

2016 Nursing Annual Report



SAFETY



COMPASSION



ENGAGEMENT



KootenaiHealth

Transformational Leadership



Joan Simon, CNO

During the past year, our nurses have remained dedicated to continuous quality improvement -setting the standard for exemplary patient care. This journey puts clinical excellence, quality, and evidence-based practices at the forefront of everything we do. Being a

Magnet organization requires us to lead the way, not only for ourselves, but for others who seek to follow. Transformational change is not easy, but to progress, we must move beyond the way things have always been done and dare to challenge the status quo.

In 2016, our nurses achieved outstanding patient outcomes, guided practice innovations, led research, and continued to advance the professional practice of nursing—all while providing compassionate, comprehensive care to patients and families from throughout the region.

Some notable accomplishments include moving into our new patient care wing and initiating Level III NICU and high-risk OB services, deploying new technologies and approaches to improve the patient experience including the Get Well Network and Central Logic Bed Management System.

We have also received several prestigious honors including a third Magnet designation, Idaho State Level II Trauma Certification, re-designation as Baby Friendly from Baby Friendly USA, Gold Safe Sleep Champion Certification from Cribs for Kids, and designation as an Ebola Assessment Center by Idaho Department of Health and Welfare.

External agencies that look at publically reported data have also given recognition such as:

- Top 50 Cardiovascular Hospitals from Truven Health & Health Grades
- Hospital Safety Grade “A” from Leapfrog Group
- Gold Award for Patient Experience Innovation from Avatar International
- Business Excellence Award by the Coeur d’Alene Chamber of Commerce for work done by the Kootenai Clinic Cancer Services Nurses

In 2016, Kootenai Health nurses led the implementation of the Compassion Care Bundle resulting in significant improvements in our patient experience scores for “Nursing Communication,” launched the Nursing Excellence Program to recognize and reward clinical nurses for their efforts to improve the work environment and patient care, created new Dedicated Charge Nurse and Clinical Coordinator roles, and created a new division - Transitions of Care - responsible for supporting our population health initiatives.

Our nurses have also reached out into Kootenai County supporting organizations such as the Northern Idaho Crisis Center, the school nurse program, and worked countless hours volunteering at Ironman and other wellness events. Kootenai nurses hosted the first annual “Celebration of Life” for families grieving the loss of an infant.

Yet with all the new services, skills, technology and research, it is with their hands, hearts, and minds that our nurses are able to change the lives of our patients and our community. I am so incredibly proud of the work our nurses do to improve their practice and to make our organization better for patients and staff each and every day.

A handwritten signature in black ink that reads "Joan M. Simon".

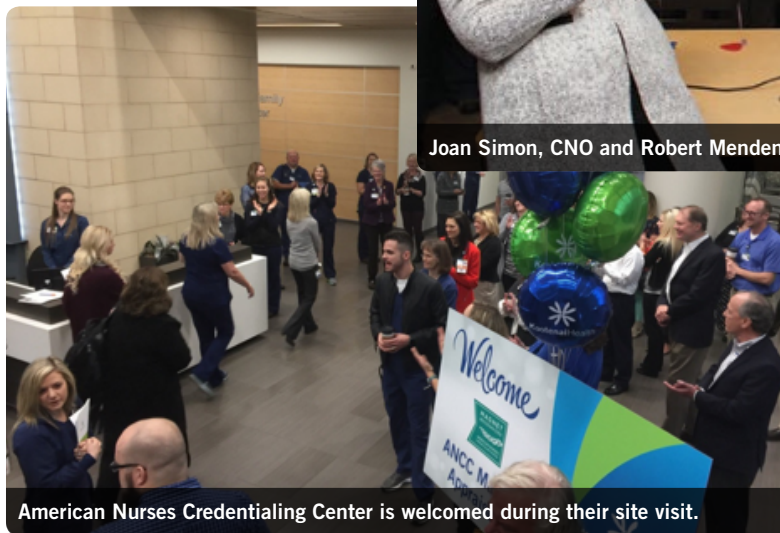
Joan Simon, MSA, BSN, CENP, NEA-BC, FACHE
Chief Nursing Officer

Third Magnet Designation: Cause for Celebration

The American Nurses Credentialing Center (ANCC) granted Kootenai Health Magnet® recognition for the third time. Kootenai has held Magnet® status since 2006 and is one of only two Magnet hospitals in the state of Idaho. Magnet designation is the highest and most prestigious international distinction a health care organization can receive for nursing excellence; this designation recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. To be recognized as a Magnet hospital, health care organizations must pass a rigorous and lengthy review process demanding widespread participation from leadership and staff. Magnet organizations are considered the fountain of knowledge for other health care organizations and are considered to be the drivers of innovation in health care.



Joan Simon, CNO and Robert Mendenhall, RN celebrate Kootenai Health's Magnet re-designation.



American Nurses Credentialing Center is welcomed during their site visit.

The ANCC appraisers complimented our professional culture and the caliber of work being done by nurses at Kootenai. Two appraisers were part of Kootenai's last site visit and noted that the organization has grown and developed a great deal since their last trip. In addition, they identified the Northern Idaho Crisis Center as an "exemplar", meaning a concept, practice or program worthy of imitation and exceeding the expectations of a Magnet designated facility. They praised the crisis center as a nurse-led, inter-professional, community-based initiative that is making a profound positive impact in our community. Kootenai Health has been proud to partner with Heritage Health, Panhandle Health District, multiple law enforcement agencies and many other community partners to make the crisis center a success.



Magnet writers (front row, l-r): Mia McRory, Jennifer James, Amy Ward, and Natalee DeMers (back row, l-r): Ashley English, Luke Emerson, Sandra Albritton, Robert Mendenhall, and Lynda Heise. (Not pictured: Maura Cash, Kathy Clark, Carlana Coogle, Toni James, Kacie Klein, Jan Moseley, Joan Opyr, Joan Simon, and Marian Wilson).

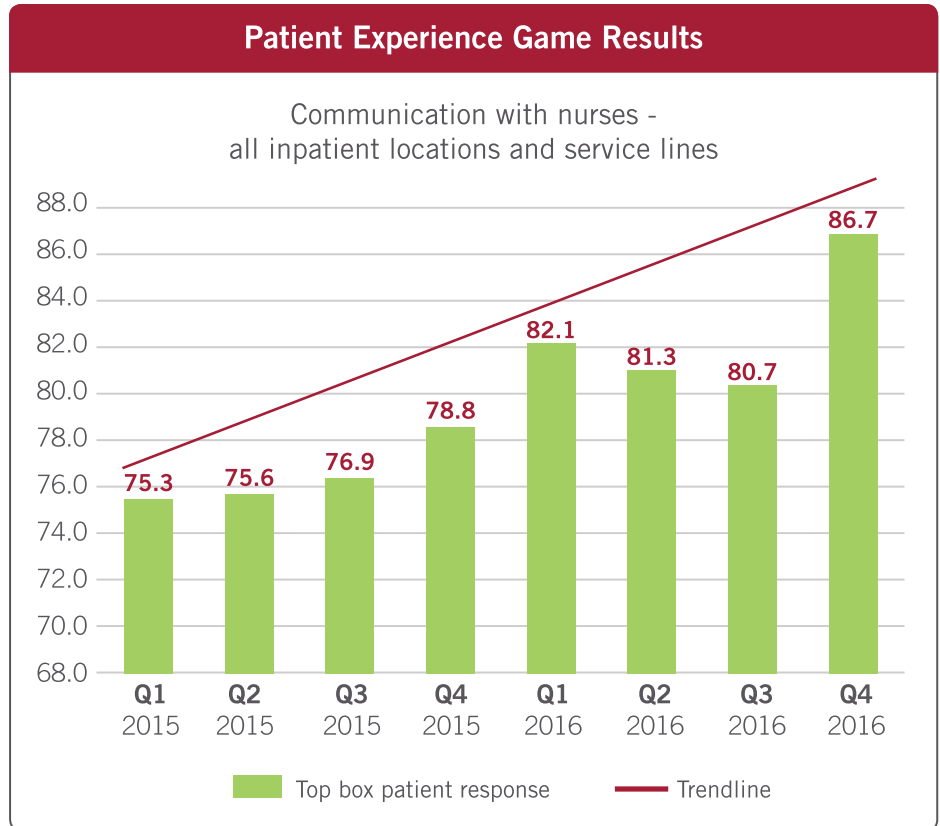
Putting Success on Display - Dissemination of Nursing Research and EBP

Last year over 15,000 abstracts were submitted to the annual Magnet conference for poster or podium presentation and only 300 were selected. All four of Kootenai's abstract submissions were accepted – a rare feat! Here are Kootenai's presentations:

- **Cindy Perry** - poster presentation, "Nursing at an Alternative High School: Improving Health for a Healthy Future."
- **Claudia Gehring Miewald** - poster presentation, "Effects of Education on Outlooks and Beliefs of Medical-Surgical Nurses Caring for Psychiatric Patients."
- **Joan Simon, CNO, and Walt Fairfax, CMO** - podium presentation, "Making Harm Visible: Leveraging Transparency and Leadership Commitment for Improved Patient Outcomes."
- **Carlana Coogle** - poster presentation, "Improving Emergency Severity Index Score With an Email: Can It Be This Easy?"

Go For The Gold

Kootenai Health was selected from more than 50 submissions nationwide for the Gold Innovation Award by Avatar, our previous patient satisfaction vendor. Award criteria included degree of improvement, scope of change, degree of innovation, barriers to overcome and adaptability to other organizations. Kootenai was selected for its innovative and successful approach to improve patient experience using Serious Game Strategy. The **Patient Experience Game** was started by Nursing Services in 2015 and involved twice weekly unit-specific assessments and recognition of improvements in the HCAHPS category, Communication with Nurses. Game boards and prizes were key parts of the game. The game, with enhancements, continued throughout 2016 while maintaining improvements in scores.



Julie Hoerner, RN

Julie Hoerner Appointed to GetWell Network Client Advisory Board

Julie Hoerner, Kootenai's patient engagement specialist, led the implementation of the GetWell Interactive Care Board Network in 2016. Her hard work, challenging questions and creative ideas led to an invitation to serve on GetWell's

Network Client Advisory Board (CAB), where she will be able to participate in the product's future development.

Safe Sleep Honors

Kootenai Health was one of the first hospitals in Idaho to be recognized by the National Safe Sleep

Hospital Certification Program as a

"Gold Safe Sleep Champion," for

our commitment to best practices in infant safe sleep. The National

Safe Sleep Hospital Certification Program was created in partnership with numerous leading infant

health and safety organizations. The

work completed for this designation was

a result of all nurses in the Family Birth Center, Neonatal Intensive Care unit, and the Pediatrics unit.



PNC Retreat: Focusing on Relationships

On September 30, 2016 the Professional Nursing Council (PNC) gathered to review our Professional Practice Model (PPM) and to focus on one of our PPM's key component of Relationship-Based Care (RBC) which is graphically represented by a heart. Given the importance of RBC and its alignment with the Kootenia Health Way, the PNC used the retreat time revitalizing nursing's understanding and practice related to the relationships we form with our patients, with our co-workers, and with ourselves.



The focus for this retreat was on buiding self-awareness, forming genuine connections, practicing mindfulness to improve quality, safety, and patient satisfaction with care. It is a priority throughout Kootenai Health to establish relationships, form connections, and strengthen a culture of safety, compassion, and engagement.



The facilitator, Mary Strom, MSN, RN, from Creative Health Care Management led exercises and provided inspirational perspectives to assist the group to recognize the importance of “being in the moment,” providing empathy, and genuine care to build true connections for quality outcomes. At the end of the retreat, those present committed to explore and adopt caring practices on their units. Commitments were made to: begin meetings and shifts with inspiring patient stories, leaders to model self-care, reframe patient handoffs as a “transfer of trust,” recognized staff involved in caring behaviors, and explore ways to learn more about our patients.

Nursing Resource Team Thinks a Nurse Ahead

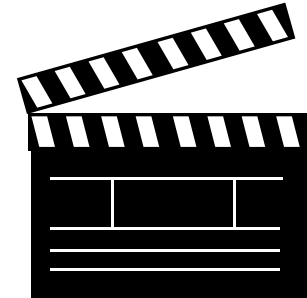
In 2016 the Nursing Resource Team (NRT) implemented the “Nurse Ahead” Program. This program was designed to create a pool of trained candidates prepared for transfer into upcoming positions, reducing the length of time needed to fill vacancies in other nursing departments. This allows departments to fill vacancies in a timely manner by having a trained nursing workforce ready to engage with a specific patient population.

NRT strategically created and hired an additional eight medical/surgical nurse positions (four day and four night) from January through April 2016. These eight new nurses were given a six week orientation to med/surg and behavioral health units. Nursing department staffing needs resulted in some nurses being further cross-trained to pediatrics, post-partum, and progressive care. After six months of employment, they were eligible to apply for a permanent position in a unit with an open position; before their first anniversary each “Nurse Ahead” is expected to transfer into an area where they were trained.

In 2016 there were six internal transfers: one “Nurse Ahead” remained in the NRT float capacity, and only one RN left the organization. The transitions have been a success with great feedback received from the receiving units.

Welcome Video Launch

Kootenai Health launched a “Welcome” video in 2016 to be viewed by patients during the admission process. The video, developed by nursing and based on a Mayo Clinic best practice, lets patients know what they can expect while



receiving care at Kootenai Health. It answers common questions, educates patients on potential safety concerns and their role in ensuring that they receive the best possible care. The “Welcome” video is viewed on the interactive care boards or on iPads where interactive care boards are not installed.

Pediatric Nurses Extend Their Caring

Kootenai's pediatric nurses held several fund raising events for the International Health Partners to support an effort to build a new Children's Hospital in



Zinga, Tanzania. On January 19, 2016, they held a fundraiser at Bardenay restaurant where 20 percent of all sales were donated. In addition, nurses solicited other donations by selling raffle tickets, and made crafts and baked goods. In total, Kootenai nurses raised \$4,000 for construction of this new hospital.

Structural Empowerment

CNE Provider With Distinction

In September of 2016 Kootenai Health was recognized as a “Provider with Distinction” by the Washington State Nurses Association for planning and offering high quality educational programs based on learner needs and aimed at improved clinical outcomes.



Pictured, front row (l-r): Judy Groat, Crystal Vlastelic-St.John, Maura Cash
Back row (l-r) Gary Breuner, Althea Davis, Stacey Henning, Kara Baron

Kootenai Health has nine nurse educators approved to develop education that awards contact hours; in 2016, Kootenai Health provided 1,159 contact hour opportunities for over 5,000 learners in a variety of clinical roles.

Professional Development and Continuing Education – Expanding Horizons

Professional conferences provide nurses the opportunity to bring back fresh new ideas to improve patient care, showcase work done at Kootenai Health, and obtain Continuing Education Credits to maintain specialty certifications. For the past two years, the Professional Development and Continuing Education (PDCE) Council has budgeted \$20,000 annually to send clinical nurses to professional conferences. In 2016, PDCE sent 19 nurses from a variety of areas including medical/surgical, NICU, critical care, OB, Peds, and stepdown to conferences throughout the country. Upon return, nurses are required to share their learnings with others and/or to pursue opportunities in improving patient care.

“As a ‘new’ Internationally Board Certified Lactation Consultant, it is exciting to continue to grow in the field of nursing and this conference had a lot to offer. Upon my return I worked with the lactation department at Kootenai Health to create a Skills Day educational offering for all the OB staff (first time ever here) and was able to incorporate most current best practice skills in their education.”

- Maureen Finigan

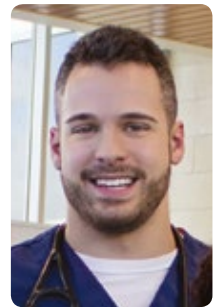
“Attending the 2016 INA conference was very insightful. It was the rejuvenating experience I needed to recapture my career goals and learn tools to enhance my practice of self-care and interpersonal communication. My awareness of those two subjects and how they impact patient safety was broadened by having this opportunity.” - Rebecca Glenn



Rebecca Glenn, RN and Maureen Finigan, RN

First Certified Nurse Navigator in Idaho

Luke Emerson, BSN, RN, CCCTM, Clinical Navigator for Trauma Services, is the first nurse in Idaho to be certified in care coordination and transition management by the Medical-Surgical Nursing Certification Board. This credential is a crucial validation



Luke Emerson, BSN, RN, CCCTM

of knowledge and expertise for nurses who practice in a care coordination and transition management role such as a clinical nurse navigator. Luke was also interviewed for the article titled “The Value of Becoming Certified in Care Coordination and Transition Management: Optimizing Outcomes by Optimizing the Role of the Nurse” and featured in the September-October 2016 edition of the MEDSURG Nursing Journal.

Nursing and Human Resources Improves Nursing Pipeline

A hallmark of Magnet® facilities is the ability to attract and retain top nursing talent. During 2016, nursing directors and human resources collaborated to improve the supply and onboarding of nurses to meet our growing needs. This group was concerned that too many nurses were leaving during their first year at Kootenai.

They began hosting a monthly breakfast/lunch for nurses near the 90-day mark to identify issues related to the onboarding experience.

As a result, nursing orientation focused on attaining competency and more time was allocated to complete learning modules. Also a standard was set for all nurses to be assigned to a trained preceptor, and simulation days were created. While new nurses continue to have suggestions for improvement, they now consistently share positive experiences about their onboarding experience.

According to the Robert Johnson Wood Foundation, 17.5 percent of nurses leave their job within the first year, and much of the work done by this group on the pipeline was focused on first year turnover. In 2015, 16.5 percent of nurses hired left voluntarily in their first year at Kootenai Health; this turnover dropped in 2016 to 10.7 percent.



Pediatric Nurses – Committed to Excellence

Specialty certification demonstrates that nurses possess specialized knowledge to care for a particular patient population.

The Pediatric Unit Practice Council (UPC) set a goal to increase the number of pediatric certified nurses in their department.

The UPC worked with the library to increase availability of study tools and joined the “No Pass, No Pay” program with the Pediatric Nursing Certification Board (PNCB), which allows nurses to take the exam without paying first. As a result, the number of pediatric certified nurses rose from 19 to 56 percent and they were recognized by the PNCB for their “pursuit of excellence”.

Geriatric Resource Nurses: Paying Special Attention to a Special Population

10,000 people turn 65 each day in the United States and older adults are now the core consumers of health care. Older patients have less physiological reserve, may have multiple medical disorders, and may suffer falls or develop confusion when hospitalized.

In 2015, Kootenai Health joined the Nurses Improving Care for Health-system Elders (NICHE) network and, in 2016, was officially designated as a NICHE organization. In 2015 and 2016, Kootenai nursing staff have participated in the Geriatric Institutional Assessment Profile (GIAP). The 2016 survey showed significant knowledge gains by all nursing staff regarding pressure ulcers, functional decline, incontinence, nutrition and hydration. To date, 10 nurses and one physical therapist have completed a 21-hour Geriatric Resource Nurse (GRN) course. GRNs regularly provide education on elder related issues and can be consulted at any time when on shift. As a result of the work completed by the NCHE team, new assessments have been created for delirium and “busy boxes” have been placed in all nursing units. The following GRNs are recognized for their dedication to improving elder care and for being a resource to others at Kootenai:

- Shawntel Calligan, 1 North
- Summer Jones, 1 West
- Liz Cameron, 3 North
- Rebecca Glenn, 3 North
- Bo Schramm, 3 South
- Rita McNeilly, Inpatient PT
- Angela Blake, 1 North
- Angela Korver, 2 East
- Christine Abott, 3 North
- Karen Matteis, 3 South
- Tonya Alexander, Heart Center



Exemplary Professional Practice

Improving Patient Flow - Emergency Room Throughput

Kootenai's Emergency Department (ED) was designed for approximately 35,000 annual visits. In 2015 and 2016, the ED experienced in excess of 50,000 visits. While construction is underway to expand capacity, the following stories illustrate how Kootenai nurses have implemented innovative strategies to decrease wait times, increase efficiency throughput, and to ensure the right amount of resources are distributed to patients in a timely manner:

Seeing a Nurse First

Emergency Department (ED) staff sought to better address the immediate needs of their patients by reviewing best practices and observing other EDs. They determined that stationing a nurse in the lobby would facilitate quick assessment of all arriving patients and then initiated the "first nurse" position in July 2016. The first nurse is able to

quickly radio for help for patients with urgent chief complaints, such as chest pain. A registration clerk, partnering with the first nurse, simultaneously registers patients. This initiative directly impacted the number of people who checked into the ED, but then decided to leave without being seen.

Getting Help from Guest Services

Remodeling construction in the ED changed traffic patterns sometimes causing patients and visitors difficulty with finding their way. Guest service employees were enlisted to aid the public with way finding. They have become an important part of the care team - guiding to other parts of the hospital, offering blankets and ice bags, educating waiting patients on the ED process and expected wait times.

Nursing Resource Team Institutes a Flex Nurse Program

In 2016, the Nursing Resource Team (NRT) implemented the hospital wide flex nurse role, to provide temporary nursing assistance and deployed by the hospital supervisor. Their primary role is to assist with patient flow from the ED, focusing on patients that have been waiting for bed placement for an extended time. The flex nurse has supported units with temporary



Pictured (l-r) Tom Singleton, Stacy Barranco, Gabrielle Stevens, CNA, and Cletus Helvey, RN.

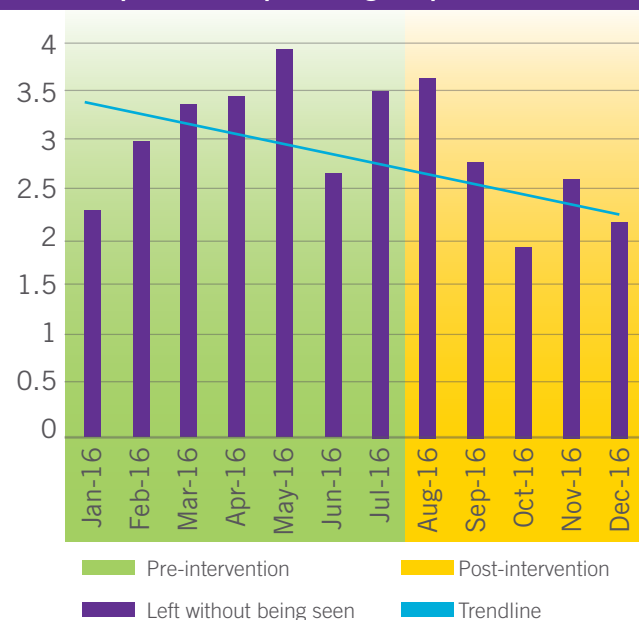
assistance due to sudden changes in patient acuity and high patient turnover. The flex nurse helps with admissions, patient procedures and assessments, lunch breaks, and more. Currently, the flex nurse is available Monday through Friday, 11 a.m. to 11 p.m., and 11 a.m. to 7 p.m. on the weekends. Futures plans include expanding to 24 hours daily and providing assistance on night shifts for vascular access and wound/ostomy care.

Increasing Transparency: Implementation of Core Bed Management

Before implementing Core Logic's Bed Management system, assigning patients to an appropriate bed was a slow and fallible manual process. During 2016, an interprofessional team implemented the "bed management system" which placed large, visible electronic bed boards on units. The system improved the speed and accuracy of patient placement by making open beds visible to all, by sending discharge notifications to housekeeping and by providing data to help identify barriers to efficient patient placement. The data revealed several improvement opportunities:

- Matching staffing in multiple departments to "key high volume admit times"
- Standardize report handoff for patients coming from the ED
- Develop a process by which admit orders arrive before the patient

Left without being seen from the Emergency Department in percentage of patients seen



- Creation of a new staffing and a scheduling policy for the nursing department

In the last quarter of 2015, Kootenai Health experienced an average daily admission of 43 patients with a mean time of admit order to bed placement of 123 minutes. During the same quarter of 2016, the average daily admit grew to 60 patients daily and the time to bed decreased to 113 minutes.

New Treatment for Atrial Fibrillation at Kootenai Health

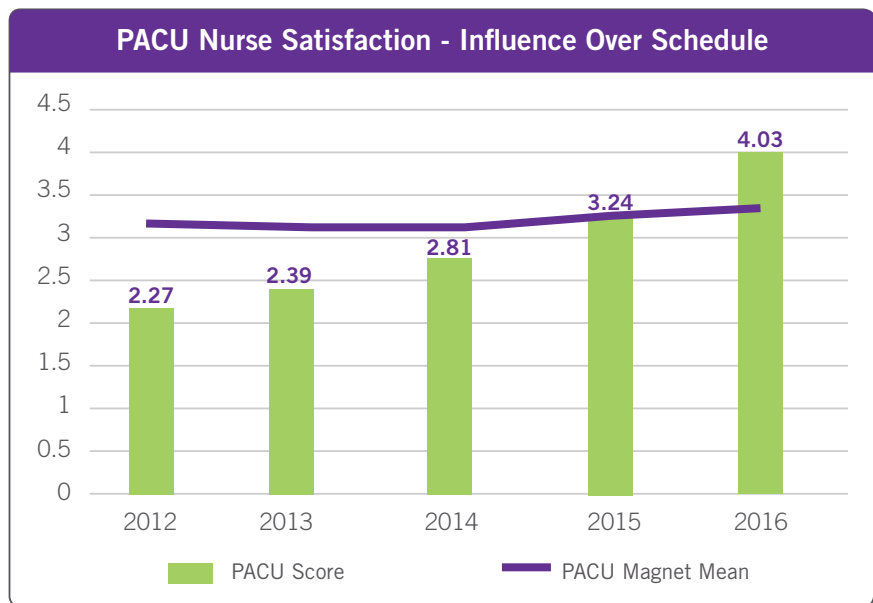
Blood clots from the left atrial appendage (LAA) resulting from atrial fibrillation (AFib) are responsible for many strokes. Before 2015, patients with AFib could only rely on anti-coagulation medications to prevent the formation of these blood clots, however not all patients were able to tolerate these medications.

A new device, called the Watchman became available to Kootenai patients in 2016.

This device seals off the LAA preventing blood clots from leaving the heart and lodging in the brain, causing stroke. The first Watchman device was implanted at Kootenai Health in October 2015; by the end of 2016, Kootenai had placed 78 devices. Kootenai Health was the first organization in the Inland Northwest to offer this new device and currently there are only 154 health centers in the United States that offer this procedure. Preparation for the Watchman involved close collaboration by the Heart Center, Kootenai Heart Clinics Northwest, the Emergency Department, the Echocardiology Department, Anesthesia and 3 South Progressive Care. This inter-professional team included nurses, anesthesia staff, cardiologists and an echo sonographer as well as a device expert from the manufacturer Boston Scientific. Staff education covered immediate post-operative care, including the signs and symptoms of complications.

Improving Staff Satisfaction - PACU Self-Scheduling

To address issues related to work life balance, nurses in Post-Anesthesia Care Unit (PACU) wanted to address issues related to scheduling. The PACU Unit Practice Council (UPC) and Ryan Hartshorn, PACU Nurse Manager transitioned from a manager-created to a staff self-scheduling model. Roll out was deliberately slow, starting with self-scheduling for call shifts in February 2015, to allow staff to adjust to new process. By November 2015, PACU staff began self-scheduling for all shifts. The PACU staff was divided into three teams, promoting fairness by rotating which team gets to schedule themselves first. Kootenai Health uses the NDNQI Practice Environment Scale survey to measure nurse satisfaction in numerous areas. The work by PACU staff has led to a significant increase in the area of “influence over scheduling”.



Decreasing Admissions to the NICU and Keeping Moms and Babies Together

Nurses in the Family Birth Center and NICU used evidence to update their practice in monitoring and treating hypoglycemia (low blood sugar) in newborns. Previously, blood sugars were measured in the first 30 minutes of life and babies with a blood sugar less than 40 were admitted to the NICU for intravenous glucose infusions. An evidence review showed that blood sugars as low as 25 are normal in the first two hours. The new process in monitoring involved feeding the infant first and checking glucose levels after 30 minutes. An additional change included feeding oral glucose gel instead of administering IV glucose. In the month before the new process, 37 newborns were admitted to the NICU for a blood glucose lower than 40. In the month after implementation only one newborn was admitted to NICU for hypoglycemia. The cost of admitting a newborn to the NICU averages \$4,000, while the average cost of glucose gel is three dollars.



“C”-ing a Difference – a 60 Percent Improvement

Clostridium difficile, commonly called C. diff, is an infection prevention challenge in hospitals across the nation. This bacteria can cause illness ranging from diarrhea to life-threatening colon inflammation. C. diff spores are resistant to standard disinfectants and can spread through the environment. Proper environmental cleaning is key to preventing C. diff infection.

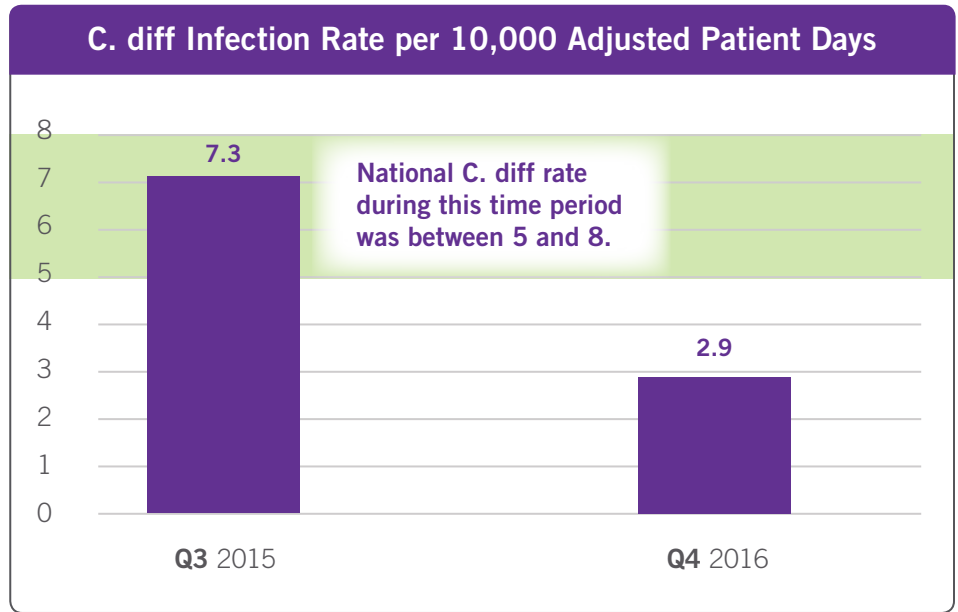
2 South’s Unit Practice Council (UPC) took the initiative to improve C. diff rates on their unit.

They invited Environmental Services (EVS) and Infection Prevention staff to collaborate in reducing C. diff rates on their unit. They learned that there was not a clear understanding of cleaning responsibilities. This led nursing and EVS to change practice. The team developed a checklist outlining roles and responsibilities for cleaning items present on their unit that was later shared with other units.

EVS and Infection Prevention also

began testing the biological activity or “bioburden” on surfaces such as handrails, and over-bed tables. They also began cleaning rooms with bleach at discharge and daily bleach cleaning of isolation rooms.

While Kootenai Health’s c.diff rate before these changes was consistent with that of other hospitals, these interventions, combined with a new Antimicrobial Stewardship Program and improved hand hygiene, significantly reduced bioburden and C. diff rates.

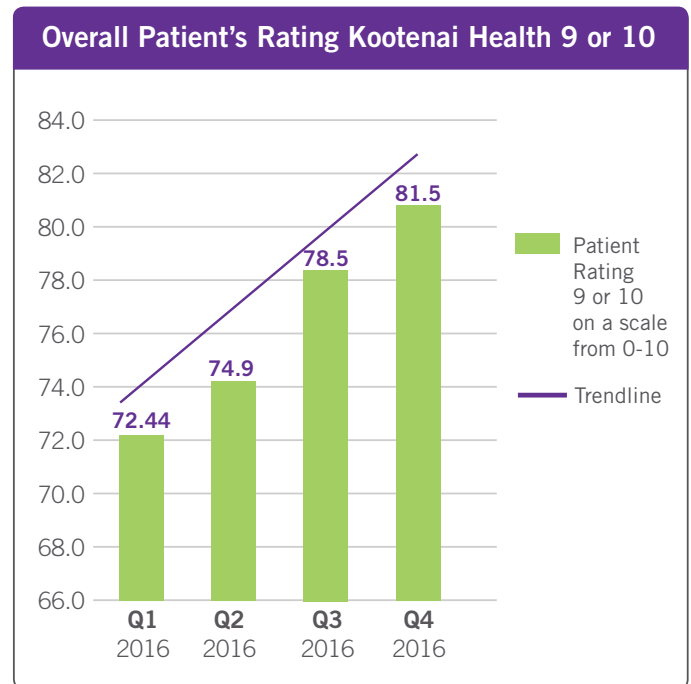


Compassion Bundle Launch

As part of our commitment to safety, compassion, and engagement, “The Kootenai Health Way,” staff researched best practices to improve the patient experience. During 2015 four initiatives were launched: proactive rounding, standardized bed side reports, no pass zone, and clean and quiet.

In 2016, the Compassion Committee packaged these initiatives into a “Compassion Bundle” and created a booklet of usable tools for staff that explained the “why” behind each component.

Training was done by 3 North staff for all staff, and newly hired staff cover the material during orientation. As a result of the Compassion Bundle, and other work, Kootenai patient experience continues to climb.



Idaho designates Kootenai Health as a Level II Trauma Center

Kootenai Health became designated as a Level II Trauma Center by the Idaho Time Sensitive Emergency System in November 2016. To receive designation, Kootenai Health had to verify that it has the resources needed for trauma care and is able to provide the entire spectrum of care to meet all of an injured patient's needs. More specifically, this requires 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists; transfer agreements for patients requiring more comprehensive care at a Level I trauma center; continuing education for all members of the trauma team; prevention efforts, including an active outreach program for referring communities; and back-up call for rural and community hospitals. As the emergency referral center for the region, Kootenai Health has the staffing and equipment necessary to provide rapid, life-saving response for a broad spectrum of injuries.



Pictured (l-r): Jennifer Rennison (Trauma Registrar), KCEMSS Chief Chris Way, BA (Idaho Time Sensitive Emergency Region 1 Chair), Dershi Bussey, BSN, RN (Trauma Program Manager and Idaho Time Sensitive Emergency Region 1 Secretary), and Luke Emerson, BSN, RN, CCCTM (Trauma Clinical Navigator).



KootenaiClinic Cancer Services

Kootenai Clinic Cancer Services Noted for Excellence

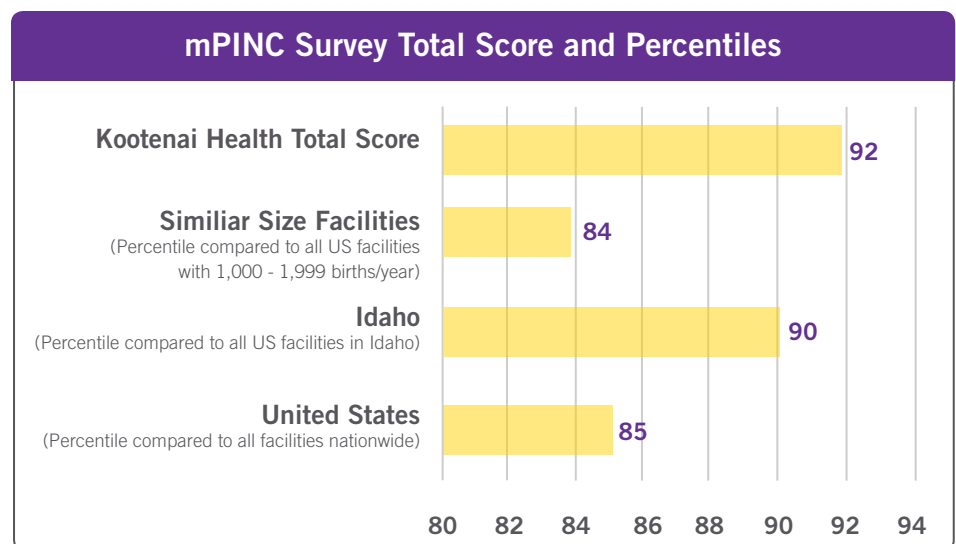
Kootenai Clinic Cancer Services was one of three organizations in the country highlighted by the Association of Community Cancer Centers (ACCC) in 2016 for extraordinary work in improving cancer care. Cancer Services was cited for reducing the amount of time to get patients started on oral oncolytic medications, establishing dispensing through an onsite specialty pharmacy, developing a robust patient education program, and initiating an effective outpatient monitoring program to ensure adherence. Kim Christen, BSN, RN, ONC will be presenting this work at ACCC Annual Meeting in Washington DC.

Kootenai Health Outperforms State and National Benchmarks for Maternity Care

The Centers for Disease Control (CDC) does a biennial national survey of infant feeding practices in maternity care settings called the Maternity Practices in Infant Nutrition and Care (mPINC). Every two years, all U.S. hospitals that provide maternity services and free-standing birth centers are invited to participate. The survey assesses the overall clinical care for mothers and infants in supporting, promoting and protecting breastfeeding during their birthing experience and stay. Survey question categories are: Labor and Delivery care, breastfeeding infants, breastfeeding support, mother/infant skin to skin contact, facility discharge care, staff training, and organizational aspects of care delivery. Kootenai Health has participated in every mPINC survey since 2007. The survey provides benchmarks comparisons to other

hospitals throughout the U.S. and in Idaho. Kootenai compared favorably to all groups due to the following practices: immediate skin-to-skin contact for stable babies, lactation support seven

days a week, consistently getting greater than 90 percent of newborns breastfeeding every month, and the utilization of a donor breast milk program.



Kootenai Health reported 1,510 births in the survey year and scored 100 out of 100 possible in 5 of 7 sub scores, earning an overall score of 92.

LEAPFROG Survey Awards an “A” grade to Kootenai Health

The Leapfrog Group serves as a voice for health care purchasers, using their collective influence to foster positive change in U.S. health care. In 2016, 1,859 hospitals participated in the survey measuring inpatient care management, medication safety, maternity care, high risk surgeries, and infection and injury rates. Kootenai Health is



the only organization within 100 miles to participate in this survey. Inter-professional work over the last few years regarding reporting of errors, enhanced recovery program, and reducing infection rates all helped in Kootenai Health to gain an “A” grade during 2016. For more information please visit: leapfroggroup.org/hospital/profile/Kootenai+Health

Reducing Headaches Associated with Lumbar Punctures

Lumbar puncture is a common diagnostic procedure. A severe headache called a Post Lumbar Puncture Headache, or PLPH, is a known complication whose onset can vary from 15 minutes to 12 days. Past practice in the Specialty Procedures Area (SPA) had patients lying flat for one hour following a lumbar puncture to prevent PLPH. Inquisitive SPA nurses noted that Kootenai’s incidence of PLPH was higher than that cited in the literature.



Using our evidence-based practice model, nurses identified stakeholders including physician assistants and radiologists who performed the procedures and wrote post-procedure orders. A literature review revealed insufficient evidence to support lying flat to prevent PLPH. SPA nurses discussed their findings with the stakeholders. A collaborative decision was made to have patients remain flat for 15 minutes to ensure stabilization of the puncture site and then discharge if no

signs or symptoms of complications. SPA staff developed an evidence based practice project that included revising their procedure, staff education, outcome measures identification and a data collection and analysis plan. The practice change is simple, cost effective and decreases



Pictured (l-r) Specialty Procedure nurses: Shana Cobb, Rhonda Gray, Mary Wagner, and Leanne Tweedy.

nursing time while enhancing the patient experience. The baseline rate of PLPH over the year prior to the project implementation was 14 percent of 121 procedures. Immediately following implementation of the new procedure, the PLPH rate is 6 percent (one occurrence) of 15 procedures. This improvement has been sustained for four months. No increased incidence of other adverse events has been reported.



New Knowledge, Innovations, & Improvements

2016 Evidence-Based Practice Awards

The following awards were given by the Nursing Research Team for commitment to evidence-based practice, new knowledge and innovations:

OR UPC

Top of Practice Award
Project: Applying Pneumatic Tourniquets in the OR

The Operating Room (OR) and Unit Practice Council (UPC) received requests from surgeons for nurses to place tourniquets pre-operatively. Historically, this was done by surgeons leading to delays in the OR. The UPC investigated the practice in the literature, consulted expert opinion and decided to incorporate this procedure into their practice. After education and training, nurses now routinely place tourniquets leading to an improvement in OR efficiency with positive patient outcomes.

Carlana Coogle
Silver EBP Award
Project: Triage Scoring in the Emergency Department

Emergency nurses triage every patient presenting to the Emergency Department (ED) based on the Emergency



Carlana Coogle

Severity Index (ESI). Accuracy in assigning an ESI score enables ED nurses and physicians to correctly prioritize patient care. Carlana Coogle MSN,

RN, CEN, emergency department educator, audited records to determine the accuracy of ESI scores. The audit showed that nurses correctly assigned the ESI score 63 percent of the time. Emails were sent to nurses bi-weekly for one month with patient scenarios asking the nurse to assign an ESI score. After follow up took place, intervention scores showed a correct ESI assignment 85 percent of the time; a statistically significant improvement. This work was featured as a poster presentation at the 2016 Emergency Nurse Association and Magnet conferences.

Cindy Perry and Connie Drager
Gold Innovation Award
Project: Increasing Attendance Rates in an Alternative High School

Studies have shown that students confide in school nurses more than in



(l-r) Connie Drager and Cindy Perry

teachers or counselors, allowing nurses to provide early interventions for health issues. Alternative high school students are often at-risk

youth with limited parental support. A report regarding the connection between absenteeism and health, labeled chronic absenteeism “a public health issue that can lead to a lifetime of health problems.”

A surrogate measure of improved health of students is a decrease in school absences. Cindy Perry and Connie Drager received a grant to place a nurse in an alternative high school and increased attendance rates from 86.89 to 89.98 percent in one school year.

Claudia Gehring Miewald

**2016 Annual Innovation Award
Silver Project: Implementation
of the Crisis Center**

Northern Idaho residents face many mental health challenges, including the highest suicide rate in the state and limited access to behavioral health providers and services. Claudia Gehring Miewald, director of Behavioral Health, worked tirelessly for over two years to bring a crisis center to Kootenai County. Through collaborations with other community members, the center opened December 9, 2015 and can accommodate up to 20 adults and is open 24 hours a day, 365 days a year. The crisis center provides a warm, safe environment where individuals experiencing a behavioral health crisis can be stabilized and receive recommendations for their next level of care. The Northern Idaho Crisis Center was recognized by the Magnet® designation program as an exemplar, meaning that it exceeded the expectations of organizations designated as Magnet and should be used as example of what to do for all health care organizations.



Claudia Gehring Miewald



Jennifer James



Todd Putren

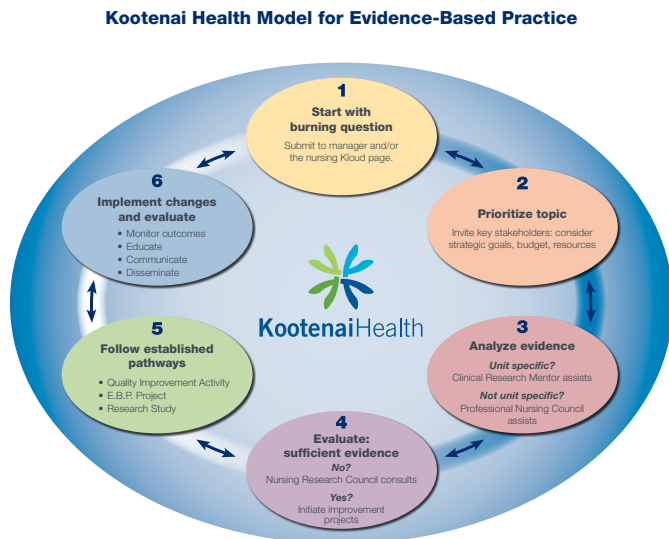
**Jennifer James and Todd Putren
Innovation Award Bronze
Project: Allocating Scarce Resources**

During a period when the incidence of influenza and other illnesses requiring the use of ventilators was very high, and there was a critical shortage of ventilators at Kootenai Health and throughout the northwest, Todd Putren and Jennifer James recognized that such a critical shortage could result in a situation with serious ethical implications. They recognized the need to create a formal policy and procedure for addressing these resource shortages. The policy took over two years to create and was approved in January 2016.



Revised Evidence-Based Practice and Nursing Research Model

During 2016 the Evidence-Based Practice and Nursing Research Model was updated to reflect the dynamic and non-linear progression of EBP projects and research studies. This model is considered a modified IOWA model.



Examples of EBP projects in 2016 include but are not limited to:

- Heart Center worked on compliance with discharge medications for heart patients
- Specialty procedure area worked on bowel prep
- Development of the nursing excellence program launching in 2017
- 3 North patient care bundle that included proactive rounding, bedside reporting and no pass zone
- Flash sterilization in the operating room

Kootenai Health Nursing Research Nurses are Principal Investigators, Investigators, or Key Research Personnel

Title: A Prospective, Randomized Clinical Trial of Two Periarticular Multimodal Drug Injections in Total Hip Arthroplasty

Investigator(s): Chad Bailey, MN, FNP, RN, ARNP, NP-C, Dr. Bowen
Research team members: Sandra Albritton, Robert Mendenhall, Carlana Coogle

Sleep Health of Shift Workers in a Community Hospital

Investigator(s): Ashley English, BSN, RN

Research team members: Marian Wilson, Sandra Albritton, Cory Webster, Josh Burton, Patricia Morgan, Maddy Himmel, Michelle Barker, Kelsey Johnson, Ashley Miller

Sleep Health of Shift Working Nurses in a Community Hospital

Investigator(s): Ashley English, BSN, RN

Research team members: Marian Wilson, Sandra Albritton, Alexandria Evans, Cory Webster, Josh Burton, Patricia Morgan, Rachel Foster, Regan Permitt, Maddy Himmel, Linda Gloe, Kelsey Johnson, Carlana Coogle, Robert Mendenhall

Improving Patient Care Through a Psychiatric Nurse Transition Program

Investigator(s): Crystal Vlastelic-St. John BSN, RN-BC

Research team members: Claudia Gehring Miewald, Alissa Miller
Examining the Impact of Nurse Satisfaction to Patient Satisfaction as Related to National Scoring Standards in One Community

Hospital: A Masters Research Proposal
Investigator(s): Jennifer Jonquet, BSN, RN

Improving Time to Pain Medication for Patients with Long-Bone Fractures Within the Kootenai Health Emergency Department Using Lean Methodology

Investigator(s): Caleb Larson and Sheri McIlvain, MA, BSN, RN-BC
Research team members: Kim Hanna, Becky Suttlemyre, Megan Lorincz, Dr. Thomas Nickol, Eric Kenner

Implementation of Screening Tool for Early Delirium Detection

Investigator(s): Jacquelyn Alexander



Recognition: Acknowledgments/Achievements for 2016

Graduates	2016 Certification	Department
Shannon Arrendale	CSSM	Nursing Administration
Kourtney Baker	CEN	Emergency Department
Kathleen Barbera	CCRN	Critical Care
Christine Brooks-Trevino	CCM	Care Management
Cathy Colby	ONC	2 East
Shelly Corder	RN-BC	Behavioral Health
Ann Ealy	CMNL	Nursing Administration
Luke Emerson	CCCTM	Emergency Department/Trauma
Emily Farness	CMSRN	3 North
Maureen Finigan	IBCLC	Family Birth Center
Roxanne Gadberry	CMSRN	2 South
Adriane Golob	CPN	Nursing Administration
Jerold Graham	PCCN	3 South
Wendy Grassman	ONC	2 East
Kimbery Hanna	TCRN	Emergency Department
Christina Hatley	CPN	Pediatrics
KeriAnn Heilman	CPN	Pediatrics
Karin Hudson	CARN	Chemical Dependency
Kelsey Johnson	CCRN	Critical Care
Andrew Kalley	CPN	Pediatrics
Shannon Kline	CPAN	PACU
Kimbery Kraack	CMSRN	2 South
Alicia Lawson	CCRN	Critical Care
Amy Maykuth	CMSRN	2 South
Brandi McCurdy	CEN	Emergency Department
Dawn McDevitt	CCRN	Critical Care
Mia McRory	CPAN	PACU
Ken Mills	CMNL	Nursing Administration
Kristina Oliver	PCCN	3 South
Kelly O'Neal	RN-BC	2 East
Joan Opyr	RN-BC	Behavioral Health
Erin Paisley	PCCN	3 South
Matthew Palmer	ONC	2 East
Sean Pitt	CCRN	Heart Center

Lena Rayburn	CRNFA	Operating Room
Janet Richmond	CPN	Pediatrics
Elizabeth Seatz	CNOR	Operating Room
Jason Tuttle	RN-BC	Behavioral Health
Robert Upton	TCRN	Emergency Department
Brittany Walker	CCRN	Critical Care
Amy Ward	CIC	Infection Prevention
Jessica West	CCRN	Critical Care
Karen Westmoreland	CPN	Pediatrics
Phoebe Widdell	RNC	Family Birth Center
Dylan Williams	PCCN	Critical Care



Nursing Degrees for 2016

Graduates	Degree	Department
Tonya Alexander	BSN	PACU
Lindsey Andrews	BSN	3 North
Nathan Birdsall	BSN	Emergency Department
Angela Blake	BSN	1 North
Lacey Bohannon	BSN	2 South
Jessica Bronowski	BSN	PCU 3 South
Christina Cahoon	BSN	2 South
Debbie Callins	MSN	Kootenai Heart Clinics Northwest
Alex Carr	BSN	PCU 3 South
Jennifer Charlton	BSN	Nursing Administration
Brittney Chrismann	BSN	PACU
Matthew Douglas	BSN	3 North
Sara Drechsel	BSN	Family Birth Center
Shannon Duncan	BSN	Operating Room
Ann Ealy	MSN	Nursing Administration
Sharon Funkhouser	BSN	1 North
Roxanne Gadberry	BSN	2 South
Kayla Gallia	BSN	Pediatrics
Bryna Gillespie	BSN	Critical Care
Kim Hanna	BSN	Emergency Department



Nursing Degrees for 2016 (cont.)

Graduates	Degree	Department
Zachary Harman	BSN	PCU 3 South
Ryan Hartshorn	MBA	Kootenai Clinics
Lisa Hughes	BSN	2 South
Kim Inman	MSN	Nursing Resource Team
Kyle Knapp	BSN	Critical Care
Katherine Kooyman	BSN	Adult Psych
Audrey Kuetemeyer	BSN	Youth Acute
Megan Lorincz	BSN	Emergency Department
Whitney Mann	MSN	PACU
Christina McCarroll	BSN	3 North
Keven Meyer	MSN	2 East
Claudia Miewald	DNP	Nursing Administration
Chelsea Norlander	MSN	Critical Care
Todd Putren	MSN	Critical Care
Teresa Ragan	BSN	PACU
Leslie Reese	BSN	Family Birth Center
Melissa Rix	BSN	Emergency Department
Melissa Samayoa	BSN	Family Birth Center
Trisha Shapiro	MSN	2 South
Stephen Smith	BSN	Care Management
Brittany Storm	BSN	Nursing Resource Team
Solana Sullivan	BSN	Emergency
Lacey Taylor	BSN	3 North
Belinda VanDitto	BSN	Heart Center
Deborah Wagoner	BSN	Nursing Resource Team
Sarah Walker	MBA	2 South
Cheri Ward	BSN	Heart Center
Jessica Wardak	BSN	1 North
Marisa Watson	BSN	Behavioral Health
Miki Welch	MBA	1 West
Sheena Young	BSN	Nursing Resource Team
Colleen Zwiers	BSN	1 North



The DAISY Award
FOR EXTRAORDINARY NURSES
IN MEMORY OF J. PATRICK BARNES

In collaboration with: **AONE**
The Voice of Nursing Leadership™

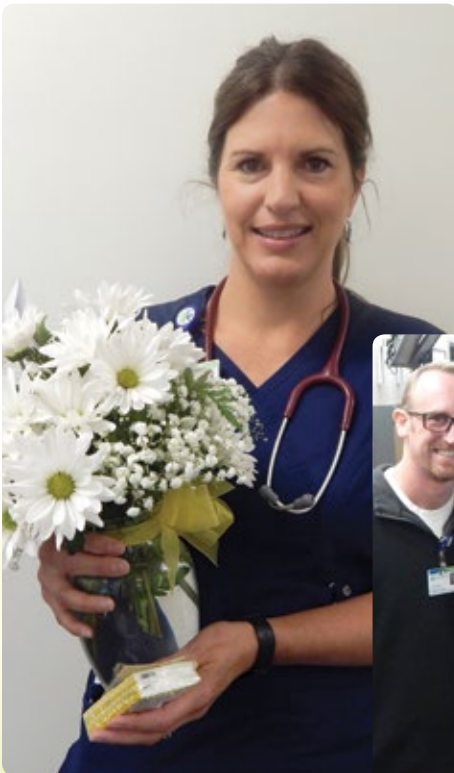
DAISY Award honorees at Kootenai Health personify remarkable patient experiences. These nurses consistently demonstrate excellence through their clinical expertise and extraordinary, compassionate care. They are recognized as outstanding role models in our nursing community.



2016 Daisy Award Winners (front row, l-r): Debbie Kitselman, Maureen Finigan (back row, l-r): Lisa Winget, Melissa Mundell, Theresa Foster, Kyle Knapp. (Not pictured: Alex Carr, Christina Hatley, Julie Ferwerda, and Ann Holloway).

2016 Daisy Award Winners

- | | |
|-------------------------|-------------------------------------|
| Alex Carr | 3 South |
| Theresa Foster | 3 North |
| Christina Hatley | Pediatrics |
| Julie Ferwerda | 2 East |
| Ann Holloway | Nursing Resource Team |
| Heather Mack | Endoscopy Clinic/1 West |
| Kalie Grambeau | Critical Care |
| Lisa Winget | Family Birth Center, NICU |
| Debbie Kitselman | Pediatrics |
| Melissa Mundell | Kootenai Clinic - Sandpoint/1 North |
| Maureen Finigan | Family Birth Center, Lactation |
| Kyle Knapp | Critical Care |



Julie Ferwerda



Alex Carr



Ann Holloway



WE BELIEVE IN

Our Patients

It is a privilege to care for our patients, their families and our community. We believe in including patients and families as active participants in care, holistically integrating their unique needs into our plans and treatments.

Our Team

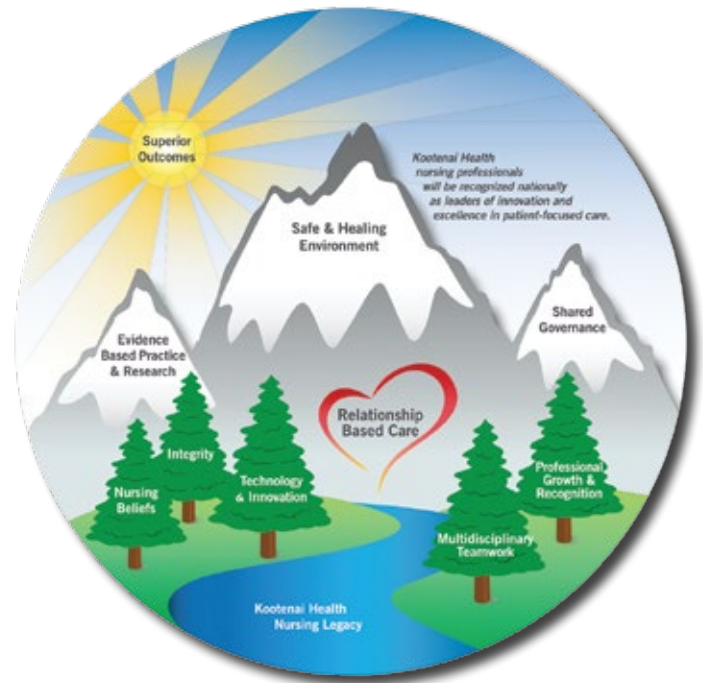
We are committed to fostering a therapeutic healing and work environment that promotes respect, communication and collaboration among all members of the patient/family/health care team.

Our Organization

Our practice supports Kootenai Health's Mission to "improve health one patient at a time in a friendly and professional culture committed to providing superior safety and quality".

Our Profession

Integrity and accountability are the foundation of our professional practice. We are committed to building a legacy of nursing excellence based on compassion, lifelong learning, evidence-based practice and research, innovation and professional development.



KootenaiHealth