “but it’s a difficult culture shift to make happen.”

About a month after the Summa Health program was launched in each unit, Dain and Johnson met with unit directors to discuss the barriers being seen by the nursing staff. “These discussions were a big help in modifying the program to address the needs of individual units, while still keeping the core goals of the project intact,” explains Johnson. “Every unit has a different patient population and a different nursing population. Some units immediately responded positively to the program and stuck with it, while others required more consistent intervention. But, by addressing some of the barriers early on, we were better able to keep the program on track.”

Early BSR challenges included how the nursing staff should best handle:

- Unknown visitors or family in the room
- A new diagnosis or unexpected information
- A complex question or one that needs a lengthy clarification
- Semi-private rooms and HIPAA concerns

“One of the biggest barriers right off the bat was that the morning shift was hesitant to wake patients up,” continues Johnson. “We overcame that barrier by explaining that the nurses wouldn’t question waking the patient up for other reasons related to care. And that the beside shift report was simply another aspect of that care – making sure patients are informed by meeting the oncoming staff so they know what’s going on.”

Gold, silver and bronze “Clipboard Trophies” were created as positive reinforcement.
BSR Results

Pilots for the BSR initiative began in August 2018 in a few select units, with the entire Akron Campus participating by January 2019.

From the start, the BSR workgroup established improvement targets based on the Press Ganey inpatient satisfaction survey. The group focused specifically on questions related to the BSR, such as “During shift change, how often did the nurses allow you to participate in bedside shift report?” Other areas of interest included questions based on how well patients were kept informed, such as if the patient was involved in his or her treatment decisions, staff being concerned about patient privacy, how well the staff worked together to care for the patient, and overall communication with nurses.

According to these patient surveys, results have been impressive for the question, “During shift change, how often does your nurse allow you to participate in bedside shift report?”. During the intervention month, there was an increase in patient satisfaction by 20.1% – 33%. From January 2018 to January 2019, survey results showed an increase in patient satisfaction scores throughout the hospital, ranging 0.2% – 30.8% for the same question on the nursing units. Nurses also reported improvement in professional accountability, and appreciated the incentive program as a bonus.

“As nurses, we don’t think about shift reports being a big deal,” says Dain. “After a bedside shift report, though, families actually thank you for making sure the patient knows what’s going on and including them in the process. It’s really nice.”

Johnson agrees and is quick to add that, “the BSR initiative stemmed from leadership, yet it was staff nurses who moved it forward. I think that helped make the program so successful. It really demonstrates the importance of a staff nurse stepping up, taking an active role and being passionate about making a difference in nursing practice.”

Staff Nurse-Led Bedside Shift Workgroup Members

Gina Dain - T3ICU
Suzanne Crossen - 7West
Stacey Krautheim - 4West
Kelli McNeil-Boarman - T2ICU
Colleen Ingram - T2ICU
Tanzania Eaton - 6West
Stacy Gaugler - 5West
Miriam Hunter - 5North
Chris Cole - 4East
Wendy Roddy - 4East
Tracy Utter - 4North
Keisha Mihaley - 4North
Karlee Hanchin - 3West
Jackie Moran - 3West
Michelle Ulee - Clinical Decision Unit

Summa Health System – Akron Campus Patient Satisfaction Scores for Patient Survey Question, “During shift change, how often does your nurse allow you to participate in bedside shift report?”

In 2017, the Summa Health System – Akron Campus Emergency Department (ED) recognized that its patient population between 11 a.m. and 11 p.m. was experiencing long wait times. Estimates cite some 40 people waiting four to five hours on a weekday, with many leaving daily without treatment. Not surprisingly, patient satisfaction scores were also on the decline.

Julie Reynolds, RN, Akron Campus ED, brought up this issue to the Clinical Practice Council (CPC), which initiated a discussion on what we could do to reduce our number of patients leaving. Summa Health looked to the US Acute Care Solutions’ Clinical Resource Group (CRG), then known as Echo Consulting Group, for guidance. CRG is an in-house team of clinicians and analysts dedicated to ensuring successful process improvement and implementations. The group recommended a physician-in-triage (PIT) approach that helps EDs more quickly identify critically ill patients. The provider can then put in orders for tests that can get started in the front, while waiting on beds in the back.

Emphasizing that PIT was a nurse-driven concept, CRG began staff training and education in early August 2017. Due to the Akron ED’s size, the group concentrated on training a core group of nurses who could then educate their peers and become champions of the process. “From the beginning, this core group was very invested in the PIT model,” says Nancy Donel, MBA/MHA, BSN, NE-BC, Emergency Department Unit Director. “They were truly committed to making PIT work.”

The PIT process was fully implemented at the Akron Campus ED in September of the same year, with 2018 being its first full year in use. PIT opens daily from 11 a.m. – 11 p.m., utilizing triage bays 1-3. Staff utilize an Internal Waiting Room (IWR) for tasking patients (i.e. vitals, lab draws, medications, EKGs). Staffing includes the provider; an ED Tech/Nursing Assistant, who can escort patients to rooms and help with getting initial patient vitals; two Registered Nurses; and a Medic or third Nurse to assist with tasking.

**Triage Nurse #1 (also known as Patient Flow Coordinator)**

- Stationed in front end 24/7
- Performs a “Quick Look” assessment on all walk-in patients and determines if immediate medical care is necessary
- Communicates with Triage Nurse #2 for appropriate treatment
- Collaborates on waiting room patient rounding
- Documents and removes patients from the electronic health record if they leave without being seen

**Triage Nurse #2**

- Stationed in triage 11 a.m. to 11 p.m. daily
- Works collaboratively with provider to intake patients
- Responsible for initiating provider orders (when it does not impede triage flow)
- Assists with discharges in triage and internal waiting room (IWR) areas

**Triage Nurse #3/Medic**

- Stationed in triage 11 a.m. to 11 p.m. (or any hours in between) based on staffing
- Provides patients in waiting room with updates on their care and any delays
- Assists in performing triage assessments and initiating provider orders
- Reviews results on patients in waiting room and notifies ED physician or APRN/PA of results and/or completed work-ups from triage
- Re-evaluates patients every 60 minutes when there are extended wait times
Upon arrival in the ED, the patient is seen by the triage nurse and quickly registered by the registrar. If the patient is in critical condition, he or she is direct bedded in our higher acuity districts (Central, South District and West). Lower acuity patients (i.e. sore throat, ankle pain, medication refill, etc.) are direct bedded in Fast Track (FT) (North District) rooms to be seen by the APRN/PA. If all beds are full, Emergency Severity Index (ESI) triage level 3, 4 and 5 patients go through the PIT process until a bed is available. EKGs are completed in the triage area and an IWR is utilized for patients with IVs and those awaiting tasking.

The goal of the PIT process is to initiate treatment for patients awaiting bed assignments when the department is full. This helps to reduce length of stay (LOS) because care and testing were initiated before a patient is bedded into the emergency department.

“It was surprising to see how well PIT worked once we got started,” says Donel. “While the front was our focus, it really helped the nurses in the back, too. They soon realized that a lot of things were already completed in triage, which increased efficiency overall. The new flow really helps everyone.”

In fact, prior to the start of the PIT process, the ED nurses and physicians who worked side by side on a daily basis – didn’t really know each well. Now, entire teams of nurses, physicians, medics and nursing assistants often are seen huddling to discuss how to best approach issues. “PIT is a collaborative effort between the physicians of US Acute Care Solutions and Summa Health nurses,” says Lisa Oakley, BSN, RN, Akron Campus ED. “Its success is a product of everyone working together and really communicating well.”

Members of the Physician-in-Triage team at the Akron Campus ED

<table>
<thead>
<tr>
<th>Summa Health System – Akron Campus Emergency Department</th>
<th>Decrease in Percentage of Emergency Department Patients Who Left Without Treatment (LWOT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results</td>
<td>Pre-PIT (Jan-Mar 2018)</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Total ED Patients</td>
<td>20,633</td>
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<tr>
<td>LOS (all patients)</td>
<td>264 min</td>
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<tr>
<td>LOS for all ESI 4 &amp; 5</td>
<td>156 min</td>
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Impact of Enhanced Recovery After Surgery
From a Nursing Perspective

Summa Health is committed to identifying better ways to manage pain in surgery through ERAS® (Enhanced Recovery After Surgery). ERAS refers to patient-centered, evidence-based, multidisciplinary team-developed pathways that reduce patients’ surgical stress response, optimize their physiologic function, and facilitate recovery. These care pathways form an integrated continuum, as patients move from our Pre-Anesthesia Testing (PAT) Clinic through Same-Day Surgery (SDS), the Operating Room and Post Anesthesia Care Unit (PACU) discharge, focusing on patient education and medical optimization.

The Summa Health ERAS initiative was launched in 2016 at the Akron Campus as anesthesiologists approached surgeons about the plan of care to improve surgical patient outcomes. Anesthesia leadership developed the ERAS® physician orderset, which included process improvement changes in practice from Preadmission Testing and SDS to the Operating Room and PACU.

“ERAS is a collaborative effort involving everyone on the surgical team,” explains Lori Ramnytz, MSN, RN, CAPA, Unit Director PACU/SDS at Summa Health System – Akron Campus. “Each department has a role in the process, which is necessary in order to create a cohesive and up-to-date plan of care for our surgical patients.”

The conversation, however, starts in Preadmission Testing. “The Preadmission Testing team sets the expectations for patients. We focus on deep breathing, smoking cessation, and clear fluids before surgery. We let them know that we are decreasing the amount of opioids that they will be receiving, yet their pain will be under control,” says Beth Inman, MSN, RN, Preadmission Testing Unit Director. “When patients get to Pre-Op and Same-Day Surgery, the education continues. So, by the time they’re in PACU, patients are comfortable. Both physically and with the care plan.”

Benefits of the ERAS include early ambulation and a shortened length of stay, as well as a defined multimodal pain management plan and rigorous postoperative nausea and vomiting (PONV) management. A key element of ERAS includes reducing opioid use, which leads to decreased sedation levels and, in turn, reduces respiratory concerns. All of which enhances surgical outcomes and improves patient satisfaction and safety.

A Change in Thinking – And Doing
“ERAS is a complete change in how we used to do things. For example, our ‘NPO (nothing by mouth) before surgery’ used to start at midnight the night before,” says Kelly Giendon, MBA, BSN, RN, CNOR, Operating Room Unit Director at Summa Health System – Akron Campus. “Now we’re allowing patients to drink two hours before surgery, which has shown to help with IV starts, reducing nausea and vomiting, and eliminating fluid shifts after surgery.”
But, as we all know, change doesn’t come easy. This significant shift in thinking requires continued education and interdisciplinary support. Victoria Wells, MSN, RN-BC CAPA, RN Educator, developed a wealth of reference materials, such as a pocketcard reference that listed onset, peak and duration for key ERAS medications and HealthStream courses, in addition to performing individual audits. The Department of Anesthesia – particularly Drs. Mark, Smith, Cooper and Cohen – came onto the units and educated the nursing staff through Q&A sessions. Some nurses participated in clinical ladder programs on ERAS medications and educated the staff, as well as patients. Even a pharmacy student provided valuable information to help the nurses better understand ERAS medications.

“As nurses, we understand what the medications are and how they’re being used, but we’re using some of the meds differently now,” shares Ramnytz. “The pharmacy presentation helped connect the dots between the pain medications that have been used for palliative care for a long time and how they can be integrated into our surgical care in smaller doses – all in an effort to reduce the amount of opioids.” ERAS medications include aprepitant, acetaminophen, gabapentin, Toradol or Celebrex, peripheral nerve blocks, ketamine, lidocaine bolus/drip or Esmolol bolus/drip, precedex, and magnesium.

A Rise in Nerve Block Procedures
In more than 50 percent of Summa Health surgical cases, the ERAS care plan includes a nerve block for pain relief. A nerve block numbs the area in which a surgeon is working so that, post-operatively, patients experience quicker recovery and better sleep. Single injections last about 24 hours, and if Exparel is added to the mix, the block can last almost three days. If the team places a catheter for the block, it can provide four to six days of relief.

Summa Health, one of the few hospitals in the area that perform blocks regularly, has 14 trained CRNAs that work on all Summa Health System Operating Rooms. “I get really positive feedback from patients who compare recent procedures with a block to surgeries performed years ago without one,” says Justin Kurzweil, CRNA. “They say it’s like night and day – the block is really that much better.”

The block treatment is still in its infancy stage, yet the amount of surgeons at Summa Health who are on board continues to grow.

Meeting the Need of Patients
“Reports were showing a decrease in opioid use and that was awesome, but what did it really mean? What did it mean to our patients,” questioned Wells. “By putting those numbers on a graph, we were able to demonstrate how impressive ERAS really is. We’ve seen our patient satisfaction score for preparation and comfort continue to rise, while our opioid administration really decrease.”

Currently, all patients are receiving ERAS interventions at the Summa Health System – Akron Campus. Collaborative care over the past three years demonstrates a decrease in opioid administration (morphine equivalents) from 20 mg to 0.34 mg intra-op and 8 mg to 3 mg post-op. Noted improvements in patient satisfaction scores during this time related to patient comfort increased from the 20th to 45th percentile. Patient preparation increased from the 34th to the 78th percentile.

Considering the difficulty in moving these scores, the Surgical Services Team has a lot to be proud of.

A skills fair was planned for the fall of 2019 after which Summa Health System – Barberton Campus and the Summa Health Wadsworth-Rittman Medical Center began audits for their ERAS outcomes.
NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

Delivering Remission from Depression
Transcranial Magnetic Stimulation Treatment

Depression is a common and serious medical illness that affects millions of people every year. While there are numerous treatments for it, one of the newest offerings is now available at Summa Health. And we’re one of only a few facilities in the area providing it.
Transcranial Magnetic Stimulation (TMS) is an outpatient procedure performed at Summa Health Behavioral Services. It is used to treat patients diagnosed with major depressive disorder who have not achieved remission through typical treatment methods. A safe and effective FDA-approved noninvasive procedure, TMS utilizes targeted magnetic fields, similar to that of an MRI, to stimulate the natural function of the brain’s neurotransmitters for long-lasting symptom relief.

The Summa Health TMS team at the St. Thomas Campus consists of four behavioral health nurses and three physicians who typically treat patients five days a week for four to six weeks. Each treatment takes between 20 and 45 minutes and no anesthesia is required. While one of the physicians attends all initial “mapping” sessions, a specially trained nurse performs the TMS treatment thereafter. A physician, however, is always available when a patient undergoes treatment, which provides our nurses added peace of mind knowing that they always have access to a psychiatrist if additional medical help is needed. “We’ve wrapped our nurses with support,” says Jaimie McKinnon, MBA, BSN, RN, NE-BC, Vice President, Behavioral Health Institute, “which I think has really helped them to excel.”

The manufacturer of the TMS equipment used by Summa Health does not require medical staff to perform the TMS procedure. However, Summa Health has mandated it for the safety and comfort of our patients. While TMS has minimal side effects (the most common being temporary pain or discomfort at or near the treatment site), there is still potential for seizures.

There also is an important screening factor. Unlike a paraprofessional, Summa Health’s Behavioral Health nurses are trained to gauge and assess patient progress. Since TMS patients come in daily for treatment, our nurses are able to screen them for anxiety, depression and suicidal thoughts. “We feel that having a trained behavioral health nurse facilitate the treatment, as well as monitor and assess progress, is the best clinical approach for our patient population,” says McKinnon.

Thompson feels that TMS patients also are often more comfortable sharing their feelings with nurses familiar with depression, anxiety and other mental health issues. “These patients have been through a lot. They’ve tried a lot of different medications. And while they’re nervous about TMS, they also are excited to maybe finally find something that will make them feel better,” she explains.

According to McKinnon, TMS volumes have been good and the team has showed success in meeting its target for the first half of 2019. What’s more, Summa Health psychiatrists recently performed a Grand Rounds (CME) for physicians in the system, so they could learn about the treatment and share with other practitioners who could potentially refer patients that meet the criteria. As a result, referrals for TMS are continuing to grow and more nursing staff is showing an interest in being trained.

“TMS opens up another option of treatment compared to traditional methods of just counseling or medication,” says McKinnon. “It provides us with an additional tool to fight depression.”

Studies show that several different areas of the brain regulate mood. Patients with depression show different metabolic activity in the brain compared to patients without depression.
First Step in Treating Opiate Addiction

Medication-Assisted Treatment

In the second half of 2017, the Ohio Department of Health released data showing that the Summa Health System – Barberton Campus was positioned within and adjacent to two of the hardest-hit zip codes (44203 and 44314) related to 2017 Summit County opiate overdose emergency room visits. What’s more, many patients being referred to outpatient services from the Emergency Department (ED) were not being compliant with attending their outpatient appointments.

To help resolve this growing issue, Jaimie McKinnon, MBA, BSN, RN, NE-BC, Vice President, Behavioral Health Services, and Julie Pierce, BSN, RN, CEN, Unit Director, Barberton Campus Emergency Department, proposed the concept of initiating medication-assisted treatment (MAT) for Opioid Use Disorder (OUD) patients in the ED setting, rather than traditional office-based opioid treatment services. Their goal was to provide complete wrap-around services that would remove all potential and actual barriers to patient follow-up treatments.

“With the opiate crisis in the United States growing annually, it has become essential for community organizations and those on the front lines to make resources for recovery easily accessible,” says McKinnon. “Too often, those affected end up in an emergency room where providers administer a quick fix, hand over an informational pamphlet and send them on their way.”

With the funding support of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) grant and request for proposal (RFP) funding awards from the United Way of Summit County (UWSC), the concept of initiating MAT in the ED evolved into an innovative addiction program located in the Barberton Campus ED driven by registered nurses (RNs) trained in addiction medicine providing primary nursing and care coordination.

Launch of Pilot Program

When the ED MAT pilot program launched on February 26, 2018, a social worker served as Addiction Care Coordinator (ACC) five days a week. However, four months into the program, it became apparent that the social worker model was inefficient due to the social worker’s limited scope of practice. The ED nurses still had to assess the patients, draw blood for the ED medical screening, take vital signs and give medications – all of which fragmented the interactions of the social worker and patient.

Therefore, the ED MAT program shifted from a social worker to a registered nurse ACC model. This change minimizes the number of hand-offs needed to properly assess and align the OUD patient with all of the care needed to be successful in recovery. It allows ACCs to provide comprehensive nursing care, as well as serve as an addiction navigator for their patients. On July 15, 2018, RN ACCs began covering the Barberton Campus ED MAT program 12 hours a day (1 p.m. – 1 a.m.), seven days a week.

A Multidisciplinary Effort

A multidisciplinary team was established to develop the protocols for screening, assessment, treatment and referral to maintenance MAT treatment for OUD patients presenting to the ED. Through these efforts, it was determined that an RN ACC provides primary nursing care, such as completing labs and assessments (using the Clinical Opiate Withdrawal Scale [COWS] and the American Society of Addiction Medicine Levels of Care), while evaluating the patient’s desire for treatment and recovery resources.
A peer recovery coach, if patient consents, then meets the patient in the ED. Peer recovery coaches are provided by the Packard Institute through a grant from the UWSC. These coaches are available 24 hours a day, seven days a week, to come to the ED and sit with the patient for an ED MAT visit, which could take up to six or more hours. The coaches are trained and certified peer-support specialists, many in recovery themselves, that support and guide patients to resources throughout the community such as transportation, childcare and sober housing. They also offer to accompany patients to appointments and reach out to patients’ family members, if requested.

If the RN ACC detects any barriers to treatment, a case manager – through a partnership with Catholic Charities – also comes to the ED to assist the patient with any needs such as housing, clothing, food, childcare, phones and employment. While at the ED, the case manager schedules a follow-up meeting with the patient to provide ongoing support and resources.

Continuum of Care Services
The RN ACC identifies maintenance treatment provider options that best fit the patient according to services needed, insurance, location of residence, and if any co-occurring medical/psychiatric disorders. Patients are provided education regarding MAT and treatment requirements. Consenting and clinically appropriate patients are inducted on suboxone or methadone and buprenorphine, and withdrawal symptoms are monitored using the COWS. The RN ACC reviews treatment options with the patient and a transition of care plan is developed and reviewed prior to discharge from the ED.

The RN ACC works in partnership with the Barberton ED providers to navigate patients to the most appropriate care setting for the continuation of withdrawal management and/or MAT. This program not only offers MAT at their first ED visit, but also allows patients to return for up to three days consecutively and receive MAT at each visit. The ACC assures patients in the MAT program do not leave the ED without the next treatment option secured, whether that be an intensive outpatient program (IOP) or a provider appointment.

RN ACCs follow up with patients after their last ED visit and verify that they connected with the agency they were referred to. If they have not, the ACCs attempt to re-engage the patient to actively participate in treatment. Patients treated during non-ACC hours receive a call the next day from the ACC to discuss maintenance MAT treatment options. They are approached with a consent for contact with the maintenance provider post discharge and to receive calls from the RN ACC to discuss progress and any continued barriers to treatment.

Method of Evaluation
An evaluation of the effectiveness of the program was measured monthly by outcomes related to identification, treatment, and referral engagement. For identification, the number of patients identified with OUD by the staff in the ED is monitored. For treatment, the number of OUD patients that were clinically appropriate for MAT that consented to MAT initiation in the ED is monitored. For referral engagement, we monitor the OUD patient show rate for their first follow-up addiction appointment. Due to patients being referred to many different community addiction treatment providers, we are unable to monitor long-term engagement.

Promising Results
The number of patients identified with OUD and substance use disorder increased monthly in the Barberton ED displaying the success of educational and screening efforts. The number of patients inducted on MAT progressively increased each month noting the RN ACC’s efforts in engaging patients through motivational interviewing:

- 45% increase from 3Q 2018 to 4Q 2018
- 32% increase from 4Q 2018 to 1Q 2019
- 4% increase from 1Q 2019 to 2Q 2019

What’s more, there were 428 of the 568 (75%) OUD patients deemed clinically appropriate for MAT initiation and 364 (85%) of those patients were inducted on MAT in the ED with 64 (15%) declining MAT initiation, again showing the effectiveness of engagement of patients with ED-initiated MAT initiation. Compared to previous research that suggests that attendance rates for initial

Source:
appointments in substance abuse facilities range from 33% to 52%, the overall show rate for patients at their first maintenance appointment after ED-initiated MAT is 78%. The show rate from June 2018 to December of 2018 was 82% with lower show rates falling during winter weather months of January through March.

Future Implications

Due to the success at the Summa Health Barberton Campus ED, the program has expanded to the Summa Health Akron Campus where there is a Level I Trauma ED and a significantly higher volume of SUD patients. The success of engagement also provides opportunities outside of the ED as the number of OUD patients in acute care settings continues to increase as a result of endocarditis and other IV drug use related medical issues. As new medications are developed to assist with other substances of abuse, the hope is to expand the program beyond the treatment of opioids and address all substance use disorders (SUD), including alcohol use disorder (AUD).

Overall Data: Volumes in Summa Health System – Barberton Campus

June 2018 – June 2019:
- 761 evaluations by RN ACCs in SBH ED
- 364 inductions on Buprenorphine in the SBH ED (*1 in June 2018 not noted below)

Summa Health System – Barberton Campus Emergency Department Trends 
Inductions/Follow-up, 2018-2019

- Total Pts Evaluated
- SUD ICD 10
- MAT Inductions
- OUD ICD 10
- AUD ICD 10

Inductions
- Show
- No-show
Awards, Honors and Achievements

Nursing Professional Development

Initial Certification
52 nurses achieved initial national nursing specialty certification:

- Tiffany Dillon CMSRN
- Ryan Garro CMSRN
- Lisa Yeary CBC
- Wendy Davison CBC
- Leah Klemm CBC
- Sara Thorn CBC
- Felicia Beachy CBC
- Elaine Consolo CBC
- Meghan Gilroy CBC
- Stephanie Kempton CBC
- Angela Norwood CBC
- Nicole Paine CBC
- Teresa Rader CBC
- Krystel Robson CBC
- Malina Schoenbaechler CBC
- Paige Stevenor CBC
- Sarah Stutzman CBC
- Margaret Wilkie CBC
- Julie Moon CBC
- Camille Davis NE-BC
- Barbara Dalton CAPA
- Laura Figliomeni CNOR
- Toni Green CNOR
- Meghan Gruelle CNOR
- Tammy Richardson CGRN
- Mallory Velick CPAN
- Jaimee Rood OCN
- Traci Sheilpine CPHQ
- Angie Schreffler CLC
- Robin Brown NHDP-BC
- Kwadwo Darko-Yeboah CARN
- Barb Norvisa CBN
- Justin Eckberg CCRN
- Amber Evans CCRN
- Daniel Grimm CCRN
- Kristin Palocko CCRN
- Wendy Limbert CHFN
- Tracey Owens CHFN
- Deborah Lyons CAPA
- Dominique Blagojevic CPAN
- Jennifer Heller CPAN
- Amy Jones CPAN
- Carol Walters CPAN
- Shana Alton OCN
- John Dolence OCN
- Sarah Jobes OCN
- Joshua Borbely RN-BC
- Stacia Goode RN-BC
- Chad Johnston RN-BC
- Charles Clark RN-BC
- Geoffrey Golub RN-BC
- Elizabeth Sauer TCRN

Clinical Ladder Recognition Program
Akron & St. Thomas Campuses:
- 18 nurses achieved Clinical Nurse I
- 11 nurses achieved Clinical Nurse II
- 5 nurses achieved Clinical Nurse III

Barberton Campus & Wadsworth-Rittman Medical Center:
- 33 nurses achieved Clinical Nurse I
- 5 nurses achieved Clinical Nurse II
- 1 nurse achieved Clinical Nurse III

Master of Science in Nursing 2018
- Sherita Cody Geropsych unit St. Thomas Campus
- Melva Spragling Emergency Department Wadsworth Campus
- Nathan Ware 6 West Akron Campus
- Dominique James 5 North Akron Campus
- Meredith Robinson 7 West/3 East Akron Campus
- Evan Deighan T2 ICU/T3 ICU Akron Campus
- Kyle Anderson HR Employee Development
- Amanda McComas Wendy Limbert CHFN
- Dominique James 6 West Akron Campus
- Meredith Robinson 5 North Akron Campus
- Evan Deighan T2 ICU/T3 ICU Akron Campus
- Amanda McComas HR Employee Development

Bachelor of Science in Nursing 2018
- Crystal Ashley Emergency Department Barberton Campus
- Brenda Baranek Endoscopy Akron Campus
- Heather Betsa Emergency Department Akron Campus
- Teresa Brogan Center 5 St. Thomas Campus
- Sara Croghen Emergency Department Akron Campus
- Breanna Davis HLU Akron Campus
- Nichole Durant ICU Barberton Campus
- Shayla Dyer Wound Care Center St. Thomas Campus
- Todd Esola 4 North Akron Campus
- Elise Evey Oncology Care Akron Campus
- Geoffrey Golub Central Capacity Management Akron Campus
- Matt Goodwin Critical Care Overflow Akron Campus
- Jennifer Green 1 East Barberton Campus
- Erin Hendershot Emergency Department Barberton Campus
- Lauren Kertes 1 East Barberton Campus
- Jennifer Ryan Emergency Department Akron Campus
- Sharon Sandoval 3 West Akron Campus
- Rhonda Stone Labor & Delivery Akron Campus
- JoAnna Triccas-Torrence Same Day Surgery Akron Campus
- Fallon Vance Center 5 St. Thomas Campus
- Carol Walters 3 West Akron Campus
- Vanessa Zeigler 5 West Akron Campus

Recertification
Congratulations to the 46 registered nurses that recertified in their nursing specialty during 2018!
Grants

HRSA-funded Geriatric Workforce Enhancement Program (GWEP). Summa Health was the only site in Ohio to be selected by HRSA and one of 44 nationwide. $2.04 million over 3 years. This cooperative agreement is a collaboration between Summa and Direction Home Akron Canton Area Agency on Aging and Disabilities, NEOMED, The University of Akron, and Cleveland State University and focuses on interprofessional geriatric education. Monies will be used to train students, healthcare providers as well as patients and their families in the needs and care of older adults. Dr. S. Radwany is the Project Director and Hazelett, S (Senior Services) is the Project Manager. 7/1/2015 to 6/30/2018.

Interprofessional Collaborative Practice in a Falls Risk Reduction Clinic. Hazelett, S (Senior Services) Project Director (PD). Nurse Education, Practice, Quality and Retention Program-Interprofessional Collaborative Practice cooperative agreement. Funded by the Health Resources and Services Administration (HRSA). 7/1/2015 to 6/30/2018 ($1.46 million). One of 26 programs funded nationally.

Delta Omega Chapter, Sigma Theta Tau International. Benson, C (Nursing Administration) and Brunt, B (Summa Health Volunteer). $2,500 Identifying Factors Associated with Horizontal Violence Among Registered Nurses

Publications


Grant, V (Surgical Services). Leading a CAUTI Initiative. OR Manager, 34(2), February, 2018.


Presentations

Oral Presentations: 2 Regional and 4 National
Poster Presentations: 3 Regional, 13 State and 6 National
For more information and to see current job opportunities, visit summahealth.org/nursing.