Nursing Neighborhoods Planned for Inside the Hospital

Today’s hospital patient population in Shawano is, on average, sicker and more elderly than in past decades. These two factors, combined with the stress of being in an unfamiliar environment and changes in medications, can cause many of our patients to feel restless and confused. When a person tries to get out of bed on his or her own, the risk of falls and injury is quite high.

As we designed the floor plan for ThedaCare Medical Center-Shawano, we made it priority to consider the people we now serve, and how our patient population is expected to shift in the future. One of our goals was to personalize the level of care so that patients at high risk for becoming agitated or falling have more supervision and help. Here are several steps we’ve taken achieve this patient safety goal:

• At the new TCMC-Shawano, each patient care unit will be served by four small nursing hubs, or nursing neighborhoods, where nurses are stationed just steps away from a small number of patient rooms. This means nurses can respond more quickly to calls, and they get to know the individuals in their “neighborhoods” better.

• We will continue to implement our no-pass system, which requires all staff to stop at a patient’s room whenever he or she sees a call light, even if the patient is not assigned to his or her care. The no-pass program means that patients get the quickest personal response possible, even if the first person to respond needs to call for help to complete the patient’s request.

• The TCMC-Shawano patient calls will be received on individual nurses’ wireless phones, not simply at the nurse’s station or as a light outside a patient’s door. For patients at high risk, specialized alarms integrated into the hospital bed will alert staff if that person is staying to get out of bed. All the new patient beds will be equipped of these differentiated alarms, to be set as needed.

• Very high risk patients may need someone, called a sitter, who is a caregiver that stays with the patient in his or her room. This program is especially reassuring to family members who may already be exhausted from their caregiving duties at home. They are reassured by the level of care we can give to their loved ones, and they, too, can get some well-deserved rest.

The nursing neighborhood design of our new hospital reminds me of the way our own families and neighborhoods work. When we are close to people, we know their routines, preferences and needs. A newspaper left on her stoop too long might mean we should check on the elderly neighbor next door. Every parent knows when his or her child suddenly looks “not quite right” with the onset of illness. Some people want to hold a hand during difficult times, while others prefer to rest quietly alone. As our nurses continue to provide expert and compassionate care in our hospital, we are happy to provide them, and our patients, with a new layout to better know and care for our neighbors and families.

Horsepower Fuels Friendship
Here at SMC and at Boldt, we knew the 18-month construction of our new ThedaCare Medical Center-Shawano out at County B and Highway 22 would have an impact on the neighbors. For starters, they’d see more trucks and hear more noise than usual, so we began to meet with the neighbors at the existing ThedaCare Physicians-Shawano clinic well in advance of breaking ground. Of particular concern to us was Gary and Donna Magee’s sprawling oval horse track just over the property line from the building site. Would our equipment spook the horses? Would we interfere with Gary’s work, teaching his animals to pull carts? How could we make all the changes (and messes) along the property line without frustrating Gary and Donna, whose family has operated the farm for three generations, well before the neighboring field was eyed for ambulance service?

Our worries were misplaced. Gary is a retired architecture instructor at Northeast Wisconsin Technical College and is proud to say that a couple of his students are now employed at The Boldt Company. He’s got a passion for construction—and an appreciation for what a new hospital will bring to his family’s community. He told me, “I’ve totally enjoyed watching the process over at the new hospital. I consider Boldt a top-shelf company and ThedaCare has gone out of their way to make this whole experience enjoyable.”

One time we had to remove several truckloads of topsoil from the construction site and were about to pay a hauler good money to take it away. Gary happened to be in need of soil to resurface his horse track, and when he inquired about the mounds of soil next door, we were more than happy to deliver and grade it for him. It saved ThedaCare a lot of hauling expense, and Gary got the dirt cheap benefits.

Matt Peterson, our project manager at Boldt, recalls the time that grading the ThedaCare side of the property line was going to cause Gary’s fence line to sit atop a narrow piece of land. Together, the two neighbors opted to remove the entire fence and re-install it at a lower level. By looking ahead, we avoided the possibility of Gary’s fence being washed away in a strong rainstorm because of the dramatically different soil levels.

Gary told us early-on that he expected his horses to adjust to the construction commotion and didn’t feel it was necessary to call him with updates about our work near his property line. Only once was he literally forced to take the reins. A Wisconsin Public Television producer was out on his farm with a crew to film his operation. The producer asked to drive the cart just as the crane boom started to turn out over the track. When Gary saw this, he quickly took back the reins, as this particular horse might have made for an exciting video clip. Instead, they just clipped right past.

Both Gary and the Boldt crews have admitted they will miss each other when the hospital is finished. Gary is a self-described “smile and wave kind of guy.” He’s learned as much from the crews as they have from him, building a real friendship across the fence. Every time I hear about Gary, his horses and our new hospital, I’m reminded that we live in a very special place, where neighbors help neighbors. What a privilege it is.

First-in-Wisconsin Community Partnership Trains New Nurses on Site

When a community undertakes the challenges and expense of building a new hospital, there’s a lot of talk about large gifts, usually of a financial nature. Already, the new ThedaCare
Medical Center-Shawano has been on the receiving end of truly generous gifts and pledges that will help us build and shape the future of health care in the Shawano area.

This week I was honored to announce yet another set of gifts exchanged in our community, among our own people, in support of each other. Together with Dr. H. Jeffrey Rafn, president of Northeast Wisconsin Technical College, we announced an agreement to offer Shawano’s NWTC nursing programs on site at Theda Clark Medical Center-Shawano starting next fall. It’s the first such collaboration in the state of Wisconsin, and our agreement will bring more than 50 nursing students onto our campus each year to be trained as CNAs, associate’s degreed nurses, practical nurses or health care business services professionals.

But how is this considered a gift exchange, you wonder? Dr. Rafn was in search of a solution to the overcrowded NWTC campus in Shawano. At about the same time, SMC’s leadership was strategizing methods for hiring the next generation of nurses for service within our small rural hospital. NWTC was able to offer us the gift of motivated nursing students as potential employees. They come from our own city and towns, and now they’ll be trained with the exact same equipment that we hope they’ll someday use as TCMC-Shawano nurses. We were able to offer 5,000 square feet of customized space within our new medical center, including a lab to house a high fidelity simulator and an exact replica of a ThedaCare patient room. NWTC will also make the simulator available to our current physicians, nurses and their assistants for continuing education coursework as well as their faculty to assist us in ongoing training of our clinical staff.

I like to think of this fascinating partnership as a gift to all of you. We’ve worked hard to be good stewards of our community’s health care and education resources. We’ve affirmed our belief in excellent quality health care close to home. How wonderful it is to have more of our own friends and neighbors be part of the team that delivers that care. It’s truly the gift that keeps on giving.

Captains and Superusers Lead Hospital Move

Moving to a new hospital takes a lot of planning—about a year’s worth, to be exact. If you were to visit our weekly three-hour Tuesday hospital move meetings, you’d find 52 people focused on two large projection screens reviewing a list of more than 300 planning tasks. For example, this week we talked about defining the process for the wireless nurse call system and how to move compressed air cylinders, then transitioned to listing the location of each department’s mail boxes and detailing the process for sending dirty dishes to the dish room.

As a leader in this planning effort alongside Denise DeWitt, an invaluable seasoned ThedaCare construction manager who specializes in making smooth transitions to new facilities, our job is to sweat the small stuff AND the big stuff. Nearly a year ago, we identified three key people in each department who would be part of our move team in addition to their department managers or supervisors. The move captain is accountable to his or her colleagues and the move committee for creating a move plan that addresses the needs and concerns of his or her department. The department computer system superuser is accountable for keeping colleagues plugged in to IT hardware and software changes, and the process flow superuser helps plan and educate staff on the new departmental layout, equipment and patient care procedures.
While every aspect of the environment we work in will change in the new hospital— one thing remains the same: the duty to our patients to provide compassionate and quality care. That’s why we’ve made plans to ensure that no person will be moved to the new hospital on September 20 unless he or she is in stable condition. We will have the staff and equipment to provide first-rate care where our patients need us. In fact, we plan to keep several departments operational at both sites on move day, including imaging (x-ray), lab and surgery. This means a mother in labor will deliver at the hospital where she arrived. A visitor to the ER will have his or her bloodwork and x-rays completed on site, and surgery, if needed, will take place there, too. Only when all of our patients are well enough to move or be discharged, and we have the new site up and running, will we close the SMC site.

The good people who’ve stepped up to be part of the move committee are in the midst of a once-in-a-career experience. Our Tuesday meetings feel organized, confident and focused. We are a close-knit team with a common goal. We motivate each other. We even joke that names like move captain and superuser sound like names for superheroes. Maybe we should add 52 superhero capes to that linen order?