

2020

Nursing

Annual Report

Safety

Compassion

Engagement



KootenaiHealth



Joan Simon, CNO



The World Health Organization declared 2020 would be the **Year of the Nurse** in recognition of the contributions that nurses have made around the world. Specifically, they wanted to highlight the work nurses have done to care for those who need it and

for their efforts to improve the health of the communities in which we live.

Who could have possibly imagined a global pandemic during the same year? 2020 was unmatched by anything we have known before. This virus threatened the fabric of our community and our nation. Although the enemy was unseen, when asked to serve, our nurses saw it as their calling and proudly rose to the occasion demonstrating their strength, bravery, courage, and compassion. **I could not be more PROUD of our nurses' commitment to our community**, which has never shown brighter or stronger.

There are numerous ways that our nurses and other members of the health care team rose to care for the community. Nurses helped establish dual systems of care so we could care for both our COVID and non-COVID patients, they staffed tents in parking lots for testing, helped initiate telemedicine visits, stood up a vaccine clinic, adapted to new workflows and learned new skills. They calmed the fears of patients and families, standing in for family when they could not be present. They cared for each other when a fellow team member was showing stress and then went home to care for their families often impacted by the virus as well.

Although 2020 will likely be remembered most for our nurse's efforts in managing the pandemic, there were many other notable accomplishments to celebrate. I am honored to be able to share with you many of those stories in this annual report.

A major revision was accomplished for our **nurse residency program** aimed at ensuring a supportive and professional environment to successfully onboard new nurses to the organization. Borrowing concepts from the Mayo Clinic for a tiered orientation model, there were several elements of this work that needed to be accomplished. The team created a pyramid approach outlining layers of skills and moving to the

next tier is based on successful completion of each layer. Preceptors are an important element of this program, so enriching our preceptor training and recruiting more preceptors was an important part of the work. The best evidence also supports bringing in new residents in a cohort model so they have adequate peer support built into their onboarding experience. We have seen remarkable improvement in first year RN turnover as a result; cutting our turnover rate by half.

Our **Professional Nursing Council** updated our nursing bylaws, representing our professional governance decision-making process. In addition to the work on the bylaws, they also put together education for nurses that were new to leading committees or councils so they could be effective in their new roles and make the governance process more impactful. Because of this work, they received **national accreditation from the Forum for Shared Governance**.

This year also gave launch to our dedicated **Rapid Response Team nurse, giving a big uplift of support to our medical surgical nurses** who count on our rapid response program. It included the use of a new evidence-based tool called MEWs, which stands for Modified Early Warning system allowing us to identify patient decline earlier so the dedicated nurses can intervene earlier. In addition, nursing supported bringing on new programs for our providers such as Extracorporeal Membrane Oxygenation (ECMO), Transcatheter Aortic Valve Replacement (TAVR) along with a new program in obstetrics called Obstetrical Triage OB-ED.

To our nurses, thank you for all you do and know that what you do truly matters!

In addition, a big thank you to our board, our executives and all the members of the inter-professional teams here at Kootenai Health. Without your support, we would not have been able to accomplish safely caring for our community. Each and every one of you is important and it is **together** that we have the biggest impact on our community.

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

Aspiring Nurse Leader Update

The Aspiring Nurse Leaders (ANL) program had another successful year in 2020! Each year, the program is reviewed and updated based on the feedback from and outcomes of the previous year's graduates. **The ANL program is an innovative, exciting, and ever-evolving program for Kootenai Health's clinical nurses** who have a sincere interest in professional development with the intent to become nurse leaders at Kootenai. 2020's graduates are Matthew Douglas, BSN, RN, CMSRN; Jennifer Miller, BSN, RN, RNC-NIC; and Lindsey Pacotti, BSN, RN. Congratulations to the Class of 2021, comprised of Mallory McConnaha, BSN, RN from Kootenai Clinic Internal Medicine – Post Falls; Travis Samsky, BSN, RN from Specialty Procedures Area; and Kristin Smith, BSN, RN from 3 East.



Pictured (l-r): The class of 2021 Aspiring Nurse Leaders are Kristin Smith, BSN, RN, Mallory McConnaha, BSN, RN, and Travis Samsky, BSN, RN.



2020 Aspiring Nurse Leader Graduates

Connect With Your CNO

A key to transformational leadership is partnership between leaders and clinical nurses. Here at Kootenai Health, there are multiple intentional opportunities for nurses to connect with Joan Simon, MSA, BSN, RN, NEA-BC, CENP, FACHE, our Chief Nursing Officer. Don't let all those letters deter you! Joan has a huge heart for clinical nurses and prioritizes their perspective. This year, in an effort to remain connected despite restrictions designed to protect us all, the organization began hosting Fireside Chats every Monday afternoon via WebEx. The Professional Nursing Council (PNC) was consulted for the best time of day, considering school release times, night shift awakening schedule, etc. If you have not had the chance to join a Fireside Chat yet, please get in on the action! They cover one to three "hot topics" in about 15 minutes, as requested by clinical staff. Other ways to connect with Joan include Daily Check-In (DCI), Executive Rounds in your unit, monthly PNC meetings, quarterly Nursing Inquiry Forums, and you can request a one-on-one meeting based on her open-door policy.



Leapfrog Top Hospital

Kootenai Health was thrilled to be awarded an "A" rating as a 2020 Top Hospital with Leapfrog, a national organization who "collect(s), analyze(s), and publishe(s) data on safety and quality in order to push the health care industry forward."

Source: www.leapfroggroup.org/about.

Transitions to Practice

2020 was a year of monumental change in the realm of transitions to practice at Kootenai Health. Gone are the days of time-based orientations; Kootenai has now implemented a skills-acquisition model for orientation to practice. **Nikki Graham, MN, RN, PMH-BC, NPD-BC, NEA-BC**, and the entire Nursing Excellence department worked tirelessly to systematically overhaul offerings and support for new graduate nurses, newly hired experienced nurses, and all nurses at Kootenai Health.

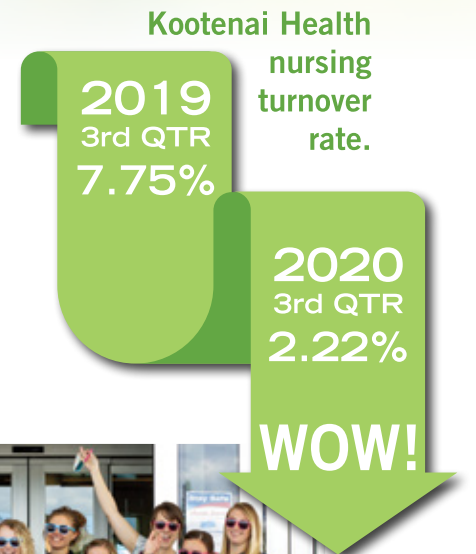
Graham joined Kootenai at the end of 2019 as Director of Nursing Excellence. She recognized that one of her first priorities was to bolster education for nurses. Many units did not have dedicated educational support or awareness of available resources. In addition, the educators often were reactive in their education requests rather than proactive. She championed developing a strong **Nursing Education Specialist (NES) team** steeped in education best-practices to help all clinical nurses own their practice, improve their patient outcomes, and nurture their scientific inquiry. Over the course of 2020, eight NESs were hired and became members of the **Association for Nursing Professional Development (ANPD)**, which is the specialty professional organization and best-practice authority for nurse educators. All of Kootenai's NES team members have or are working towards certification with ANPD.

Maura Cash, BSN, RN, CMSRN, Nurse Residency Program manager redesigned Kootenai's Nurse Residency Program (NRP) and the first cohort started the redesigned program in June of 2020. Based on research and best-practices, new graduate nurses now progress through their curriculum together as a group. The curriculum includes two weeks of didactic in a classroom, featuring various learning methods such as simulation, flipped-classroom, and gamification to keep them engaged. After these two weeks, the nurse residents join their nursing departments and begin their preceptorship.

While Cash was redesigning the NRP, the new NES team began redesigning the orientation model to better align with best-practices. Evidence demonstrates that many experienced nurses are retiring while hospitalized patients are sicker and sicker, so the future of nursing is faced with a gap in experienced nursing knowledge and skill to meet the demands of health care today. Nurses often do not have the experience necessary to easily transition into acute patient care.

The **NES Team** carefully adapted an orientation model from Mayo Clinic to fit the needs of Kootenai Health in what is now known as the **Onboarding Pyramid (OP)**. NESs spent hours compiling input from bedside nursing staff and personal experience to design a comprehensive orientation model that allows the nurse to solidify foundational nursing skills (like assessment and documentation) before advancing to more complex skills (like procedural prep or patient throughput). Once the initial OP was finalized, the NES team began implementing education for nurse preceptors (a module and workshop). Over 100 nurse preceptors received this education in 2020, and 43 nurse residents, along with newly hired experienced nurses, were oriented using this new model. Other support for this change includes weekly leadership check-ins by nurse managers and/or nursing education specialists, (to guide nurse preceptors and new hires as well as answer questions).

This remarkable body of work led to a significant decrease in 1st year turnover from 7.75% in 3rd QTR 2019 to 2.22% in 3rd QTR 2020! Ongoing evaluation of programs will continue so that all Kootenai Health nurses have the education support they need.



Pictured (back row, l-r): Laura Spencer, Heidi Miranda, Amy Cederquist, Alex Hagar, Allyson Patterson, Darby Litzko, Amy Anderson, Savannah Howie, Jenna Larson, Kelley Sexton, Brooke Finlay (front row, l-r): Kaydah Parker, Maura Cash, Nikki Graham, Anni Boudro.



Community Injury Prevention

Wendy Ferguson, BSN, RN, CEN, Injury Prevention Coordinator, continued her mission to make Kootenai County a safer place to live, despite cancellations due to COVID-19 precautions in 2020. All events were cancelled from March through the end of July 2020. Ferguson, who coordinates the **Stop the Bleed** program and **Helmet Safety** program here at Kootenai Health, wouldn't be deterred. She worked tirelessly to innovate ways to provide these vital programs in new ways that observed the precautionary restrictions in place.

Stop the Bleed traditionally requires participants to complete an in-person return demonstration of wound packing and tourniquet application skills for completion of the class. Ferguson worked with Kootenai Health nurses and Communications and Marketing to film the course content so that it could be taught virtually. Then, participants returned in small groups to complete required skills stations. This hybrid version was featured in a national **American Trauma Society** virtual symposium!

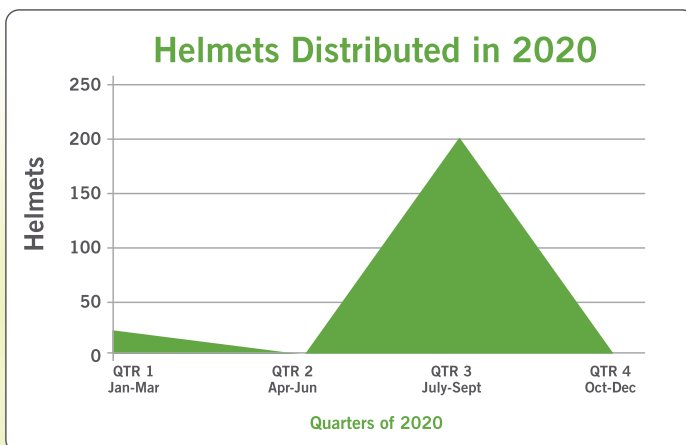
The Helmet Safety program provides helmet safety education and free bicycle helmets to children in our community. Traditionally the education and helmet distribution events were large group events at elementary schools. Since this was not possible, Ferguson worked with Coeur d'Alene school district to offer drive-through helmet education during their established summer grab-n-go lunch programs. These drive-through events were offered at schools that were identified as



Pictured (l-r): Vicki Johnson, Jennifer Cantrell, Lynn Bui, Jenny Huse.

having the greatest need for helmet safety education and lack of financial resources to purchase helmets. With just two summer events, **Kootenai Health was able to distribute over 200 helmets to community members** in need!

Ferguson will continue to find ways to help the community and provide opportunities for Kootenai Health nurses to volunteer their time, no matter what challenges may stand in the way! If you are interested in volunteering in community outreach activities, contact **Wendy Ferguson** at wferguson@kh.org.



MAGNET 4 Europe

Have you heard the news?

Kootenai Health was one of just over seventy organizations across the country (approximately 1 percent of US hospitals) to be chosen to mentor a “twin” organization in Europe!

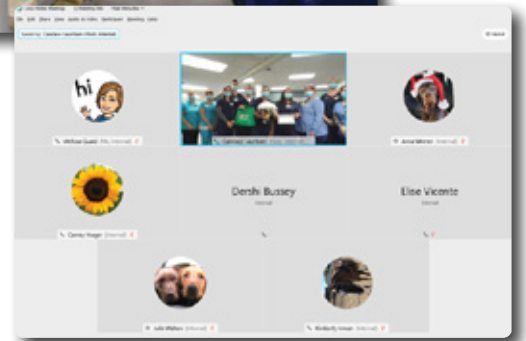
This is a huge honor! Kootenai was partnered with an organization in Belgium, AZ Vesalius. They are similar in size, services, and community demographics. Since the “twinning” or partnering, leadership from Kootenai and AZ Vesalius have been performing a gap analysis to determine what steps are needed to improve their nursing structures, based on the Magnet Model®. Over the course of 2021, based on the gap analysis and identified priorities, there will be opportunities for Kootenai Health and AZ Vesalius clinical nurses to talk about their nursing practice and inspire each other. Watch for invitations to participate! For more information, contact **Nikki Graham, MN, RN, PMH-BC, NP-BC, NEA-BC** at ngraham@kh.org.

DAISY Award *Winners*

Kootenai Health's 2020 DAISY Award Honorees included eleven individuals plus one DAISY Leader! And, the Team DAISY Award was given to almost 50 staff members from 3 East! 3 East was converted to a cohorted COVID-19 unit during 2020 to help prevent the spread of the virus. This team showed amazing teamwork and the entire organization was proud and honored by their incredible spirit during this unprecedented time. Of the 40 Team DAISY nominations received, the 3 East team was honored in fourteen of them!! Honorees are selected from nominations by our Nursing Work Environment (NWE) council. These nominations are submitted by patients, families, and co-workers in honor of nurses who demonstrated excellence through their clinical expertise and extraordinary, compassionate care. Due to gathering restrictions, NWE and administration had to get creative with how to hold these celebrations, which were accomplished through hybrid WebEx and in-person events.



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



Individual DAISY Awards:

- Morgan Reed, BSN, RN, PMG-BC, KBH-Adult
- Angel Torres, BSN, RN, CCU
- Dariyan Johnson, BSN, RN, 2 East
- Desiree Florea, BSN, RN, 2 East
- Crystal Heneger, RN, NR
- Natalie Anaya, BSN, RN-BC, OB
- Kortney Thornburg, BSN, RN, 3 East
- Ashlee Maple, BSN, RN, NRT
- Kayla Wade, BSN, RN, NICU
- Lara Jarrett, BSN, RN, 3 South
- Naomi Bankhead, BSN, RN, 2 East

DAISY Leader Award:

- Jennifer Collins, BSN, RN
3 East Nurse Manager

Team DAISY Honorees:

- Christie Koziol, BSN, RN
- Dena Payne, MSN, RN, OCN
- Kayla Delp, RN
- James Duffy, RN
- Carol Gienger, RN
- Jessica Greensides, RN
- Stephanie Hall, RN
- Hannah Hobart, BSN, RN
- Jenna Larson, BSN, RN
- Kaydah Parker, BSN, RN
- Kristy Mussatto, RN
- Graham Nagi, BSN, RN
- Kristin Smith, BSN, RN
- Samantha Sperber, BSN, RN
- Natasha Rudometkin, BSN, RN
- Jessica Sasser, BSN, RN
- Monica Stroemsvik, BSN, RN
- Megan Mason, RN
- Robyn Walters, BSN, RN, CBCN
- Nicole Bates, BSN, RN, CMSRN
- Timothy Mroz, BSN, RN, CMSRN
- Amy Anderson, BSN, RN
- Misty Dickerson, RN

- Josh Gordon, RN
- Hailey Martin, RN
- Bernadette McBride, RN
- Rene Miles, BSN, RN-BC
- Heidi Schmid, RN
- Melissa Scott, RN
- Natalia Summers, BSN, RN
- Reese Isherwood, BSN, RN
- Tyler Adams, BSN, RN
- Kelly Breakie, RN
- Jennifer Collins, BSN, RN
Nurse Manager
- Brigid Anderson, HUC/CNA
- Alexi Butterfield, CNA
- Denita Carroll, CNA
- Zaida Martinez-Kinhead, CNA
- Mina Touraille, CNA
- Susan Alvarado, CNA
- Teresa Boe, CNA
- Eliza Curry, CNA
- Charles Radavich, CNA
- Loren Rood, CNA
- Carlene Vanderhoof, CNA
- Jessica Zuniga, CNA
- Rachel Guererro, HUC
- Kelsie Myers, HUC

Professional Governance Accreditation and Refresh Update



Professional governance at Kootenai Health continues to evolve and the **Professional Governance Steering Committee (PGSC)** meets monthly based on their mission to promote sustainability and improve the overall health of our shared professional governance. In 2020, PGSC reworked the Professional Governance Workshop to be able to do the training virtually via WebEx so that council chairs and chair-elects could still receive valuable training on professional governance concepts, how to initiate practice changes, and some business/computer basics. Meanwhile, their work, combined with the **ELEVATE nursing research study underway**, led to accreditation with the **Forum for Shared Governance**, an honor shared with only 17 other Magnet® designated hospitals around the world! For more info, contact **Melissa Quaid** at mquaid@kh.org.



One Nurse's Journey to BSN



I have been a nurse with an associate of science in nursing (ASN) for over 20 years. I chose to go back to school mostly so I wouldn't miss out on advancement opportunities. I did not find myself on either side of the "bachelor prepared versus associate prepared" debate. I just knew this was a nation-wide movement and that I should probably participate to prevent any regrets later in my career. The start to my journey would have discouraged most people. To meet the statistics requirement for entry to a bachelors program, for me, involved repeating the math prerequisite three times and repeating statistics twice, each of these classes costing \$500. Whether I am stubborn or determined is a subjective judgement, but I was not going to let math prevent me from achieving entry into a BSN program. I think as nurses we do not understand the word "No" and are resourceful in finding

alternative ways to accomplish goals whether they are personal or for our patients. You will be relieved, as I was relieved, that my grades in the nursing classes were "A"s and "B"s which reaffirmed that I am capable of learning and advancing my education.

While the world focused primarily on surviving a pandemic in 2020, my personal focus was turning 50 and finally achieving my BSN. I am now considered a "veteran nurse" but I feel like a "new grad" with new tools to create changes that can result in positive patient outcomes and an improved work environment. When I reflect now about the difference between my associate's degree versus my bachelor's degree, I am thankful for getting my ASN first. My associate's degree helped me perform nursing tasks, and that experience doing bedside tasks was priceless, making me the nurse that I am today. Bedside experience cannot be taught in college or in a book. I feel my bachelor's degree has widened my perspective and given me a larger lens to look through as I give care and participate in policy making and hospital committees.

I think the ultimate answer to the debate is to allow both associate and bachelor prepared nurses to enter the work force. Encouraging health organizations to have a robust continuing education program to ensure nurses go back to school allows the individual to fit education into their practice and life while maintaining adequate nursing staff at the bedside to do the care needed. The bachelor prepared nurse has tools that make the nurse more equipped to step up and demand an environment of excellence, improving patient outcomes and nurse work environments. This is part of the wider lens that a BSN nurse looks through.

– Lori Jackson, BSN, RN, CRNI, Kootenai Health Infusion Services



Saving Patients Lives with Early Detection & Intervention

On August 16, 2020, Kootenai Health launched a dedicated Rapid Response Team (RRT). As we approached the launch date, Critical Care had a surge of COVID-19 positive cases. Pulling Critical Care nurses to staff RRT was going to cause a shortage of nurses for the Critical Care Unit. Executive leadership and Critical Care leadership felt the support RRT would provide to nurses throughout the hospital was important and chose to support Critical Care staffing with supplemental contract nurses to enable the go-live of the dedicated RRT.

During rounding, consults, or activations, the RRT nurse provides support and assistance to staff, patients, and providers throughout the hospital. Having RRT nurses support staff throughout the inpatient units has shown a decrease in code blues and a decrease in transfers to higher levels of care. The response from nurses since the launch of the team has been overwhelmingly positive.

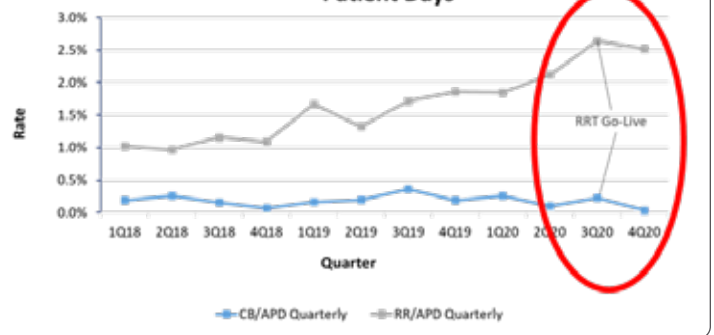
– Jamie Myler, BSN, RN, CCRN, RRT Clinical Coordinator

Fantastic resource for our fragile dialysis patients!

It is such a relief to have the RRT nurses to consult. They are knowledgeable, helpful, and reassuring.

I appreciate this valuable resource being available!

Quarterly Code Blue/Rapid Response per Adjusted Patient Days



OB Emergencies? We can do that!

Historically, Kootenai’s Labor & Delivery (LD) nurses provided initial triage assessment for OB patients who came to the hospital for emergency care, and then they called an MD for orders. The worst fear of a LD nurse in triage is missing something that may have prevented a poor outcome. Working alongside the OB Hospitalist alleviates this fear and allows the nurse to focus on providing the care that they are experts in providing.

Nurses worked with an interprofessional group to develop workflows, algorithms, and IT Meditech builds to create an OBED – an emergency room specifically for pregnancy-related healthcare problems. After several hours of nursing education and at-the-elbow training, the OBED service launched in June of 2020. This OBED service brings together the talent of LD clinical nurses and a 24/7 in-house OB Hospitalist to provide the necessary immediate triage of risks to mom and baby. Evidence shows that early intervention and treatment of pregnancy related complications



Pictured back row (l-r): Amanda Kampf, Blaire Smith, Dr. Milligan, Kolby Wade. Middle row (l-r): Natalie Anaya, Ron Storebo, Dani Clarkson, Michelle Strietzel, Ashley Newby. Front row (l-r): Alex Brewer, Megan Bosworth, Star Brandt, Macie Peterson, Kelsey Kemper.

promotes safe care and optimal outcomes.

“There were trials and tribulations along the way as we did launch this service amidst the COVID crisis. Our LD nursing team demonstrated engagement, an eagerness to learn and resilience while we had to make several adjustments along the way. The LD Clinical Coordinator team was instrumental in oversight of the RN staff and making sure each patient record was completed and that charges were placed appropriately. Nursing

had to learn a new patient flow for patients as well as a new workflow for documentation.

Having the OB Hospitalist in-house and the OBED open, we are providing pregnant women with safe care and no waiting in the main Emergency Department. We have been able to provide high quality care and a positive patient experience to all of our patients who present for care.”

– Megan Bosworth, BSN, RN, RNC-OB, Nurse Manager Labor & Delivery and Post Partum

ECMO

Kootenai Health began pursuing a robust ECMO (extracorporeal membrane oxygenation) Program in 2019 to support and grow our Critical Care service line. ECMO is an extremely intense method of life support for patients who are in critical condition and requires highly skilled critical care nurses. Having an ECMO program at Kootenai allows these patients to receive life-saving treatment here in their home community. Kootenai partnered with the University of Washington's (UW) ECMO Program, and sent four clinical nurses to the ELSO (Extracorporeal Life Support Organization) conference in Austin, Texas. Through the partnership with UW, multiple groups of clinical nurses were able to go for hands-on training in Seattle, Washington. These clinical nurses became Kootenai's ECMO Specialists, who care for patients receiving ECMO treatment.

Matthew Queral, BSN, RN, CCRN-CSC, ECMO Program Coordinator

Kootenai Health is still 'young' in this program, but so far, our patient outcomes are very exceptional!

reports, "In January of 2020 I was hired as ECMO coordinator and began leading the monthly steering committee meetings. The second group of 11 RNs and one Respiratory Therapist went to ECMO Specialist training at UW in January. I finalized policies concerning the care of ECMO patients in March and they went live May. At this

time, I also started

holding continuing competency sessions for the Specialists trained at UW.

The development of the ECMO program has had a significant impact on the nurses and respiratory therapists involved. The

ECMO Specialists are much more knowledgeable, comfortable, and confident providing ECMO treatment. Through this training they acquired the skills and knowledge to manage the



Pictured (l-r): Jeff Maggioli, UW ECMO Coordinator; Jamie Myler, David Irving, Wendy Roller, and Doug Holcomb.

bedside care of these patients and are able to identify possible complications and appropriate interventions for these complications. In 2020, we managed three ECMO cases at Kootenai and initiated therapy for one case that transferred to UW.

Going into 2021, I will continue ongoing competency training and I will train more new ECMO Specialists here at Kootenai. We will also see what challenges/projects the EPIC transition brings."

– Matthew Queral, BSN, RN, CCRN-CSC, ECMO Program Coordinator

My Center's Last 10 Years Outcomes vs. other ELSO Centers, Stratified by Center Volume

n, % Survived to DC or Transfer

| | My Center | | < = 5 runs/year | | 6-20 runs/year | | > 20 runs/year | | Total ELSO Registry | |
|--------------|-----------|------------|-----------------|------------|----------------|------------|----------------|------------|---------------------|------------|
| Adult | | | | | | | | | | |
| Pulmonary | 3 | 100% | 2,581 | 56% | 6,901 | 57% | 18,520 | 61% | 28,002 | 60% |
| Cardiac | 4 | 25% | 2,253 | 45% | 6,786 | 44% | 19,574 | 44% | 28,613 | 44% |
| ECPR | 0 | % | 620 | 28% | 2,213 | 28% | 6,275 | 30% | 9,108 | 29% |
| Total | 7 | 57% | 7,496 | 50% | 24,577 | 51% | 63,591 | 52% | 95,664 | 51% |

The Booty Bus

Now That's Innovative!

Kootenai Health's 3 North is a bustling medical nursing unit. As with most medical nursing units, clinical nurses can be observed multitasking continuously in order to take excellent care of their patients. To be efficient, when a nurse needs to enter a room to help their patient with hygiene, they will often take many supplies in with them, hoping to have all the different items they might need.

Matthew Douglas, BSN, RN, CMSRN reports, "At one of our quarterly meetings last year, 3 North was trying to come up with ideas on how we can save our unit money. Looking back on previous costs and expenses, the biggest factors that staff could impact were incremental overtime and the use of un-needed supplies left in patients' room at discharge. We decided as a unit to do what we could to clock-out on-time to decrease the incremental overtime but we also came up with the brilliant idea of what we call "The Booty Bus."

The Booty Bus is a cart stocked with all the incontinence supplies needed to clean-up and change a patient, such as: briefs, chucks pads, wipes, external Foley supplies, ALLEVYN™ pads, moisturizers, barrier creams, and even gowns. See, once any supplies go in to a patient room it is considered, "dirty" and must be thrown away if it was not used. The Booty Bus allows staff to only bring in the supplies needed and/or not bring in the wrong supplies on accident only to be thrown away.



Pictured (l-r): Kim Verburg, Camey Yeager, Sarah Corson, and Laurie Dutkiewicz.

The Booty Bus is brought to the door of a patient room so staff can have all the supplies needed, so staff can go in and assess the patient situation and know what they actually need, and the cart filled with supplies is there at their fingertips. Staff will only grab what is needed at that time and if they need more of a certain item the cart is right there.

In the past, whenever we had an incontinent patient, often the nursing staff would grab a bunch of supplies when going to clean a patient only to find out they grabbed the wrong size of something or had too many packs of wipes when one would have sufficed. The Booty Bus tremendously reduced the amount of waste and unused supplies. As you can see by the graph, 3 North's cost of supplies have gone down and that has to do with being more aware but also has a lot to do with the implementation of the Booty Bus."

Description of Project – Taylor Hoffman, BSN, RN, 3 North

Aim: To decrease cost, we will reduce the amount of wasted supplies left in the patient room at time of discharge

Start date: June, 1 2020

End date: August 31, 2020

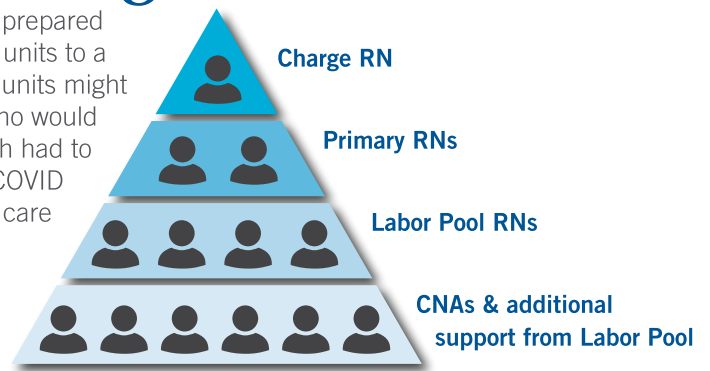
3 North's clinical nurses started this project by surveying what supplies were left in patient rooms at discharge (see data below) in June of 2020 by 3 North's learning board AIM. What we noticed within the first month was that supplies for incontinent patients such as briefs, wipes, and chucks were the most common supplies left in patient rooms. At our next quarterly Unit Practice Council meeting, the idea of the "booty bus" was created. We continued to survey the supplies through our learning board AIM through August and noticed a decrease in supplies used as a result of this work.

NUMBER OF SUPPLIES WASTED



A New Care Model: *Team Nursing*

During the surge of COVID-19 patients in late 2020, Kootenai Health prepared for the potential need for moving Critical Care and Med-Surg nursing units to a team-nursing model, a novel model for our organization. While these units might potentially be at or over capacity caring for COVID patients, nurses who would normally be caring for patients who underwent elective surgery (which had to be postponed) could support and supplement the nurses caring for COVID patients. The team-nursing model allows for more patients to receive care by teaming specialized expert nurses with other nurses who normally don't care for these type of patients. By working together, this group of nurses can prioritize nursing care for many patients all at once. Critical Care implemented the team-nursing model for several shifts.



One charge nurse shares his experience:

“As a newer charge nurse in the ICU, new challenges arrive daily. With COVID-19 and associated resource limitations, “extremely challenging” became the new normal. Our manager held a conference call to address any questions about team nursing in critical care. During that meeting, I mentioned that education and communication would be essential for us to be successful.

Fast forward a few days, and I found myself charge nurse of the first team nursing night-shift on critical care. With fear and anxiety in my team's eyes, we charged through the night. We had to redefine roles and prioritized cares rapidly. Communication was optimized via Jabber chat rooms. We brainstormed and collaborated to make the best out of a less than ideal scenario.

That night left us with many ideas for improvements. We made adjustments where needed, and planned out how to best utilize our labor pool nurses. We were able to manage code blues, rapid intubations, and care for multiple CRRT (continuous renal replacement therapy) patients. With the guidance from our leadership team, down to the commitment of each individual nurse, we saw what we could accomplish together.” – Dave Holcomb, BSN, RN, CCRN, Critical Care

Same Day Discharge After Orthopedic Surgery

It was not long ago that a patient who had a joint replacement would typically spend many days in the hospital after surgery. Industry standards have evolved and now some patients are actually eligible to go home the same day as their surgery! In order to make this idea a reality, Kootenai's PACU nurses collaborated with an interprofessional team to develop new workflows to make sure patients could get discharged to home from the PACU safely.

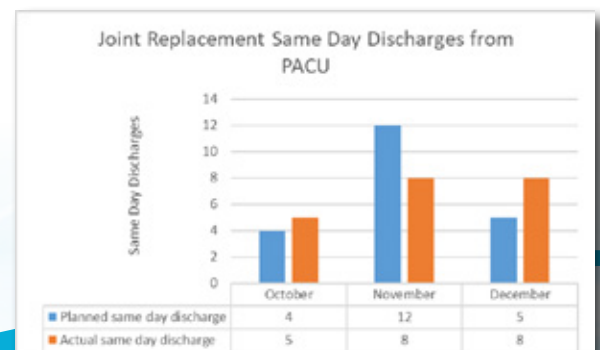
Kristin Wood, RN, PACU reports, “This year we have taken on a new challenge in our Post Anesthesia Care Unit (PACU) of recovering and discharging some total joint replacement surgeries. In the recent past, the expectation from insurance companies was that some of these would now be classified as outpatient procedures. This was new to most of our staff, so we began

by having one staff member work closely with our RN case manager, one surgeon, Advanced Practice Providers, and therapy to begin setting up a process in our department. New discharge instructions and protocols were created and modified as we started this new journey. The new process required staff to acquire knowledge of therapy, focused medication education, and details of discharge that the patients would need at home.

PACU clinical nurses continue to adapt and improve this process, but so far, we have been able to successfully discharge to home a number of patients who are able to pass their therapy milestones and other requirements. The patients that do not meet the expectations are admitted to

the orthopedic unit for further care and therapy.

Although this felt like a big undertaking and steep learning curve, nursing stepped up and adapted to the new process. Our PACU nurses recognize that it is satisfying for patients to be able to go home the same day. We will continue to improve our process and eventually other surgeons will also be a part of this same day discharge of total joint procedures. This is the future we all knew would come someday!”



Recognizing our GEMS: *Nursing Excellence Program*

The Nursing Excellence Program team, managed by the Nursing Work Environment council, used input from staff, managers, and directors to make enhancements to the program for 2020. The program was adjusted several times during 2020, to acknowledge all the hard work and extra effort that Kootenai Health's nurses were providing in order to address the fluid needs caused by the COVID-19 pandemic. This year, 123 packets were submitted from 32 different units/departments. Nursing Excellence Program submissions continue to demonstrate that Kootenai's nurses are truly gems – doing inspiring work, delivering great patient care, owning their professional practice, and contributing to the health of our community!

| NAME | UNIT | AWARD | NAME | UNIT | AWARD |
|---------------------|---------------|--------------|---------------------|---------------|--------------|
| Lynn Bui | 1 North | Star Garnett | Alaina Muehlhausen | Critical Care | Star Garnett |
| Jenna Cruz | 1 North | Star Garnett | Jamie Myler | Critical Care | Star Garnett |
| Caralea Tanner | 1 North | Star Garnett | Moriah Toms | Critical Care | Star Garnett |
| Brayden Panttaja | 1 North | Topaz | Matt Castro | Critical Care | Opal |
| Karen Bryan | 2 East | Star Garnett | Jenna Hall | Critical Care | Opal |
| Jeff Sample | 2 East | Star Garnett | Katherine Hurley | Critical Care | Opal |
| Amanda Johnson | 2 East | Opal | Jessica Milholland | Critical Care | Opal |
| Rebecca Perry | 2 East | Opal | Kelly Ramus | Critical Care | Opal |
| Tabitha Rocha | 2 East | Opal | Sean Jr. White, Jr. | Critical Care | Opal |
| Desiree Florea | 2 East | Topaz | Katherine Whitt | Critical Care | Opal |
| Darby Tingelstad | 2 South | Opal | Sherry Beno | Critical Care | Topaz |
| Kimberly Martin | 2 South | Topaz | Kelly Goertzen | Critical Care | Topaz |
| Christie Koziol | 3 East | Star Garnett | Douglas Holcomb | Critical Care | Topaz |
| James Duffy | 3 East | Opal | Klayton Johanson | Critical Care | Topaz |
| Dena Payne | 3 East | Topaz | Adam Wabs | Critical Care | Topaz |
| Samantha Sperber | 3 East | Topaz | Megan Lorincz | ED | Star Garnett |
| Monica Stroemsvik | 3 East | Topaz | Brooke Carroll | ED | Opal |
| Matt Douglas | 3 North | Star Garnett | Natalee DeMers | ED | Opal |
| Jacqueline Goldworm | 3 North | Star Garnett | Sarah Gonzales | ED | Opal |
| Elizabeth Cameron | 3 North | Opal | Thomas Gonzales | ED | Opal |
| Rebecca Glenn | 3 North | Opal | Michelle Hixson | ED | Opal |
| Taylor Hoffman | 3 North | Opal | Rose Maros | ED | Opal |
| Shannon Celentano | 3 North | Topaz | Crystal McCown | ED | Opal |
| Jennier Porto | 3 South | Opal | Melissa Rix | ED | Opal |
| Katie Stang | 3 South | Opal | Katelynn Weatherly | ED | Opal |
| Michelle Burton | 3 South | Topaz | Michele Brown | Heart Center | Star Garnett |
| Jamie Tweedy | 3 South | Topaz | Belinda VanDitto | Heart Center | Star Garnett |
| Emily Farness | Critical Care | Star Garnett | Anne Bear | KIS | Opal |
| Crystal Cronoble | Critical Care | Star Garnett | Nancy Clough | KIS | Opal |
| Garrett Glover | Critical Care | Star Garnett | Kourtney Hayden | KIS | Opal |
| Michelle Goode | Critical Care | Star Garnett | Lori Jackson | KIS | Opal |
| David Irving | Critical Care | Star Garnett | | | |

| NAME | UNIT | AWARD |
|-----------------------|---------------|--------------|
| Natalie Anaya | OB | Star Garnett |
| Daryn Jett | OB | Opal |
| Maureen Finigan | OB | Opal |
| Kimberly Guerrero | OB | Opal |
| Kaila Mallrie | OB | Opal |
| Megan Pentecost | OB | Opal |
| Whitney Phillips | OB | Opal |
| Katuska (Alex) Brewer | OB | Topaz |
| Rachel Davis | OB | Topaz |
| Amy House | OB | Topaz |
| Christine Brewer | MOR | Opal |
| Betsy Munson | MOR | Opal |
| Mei Fong | NICU | Star Garnett |
| Kristine Hiiva | NICU | Star Garnett |
| Jennifer Miller | NICU | Star Garnett |
| Alisha Dickey | NICU | Opal |
| Diana Rees | NICU | Opal |
| Kayla Wade | NICU | Opal |
| Lauren Petticolas | NICU | Topaz |
| Erica Anderson | NRT | Star Garnett |
| Moriah Cason | NRT | Star Garnett |
| Lynda Heise | NRT | Star Garnett |
| Suzanne Burk | NRT | Opal |
| Sabrina Mael | NRT | Opal |
| Deborah Kelstrom | Nursing Admin | Opal |
| Shannon Kline | PACU | Star Garnett |
| Aran Borgman | PACU | Opal |
| Angelina Faggion | PACU | Opal |
| Brenda Guy | BPACU | Opal |

| NAME | UNIT | AWARD |
|-------------------|------------------------|--------------|
| Mia McRory | PACU | Opal |
| Barb Richardson | PACU | Opal |
| Kristin Wood | PACU | Opal |
| Chauntae Peterson | PACU | Topaz |
| Christina Treller | PACU | Topaz |
| Darrell Day | Pediatrics | Opal |
| Molly Preston | Pediatrics | Opal |
| Ann Marie Cehr | Pediatrics | Topaz |
| Megan Baker | Specialty Procedures | Star Garnett |
| Teresa Deuling | Specialty Procedures | Opal |
| Kelly O'Neal | Specialty Procedures | Opal |
| Travis Samsky | Specialty Procedures | Opal |
| Cassandra Oddy | TCS | Opal |
| Colleen Zwiers | TCS | Opal |
| Wendy Ferguson | Trauma Services | Star Garnett |
| Karen Wilson | VAT | Opal |
| Jesse Anderson | VAT / Wound | Star Garnett |
| Scott Gunderson | VAT / Wound | Opal |
| Tanna Moore | Wound | Star Garnett |
| Cindy Hale | Wound | Opal |
| Cindy Radavich | Wound | Opal |
| Denise White | Youth Acute | Opal |
| Mallory McConnaha | Kootenai Clinics | Opal |
| Carolyn Dolan | Kootenai Clinics | Topaz |
| Eric Oscarson | Kootenai Heart Clinics | Opal |
| Char Broesch | Kootenai Heart Clinics | Topaz |
| Heather Kreis | Kootenai Heart Clinics | Topaz |
| D. Paul Kugler | Kootenai Heart Clinics | Topaz |
| Lisa Kolenda | KCCS | Opal |

BSN Goals

Organization-wide progress toward increasing the percentage of nursing workforce educated at a BSN level or higher continues. Based on empirical evidence of improved patient outcomes and the Institute of Medicine's recommendation, Kootenai Health continues to strive to meet the call for 80 percent of nurses to have a BSN or higher. Additionally, year-over-year increases in percent of specialty-certified nurses strengthens our nursing practice here at Kootenai Health. Please connect with the Professional Development and Continuing Education council for tips, tricks, and additional support! NursingPDCESubCouncil@kh.org

| BSN Goals | 2017 | 2018 | 2019 | 2020 | 2021 |
|--|-------|-------|-------|-------|-------------|
| Actual Achieved Year End - Clinical Nurses | 57.9% | 66% | 70.8% | 79.7% | |
| Actual Achieved Year End - All RNs | 61.6% | 69.4% | 74.3% | 81.9% | <i>Wow!</i> |
| Kootenai Health BSN Target % | 58% | 65% | 70% | 72% | 80% |

| Certification Goals | 2018 | 2019 | 2020 | |
|--|--------|------|-------|-------|
| All Eligible RNs | 46.08% | 52% | 52% | |
| Kootenai Health Certification Target % | NA | 49% | ≥ 51% | ≥ 51% |

So, there was this pandemic...

Testing and Vaccines

As nurses at the premier medical destination in North Idaho, we are ambassadors to our patients, friends, families, and the greater community. To carry factual and hopeful information to all of our audiences, Kootenai's nurses constantly ask, "How are things going?" From the early days of the COVID-19 pandemic in March and April of 2020 throughout the rest of the year, our nurses were the constant face of Kootenai's response to the ever-evolving realities of life during a pandemic and leadership worked fiercely to make sure they were as informed as possible of all developments and actions.

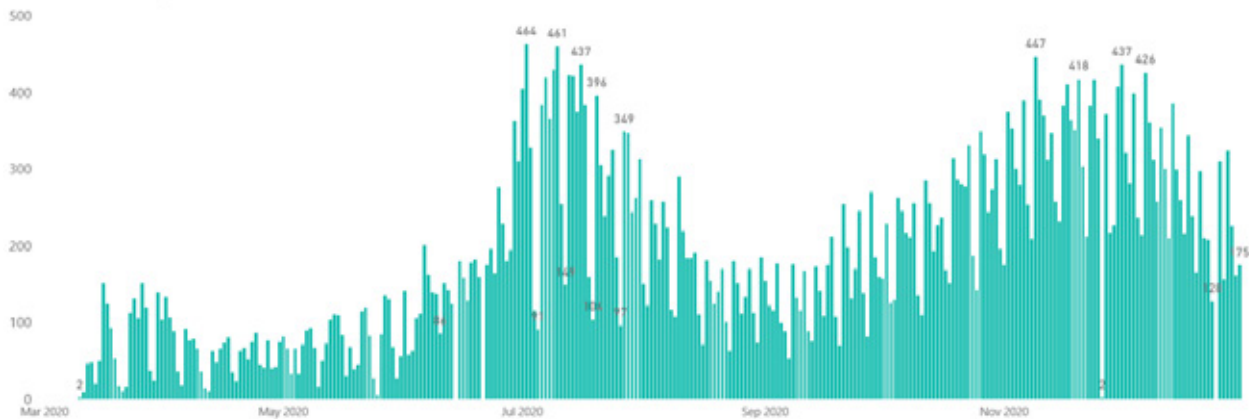
Two impressive initiatives that were in response to COVID-19 were the drive-through testing location at 2207 Ironwood Place and the Vaccine Clinic here at Kootenai Health.

Incident Command determined that nurses, physicians, and all clinic staff safety would be put at risk by performing aerosolizing tests in the clinics, none of which had Negative pressure rooms. The 2207 drive-through testing site was conceived and actualized within days, a testament to the ingenuity of Kootenai Health. It was one of the first drive-through testing sites in the nation. Kootenai Clinic Nurse Supervisors and Managers took turns being present at the 2207 site in order to offer leadership for staff, working extra days and weekends to assure that a 7 days-a-week operation was possible. On the highest volume day to date, this one testing location performed 464 COVID-19 swabs in just 10 hours of operation! Not only was nursing instrumental in getting the testing site up and running, nurses

and all employees utilized the drive-through testing location for themselves and their families. Later in the year, our Employee Health nurses set up an additional site specifically for Kootenai Health employees to be tested efficiently and safely.

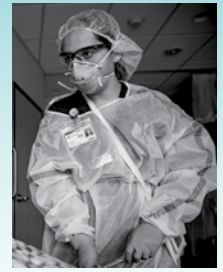
After so many months, when vaccine emergency use authorizations were on the horizon, a talented and dedicated team of nurses and interprofessionals at Kootenai quickly set up an employee vaccination clinic and successfully vaccinated thousands of employees in a matter of weeks. Because of the success and the willingness of Kootenai Health administration, the vaccine clinic evolved into an efficient community vaccination clinic where dedicated nurses provided vaccines to our community every day!

Number of COVID-19 swabs performed at the 2207 testing site



Pictured (back row, l-r): Gloria Higley, Lori Ritchart, Jamie Spranget, Stephanie Todd, Winter May, Phil Scheiber, Ty Condon, Peter Moats, Colton Zorrozua (front row, l-r): Claudia Carlos, Corynn Pittman, Te Ata Montgomery, Sandy Dolyniuk, Hagen Calanchini, and Raeleen Dorr.

Thank You Health Care Heroes



75,000+
Total
number of
COVID-19
tests
completed



900+
Total number of
COVID-19
inpatients to date



**\$1.5
Million**

Amount raised for Kootenai
Health Foundation's
Health Care Heroes Fund

3
Number of
units used as
COVID-19
cohort units
at the peak



8,500
Number of
cloth masks
donated by the
community



11,100+
Total
number of
positive
tests



18,650
Kootenai
Clinic
telemedicine
visits



3
Number of
informational videos
for the public



**1,445%
More**
N95 masks
purchased
in 2020
vs. 2019



Kootenai Café: Your Palate is Exempt from COVID-19 Travel Restrictions

Resiliency during 2020 couldn't have been more important. One nurse shares an unexpected anecdote:

"Our new cafeteria is lovely and it occurs to me that there are more than a few things to be glad about. In particular, the new 'World Fare' option: the cuisines of the globe being featured on the menu. It has long been said that variety is the spice of life! Tandoori chicken, seared Ahi tuna, spicy Barbacoa beef, all conjure up both appetites and a sense of exploration (in a small way) and offer an opportunity to try new things.

There's a deeper significance as well, during the pandemic, while travel has been largely suspended or restricted, the little things bring joy more than ever before. For those of us who are world travelers, or even those who would like to be, using our PTO for "staycations" doesn't deliver the exhilaration-to-holiday ratio we usually seek. So metaphorically traveling to Japan, or India, or Mexico, through food while at work is actually a blessing. Thank you cafeteria staff for all that you do!"

– Christina Treller, MSN, RN, CPAN, PACU

91
Highest
number of
COVID-19
inpatients
in one day



442,597
Surgical
masks
purchased
in 2020

79
Number of
informational
articles in the
Coeur d'Alene Press



Numbers as of January 29, 2021

Give a Sign for Safety!

With the Covid-19 pandemic this year, Kootenai Health's clinical nurses on our Professional Nursing Council suggested hand signals to remind staff to follow precautionary guidelines and stay protected. Nurses and Communications and Marketing collaborated to develop hand signals for personal protective equipment (PPE) reminders. The designed hand signals were printed on posters and sent out house wide. "These hand signals can be used to remind staff about the proper PPE usage when providing patient care. The PPE signals are for eyewear and masks. By using hand signals, you can remind coworkers to put on their eyewear or pull up their mask without shouting across the unit or embarrassing a coworker in front of others. I appreciate working for a hospital who makes patient and employee safety a priority. The new "Give a Sign for Safety" is a great example of another way Kootenai Health shows they care about the community's health."

– Chauntae Peterson, BSN, RN, PACU

KootenaiHealth 2030

One connected team, boldly transforming the health care experience, to become a premier medical destination.

Thank You!



Pictured (l-r): Kootenai Health Administrative team Karen Cabell, John Weinsheim, Danny Klocko, Kim Webb, Ryan Smith, Joan Simon, Jon Ness, Jim Adamson, Patt Richesin, and Jeremy Evans.



Pictured (back row, l-r): Shannon Celentano, Liz Cameron, Bernadette McBride, Larissa Fox, Hailey Martin (front row, l-r): Taylor Hoffman, Matt Douglas, Hailey Foster, Mickey Shirey, and Jana Clifton.

During an unprecedented time for our organization, community, country, and the world, Kootenai Health's nurses leaned in, worked as a team, and stood strong for our patients, our community, and each other. **We could not be more proud of our Kootenai Health nurses** and thank each one of you for your incredible contributions, dedication, and continued excellence!

