2012 Nursing Report

Stormont-Vail HealthCare
“I believe wholeheartedly that we are better because we meet the criteria required to achieve Magnet™ designation.”

– Carol Perry, RN, BSN, MSM
Vice President & Chief Nursing Officer
In Pursuit of Greatness!

If I had to describe our 2012 accomplishments in one word, it would be quality. Stormont-Vail and Cotton-O’Neil have long been known for providing safe, high quality care. We, as an organization, expect it. Our patients expect it. Period.

However, in 2012, we took quality to a new level! Our quality care has always been good, but after a year of intense focus and involvement at all levels, we are beginning to see measurable results and are moving from good to GREAT!

The key has been getting staff in all areas and at every level engaged in conversations about safety and quality. Patient Safety Leadership Rounds have been the foundation for our efforts. Having the opportunity to round, ask questions and listen to staff on the front lines of patient care has been enlightening and educational. A spreadsheet of issues discovered during rounds is now reviewed on a regular basis, and process improvements are being made. We will continue whittling away at the issues that exist and listening to staff about new challenges as they are discovered.

In addition to rounds, the Patient Safety First initiative specifically targeted hand hygiene in 2012. Hospital departments and clinics were challenged to find ways to improve hand hygiene compliance in their areas and communication was distributed throughout the organization. The result has been improvement in every area.

Looking forward to 2013, we will continue to work on our next step of the Magnet™ journey – redesignation. We are on our way to having our document ready this spring and we look forward to our redesignation site visit sometime later in the year. It will take everyone working together to achieve redesignation. Thank you in advance for your support during the home stretch of the document preparation and during the site visit process. It’s been exciting to see the American Nurses Credentialing Center’s Magnet™ principles become ingrained in our organization. I believe wholeheartedly that we are better because we meet the criteria required to achieve Magnet™ designation.

Thanks for all you do to provide the very best care for our patients and families. Your dedication, compassion and hard work are what make us the GREAT organization that we are!

Carol Perry, RN, BSN, MSM
Vice President & Chief Nursing Officer
Anne Martinez, RN, Neonatal Intensive Care.

Whitney P. Williams, fourth level nursing student, (above), Kaylene Bonjour, second level nursing student, (below in window), Baker University School of Nursing, and Patricia Elliott, RN, Education and Organizational Development instructor (below)
With the ultimate goal of creating the ideal patient and family-centered care model, the Continuum of Care department has a huge task ahead of them. Under the leadership of Dr. Doug Rose, chief medical quality officer, Carol Perry, vice president and CNO, and Amy Kincade, BSN, MBA, RN, administrative director of Continuum of Care, the department has been working to bring together processes and departments, both in-patient and out, to improve continuity of care and reduce hospital readmissions.

In 2012, Continuum of Care focused on how to provide support and a seamless transition for patients scheduled for surgical procedures. A surgical nurse navigator role is being piloted with elective orthopedic procedures. The navigator is patient-centered and acts as a liaison between the patient and the health care system. The nurse navigator helps patients optimize wellness pre-operatively, assists in pre-procedure planning of services and provides post-operative follow-up and education.

In addition to starting the surgical nurse navigator program, Continuum of Care focused on improving the discharge process, working to ensure patients receive a coordinated transition back to home or alternate facilities. A multidisciplinary discharge/transfer work group was developed to standardize the discharge/external transfer process for patients leaving the hospital from the Emergency Department, in-patient and out-patient areas. Enedina Patch, BSN, RN, was hired as Continuum of Care nurse manager in August 2012 and has been instrumental in leading this work group. The group’s work includes current workflow analysis, identifying patient and staff needs, consolidating forms, procedures and policies and proposing new efficiencies that might be gained with our new electronic medical record. The goal in 2013 is to propose a new structure, policy and procedure to guide staff through the best possible discharge/external transfer process for patients.
Both volumes and patient satisfaction in the Emergency Department have been on the rise since the department moved into its current location three years ago. To continue these positive trends, the Emergency Department embarked on a project to reduce the length of stay in the Emergency Department in 2012. In July, the hospitalist admission process was changed. Length of stay in the Emergency Department for admitted patients in August dropped, even with a continued rise in Emergency Department census. Other initiatives also implemented to decrease Emergency Department length of stay include adding
an Emergency Department phlebotomist and MRT tech, CT scan with oral contrast time decrease and patient placement coordinators working in the Emergency Department.

Another big initiative in the Emergency Department in 2012 was the creation of an RN Quality Coordinator position. This position is responsible for mastering clinical applications such as nursing and physician clinical documentation and electronic order entry and optimizing the applications for specific workflow to train Emergency Department staff. The coordinator also educates all department staff, including new hires, on clinical documentation systems, works with ED leadership to identify continuing education and performance improvement needs, and is responsible for the collection and analysis of ED’s unit-specific data and accreditations. The coordinator also serves as the department’s champion for Magnet™ designation, educating staff and monitoring the department’s patient care indicators to comply with Magnet requirements.

Also related to patient safety and quality, the ED partnered with the Pharmacy Department in 2012 to implement Med Rec Double Check, a new medication reconciliation process provided to all patients admitted to the hospital from the ED. Med Rec Double Check involves reviewing patients’ current medication lists, finding out how and when patients take medications and if patients are taking any over-the-counter medications. Patients also are asked about allergies and vaccination history. If an ED physician determines a patient needs to be admitted to the hospital, a Med Rec technician or pharmacy student reviews a medication list again, and with patient permission, may contact the primary care physician to make sure all medication history is complete.
Two initiatives in the Surgery Department in 2012 focused on improving quality and patient safety. First, the Surgery staff began consistent use of the Norm-O-Temp patient temperature management system to help patients maintain an adequate temperature range in the cold surgery environment. Research shows patients have better post-operative outcomes when they arrive in the Post Anesthesia Care Unit (PACU) with a warmer temperature.

Second, Surgery staff began regular use of gel pads for bowel and total joint surgeries. The gel pads are used when positioning patients and are shown to reduce neurodeficits and pressure ulcers for surgical patients.

Hand hygiene was an area of focus for many patient care services departments in 2012. The Surgery Department increased attention to hand washing for sterile technique.

In the Post Anesthesia Care Unit (PACU), nurses revamped the entire surgical services post op orders so they would be ready for Computerized Provider Order Management (CPOM) in July. The PACU staff nurses took extra patients so one registered nurse could be pulled from regular PACU duties and work on the majority of this process.

During CPOM implementation, the PACU had six super users who supported physicians, teaching and helping make the process run as smooth as possible. The PACU team worked together, supported each other and staff in other surgery areas during the implementation.
NURSING BY THE NUMBERS

Registered Nurses: 1,150
Licensed Practical Nurses: 330
Patient Care Technicians: 516
Licensed Mental Health Technicians: 13

Nursing Continuing Education:
Classes Offered: 291
Total Attendance: 3,911
Total Continuing Education Hours: 1,646
The Cardiac Catheterization Lab continued to collaborate with American Medical Response (AMR) and the Emergency Department to reduce door-to-balloon times for heart attack patients. AMR has been empowered by the Acute Cardiology Committee to activate the Cath Lab team directly from the field for heart attack patients. This facilitates the Cath Lab team mobilization even before the patient arrives to the Emergency Department, which helps decrease door-to-balloon times.

The Electrophysiology Lab is working to establish a self-service remote device check station at the Cotton-O’Neil Heart Center to allow patients the convenience of device monitoring follow up if the patient no longer has landline phone access. This also allows for more patients to be seen in the clinic instead of in the hospital.

The EP Device Clinic has expanded outreach for device patients to Emporia and St. Marys. It will expand to Manhattan in 2013.

The Cardiovascular Outpatient Center (CVOPC) implemented an overnight shift for care of procedural patients in July 2012. Overnight care is now available Monday through Thursday and Friday evening. This allows patients with overnight needs to stay in the CVOPC and be discharged early the next morning instead of occupying an in-patient bed that could be utilized for patients in need of longer care.

The CVOPC also established its own pre-access registered nurse role in 2012. This allows for improved efficiency for preparing patients for procedures. This and other work flow transitions have helped decrease the time required to prepare patients for procedures.
In a continued effort to improve quality, outcomes and patient satisfaction, The Birthplace made three major changes in 2012 – the development of a Clinical Nurse Leader position, the creation of a Laborist program and the implementation of a “hard stop” policy for elective deliveries.

The Laborist program puts an obstetrician in the hospital. Lincoln Center OB/GYN physicians provide the coverage, caring for their practice patients who are laboring, providing support to certified nurse midwives and family practice physicians as requested, managing obstetrical emergencies, including unattended deliveries, providing care for unassigned patients and evaluating fetal strips as requested. The goal of the Laborist program is to create an increased level of safety, improving outcomes, and to improve communication among nurses, midwives, patients and family members.

The clinical nurse leader, a new position, focuses on safety, quality and improving patient outcomes, efficiencies and processes. Karen Copeland, RN, was
Patient care staff at the Stormont-Vail Cancer Center worked to improve patient experience in 2012 by creating a Patient/Caregiver Advisory Council. The council, which had its first meeting in October, meets to discuss opportunities to improve and enhance the patient care experience for patients and family members at the Cancer Center.

In April 2012, the Cancer Center started a group education session. Nearly 150 patients have participated in the educational sessions since they were started.

The outpatient palliative care program at the Cancer Center continued to grow in 2012. Coordinator Robin Holthaus, RN, has used her passion for palliative care to improve quality of life for many patients and their families. Members of the palliative care team work closely with oncologists and patients to help minimize the harsh side effects of cancer treatments and determine if and when side effects are out of the ordinary and how to best manage them.

Copeland also leads daily interdisciplinary rounds with the perinatologist, his nurse midwife, the laborist, neonatologist, Birthplace charge nurse, social worker or case manager. Occasionally, a pharmacist and other obstetricians attend the meeting. According to Copeland, the rounds have improved communication among the disciplines and physicians.

Finally, The Birthplace implemented a “hard stop” policy for elective deliveries. Unless medically indicated, induction of labor or scheduled cesarean section prior to 39 weeks gestation will require approval of the OB/GYN department chair and the Birthplace director. Research shows that waiting for 39 weeks gives a baby’s brain, lungs and liver more time to develop. Patients who’ve been induced often have stronger, more frequent contractions, take longer to deliver and more often result in a C-section. The policy is closely aligned with the March of Dimes 39-weeks campaign and the High 5 for Mom and Baby program.
In February 2012, the Pediatrics department implemented the inpatient Vaccine for Children program. Upon admission, every pediatric patient is screened regarding the status of childhood immunizations. Immunizations are provided to those children behind on their recommended vaccines.

A process improvement initiative to increase the number of pediatric asthmatic patients discharged with an asthma action plan was started in Pediatrics in March 2012. Compliance with the action plan increased from 0 percent in March to 93 percent in November.

HCAHPS scores improved by 29 percent after staff education related to communication of possible side effects of new medicines. More than 160 patients were cared for in the Pediatric Intensive Care Unit in 2012.
Two major pieces of technology were added in IV Therapy to improve IV Therapy efficiency in 2012 – a vein ultrasound machine and a portable accuvein finder.

To improve the quality and safety of PICC line insertions, IV Therapy established a patient care technician dedicated solely to assist with them. The PCT observes the inserter’s sterile technique, helps position the patient and gathers supplies. This process has improved efficiency and improved workflow for both IV Therapy and patient care staff.

Streamlining processes and workflow improved the Infusion Center’s ability to treat more patients and provide more nursing hours in 2012 than ever before. With the changes, the Infusion Center was able to provide an additional 170 hours of nursing care each month, compared to 2011, and patient volumes have increased as well.

Because many of their patients come for regular treatments, Infusion Center staff often have the opportunity to get to know patients on a personal level. A dedicated Infusion Center transporter is available to help wheel patients to the Pavilion if needed, making getting to and from treatment a little more tolerable for patients who are in pain or have difficulty with mobility.
The Total Joint Center provides postoperative care to patients who have undergone a total hip, knee, or shoulder surgery. Joint replacement surgeries are scheduled on Mondays and Tuesdays and patients are ready for discharge on Thursday and Friday, allowing the Joint Center to be open from 8 a.m. on Monday and until 3 p.m. on Friday. This unique approach to patient care was supplemented in 2012 with the addition of a surgical nurse navigator. The navigator follows and assists the patient through the continuum of care beginning in the clinic through post discharge, answering questions and assisting the patient with coordination of care as needed.

The Total Joint Center is designated by The Joint Commission as a Center of Excellence for hips and knees. This designation follows an intense one day survey that reviews selected metrics such as patient reassessment following the administration of pain medication and patient falls; chart reviews focusing on the patient’s involvement in the plan of care and discharge instructions; observations of the team as they provide care to our patient population; and interviews with staff and patients. In 2012, 484 patients had total knee replacements and 204 patients had total hip replacements.
### Professional Nurse

#### Level 2
- Anne Abbo
- Allison Alexander
- Andy Barnes
- DeAnna Bean
- Erica Bletscher
- Lorie Bollinger
- Marian Bolz
- Brianna Brown
- Julie Brown
- Carrie Browning
- Patricia Caby
- Michelle Clark-Galvan
- Anne Cleverdon
- Amanda Cox
- Amanda Crabbs
- Dinel Cropper
- Candace Egnoske
- Diana Estes
- Nicole Fager
- Brooke Faria da Cunha
- Jennifer Fizer-Neal
- Megan Fox
- Barbara Froelich
- Ric Gengler
- Ali Hanna
- Nancy Hanni
- Kylie Hastings
- Rhonda Henderson
- Debra Heston
- Paula Higley
- Debbie Hundley
- Rachel Hundley
- Rebecca Hurla
- Lori Jefferson
- Deborah Jenkins
- Jamie Johnson
- Suzette Keck
- Mary Kennedy
- Rachel King
- Mary Lawhon
- Erin Lee
- Tammy Lewis
- Amber Long
- Nancy Mann
- Lori Marteney
- Lindsey McClellan
- Jessica McHenry
- Lois Miller
- Mary ‘Elane’ Miller
- Patricia Miller
- Leandra Monreal
- Cynthia Morlan
- Kimberly Munoz
- Naomi Munoz
- Kristine Myers
- Carolyn Nauheim
- Rebecca Neely
- Nancy Nelson
- Joan Niehues
- Cathy Nye
- Rhonda Palmer
- Nancy Pankratz
- Sheila Raaf
- Sandra Roe
- Kelly Seuell
- Jessica Shippee-McDaniel
- Jennifer Smith
- Krista Smith
- Travis Smith
- Julie Snyder
- Caroleen Spencer
- Arlin Spoo
- Rose Steenhoven
- Cinda Stiffler
- Debra Swindale
- Joy Thomas
- Jessica Tollefson
- Lori Tripp
- Anne Turnbull
- Shelly Vollintine
- Tiffany Wagstaff
- Katina White
- Megan Wiechen
- Angela Williams
- Allison Wolf

#### Level 3
- JoEllen Adams
- Shirley Appleton
- Lori Bacon
- Deidre Barnett
- Jennifer Bradley
- Tracy Bredow
- Diana Brosa
- Jana Brown
- Amy Christian
- Karen Copeland
- Kathy Dehn
- Tracy Duran
- Jessica Freeland
- Kendi Knox
- Brenna Lichter
- Kristina Lindecrantz
- Erin Malone
- Gerry Marstall
- Anne Martinez
- Erin Morris
- Debra Pauly
- Randi Peerenboom
- Staci Petersen
- Jennifer Phelps-Roper
- Lucy Pitts
- Jami Potter
- Elizabeth Purcell
- Kimberly Scamman
- Roberta Schilling
- Brooke Shumaker
- Phillip Smetak
- Cheryl Stanley
- Catherine Steele
- Diana Tice
- Ashley Toyne
- Martha Tucci
- Belinda Underhill
- Sharon Williams
- Alison Wilson

#### Level 4
- Torey Hicks
- Danielle Patterson
- Theresa Tetuan

#### Mid Level Ladder

**LEVEL 2**
- Gina Anderson
- Kelli Bradbury
- Gary Graf
- Renee Johnson
- Debra Salsbury
- Donnett Streeter

**Level 3**
- Carol Bragdon
- Mary Roy

**Licensed Practical Nurse**

**Level 2**
- Holly Bartlett
- Diann Dennison
- Diane Flerlage
- Carrie Zumbrage

**Level 3**
- Evelyn Bruce
- Rachel Buchanan
- Patricia Cress
- Patricia Elliott
- Amy Karle
- Connie Pritchard
- Jessica Slagle
The Stormont-Vail Foundation once again sponsored the Excellence in Nursing Awards on May 10 at Stormont-Vail HealthCare’s Pozez Education Center. The awards recognize and celebrate outstanding professional work by Stormont-Vail HealthCare patient care staff. Sixteen award winners were chosen from a large number of high quality nominations.

The Selection Committee included Bernie Becker, Carol Perry, Jane Mackey, Kevin Cassidy, DDS, Shirley Appleton, Lori Bacon, Dani Patterson, Deborah Heaney, Connie Pritchard. The Selection Committee had the difficult task of selecting awardees who were both highly qualified and accomplished caregivers. While the task was challenging, it also provided a sense of gratification and appreciation for the importance of the work done at Stormont-Vail HealthCare and Cotton-O’Neil Clinic and the quality and compassion with which patient care services are delivered.

**Excellence in Nursing Practice**
- Sarah Ferre’, RN
  - Cotton-O’Neil Digestive Health Center
- Denise Sabatini, RN
  - Cotton-O’Neil Neurosurgery

**Excellence in Nursing Leadership**
- Ellen Page Cooley, MSN, APRN, NNP-BC
  - Neonatal Intensive Care

**Excellence in Nursing Mentorship**
- Julie Lang, RN
  - Surgery
- Heather Sims, RN
  - Post Surgical

**Excellence in Nursing Preceptorship**
- Erin Hickey, RN
  - 5 North
Jennifer Nelson, LPN
Cancer Center

Excellence in Licensed Practical Nursing

Mary Ann Root, LPN
Cotton-O’Neil Internal Medicine

Excellence in Nursing Research

Amy Jarvis, RN
Critical Care

Anne Martinez, RNC
Neonatal Intensive Care

Distinguished Community Service

Jennifer Nelson, LPN
Cancer Center

Excellence in Patient Care

Rising Stars

Rebecca Brown, PCT
Cotton-O’Neil Carbondale

Rising Stars

Jasmine Mallory, PCT
Post Anesthesia Care Unit – Surgery

Michelle Myers, PCT
Cotton-O’Neil Neurology

Klint Paillette,
Operating Room Assistant/Traction Tech – Surgery

Krystal Brunin, RN
Pediatrics

Diana Estes, RN
3/4 Pavilion