2014 Nursing Annual Report
Patient and Family Centered Care
Dear Professional Nurses,

MacNeal’s Nursing Professional Practice Model continues to guide our practice with the patient and family at its center. It is through our model’s core components of transformational leadership; evidence-based, exemplary clinical practice; ongoing professional development; and interdisciplinary collaboration that MacNeal nurses have demonstrated a tireless commitment to excellence. You’ve done this while making authentic connections with our patients and one another, keeping the element of human caring fundamental to your practice.

Several of our evidence-based projects are highlighted in this annual report. We are constantly pushing to elevate our care and advance the profession of nursing to the next level. Collectively with our respected and valued interprofessional team, we have achieved excellent patient outcomes and earned many distinctions and awards offered only to the best.

As nurses, we are the first line of defense in assuring patient safety. We are not only accepting the challenge to find ways to be safer; we are leading and advocating advancements in clinical practice and the environment. We are improving collaboration with our ambulatory partners and post-acute providers to achieve more coordinated care across the continuum. We are listening and responding to the needs of our community.

This report gives witness to the many ways our Magnet® nurses are leading efforts on innovative, quality care for the patients and community we serve. I want to thank each of you for your loyal service and dedication to our patients. I’m proud and humbled to lead such an incredible team.

Kathy Benjamin MSN, RN
Chief Nursing Officer

Dear Friends,

It is with great pride that I take this opportunity to recognize our employees – specifically our clinical care teams and registered nursing staff. The incredible work you and your colleagues do each and every day is not lost on our administrative team. We know that you do everything in your power to keep our patients safe and provide a compassionate and healing environment for those who enter our doors seeking care.

The partnership that you display with our medical staff is also a point of pride. Our physicians recently gave our nurses high marks in a satisfaction survey, restating what we already knew... you make a difference.

Peace,

J. Scott Steiner
Chief Executive Officer

Kathy Anjumoo, MSN, RN
Chief Nursing Officer
Transformational Leadership

Transformational nursing leadership nurtures and supports innovation and a shared vision for the future of the organization. Transformational leaders recognize that excellent patient outcomes require the creation of an infrastructure that achieves and maintains evidence-based practice.

"Transformational leaders create a vision to guide change by inspiring and leading a team to the next level," says Kathy Benjamin MSN, RN, Chief Nursing Officer. "These leaders are role models, forward thinkers and motivators." This transformational way of thinking has taken root at MacNeal. From the bedside to the boardroom, nurses are empowered to drive change. "Our nurses are not afraid to take risks," says Dawn LeRoy MS, RN, CEN-BC, Certificate.

"The nurses at the bedside are the key drivers in terms of where we are today," says Benjamin. "I am confident that they will be the ones to lead us into the future."

Collaborating for Change: Nurses Take Action Against Alarm Fatigue

Alarm fatigue is an increasingly critical safety issue with potentially serious – sometimes life-threatening – patient outcomes. Knowing that excessive alarm noise is among the top technology threats to patient safety, MacNeal nurses embarked on a comprehensive project to reduce alarm desensitization.

"We have taken a global perspective to the problem," says LeRoy. "We are collaborating with stakeholders inside and outside the hospital to ensure that critical events are not missed."

LeRoy is working with an interprofessional alarms committee, led by Jessica Ismail MSN, RN, Telemetry Nurse Manager, to take a focused look at alarm fatigue. The committee is made up of key personnel from Pharmacy, Risk Management, Biomedical and a clinical nurse specialist.

Partnering with the alarm vendor, the group conducted a comprehensive audit of current alarms in the Emergency Department and on the hospital’s telemetry units. "At an organizational level, we had never really looked at the necessity of all the alarms," says Ismail.

Transformative Nursing Leadership nurtures and supports innovation and a shared vision for the future of the organization. Transformational leaders recognize that excellent patient outcomes require the creation of an infrastructure that achieves and maintains evidence-based practice.

Today’s nurses practice the art and science of nursing in a time of unprecedented change. Health care reform is transforming every aspect of health care—patient care, reimbursement, technology, clinical practice and public health. That kind of major shift calls for leaders who are visionary, influential and passionate—in other words, transformational.

"The nurses at the bedside are the key drivers in terms of where we are today," says Benjamin. "I am confident that they will be the ones to lead us into the future."

Collaborating for Change: Nurses Take Action Against Alarm Fatigue

Alarm Fatigue is an increasingly critical safety issue with potentially serious—sometimes life-threatening—patient outcomes. Knowing that excessive alarm noise is among the top technology threats to patient safety, MacNeal nurses embarked on a comprehensive project to reduce alarm desensitization.

"We have taken a global perspective to the problem," says LeRoy. "We are collaborating with stakeholders inside and outside the hospital to ensure that critical events are not missed."

LeRoy is working with an interprofessional alarms committee, led by Jessica Ismail MSN, RN, Telemetry Nurse Manager, to take a focused look at alarm fatigue. The committee is made up of key personnel from Pharmacy, Risk Management, Biomedical and a clinical nurse specialist.

Partnering with the alarm vendor, the group conducted a comprehensive audit of current alarms in the Emergency Department and on the hospital’s telemetry units. "At an organizational level, we had never really looked at the necessity of all the alarms," says Ismail.
The audit’s findings confirmed what studies say: Up to 80 percent were false or non-actionable nuisance alarms, creating a “cry wolf” situation of unnecessary, confusing and easy-to-tune-out noise.

Those results led to a comprehensive telemetry alarm re-configuration designed to better reflect the real urgency of patients’ needs – while reducing noise and improving patient care. In some cases, the alarm parameters needed to be recalibrated to indicate a higher level of urgency, while many were found to be hypersensitive or unnecessary.

“By reducing the number and urgency of alarms, the staff can respond appropriately and provide the best possible care to our patients,” says Ismail.

Other changes include strategically placing additional LCD alarm monitors in key positions in the ED to enhance visibility for all health-care providers. “This is bringing greater accountability to all staff nurses,” says Claudia Santoyo-Blin, RN, CEN-BC, Emergency Department Quality Coordinator.

Carrying the initiative hospital-wide, all newly hired nurses now have the opportunity to be educated in alarm responsiveness, technology, EKG interpretation, alarm settings and simulation. Telemetry education has also been added to the nursing division’s annual competency.

The committee is also exploring the possibility of changing to a centralized telemetry model with dedicated monitor watchers acting as an extra pair of eyes for the nurses at the bedside.

“The alarm project is an outstanding illustration of how transformative leadership can work,” says LeRoy. “By looking at the big picture, asking the right questions and collaborating with the key stakeholders, we are identifying solutions and helping to ensure quality patient outcomes.”

“The nurses at the bedside are the key drivers in terms of where we are today and they will be the ones to lead us into the future.”
Nursing in the Community: Preventing Teen Pregnancy through Multigenerational Education

MacNeal’s Community Fellows are a group of nurses who, in addition to their full-time jobs, dedicate themselves to helping meet the needs of the community and creating relationships within that community. “For some people without access to health care, the Community Fellows represent their only resource for health-care information,” says Rosa Navarro MSN, RN-BC, 46 South.

In addition to health fairs, free screenings and career programs, each year the Fellows select a larger community-health issue to tackle. Last year’s project: teen pregnancy at Morton East High School. The Fellows chose that issue after a community health needs assessment revealed a disproportionately high teen pregnancy rate in Berwyn, Cicero and Stickney.

Since the students already receive sex education at school, the Fellows identified a novel approach to prevention: educating the students’ parents. “In the Latino culture, parents have traditionally not discussed these topics with their children,” says Navarro. “These parents would like to have such discussions, but they feel that they don’t know how,” she says. The Fellows set out to teach them – and the parents responded enthusiastically.

More than 50 mothers and fathers attended the first meeting of Padres Unidas para Información (Parents United for Information or PUPI), where several bilingual Fellows shared effective communications methods and led the group in role-playing so they could practice their new skills, all in Spanish.

The topic’s urgency was made clear by several parents of pregnant girls, who encouraged the other parents to talk to their sons and daughters right away.

Future meetings will cover contraception, sexually transmitted diseases, sexual violence and other important concepts, giving parents the up-to-date information they need, resources to take home and share, and the confidence to have frank discussions with their children.

“Teen pregnancy is a big health and economic concern with serious implications for both the young mothers and their children,” says Navarro. “It is gratifying to be able to respond to this need for education and know it could impact generations.”

Since the students already receive sex education at school, the Fellows identified a novel approach to prevention: educating the students’ parents. “In the Latino culture, parents have traditionally not discussed these topics with their children,” says Navarro. “These parents would like to have such discussions, but they feel that they don’t know how,” she says. The Fellows set out to teach them – and the parents responded enthusiastically.

More than 50 mothers and fathers attended the first meeting of Padres Unidas para Información (Parents United for Information or PUPI), where several bilingual Fellows shared effective communications methods and led the group in role-playing so they could practice their new skills, all in Spanish.

The topic’s urgency was made clear by several parents of pregnant girls, who encouraged the other parents to talk to their sons and daughters right away.

Future meetings will cover contraception, sexually transmitted diseases, sexual violence and other important concepts, giving parents the up-to-date information they need, resources to take home and share, and the confidence to have frank discussions with their children.

“Teen pregnancy is a big health and economic concern with serious implications for both the young mothers and their children,” says Navarro. “It is gratifying to be able to respond to this need for education and know it could impact generations.”
Coming Together for Domestic Violence Victims – Beyond the ED: Community Partners

According to the National Network to End Domestic Violence, 37 percent of women seeking injury-related treatment in hospital emergency rooms are there because of injuries inflicted by an intimate partner. Emergency Department nurses are in a unique position to intervene and help victims of domestic violence.

It’s impossible to know how many such victims do not go to the emergency room at all, or how many go unidentified there. They may make excuses for their injuries, or they may present with not an injury but a medical issue. “It’s not enough to just take care of the issue the patient presents with,” says Miriam Ramirez BSN, RN, Trauma Coordinator. “We need to look at the whole person.”

A group of MacNeal nurses, headed by Dawn LeRoy MS, RN, CEN-BC, Certificate in Administrative Leadership, Vice President of Nursing Administration, is working to improve the way patients are screened for possible domestic violence in MacNeal’s ED. The goal is to create a model of care that provides more effective on-site screening, enhanced resources and immediate access to services for patients who need them.

“About 15,000 people die as a result of domestic violence each year,” says Ramirez. “We need to do everything we can to identify and help those that come through our doors.”

Ramirez is chair of an interdisciplinary task force that includes representatives from throughout the hospital as well as community-based domestic violence, social service and advocacy organizations. The community partners offer a wide range of non-medical victim services: crisis intervention, shelter, counseling, legal assistance and more.

Together, the group is exploring ways to provide patients and staff with the best available screening and supportive services and work with victims to provide a safety plan, education and protection. “This includes referrals and ongoing partnerships with the groups involved to deliver the best care and inspire victims in overcoming the struggles they face,” says Ramirez.

ED staff discreetly give empty lipsticks that contain information on domestic violence resources to victims who cannot safely talk about their situation.
The group took an in-depth look at current practices throughout the hospital using the Delphi Instrument, a self-assessment tool developed by the Agency for Healthcare Research and Quality (AHRQ) to measure performance indicators beyond the Emergency Department. They are also working with the hospital’s IT department and McKesson to improve the current screening tool and maximize the opportunity to intervene and help.

“MacNeal nurses feel strongly that they have an obligation to be involved in the community,” says LeRoy. “This project is taking community partnerships to a whole new level.”

Giving Patients a Voice: New Council Empowers Community Members

MacNeal is also involving the community in a bold new way through its Patient and Family Advisory Council, which invites community members to participate in addressing key issues of safety, quality and service.

The council is made up of employees and former patients who were selected to provide feedback on their experience with MacNeal. “Patients need a voice,” says council chair Julie Link MSN, MBA, RN, CNOR-BC, Director of Patient Experience. “I’m very passionate about having patients around the table to help make decisions. This is a perfect avenue for patients to partner with the health-care team.”

The role of the council is to help MacNeal continually improve its services, strengthen communications among the whole care team, including the patient and family, and promote patient and family advocacy and involvement.

Before being selected, the community representatives went through a rigorous application and interview process in which they were asked such questions as “What would you like the hospital to learn from your stay?” Link explains that the six members were selected for their ability to articulate problems, suggest ideas for improvements and problem-solve. They represent a cross-section of MacNeal’s patient population: young and old, male and female and multiracial.

“It’s important that people from the community have input into care delivery,” says council member MaryBeth Gudas BSN, RN, ICU Staff Nurse. “They should have input; they are the ones we are treating.”

The council also includes key hospital leadership including the CEO, CNO and CMO, who were instrumental in launching the program. They meet monthly over dinner at MacNeal.

They are currently brainstorming ways to improve hand-hygiene compliance among staff and visitors, with a focus on empowering patients, families and staff to speak up if they notice a health-care professional not washing hands or using hand sanitizer. They are also working on creating patient education that is accessible, culturally appropriate and easy-to-understand.

“This powerful partnership between community members and our staff leads to a better understanding of the needs and priorities for the community we serve,” says Benjamin. “Our nurses translate this knowledge by actively engaging patients and the community in programs promoting better health.”
Standing firmly on the strong foundation of Watson’s Theory of Human Caring, MacNeal’s professional practice model is brought to life each day by nurses who practice with autonomy, seek innovative solutions and participate in decision-making – at all levels of the organization. “Our model is comprehensively in support of bedside nurses having equality with leadership to transform patient care,” says Parker.

At MacNeal Hospital, professional practice is grounded in compassion, competence and collaboration, with the patient at the center of all we do. “It’s hard-wired into our culture,” says Randy Parker PhD, RN, NEA-BC, Executive Director of Professional Practice.

Exemplary professional practice is the core characteristic of a Magnet institution, focusing on quality, safety and the achievement of extraordinary outcomes through interprofessional collaborative practice. MacNeal’s nursing professional practice model is our unique guide to patient care. Our nurses are leaders, committed to lifelong learning, evidence-based practice and collaboration with other disciplines to ensure excellence in the delivery of safe and compassionate patient-centered care.
That commitment is exemplified by the strength of MacNeal’s robust shared governance system and council structure, in which front-line nurses collaborate with leadership to make the decisions for care. It is seen in the lead role that staff nurses take as chairs of interdisciplinary clinical practice committees relating to pain, stroke, chest pain, and more. And it is visible in the extraordinary ways that MacNeal nurses are transforming their profession.

Falls Prevention: Enhancing a Culture of Safety and Excellence

Preventing patient falls is a top-of-mind concern for nurses everywhere, and yet patient fall rates across the country continue to rise. More than 1 million falls occur annually in hospitals, with 30 percent resulting in injury and 10 percent resulting in serious injury.

At MacNeal, a comprehensive nurse-led initiative is successfully preventing patient falls, reducing the number of falls with injury, and strengthening the hospital’s culture of safety. The initiative involves an interdisciplinary Fall Prevention Committee; organization-wide staff education; multiple infrastructure, equipment and process improvements; and enhanced patient engagement.

“Patients often don’t know they are at risk for falling,” says Sonia Esparza BSN, RN, ONC-BC, Nurse Manager, 41S, a key player in the project. “They are alert and oriented, so they think they are fine, without understanding the factors that put them at risk.”

To combat that problem, nurses are now using a patient self-assessment checklist that spells out the many factors contributing to fall risk. Patients answer yes or no to a series of questions regarding their physical and mental status, use of medications, and mobility.

“The ability to modify practices without delay and spread lessons learned among the entire care team mitigates the likelihood of repeat events.”
of simple statements about risk factors, such as “I have fallen in the past year” and “I often have to rush to the bathroom.” A “yes” response prompts the nurse to explain why that answer indicates a fall risk. This education is reinforced with patient “teach back” – the patient repeats to the nurse what he or she has just learned.

“By partnering with patients and families and engaging patients in their own fall prevention, we put them at the center of care – and improve outcomes,” says Parker.

Patients are not the only ones receiving education. The entire hospital staff is being trained to be on the lookout for risky behavior and to take action when something is amiss. That includes everything from wiping up a spill in the hall to going to the aid of a patient trying to get out of bed. “Everybody at every moment owns fall prevention, not just the clinical staff,” says Esther Talusan, BSN, RN, PCCN-BC, Telemetry Nurse Manager.

Staff nurses have identified ways to enhance patient safety through environmental modifications such as better lighting and low beds. They piloted the new beds, recommended the purchase, and were involved in the selection process, negotiation and utilization.

Other improvements include implementation of hourly caring rounds to make sure patients’ needs are being met, and a safety huddle at each shift change.

“Our nurse-led evidence-based strategies focused on the engagement of the entire hospital, active participation by the patient, team safety huddles each shift, and an immediate post fall review,” says Benjamin. “Learning from fall events in immediate post-fall reviews equally enhanced the program with real-time staff feedback. The ability to modify practices without delay and spread lessons learned among the entire care team mitigates the likelihood of repeat events.”

She reports that since implementation of the comprehensive fall reduction initiative, the hospital has performed well below the NDNQI mean for hospital injury falls per 1,000 patient days for five quarters running.

“Throughout this process, we have experienced management support and collaboration on all levels,” says Esparza. “The staff feels empowered when they see that their actions and contributions impact patient safety.”
This innovative approach is both cost-effective and patient-centered, minimizing loss of revenue from Medicare penalties while improving care for patients with conditions most at-risk for readmission: CHF, pneumonia and acute myocardial infarction. “Grounded in Watson’s theory of human caring, this nurse-led model employs strong inter-professional communication structures, individualizes care based on the unique needs of the patient, uses effective handoffs across the care continuum, and conducts root cause analyses when readmissions occur,” says Randy Parker PhD, RN, NEA-BC, Executive Director of Professional Practice.

At the heart of the model are MacNeal’s Nurse Transition Coaches, Leslie Becker BS, RN, CRN-BC, and Renada Tyson BSN, MS, RN. “These nurses serve the vital role of coordinating care across the continuum, staying connected with our patients, and monitoring their progress in an effort to keep them safe and healthy,” explains Benjamin. “They facilitate communication to ensure that all medical and social needs are met throughout the transition to home or the next level of care.”

Reducing Readmissions: New Model of Care Strengthens the Care Continuum

The problem of hospital readmissions is one of the most complicated challenges facing health care today. Readmissions are costly, disruptive... and often preventable. At MacNeal, nurses are confronting readmissions head-on – at the bedside and as organizational change-makers – by creating a new model of care: the innovative Nurse Transition Coach model. In today’s complex health-care industry, nurses are front-line witnesses to new challenges, as well as champions for new solutions. At MacNeal, nurses at every level of the Clinical Advancement ladder are continually finding new and better ways to care for patients. And their efforts are supported by a culture that encourages curiosity and collaboration. Nurses are invited to take initiative, explore and investigate – through research projects, participation in a council, performance improvement projects, continuing education and more.

“Encouraging inquisitiveness and imagination creates a dynamic culture,” says Kathy Benjamin MSN, RN, Chief Nursing Officer. “At MacNeal, that level of engagement is expected and rewarded.” MacNeal nurses take their responsibility – to their profession, their organization and their patients – seriously. Reducing Readmissions: New Model of Care Strengthens the Care Continuum

The problem of hospital readmissions is one of the most complicated challenges facing health care today. Readmissions are costly, disruptive... and often preventable. At MacNeal, nurses are confronting readmissions head-on – at the bedside and as organizational change-makers – by creating a new model of care: the innovative Nurse Transition Coach model. In today’s complex health-care industry, nurses are front-line witnesses to new challenges, as well as champions for new solutions. At MacNeal, nurses at every level of the Clinical Advancement ladder are continually finding new and better ways to care for patients. And their efforts are supported by a culture that encourages curiosity and collaboration. Nurses are invited to take initiative, explore and investigate – through research projects, participation in a council, performance improvement projects, continuing education and more.

“Encouraging inquisitiveness and imagination creates a dynamic culture,” says Kathy Benjamin MSN, RN, Chief Nursing Officer. “At MacNeal, that level of engagement is expected and rewarded.” MacNeal nurses take their responsibility – to their profession, their organization and their patients – seriously.

New Knowledge, Innovation and Improvements

In today’s complex health-care industry, nurses are front-line witnesses to new challenges, as well as champions for new solutions. At MacNeal, nurses at every level of the Clinical Advancement ladder are continually finding new and better ways to care for patients. And their efforts are supported by a culture that encourages curiosity and collaboration. Nurses are invited to take initiative, explore and investigate – through research projects, participation in a council, performance improvement projects, continuing education and more.

“Encouraging inquisitiveness and imagination creates a dynamic culture,” says Kathy Benjamin MSN, RN, Chief Nursing Officer. “At MacNeal, that level of engagement is expected and rewarded.” MacNeal nurses take their responsibility – to their profession, their organization and their patients – seriously.

Reducing Readmissions: New Model of Care Strengthens the Care Continuum

The problem of hospital readmissions is one of the most complicated challenges facing health care today. Readmissions are costly, disruptive... and often preventable. At MacNeal, nurses are confronting readmissions head-on – at the bedside and as organizational change-makers – by creating a new model of care: the innovative Nurse Transition Coach model. In today’s complex health-care industry, nurses are front-line witnesses to new challenges, as well as champions for new solutions. At MacNeal, nurses at every level of the Clinical Advancement ladder are continually finding new and better ways to care for patients. And their efforts are supported by a culture that encourages curiosity and collaboration. Nurses are invited to take initiative, explore and investigate – through research projects, participation in a council, performance improvement projects, continuing education and more.

“Encouraging inquisitiveness and imagination creates a dynamic culture,” says Kathy Benjamin MSN, RN, Chief Nursing Officer. “At MacNeal, that level of engagement is expected and rewarded.” MacNeal nurses take their responsibility – to their profession, their organization and their patients – seriously.

Reducing Readmissions: New Model of Care Strengthens the Care Continuum

The problem of hospital readmissions is one of the most complicated challenges facing health care today. Readmissions are costly, disruptive... and often preventable. At MacNeal, nurses are confronting readmissions head-on – at the bedside and as organizational change-makers – by creating a new model of care: the innovative Nurse Transition Coach model. In today’s complex health-care industry, nurses are front-line witnesses to new challenges, as well as champions for new solutions. At MacNeal, nurses at every level of the Clinical Advancement ladder are continually finding new and better ways to care for patients. And their efforts are supported by a culture that encourages curiosity and collaboration. Nurses are invited to take initiative, explore and investigate – through research projects, participation in a council, performance improvement projects, continuing education and more.

“Encouraging inquisitiveness and imagination creates a dynamic culture,” says Kathy Benjamin MSN, RN, Chief Nursing Officer. “At MacNeal, that level of engagement is expected and rewarded.” MacNeal nurses take their responsibility – to their profession, their organization and their patients – seriously.

Reducing Readmissions: New Model of Care Strengthens the Care Continuum

The problem of hospital readmissions is one of the most complicated challenges facing health care today. Readmissions are costly, disruptive... and often preventable. At MacNeal, nurses are confronting readmissions head-on – at the bedside and as organizational change-makers – by creating a new model of care: the innovative Nurse Transition Coach model. In today’s complex health-care industry, nurses are front-line witnesses to new challenges, as well as champions for new solutions. At MacNeal, nurses at every level of the Clinical Advancement ladder are continually finding new and better ways to care for patients. And their efforts are supported by a culture that encourages curiosity and collaboration. Nurses are invited to take initiative, explore and investigate – through research projects, participation in a council, performance improvement projects, continuing education and more.

“Encouraging inquisitiveness and imagination creates a dynamic culture,” says Kathy Benjamin MSN, RN, Chief Nursing Officer. “At MacNeal, that level of engagement is expected and rewarded.” MacNeal nurses take their responsibility – to their profession, their organization and their patients – seriously.

Reducing Readmissions: New Model of Care Strengthens the Care Continuum

The problem of hospital readmissions is one of the most complicated challenges facing health care today. Readmissions are costly, disruptive... and often preventable. At MacNeal, nurses are confronting readmissions head-on – at the bedside and as organizational change-makers – by creating a new model of care: the innovative Nurse Transition Coach model. In today’s complex health-care industry, nurses are front-line witnesses to new challenges, as well as champions for new solutions. At MacNeal, nurses at every level of the Clinical Advancement ladder are continually finding new and better ways to care for patients. And their efforts are supported by a culture that encourages curiosity and collaboration. Nurses are invited to take initiative, explore and investigate – through research projects, participation in a council, performance improvement projects, continuing education and more.

“Encouraging inquisitiveness and imagination creates a dynamic culture,” says Kathy Benjamin MSN, RN, Chief Nursing Officer. “At MacNeal, that level of engagement is expected and rewarded.” MacNeal nurses take their responsibility – to their profession, their organization and their patients – seriously.
2120

algorithm that analyzes social and medical factors to identify patients most at risk for readmission and prioritizes them according to that risk.

Each morning, the transition coaches receive a risk stratification report, allowing them to focus their work most effectively. Once identified, Becker or Tyson visits the patient’s bedside and initiates a relationship that will last throughout the hospitalization, discharge and transition home. “We begin by establishing rapport, assessing the patient’s needs, initiating education and collaborating on goals,” says Becker.

The model includes myriad strategies and processes to ensure coordinated and seamless patient care at every stage of the continuum. When a readmission risk arrives at the Emergency Department, the patient receives a heightened level of attention, including a multidisciplinary bedside huddle with nursing and medical leadership, and timely intervention to avoid readmission.

“The Transition Coach is the patients’ facilitator, organizer, planner, teacher, guide, teammate and partner,” says Leslie Frair MSN, RN, CPIPS, CPHQ-BC, Director of Quality Management, who led a multidisciplinary discharge planning task force that was instrumental in developing the model.

The task force identified several main factors contributing to readmission: inadequate support at home, premature discharge, medication errors, lack of primary care follow-up, limited coordination of care and lack of ongoing relationships. After a literature review revealed that no single intervention used alone was successful in breaking down those barriers, MacNeal created the Nurse Transition Coach model.

This high-touch model employs a unique high-tech tool – a digital risk stratification tool that analyzes social and medical factors to identify patients most at risk for readmission and prioritizes them according to that risk.

The Transition Coach is the patients’ facilitator, organizer, planner, teacher, guide, teammate and partner.”

Leslie Frair MSN, RN, CPIPS, CPHQ-BC, Director of Quality Management (left) and Leslie Becker BS, RN, CRNI
Before discharge, the nurse schedules a follow-up appointment with the patient’s primary care physician and a home care nurse visit. For patients lacking transportation to appointments, the hospital’s shuttle van will pick them up and bring them home for a nominal fee. To date, hundreds of people have benefited from the van service.

After discharge, the nurse transition coach continues to phone the patient to monitor doctor’s appointments, medications, signs and symptoms; and communication between the transition coach, home health nurse, primary care physician and pharmacist is ongoing.

Based on the success of the Nurse Transition Coach model, CNO Kathy Benjamin and Donna Sienerza McNally MD, RN, Executive Director, Home Health Care, were invited to make a podium presentation at the annual Magnet conference this year.

“The work led by our nurse transition coaches resulted in reducing MacNeal’s congestive heart failure readmissions from 17% to 8%, with a cost savings of $30,000,” says Benjamin.

“Our nurses are keeping patients safe and healthy by closely communicating and coordinating care across the continuum and intervening when necessary.”

### Shuttle Transport Usage by Patients for Follow-Up Appointments

**Number of Patients Transported**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Bedside Prescription Deliveries

**Number of Prescriptions**

<table>
<thead>
<tr>
<th>2009-2010 (pre-data)</th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
<th>2013-current</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Shuttle Transport Usage by Patients for Follow-Up Appointments

**Number of Patients Transported**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Bedside Prescription Deliveries

**Number of Prescriptions**

<table>
<thead>
<tr>
<th>2009-2010 (pre-data)</th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
<th>2013-current</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Shuttle Transport Usage by Patients for Follow-Up Appointments

**Number of Patients Transported**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Bedside Prescription Deliveries

**Number of Prescriptions**

<table>
<thead>
<tr>
<th>2009-2010 (pre-data)</th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
<th>2013-current</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Before discharge, the nurse schedules a follow-up appointment with the patient’s primary care physician and a home care nurse visit. For patients lacking transportation to appointments, the hospital’s shuttle van will pick them up and bring them home for a nominal fee. To date, hundreds of people have benefited from the van service.

After discharge, the nurse transition coach continues to phone the patient to monitor doctor’s appointments, medications, signs and symptoms; and communication between the transition coach, home health nurse, primary care physician and pharmacist is ongoing.

Based on the success of the Nurse Transition Coach model, CNO Kathy Benjamin and Donna Sienerza McNally MD, RN, Executive Director, Home Health Care, were invited to make a podium presentation at the annual Magnet conference this year.

“The work led by our nurse transition coaches resulted in reducing MacNeal’s congestive heart failure readmissions from 17% to 8%, with a cost savings of $30,000,” says Benjamin.

“Our nurses are keeping patients safe and healthy by closely communicating and coordinating care across the continuum and intervening when necessary.”

### Shuttle Transport Usage by Patients for Follow-Up Appointments

**Number of Patients Transported**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Bedside Prescription Deliveries

**Number of Prescriptions**

<table>
<thead>
<tr>
<th>2009-2010 (pre-data)</th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
<th>2013-current</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Shuttle Transport Usage by Patients for Follow-Up Appointments

**Number of Patients Transported**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Bedside Prescription Deliveries

**Number of Prescriptions**

<table>
<thead>
<tr>
<th>2009-2010 (pre-data)</th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
<th>2013-current</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Before discharge, the nurse schedules a follow-up appointment with the patient’s primary care physician and a home care nurse visit. For patients lacking transportation to appointments, the hospital’s shuttle van will pick them up and bring them home for a nominal fee. To date, hundreds of people have benefited from the van service.

After discharge, the nurse transition coach continues to phone the patient to monitor doctor’s appointments, medications, signs and symptoms; and communication between the transition coach, home health nurse, primary care physician and pharmacist is ongoing.

Based on the success of the Nurse Transition Coach model, CNO Kathy Benjamin and Donna Sienerza McNally MD, RN, Executive Director, Home Health Care, were invited to make a podium presentation at the annual Magnet conference this year.

“The work led by our nurse transition coaches resulted in reducing MacNeal’s congestive heart failure readmissions from 17% to 8%, with a cost savings of $30,000,” says Benjamin.

“Our nurses are keeping patients safe and healthy by closely communicating and coordinating care across the continuum and intervening when necessary.”

### Shuttle Transport Usage by Patients for Follow-Up Appointments

**Number of Patients Transported**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Bedside Prescription Deliveries

**Number of Prescriptions**

<table>
<thead>
<tr>
<th>2009-2010 (pre-data)</th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
<th>2013-current</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Shuttle Transport Usage by Patients for Follow-Up Appointments

**Number of Patients Transported**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Bedside Prescription Deliveries

**Number of Prescriptions**

<table>
<thead>
<tr>
<th>2009-2010 (pre-data)</th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
<th>2013-current</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Our Team Makes All the Difference.