

2021 Year in Review

Spectrum Health Grand Rapids Nursing Annual Report

From the CNO

It is my pleasure to address my nursing colleagues in our 2021 Grand Rapids Nursing Annual Report.

I love to talk and yet I am at a loss as to how to best speak to what the last two years have meant to all of us. I will start with a simple but sincere thank you. Thank you for coming back day after day to do what you do best, take care of patients. Circumstances were far from ideal with record breaking volumes and acuity, almost constant staffing needs, and so many unknowns. And yet, you continued to provide excellent care as demonstrated by our strong quality outcomes and comments of appreciation from so many patients and families.

As we consider the impact of living and working through a pandemic, I find myself reflecting on the positives as well as the challenges. I have always believed that things happen for a reason, even the most difficult of things, and that good things come even from tragedy. While we've witnessed many conflicts and frustrations, we have also witnessed compassion, collaboration, clarity, curiosity, and courage.

Compassion was demonstrated every single day. Caring for patients in the middle of this crisis, communicating to families who could not be with their loved ones, sitting with patients in their last moments so that no one died alone, supporting exhausting colleagues.

Collaboration was imperative during this time. We had to work together in ways we never have in the past. We floated, "modded", upskilled, and created PPE coaches. We created interdisciplinary teams for huddles, camps, and workgroups to quickly make decisions and recommendations.

Clarity was a given. We were here to fight this virus and not much else mattered.

Curiosity was inevitable. We are scientists and so of course we were committed to following the science and doing our best to control this virus and its impact.

Courage was imperative and perhaps the most important of all. What drove you to return to work when PPE was limited, transmission was not quite understood, staffing was tight, and patients were dying in unprecedented numbers? I expect the answer is different for everyone, but courage underlays every reason.

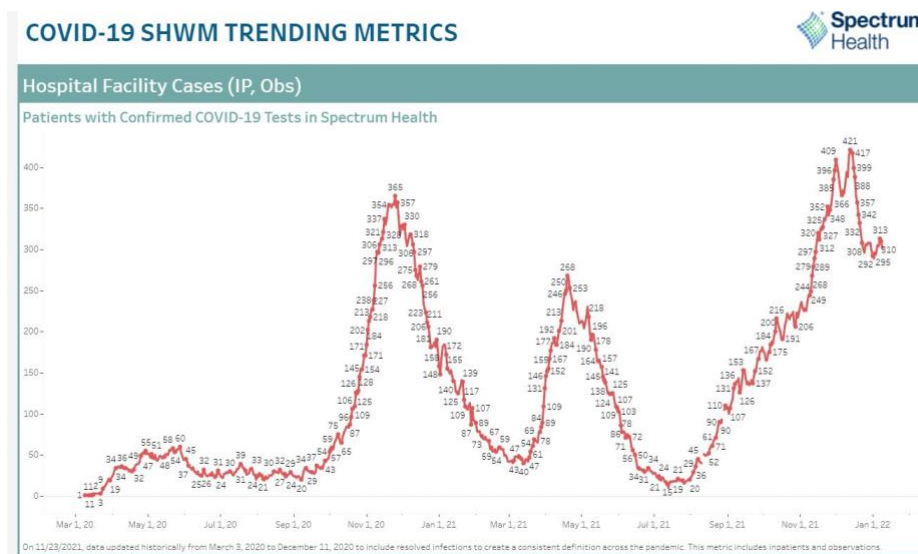
Working and serving with you during the COVID-19 pandemic has been one of the highest honors of my life. Thank you for your commitment, your kindness, and your perseverance. I look forward to a healthy, brighter future in 2022 and beyond.

Shari Schwanzl, MBA, BSN, RN

Surging through the Pandemic

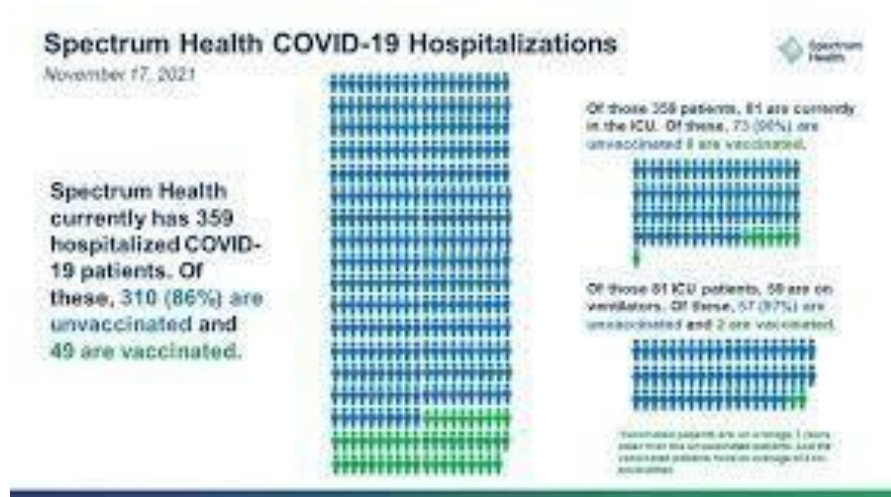
As we started 2021 full of hope with the arrival of the COVID-19 vaccines, few of us could have predicted the circumstances in which we would end the year. Yet, with the arrival of the Delta and Omicron variants, we found ourselves in what would be our worst surge to date of the COVID-19 pandemic.

Topping out at over 420 COVID-19 cases across our SHWM hospitals in December of 2021, our teams were called to stretch and extend in extraordinary ways to create capacity for our community and care for those in need.



Partnering with many other departments such as facilities and governmental affairs, many of our nurse leaders worked tirelessly to create or convert additional beds for inpatient use across the Spectrum Health Grand Rapids hospitals. At Blodgett, medical-surgical beds such as 1G were converted to intensive care, while other units like Surgical Prep/Recovery and Inpatient Rehab were converted to inpatient care areas. At Butterworth, numerous private rooms were converted into semi-private rooms. Similarly, areas such as 6 Meijer Hear Center and 7 South were converted to full or partial intensive care units. At Helen DeVos Children's Hospital, the 6 Children's area was utilized intermittently for adult patients, while other areas were converted for additional pediatric capacity.

In total, over 271 additional beds were prepared under emergency certificate of need from the State of Michigan. While only a portion of these beds were fully utilized, our nursing and interdisciplinary teams showed remarkable fortitude as we flexed in and out of many of these areas throughout the surge.



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As one might imagine, staffing all these areas was a significant challenge – one that we liked to never repeat. Our Spectrum Health Grand Rapids and Central Staffing Office teams deployed an exhaustive

list of tactics such as extra shifts, incentives, traveler positions, voluntary redeployment, and the implementation of team based clinical and non-clinical support roles.

Perhaps the most uplifting tactic, however, was the arrival of the Department of Defense team members. Upon a State of Michigan supported request for federal resources and a flurry of onboarding activity, our Spectrum Health Grand Rapids teams welcomed 20 clinicians from the Department of Defense (DOD) on December 3, 2021. Arriving at the height of our surge, these clinicians were an instrumental boost to our staffing levels and morale.

For almost two months, the DOD and Spectrum Health Grand Rapids teams worked alongside one another, partnering to bring care to our west Michigan communities. As U.S. Army Col. Suzanne Cobleigh said, “It’s been wonderful. People are friendly, welcoming, have senses of humor, and their humanity is still intact after two years of this pandemic, so it’s been nice. Our team feels very lucky. At Spectrum Health, nurses are valued, residents and interns are treated with respect, and everyone is a real team. Keep those things going and it’ll continue to inspire all of us.” Sharing in these sentiments, we couldn’t have been prouder or more grateful for this honor or service.



West Michigan COVID Vaccine Clinic

The emergence of SARS-CoV-2, the virus that causes COVID-19, in late 2019 led to a global pandemic with dramatic societal impact on individuals and communities. In the United States, the first vaccines to prevent COVID-19 received Food and Drug Administration (FDA) Emergency Use Authorizations (EUA): Pfizer- BioNTech on December 11, 2020 for persons aged 16 years and older, Moderna on December 18, 2020 for adults aged 18 years and older. The distribution of these vaccines was managed at the state level by the Michigan Department of Health and Human Services (MDHHS).



At the time of the initial EUAs, Spectrum Health Grand Rapids (SHGR) and most other Michigan hospitals were experiencing the height the first true COVID-19 surge that began in October 2020. The death toll from COVID-19 at the time exceeded 12,000 persons across the state. As the largest healthcare provider in West Michigan, it was clear with the announcement of the EUA that SHGR had a duty to the community to play a key role in the distribution of COVID-19 vaccinations. Initial Phase 2/3 study results demonstrated efficacy against contraction of the disease and decreased severity requiring hospitalization. Vaccination was hoped to both limit the spread of COVID-19 and decrease the impact of the disease on individuals who develop the illness, preventing hospitalizations.

The impending demand for vaccination was evident. In January 2021, eligibility for vaccination upon EUA approval was limited to healthcare workers and the elderly, and community members were lined up and on waiting lists to receive vaccinations where it was offered. Spectrum Health (SH) realized that the demand for vaccination would far exceed the ability to offer it in the current systems, particularly when eligibility criteria broadened. Thus, in collaboration with the statewide Vaccinate West Michigan collaborative, SH decided to open a large-scale vaccine clinic at DeVos Place in downtown Grand Rapids. This multi-purpose Convention Center features a 162,000-square-foot exhibit hall, 40,000-square-foot ballroom and 26 individual meeting rooms.



Standing up a mass vaccine clinic in 11 days

On January 14, 2021, work began feverishly to set up the clinic at the DeVos Place, later to be named the WMVC. In addition to nursing, the many teams involved in setting up the clinic included Pharmacy, Facilities, Informatics, Business Assurance and Guest Services. Nursing's initial primary focus was clinic set up, clinical operations and RN staffing for the WMVC. A special thanks to Nurse Leaders Sara Vanderploeg, MSN, RN, NE-BC, Jodi Mendez, MSN, RN, NE-BC, Jeff Skinner, MSN, RN, NE-BC, Jennifer Brandt, MHSA, Gretchen Koeman, BSN, RN, CPN, Molly Christians, MS, APRN, AGCNS-BC, PCCN-K, Julie Scholten, MHA, BSN, RN, NE-BC and many many others for their swift work in standing up this clinic.



The first patients were seen on January 25, 2021, with over 700 patients served on this first day. This opening was just 11 days from the first planning meeting and call to action.

The science of staffing



The MDHHS allocated the vaccine doses, with the number of doses allocated to SH to be communicated on Fridays at 3:00 pm. When this number was released, nurse leaders needed to determine the number of staff members required for the clinic based on the number of doses available. Work done for early vaccine distribution at other SH vaccine sites was leveraged to create a staffing plan. Time studies were performed on the 60th Street clinic to determine how long it took to reconstitute and prep single-dose vaccines, register patients and administer the vaccine. These time studies were used to draft a plan for the number of nurses required to staff the WMVC based on available doses. Communication was sent to enlist clinical nurses to staff the initial clinics. On top of staffing, patients needed to be notified of appointment availability and scheduled to receive their vaccine. Another special thanks to all the early volunteers who showed up to meet the staffing needs!

RN roles were created for vaccine prep, vaccine administration, extended care staff, post-vaccine observation, float for breaks, staff call-ins and long lines, patient transport, vaccine transporters, staff training and orientation, and Epic data entry. Lead roles were also created to oversee vaccine prep, vaccine administration and other areas. Non-licensed roles included wayfinding assistance, check-in assistance, scheduling of patients, Virtual Waiting Room attendant, multiple guest service roles, supply runners, supply stockers and many more.

Continuous Quality Improvement and Efficiencies

The priorities following initial set up were to improve efficiency in the process and continue to staff the clinic. Workflow and time study data from observations performed in the WMVC were analyzed to flex and refine the staffing plan. Average vaccine preparation times were compared to the number of doses successfully administered and used to refine the number of staff members required to prep per hour per doses available. Additional staff hours to provide breaks were incorporated. Clinic operating hours built from a four-hour day to a 10 a.m. to 10 p.m. operating schedule. Huge numbers of nurses turned out to staff the clinic. At the same time, SHGR was experiencing a COVID surge and thus a competing demand for inpatient nursing care.





A vaccine clinician role was created, primarily in response to community members, especially retired RNs, who sought ways to participate in the clinic in a meaningful way. Vaccine clinicians were used for work requiring a license, while non-clinical community members logged thousands of hours in other volunteer roles.

The entire layout of the convention center was reconfigured to improve the efficiency of patient flow and reduce the distance required for runners to bring the prepared vaccines from the preparation pods to administration areas.

Notable milestones

In March 2021, the clinic had a one-day volume with 12,532 vaccines administered. This is believed to be the single-day record in the United States.

On April 1, 2021, the clinic reached a milestone of over 100,000 doses administered. A celebration included cupcakes and 100 Grand candy bars.

The 200,000-dose milestone was reached the same day that Governor Whitmer got her second COVID-19 vaccination dose at the WMVC.



Clinical Operations

Vaccine flow required special cold storage and transport to the site. Once at DeVos Place, an RN or pharmacist needed to prepare the injection, which involved specific reconstitution and single- dose preparation procedures. COVID vaccines expired six hours after reconstitution, adding a further consideration in scheduling patients and preparing the vaccine. Once prepared, the vaccine doses would be checked by a pharmacist and transported by runners to administration areas.

Patient flow through the clinic had multiple facets. The first was patient scheduling, which was managed by the Guest Services department. Patients registered to receive the vaccine through the SH MyHealth online portal and were notified of available appointments based on the weekly allotment of vaccine. Once patients arrived at DeVos Place, they were to wait in their cars in the parking structure to promote social distancing. Patients were to send a text message to a Virtual Waiting Room that they arrived; the Virtual Waiting Room attendant would monitor these messages and check patients in. When it was time for their appointment, the attendant would text the patient to enter the building. All patients the patient to enter the building. All patients and incoming staff members had to have their temperatures checked, sanitize their hands and don a mask before entering the building.



Patients were guided through the convention center to register, receive their vaccine and remain in observation for 20 minutes after vaccination in case of an emergency. An extended care area was created for patients with ambulatory limitations, medical issues such as vaccine reaction and other considerations. An emergency response plan was created in case of a vaccine reaction or other emergency, and three EMS teams were to be stationed throughout the convention center.

Ambulatory RNs created a COVID-19 Vaccine Clinic education program and standard work. These modules were loaded into Workday, and all clinical staff members were required to complete them before working at the clinic. A layer of regulatory and policy requirements also needed to be addressed. Policies and protocols were created to ensure that the WMVC was an approved vaccine site and ensure compliance with MDHHS, the Michigan Care Improvement Registry (MCIR) immunization database and regulatory considerations related to the EUA. This included fulfilling reporting requirements and updating patient information sheets when guidelines changed under the EUA.

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Collaborations and partnerships

Collaborations and partnerships

Interprofessional team members from across the organization, including Pharmacy, Guest Services, Business Assurance and others, worked to operate the clinic, streamline clinical operations and improve efficiency. Leaders from various departments and RNs who frequented the clinic served as leads for the various roles. Multiple collaborations were undertaken to address clinical operations and meet staffing needs. Mercy Health provided clinical staff members. Area schools of nursing including Grand Valley State University, Calvin College, Hope College and Grand Rapids Community College partnered with SHGR. Nursing students volunteered at the clinic with instructor oversight for repurposed clinical hours and service-learning hours. Pharmacy leadership students assisted with vaccine prep. The Integrated Disability Management (IDM) department deployed staff members who were on work restrictions to the clinic. Visiting Nurses Association offered a pool of retired SH RNs who work seasonally in the fall to administer flu shots. Physician offices and community health offered nurses, advanced practice providers and physicians. Support was coordinated for community-based vaccine clinics to reach patients who could not travel to DeVos Place.

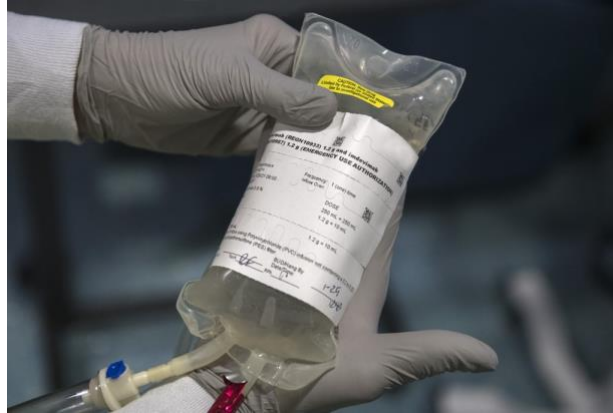


Meeting the goal

In May 2021, the organization began to see a decrease in COVID hospitalizations and a concurrent decreased in patient demand for vaccinations. The last patient was seen at the WMVC on May 21, 2021. Over 230,000 vaccines were administered in what was one of the largest vaccine clinics in the country. Over 2,000 SH employees contributed to the clinic. SH RNs contributed over 18,000 clinical hours staffing the clinic to meet the organization's strategic priorities to support the health of the community and respond to the call to nursing to help move the community through the COVID-19 pandemic.



Monoclonal Antibody Clinic



By November 1, 2020, a total of 46 million COVID-19 cases worldwide and 9 million cases in the U.S. were diagnosed. The acceleration of cases in fall 2020 placed further pressure on the medical and research fields to identify efficacious treatments. In response, in November 2020, the FDA granted an Emergency Use Authorization (EUA) for two different monoclonal antibodies (MAB) therapies to be used in outpatient settings for patients with mild-to-moderate COVID-19 infection at risk for progression to severe disease. An EUA allows new and unapproved diagnostics and therapeutics to be used in controlled settings based on the belief that their known and potential benefits outweigh known and potential risks. Both EUAs were based on research data showing that MAB therapies, if given early in the course of the disease, can prevent disease progression and decrease morbidity, hospitalization rate and mortality.

At that time, Michigan was experiencing the second surge of COVID-19. Spectrum Health (SH) was experiencing increased patient volumes in emergency departments and inpatient units, and Intensive Care Units (ICU) were expanding to non-ICU floors of the hospital. In effort to decrease the disease burden of COVID-19 in the community and decrease hospital and ED utilization, SH opened a Monoclonal Antibody (MAB) Infusion Clinic to offer COVID-19 treatment under an EUA.

Spectrum Health mobilized to offer MAB treatment (Eli Lilly's Bamlanivimab and Regeneron's Casirivimab and Imdevimab) to high-risk COVID-19 patients under the EUA issued in November 2020. The MAB initiative began as a 4-chair temporary clinic and evolved to become an integrated team known as Spectrum Health Community Response. The primary objective was to decrease COVID-19 related morbidity and mortality as well as reduce ED visits and hospital admissions. Immediately following the announcement of COVID-19 treatment options under EUA in November 2020, a team was assembled to operationalize a COVID infusion clinic. It was determined



that there was optimal space in a covered parking garage located at Helen DeVos Children's Hospital (HDVCH). The initial clinic space was a temporary site that had separate access for COVID-19 patients which enhanced patient and staff safety. Over the course of ten days, the MAB Infusion Clinic workgroup met daily to discuss clinical and operational logistics, and on December 8, 2020, the MAB infusion clinic opened. A permanent MAB clinic opened on February 10, 2021 at Blodgett Hospital with 10 infusion chairs and the capacity to treat 20 patients per day.

Expanded access to therapy was realized by increasing clinic capacity, extending work hours and days, and opening a second clinic space in Blodgett hospital. In May 2021, the FDA updated the EUA to include patients who were COVID-positive but were admitted to the hospital for non- COVID-related reasons. A comprehensive approach to care was created to partner the MAB clinic team with inpatient nurses and providers to provide MAB infusions. To improve access, SH ED teams were willing to participate and offer treatment to eligible patients despite logistical challenges in the ED setting. Patients seeking emergent care in the ED for COVID-19-related symptoms who did not require hospitalization were great candidates to receive prompt MAB treatment if they met EUA eligibility criteria. This approach would expedite care for high-risk patients which was critical.



Community access

In May 2021, a partnership with a Tandem365, a community paramedic team, was developed to support in-home treatment for patients who experience transportation barriers, childcare constraints, or other challenges with coming to the clinic for treatments. The COVID-19 virus is particularly threatening for chronically ill patients residing in nursing homes due to the infectiousness of the virus. Analysis suggested that treating patients at nursing homes would be more efficient and cost-effective than transporting them to the clinic. In February 2021, a pathway was created to treat patients at their residency places. Finally, in October 2021, a Community Response Mobile Unit was launched. This fully functioning infusion unit was renovated to meet the needs of COVID-19 patients seeking MAB treatment. The mobile unit is positioned where there is increased COVID-19 positivity and an elevated social vulnerability index. The Community Response



Mobile Unit offers MAB treatment, COVID-19 testing for select patients, and allows patients to access care in their community, close to their home.

The provision of MAB during the COVID-19 crisis aligns with the Mission of SH to Improve Health, Inspire Hope, and Save Lives. MAB treatment has been shown to improve health by preventing COVID-19 disease progression, decreasing hospitalization, and decreasing risk of death. During the first year of the MAB clinic and treatment program, 7,512 patients were treated across the organization and community. This includes 5,568 in the infusion clinic, 1,117 in the ED, 585 in the mobile unit, 137 inpatients, 82 in observation and 22 in the home. Of the patients treated, only seven percent sought care the ED within 14 days of treatment, and only three percent required hospitalization. The rate of mortality was 0.1%. Spectrum Health Community Response has positively impacted the community by offering lifesaving treatment that may have prevented 375 hospitalizations and may have saved 150 lives. Provision of this therapy inspires hope by breaking transmission of the COVID-19 virus and its impact on health.

emPATH

emPATH unit stands for emergency Psychiatric Assessment, Treatment & Healing unit. This is a hospital-based program that can promptly accept medically appropriate patients in a psychiatric crisis, making ED beds available for other patients presenting with physical ailments and traumas. By providing care in an environment that is designed to meet the unique needs of patients with psychiatric and behavioral health issues, it was hoped by ED Camp leaders that this care delivery model would decrease the length of stay (LOS) for patients in observation status awaiting inpatient psychiatric care placement or being discharged home. Many of these patients spent some time on the ED Observation unit (5W) as well as in the ED proper.



The emPATH unit opened in November 2020 to provide a therapeutic space to meet the needs of ED patients with psychiatric and behavioral health issues. Nurse involvement with the design of the emPATH work environment was critical to creating a safe environment for patients and staff. A special thanks to the 5W nursing staff who moved out of their usual nursing practice environment to care for these patients!

Staff Duress Badges

Violence against our healthcare workers had been increasing for several years; however, the COVID pandemic caused further escalation in our facilities reaching unprecedented levels. As part of our response and recovery efforts to ensure a safe and secure health care environment, SHGR implemented duress badges to 7,500 clinical staff in 84 patient care areas across SHGR. These are devices that are worn under the identification badge with buttons that can be pressed to directly dispatch security to their exact location. We are excited about this technology and support the efforts to improve the safety of our environment.



SHGR Excellence in Nursing Awards 2021

While the 2021 SHGR Excellence in Nursing Awards ceremonies were limited, we are no less proud of our recipients. We especially honor the life and service of Wendy Winger, Nurse Manager. Helen DeVos Children's hospital lost an important member of their team when Wendy Winger died October 9, 2021 after a long battle with cancer. Wendy was part of the HDVCH family for 33 years and was most recently the manager of the Pediatric Critical Care Unit. She was an integral part of the development of the safety culture in HDVCH and especially in the PCCU and was a constant advocate for children.

**In Memoriam: Marti McGrail Award:
HDVCH Nursing Leadership:
Wendy Winger, Nurse Manager**

We all face challenges and problems in our personal life. Wendy has endured more than most. Lately, she has faced her own health issues that have not allowed her to be at work at times. Walking through the PICU, you would have no idea. It operates like a well-oiled machine. As stated by Sheryl Sandberg “leadership is about making others better as a result of your presence and making sure that impact lasts in your absence.” It is clear that Wendy has developed a team that is self- sufficient and strong. She has empowered her team to work independently and effectively with little guidance. She has created strong leaders in her charge nurses and leadership team – which further attributes to the fact that she is a transformational leader.



SHGR Excellence in Nursing Awards 2021

**Jack Family Award: Adult Bedside Nurse:
Jessica Streeter, L&D**



1 Jessica Streeter, RN, C-EFM, L&D

Jessica Streeter, RN, C-EFM is an amazing example of everything a nurse should be and carries out her work with an incredible amount of compassion for her patients, and love of her job. She truly has a gift in

nursing, and it shows in her work daily. Jessica specifically has a special touch in her nursing care for patients and their families who are walking through the labor, delivery, and grief process of stillbirths and neonatal losses. She carries her work with great integrity, grace, and love, and makes her patients feel as if they are family to her. A good majority of nurses tend to shy away from choosing a more difficult or emotionally taxing assignment like a fetal demise or a baby incompatible with life, but Jessica takes on the difficult assignments with a smile and tender touch. She is a beacon of light on the darkest of journeys with her patients.

Cheryl Hoogstrate Award: Peds Bedside Nurse: Colleen Gardner, RN, HDVCH H/O Clinic



Colleen Gardner, RN, HDVCH H/O Clinic

Colleen has been a pediatric oncology nurse for the past 35+ years! She is the constant example of a nurse who displays positivity and compassion. She is always a calm and steady force in a very busy and chaotic clinic environment. Colleen has had many patients comment about how she supports them in their journey and provides joy as she delivers exceptional, personal care! Colleen looks for ways to bring humor and joy in difficult situations. She has a keen ability to “read” a situation and know what to say and when to say it.

Kara Coker: Cara Knapp, Improvement Specialist



Cara Knapp, Improvement Specialist

Cara stands out because she is passionate about her service line and works each day to drive quality and safety in that space. She is truly a quality IMPROVEMENT specialist – she does not believe her job is just to share data and outcomes, but to be an engaged member of the clinical team to actually change process and drive outcomes. Cara is a strong advocate for meaningful use of data and using data to drive care. She provides leadership in the process of sustaining joint replacement certification, a quality improvement program run by the Joint Commission. Everything Cara does, she does with a smile and a positive attitude (and a large cup of coffee.) She is unmatched in her role at Spectrum Health. She is truly THE BEST at what she does.

Steketee Family Award: Adult Nursing Leadership: Jackie Alt, MSN, RN, CBIS, Nurse Educator



Jackie Alt, MSN, RN, CBIS, Nurse Educator

Jackie truly deserves to be recognized for everything that she does to create an exceptional experience for the nursing staff at Blodgett. She gives her all every day without expecting anything in return and exemplifies the core values of compassion, collaboration, curiosity, and courage. She treats everyone with respect, naturally strives to see the good in situations, and is an incredible support to the team around her. Jackie lives out the concepts of people First, getting to know each member of the team as an individual, showing transparency in her actions, and empowering those around her. She is an incredible nursing leader and a true asset to our team.

Rookie of the Year Awards

Ian Felton, RN- 9 Center Med-Surg

Ian started as a nurse on 9 Center in September. Ian has excelled since the day he started. Ian first worked as a nurse tech on the floor. He transitioned to the RN role without any flaws. Ian was able to take on any task during orientation no matter how daunting. Ian was very independent from the beginning but always asking for help when needed.

Ian is the definition of an exemplary new nurse. Ian comes to work every day with a smile on his face and leaves work with the same smile. Ian is such a team player. He is always willing to help whenever he can. Ian goes above and beyond for all his patients and is often recognized in discharge phone calls. Ian deserves this award because when he walks into a patient room, I know that the patient is going to be well taken care of and every need they have will be addressed. Ian's patients are excited when they see him back the next night. He is a well-rounded co-worker and an exceptional nurse."



Ashley Meyers, RN- Blodgett 4G Digestive Disease



Ashley Meyers has been a great addition to the 4G team since she started orientation back in September of 2019. Her calm and compassionate demeanor paired with her excellent clinical knowledge allow her to deal with anxious, complicated patients with ease. She maintains a high level of professionalism, even in the face of adversity and always bring her best self to work. Ashley views each patient in a holistic way and does a great job of building healing relationship with her patients as well as advocating for their needs.

Sarah Kloltz, RN- Blodgett 4H Bariatric Unit

Sarah has been an amazing nurse since she started orientation in August of 2019. She has many wonderful qualities, but her clinical competency, attention to detail, confidence in her nursing practice, and ability to build relationship with those in her care are all exceptional. While many new rad nurses struggle with concepts like time management and prioritization, she has accelerated beyond these hurdles and moved on to become a highly competent and skilled charge nurse on our unit.



Suchleen Singh, RN- Pediatric Intensive Care Unit



One thing that stands out is Suchleen's ability to collaborate with her team members. We had a situation where Suchleen was listening out for another nurse's patient while she was transferring another patient. In that time the patient being monitored needed to be emergently intubated. Suchleen stepped right in, communicated well with our physicians, and had all the medications needed for the emergency procedure and had collaborated with the rest of the team to advocate for her patient. The nurse came back to a calm, collected situation, was given a quick report and the patient was intubated safely. Even more, Suchleen goes out of her way to help her patients with what they need. She has a present when in patient's room that is calming for everyone.

Alyssa Wilson, RN- CTICU

Succeeding in Cardiothoracic Critical Care (CTCC) is not an easy task for any nurse, let alone a new graduate nurse. Not only has Alyssa succeeded in the CTCC but she has excelled farther than we could have imagined. Alyssa took on the grueling course load and demanding schedule required for this unit and went above and beyond to further her learning to ensure she was prepared to take care of the incredibly sick and specialized patients we see. She has a passion for caring for people, not only her patients but her co-workers as well. She is the first to offer to help her neighbors or switch assignments if it is what is best for the unit. I recently witnessed her coaching a new hire and preparing her with the tools that made her successful as a new graduate nurse on CTCC. I have no doubt that Alyssa will continue to excel in our environment and develop into a strong leader.



Nurse Wellness Grants



In February 2021, we were pleased to announce the inaugural recipients of the Spectrum Health West Michigan Nurse Wellness Grants. This program awards 3 grants of \$5,000 each semiannually to fund innovative ideas to improve and promote wellness amongst nurses and clinical staff. Nurses at SHGR who received Nurse Wellness Grants included:

Teresa VandeGuschte, RN; 9 Center | *"Shoe Up for Work"* – an initiative that sponsored 9 Center RNs and staff to be fitted and equipped with good shoes for work.

Sara Depoy, MSN, RN, CAPA and Nellie DeVries, RN; Interventional Radiology, Butterworth Hospital | *"Sunshine & Breeze Breaks"* – a initiative to create an outdoor eating area that will be easily accessible for staff of the Butterworth A Level

Chloe Gersabeck, BSN, RN, Elyse Green, BSN, RN, BC-CCRN, Brittany Stutzman, RN, BC-CCRN, Judy Mendez, RN, Isis Sungahid, BSN, RN, and Zenja Beganovic, RN; Blodgett 1H | *'Belonging Buddies'* – an initiative to sponsor a “buddy system” within the unit to cultivate day shift and night shift relationships.

Rachel Gerke, BSN, RN, BC-CCRN, Laura Oddo, MSN, RN, Jane Albright, BSN, RN, Missy Dorsey, MSN, RN, CCRN-K, NE-BC, Maggie Simons, BSN, RN, BC-CCRN, Tyler Hippey, BSN, RN, BC-CCRN; MHC CTCC | *'Emotional Support Packages'* – an initiative to support and enhance the departments' current practice of delivering a support package to a team member experience a life event.

Daisy Award Winners

The Daisy Award Program continued to recognize the outstanding, compassionate caregivers at SHGR. 2021 Daisy and Bee Award Winners included:



January 2021

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|----------------------------------|--------------------|
| • Samuel Cerniglia, MSN, RN, CNL | Kara Peters, OTR |
| • Ashley Albert, BSN, RN | Kaelobb Decker, NT |

February 2021

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| • Katie Vandermarkt, BSN, RN | Megan Cortez US |
| • Sarah Godinez, RN 7C | Karolyn Porter, US |

March 2021

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| • Bethaney Webster, RN 4S | Erica M. (Ricci) Brummel, US |
| • Katelyn Locklear, RN Obs | Mitchell Carlisle NT |

April 2021

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| • Diana Kalisz (Hall) RN 2/3 C L&D | Cheri Smith, OB Tech |
| • Nikki Knight, RN, 4G | Elena C. Huisman, NT |

May 2021

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| • Ruth Oltz, BSN, RN, CMSRN 4G | Michael Hoekstra, NT |
| • Christina Reaser, RN, 1G | Debbie Worst, US |

June 2021

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| • Taylor Brown, BSN RN ED | Drew Ingraham NT |
| • Hannah Modderman, RN, L&D | Jessica Mix-Gutierrez US |

July 2021

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|------------------------------|-------------------------|
| • Kristin M. Davey, RN 7C | Emma Fyneweever US |
| • Krista L. Peterson, RN L&D | Rachel Bouwkamp OB Tech |

August 2021

- Alyssa Miller, RN BL ED
- Amanda Hollern, RN BL 3D
- Tasha Bourne, LMSW
- Alana Heinz, NT

September 2021

- Carmen deJesus, RN BL ED
- Angelyssa Walker, RN 7C
- Kumar Ramakrishnan, Pharmacist

October 2021

- Taylor (Lane) LaFleur, ADN RN 5C
- Samantha Deppe, RN 2S Ortho
- Jacquelyn Vickery NT
- Sarah M. Bosch NT

November 2021

- Jason Ruddy, RN 6H
- Sabrina Baranski, BSN, RN 6N
- Laura Kaptein, NT

December 2021

- Todd McAlvey RN, BSN, HDVCH PICU
- Jodi Terrell, RN, NICU

Nursing Publications

- Steenland, Caryn; Miller, Kayla; Konwinski, Leah.** Leveraging Single Checks to Improve Patient Safety. Children's Hospital Association. July 2021. www.childrenshospitals.org
- Dorsey, Melissa.** Dual-Role Staffing Solution. American Association of Critical Care Nurses Nurse Story. December 2021. www.aacn.org.
- Dorsey, Melissa and Steenland, Elizabeth.** Dueling Burnout: The Dual Role Nurse. Podium presentation at the 2021 ANCC Magnet Conference in Atlanta, GA.
- Miller, Kayla and Oleniczak, Michelle.** Podium presentation of the Phase Five Orientation for HDVCH PICU at the 2021 ANCC Magnet Conference in Atlanta, GA.

Across the Spectrum: Interprofessional Journal of Clinical Practice and Scholarship

Across the Spectrum: Interprofessional Journal of Clinical Practice and Scholarship was launched with an inaugural edition in 2021. This journal provides an opportunity for clinicians and leaders across our system to share research results, best practices, new technologies and emerging science. In addition to a venue to share work, the journal provides an opportunity for clinicians to experience the process of publication via an internal venue. Submissions are reviewed by an editorial board and peer reviewers and feedback is offered to improve the manuscript. Authors can improve their work for internal publication and are encouraged to submit for external dissemination.



GVSU HRSA Grant

Grand Valley State University, in partnership with Spectrum Health and McLaren Health, were awarded a \$2.2 million HRSA grant proposal aimed to increase nursing workforce diversity in leadership across our respective organizations. With this grant, Spectrum Health has the opportunity to select up to 30 registered nurses from diverse backgrounds to further pursue a Bachelors, Masters, or Doctor of Nursing degree via Grand Valley State University. Student cohorts for Bachelors and Doctoral tracks began in 2021 and will continue over the course of 3 years.

Nursing Quality

Falls with injury, hospital-acquired pressure injury (HAPI) stage 2 and above, catheter- associated urinary tract infection (CAUTI), and central line-associated bloodstream infection (CLABSI) and others are important clinical indicators of care and are included in the application for Magnet designation. SHGR uses the National Database of Nursing Quality Indicators (NDNQI) to provide benchmarks for these nursing quality indicators. Comparison to NDNQI benchmarks are evaluated in the Magnet application for re-designation. Eight of the most recent consecutive quarters of unit-level data should demonstrate outperformance of the NDNQI benchmark. For SHGR's application for re-designation, Q4 2020 is the first quarter of these eight required quarters. The tables below show the number of quarters outperforming NDNQI benchmark for five quarters since Q4 2020. We will continue to work to improve nursing care quality and will report on Q4 2020 through Q3 2021. The goal is for the majority of the units to outperform for each nursing clinical indicator.

SHGR Inpatient Unit Performance NDNQI Unit Benchmarks		Falls with Injury		HAPI Stage 2+		CLABSI		CAUTI	
Unit Name	Qtrs Green	Majority of quarters outperforming	Qtrs Green	Majority of quarters outperforming	Qtrs Green	Majority of quarters outperforming	Qtrs Green	Majority of quarters outperforming	
2S Orthopedics 24089	3/5	✓	2/5	✗	5/5	✓	5/5	✓	
4 MHCE SCCS 24036	4/5	✓	0/5	✗	3/5	✓	3/5	✓	
4 MHCW Neuro ICU 24034	5/5	✓	3/5	✓	4/5	✓	2/5	✗	
4N Ortho Trauma Unit 24090	3/5	✓	4/5	✓	5/5	✓	4/5	✓	
4S Neuroscience 24055	1/5	✗	1/5	✗	5/5	✓	4/5	✓	
4W Med-Surg 24041	3/5	✓	3/5	✓	4/5	✓	4/5	✓	
5 Center Oncology/BMT 24044 *	2/5	✗	3/5	✓	1/5	✗	5/5	✓	
5 MHCE CTICU - 24035	2/5	✗	0/5	✗	2/5	✗	3/5	✓	
5 MHCW MCCC 24037	5/5	✓	2/5	✗	4/5	✓	2/5	✗	
5N Oncology Med/Surg 24086	3/5	✓	4/5	✓	1/5	✗	5/5	✓	
5S Oncology 24087	2/5	✗	2/5	✗	0/5	✗	3/5	✓	
6 MHC Cardiovascular Care 24000	3/5	✓	4/5	✓	5/5	✓	2/5	✗	
6/8 Center Mother Baby 24115	4/5	✓							
6N Heart Failure - 24006*	0/5	✗	2/5	✗	5/5	✓	3/5	✓	
6S Progressive Care 24005	3/5	✓	2/5	✗	1/5	✗	5/5	✓	
7 Center Women's Health 24116	3/5	✓			5/5	✓	4/5	✓	
7 MHC Cardiovascular Progressive 24001	2/5	✗	3/5	✓	5/5	✓	1/5	✗	
7N GI/GU Med-Surg 24021	2/5	✗	3/5	✓	4/5	✓	5/5	✓	
7S Neuroscience 24056*	0/5	✗	1/5	✗	5/5	✓	4/5	✓	
9 Center Med-Surg 24045	1/5	✗	4/5	✓	5/5	✓	5/5	✓	
Butterworth Total	11/20		9/18		14/19		15/19		
1D Acute Care of the Elderly 24002	2/5	✗	3/5	✓	5/5	✓	5/5	✓	
1E Med Surg - 24043	0/5	✗	4/5	✓	5/5	✓	5/5	✓	
1G Moderate Acuity 24099 - 1G*	1/5	✗	2/5	✗	4/5	✓	4/5	✓	
1H Adult Critical Care 24010	4/5	✓	1/5	✗	2/5	✗	5/5	✓	
2D Medical - 24009	0/2	✗	2/2	✓	2/2	✓	2/2	✓	
3D Medical Surgical 24042	1/5	✗	1/5	✗	3/5	✓	5/5	✓	
3E Orthopedic 24088	0/5	✗	4/5	✓	4/5	✓	4/5	✓	
3G Total Joints 24038	4/5	✓	5/5	✓	5/5	✓	5/5	✓	
3H Neuro-spine 24054	2/5	✗	5/5	✓	5/5	✓	4/5	✓	
4ABCD Center Acute Rehab - 24008	2/5	✗	2/5	✗	5/5	✓	2/5	✗	
4E Medical Surgical 24157	2/5	✗	2/5	✗	5/5	✓	5/5	✓	
4G Digestive Disease 24012	3/5	✓	4/5	✓	5/5	✓	4/5	✓	
4H Bariatric/Digestive Disease 24004	3/5	✓	4/5	✓	5/5	✓	5/5	✓	
Blodgett Total	4/13		8/13		12/13		12/13		
3CH Neonatal - 24053	5/5	✓	2/5	✗	2/5	✗			
5CH Med Surg 24092	1/5	✗	5/5	✓	5/5	✓	5/5	✓	
6CH Medical 24093	1/5	✗	5/5	✓	4/5	✓	5/5	✓	
7CH Med Surg 24094	4/5	✓	5/5	✓	5/5	✓	5/5	✓	
8CH PICU 24097 (includes data for PCICU)	4/5	✓	3/5	✓	3/5	✓	3/5	✓	
9CH Med Surg 24095	3/5	✓	5/5	✓	1/5	✗	5/5	✓	
10CH Pediatric Medical 24013 (Unit opened 10/2020)*	3/5	✓	3/5	✓					
HDVCH Total	5/7		5/7		4/6		5/5		
SHGR Total	20/40		22/38		30/38		30/37		
Goal ≥ 21/40		Goal > 20/38		Goal > 20/38		Goal > 19/37			

Inpatient NSIs

SHGR Performance Ambulatory NDNQI Reports	Falls with Injury		Patient Burns per 1,000 Visits/Cases		Surgical Errors per 1,000 Patient	
Unit Name	Qtrs Green	Majority of quarters outperforming	Qtrs Green	Majority of quarters outperforming	Qtrs Green	Majority of quarters outperforming
Adult BMT Clinic 13001	5/5	✓	5/5	✓	5/5	✓
BW - Cath Lab 14065	4/5	✓	5/5	✓	5/5	✓
BW ED 17012	4/5	✓				
BW Endo 38011	5/5	✓	5/5	✓	5/5	✓
BW Interventional Radiology 32068	5/5	✓	5/5	✓	3/5	✓
BW Nephrology 15003	4/5	✓	5/5	✓	5/5	✓
BW Observation Unit 24079	3/5	✓				
BW PACU - 38019	5/5	✓				
BW Surgery/OR 38040			2/5	✗	4/5	✓
BW Surgical Svs Pre/Post 38029	4/5	✓				
Cardiovascular Recovery Unit 24011	5/5	✓				
General Infusion 13017	4/5	✓	5/5	✓	5/5	✓
LHCP Interventional Radiology 32070	5/5	✓	5/5	✓	5/5	✓
LHCP Lymphedema 13019	5/5	✓	5/5	✓	5/5	✓
LHCP Mammography 32102	5/5	✓	5/5	✓	5/5	✓
LI Endo 38012	4/5	✓	5/5	✓	5/5	✓
Meijer Surgery Center 38042			5/5	✓	5/5	✓
MHC Echo/Stress testing 14009	4/5	✓				
MHC Electrophysiology Lab 14051	5/5	✓	5/5	✓	5/5	✓
MHC Prep/Recovery 14042	5/5	✓				
MHC Transplant/Vad Clinic 14081	3/3	✓				
Multispecialty Cancer Clinic 13023	5/5	✓	5/5	✓	5/5	✓
Radiation Oncology 13027	3/5	✓	5/5	✓	4/5	✓
Surgical Center Lake Drive 38000	5/5	✓	4/5	✓	4/5	✓
Surgical Center South Pavilion 38001	4/5	✓	5/5	✓	5/5	✓
BL ED - 17011	4/5	✓				
BL Interventional Radiology 32071	5/5	✓	5/5	✓	3/5	✓
BL Monoclonal Antibody Clinic 24102	3/3	✓				
BL PACU 38020	4/5	✓				
BL Surgery/OR - 38041			4/5	✓	4/5	✓
BL Surgical Svs Pre/Post 38030	4/5	✓				
DV ED 17002	4/5	✓				
DV Hem/Onc Clinic 13015	4/5	✓				
DV PACU 38028	5/5	✓				
DV Peds Outpatient Dialysis 15004	5/5	✓				
DV Sedation 36000	4/5	✓				
DV Surgery Center 38028	5/5	✓				
DV Surgery OR 38031			5/5	✓	5/5	✓
General Pediatrics Clinic 37055	4/5	✓				
	35/35		19/20		20/20	
	Goal ≥ 18/35		Goal ≥ 11/20		Goal ≥ 11/20	

Ambulatory NSIs

Nursing Practice & Development

The Nursing Practice and Development team was extremely busy in 2021 providing onboarding and orientation and educational support for ongoing nursing practice competency as well as new and evolving practices for care of COVID patients. In 2021, the Nursing Practice and Development team:

- Onboarded (includes new hires, internal transfers that were handled by talent acquisition, and ED and SS):
 - 1631 RNs
 - 1010 NTs
- Prepared pediatric nurses to care for adult patients in HDVCH (COVID overflow)
- Prepared non – ICU nurses to care for ICU level patients (expanding geographic footprint)
- Developed and implemented standard work for the Travel RN onboarding process

Surgical Services

- Transitioned Pre/post/PACU EPIC training to the first week of orientation via eLearning instead of having to wait 10 days for in person class
- Implemented "Welcome Meeting w/educators" for all surgical services new hires. This allowed for streamlining of first day information, including initial sterile technique training, and addressing computer access issues
- Streamlined general surgical services onboarding classes-revised content, class modules

WIS

- Approximately 300 OB RNs and providers from across SHWM attended shoulder dystocia simulation in 2021, facilitated by OB Nurse Educators Education support for major go – lives / initiatives
- Implementation of Pyxis MedLink Queue and Waste
- Staff Duress
- New Equipment ~ CADD pumps, ECG machines, cardiac monitors
- New Dressing Change Kits Surgical Services
- Regional alignment of Crash Carts
- Zeeland Stroke Certification

American Heart Association

- Implementation of the 2020 AHA Guidelines for ACLS and PALS (new books, new

guidelines, new pre-course work and processes, new teaching standards, etc.).

- Implemented HeartCode for PALS renewals across the system which shortened the renewal class time from 8 hours to 4 or less. And we now offer PALS classes at all of our regional sites. Pennock will be our final location to get up and running this June.
- Reduced Initial Provider ACLS course time from 1.5 days to 1 day.

Addition of Nurse Technician classes held weekly to accommodate increased numbers of new hires. The collaboration with partners at 945 Ottawa, Miles (securing equipment and all other things), and educators supplying additional teaching hours to support this initiative to make this happen. We can now accommodate 96 NT hires monthly (pre – Nexus was 24 monthly, post Nexus was 48, now temporarily running 96)

Standardized the NT Foundational OVT including detailed orientation validation tools for specific units/patient populations.

Policies / Protocols developed and supported:

- COVID-19 Pandemic Interim Policy Updates (Reference #: 24768)
- COVID-19 Pandemic Interim Personal Protective Equipment (PPE) Policy Updates (Reference #: 24793)
- COVID-19 Testing Protocol (Reference #: 24776)
- COVID-19 Regional Testing Protocol (Reference #: 28164)
- COVID-19 Immunization Storage, Handling, Use (Reference #: 25016)
- COVID-19 Immunization Protocol (Reference #: 25804)
- Nursing Standards in the Event of a Disaster (Reference #: 24739)
- Prone Positioning (Adult) (Reference #: 24737)

