Dear Munson Nursing Staff,

2013 was a significant year for all of us. Nurses played a critical role in providing high quality patient care and supporting the goals of the organization. To showcase our work this year, we organized our Nursing Annual Report around the organizational goals. They are:

- Making Munson a great place to work
- Making Munson a great place to practice nursing and medicine
- Making Munson a great place to deliver safe patient care
- Making Munson operationally and financially strong for the future

This publication allows us the opportunity to highlight the key accomplishments nursing has achieved and the significant contributions the nursing staff has made to Munson Medical Center. Nursing’s professional practice model is to provide care that is patient-centered, relationship-focused, outcome-oriented, ethically-driven, and evidence-based. This is demonstrated in the various stories found throughout this publication.

Our Nursing culture reflects the reality of health care today, that is, that we practice in an environment where we must meet or exceed quality standards, achieve high levels of patient satisfaction, and also balance tight budgets. Health care reform is upon us and nursing is pivotal in helping Munson survive and thrive in this new environment. Financial stewardship by nursing is evident in many of the examples included in this publication.

As we move forward in the year ahead, we will be transitioning to a new model for our shared governance structure. We need an environment where nurses are empowered to improve upon the care being provided to patients. We have implemented evidence-based protocols and improvements in fall prevention, skin breakdown, stroke care, and alcohol withdrawal. We are also continuing to support nurses in achieving higher levels of education. This will position us to strengthen the critical thinking and decision-making skills of the professional nursing staff, who are with patients 24 hours a day, seven days a week.

Health care is changing and growing more complex each year. This requires health care professionals to acquire new skills and competencies – in technology, leadership and change management, systems improvement, and evidence-based practice. These will be areas of focus in the year ahead as we meet the challenges we face.

The 2013 Nursing Annual Report tells your story. It is a great read. Enjoy, and be proud!

Sincerely,

Jim Fischer, MS, MBA, RN, NEA-BC
Vice President, Patient Care Services and Chief Nursing Officer
Munson Medical Center
A4 Nurses Honored with Beacon Award

The American Association of Critical-Care Nurses (AACN) conferred a silver-level Beacon Award for Excellence on Munson Medical Center’s A4 nursing staff in the Webber Heart Center. Just six other hospital nursing units in Michigan have achieved a Beacon Award for Excellence.

“The Beacon Award means that A4 nurses are a role model nationally for other nursing units,” said Phyllis Bertram, BSN, RN, manager of A4. “Their consistent and systematic approach to evidence-based care optimizes patient outcomes and I applaud them for their high standard of patient care.”

The Beacon Award for Excellence recognizes unit caregivers who successfully improve patient outcomes and align practices with AACN’s six standards for a healthy work environment. Units that achieve this three-year, three-level award with gold, silver, and bronze designations meet national criteria consistent with Magnet Recognition, the Malcolm Baldrige National Quality Award, and the National Quality Healthcare Award.

“This represents a significant milestone for A4 nurses and further reveals for our patients and the community the quality of care they experience from nursing staff at Munson,” said Jim Fischer, MSN, MBA, RN, NEA-BC, vice president of Patient Care and Chief Nursing Officer at Munson.

Nurses Recognized for Outstanding Stroke Care

Intensive Care Unit nurses, Emergency Department nurses, and A7 nurses put forth tremendous effort to ensure stroke patients receive timely, evidence-based care. Their efforts were recognized in 2013 when Munson Medical Center received the American Heart Association and American Stroke Association’s Get With the Guidelines®-Stroke Silver Plus Quality Achievement Award.

The award honors Munson Medical Center’s success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to nationally accepted standards and recommendations.

Measures include aggressive use of medications, such as antithrombotics, anticoagulation therapy, DVT prophylaxis, cholesterol reducing drugs, and smoking cessation, all aimed at reducing death, reversing disability, and improving the lives of stroke patients.

“We would not be where we are without the nurses doing all of these evidence-based practices,” said Kathleen Glaza, MSN, RN, ACNS, BC, clinical nurse specialist with Munson’s stroke program. “Nurses drive everything that’s going on and make sure everything is in place.”

Multidisciplinary Stroke Team Wins 2013 James Stephen Quality Award

The 45-member multidisciplinary Stroke Team was presented with the James Stephen Memorial Quality Award given annually to an individual or team for dramatically advancing the standard of quality and patient safety at Munson Medical Center.

This team, including 21 nurses, was convened in 2011 with the goal of achieving certification from the Joint Commission as a Primary Stroke Center by meeting requirements that encompass the entire continuum of care.

The stroke initiative also supported the Institute of Medicine’s six aims to improve health care by making it safer, more effective, patient-centered, timely, efficient, and equitable. Munson was named a Primary Stroke Center in 2012.

The team then focused on building a regional approach to stroke care, as well as achieving targeted improvements in measures related to stroke. This team continues to serve as a model for collaborative, interdisciplinary work.
Great job, Shannon. Explained him so well. When he came in room, felt very comfortable with him. Glad I had him.

MUNSON HEALTHCARE

Name of employee you are recognizing: SHANNON ORLANDO
Department: AA
Your name: SHARON RICHIE
Your department: AA

Please explain why you are recognizing this person:
SHANNON WENT ABOVE & BEYOND TO HELP ME HANDLE MY PT’S PAIN, EVEN WHEN SHE HAD HER OWN ASSIGNMENT. THANKS SHANNON!

MUNSON VALUES PEOPLE

As members of the Munson Healthcare team, employees are continually gaining above and beyond their daily duties. It is their mission to put patients first, depend on and respect their peers, and to be compassionate. The Munson Values: People (MVP) program is a way for fellow staff members, physicians, patients and others to recognize those employees who, through their actions, attitude, or achievements, exemplify the Munson Values.

Stewardship

Compassion
Accountability
People
Respect

Please circle the above value demonstrated by the person you are recognizing.

PLEASE PRESS FIRMLY

Date: 1/17/14
Name of employee you are recognizing: The Heart Staff/Janis Spain
Department: Patient
Your name: Cath
Your department: Patient

Please explain why you are recognizing this person:
Everyone has been very nice, they have helped me as soon as called to that job without.
Physicians Focus on Partnering with Nurses

The Issue: As an important part of the patient care team, nurses need to understand the latest technology and procedures physicians use to treat patients.

The Action: Neurosurgeon John Cilluffo, MD, believes it is his duty to help nursing staff stay current with the technology he uses to treat patients. "A big stress point for patients comes when a physician says one thing and their nurse says another," Dr. Cilluffo said. "Unless we clearly communicate with nurses, how are they going to know?"

Dr. Cilluffo led a seminar for nurses at Munson Medical Center last year to discuss brain bleeds and his experiences in neurosurgery. He used real life scenarios, such as when a patient is showing a post-operative condition that should trigger a nurse’s decision to call him or take other action.

B2 and B3 nursing manager Matt Copeland, RN, said the seminar was well received. "You could look at the eyes in the crowd and see that staff was just completely engaged. We just really appreciated Dr. Cilluffo. He is a friend of nurses and also a teacher."

Dr. Cilluffo is not the only friend and teacher. Endocrinologist Jill Vollbrecht, MD, has offered education seminars for nursing staff and Medical Director of the Heart Failure Clinic Dino Recchia, MD, FACC, offered a seminar on “Recognition and Management of Advanced Heart Failure.”

The Outcome: Education is empowerment. When physicians share their knowledge and experience with nursing staff, it allows them to make informed decisions about a patient’s care. It also strengthens the relationship between nurses and physicians, creating a team environment.

D4 Nurses Go ‘Back to Basics’ of Patient Care

The Issue: With so many new requirements and multiple demands, nurses were experiencing high stress levels and were being unknowingly pulled away from the important basic care of their patients.

The Action: A Back to Basics campaign was created by the D4 Unit Action Council involving nursing staff and nurse’s aides. The UAC identified ambulation, oral care, skin care, and hygiene as areas of focus. A chart review was conducted to determine how many times staff offered basic hygiene care or ambulated the patient. Staff education was provided to clarify the importance of performing and documenting basic care. The UAC shared inspirational messages with staff, focusing on each basic care area separately.
Preceptor Program Improves New RN Experience

The Issue: A less than favorable score on the Culture of Safety survey asking staff on A4 if they felt the organization did well at training new hires prompted swift action.

The Action: A4 and C2 Manager Phyllis Bertram, BSN, RN, organized a Preceptor Summit to discuss ways to improve the new hire experience. The summit was held off site and allowed staff the time and space to discuss their current practices, address current strengths, and identify where improvements needed to be made.

The Outcome: The result was the creation of a streamlined, eight-week orientation process for new hires along with a new Preceptor Guide. The guide is a systematic and comprehensive overview of the entire orientation process with a set of identified goals all new hires must meet. New hires are matched with preceptors who help them meet the goals outlined in the guide. Preceptors answer questions and offer direction and support in the first weeks of employment.

Each new RN evaluates his or her orientation experience. RNs are reporting an overall positive experience – many say their expectations were exceeded. The program allows new RNs to develop supportive relationships with their peers and in many cases new friendships are formed. Employee morale has increased and new mentor programs are being discussed to advance the preceptor process.

As I meet with each new staff member, they praise the preceptors and the experiences they are having as a new A4 family member; so it is working!"

- Phyllis Bertram, BSN, RN, A4 and C2 Manager
Making Munson a Great Place to Work

Four Lessons from a Fish Market

The Issue: Helping staff feel engaged in the workplace and building a strong work environment requires targeted effort.

The Action: The “FISH Concept” was adopted on A3 several years ago and has continued to run strong. The concept is based on four beliefs: To build a strong work environment you need to 1) choose the right attitude; 2) be present for those you are with; 3) have fun at what you are doing; 4) choose every day to “make someone’s day.” The concept comes from the Pike Place Fish Market in Seattle where employees live and breathe those ideas, turning a stinky fish market into a place where people come from all over to watch them work and have fun.

Every person hired onto A3 watches a video about the FISH Concept and is assigned a short book about how anyone can incorporate these concepts into any work place – even a nursing unit. A “fish board” is displayed at the entrance to A3. Staff members write “fish awards” for co-workers who demonstrate one or more of the fish beliefs. These fish awards are compiled and sent to those recognized quarterly with a gift coupon to the cafeteria and a note from the manager.

The Outcome: Recognition is one of the measurements of employee engagement. Since adopting the “FISH” board, approximately 75 - 80 percent of the A3 staff has been recognized, with more than 250 actual “FISH” awards posted each quarter.

“One evening I was working on a chart near one of Gerald’s rooms in which he was taking care of a vented patient. I was extremely moved by the way he was talking to the patient in such a kind and gentle voice. He was explaining everything he was doing while offering support and comfort, even though the patient could not respond. The next day I shared the experience with the patient’s wife, who promptly began crying. She expressed her gratitude with the high level of compassionate care her husband was receiving. I am proud to work here on A3 with high caliber nurses such as Gerald.”

Gerald Tenbrink, A3
Naming ‘3 Good Things’ on A3 and C3

The Issue: A3 and C3 wanted to enhance their safety culture by increasing individual “positivity.”

The Action on A3: A small bowl was made available on A3 filled with slips of paper. Staff was asked to write down “Three Good Things” that happened to them. This method to build resiliency was suggested by Bryan Sexton, PhD, director of Patient Safety Operations at Duke University, who spoke with Munson’s senior leaders and management and nursing staff about ways to improve Munson’s culture of safety.

“You personally recognizing the positive things that happen in your day and recording them daily for a two-week period, you will develop a more positive outlook that can last for up to six months,” said A3 Manager Lori Kirkey, MSN, RN, NE-BC.

The Action on C3: Forty percent of nursing staff on C3 also participated in the “Three Good Things” exercise.

The Outcome on A3: “In a recent shared governance meeting staff discussed the most recent safety culture survey results and decided to continue down this path over the next year. We will again be doing a two-week documentation of ‘Three Good Things’ in April,” Kirkey said.

The Outcome on C3: The people who participated were surprised and supportive of the fact that this process of identifying three good things nightly was truly effective at enhancing their individual positivity,” said C3 Manager Chris Wilson, MSN, RN-BC, P.
PACU Focuses on Improving Communication

The Issue: Good communication and teamwork among nurses and physicians help prevent errors. Each member of the care team must bring safety concerns to the table in order to provide the best care possible. However, a reluctance to report safety issues was evidenced in a Safety Attitude Questionnaire taken by Munson’s Peri-anesthesia Care Unit (PACU) nurses. Of those who participated, only 45 percent felt their input was well received when they reported an unsafe environment, and only 67 percent felt encouraged to report patient safety issues.

The Action: A study was performed by Clinical Nurse Specialist Valerie Pfander MSN, RN, APRN, ACCNS-AG, CPAN that examined the impact of a communication and teamwork training course for PACU staff and its perception of patient safety issues. The training course included interactive scenarios and short case studies demonstrating positive communication outcomes and ways to work as a team with staff and physicians.

The Outcome: The goal was to create a change in staff behavior by demonstrating how empowering nurses creates a positive environment and a decrease in adverse events. A month after training, Pfander found significant improvements in staff behavior and perceptions. Staff reported an improved experience of teamwork between nurses, nursing assistants, and physicians and enhanced communication skills, leading to better safety practices in the department.

Cardiovascular Research Nurses Visit Lansing

Members of Munson Medical Center Cardiovascular Research team took part in the state’s first-ever Clinical Trial Awareness Day at the Capitol in Lansing in January.

Cardiovascular Research Clinical Coordinator Jan Boettcher, RN; Research Nurse Lynda Tulik, RN, and Research Nurse Deborah Douglas, RN, were among representatives from more than two dozen hospitals and research centers throughout the state that offered informational poster displays to showcase research initiatives taking place at each hospital.

“We thought the event was great and we’re very happy to be part of it, especially since it was the first one,” Boettcher said. “We hope they continue it because it also provides an opportunity to network with other hospitals and learn about the work they are doing.”

Rep. Bruce Rendon, R-Lake City, welcomed the Munson participants. “The awareness day was an eye-opener for me because you always hear about people going to Mayo or Johns Hopkins for medical help, but today I learned Michigan has all types of innovative and developing resources available right in our own communities,” he said.
Tabletop Rounding Part of Multiple Efforts to Reduce Length of Stay

The Issue: Multidisciplinary tabletop rounding was developed to help improve communication and shorten average length of stay. “Length of stay isn’t an issue that gets solved with one initiative,” said Jennifer Standfest, MSN, RN, director of Nursing Practice and Professional Development. “It takes everybody getting together doing multiple things to impact it.” The goal of tabletop rounding is to improve patient care through better team communication and to promote smooth discharge planning so everything a patient needs is in place when he or she leaves the hospital.

The Action: Tabletop rounds were piloted on A7 early in 2013 and also were implemented on A3, A4, and B4, with a modified version on A2. Each weekday, a core team of nurses, providers, case managers, pharmacists, utilization managers, clinical documentation integrity nurses, and ancillary staff (occupational, speech, and physical therapists) meet to discuss the majority of patients on the unit. The team spends one to two minutes per patient, and tabletop rounds last for 30 to 45 minutes.

The Outcome: Tabletop rounds highlighted the need for nurses to be at the bedside when providers physically round with patients so they can be an advocate and second set of ears for the patient and family. “It’s still a work in progress,” Standfest said. “We’re asking, what other elements are required to address length of stay and ongoing communication with families?”

On A4, length of stay has decreased from an average of 4 - 5 days to 3 - 3.5 days. Overall, inpatient length of stay is also slowly declining.

“Length of stay isn’t an issue that gets solved with one initiative. It takes everybody getting together doing multiple things to impact it.”

- Jennifer Standfest, MSN, RN, director of Nursing Practice and Professional Development

“Very challenging patient came into Triage and Janis came immediately to help me out even though she had a very full plate of her own at the moment. She was so caring and compassionate as well as providing expert care to this patient. I was completely inspired once again by how grateful I am to have Janis on my side to share our lifework. You are amazing, Jan, and I thank you for all you do to make our patients and my days go so well!”

Janis Pappas, RNC-OB, Maternity
Multidisciplinary Thoracic Oncology Clinic Increases Efficiency, Patient Satisfaction

The Issue: While progress continues toward building a cancer center where patients can receive coordinated cancer services in a single location, a weekly Multidisciplinary Thoracic Oncology Clinic began an early focus on that goal in October. The multidisciplinary clinic, located in the Munson Professional Building, provides some cancer patients with coordinated services in one location.

“Any patient with a suspicion of lung, esophageal, or thymus cancer, or a new diagnosis is a candidate for referral,” said Program Coordinator Kendra Worden, MSN, RN, FNP-C. “Patients with an existing diagnosis who would benefit from re-evaluation and treatment planning also are candidates.”

The Action: All physicians involved in a patient’s care meet in the morning along with key nursing staff to review the case and discuss treatment options. That same afternoon, the plan of care is presented to the patient and family. While they are going over the plan, an oncology clinical navigator sets up all the appointments needed. That same day, the patient also meets with a financial navigator who can help fill in any gaps in their insurance, a social worker, a nutritionist, and staff from palliative care, as needed.

“It is extremely patient focused,” said Tammy Stricker, RN, OCN, Oncology Clinical Navigator. “We are their one stop shop. They have one number to call if they need anything instead of trying to connect with three physician offices. They leave our office with an itinerary of all their scheduled appointments. With a multidisciplinary team, we’re hitting every base and we’ve had a phenomenal response from patients.”

The Outcome: Patients receive more timely, cost effective care with a multidisciplinary approach that meets all of their needs. One patient wrote: “I have had so many questions and concerns about my treatment and future. During the last three months I had felt as though I had fallen through the cracks of the medical system. Thankfully, the clinic helped bring things together for me and I now have the feeling of being cared for medically and emotionally. The clinic and the people have given me direction and support. I can’t thank you enough for what you have done and given me.”

“With a multidisciplinary team, we’re hitting every base and we’ve had a phenomenal response from patients.”

- Tammy Stricker, RN, OCN
Oncology Clinical Navigator
NICU Adopts Cue-based Feeding

The Issue: Feeding premature infants in the NICU is a complex skill that has many variables. Multiple factors play a role in successful feeding such as age, weight, oral motor skills, and feeding techniques and experiences. Many NICUs do not have consistent criteria for the progression of feedings. In the past, feedings were based on schedule, parent availability, or provider order. Literature suggests that premature infants can exhibit cues to initiate and terminate feedings.

The Action: The NICU Shared Governance Council reviewed the literature and protocols from other units and created a cue-based feeding protocol. This protocol was based on infant cues versus scheduled feeding intervals to see if overall feeding behaviors would improve, along with appropriate weight gain and caloric intake. Champions were identified to help with the education and to answer questions from the staff. The standards of care were revised and Lactation, ST, and OT were updated on the changes. A parent letter was drafted to provide education to families. In January 2013, cue-based feedings were implemented.

The Outcome: Audits of 30 charts showed that 29 of the 30 infants had progressive weight gain and were able to meet caloric needs and fluid volumes using cue-based feeding. Feeding by cues provides individualized, developmentally appropriate care. The ability of the preterm infant to successfully feed is co-regulated by the caregiver and infant throughout the feeding. Involving families early on in recognizing their infant’s feeding behaviors can increase their confidence in feeding and caring for their infant.

Vicky Zimmerman, BSN, RN, CMSRN

MUNSON VALUES PEOPLE

“Recognizing the critical need for telemetry beds, Vicky went the “extra mile” to meet the needs of our patients by making multiple moves to maximize bed availability. Patients in ED were promptly assigned to the beds as soon as they were vacated. She prevented multiple patients from having to spend the night in the ED. Vicky consistently performs exceptionally well in the charge nurse role and is truly an asset to A7 and our organization as a whole. Thank you Vicky – your efforts are very much appreciated!”

Vicky Zimmerman, BSN, RN, CMSRN
A7
C2 Teamwork Helps Develop Care Plans, Reduce Readmissions

The Issue: Munson's Clinical Observation Unit monitors patients when they are too sick to go home, but not sick enough to be admitted to an inpatient unit. Providing these patients with the care they need sometimes extends beyond the unit floor. And that takes teamwork.

The Action: Located on C2, the Clinical Observation Unit opened in October 2011. Since then, the unit has grown from 12 beds to 20. C2 Unit Coordinator Nancy Colby, BSN, RN-BC says the unit is a benefit to both patients and the hospital. “The patients benefit from our comprehensive care because their needs are taken care of in a timely manner. The hospital benefits by reducing inappropriate admissions. The patient is discharged with a comprehensive plan so the patient does not get caught in the “revolving door from the Emergency Department to home and back.”

A provider is on the unit 24/7 and works with nursing staff to develop a care plan for each patient that continues after they go home. For instance, the C2 nurses worked with a patient whose blood sugar was dangerously high during her stay. The nurses taught her how to use an insulin scale and practiced it with her during her stay. After discharge, the patient checked in with the observation provider and Colby to ensure her levels remained stable until the patient was able to see her primary care provider.

The Outcome: The teamwork environment on C2 benefits both patients and staff. “Our unit is successful because the nurses and providers work together to provide quality comprehensive patient care in the shortest time possible and provide resources for necessary follow up care after discharge,” Colby said. Many nurses on C2 would agree. A 2013 Pascal Culture of Safety survey returned a 94 percent positive response when it asked if physicians and nurses work together as a well-coordinated team.
Getting Our Arms Around Reducing Falls with Injury

The Issue: Reducing falls with injury has been a Munson patient safety goal for years and great progress has been made hospital wide. In 2013, two units made practice changes that bore excellent results.

The Action on B3S: B3S nurses now place a yellow “luggage tag” on the bed of any patient who has a history of falling at home. The tag alerts all staff to take extra precautions. “If the patient says ‘I’m fine’ it gives staff the ability to respond, ‘Well, I know you fell at home so I am going to walk with you.’ If they’ve fallen at home, the odds of them falling in the hospital go up exponentially,” said B3S Manager Jeremy Cannon, BSN, RN. “Collectively, everyone on the unit is on the same page, speaking the same language. The whole team is on board. People are proud of our safety culture score. People feel safe coming here and it has increased our patient satisfaction, staff satisfaction, and engagement. You can’t have those things without a safe environment. We are very transparent about safety and about falls. We use every fall as an opportunity to learn and everyone is genuinely interested. We still have falls, but not with injury.”

The Action on C1M: Nurses on C1M analyzed the types of falls on the unit and looked for common themes. Furniture arrangement was identified as a factor, and staff spent time looking at different furniture configurations to support barrier free ambulation. “Because we are in an older part of the building, the furniture set up didn’t make it easy for patients to navigate the room,” said Val Harpel, MS, RN, APRN, BC. A staff inservice was held to address falls related to room set up. Staff also identified certain types of medication that put patients at risk for falls. C1M nurses perform 15-minute rounding on patients. They devised a plan to incorporate a noticeable reminder on the 15-minute check board that resulted in better communication about falls and more consistent assessment of the needs of high falls risk patients. “Our staff is very invested in patient safety,” Harpel said. “They’re doing an incredible job.”

The Outcome: B3S has gone more than 365 days without a fall with injury. Falls on C1M have dropped 58 percent.

Maternity Unit Secured

Entrance to the Maternity Unit was secured in 2013 to ensure a safe and quiet environment for moms and babies. Maternity Manager Michele Fernandez, MSN, RN, RNC, said the unit updated its guidelines, which all visitors are asked to read before being admitted to the unit. The guidelines are:

- Family and friends over the age of 12, and siblings of the baby (any age) are welcome to visit.
- To encourage mothers to rest, no visitors (except one support person) are allowed on the unit during the 2 - 4 pm quiet hours.
- A maximum of three support persons may accompany the mother during labor and delivery, or one support person during c-section delivery and recovery.
- All visitors are asked to keep noise levels low to allow new moms and babies to rest.
- All visitors must be free of infection.
- To provide a secure and quiet environment, visitors must remain in the patient’s room or in the family waiting room.

“Shoba takes the time with patients to make sure that their needs are met. She cared for a patient that others were reluctant to take. The specific patient was homeless, very sick, very dirty, and not always nice but Shoba made sure that he was bathed and taken care of before leaving her shift (late) that day. She always goes above and beyond for her patients and is nonjudgmental in the care that she gives.”

Shoba Berkuchel, BSN, RN, CEN Emergency Department
Making Munson a Great Place to Deliver Safe Patient Care

Two-Year Pediatric Pain Project Completed

The Issue: Evidence indicates pediatric comfort is under managed. Evidence is starting to appear that pain experienced by pediatric patients early in life has an impact on future health and response to pain. The pediatric pain management group identified opportunities in care areas to manage pain more fully.

The Action: C3, along with ED, Vascular Access Team, Infusion Clinic, Pediatric Hospitalists team, Urgent Care, and Michelle Witkop, DNP, RN, FNP, BC, identified education or actions they could implement to enhance either staff education specific to pediatric pain or enhance pediatric pain management. C3 staff identified pain management opportunities around IV starts and lab draws. C3 developed education specific to pediatric pain assessment, documentation of assessment, strategies to enhance comfort, and documentation of interventions. Interventions included pediatric pain management orders that make it easier to get pain management supplies, new topical medications easily available on the unit, collaboration with Vascular Access to initiate strategies, and use of distraction as a pain management strategy.

The Outcomes:
- Pre-treatment of pediatric patients before a painful procedure increased by 50 percent.
- Ninety percent of pediatric patients received developmentally appropriate pain intervention.
- A USD station on pediatric pain provided additional nursing education.
- Documentation specific to pain interventions and discharge care for pain improved by 50 percent.

Ethics Mentors Work on DNR Policy

The Issue: Patients, families, and clinical staff can experience moral distress when there are degrees of variance among caregivers about appropriate interventions for “Do Not Resuscitate” (DNR) patients. Conflicting information and orders can cause confusion at the precise time when clarity is needed. Results of a survey of 88 clinicians indicated a wide variation of the type of interventions provided to DNR patients.

“This creates immense stress for patients and staff,” said Ethics Mentor Stephanie VanSlyke, BA, RN, CCRN. “In times of crisis, patients are often offered interventions they don’t want, or not offered something they would want. For instance, the Ethics Mentors survey revealed that 55 percent of nurses would give ACLS medication, while 45 percent would not. Of the physicians surveyed, 71 percent would administer ACLS medication and 83 percent of the PAs and NPs surveyed would give it. When asked about central line placement, none of the physicians said one should be placed, and 50 percent of the NPs and PAs said they would place one. “The results were very alarming to us,” VanSlyke said. “There needs to be common ground here.”

The Action: More than 100 Munson nurses are specially-trained Ethics Mentors. A sub-group of the Ethics Mentors researched, developed, and proposed a new policy and order set that would better standardize care for DNR patients at Munson. “This is a huge educational piece. We feel we need to have a DNR definition that reduces this gray area of treatment options,” VanSlyke said. After research and case review, and finding no industry standard, the Ethics Mentors adapted a policy similar to the Stanford Hospitals and Clinics policy. Proposed changes include similar Limited Code options, a DNR-E option, meaning appropriate treatments would be offered with no escalation in care, and the DNR-CC comfort care option, providing only interventions to promote comfort. There would no longer be the DNR option.

The Outcome: New DNR policy and order sets, supported by the CPR committee, were presented to physician groups for feedback. Working with IT, the group has created a new PowerChart CODE status page that better defines what lifesaving interventions the patient wants and doesn’t want. Ethics will conduct a larger survey in 2014 and present findings to physicians at Friday Grand Rounds.
The Issue: Patients going through alcohol withdrawal present a safety risk to themselves and to staff. Following sentinel events that involved patients and staff, Munson staff developed a Clinical Institute Withdrawal of Alcohol (CIWA) protocol to standardize care.

The Action: “The purpose of the CIWA nursing assessment tool is to maximize early recognition and frequent assessment of patients experiencing alcohol withdrawal,” said Kathleen Glaza, MSN, RN, clinical nurse specialist. “We want to promote compassionate care, maintain dignity, and promote optimum patient outcomes.” All ICU nurses, along with Glaza, ICU Clinical Resource Nurse Cathy Mowbray, BSN, RN, CCRN; Senior Clinical Informatics Specialist Tami Putney; B4 Clinical Nurse Specialist Chantal Toth, MSN, RN-BC, CV, G, and Clinical Pharmacist Julie Botsford, PharmD, worked with medical staff to develop the CIWA nursing assessment tool. Based on assessment scores, patients are given Ativan or phenobarbital as needed to ease withdrawal symptoms. All patients with an alcohol dependency receive thiamine vitamins to prevent Wernicke's encephalopathy.

The Outcome: “Nurses love it,” Glaza said. “They feel it is much smoother, controlled, safer, and care is provided in a more humane way. We're doing the right thing for patients by helping them through this process.”

“Nurses love it. They feel it is much smoother, controlled, safer, and care is provided in a more humane way.”

- Kathleen Glaza, MSN, RN, Clinical Nurse Specialist

“Kassidy is a great nurse! She delivers very thorough and exceptional patient care. She is a great leader to have on the nursing unit. She looks at the unit as a whole including patients, families, nurses, and nursing assistants to ensure safety for all. Thank you for all you do.”

Kassidy Fleetwood, B3S
Reducing Ventilator Times on A2
The Issue: Average ventilator extubation times for Munson’s cardiothoracic patients were higher than state and national averages. Extended time on a ventilator increases a patient’s risk of post-operative respiratory complications, increases length of stay, and uses more hospital resources.

The Action: A collaborative group was formed, including A2 day and night nurses, staff from respiratory therapy, anesthesiology, pharmacy, and a representative from the cardiovascular service. After conducting evidence-based research and investigating processes within other cardiothoracic programs around the state, a massive effort was undertaken to educate nurses and respiratory therapists regarding best practice, the clinical significance of ensuring patients become extubated as soon as possible after surgery, as well as the importance of minimizing narcotic and benzodiazepine administration.

In addition, the drug Precedex was added to Munson’s formulary. Precedex is a different type of anesthetic agent that decreases a patient’s anxiety and the abruptness of waking up after surgery, without impacting respiratory drive. Precedex is used instead of other sedative agents that are longer lasting, depress the respiratory system, and can contribute to prolonged intubation.

The Outcome: “We have tried two or three times previously to make an impact on ventilator times and nothing had been successful,” said Shenna Meredith, RN, BSN, CCRN, cardiothoracic clinical quality, who led the project. “This success is attributed to the A2, RT, and anesthesiology staff. They have done an amazing job working together to make this a priority and to ensure we are doing what is best for the patients. We want to get patients extubated sooner, get them out of bed sooner, and get them home sooner.”

The percentage of bypass patients extubated in less than six hours post-op is a quality measure. Prior to implementation, the median ventilator time for bypass patients at Munson was 9.4 hours; only 13 percent were extubated within six hours. During the first quarter of measurement after implementation, 63.6 percent of bypass patients were extubated in less than six hours, with a decrease in median intubation time to 5.37 hours.

The percentage of prolonged intubations (more than 24 hours) fell from 13.8 percent to 9.1 percent, which is in line with the national average. Length of stay for bypass patients on A2 decreased from 7.5 days post-op to 6.8 days. Also, the percentage of bypass patients discharged in less than six days increased from 34.8 percent to 43.9 percent. No patients required re-intubation because of early extubation. Similar results were seen with patients who underwent valve surgeries as well.
Reducing Readmissions with Discharge Folders

**The Issue:** Patients who do not have adequate discharge education and information are often readmitted to the hospital; care for patients readmitted within 30-days is not paid for by Medicare and other insurers.

**The Action:** A discharge education fair was held for A2 staff in April. The fair included implementation of discharge folders with special materials to help better prepare patients for discharge and help them remain organized at home.

**The Outcome:** Readmission rates declined 5 percent during the first three quarters of 2013.

Sleeping Well on B4

**The Issue:** Poor sleep slows healing, recovery, and also is associated with delirium in older adults.

**The Action:** Nurses on B4 undertook a “Silent Hospitals Help Healing,” or “S-h-h-h” project in 2013 to ensure patients on their unit could rest well at night. They developed a 15-step sleep check list and stocked a sleep cart with items to help patients become comfortable and ready for sleep. Sleep time on B4 begins at 8:30 pm.

**The Outcome:**
- Target: Improve HCAHPS* survey question “How often was the area around your room quiet at night?”
  - Before project: 23.1 percent said “always”
  - End of 2013: 57 percent said “always”
  - Goal: 55 percent “always”

*Hospital Consumer Assessment of Healthcare Providers and Systems scores impact Medicare reimbursement.
Participating in Registries Supports Efficiencies, Outcomes, Value

The Issue: Munson Medical Center participates in 10 clinical registries (or collaboratives) that collect, analyze, and share patient data, leading to adoption of data-driven best practices that increase efficiencies, improve outcomes, and enhance value.

Currently, Michigan is the only state in the U.S. with this model of collaboratives supported by Blue Cross Blue Shield of Michigan (BCBSM). BCBSM supplies Munson Medical Center and 69 other participating hospitals with funds to help defray the cost of data collection, and also provides incentive payments over and above what it sends to the hospital in billing payments. In 2012, Munson Medical Center received more than $3.3 million in incentive payments.

The Action: RN Data Specialists in Clinical Quality collect data for the registries. They analyze quarterly reports based on the data, share those reports with the physician champion and other interested parties, assist in identifying process improvements, and participate in multidisciplinary teams related to those process improvements.

Nurses support the success of the registries through good documentation. “All of the registries look at patient history,” said Anne Cantrell, BSN, RN, manager of Clinical Quality. “Nursing has an impact through obtaining a complete history and assessment, and height and weight. Intake and output are important for some of the registries, as well as documentation of patient education.”

The Outcome: “We do this because it supports good patient care, and we want the best for the patients we serve,” Cantrell said. “It allows us to compare ourselves to other hospitals in the state, share what works well at the best performing institutions, and see how we could implement change here.”
Managing Supplies

The Issue: For several years Northern Michigan Supply Alliance (NMSA) has provided seven logistics techs to manage supplies on 10 nursing units. These techs are responsible for maintaining all disposable supplies to the units, including stocking to the bedside for easier access by nursing. The techs maintained the supply areas in a neat, clean, and orderly manner, watching for outdates and reducing supply costs through eliminating wasted supplies, expirations, and overstocking. This process has proven itself as a cost savings measure along with helping to assure that supply areas on units are ready for inspections.

The Action: In November, a 90 day-trial was started that reorganized the duties of the seven NMSA logistics techs so their services could be expanded to five additional units.

The Outcome: After 90 days, the process was reviewed for all areas and is working well. This new process gives 15 nursing units the service of a NMSA logistics tech to manage their supplies.

Reducing Linen Costs

The Issue: Laundering costs are significant for any hospital. Every month, more than 14,000 pounds of linens were being laundered for use on Munson Medical Center nursing units.

The Action: A linen utilization committee was formed to determine ways to reduce linen costs. The committee identified the cost of each item of linen used. A new bed makeup was trialed on A4, B4, and D4 which eliminated bedspreads. Bedspreads were identified as a heavy item with a high cost to launder, yet provided little thermal benefit to patients.

The Outcome: Bedspreads have been eliminated hospital wide. Surgical units are encouraged to use the linen that arrives with the patient from the OR or PACU. Medical units are using the blankets that arrive with the patient from the ED. These linens previously were placed in soiled linen hampers even though they were clean. In four months, more than $29,000 was saved in reduced laundering costs.

Bed Linen Laundering Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Fitted Sheet</td>
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<tr>
<td>Draw Sheet</td>
<td>.38</td>
</tr>
<tr>
<td>Top Sheet</td>
<td>.64</td>
</tr>
<tr>
<td>Pillow and Case</td>
<td>.12</td>
</tr>
<tr>
<td>Bath Blanket</td>
<td>.84</td>
</tr>
<tr>
<td>Bedspread</td>
<td>1.14</td>
</tr>
</tbody>
</table>
### Nurses Achieving Specialty Certifications

| A2 | Zita Anderson, CCRN  
Jaime Bardenhagen, RN-BC CV  
Joelle Bellomore, CCRN  
Kara Classens, RN-BC CV  
Nathan Dixon, RN-BC CV  
Michelle Geiger, RN-BC CV  
Dianne Gray, RN-BC CV  
Mark Keskes, CCRN  
Erin Kibbee, CCRN  
Kathy Kranitz, RN-BC CV  
Kathleen Lessard, RN-BC CV  
Gregory Lueck, RN-BC CV, CCRN  
Shannon Mierk, CCRN  
Stephanie Monroe, RN-BC CV  
Katherine Neuhl, CCRN  
Brenda Noftsinger, CCRN  
Lisa Peters, RN-BC CV  
Donna Rehman, CCRN  
Rebecca Stover, CCRN  
Carol Stutzman, RN-BC CV, CCRN  
Mary Surgalak, CCRN  
Lindsay Vasquez, CCRN  
Eva Voisin, NE-BC  
| A3 | Constance Bak, CCRN  
Julie Bergoma, MSN, CCRN  
Vicky Card, CCRN  
Gayle Dawson, CCRN  
Janice Frenchi, CCRN  
Lori Kirkey, NE-BC  
Cori Klump, PCRN  
Jennifer Meli, CCRN  
Donna Morris, PCRN  
Susan Posey, CCRN  
Mary Rogers, CCRN  
Margaret Scheideman, RN-BC CV  
Dave Schuman, RN, CCRN  
Christina Scott, CCRN  
Sara Will, CCRN  
Amber Williams, RN-BC CV  
Jennifer-Grace Wilson, CCRN  
Brandie Zimmerman, CCRN  
| A4 | Aaron Brinkman, CVRN  
Rebecca Feil, RN-BC G  
Laura Fuller, CVRN  
Mark Goense, CVRN  
Erin Heinz, CVRN  
Debra Lantz, PCCN  
Jane Leidich, PCCN  
Shannon Orlando, CVRN, PCCN  
Mary Peterson, CVRN  
Mary Pray, PCCN  
Koren Roth, CVRN  
Catherine Stauber, CCRN  
Shannon Trailer, CVRN  
Rebecca Wilson, CVRN  
| A7 | Kalin Barker, PCCN  
Amy Beauudoin, CCRN  
Janice Clinton, CCRN  
Kelly Ewing, PCCN  
Teresa Gerkin, CCRN  
Nichole Kelenske, RN-BC PM  
Stephanie Link, CCRN  
Robby Nelson, CMSRN  
Christine Peplinski, CMSRN  
Erin Potes, PCCN  
Kari Sosis, CMSRN  
Angela Thiel, PCCN  
Colleen Wolf, PCCN  
Vicky Zimmerman, CMSRN  
**ARTC**  
Cheryl Barnes, CMSRN  
Patricia Crocker, CAPA  
Kathy Dobson, CAPA  
Anne Hogarth, CAPA  
Brenda Hubbell, CAPA  
Lynda Huston, CAPA  
Mary Kamp, CAPA  
Gloria Marvin, Ball, CAPA  
Heather Perkette, CAPA  
Julie Wierta, CAPA  
**B2/B3**  
Norman Beeker, CMSRN  
Lisa Biehl, RN-BC MS, CBN  
Marva Blass, CMSRN  
Katharine Brakel, CMSRN  
Christian Breithaupt, CMSRN, CBN  
Dawn Brown, CMSRN, CBN  
Joan Buchanan, CMSRN, CBN  
Jennifer Busick, CMSRN  
Ellen Carey, CMSRN  
Matthew Copeland, CVRN  
Christina Eickenroth, CRN  
Karri Hagan, CMSRN  
Matthew Hutchinson, PCCN  
Kristel Keeley, CMSRN  
Erica Lambert, CMSRN  
Grant McKay, CBN  
Heather Nowak, CMSRN  
Bonnie Pugh, CMSRN  
Patricia Rigan, CMSRN, CBN  
Erin Robinson, CMSRN  
Kat Rosa, CMSRN  
Andrea Spring, PCCN  
Sarah Stalnack, CMSRN  
Jamie Stowe, PCRN  
Brooke Tharber, PCRN  
Andrea Tomes, PCRN  
Melinda Webster, CMSRN  
Lacey Whitten, CMSRN  
**B35**  
Mark Anderson, CMSRN  
Ayesha Born, CMSRN  
Jeremy Cannon, CMSRN  
Yvonne Evans-Alpers, CMSRN  
Dianne Hall, CMSRN, CBURN  
Kristin McManus-Glassner, CMSRN  
Sheila Ryan, CMSRN  
Tommi Sheehan, CMSRN  
Shellee Welling, CMSRN  
**B4**  
Jody Evans, CMSRN  
Dawn Halleck, CMSRN, NE-BC  
Mary Nicola, CMSRN  
Tina Peplinski, CMSRN  
Angie Robl, CMSRN  
Meagan Spafford, CMSRN  
John Stosio, RN-BC G  
Lorrie Straubel, CMSRN, RN-BC G  
Jeri Strickland, RN-BC G  
Erica Weissman, CMSRN  
Katherine West, CMSRN  
Joy Wolfsong, CMSRN, RN-BC G  
Christine Zokas, CMSRN  
**C1M**  
Nancy J Bordine, RN-BC PD  
Anna Courturier, RN-BC PMH  
Kristine Denny, CMSRN  
Dovid Feres, RN-BC PMH  
Valerie Harpel, RN-BC PMH  
Yvonne Moran, RN-BC PMH  
William Paul, RN-BC PMH  
**C1R**  
Carl Courturier, CRRN  
Susan Eastick, CRRN  
Diane Glowicki, CRRN  
Cynthia Klinefelter, CRRN  
Ronald Klinefelter, CRRN  
Patricia McGillivray, CRRN  
Mary McKay, CRRN  
Ruth Mercer, CRRN  
Lawrence Rozyczewski, CRRN  
Edward Schlagel, CRRN  
Ronda Thrarp, CRRN  
**C2**  
Mary Bailey, CVRN  
Tori Boudrie, CVRN  
Nancy Colby, CVRN  
Alanna Fast, PCCN  
Lana Hodges, CVRN  
Pamela Lentz, CVRN  
Patricia Macintosh, SANE  
Nicole Moore, RN-BC G  
Suzanne Piertick, CRNI  
Laurielle Purdy, CVRN, CMSRN  
Linda Smith, WOC  
**C3**  
Andrea Belfry, CPN  
Mary Hovest, RN-BC P  
Joyce Lueck, RN-BC P  
Jennifer Mountain, CPN  
Rebecca Newman, ONC  
Sarah Schenkelberger, RNC, Peds  
**C4**  
Barbara Ames, OCN  
Carol Baker, OCN  
Annette Bucco, OCN  
Kimberley Clark, OCN  
Chad Hoepnner, OCN  
Kristi Noble, OCN  
Laurel Patrick, OCN  
Judy Pickard, OCN  
**C5**  
Cynthia Richardson-Gross, OCN  
Tammy Ryckman, OCN, CMSRN  
Jacqueline Shumaker, RN-BC G, OCN  
Nancy Speakes, OCN  
Kathryn Stalnack, PCRN  
Sarah Tompkins, OCN  
Jessica Wilson, OCN, CMSRN  
Cynthia Wright, OCN  
**Cancer Administration**  
Leone Powell, OCN  
Mary Roel, ACNS-BC  
**Cardiac Cath Lab**  
Donald Collins, RCIS  
Patrick Gallagher, RCIS  
Christine Gentner, CCRN  
Melissa Mansen, RCIS  
David O’Ree, CCRN  
Brian Popa, RCIS  
Patricia Prist, CCRN  
Margaret Siler, CCRN, RCIS  
Cynthia Simon, RCIS  
Jeffery Whitmore, RCIS  
**Cardiac Rehab**  
Jodi Radke, RN-BC CV  
Lynann Sims-Nielsen, CVRN  
Linda Stiner, RN-BC CV  
Debra Tembusch, RN-BC CV  
Lori VanHorn, CVRN  
Luann Wieber, CCRN  
Lindsay Wiley, CCE  
**Cardiology Research**  
Lynda Tulak CEN, SANE  
**Childbirth Services**  
Diane Black, IBCLC  
Linda Burgett, IBCLC  
Donna Gogglin-Dolwick, IBCLC  
Julie Popp, IBCLC  
**Clinical Quality**  
Beverly Adams, CPHQ  
Diane Barton, CPHQ  
Constance Bruski, CPHQ  
Alison Funka, CMSRN  
Christina Geertes, CNOR  
Penny Hawkins, CPHQ  
Wendy Hunt, CRN  
Shenna Meredith, CCRN  
Katherine Parrish, CMSRN, CBN  
Crystal Raech, CRN  
Kathleen Schaeffer, CPHQ  
Michael Sterly, CVRN, CCRN  
**Community Health**  
Diane Butler, RN-BC G  
**D4**  
Marcia Carney, ONC  
Carly Fewsins, ONC  
Roberta Goff, RN-BC PM, ONC  
Donna Hollister, CCRN  
Amy Johns, ONC  
Lisa Knudsen, ONC  
Mary Matkovich, ONC  
Nicole Miller, ONC  
Ethin Vandenberg, ONC  
**Diabetes Education**  
Vickie Alexander, CDE  
Mary Coates, CDE  
Elaine Lober, CDE  
Debby O’Neil Swaney, CDE  
**Dialysis**  
Kathleen Beckett, CDE  
Mary Haverty-Robinson, OCN  
Birdie B. Schweikart, CCVT  
Beth Walter, CDE  
Wendy Walter, CDE  
Laura Webb, CNN  
**Dialysis**  
Kathleen Beckett, CDE  
Mary Haverty-Robinson, OCN  
Birdie B. Schweikart, CCVT  
Beth Walter, CDE  
Wendy Walter, CDE  
Laura Webb, CNN
### Emergency Department
- Joan Adams, CEN
- Shoba Berkhuch, CEN
- Kristin Betts, CEN
- Bernard Bossert Jr, CEN
- Jessamyn Boyd, CEN
- Andrea Dunklow, CEN, SANE
- Rebecca Gray, CEN
- Shannon Hicks, CEN
- Kristine Johnson, CEN
- Diane Koeher, CEN, SANE
- Pamela Lukasiak, CEN
- Robert Meyer, CEN
- Sandra Minor, SANE
- Marsha Nemetz, CEN
- Phyllinda Painter, CEN
- Erin Peck, CEN
- Kimberly Rendz, CEN
- Christopher Roggen, CEN
- Dawn Shoebridge, CEN
- Repee Sluiter, CEN
- Sandra Turnquist, CEN
- Nicole Winfield, CEN
- Ginger Worm, CEN

### Family Practice Center
- Susan Corwin, FNP-BC

### General Nursing
- Brenda Bartz, OCN
- Kathleen Glaza, ACNS-BC

### Gerontology Clinic
- Paula Gibson, RN-BC G

### Heart & Vascular Office
- Alicia Romzek, CMSRN

### Heart Failure Clinic
- Nancy Harris, FNP-BC

### Hemodialysis Clinic
- Kathleen Basye, CNN

### Home Care
- Corinna Balentine, CMSRN
- Clara Kolle, CMSRN

### Human Resources
- Noranne Morin, CMSRN

### Infectious Disease Consultants
- Lorraine Beers, FNP-BC
- Camille Griswold, FNP-BC

### Infusion Clinic
- Rebecca Asper, OCN
- Sandra Coil, OCN
- Shari Detlof, OCN
- Kelly Guawiler, AOCN
- Anne Hendricks, OCN
- Karen Longuski, OCN
- Lindsey Ranstadler, OCN
- Nancy Street, OCN

### ICU
- Danielle Archambo, CCRN
- Christy Dunham, CCRN
- Danielle Feyes, CCRN
- Catherine Gadbow, CCRN
- Eric Jean, CCRN
- Sara Kangas, CCRN
- Melissa Kurek, CCRN
- Amy Lee, CVRN
- Inger Money, CCRN
- Catherine Mowbray, CCRN

### Maternity
- Lorraine Banwell, RNC OB
- Patricia Barnard, RNC OB
- Doris Barshoff, RNC OB
- Maureen Carlson, RNC OB
- Cynthia Demerchant, RNC OB
- E Erickson, RNC OB
- Michele Fernandez, RNC OB
- Beverly Gabor, RNC OB
- Kelly Guttenberg, RNC OB
- Myretlena Hammond, RNC OB
- Mary Hobson, RNC OB
- Karen Holt, RNC NIC
- Jeanette Hooper, RNC OB
- Sharon Jacobsen, RNC OB
- Patricia Kraemer, RNC OB
- Lorie McFadden, RNC OB
- Nonie Morgan, RNC OB
- Carole Mueller, RNC OB
- Janice Pappas, RNC OB
- Linda Price, RNC OB
- Mary Round, RNC OB
- Heather Sedgwick, RNC OB
- Christyn Sheffer, RNC OB
- Kathleen Sheldon, RNC OB
- Angela Simmons, RNC OB
- Kristy Wilcox, RNC OB
- Gloria Wolf, RNC OB

### Medical Procedure Room
- Marianna Burns, CCRN
- Cari Fasel, CCRN
- Emily Hawkins, CMSRN
- Amy Krug, CCRN
- Jerilyn Rouleau, CMSRN

### Munson Oncology - N. Royal
- Terise Gavar, RN-BC CV
- Tami Simonelli, OCN

### Munson Oncology - Skyview
- Aldema Barron, CMSRN
- Charlene Drow, RN-BC G, CMSRN

### NICU
- Julie Adams, RNC NIC
- Tricia Adams, RNC NIC
- Mary Bonner, RNC NIC
- Joy Clancy, RNC NIC
- Jennifer Conklin, RNC NIC
- Janelle Gregorich, RNC NIC
- Trina Haas, RNC NIC
- Andrea Hustala, RNC NIC
- Judith McIntyre, RNC NIC
- Mary Murphy, RNC NIC
- Julie Tarsney, RNC NIC
- Crystal Warren, RNC NIC

### Neonatology
- Diane Hickox, NNP
- Kim McCullen, NNP
- Cheryl Vorpagel, NNP
- Amber Wisniewski, NNP

### Nephrology Consultants
- Kathy Bellemore, FNP-BC

### N. Regional Bleeding Disorder Center
- Michelle Witkop, FNP-BC

### Nursing Administration
- James Fisher, NEA-BC
- Leslie Casperson, RN-BC MS
- Kathleen Chandler, OCN

### Nursing Pool
- Aimee Albright, CCRN
- Nancy Dorman, CPN
- Vickie Harrington-Thompson, CMSRN
- Donna Heinrich, CCRN
- Mariah Hockin, CMSRN
- Natalie Kohler, PCCN
- Renee Macdougal, RNC NIC, PCCN
- Janet Martin, PCCN
- Barbara Mrozinski, CCRN
- Michelle Olson, RNC-MNN
- Shannon Rice, CCRN
- Jennifer Ross, CMSRN
- Denise Worthington, CMSRN

### Oncology Research
- Pamela Bergman, OCN
- Sandi Walter, OCN

### Operating Room
- Linda Bilsins, CNOR
- Sandra Cranson, CNOR
- Elizabeth Dougherty, CNOR
- Megan Greenway, CNOR
- Aimee Hennessy, CMSRN
- Jeanne Koss, CNOR
- Carol McManus, CNOR
- Loie Rainey, CNOR
- Brandon Ryan, CNOR
- Shannon Sheffer, CNOR
- Christine Whitman, CNOR

### Outreach
- Annette Andrews, RN-BC PD

### PACU
- Jennifer Bowling, CMSRN
- Eva Buskirk, FNP-BC, CPAN
- Molly Gallagher, CAPA
- Mary Hart, CPAN
- Kirsten Horton, CNR, CAPA
- Jacqueine Jacobs, CNRN
- Susan Johnson, CPAN
- Pennie Lambert, CPAN
- Linda Meyer, CPAN
- Ingrid Moody, CPAN, CAPA
- Carolyn Moss, CNB
- Kelly Peterson, CNRN
- Valerie Pfander, ACCNS-AG, CPAN
- Jennifer Smith, CPAN
- Kim Steffes, CPAN
- Marcy Tucker, CPAN
- Janet Uphedge, CPAN, CAPA
- Jennifer Valles, CPAN
- Karen Denoll, OCN
- Kathy Priest, OCN
- Tammy Stricker, OCN

### Radiation Oncology
- Lucinda Geiser, CEN, SANE
- Marcella Spence, FNP-BC

### Risk Management
- Bonnie Schreiber, CPHRM

### Rotar Wing
- Elizabeth Mecormark, SANE

### Social Services
- Pamela Dusseau, OCN
- Angela Feinman, CMSRN
- Geo Sonderegger, CRNN
- Lisa Yantski, CMSRN

### Staff Development
- Kimberly Anderson, RNC OB
- Nancy Irish, RN-BC PD
- Kelly Thompson, RN-BC PD

### Structural Heart Clinic
- Janice Kelsey, RCS

### Surgical Services Administration
- Maxine Hunter, CAPA

### Trauma Program
- Robyn Yates, FNP-BC

### Utilization Management
- Mary McManemey, CCES
- Linda Steve, CCRN

### Vascular Access Speciality
- Constance Biggar, VA-BC, CRNI
- Kara Derry, VA-BC
- Jeanine Easterday, NE-BC, CRNI
- Suzanne Jacobs, VA-BC
- Mary Loucks, VA-BC, CRNI
- Roseann Manville, VA-BC
- Nanette Merica, CRNI
- Jillaine Miller, CRNI
- Darline Owsinga, VA-BC
- Sarah Robinson, VA-BC
- Aimee Simerson, CRNI
- Pete Walter, VA-BC

### Wound Ostomy Continence
- Earl Morrison, CWOCN
New Professional Practice Schematic
Launching 2014