Message from CEO

Thanks to the hard work of the talented members of our nursing staff, in 2018 we achieved many accomplishments. This demonstrates the high degree of nursing excellence at MacNeal Hospital. The accomplishments of our nurses exemplify our organizational values of reverence, commitment to those who are poor, justice, stewardship and integrity. In this report, you will find out how MacNeal nurses are collaborating across the organization, within the Chicago ministry and with the nationwide Trinity system to improve care for the patients and communities we serve. Learn about our redesigned shared governance model that allows more clinical nurses a seat at the table to make decisions that affect nursing care. The MacNeal nursing commitment continues to promote our mission by changing needs of patients and populations into continuous performance improvement that reaches those we care for. I look forward to continuing our journey to provide hope, care and compassion to all patients.

With great respect and appreciation,

M. E. Cleary, President and CEO

We also treat the human spirit.
Message from CNO

Dear Colleagues,

I am delighted to present the 2018 Annual Nursing Report for MacNeal Hospital. It truly was a year of special significance as we transitioned from the for-profit environment of healthcare for over 18 years to a mature, faith-based, not-for-profit healthcare system - Loyola University Health System a part of the national Trinity Health system.

Integration activities filled much of our time beginning with our celebration of becoming a Catholic Hospital. The event was beautiful with many of our staff present to witness this historical moment. Then began the work of preparing to transition from our current electronic health record to the world of EPIC. Exciting and a welcome change, but also much work behind the scenes to prepare for go-live in the summer of 2019. Nursing staff was instrumental in the planning and allocation of capital dollars budgeted for this year. Renovation of 42S was a high priority, along with equipment for our C-Section rooms, the OR, and Critical Care. Developing an evidence-based nursing acuity system had high importance as well. This will be achieved through the EPIC transition – patient acuity being driven through nursing documentation. Additionally, an online scheduling system (Kronos Scheduler) was implemented with an upgrade coming in early 2019. This advocates for nursing autonomy around their work schedules while ensuring stronger staffing plans. Lastly, the importance of MacNeal’s Magnet journey continued to penetrate the environment with emphasis on validating excellence in nursing practice and the patient care outcomes nurses have achieved. Final Magnet documents will be submitted in less than a year…October 2019! These were just a few of the exciting journey’s explored in 2018.

This has truly been a year of transformation for MacNeal Hospital! Change is of course never simple nor easy. During my first year, it has been such an honor to witness firsthand the hard work, commitment, passion, and resilience our nursing staff demonstrated during a time of significant change. Never once questioning that our purpose is our patients. Next year celebrates 100 years of supporting a mission of caring for this community. What an amazing milestone this will be for MacNeal Hospital! Please enjoy our Nursing Annual report for 2018.

Kathleen Mikos,  DNP, RN, NEA-BC
Chief Nursing Officer
We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Core Values

- Reverence
- Commitment to Those Who Are Poor
- Justice
- Stewardship
- Integrity
The Magis Standard of Loyola Medicine

The Latin word, magis, means “more.” Our Magis Standard invites us to do more by living the values of:

CARE

CONCERN

COOPERATION

RESPECT
Accreditations and Credentials

Accreditations & Credentials
• All Services (Accredited by The Joint Commission)
• Full cycle V Chest Pain Center with PCI (Accredited by the Society of Cardiovascular Patient Care)
• Cancer Center (Accredited by the American College of Surgeons commission on Caner) Diagnostic Cardiology (Accredited by the Intersocietal Accreditation Commission in Echocardiography in the areas of Adult Transesophageal, Adult Stress & Adult Transthoracic)
• Breast Imaging Center of Excellence (American College of Radiology)

Certifications
• Primary Stroke Center (Certified by TJC)
• Level II Trauma Center (Certified by IDPH)
• Cardiac Rehabilitation Program (Certified by the AACVRR)

IBM Watson Health
• Top 50 Cardiovascular – 2018

Truven Health Analytics
• Top 50 Cardiovascular – 2016
• Top 50 Cardiovascular – 2015
• Top 50 Cardiovascular – 2014
In 1892, upon learning of the need for a physician in the then-pioneer community of Berwyn, IL Dr. MacNeal, a native of Michigan, came to Berwyn to establish his medical practice after graduating. Dr. MacNeal was a horse and buggy doctor in those days and visited patients in their home and in his office. In 1916, with surgeon Dr. Virgil Stephens as his partner, Dr. MacNeal opened an out-patient clinic in his Oak Park Avenue house after a local sanitarium was leveled by a fire. Steps towards organizing a hospital came on October 3, 1919 when three people signed a document that allowed them to form hospital. The articles of incorporation that they signed on that momentous day allowed the institution to carry on the practice of medicine and surgery, to own and maintain a hospital, to maintain a nurses’ training school, and to develop laboratories for research work.
MacNeal Hospital

374
Licensed beds

14,052
Discharges in FY18

64,211
ED visits in FY18

Services include

- Emergency Services
  - Chest Pain Center
  - EDAP
  - Primary Stroke Center
  - Level II Trauma Center
- Adult Critical Care
- Neurosurgery (24/7)
- Cardiovascular Surgery
- Telemetry & Medical Surgical Units
- Obstetrics & Level II Nursery

- Bariatric and Weight Loss Center
- MRI, CT, Lab Services (24/7)
- Bariatrics
- Cancer Care
- Heart & Vascular Care
- Rehabilitation Services
  - Inpatient Rehabilitation Facility
  - Skilled Nursing Facility
  - Comprehensive Outpatient Services

- Behavioral Health
- Hospice Unit
- Home Care
- Ambulatory Care Centers:
  - Immediate Care Services
  - Family Medicine
  - Internal Medicine
  - Pain Management
  - Wound Care
  - Imaging
  - Occupational Health
MacNeal Service Area
## Community Demographics

<table>
<thead>
<tr>
<th>Ethnicity/Race</th>
<th>Primary Service Areas</th>
<th>Non-Primary Service Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>5.5%</td>
<td>21.8%</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Asian/Oriental</td>
<td>0.4%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>56.2%</td>
<td>28.1%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other</td>
<td>1.3%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Refused</td>
<td>1.2%</td>
<td>3.5%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>35.2%</td>
<td>39.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Primary Service Areas</th>
<th>Non-Primary Service Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>20.1%</td>
<td>17.7%</td>
</tr>
<tr>
<td>35-54</td>
<td>29.5%</td>
<td>32.8%</td>
</tr>
<tr>
<td>≥ 55</td>
<td>50.4%</td>
<td>49.5%</td>
</tr>
</tbody>
</table>
Recognized for Excellence
MacNeal Hospital Nursing Overview

- 79% BSN
- 28% Specialty Certified Nurses
- Clinical Advancement Program
- Professional Development Activities
- Onsite Certification Reviews
- Multidisciplinary Committees
- Commitment to Shared Governance
  - Clinical Practice Council
  - Professional Nurse Practice Council
  - Coordinating Council
  - Practitioner Educator Committee
Patient Centered Care

- EMS Collaboration
- Registration
- Quality
- Administration
- Palliative Care
- Case Management & Social Work
- Food and Nutrition
- Rehabilitation Services
- Stroke Unit
- ICU
- Physicians & Residents
- Neurology / Telestroke
- Pharmacy
- Laboratory
- Radiology
- Pastoral Care

MacNeal Hospital
Shared Governance

Evidence Based Redesign of Nursing Shared Governance

Redesign of shared Governance from 14 Councils to 2:
Clinical Nurse Practice Council (CNP) and Professional Nurse Practice Council (PNP)

Clinical Practice Council
- ANA Standards of Practice
- Evidence based Practice
- Magnet Standards
- Quality
- Innovation
- Policy

Professional Nurse Practice Council
- ANA Standards of Performance
- Education
- Magnet
- Recruitment and Retention
- Innovation
- RN to RN Interaction

Nursing and Interprofessionals Coordinating Council
- Policy
- Guidelines
- Procedures
- Consensus
- Collaboration
- Coordination

Falls Council
Shared Governance Structure

- **Shared governance (SG) functions** at the hospital-wide and unit levels. Practitioner Educators (PE) are Master prepared nurses who maintain oversight over each of two subdivisions of shared governance.

- One subdivision is the Clinical Practice Council (CPC) of SG, which has accountability to the knowledge, skill, and attitude correlated to the ANA Standards of Practice for nurses.

- The analogous Professional Nurse Practice (PNP) Council has accountability to the knowledge, skill and attitude correlated with the ANA Standards of Performance.

- **SG functions** as a communication conduit to provide qualitative data on new graduate integration into the hospital culture and practice. The council is an accessible opportunity for new graduate leadership development. Coordination and communication of new graduate proceedings is intermittently organized through the council. New graduates outcomes are reported through this structure.
Nursing Practice Councils

Clinical Practice Council (CPC)

Professional Nursing Practice Council (PNP)
Patient Care Quality Data: National Database of Nursing Quality Indicators (NDNQI) MacNeal Hospital Trends
Nursing Quality Indicator: RN Satisfaction Survey

NDNQI RN Survey Results on Autonomy

<table>
<thead>
<tr>
<th>Year</th>
<th>MacNeal Value</th>
<th>Magnet Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>4.2</td>
<td>4.29</td>
</tr>
<tr>
<td>2015</td>
<td>4.28</td>
<td>4.35</td>
</tr>
<tr>
<td>2016</td>
<td>4.48</td>
<td>4.43</td>
</tr>
<tr>
<td>2017</td>
<td>4.54</td>
<td>4.45</td>
</tr>
<tr>
<td>2018</td>
<td>4.75</td>
<td>4.46</td>
</tr>
</tbody>
</table>
Nursing Quality Indicator: Central Line Blood Stream Infections

Measure: Central Line Associated Blood Stream Infections per 1000 Central Line Days
Nursing Quality Indicator: Urinary Tract Infections

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days

Graph showing the trend of catheter-associated urinary tract infections from 2016 Q4 to 2018 Q3.
Nursing Quality Indicator: Patient Falls with Injury

Measure: Injury Falls Per 1,000 Patient Days
MacNeal’s Magnet Journey

2018 NDNQI RN Survey
% of Nursing Units Exceeding Magnet Median

<table>
<thead>
<tr>
<th>Category</th>
<th>% Exceeding Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing</td>
<td>55%</td>
</tr>
<tr>
<td>Quality</td>
<td>59%</td>
</tr>
<tr>
<td>Autonomy</td>
<td>70%</td>
</tr>
<tr>
<td>Nursing Admin</td>
<td>66%</td>
</tr>
<tr>
<td>Professional</td>
<td>70%</td>
</tr>
<tr>
<td>Development</td>
<td>70%</td>
</tr>
<tr>
<td>Opportunity</td>
<td></td>
</tr>
<tr>
<td>Interprofessional</td>
<td></td>
</tr>
</tbody>
</table>
## Dedication to Nursing Excellence

<table>
<thead>
<tr>
<th>STROKE Performance Measures</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DVT Prophylaxis Day of or Day After</td>
<td>100%</td>
</tr>
<tr>
<td>Discharged on Antithrombotic</td>
<td>100%</td>
</tr>
<tr>
<td>Afib/Flutter Receiving Anticoagulation on Discharge</td>
<td>100%</td>
</tr>
<tr>
<td>Thrombolytics</td>
<td>100%</td>
</tr>
<tr>
<td>Antithrombotic by Day 2</td>
<td>98%</td>
</tr>
<tr>
<td>Discharged on Statin Medications</td>
<td>100%</td>
</tr>
<tr>
<td>Patient Education</td>
<td>99%</td>
</tr>
<tr>
<td>Rehabilitation Assessment</td>
<td>100%</td>
</tr>
</tbody>
</table>
Improvement Initiatives

2018 Hand Hygiene Compliance

Percent

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

60%  65%  70%  75%  80%  85%  90%
Nurse Leader Rounding

Patients who answered “Yes” to the question ‘Did a Nurse Leader visit you during your stay?’ answered more favorably across every domain compared to those who answered “No”.

Data source: PG HCAHPS Survey based on monthly discharges: March 2019 with 45 day lag, report date 5/15/2019
Community Education
and Involvement

Heritage Middle School Health Fair
Stroke Awareness Month:
table toppers in cafeteria, weekly emails:
Annual MacNeal Stroke Awareness Fair
Know Your Numbers! Annual MacNeal Health Fair
FAST card distribution to METRO commuters
Mater Christi Church Woman’s Guild
World Stroke Day: email
Stroke Support Group
AHA Heart Walk
Nursing Recognition

Don't worry when you are not recognized, but strive to be worthy of recognition

Abraham Lincoln
Nursing Excellence Awards – 2018

MacNeal’s Annual Nursing Excellence Awards recognize outstanding nurses who have contributed to the advancement of professional nursing practice. Nurses are nominated and selected by their colleagues.

<table>
<thead>
<tr>
<th>2018 NURSE EXCELLENCE AWARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and Evidence –Based Practice</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Preceptor and Mentoring</td>
</tr>
<tr>
<td>Customer Service</td>
</tr>
<tr>
<td>Leadership</td>
</tr>
<tr>
<td>Clinical Practice</td>
</tr>
<tr>
<td>Community Service</td>
</tr>
</tbody>
</table>
The DAISY Award

The DAISY Award foundation, established by the Barnes family in memory of their son Patrick, recognizes nurses for their outstanding and compassionate caring; the unsung hero's who truly make a difference for patients and their families.

Over 100 nurses at MacNeal Hospital were nominated for this award throughout 2018 with 12 Daisy Award recipients:

Kristin Chopp-Maiani  (In Memory of our Colleague)
Leslie Card          Nancy Carrasco
Mary Cunningham      Annette Stewart
Eric Owens           Nicole Petitti
Eileen Comrie        Lauren Newman
Beidy Marchand       Jean Bueno
Manpreet Singh
Nursing Continuous Learning and Quality Improvement
Process Improvement

- Voice Reporting
- Case reviews/feedback
- Unit based shared governance
- Clinical Practice Council
- Falls Committee
- Safety Huddle Daily
- Research Council
- Evidence-Based Practice focus
- Peer review
  - Nursing

ED Team Huddle and Quality Board review
Journal Club

Nursing e.Journal Club

Announcing the Evidence-Based Practice/Research article for October – December 2018


Program Outcome: Participants can successfully review evidence-based practice and research articles, share original thoughts and opinions about the information reviewed and recommend nursing and patient care practice changes to be shared with the appropriate shared governance council(s) with the goal to improve patient outcomes.

To access the Nursing e-Journal Club:
1. Print out this entire document; it includes directions and the article critique form.
2. Select the 'library' link listed in the directions and follow the directions to access the article.
3. After reading the article and critique, select the 'survey monkey' link in the directions and share your individual thoughts and opinions about the article answering each question and complete the evaluation questions.
4. Contact hours will be awarded to those who read the article and critique and post an original thought or opinion to each of the discussion questions and complete the evaluation questions by 12/31/2018.

• Open participation hospital wide to all nurses
• Online independent study - discussion club format – nurses can participate when they have time
• Provides 1.0 Continuing Education
• Evidence based practice format
• Requested topics from staff
• Fulfills a professional education gap

Certificate of Attendance

This certificate is awarded to

NURSING RESEARCH EVIDENCE-BASED PRACTICE e.JOURNAL CLUB: BACK TO BASICS: ADHERENCE WITH GUIDELINES FOR GLUCOSE AND TEMPERATURE CONTROL IN AMERICAN COMPREHENSIVE STROKE CENTER SAMPLE

Has successfully completed
Weekly Multidisciplinary Stroke Rounds

- Inclusive of patient and family
- Facilitates individualized care planning for patients
- Improves family understanding of stroke and rehabilitation
- Increases staff knowledge related to stroke management
- Enhances Intraprofessional communication
I-COUGH Initiative

• I-COUGH is a pulmonary care program that includes early and frequent mobilization, lung exercises, oral hygiene and education to reduce postoperative complications. The acronym I COUGH stands for: Incentive Spirometry; Oral hygiene; Understanding patient education; Getting out of bed/mobilization, Head of bed elevated.

• A nurse-led multidisciplinary team developed a strategy to reduce pulmonary complications based on comprehensive patient and family education and a set of standardized physician orders to specify early postoperative mobilization and pulmonary care in response to National Surgical Quality Improvement Program (NSQIP)
Partnerships in Learning

• In 2018, MacNeal provided clinical experiences for over 500 nursing students from over 20 colleges and universities

• 3 Capstone Students

• 12 MacNeal Nurses are their journey to complete a Masters degree – Clinical Nurse Leader focus
Clinical Advancement Projects

Margaret Konopka, RN:

*Prevention of needle related injuries*

Sue Baker, RN:

*Improvement of Pain Clinic patients’ satisfaction*

Cindy Teleszki, RN:

*Use of lavender to promote healing*

Marilyn Kloc, RN:

*Improving professional CE development opportunities at MacNeal Hospital*

Maria Brutus, RN:

*CLABSI prevention*
Trinity Health System: Clinical Summit

• Trinity Health solicited clinical best practices from 94 hospitals nationally

• MacNeal was selected to present two posters:
  - Achieving Zero CAUTI’s
  - Improving Patient Throughput: A Systems Approach
Bedside Nurse Champion Workgroup Drives Zero CAUTIs for 12 Months

Background
Catheter-Associated Urinary Tract Infections (CAUTIs) are one of the most common healthcare-associated infections, mainly due to the presence of an indwelling urinary catheter in hospitalized patients. The most important risk factor for developing a catheter-associated urinary tract infection (CAUTI) is the prolonged use of the urinary catheter. Therefore, catheters should only be used for appropriate indications and should be removed as soon as they are no longer needed.

MacNeal Hospital is a 334 licensed bed facility with an average daily census of 200. In 2016, MacNeal Hospital reached a total count of 9 CAUTIs providing an overall rate of 1.7%, exceeding its corporate target of 0.4% for the year. Despite having a standard operating policy for urinary devices to include the Centers for Disease Control (CDC) guidelines for appropriate indications, a nurse-driven protocol for early catheter removal, and a catheter maintenance bundle, staff nurses still exhibited poor adherence to these facility-implemented practices.

Objective
The infection prevention team recognized the high variability in the monthly rates for a Nurse-Driver CAUTI Prevention Champion Workgroup in May of 2016, which was strongly supported by senior leadership. The workgroup established an interdisciplinary team of bedside nurses and infection control practitioners that aimed to reduce the overall incidence of CAUTIs facility-wide.

The objective of the workgroup was to identify work practice barriers and gaps in knowledge, provide effective educational platforms, engage and empower bedside nurses as champions in their areas, improve data sharing and feedback to frontline staff, modify practice behaviors and improve adherence to best practices, and strive for zero CAUTIs.

Methods
In May of 2016, the infection prevention team held a focus group with bedside nurses to gain feedback on current performance and knowledge of workplace practice standards. Staff nurses were identified in multiple practice areas. These nurses then hosted the group as a whole to formalize a workgroup to facilitate monthly meetings in an effort to address improvements in the quality of care provided to our patients around Foley use.

Group initiatives included:
- Review and revision of Urinary Device policy
- 2 person Foley insertion
- Daily review of catheter necessity during morning huddles and unit rounds
- Product vendor house-wide assessment on utilization, inserion techniques (return demonstration) and maintenance compliance
- Improved educational platforms
  - Formal didactic/ICU-specific CAUTIs
  - MEeting on findings from vendor house-wide assessment
  - Data sharing at monthly DPIC meetings
  - Nursing Skills Day CAUTI reduction focus
  - Attendance at the Illinois Hospital Association seminar on CAUTI prevention
  - Development of monthly urinary tract infection DataPoints
  - Continuous feedback and sharing at workgroup monthly meetings
- Purchased new kits with step-by-step in tray instructions and Catheter care wipers
- Train the trainer and house-wide training competency on new Foley kits performed by bedside nursing champions

Results
MacNeal Hospital was able to decrease urinary device utilization substantially, and from August 2016 through July 2017, MacNeal Hospital was able to achieve zero CAUTIs facility-wide.

The following two graphs illustrate both the decrease in CAUTIs since 2014 and Urinary Catheter Days and overall 2016. This decrease is due to implementation of multiple interventions listed above, and bedside nurses focusing on CAUTI prevention everyday on every unit, thus resulting in improved patient safety.

Conclusion
Improving nurses' knowledge through engagement in quality improvement initiatives is essential to adherence to best practices, and thus decreasing the risk of CAUTIs. Moreover, implementation of the aforementioned served to both effectively and significantly improve clinician outcomes and sustainability of CAUTI reduction at MacNeal Hospital.
Improving Patient Throughput: An Organizational System Approach

Background

Americans choose to be seen in Emergency Departments (ED) for a variety of reasons: accessibility, perceived time savings, and 24-hour availability for care. In 2015, the U.S. Government Accounting Office report concluded that poor management of inpatient capacity and the resulting inability to hospitals to move patients from the ED into inpatient beds was one of the major factors causing ED overcrowding. (Mihaljevic et al., 2014)

Several studies have suggested that holding inpatients in the ED, commonly referred to as “bracing,” negatively impacts quality of care and increases potential for adverse events. (Wilson & Nguyen, 2013)

A recent study specifically examined hospital-level performance on ED wait times and visit length. This study showed that almost one third of ED visit length variability is directly attributed to overall hospital-level factors. So, as hospital occupancy rate, the length of the ED wait times increases. The study concluded that important determinants of hospital variability that impact ED wait length (day LOS) include inpatient occupancy, ED census, ED nurse staffing, ED patient volume, ED patient volume, ED patient volume.

Initiatives

1. ED Side-Stream Registration - Upon arrival, a patient is registered with basic information to kickstart ED treatment. Before you meet the ED nurse, the patient can be started on basic treatment.
2. Rapid Medical Evaluation - quick-based evaluation is performed by a provider who enters the patient’s vital signs and assists in triage findings.
3. Respite beds assigned in the hospital once general needs including adult and Pediatric Sub-acute, ICU, NICU and Observations beds.
4. Use of color coded pneumatic tube carriers to maintain personnel of specific blood work requisitions (resulting in ED waiting time).
5. Collaboration with Surgery Department to achieve appropriate times for test completion and result turn-around times (i.e., X-ray, CT, MRI).
6. Eliminating wait time for patients with high risk for readmission (i.e., patients with 5% or more of total readmission number that are given to ED within 15 minutes of test request).
7. ED fast track is designed to reduce test turnaround time - 85 minutes - due to time to test result (specifically placed on “best case” scenario - always measuring true minor cases with ED)
8. ED (EDC) - bed is identified to “test bed” that can be filled with an emergency patient admission. It is filled with a patient or a patient who can be admitted with an emergency patient admission. It is filled with a patient or a patient who can be admitted.

Results for Pre/Post Interventions

Conclusion

Throughput is a complex process that requires collaboration among the ED, inpatient units, and ancillary services. Leadership support is also necessary to help realize the benefits and challenges. There are many components that can be managed in the ED and hospital-wide to help create a more efficient, timely, and safe process for patient flow. Secondary improvements that can be gained from successful throughput management can include staff satisfaction, financial efficiency, and patient care outcomes.
ED Admissions and Visits

ED Visits

ED Admits
Driving Excellence: Decreasing ED Turnaround Time To Admission (TAT-A)
Emergency Department Patient Satisfaction: Likelihood to Recommend*

Jan 2018-Dec 2018 (*Top Box)