NorthBay Healthcare

2020 Nursing and Patient Care Services Annual Report
A LETTER FROM
TRACI DUNCAN
Vice President
Chief Nursing Officer

Dear Colleagues,

As your Vice President and Chief Nursing Officer, I am pleased to present the 2020 Nursing and Patient Care Services Annual Report. The year 2020 was named by the World Health Organization as the International Year of the Nurse and Midwife. It also marked the 200th birthday of our founder, Florence Nightingale. There was no way to predict that healthcare in 2020 would mirror Florence’s experience in the Crimean War (1853).

Resilience of all staff is an understatement. True grit, absolutely. The nurses, providers, leaders and support services of NorthBay Healthcare stepped forward in unchartered territory and delivered outstanding care. You will see in this report that we didn’t miss a beat.

“Far and away the best prize that life has to offer is the chance to work hard at work worth doing”

~ Theodore Roosevelt
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NorthBay Healthcare Mission, Vision, and Values

**Mission**
Compassionate Care, Advanced Medicine, Close to Home

**Vision**
Compassionate care drives us.
Advanced medicine differentiates us.
Close to home defines us.

**Values**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Caring</td>
<td>Be friendly. Be helpful. Be compassionate. Demonstrate genuine concern for the wellbeing of others. Treat others the way they want to be treated. Affirm the worth and potential of all. Encourage caring behaviors.</td>
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<tr>
<td>Competence</td>
<td>Take personal responsibility for uncompromising levels of service, quality, and safety. Be accountable for problems that cross your path. Do whatever it takes to do the right thing. Manage resources with prudence and responsibility. Encourage innovation and risk-taking in others. Engage in lifelong learning to grow more skilled, professionally and emotionally.</td>
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<tr>
<td>Collaboration</td>
<td>Honor promises and commitments. Work in a spirit of cooperation. Establish and maintain healthy interpersonal relationships. Appreciate and use the knowledge and experience of others. Fully support decisions once they are made. Be fair, be equitable, and be aware.</td>
</tr>
<tr>
<td>Communication</td>
<td>Be consistent. Earn and maintain the trust of others. Listen first and strive to understand events as they have meaning to others. Provide frequent, direct, and truthful communication. Ensure a clear and compelling purpose for the work that needs to be done. Show appreciation, recognize results, and celebrate accomplishments.</td>
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Inspired by our Magnet Journey, a group of nurses designed the NorthBay Healthcare Nursing Professional Practice Model in 2010. The patient and family are the focal point of professional practice, representing the purpose of our work and the relationship of nurses with patients. The hearts represent how NorthBay nurses practice, communicate, collaborate, and develop professionally. The spokes represent NorthBay Healthcare’s organizational nursing values. The outer ring is the theoretical framework for our practice.

Professional Practice Model Defines Our Nursing Care

❤ **Shared Governance** represents the structure for shared decision-making among clinical nurses, nurse leaders, and clinical specialists, which facilitates communication and collaboration to achieve excellent safe, high quality patient care and a positive practice environment. Through the shared governance structure and process, nurses have the authority, accountability, and responsibility for decisions affecting work at the point of care delivery.

❤ **Resource Allocation** is an essential function of clinical nurses as they identify patient care needs shift by shift through patient classification and acuity systems. Clinical nurses and nursing leaders work together to prioritize procurement of equipment and supplies based on patient population and evidence-based needs.

❤ **Meaningful Recognition** is an acknowledgement of the contributions made by groups and individuals toward achieving strategic goals.

❤ **Exemplary Outcomes** represent the organizational vision for exceeding in publically reported quality measures and the nursing vision of being nationally recognized for clinical services.

❤ **Evidence-Based Practice** provides the foundation for the evaluation of practice and the commitment to scientific inquiry. The goal is to advance practice individually and collectively and improve patient outcomes.

❤ **Professional Development** is represented by our commitment to lifelong learning, career advancement, outreach to community members interested in the nursing profession, and the education of future nurses.

❤ **Transformational Leadership** acknowledges the power of leadership at the bedside and that of nursing executives, directors, and managers to inspire and advocate for nursing excellence.

❤ **Care Coordination** represents interdisciplinary collaboration and the commitment to using internal and external resources to provide the best care possible for those who entrust NorthBay Healthcare with their healthcare needs.
**ORGANIZATIONAL OVERVIEW**

- **940** NorthBay Healthcare Registered Nurses
- **119** 2020 Patient Care Services New Hires
- **Inpatient Acute Beds** 204
- **Home Health Visits** 13,973
- **Hospice Days** 9,408
- **Total In-Hospital Surgeries** 3,828
- **Total Surgery Center Cases** 5,254
- **Cancer Center Visits** 19,245
- **Total Babies Born** 1,221
- **Total Emergency Visits** 55,686
- **Total Patient Admissions** 10,337
- **Total Patient Days** 43,086
Gold Plus Quality Achievement Award for Stroke

NorthBay Healthcare received the American Heart Association/American Stroke Association’s Get With the Guidelines Stroke Gold Plus Quality Achievement Award and also qualified for recognition on the Target: Stroke Honor Roll. The award recognizes the hospital’s commitment to ensuring stroke patients receive the most appropriate treatment, according to nationally recognized, guidelines based on the latest scientific evidence. NorthBay Healthcare earned the award by meeting specific quality achievement measures for the diagnosis and treatment of stroke patients.

Chest Pain—Myocardial Infarction Registry Gold Performance Award

For the seventh year, NorthBay Medical Center received the American College of Cardiology’s National Cardiovascular Data Registry Chest Pain — MI Registry Gold Performance Achievement Award. NorthBay is one of only 60 hospitals nationwide to receive the honor. The award recognizes NorthBay’s expertise, commitment, and success in implementing a higher standard of care for heart attack patients. Care must be in alignment with clinical guidelines and best practice. NorthBay earned the award in 2020 by performing at the top level for specific performance measures.

Newsweek Best Maternity Care Hospitals List 2020

NorthBay Medical Center was named one of the nation’s Best Maternity Hospitals by Newsweek Magazine. Newsweek partnered with the Leapfrog Group to recognize 231 hospitals in 36 states for their excellence in maternity care. To be considered for the list, hospitals must demonstrate the Leapfrog standards for a variety of quality and safety measures. The honor is a validation of the commitment and work nurses and interprofessional team members have done to make NorthBay Medical Center a great place to have a baby.
2020-2021 Patient Care Services Strategic Plan

Goal #1: Dedication to Patient Mobility and Wellness

Objectives:
1) Encourage interdisciplinary collaboration for patient mobility
2) Promote and utilize evidence-based progressive mobility tools and strategies
3) Engage patients as active partners in their care and wellness to improve their experience of care

Goal #2: Dedication to Clinician Wellness and Resilience

Objectives:
1) Promote a Positive Practice Environment
2) Develop strategies to identify and respond timely to events contributing to compassion fatigue, moral distress, and burnout
3) Address workplace violence, incivility, and bullying
4) Promote healthcare provider wellness, self-awareness, and management

Goal #3: Leveraging Technology and Analytic Solutions

Objectives:
1) Optimize existing technology solutions
2) Implement communication systems to support patient care
3) Improve access and visualization of data and information at all levels

Goal #4: Professional Development

Objectives:
1) Provide a system of recognition and reward for professional growth and development
2) Encourage mentoring and succession planning activities for PCS team members and nursing at all levels

Patient Outcomes:
- Decreased length of stay
- Decreased pressure injuries
- Decreased thrombolytic events
- Decreased patient falls
- Increased satisfaction

Clinician Outcomes:
- Increased engagement
- Increased RN satisfaction
- Improved culture of safety
- Increased certification rate
- Increased educational preparation rate
- Increased mentor activities
- Increased Clinical Advancement Program participation
- Decreased turnover
- Decreased vacancy rates
- Decreased absenteeism
- Decreased injuries
Teams Lead Patient Partnership Foundation

In November, 2020, NorthBay Healthcare launched a Partnership of Care Agreement for patients admitted to the hospital. This document is reviewed with patients and/or their family members upon admission and outlines expectations for patient care, safety, and environment. The idea for the agreement came from a number of sources and represents the collaboration of nurses and interprofessional team members throughout the organization.

The first part of the agreement originated with the Chief Nursing Officer (CNO) Staff Advisory Council (SAC). The SAC is made up of nurses and other members of Patient Care Services who represent each of the departments under Vice President and CNO, Traci Duncan’s division. In October, 2019, members of the SAC brought forth concerns about patients who were not cooperative with their care plans, infection prevention measures, or other hospital policies in place for patient and caregiver safety. This group developed the first draft of the Partnership of Care Agreement with a variety of items they felt were important to review with patients and their families.

Traci brought the draft to the nursing directors in Nursing Operations Council (NOC) for review. The nursing directors recognized that there were other groups also working on related documents. The acute care units were implementing a Back to Basics campaign and were working on a document for patients with information on what to expect while in the hospital. The Falls Workgroup and Clinical Nurse Leader (CNL) Council were developing a Patient Fall Agreement to increase patients’ awareness of their fall risk and reduce patient falls.

The nursing directors worked through NOC to bring these three separate documents together. They collaborated with SAC to further revise the document. Traci and SAC members continued to revise the document and discussed workflow and implementation plans. The Nursing Education and Clinical Practice Development Department and unit-based CNLs provided education, guidance, and support for implementation. The final Partnership of Care Agreement includes topics such as fall risk, mobility, nutrition, medication safety, belongings, hygiene, infection prevention practices, and workplace violence. The agreement is available in four different languages: English, Spanish, Punjabi, and Tagalog.

CNO Guides Strategic Organizational Change

The Service Alignment Committee evaluates and prioritizes new service proposals and ensures planning, coordination, and consistent communication across the organization. Traci Duncan, Vice President and Chief Nursing Officer, serves as the executive sponsor for the committee with interprofessional co-chairs Morgan Jolley and Keiko Sargeant.

Requests submitted to the committee include the impact to patients and the community, financial needs, departments impacted, related quality measures, and expected timeline. The committee reviews requests based on alignment with NorthBay Healthcare’s strategic priorities, community impact, and viability, both financially and operationally. A business and financial performa is conducted by Finance and Strategic Planning. If approved by senior leadership, key stakeholders from a variety of departments both within the hospital and ambulatory settings provide direction on next steps for implementation. The interprofessional team includes representatives from nursing, finance, quality, information technology, supply chain, pharmacy, diagnostic imaging, and physicians. These individuals ensure a consistent, standardized process to prioritize service line proposals, coordinate implementation, and ensure collaboration of all stakeholders. Traci collaborates with senior leadership for final approval and overall system alignment.

A variety of services and service line proposals came through the Service Alignment Committee in 2020. New services implemented in 2020 include fenestrated endovascular aortic repair (FEVAR), transcatheter aortic valve replacement (TAVR), and continuous electroencephalogram (EEG) monitoring. More information on the new TAVR program can be found on page 30. Services planned for 2021 through the committee include transcarotid artery revascularization (TCAR) and carotid artery stenting (CAS).
When reports of a novel virus first surfaced in Wuhan, China, NorthBay Healthcare knew it had to be prepared.

Interprofessional leaders throughout the system began planning for the potential of receiving patients with the novel coronavirus. NorthBay Healthcare collaborated with the Centers for Disease Control, California Department of Public Health, and Solano County to be one of the first hospitals to care for initial positive patients being evacuated from China to nearby Travis Air Force Base. Two North became a dedicated COVID unit to care for these patients during their quarantine.

With the arrival of COVID-positive patients, came additional preparation. Information was constantly changing about the virus, infection prevention, patient care, and best practices for how to treat patients and protect those caring for positive or suspected COVID patients. The Command Center was established to support employees, guide practice, and answer COVID-related questions. A dedicated COVID-19 Information page on the internal intranet site, ShareSpace, provided a central location for quick reference to patient care and practice documents, videos, helpful links, and wellness resources.

Clinical teams in the Emergency Department partnered with first responders to run intubation drills.
COVID drills prepared the team members across the organization to care for COVID patients and identified best practices for patient workflows.
Refreshers on infection prevention policies and practices; donning and doffing; and CAPR and PAPR training took a multi-modal approach with handouts, videos, and hands-on methods.
Interprofessional teams led simulation trainings and mock drills for aerosolized precautions in code blue situations throughout the hospital.
Nursing Education Specialists partnered with Clinical Nurse Specialists and Clinical Nurse Leaders to bring ongoing skills training and competency validations to the bedside.
**Planning for the Surge**

NorthBay Healthcare developed a multi-phased tiered response to manage the potential surge of acute and critically ill patients. This surge plan included categories based on the impact of daily operations and provided strategies to implement during each phase. Surge plans were designed to identify department and hospital-based surge levels according to data-based triggers, needs, or barriers. A variety of data were used to determine the overall hospital surge level and department surge levels for each department, including current patient census, number of COVID-19 positive patients, number of available beds, and current staffing levels. The plans also provided strategies for how to respond at each surge level.

**Highlighting Essential Versatility**

COVID changed life globally and locally and drastically altered operations and patient care. Initially, elective and non-urgent procedures were halted, significantly impacting work in Perioperative Services, Cardiac Catheterization Lab, and Cardiopulmonary Rehab. A decrease in procedures and lower inpatient census meant less need for team members to provide care in these areas. At the same time, COVID safety practices created additional staffing needs. A labor pool was established to match these individuals to additional workforce opportunities, highlighting the versatility of the entire NorthBay Healthcare team. Nurses and others partnered to provide community outreach, temperature testing, and call center coverage.

**Developing a New Team Nursing Model**

Functional team nursing was one strategy employed to ensure patients received care by nurses with the right skill set. Nurses were placed on teams with assigned tasks depending on the type of patient and the competencies and skill sets of nurses. Proactive training began early in the year with an educational module on surge plans and functional team tasks. Later in the year, during the surge, additional training on respiratory medication administration prepared acute care nurses to partner with respiratory care practitioners to ensure seamless patient care. Nurses across the organization stepped up to care for patients on functional teams both in the ICU and acute care units. Targeting training on the unit helped prepare these nurses for functional tasks. Clinical nurses, nursing education, and nursing leaders collaborated to improve functional team processes.

**Arrival of vaccine brings hope for the new year**

December

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**Embracing the New Normal**

NorthBay rises to meet challenges through technology and innovation

Team collaborates and adapts as COVID surges in community

**All Hands on Deck**

Labor pool highlights versatility of interprofessional team members

**Facing the Surge**

Arrival of vaccine brings hope for the new year

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TRANSFORMATIONAL LEADERSHIP

Adopting New Ways

With challenges, came new practices and innovative solutions. Clinical nurses were at the forefront of these workflow strategies. Pre-operative COVID testing began for any outpatient procedures in order to resume elective and non-urgent procedures. Pre-admission testing identified asymptomatic COVID positive patients to ensure proper patient placement and minimize risk to care providers.

System-wide, in-person meetings shifted to GoToMeetings. Visitor restrictions minimized COVID transmission risk in the hospital but provided an additional challenge for keeping patients’ loved ones informed. GoogleDuo allowed nurses and interprofessional team members to communicate with patients’ families and update them on their care.

Recognizing HealthCare Heroes

The pandemic placed healthcare workers in the limelight across the county. The community showed its support for NorthBay Healthcare heroes in a variety of ways. Local businesses, community members, and NorthBay Foundation board members provided boxed meals. Gratitude poured in with parades celebrating the healthcare team at the Fairfield and Vacaville campuses. Even the U.S. Air Force coordinated a flyover to salute the team. Messages of thanks and encouragement were chalked onto employee sidewalks and thank you signs were posted on NorthBay Healthcare campuses.
COVID safety measures required alternative methods to recognize team members. All Star and DAISY Award presentations switched to hybrid presentations. Nurses Week celebrations switched to a virtual format. Daily emails highlighted professional development opportunities, wellness tips, and giveaways. Individual nurses were featured in a daily “Guess the Nurse” game and nurses were highlighted on the NorthBay Healthcare Facebook page and in the local newspapers.

Collaborating Through the Surge

With the volume and acuity of patients rising, leaders reconvened to review surge plans and identify additional operational needs. Nurses and interprofessional team members throughout the organization demonstrated unmatched versatility as they prepared to meet the community’s needs.

A resource unit at the end of acute care unit (ACU) 1600 provided additional acute care beds to house extended length of stay patients. These additional beds allowed more space for patients with acute needs in the remaining non-COVID units on ACU 1600/1700, ACU 1800, and ACU 1-2 West.

Critical care services were consolidated at the NorthBay Medical Center campus in order to provide better support and preserve nursing, respiratory, and physician resources to care for these high acuity patients. The dedicated COVID pod in ICU expanded into the adjacent ICU section, creating additional COVID-dedicated patient beds. By mid-December, the number and acuity of ICU patients outnumbered the amount of available critical care beds. Additional ICU beds were created on 2 North according to the hospital surge plan. Clinical nurses worked with their nursing leaders to identify resources needed to adequately care for critical patients in their new space. Additional resources obtained included bedside and desktop monitors, ICU-specific forms, patient supply cart, and unit-based orientation and training.

When the number of acute care level COVID patients outnumbered the dedicated 2 North unit, surge plans guided where to cohort these patients next. ACU 1800 became an additional designated COVID unit with the capacity of up to 34 COVID beds. Clinical nurses and interprofessional team members worked with nursing leaders to identify workflow and practice needs. The Nursing Education and Clinical Practice Department focused efforts on preparing the ACU 1800 team to care for this new patient population. ACU 1-2 West and ACU 1600-1700 stepped up to support efforts, assuming care of patient populations usually cared for in ACU 1800, such as the stroke patient population.

A surge staffing pool was created, and nurses across the system signed up to assist colleagues in ICU and COVID units as part of a functional team in four-hour blocks. Not only did adult inpatient nurses volunteer, nurses answered the call from the Emergency Department, Women and Children’s Services, Perioperative Services, Wound Care, and the Cancer Center. Interdisciplinary collaboration among Information Technology, Clinical Informatics, Pharmacy, and nursing ensured these nurses had correct access to technology, such as Cerner and Omnicell, to care for patients in the adult inpatient settings. The Nursing Education and Clinical Practice Department collaborated with the team, providing orientation and reviewing functional roles with both volunteers and unit-based primary nurses to better prepare the team.

Promise for the New Year

While community COVID cases surged and the hospital was inundated with COVID patients, the newly released COVID vaccines provided a glimmer of hope. Ambulatory quality nurses worked with partners from pharmacy to organize vaccine clinics. Interprofessional team members caring for COVID patients in the emergency department, ICU, and designated COVID units were prioritized in early clinics. Vaccine clinics quickly expanded to accommodate all employees throughout the organization.

Throughout a year of challenges, nurses and their interprofessional partners displayed flexibility and versatility to meet the needs of the community. Proactive surge plans, training, and open communication prepared team members for impending surge. The team collaborated and adapted to changing conditions to ensure seamless care and promote excellent patient outcomes. With vaccines and almost a year of COVID experience, the NorthBay Healthcare team of nurses and Patient Care Services colleagues ended the year poised and ready for 2021.

“No one has worked through a pandemic like this in a 100 years… I think as we look back, we will say we survived, we pushed the threshold, we adapted, and we were innovative”

~ Katrina Boss, BSN, RN, CCRN
Clinical Nurse, NBMC Intensive Care Unit
NorthBay Nurses Pursue Professional Development

Structural Empowerment

NorthBay Nurses Pursue Professional Development

Surpassing Educational Goals

The 2010 Institute of Medicine’s (IOM) Future of Nursing Report called for 80% of registered nurses to hold a bachelor’s degree in nursing (BSN) or higher nursing degree by 2020, noting the need for higher education in nurses to take care of the higher complexity patients in the healthcare system. Having already surpassed the national goal, NorthBay Healthcare established a new goal in 2020 for the next two years to maintain the percentage of nurses who had earned a baccalaureate or higher degree in nursing at 85% or above. By the end of 2020, 90.27% of registered nurses at NorthBay Healthcare held a BSN or higher nursing degree.

Creating a Plan to Increase National Specialty Certifications

Specialty certification validates expertise in nursing knowledge, skills, experience, and abilities in nursing specialty practice. National certification allows nurses to be recognized for competence in their specialty. Like higher education levels, having nationally certified nurses correlates to better patient outcomes.

In 2020, each department set goals to increase their percentage of certified nurses. Department-based action plans to achieve those goals include celebrating certified nurses, education on available certifications and benefits of certification, study groups, and making exam preparation resources available. By the end of 2020, 35% of NorthBay registered nurses held at least one national specialty certification.
New Clinical Advancement Program Recognizes Professional Expertise and Achievements

NorthBay Healthcare launched a new Clinical Advancement and Recognition Program in 2020 to replace the former Clinical Levels Program. The voluntary program is designed to recognize nurses and interprofessionals for their contribution to quality patient care, advanced clinical knowledge, and professional achievements. The program recognizes the expertise of clinicians who make a difference at the bedside and provide transformational leadership that advances patient and caregiver satisfaction and a healthy work environment. It encourages and promotes opportunities for clinical nurses to attain advanced practice skills and contribute their expertise in a positive, measurable way.

A goal-directed workgroup in Shared Governance developed the vision and laid the foundation for the new program throughout 2017 and early 2018. The program expanded the number of available advancement levels from three levels to five levels. The Shared Governance workgroup determined requirements for each level and developed a points system based on certifications, educational preparation, and professional development activities. The points are based on the NorthBay Healthcare Professional Practice Model and include activities within the following categories: shared governance, resource allocation, meaningful recognition, exemplary outcomes, evidence-based practice, professional development, transformational leadership, and care coordination. In order to progress to a higher level, certain requirements must be met. Requirements include educational preparation, years of nursing and NorthBay Healthcare experience, and number of points obtained in the past year.

A smaller group of clinical nurses from the Shared Governance workgroup collaborated with nursing leaders and Human Resources throughout 2018 and 2019 to develop structures and processes to operationalize the program’s vision. The program launched in 2020 on an electronic platform, StaffGarden, which allows participants to create an e-portfolio, select their level, and log their activities and evidence into the system. Those participating in the program attended classes to review the new point system, application, and e-portfolio process. These classes also reviewed communication skills, evidence-based practice, and project management, to foster further professional development.

A Governing Body manages and oversees the program. This group includes clinical nurses, direct care professionals, and nursing leaders from departments throughout the organization. The Governing Body screens, reviews, and approves applications and evidence provided for activities. They also review the available activities and revise and clarify requirements for eligible points. In 2020, 122 clinical nurses participated in the Clinical Advancement and Recognition Program. The program plans to extend advancement recognition to interprofessionals within the Patient Care Services Division in 2021.
Nurse Residency Program Welcomes New Grads

Seven new graduate nurses joined the NorthBay Healthcare team in 2020 through the newly-created New Grad Nurse Residency Program. The comprehensive program aims to help new graduate nurses with no previous nursing experience develop knowledge, skills, and attitudes to meet nursing standards of practice. The program incorporates hospital and unit-based orientation, monthly professional development activities, and mentoring opportunities. Practice-based learning occurs through the guidance of preceptors and mentors to assimilate new graduates into the organizational culture, practices, and values.

Program coordinator, Megan Duncan, Nursing Education Specialist (NES), led program development and oversees program operations at every step. This includes assessing, planning, implementing, and evaluating program activities and quality outcomes. Megan worked with the nursing managers and directors to determine unit-based hiring needs and advocated for the development of Clinical Nurse I positions. Megan consulted with the American Nurses Credentialing Center to develop and design the evidence-based program infrastructure and processes, competency requirements, and new graduate topics and content for ongoing professional development meetings. Clinical nurse preceptors were carefully selected for the new graduate nurses by unit leaders and unit-based NES’s. These nurses were trained through the Tiered Skill Acquisition Model (TSAM) boot camp and received additional training for new graduate nurses. Selected preceptors included Jason Leport, Joy Duropan, Edith Rios, Cory Javier, Andrea Morse, Gaylee Hernandez, Jenna Ourada, Olivia Avila, Sheila Almonia, Kim Floring, and Sarah Hoag.

The program opened to potential candidates in January. Out of the over 135 applicants, 42 were invited for the “speed” panel interviews. Nursing leaders, NES’s, and clinical nurses from each of the hiring units participated in the panel interviews. This innovative interview process applied standardized rubrics to objectively evaluate applicants’ answers. Panel interviewers had positive feedback on the process, stating that overall it was a good way to meet a large number of candidates in a short period of time. For some units, this was a screening opportunity to be able to narrow down the number of candidates further and then invite top candidates back for a second interview. Each unit selected their top picks based on how candidates answered standardized interview questions and overall fit with the organization and specific unit.

NorthBay Healthcare’s new graduate nurse residents included: Katie Honeychurch, on the Mother-Baby Unit; Louisa Hofmann and Fa Sakdamart, on ACU 1800; Tessa Bales and Mariah Reyes on ACU 1600/1700; and Arika Medrano and Elaine Norbriga on ACU 1-2 West. The new graduates started orientation in their respective units in March.

During the first few months of the program, new graduate residents focused on orientation to their units with regular touch bases with their dedicated preceptor and either

“I’m surprised by the welcoming nursing culture at NorthBay. As a new grad, you never know what to expect when joining a unit. I was approached daily by nurses asking how I was doing or if I needed help. These small gestures have hugely impacted my confidence and ability to grow in my new role.”

— Elaine Norbriga, BSN, RN Clinical Nurse, NBVVH ACU 1-2 West

STRUCTURAL EMPOWERMENT

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— Elaine Norbriga, BSN, RN Clinical Nurse, NBVVH ACU 1-2 West
In 2020, NorthBay Healthcare implemented Mayo Clinic’s Tiered Skill Acquisition Model (TSAM) in the ICUs after a successful implementation in the Acute Care Units in 2019. TSAM is an evidence-based orientation model to effectively transition clinical nurses into the nurse practice environment. Orientees and preceptors act as one person throughout the orientation process. The orientee takes a full patient assignment with the preceptor but only completes certain skills/objectives within determined tiers for these patients. Tiers build on each other, progressing from basic nursing skills and tasks to more complex skills and interventions. The orientee observes and assists the preceptor with other responsibilities. Orientees progress and take on more responsibilities as they complete goals and master skills.

In May, the Nursing Education and Clinical Practice Development department sent a survey to ICU clinical nurses to gather information about the current orientation process. ICU Nursing Education Specialist, Kari Caliwag, formed the ICU Preceptor Team with clinical nurse preceptors and Clinical Nurse Supervisors from both campuses. Team members used their expertise, current orientation tools, and the survey feedback to develop orientation tiers. The team decided that five tiers would work best for the ICU. They assigned skills and key experiences into the tier levels and developed an experience tracker to track the orientee’s patient experiences to allow the Clinical Nurse Supervisors to make assignments that would give them a well-rounded ICU orientation. Over the next few months, a workgroup of five clinical nurses continued on the Preceptor Leadership Team to refine orientation tools and resources. These nurses collaborated with Kari to structure off-unit education time and develop resource materials.

In August, the ICU officially implemented TSAM. For the first cohort of orientees, ten preceptors were provided one on one education on the model and offered support throughout the orientation process. The Preceptor Leadership Team provided ongoing guidance for the implementation. Clinical Nurse Supervisors were instrumental in TSAM success. Being involved from the beginning of the orientation restructure allowed them to have a better understanding of the vision. This understanding helped them to optimize patient assignments and facilitate a well-rounded orientation experience. Eight transition to practice nurses and five experienced ICU nurses have completed the program. The TSAM preceptor team grew to 25 individuals.

Implementing TSAM in the ICU has had multiple advantages. An individualized orientation plan with collaborative goals allows for shorter orientation periods because it is more focused on an orientee’s skill level and orientation needs. Preceptors find the structure intuitive. The tiers help preceptors guide orientee experiences without overwhelming them with responsibilities that are beyond their skill level. The paperwork helps primary and secondary preceptors communicate and collaborate to enrich orientation experiences. Orientees feel welcomed to the unit, confident in asking questions, and prepared when they complete orientation with the new structure. There are plans to resurvey ICU nurses on the orientation process in 2021 to formally measure effectiveness of the change.

**TSAM Expands Transition to Practice in ICU**

In 2020, NorthBay Healthcare implemented Mayo Clinic’s Tiered Skill Acquisition Model (TSAM) in the ICUs after a successful implementation in the Acute Care Units in 2019. TSAM is an evidence-based orientation model to effectively transition clinical nurses into the nurse practice environment. Orientees and preceptors act as one person throughout the orientation process. The orientee takes a full patient assignment with the preceptor but only completes certain skills/objectives within determined tiers for these patients. Tiers build on each other, progressing from basic nursing skills and tasks to more complex skills and interventions. The orientee observes and assists the preceptor with other responsibilities. Orientees progress and take on more responsibilities as they complete goals and master skills.

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**Tiered Skill Acquisition Model**

- Preceptor and orientee are paired together for each shift with a full clinical assignment
- Clinical orientation is organized in tiers based on skill acquisition from simple to complex
- Orientee gradually assumes more responsibility based on advancement through the tiers of skills
- Preceptors and orientees schedule time away from patient care for focused learning and reflection
Nurses Deliver Compassionate Care to Community

At the beginning of the COVID-19 pandemic, NorthBay Healthcare identified 4,500 community patients as high-risk for COVID-19. Stephanie Tarter, Director of Ambulatory Quality, formed a team to identify these patients’ needs and address opportunities for NorthBay Healthcare to help mitigate their risk. The small team knew they needed more help to effectively reach these vulnerable patients.

With the recent temporary closure of Cardiopulmonary Rehab at the beginning of the COVID pandemic, Stephanie contacted Kim Williamson, Director of Cardiopulmonary Services, and Karen Loewe, Clinical Manager of Cardiopulmonary Rehab, to see if the Cardiopulmonary Rehab nurses would be willing to help. Kim and Karen approached their team to present the outreach initiative. The Cardiac Rehab nurses jumped at the opportunity to help their community.

Seven Cardiac Rehab nurses joined their Ambulatory Quality partners in prioritizing the high-risk patients by looking at their health issues. Those that had chronic conditions that increased their risk of a severe COVID infection, such as chronic heart failure, pulmonary fibrosis, diabetes, or hypertension, were moved to the top of the list.

A Nurse Assist Hotline was developed for patients. The outreach team proactively called high-risk patients to identify their needs. Nurses assisted patients with medication refills and scheduling appointments, connected patients to community resources, and addressed other healthcare needs. Donations made through the NorthBay Healthcare Foundation allowed the team to facilitate delivery of groceries, cleaning supplies, personal protective equipment, and household items to patients. In the first two weeks of the outreach initiative, the team connected with over 1,200 patients and made 75 deliveries. Throughout the outreach timeline of April 6 and May 8, the outreach team made nearly 4,600 calls.

Overall, the outreach initiative had a positive impact on all involved. Patients were overwhelmed by the caring demonstrated by the nurses on the outreach team and the generosity of NorthBay Healthcare. Nurses were able to experience firsthand the impact of their work across the healthcare continuum. The experience provided new meaning to their work and reconnected them to why they became nurses in the first place.

“A nurse’s job is to help people in any way we can, and I love helping others. This is exactly what I signed up for.”

~ Laitanie Revelo, BSN, RN-C
NBHC Cardiopulmonary Rehabilitation
Patient Care Services All Stars

The All Star program at NorthBay Healthcare honors and rewards employees for their contributions and commitment to the NorthBay Way. All Stars are those individuals who have demonstrated exceptional performance through their relationships and job skills. They are role models for others, help promote a positive practice environment, and demonstrate the NorthBay Values: Caring, Communication, Collaboration, and Competence.

Chelsea Steffen
NBMC Cardiac Catheterization Lab
Clinical Nurse

Chelsea’s colleagues describe her as exuding the traits of The NorthBay Way on a daily basis; she is always compassionate and empathetic when patients are fearful, walking them through every step of the procedure so they understand and are reassured. She is competent, compassionate, and caring in everything she does, leading by example and understanding the importance of a positive patient experience.

Jonathan Munoz
NBMC 2 North Acute Surgical Unit Clerk

According to his colleagues, Jonathan greets everyone with a smile and treats them with respect, kindness, and compassion — no matter how busy he is. He shows patients he cares by treating them like he would want his family to be treated. His colleagues know that somehow the shift will go well when they see him at the desk. He has a wonderful sense of humor and makes everyone feel that they are important.

Martha Rodriguez
NBWH Acute Care Unit 1-2 West Certified Nursing Assistant

Martha’s colleagues say she has the “best work ethic the unit has to offer” and that her patients recognize her as an outstanding caregiver, often remarking on what a great job she does. She treats her patients with tenderness and kindness as if they were her own family. Her strong work ethic and a commitment to patients and their families makes her a trusted individual to train new CNAs.
The DAISY Award for Extraordinary Nurses is an international program that rewards and celebrates extraordinary clinical skill and compassionate care given by nurses.

The DAISY Foundation was established in 1999 by the family of J. Patrick Barnes, who died of complications of an auto-immune disease. His family was so overwhelmed with the care and compassion he received from his nurses during his hospital stay, they created the DAISY Foundation and Award Program. DAISY is an acronym for Diseases Attacking the Immune System to honor Patrick’s memory. NorthBay Healthcare is a proud DAISY Award partner.

DAISY Award Honorees are nominated by patients, families, or colleagues. The DAISY Selection Committee reviews nominations for their commitment to exceptional patient care and dedication to NorthBay Healthcare’s mission, vision, and values. The program continued to expand compared to previous years. In 2020, the committee reviewed 119 DAISY award nominations, double the number of nominations from 2019. Eleven exceptional NorthBay Healthcare nurses received DAISY Awards.

Each DAISY Award Honoree was recognized in a surprise ceremony in his or her unit and received a copy of their nomination, an official DAISY Award certificate, a DAISY Award pin, and a hand-carved stone sculpture entitled A Healer’s Touch. These nurses also have their names displayed on the DAISY Award wall on both hospital campuses. In 2020, DAISY Award presentations moved to a virtual format, which provided an opportunity to expand the presentation audience. All DAISY Selection Committee members and nursing leaders are now invited. The DAISY Foundation and the patients and families that submitted the DAISY nomination even attended DAISY Award presentations.
Magnet Champions recognize groups of nurses for their contributions in addressing strategic organizational priorities with an Excellence in Practice Award. In February, the Magnet Champions recognized NorthBay VacaValley Hospital Intensive Care Unit for outperforming on all nurse-sensitive indicator measures. Not only did the unit outperform, almost all of the quarters for every indicator were below the national benchmark. In June, Magnet Champions recognized NorthBay VacaValley Hospital Emergency Department for their dedication to their patients’ experience. The department outperformed the benchmark in all of the Magnet-identified patient satisfaction categories over the past two years.
Patients Declare They Receive Great Care

By collecting and responding to patient feedback, NorthBay Healthcare ensures compassionate care is a mainstay in the organizational culture. Patients’ responses are collected and benchmarked through the National Research Corporation (NRC). Benchmarking allows NorthBay Healthcare to compare to other organizations nationally and have a more comprehensive idea of patients’ experience and care needs. Patient experience data is shared on a regular basis at all levels throughout the organization to engage teams and improve care.

As part of Magnet designation, NorthBay Healthcare provides a report on four of the potential Magnet-identified categories for both the inpatient and ambulatory areas to the American Nurses Credentialing Center (ANCC). These selected categories must outperform against a national benchmark. To outperform, a unit or clinic must be better than the benchmark (above the benchmark for patient experience) for the majority of the quarters within the past two years (five out of the past eight quarters). To outperform organizationally, over 50% of these units or clinics must outperform.

According to patients, nurses and interprofessional team members at NorthBay Healthcare deliver a great patient experience. In 2020, NorthBay Healthcare outperformed in all eight of the patient experience Magnet categories collected in the inpatient areas and seven of the potential categories in the ambulatory areas. By the end of 2020, 82.7% of patients said they would recommend coming to NorthBay Medical Center or VacaValley Hospital and over 90% said they would recommend the Ambulatory Surgery Center or Health at Home services.
EXEMPLARY PROFESSIONAL PRACTICE

Nurses Drive Exemplary Outcomes

Nurse-sensitive indicators (NSI) are those outcomes that nurses impact directly. NorthBay Healthcare submits data for national benchmarking quarterly for eight inpatient nurse-sensitive indicators. As part of Magnet designation, NorthBay Healthcare provides a report on four of the potential indicators to the ANCC Magnet Program Office. Two indicators must be reported: falls with injury and hospital-acquired pressure injury (HAPI) stage 2 and above. These selected categories must outperform against a national benchmark. To outperform, a unit must be better than the benchmark (below the benchmark for nurse-sensitive indicators) for the majority of the quarters within the past two years (five out of the past eight quarters). To outperform as an organization, over 50% of the units must outperform. In 2020, NorthBay Healthcare outperformed in all eight of the collected potential nurse-sensitive indicators.

Decreasing Pressure Injuries

The Save Our Skin Committee led efforts to improve HAPI prevalence in 2020. In March and April, education and skills days for the ICU and ACUs included review of effective repositioning, mobility, ostomy care, care planning, wound care orders, pressure injury policy, and documentation. Inpatient units added a "days since last HAPI" section to huddle boards. The group developed a wound care icon on ShareSpace with point-of-care resources for supplies, equipment use, care plans, and specialty bed ordering process. Patient mobility was a major focus area throughout the year in line with the Patient Care Services strategic plan. There were zero HAPIs in third and fourth quarter.

Reducing Patient Falls

The CNL Council collaborated with ACU CNS and falls coordinator, Annette Tuatagaloa, to implement strategies to decrease falls throughout 2020. In January, the Patient Fall Agreement became part of the admission process on all inpatient units. CNLs revised and improved the agreement based on clinical nurse feedback. The agreement was later integrated with the Partnership of Care Agreement as part of the standard admission process. CNLs used storytelling to update team members on patient fall events. The stories included a brief description of the fall, background information, assessment data, lessons learned, and recommendations for practice. Stories were shared with the clinical nurses and interprofessional team members on the unit and linked to electronic dashboards. A post fall huddle process immediately after a patient fall included a briefing of the incident and update of patient-specific fall prevention strategies. The huddle was incorporated into the risk reporting process to provide a more holistic view of the case and assist with telling the patient’s story. Purposeful rounding focused on individualized patient fall prevention strategies and addressing toileting or other patient needs.

Surpassing HAI Goals

After seeing marked improvements in hospital-acquired infections (HAI) through the HAI Workgroup and implementation of the CNL role in 2019, NorthBay Healthcare continued to decrease HAIs in 2020. Hospital-acquired Clostridium difficile (C. diff) decreased from 15 cases in 2019 to 10 in 2020, meeting the 2020 goal of
12 or less for the year. Catheter-associated urinary tract infections (CAUTI) decreased from 7 cases in 2019 to 2 cases in 2020, meeting the 2020 goal of 6 cases or less. Central line-associated bloodstream infections (CLABSI) decreased from 3 cases in 2019 to 0 cases in 2020, meeting the 2020 goal of 2 or less cases for the year. As of May 28, 2020, NorthBay Healthcare celebrated one year without any CLABSIs.

**Celebrating Team Achievements**

The HAI Workgroup recognized groups of nurses and interprofessional team members for their dedication to reducing and preventing HAIs. The Safety Star Awards come with certificates to honor unit milestones of a year or more without a CAUTI, CLABSI, or hospital-acquired C. diff infection. NBVWH ICU received certificates for all three HAIs. NBMC ICU received certificates for both CLABSI and CAUTI. ACUs 1-2 West, 1600/1700, and 1800 all received certificates for CLABSI. HAI group recognized the NICU for having over five years without a CLABSI.
Teams Focus on Wellness in Tough Times

With stress both at home and work, 2020 presented unique challenges for nurses and healthcare team members. Many were at risk of burnout, which can lead to absenteeism and turnover. These come at a cost to the unit and the organization. The cost is not just financial, but also hinders the ability of nurses and others to practice effectively. Teams throughout the organization implemented innovative strategies aimed at preventing and managing burnout, fostering resilience, and promoting wellbeing. Some key approaches throughout the organization included dedicated respite spaces, a Secret Santa gift exchange, thank you packages from colleagues and the community, regular leader rounding, debriefing, and recognition boards.

In early 2020, individual and team wellness challenges engaged employees in their wellbeing. Brief wellness videos provided quick tips on promoting health and wellness. A wellness resources section on the COVID ShareSpace page provided a central location for videos, webinars, education materials, and links to professional organization resources and wellbeing initiatives.

One strategy the emergency department employed frequently in 2020 to promote wellbeing was “defusing techniques.” Immediately following a difficult case, Clinical Nurse Supervisors gathered interprofessional team members involved in the case into a quiet space in the department to pause and process what happened and connect them to additional resources if needed. The emergency department also utilized services from the 10-33 Foundation, a Vacaville-based organization dedicated to providing stress management, crisis intervention services, and follow-up care to those in first responder professions, military, or members of their families. A team of volunteers from the foundation assemble within a couple of hours to meet with those that need it. The foundation offers a licensed clinician, pet therapy, and education on recognizing signs and symptoms of stress and healthy coping mechanisms and strategies.

Nursing Education Specialists incorporated self-care and wellness topics into the ACU preceptor academy. Clinical nurses on ACU 1600-1700 formed a Caritas Committee led by CNL, Amy Matsukado. The committee surveyed staff and developed strategies based on feedback and best evidence to promote wellness, including revamping a dedicated respite space and providing care packages to ACU 1600/1700 nurses and interprofessional team members.

The 2 North Acute Surgical team focused on teamwork and teambuilding strategies throughout 2020 to help them better care for each other and support patient care while taking care of COVID patients. Nurse assist call light functionality allowed team members to support nurses and others in isolation rooms to address patient care needs, fostering collaboration and trust among team members. Clinical Nurse Supervisors on 2 North began trivia contests during shifts to provide an engaging outlet to raise morale. Prizes for trivia winners encouraged healthy competition and engaged the group to participate.

Incredible teamwork and trust in each other also helped support nurses and interprofessional team members in the ICU. Rotating those caring for COVID patients helped to ease the load. Strategies to promote wellbeing in the ICU included a dedicated respite space, bulletin boards to share recipes or past vacation photos, and a Surviving COVID Song Contest.

Innovative ideas will expand in 2021. The ACU 1600/1700 Caritas Committee plans to implement quiet time on the unit and mindfulness techniques at huddles. A new council in Shared Governance, the Relationship-Based Care Council, will focus on topics such as clinician wellness, caritas, employee engagement and satisfaction, and retention. NorthBay Healthcare will participate in the U.S. Clinician Wellbeing Study and will receive actionable data to improve the work environment and clinician wellbeing.
Nurses Partner with Physicians to Influence Bottom Line

Each year, patients become more and more complex. Accurate documentation of clinical care can improve care coordination, patient outcomes, and financial reimbursement. In 2018, NorthBay Healthcare identified a need for a Clinical Documentation Improvement Program to improve provider documentation and better capture patient care delivery in the hospital. Registered nurses were identified to pilot the program given their unique set of skills and competencies. Nurses understand disease pathophysiology, workflow complexity, and organizational culture. Three Clinical Documentation Improvement Nurses were selected to pilot the program based on their clinical expertise and ability to establish and maintain strong relationships with interprofessional teams.

The pilot began in 2019 with over six months of classroom and didactic training. A consultant provided ongoing support throughout the year. The group began with reviewing the Medicare patient population, which presented the biggest opportunity given their often multiple diagnoses and highly complex care. They partnered with a physician champion and worked with providers to clarify documentation, capture the complexity of patients, and demonstrate the care required to treat these patients.

By 2020, the Clinical Documentation Improvement Nurses were fully trained and integrated into their new role. The COVID pandemic brought a new set of challenges and the opportunity to learn how documentation helps with COVID reimbursement. With summer dips in patient census, the team expanded the types of patient charts they reviewed and established workflows to review charts for all admitted patients. The nurses now review every patient in the hospital, which equates to over 30 patients for each nurse per day.

The Clinical Documentation Improvement Program now saves the organization over $100,000 per month in potentially missed revenue. Through the program, nurses partner with providers to directly impact NorthBay Healthcare’s independence in alignment with the organizational strategic plan. In addition to contributing to NorthBay Healthcare’s financial stability, the Clinical Documentation Improvement nurses help to clarify documentation in real time, improving patient care coordination and communication among members of the interprofessional team.

Daily Phone Calls Connect Family to Care

Family, as an extension of the patient, is at the center of professional nursing practice at NorthBay Healthcare. Visitation restrictions implemented for safety during the COVID pandemic presented a new opportunity for nurses and interprofessional team members in regards to family communication. Without family at the patient’s bedside, nurses needed to figure out how to best keep family informed and involved in their loved one’s care.

Clinical nurses in the acute care units partnered with nursing leaders to develop and implement a daily phone call process to ensure families receive updates on a patient’s status and care. They developed expectations for the phone call and a suggested script to help nurses address a variety of topics during the patient update.

In July, acute care units implemented the daily phone call. Nurses asked alert and oriented patients if they would like the nurse to call and update their family. Nurses automatically called to update the next of kin or designated family member for any patient that was confused, developmentally delayed, or otherwise lacked capacity to provide or decline a family update. The daily update included the patient’s plan of care, a nursing care update, and provided an opportunity for the family to ask questions and contribute to the patient’s individualized care plan. Feedback at huddles led to rapid cycle process improvements such as timing of the call and reminders on computers. The phone calls have allowed family to be more involved and better integrate into patient care plans.

Daily Phone Call Wins

- Family assisted in care planning to manage behavior for confused or agitated patients, providing patient-specific strategies and tactics.
- Additional home medications identified and ordered that were not evident upon admission.
- Home care needs after discharge identified earlier in admission, facilitating care coordination and better proactive planning.
- Improvements in patient experience scores for patient-centered care and engagement questions about preferences and understanding health management upon discharge.
New Knowledge, Innovations, and Improvements

Nurses Share Successes Despite Pandemic

Transmission of COVID-19 to Health Care Personnel During Exposures to a Hospitalized Patient — Solano County, California, February 2020

Amy Heintzelman, MD1,2; Matthew J. Stackey, PhD1; Tara Schear, MPH1; Kori Xu, PhD1,2; Kristen M. Perkins, MD1; Heather Rosengren, MSN1; Shelley Magill, MD, PhD1; Jennifer R. Yamas, MD5, Susa Jain, MD5; Makroo Auson, MPH1; Erin Epton, MD1
In 2020, NorthBay Healthcare nurses had plans to disseminate their work in local and national venues. Abstracts had been accepted, and travel plans had been made. Cancellations of conferences and other events due to the COVID pandemic disrupted many of these plans. Despite these challenges, nurses continued to seize opportunities to share their work.

Shelley Johnson, Director of Critical Care Services, and Jennifer Tudor, Magnet Program Director, presented their work in successfully piloting and implementing the Clinical Nurse Leader (CNL) role at the Association of California Nurse Leaders conference in February. Their presentation, “Show Me the Money: Making the Business Case for the CNL Role,” described the ICU CNL role pilot and outcomes associated with hospital-acquired infections. They demonstrated how they made the business case with cost-avoidance figures and plan for other measurable outcomes to implement the CNL role into each of the inpatient areas.

In April, Heather Resseger, Director of Quality and Care Management, partnered with interprofessional team members from the Centers for Disease Control and Solano County Public Health to publish an article in the U.S. Department of Health and Human Services’ Morbidity and Mortality Weekly Report: “ Transmission of COVID-19 to Health Care Personnel During Exposures to a Hospitalized Patient – Solano County, California, February 2020.” The article highlighted NorthBay Healthcare’s partnership with national, state, and local agencies in treating the first U.S. case of community-acquired COVID-19 and associated management of potential employee exposures. Data collected during the exposure response helped others nationally better understand COVID transmission risk in health care settings, which activities or situations were associated with higher risk, and strategies to mitigate risk.

The Association of California Nurse Leaders featured Shelley Johnson in a podcast about NorthBay Healthcare’s response to the first U.S. case of community-acquired COVID. Shelley shared strategies she and her team developed for workflows and to decrease stress for direct care healthcare workers.

In May, Natalie Correll-Yoder, Critical Care Clinical Nurse Specialist, joined nurses from across the nation to discuss coping with the stress of COVID-19 in an article for the American Association of Retired Persons (AARP). As a follow-up, Natalie joined two other nursing leaders across the country for a segment discussing how nursing leaders prepare staff for working in a COVID-19 world. In September, Natalie spoke at the Oncology Nursing Society Bridge Virtual Conference. She presented “Dealing with Ethical Issues at the Bedside: The Journey to Moral Resilience in Oncology Nursing.”

Justin Hovey, Cardiovascular Patient Care Program Manager, and Brian Johnson, Emergency Department Clinical Nurse Supervisor, presented a poster at the American College of Cardiology Summit entitled “Reduction of Troponin Turn Around Times and Decrease in Length of Stay in ED.” Justin and Brian led an inter-departmental quality and process improvement project with rapid cycle improvements and the adoption of technology to improve troponin turnaround times. They improved the “door to result” time by over 45%, improved compliance, and decreased the length of stay for emergency department patients.
In November, NorthBay Healthcare adopted CareAware Connect, a new technology to help streamline workflow, augment communication, and improve efficiencies at the patient’s bedside. The communication platform integrates with Cerner to enhance care coordination. Nurses, respiratory care practitioners, certified nursing assistants, and technicians run the platform from a handheld smart device. Physicians and case managers have the application installed on their smart phones. Unit clerks and managers connect to the team through a desktop application.

The healthcare team can review patient demographics, allergies, vitals, labs, and orders on the platform. The applications on the phone are designed for secure texting and allow bar code scanning for specimen collection, medication administration, and blood transfusion with direct documentation integration to Cerner. Team members can take and upload photos into the patient’s medical record, which simplifies processes such as wound documentation.

Clinical Informatics and the Nursing Education and Clinical Practice Development Department teamed up with CNLs and other clinical nurses to train care providers and provide ongoing support for CareAware Connect implementation. A Cornerstone module, videos, and nurse medication administration class set the stage for the team to do training and competency validation at the point of care. Job aids, log-in fairs, and roving clinical support from superusers helped support implementation on all shifts.

2020 Care Delivery Enhancements

- The GetWell Network patient engagement technology integrated patient whiteboards and electronic health record information to increase patient communication, education, and engagement.
- Supply Chain and Respiratory Therapy collaborated to identify and obtain a variety of devices and ventilators to better support the evolving respiratory needs of patients.
- Overhead lift equipment was installed in both the NorthBay Medical Center and NorthBay VacaValley Hospital intensive care units to improve patient mobility and staff safety.
- Continuous EEG monitoring for subclinical seizure activity improved diagnosis and treatment for patients.
- Case Management completed a Cerner integration for their documentation to improve care coordination.
- Health at Home and Hospice and Bereavement documentation transitioned into the electronic health record.
- Maternal Sepsis alerts began on electronic tracking boards to provide quicker identification of potentially septic patients in Women and Children’s Services.
Rothman Index Enhances Patient Safety Through Early Identification and Treatment

In 2019, NorthBay Healthcare formed a Failure to Rescue Committee as a subcommittee to the Mortality Committee. The purpose of the committee was to identify opportunities for a systemic approach to early intervention in at-risk or decompensating patients to decrease patient mortality. The interprofessional team of nursing leaders and physicians identified the existing proactive rounding program, utilizing Rapid Response Team (RRT) Rounders, as a major success and sought an evidence-based and algorithmic approach to better support early identification on a system level. Committee members searched the literature and investigated available artificial intelligence surveillance tools in order to identify potential solutions for NorthBay Healthcare.

Meanwhile, Natalie Correll-Yoder, Critical Care Clinical Nurse Specialist and RRT program manager, presented NorthBay Healthcare’s proactive rounding approach and failure to rescue data at the American Association of Critical Care Nurses national conference. Representatives from PeraHealth, developers of Rothman Index, attended Natalie’s presentation and invited her to their vendor booth to learn more about their tool.

Rothman Index is a validated web-based remote clinical surveillance system, which monitors patient information from the electronic health record. Information from vital signs, laboratory values, and nursing assessments updates real-time to develop index scores that are trended over time to provide a graphical visualization of a patient’s condition. Proactive monitoring and deterioration warning notifications help the healthcare team identify at-risk patients sooner for early intervention. Natalie brought the Rothman Index solution back to the Failure to Rescue Committee to evaluate and compare to other existing and similar early warning systems. The team was impressed with the tool and built the business case to implement Rothman Index in 2020.

The team implemented the solution on a phased approach. Phase one of the project began in October, 2020. Initial training focused on Clinical Nurse Supervisors, RRT Rounders, Respiratory Care Practitioner Leads, Clinical Nurse Leaders, Clinical Nurse Specialists, Nursing Education Specialists, Clinical Managers, and provider champions from hospitalist and intensivist groups. Approximately 120 individuals underwent training to become superusers for the new tool. Rothman Index was officially implemented November 3rd.

Rothman Index provides warning notifications based on physiologic state and can trigger the healthcare team based on score and trend. Team members can view a dashboard by unit, create patient lists, and further investigate a specific patient’s trends and triggers. Managers, Clinical Nurse Leaders, and Clinical Nurse Supervisors review Rothman Index for patient trends, scores, and warnings during handoffs, throughout the shift, and upon patient transfers. RRT Rounder nurses and Respiratory Care Practitioners on the Rapid Response Team monitor Rothman Index scores and trends and collaborate with patients’ primary nurses and providers to review Rothman Index indicators, Modified Early Warning System (MEWS) scores, patient condition, and potential interventions.

Rothman Index has helped the healthcare team with a number of safety saves since implementation. Examples include earlier detection of internal bleeding, better treatment for fluid resuscitation in a septic patient, and identifying a compassionate course of treatment for an end of life patient. Phase two of the project, scheduled to occur in 2021, will include Cerner integration and training for all clinical nurses. Goals for 2021 include decreasing unplanned ICU transfers, optimizing level of care for patients, and decreasing patient mortality.
NEW KNOWLEDGE, INNOVATIONS, AND IMPROVEMENTS

Escape the Room: An Evidence-Based Approach to Patient Safety

In 2019, Lisa Torgerson, Acute Care Unit Nursing Education Specialist, began the Evidence-Based Practice (EBP) and Research Fellowship Program. This intensive mentorship program aims to develop leadership and problem-solving skills by exploring how to develop, implement, and evaluate an EBP project or conduct a research study. Fellows have the opportunity to lead changes to improve clinical practice, patient outcomes, and system processes through their fellowship work.

In 2020, Lisa implemented her project comparing the efficacy of gamification to the existing practice of computer-based training as a learning modality. Her EBP project, focused on adult learning, sought to answer the question: “What if you only had 30 minutes to create a lasting impression and change the way a nurse practices?” The project introduced gamification through use of an “escape room” to educate new hires on fall risk identification. Gamification uses elements of game playing, point scoring, competition, and rules of play, to encourage greater information retention. Adult learning principles encourage learners to take an active role in learning. Offering different learning methods allows for individualized learning for different learning styles.

Lisa piloted the escape room with the new graduates in the NorthBay Nurse Residency Program and their preceptors prior to launching the escape room at Nursing Services Orientation. Initial feedback from the group was positive. During the escape room, learners were transported back to a tragic day set in the 1920s. In this prohibition era, a young sheriff brought his new bride to a small county hospital for a laceration to her foot. The object of the escape room was for the participants to detect fall-risk hazards before the new bride’s life comes to a devastating end. Teams entered the simulation lab, to find era-appropriate props and fall risk hazards. Once teams identified universal fall precautions and determined the young bride’s fall risk, they escaped to the other side of the lab, a modern day hospital room. By identifying fall risks and applying high fall risk interventions, the successful teams escaped the room. Findings were discussed in the debrief. The debriefing portion of simulation training is a key element to reinforce learning and focus on lessons learned.

The project is ongoing in 2021 as Lisa continues to collect information on fall prevention knowledge assessments and plans to implement gamification strategies into existing educational structures.

EBP and Research Resources Expand

NorthBay Healthcare offers a variety of resources to assist nurses and interprofessional team members advancing practice through quality improvement, evidence-based practice (EBP), and research. The Library Resource Center provides a centralized location for online resources including point-of-care resources, bibliographic databases, journal subscriptions, specialty guidelines, and links to healthcare organizations and professional associations. In 2020, a medical librarian was added to the list of available resources to support research needs. The medical librarian assists with literature search needs and obtains journal articles through inter-library loan. Resources are evaluated annually by nursing experts in the Nursing Education and Clinical Practice Development Department and the EBP and Research Council.
Interprofessional Collaboration Introduces New Service to Community

A request to begin a new service, transcatheter aortic valve replacement (TAVR), a treatment for aortic stenosis, initiated through the Service Alignment Committee in October, 2019. NorthBay Healthcare had been surgically repairing aortic stenosis since beginning the cardiac surgery program in 2009. In 2011, TAVR began as treatment for patients with inoperable aortic stenosis. As technology became more sophisticated, TAVR became a treatment option for a broader patient population. By 2019, even low risk aortic stenosis patients met criteria for the procedure compared to open surgical valve replacement. TAVR offers a less invasive approach with shorter recovery times.

According to statistics, approximately 1,400 Solano County residents are living with severe, untreated aortic stenosis. TAVR was currently not available in Solano County, meaning these patients would need to seek treatment elsewhere. Expanding the cardiovascular program to include TAVR would help NorthBay Healthcare continue to live its mission, providing advanced medicine, close to home.

A TAVR Steering Committee formed to address operational needs, design workflows, establish quality monitoring, and develop an education plan for nurses. The committee included members from many different departments. Physicians, cardiac nurse practitioners, cardiac catheterization lab team members, project managers, quality improvement coordinators, and leaders represented areas across the healthcare continuum from inpatient to ambulatory. New communication and hemodynamics systems were added to the hybrid operating room. The team developed order sets for patient care and built patient education resources. Nurses in the cardiac catheterization lab, intensive care unit, post anesthesia care unit (PACU), and ACU 1600/1700 received training on aortic stenosis, patient selection for TAVR procedure, and pre and post-procedure care.

The first TAVR case was successfully completed on August 26, 2020 with a total of 9 cases during 2020. An interprofessional team of cardiologists, cardiac surgeons, radiologists, anesthesiologists, and nurses provide coordinated, comprehensive care for TAVR patients. Team members from perioperative services and cardiac catheterization lab collaborate with providers in the hybrid operating room for the procedure. Patients initially recover in the intensive care unit or PACU and then transfer to the acute care unit before being discharged home. Nurses in Cardiopulmonary Rehabilitation work with TAVR patients following their hospitalization to help patients regain their strength and increase their stamina. NorthBay Healthcare submits data to the American College of Cardiology TAVR registry in order to evaluate ongoing quality outcomes.
LOOKING AHEAD

We conquered 2020. We, NorthBay can do anything. Time to stabilize, rejuvenate and center ourselves on a bright and optimistic future. Out of adversity comes an opportunity for change and new ways of thinking. Telehealth, new care delivery models, rigorous infection prevention, masks, vaccines and staying connected virtually are new normals. Our mission of advanced medicine, compassionate care, close to home will never change.

Embrace 2021. We are NorthBay.

Sincerely,
Traci Duncan, DNP, RN, NEA-BC
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