

2018 Nursing Annual Report



SAFETY



COMPASSION



ENGAGEMENT



KootenaiHealth



Joan Simon, CNO



A Focus on Wellness

Nationally, there is a vision to move the focus of health care from illness to a focus on wellness in *partnership with our patients*. Kootenai Health has made great strides to

align our work with that vision and our nursing teams have been instrumental and influential in the journey. This year's annual report reflects stories recognizing our nurses and interdisciplinary teams who have been at the forefront of those change efforts at Kootenai Health.

Our primary care clinic team members participated in over a year-long redesign effort to become **certified as Patient Centered Medical Home (PCMH)**. This innovative model provides care for our patients and families in-between visits by a nurse care coordinator. This model is supported by our transfer center nurses who make a discharge phone call to patients following an inpatient admission.

Our nurse led Patient Family Advisory Council revised its charter this year to include greater patient and family participation in **quality improvement efforts**, allowing us to better hear the voice of our customer as we design new systems. Advisory Council members acknowledge the beliefs, preferences and cultural differences that are important to those we serve by being more inclusive and supportive of diversity.

The caring practices of our nurses are closely tied to the mission of our organization as we strive to impact lives one patient at a time. During 2018, our **nurses participated in several initiatives aimed at improving the work environment** including the development of our BeST team to support staff with difficult patient situations, and imbedding LENS board huddles into our daily work to identify issues that prevent us from doing our best work every day. In addition, a new staffing committee helps ensure our staffing systems support increasing patient acuity, changing patient populations, and ensuring safety for our staff through safe patient handling.

We are excited to graduate our first class of **Aspiring Nurse Leaders** who participated in a yearlong leadership development program designed to prepare incumbents for future nurse leadership positions. These aspiring leaders are supported by in-house mentors from our management team and in partnership with organization development allowing for a successful future transition into leadership roles.

In 2018 the Professional Nursing Council introduced the **Daisy Leader Award** celebrating those leaders who make it their goal to create a healthy and collaborative work environment. In addition, last year 60 nurses received monetary awards through our new Nursing Excellence Program.

In early 2018 our Professional Nursing Council reflected on our nursing practice to ensure that our model was consistent with what is most important to our patients, our staff, and our community. As a result, **our practice model and nursing vision was revised**. Our revised model and vision reflects the importance of nursing's role in care coordination, diversity, and in maintaining a healthy work environment.

Nursing staff led several house-wide improvement efforts including the sepsis response team, stroke alerts, patient throughput initiative, and operating room turnaround time, with great results.

I would like to thank our hospital board, administration and the members of our interdisciplinary teams for the endless support that makes our work possible, allowing our nurses to do their best work. I could not be more proud of our nurses for their leadership, insight and courage they have demonstrated during this time of unprecedented change in the health care landscape. They have given selflessly of their time and talents to make Kootenai Health the hospital system of choice in this community.

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

Recognizing Compassionate Leadership – The Daisy Nurse Leader Award



“In a complex and demanding health care landscape, nurse leaders are role models of caring and create a safe, nurturing environment where nurses can perform at their best and grow professionally. They provide a setting where compassion is valued, and staff, in turn, treat patients and families with deep humanity. Leaders who create this environment of compassion and recognition for others strongly deserve to be recognized themselves.” – The DAISY Foundation®

In agreement with these DAISY beliefs, the Nursing Work Environment Sub Council recognized Kootenai’s first DAISY Leaders in 2018. The two honored at Nurse’s Day were Meghan Smith and Kim Hanna.

“Being chosen was incredible because the recognition came from members of the team I am honored to lead. The work that happens on our unit every day comes from the most compassionate, safety-focused and dedicated nurses that I have ever had the pleasure of working with. For these women to feel that I deserved recognition means the world to me. My focus every day is to do the right thing for the right reasons, to lead without judgment and mentor others as they grow in their practice. It is an honor to be allowed to do this here at Kootenai Health.”



Pictured (l-r) Joan Simon, CNO, and Meghan Smith, Nurse Manager

- **Meghan Smith**, MSN, RNC-OB, CNML, C-EFM, Nurse Manager, Family Birth Center




Kimberly Hanna, Clinical Care Nurse Expert

“When I realized the Daisy letter being read was about me I was shocked. All of those things being said were so amazing and I had never stopped to think that I do those things every day. My role as a nurse leader at Kootenai Health has allowed me to help shape the careers of some of the most amazing nurses I know. As a result, our patients receive the best care they possibly could. I will forever be a Daisy Nurse Leader.”

- **Kimberly Hanna**, MSN, RN, CEN, TCRN, Clinical Care Nurse Expert, Emergency Services

Exciting Service Enhancements in Ambulatory Care

In 2018, Raeleen Dorr, MSN, RN, clinical operations manager, Kootenai Clinic Family Medicine Residency, and Lara Key, BSN, RN, manager ambulatory quality, led a focused team of supervisors and managers of Kootenai Clinics in the process of working towards a Patient Centered Medical Home (PCMH) accreditation. Nursing was instrumental in process and policy development. Chronic Care Management and Transitional Care Management were integral to the PCMH process; both programs are primarily managed by **RNs in clinic settings**. A PCMH is more than a doctor’s office or clinic. It is a partnership between patient, primary care provider, and a team of health care professionals committed to ensuring the patient is the center of the team.


In 2018 alone, Kootenai Clinic PCMH locations provided
2,226
same day/urgent appointments to patients who might otherwise have gone to the emergency department.

Growing Future Leaders

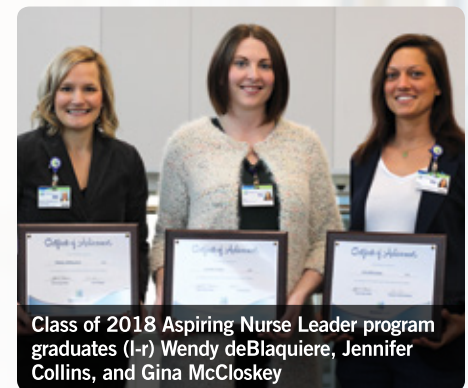
2018 was a successful first year for the Aspiring Nurse Leader Program which identifies and prepares future nurse leaders for leadership positions at Kootenai Health. Jennifer Collins, Wendy de Blaquiére, and Gina McCloskey completed the year-long program with their mentors Miki Welch, Meghan Smith, and Ann Ealy. Each completed a capstone project intended to incorporate program learnings and in support of the organization’s strategic goals. A second group, comprised of Shannon Duncan, Christina Johnson, and Melinda Friedman, is underway.

Capstone projects presented to Kootenai Administrative and Nursing Leadership Councils:

Wendy DeBlaquiére – Patient Family Advisory Committee Refresh Project

Jennifer Collins – Implementation of the Kronos Extensions Acuity System

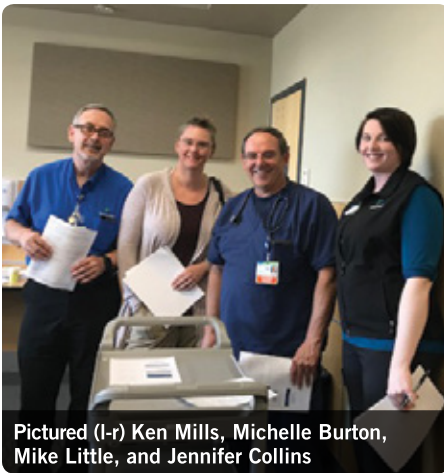
Gina McCloskey – Enhancing Kootenai’s Preceptor Program Using Best Practice



Class of 2018 Aspiring Nurse Leader program graduates (l-r) Wendy deBlaquiére, Jennifer Collins, and Gina McCloskey



Class of 2019 Aspiring Nurse Leader program participants (l-r) Melinda Friedman, Shannon Duncan, and Christina Johnson



Pictured (l-r) Ken Mills, Michelle Burton, Mike Little, and Jennifer Collins

Staffing Committee

The Nurse Staffing Committee was developed as a result of a request from Nursing Work Environment sub-council for a shared governance platform for frontline, **direct-care nursing staff** to be more involved in staffing and scheduling decisions within the organization. Begun in May, 2018 and meeting monthly, the team established a purpose statement, committee goals and meeting norms. Through collaborative work, they have defined committee aspirations for the coming year: to review staffing plans and nursing care delivery models and be involved in several policy changes related to staffing and scheduling.

A Focus on Geriatrics

Much work has been done to serve one of Kootenai Health's largest populations - geriatrics. The Nurses Improving Care for Healthsystem Elders (NICHE) team sponsored a booth at The Alzheimer's Association's *Walk to End Alzheimer's* 5K on Saturday, September 29 in Coeur d'Alene's Riverstone Park. At the walk, NICHE team members staffed a booth, handing out information about NICHE and our work to enhance geriatric care to our patients.



Pictured (l-r) Liz Cameron, Rebecca Glenn, Beth Evans, Rita McNeilly, and Jan Moseley

Kootenai supports **Geriatric Resource Nurse (GRN)** development to assist nurses in caring for patients with specialized needs related to the aging process. One patient, suffering from advanced dementia, was at Kootenai for a longer than average amount of time. The patient was mute and often combative, and staff members were often fearful of him. Rebecca Glenn, BSN, RN-BC, GRN on 3 North, was an active resource for staff in developing an effective treatment plan.

"Tingles were felt all over my body [the first time] he replied, 'Good morning' with a clear voice and was able to tell me his birthdate. I left with so much joy and excitement as I told everyone of the small miracle that I got to be a part of."

As a GRN, Rebecca also worked with Clinical Informatics, the Pain Team and Beth Evans, Geriatric Nurse Practitioner, to implement the Pain Assessment in Advanced Dementia Scale (PAINAD) to assist nurses in assessing pain in patients with dementia who have difficulty verbally communicating pain. Kootenai currently has 21 GRNs and two Geriatric Patient Care Assistants.

Kootenai Health Nurses Strive to Stop the Bleed in the Community

Stop the Bleed, a nationwide campaign, trains the average civilian/those first on scene to stop uncontrolled blood loss. Kootenai Health's Injury Prevention, Trauma Services Department began teaching Stop the Bleed as a free community class in the winter of 2018. Taught entirely by **volunteer RNs**, it focuses on managing injuries that happen in North Idaho (motor vehicle accidents, motorcycle and snowmobile accidents, hunting and logging accidents, and accidents at home or in the shop setting). The two-hour class content includes: patient assessment, packing a wound, and tourniquet application. By partnering with the community, **Kootenai Health RNs** have taught 299 community members in the full class and over 500 people at open community booth settings.

Trainees have included:

- All District 271, 272 and 273 school nurses
- Idaho Department of Transportation plow drivers, border agents and administrative personnel
- Medical Reserves Corp. members
- Various Coeur d'Alene City Fire Department and local law enforcement personnel

Through *Stop the Bleed*, Kootenai Health RNs are making northern Idaho a safer place to live.

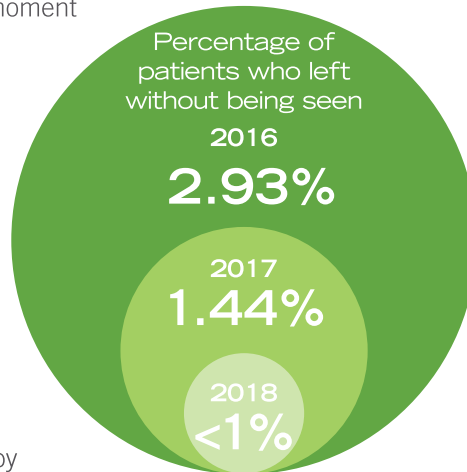


Pictured (l-r) Katie Stang, RN, Joanne Bloodgood, and Lisa Kolenda, RN



Throughput/Left Without Being Seen

A patient's total experience matters to everyone in the system - the patient, family, care providers, payers, and everyone else in between. Respectively, Ann Ealy, MSN, RN, NE-BC, CNML, Manager of Nursing Operations was instrumental in a complete redesign of patient throughput from the moment a patient enters our main hospital facility until they are discharged. None of these improvements would have been possible without the hard work of our **bedside nursing staff**. A multidisciplinary team standardized processes and achieved the goal of a patient reaching an appropriate bed within 60 minutes of the request from the Emergency Department. Additionally, percent of discharges before noon improved from 19 percent to 28 percent and some months saw a decrease in length of stay by half a day.



PFAC/Patient Satisfaction

The Patient/Family Advisory Council (PFAC), co-led by Julie Hoerner, MA, BSN, RN, patient engagement specialist, and Charlie Linder, CPXP, guest services manager, is a group of former patients and family members of patients who serve to recommend improvements in processes, services, and the overall patient and patient family experience. The council meets monthly to bring the voice of the patient to a wide range of topics including patient education materials and patient and family spaces.

After three years, group leaders decided it was time to evaluate council activities. Carlana Coogle, MSN, RN, CEN, nursing practice and research coordinator and Wendy DeBlaquiere, BSN, RN, researched best practices for exemplary advisory councils. As part of her Aspiring Nurse Leader project, Wendy used the findings to develop a Patient/Family Advisory Council Refresh Project Plan.

The refresh plan is to grow the PFAC in diversity and numbers, to better represent the community. Patient Family Advisors have joined some of our other Kootenai Health committees, such as the Patient Education Committee, and will also be joining some of our strategic projects, bringing the patient's perspective to improve quality and safety.



Patient Advisory Council members (l-r) Joan Rollad, J.T. Thompson, Dee Janson, Jenny Gray, Julie Levine, George Rohlinger, and Dale Rogers (not pictured: Bill Watt, Linda Fournier, Lynn Lauer)

Violence Prevention

Claudia Miewald, DNP, APRN, PMHCNS-BC, director of Behavioral Health Services, and Don Robinson, manager of the Northern Idaho Crisis Center, are leading work to decrease violence against health care workers at Kootenai. From January 1 through September 28, Kootenai Health staff reported 107 acts of physical violence by patients resulting in injury to staff. According to a July 2015 report from the American Nurses Association, 43 percent of nurses and nursing students had been verbally or physically threatened by a patient or a patient's family member, and 24 percent had been assaulted.

Based on Nursing Requests

Behavioral Support Team monthly patient assists:

June	15
July	5
August	5
September	5
October	1
November	8
December	10

Stay tuned for more training opportunities.

A limited internal pilot identified gaps in our organization's approach to violence against healthcare workers. This prompted expansion of multidisciplinary efforts at violence prevention and a Critical Incident Stress Management (CISM) program. The Violence Prevention Committee spearheads this exciting work.

Direct inquiries to:

Don Robinson (drobinson@kh.org) or
Claudia Miewald (cmiewald@kh.org)

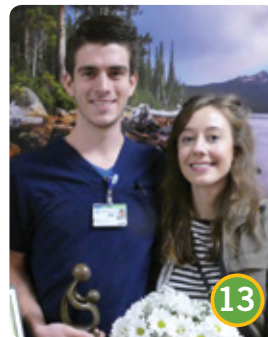
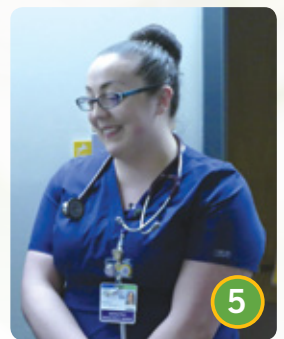
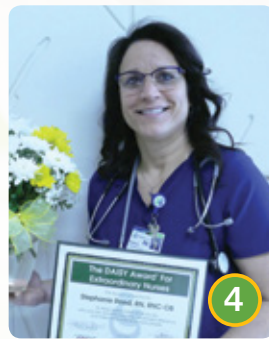


In collaboration with:



Fourteen DAISY Award honorees were recognized at Kootenai Health in 2018. These nurses consistently demonstrate excellence through their clinical expertise and extraordinary, compassionate care. They are recognized as outstanding role models in our nursing community.

2018 DAISY Award Winners



- 1. Tobin Tollett, BSN, RN, CEN, CCRN Critical Care
- 2. Lorinda Sims, BSN, RN OR
- 3. Robert Livingston, RN KBH Adult
- 4. Stephanie Reed, RN, RNC-OB OB

- 5. Rebecca Glenn, BSN, RN-BC, GRN 3 North
- 6. Keven Meyer, BSN, RN 2 East
- 7. Joseph Marek, RN 3 South
- 8. Teena Barnes, RN, OCN KCC - CDA
- 9. Debra "Jordi" Jordan, RN PACU

- 10. Rachel Davis, BSN, RN, CMSRN, RNC-OB OB
- 11. Michelle Woodworth, BSN, RN, CPN Pediatrics
- 12. Emily Roser, BSN, RN Emergency Department
- 13. River Davis, BSN, RN Specialty Procedures
- 14. Orlando "Franco" Viafranco, RN 2 South

Lung Cancer Screening Improves Diagnoses

The Lung Cancer Screening and Incidental Nodule Clinic (“Nodule Clinic”) is led by Coreena (Cori) Sowa, BSN, RN, OCN, and pulmonologist, Todd Hoopman, MD. Their mission is to detect lung cancers at an early stage and provide fast evaluation and diagnostic services for patients found to have incidental lung abnormalities concerning for cancer. In line with recommendations of the US Preventative Task Force for low dose chest CT screening exams, the Thoracic Working Group began to develop a Lung Cancer Screening Program. They coordinate the management for patients found to have an abnormal screening CT scan, as well as those found on a non-screening CT scan. With both of these patient groups in mind, the clinic was created. Since its inception in

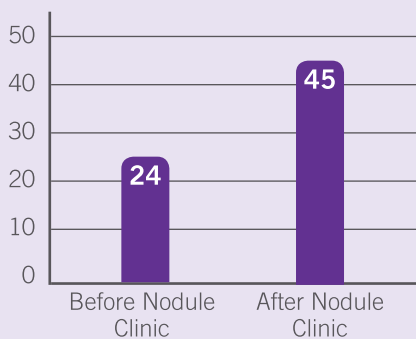


Pictured (l-r) Pulmonologist, Todd Hoopman, MD, and Cori Sowa, BSN, RN, OCN

late 2016, over 180 patients have been through the clinic and benefitted from a streamlined approach to the diagnosis and management of a potential malignancy.

Their vision is to “shift the stage” of lung cancer from stages 3 and 4 toward earlier stages 1 and 2, because when detected in its early stages, lung cancer survival rates are much better. Nodule Clinic success requires constant communication between Cori and Dr. Hoopman to evaluate referrals, expedite diagnostic studies and provide timely follow-up services. By using advanced technologies with two-way communication and patient-centered care plans, these two providers have helped improve the survival of patients diagnosed with lung cancer both locally and regionally.

Average Yearly Stage 1 Lung Cancer Diagnoses



Stroke Alert Bundle/Get with the Guidelines

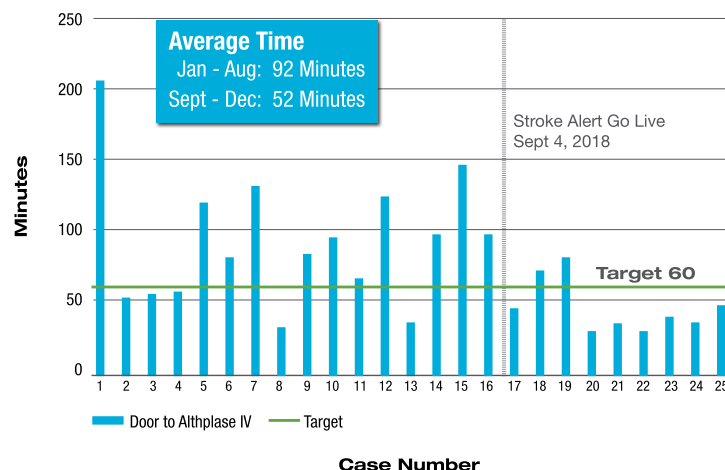
Quick recognition time and early intervention for patients suffering a cerebrovascular accident (CVA) improves outcomes. **Nurses play a key role** in fast identification of signs and symptoms of CVA. In 2018, stroke awareness was a key focus. Kootenai Health began overhead paging of Stroke Alert for patients ≥ 18 years presenting with active stroke symptoms and onset of less than 24 hours. Once initiated in the Emergency Department, ED staff, a neuro-hospitalist, hospital supervisor, stroke coordinator, Ashley Miller, BSN, RN, and CT are notified, expediting care to quickly obtain brain imaging, labs, and an EKG. The purpose of Stroke Alert is to increase rapid assessment of suspected CVA, and appropriate intervention within certain

timelines. Patients seen within 4.5 hours since symptoms started and without contraindications can receive alteplase. Our goal is to administer alteplase within 45 minutes of arrival for 50 percent of patients; this is shorter than the AHA goal of 60 minutes - *our fastest time to administration is 29 minutes.*

149 *Stroke Alerts* were called during the last quarter of 2018, a significant increase. Of these, 52 patients were diagnosed with ischemic stroke, 4 with hemorrhagic stroke, and 16 with transient ischemic attack. Most importantly, 25 patients received intervention (alteplase or transfer for possible mechanical thrombectomy).

Door to Alteplase in Minutes 2018

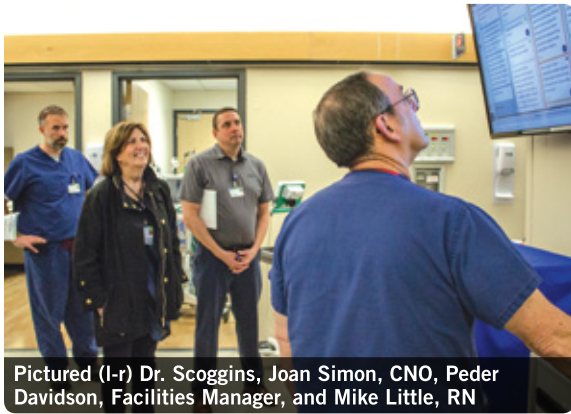
Patients Admitted with Stroke as Primary Diagnosis



Source: GWTG

Technology Lends a Hand: LENS Boards

Kootenai Health installed digital Learning and Engagement System (LENS) boards on four trial units in order to capture the voices



Pictured (l-r) Dr. Scoggins, Joan Simon, CNO, Peder Davidson, Facilities Manager, and Mike Little, RN

of **front line nurses and all staff**, build trust, engage leadership, drive learning and improvement, and move from individual strategies to organizational strategies for safety. Nurses can now use their cell phones or computers to message their concerns and/or practice issues directly to this electronic format. NICU has even linked their LENS Board to their Unit Practice Council agenda and tracking, so practice issues can go directly to their unit's decision making body. Twice daily huddles are held at the LENS boards. Importantly, **all members of the team are included** at safety huddles: RNs, CNAs, HUCs, physicians, and other ancillary staff. A number of components go along with the LENS board to help achieve the vision. The Home and Kiosk page acts as a great communication tool, cycling through information that we want to share with our team, our patients, and their families. The AIMS page functions as a quality board for data reporting and tracking, which is helpful when trying to create change, test strategies, and linking to items on the Issues and Ideas page (see image). These can be flagged for review during Rounding with a Purpose, when leadership is present on the units to provide guidance, advice, and leadership input and involvement. Plans are in the works to add more LENS Boards on additional units in 2019.

Issues (#issue) 🏠 👁	In Process-Short Term (#ip) 👁	In Process-Long Term	Completed (#comp) ✓ 👁
<p>Add hand sanitizer inside double rooms to promote hand washing between pts</p> <p>VG NM</p> <p>✓ 2/22/19 4 1</p>	<p>We need a yellow chemo disposal bin for disposal of hazardous chemo med containers vs walking down to 1N to dispose of.</p> <p>3 1 1</p>		

Some projects that originated with the LENS boards:

- Decreasing unnecessary Sequential Compression Device orders
- Frequent stand-by causing depletion of PTO banks - new low census policy
- Arterial-venous fistula reporting between staff on 1 North - built into shift report
- Decreasing missed lunch breaks - critical care break RN

"It has brought our 1 North team together in a collaborative and inventive way... to give everyone a better understanding of how to improve our unit!"

- **Christina Johnson, BSN, RN,**
Clinical Coordinator 1 North

"Overall the LENS Board is a key unit-level communication tool that helps my team build trust through huddles and shared problem solving, giving everyone on the team a structured method to report on how things are going and where issues may arise, it allows everyone to have a voice in how to make improvements, and gives leadership the structure to be able to support and promote meaningful change for their team and patients."

- **Camey Yeager, BSN, RN,** *3 North Nurse Manager*

Addressing a "Sore" Subject

Peripheral IVs (PIV) can be a "sore" subject for Emergency Department (ED) patients due to patient acuity and the need to establish quick access. Evidence-based practice supports the use of ultrasound guided PIVs (USGPIVs) in the ED. This evidence suggests that unsuccessful attempts, complication rates, and suboptimal sites can be reduced, and longevity of PIVs can be increased.

Vascular Access Team nurses performed a literature review and developed a pilot program to train ED nurses to safely utilize USGPIVs. Evaluation of the project will include measuring the number of antecubital fossa sites placed, number of PIV related complications, ED patient average length of stay, number of central lines inserted in the ED, and average number of PIV attempts. ED staff trained to use USGPIV express they feel more confident approaching a patient that has been labeled "a tough stick" and using more desirable forearm sites.



Vascular Access Team nurses (l-r) Brandon Sibert, RN and Jesse Anderson, RN

Creating a Culture of Safety through Safe Patient Handling and Mobility (SPHM)

A Safe Patient Handling and Mobility program supports a culture of safety, to reduce risk of injury for **both patients and caregivers** while improving patient mobility and transfers. Justin Yu, a certified safe patient handling professional, worked with nursing staff and other key stakeholders to establish clearly defined SPHM processes and to develop an interdisciplinary SPHM Committee. Initial work included identification of high-risk patient handling hazards and review of the hospital's patient handling injury data.



Justin Yu working with the Safe Patient Handling and Mobility Team

Kootenai Health's version of the Bedside Mobility Assessment Tool (BMAT) was created to increase staff understanding of patients' levels of dependency in order to meet and exceed patients' SPHM needs. BMAT implementation improved decision-making about equipment and number of staff needed to perform tasks safely. Over 900 employees were trained on the proper use of SPHM equipment and the BMAT in 2018.



Patient Advocacy and Nursing Leadership

Idaho was one of only 11 states that lacked legislation or agreements prohibiting insurance denials because of clinical trial participation. This meant that if a patient would like to join a research study, the decision may not have rested with him/her and their doctor but with their insurance policy. **Sandra Albritton, MSN, RN, CCRN** and **Caiti Bobbitt, Kootenai Health public affairs strategist**, worked to correct



Pictured (l-r) Claudia Miewald, DNP, APRN, PMHCNS-BC, Sandra Albritton, MSN, RN, CCRN, and Caiti Bobbitt, Public Affairs Strategist

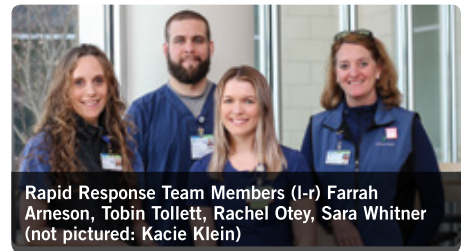
this gap in our laws. Their initiative prevents an insurance company from denying "standard of care" charges simply because a patient enrolled in a clinical trial. The insurance company would not be billed for research-only tests and procedures. Changing this law gives patients the ability to choose the right health care option for them.

During review of Idaho regulations for an update to Kootenai Health's Restraint Policy, it was noted that Idaho Rule prohibited nurse practitioners (NPs) from writing orders for restraints. While many efforts are in place to reduce the use of restraint, it is occasionally necessary for safety. **Claudia Miewald, DNP, APRN, PMHCNS-BC**, met with Health and Welfare and Nurse Leaders of Idaho lobbyists in an effort to push for a change to allow NPs across the state to practice to the top of their licensure.

Both of these initiatives have now passed and will be effective in 2019.

Sepsis Pilot and Rapid Response Team

In late 2018, Kootenai hired Sara Whitner, APRN, CNS-BC, CCRN, Critical Care Clinical Nurse Specialist. Her first task was to refresh our Sepsis Project. The Surviving Sepsis Campaign recommends using a sepsis bundle immediately upon recognition of sepsis. To assist with the many time-sensitive items in this bundle (broad spectrum antibiotics, rapid infusion of IV fluid, blood cultures, a serum lactate), Kootenai piloted a team of **Rapid Response Team (RRT)/Sepsis RNs from Critical Care and the ED**. The team focus was early sepsis recognition and treatment with the goal of reducing mortality. RRT nurses assisted with initial sepsis treatment, then rounded on patients to ensure they were progressing well. During the pilot, most patients



Rapid Response Team Members (l-r) Farrah Arneson, Tobin Tollett, Rachel Otey, Sara Whitner (not pictured: Kacie Klein)

screening positive were treated on medical floors and released after a short stay. This is positive as patients and families are spared a septic shock diagnosis, and ICU beds can be utilized for other needs. A re-launch of the RRT with 24/7 availability is planned in 2019.

Publications

Emerson, L., Coogle, C. (2018) A 54-Year-Old Man Entrapped in a Truck (case study). *Journal of Emergency Nursing* Vol. 44, Issue 3, p292-293. doi: 10.1016/j.jen.2017.08.006.

Wilson, M., Riedy, SM., Himmel, M., English, A., Burton, J., Albritton, S., Johnson, K., Morgan, P., Van Dongen, H.P.A. (2018) Sleep quality, sleepiness and the influence of workplace breaks: A cross-sectional survey of health-care workers in two US hospitals. *International Journal of Nursing Studies* Vol. 35, Issue 6, p849-852. doi: 10.1080/07420528.2018.1466791.

Coogle, Carlana (2018) What is your Role in Empowering Nurses to Implement Best Practice? *RN Idaho* Vol. 41, No. 3, p6.

Presentations

English, Ashley. Techniques for Improving Personal Sleep, Diet, and Exercise. Accepted for podium presentation at Healthy Nursing 2020 in Washington, March 2018.

English, Ashley. Drowsy Healthcare Workers in a Business that Never Sleeps. Accepted for oral presentation at the Washington Local Union Nursing Continuing Education Conference, March 2018.

McIlvain, S., Larson. Improving Time to Pain Medication for Emergency Department Patients with Fractures. Accepted for poster presentation at Western Institute of Nursing's 51st Annual Communicating Nursing Research Conference, Spokane, WA, April, 2018.

Hoerner, J. Scott, C. Meeting the Challenge of Transitioning from Traditional Whiteboards to an Electronic Interactive Careboard. Accepted for poster presentation at GetWell Network Conference, National Harbor, MD, April, 2018.

Hoerner, J., Andersen, D. Patient Medication Education – Turning “I Don't Care” to “Tell Me More”. Accepted for panel board presentation at GetWell Network Conference, National Harbor, MD, April, 2018.

Hoerner, J. Scott, C. Building a sustainable Pain Pathway using interprofessional collaboration. Accepted for oral presentation at GetWell Network Conference, National Harbor, MD, April, 2018.

Werner, Anna. How a Leader Can Empower Nurses to Make a Sweet Change. Accepted for poster presentation at Western Institute of Nursing's 51st Annual Communicating Nursing Research Conference, Jacksonville, FL, April, 2018.

Wilson, M., Permito, R., Riedy, S., English, A., Coogle, C., Albritton, S., Burton, J., Van Dongen, H. P. A. Occupational Safety, Sleep, Fatigue and Work-Life Balance Factors Affecting Nurses. Accepted for podium presentation at Get Well Network Conference, Spokane, WA, April, 2018.

Ward, A., Trosin. K., Clum, C.S. A Regional Approach to Antimicrobial Stewardship. Accepted for podium presentation at APIC, Minneapolis, MN, June, 2018.

Coogle, Carlana. Making the Change: Empowering Nurses to Implement Best Practice. Accepted for podium presentation at the 2018 LEAP Conference Boise, ID, September, 2018.

Ward, Amy. Investigation of a Surgical Site Infection Cluster. Accepted for podium presentation at the Idaho State Epidemiology Conference, Boise, ID, October, 2018.

2018 New Degrees & Certifications

Sara Allsup, BSN	Michele Goode, WCC	Nikki Peters, CFCN & CWCN
Kathleen Armour, BSN	Denise Goodrich, BSN	Jackie Pettit, C-EFM
Nathan Birdsall, CEN	Jerold Graham, BSN	Tara Preston, CEN
Aran Borgman, BSN	Meredith Gregg, RNC-NIC	Brandy Price, WCC
Adriel Bracken, BSN	Cindy Hale, CFCN & CCCN	Sonora Putman, BSN
Eva Bradburn, BSN	Jenna Hall, CCRN	Matthew Queral, CCRN
Melissa Breese, BSN	Kim Hanna, MSN	Jamie Ragan, BSN, CBC
Char Broesch, CHFNP	Karen Harryman, BSN	Morgan Reed, BSN
Heide Brooks, BSN	Amanda Haug, BSN	Kristina Reeves, BSN
Rebecca Brown, BSN	Mark Hayden, BSN	Barbara Richardson, CPAN
Amy Brumbach, RNC-OB	Michele Haynes, BSN	Jace Robins, BSN
Suzanne Burk, RNBC & MSURG	Desiree Henry, BSN	Julie Robinson, BSN
Michelle Burton, BSN	Kristie Hiiva, BSN	Carla Rose, BSN
Christina Cahoon, CEN	Michelle Hixson, BSN	Valerie Rounds, BSN
Brittany Carlson, BSN	Nada Holcomb, BSN	Grant Sande, CEN
Jennifer Carlson, BSN	Jill Iseler, LPN	Crystal Scott, RN-BC
Jenni Carlson, BSN	Daniel Kasza, BSN	Kathleen Songster, IBCLC
Moriah Cason, RNBC & MSURG	Samantha Kepler, BSN	Katie Stang, BSN, CBC
Morgan Cook, RNBC & PSYCH	Stephanie Kimmins, BSN	Brianne Suewing, BSN
Heidi Cooper, BSN, RNC-NIC	Kimberly Kraack, BSN	Gabrielle Travis, BSN
Shelly Corder, BSN	Heather Kreis, CHFNP	Christina Treller, BSN, CPAN
Melissa Croft, CBC	Erika Krogseth, CBC	Jamie Tweedy, BSN
Rachel Davis, RNC-OB	Nicholas Krosnicki, BSN	Leanne Tweedy, BSN, CGRN
Angelica Defelice, BSN	Kathy Lason, BSN	Samantha Tyler-Blood, BSN
Teresa Deuling, ABCGN	Jeff Louritt, CEN	Ana Urbina, CMSRN
Elaina Rose Dimarco, BSN	Nancy Luckey, CWCN	Bart Vazquez, CEN
Christine Dippolito, BSN	Sabrina Mael, BSN	Molly Walker, BSN
Tabitha Dole, BSN	Ashlee Maple, BSN	Nikki Weed, RNC-OB
Nicole Esau, CNOR	Samantha Merrill, BSN	Miki Welch, CNML
Erin Fay, DNP	Cherie Murphy, RNBC & GERON	Anna Werner, MBA, CNMI
Julie Ferwerda, CEN	Brianna Nelson, BSN	Sean White, BSN
Rachel Fiddes, BSN	Mo Nizamani, CCRN	Janet White, CPN
Brooke Fitzsimmons, PCCN	Jason Ollis, CEN	Charles Williams, BSN
Sarah Frank, BSN	Eric Oscarson, BSN	Brenda Wuest, BSN
Lisa Fredrick, CHFNP	Matt Owen, CCRN	Melissa Yost, RN-OB
Teresa French, BSN	Lindsey Page, FNP	Ann Ealy, NE-BC
Sharon Funkhouser, MSN, CBC	Ryan Paslay, CEN	Deb Wilkey, ABMDI & LNCC
Jordan Gates, BSN	Christopher Pease, BSN	
Chelsey Glenn, BSN	Megan Pentecost, RNC-OB	

BSN Goals Continue

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 is striving to meet the call for 80 percent of nurses to have a BSN or higher.

Nursing Workforce	2015	2016	2017	2018
Actual Achieved Year End - Clinical Nurses	52.0%	54.2%	57.9%	66.0%
Actual Achieved Year End - All RNs	54.7%	58.1%	61.6%	69.4%
Kootenai Health BSN Target %	48%	53%	58%	65%

NURSING VISION STATEMENT

Kootenai Health nursing professionals will be recognized nationally as leaders of innovation and excellence in the delivery of evidence-based care across the health care continuum.

Evolution of Professional Practice Model

Much work was done this year to update our vision, Professional Practice Model (PPM), and nursing strategic plan. Thanks to these efforts, we have a refreshed roadmap for the next three years (2018-2020). New themes that were added to the PPM included acknowledgement of the changing diversity of the population we serve, care coordination as we move toward population health and away from episodic care, and also the importance of connecting caregivers to meaningful work and to inspire the “joy” in nursing that is so important for the wellbeing of our caregivers.



PNC Retreat participants who were charged with refreshing our Nursing Vision, PPM, and strategic plan.

