



2011 NURSING ANNUAL REPORT

NURSES CONNECTED

Penrose-St. Francis
Health Services

 Centura Health.

2011 ANNUAL REPORT

We live in a world of technology. Advancements in technology are occurring at an unbelievable speed and are often outdated before they are introduced in the market. Enhancing the human to human connection via technology holds great promise for the advancement of nursing practice, education and research. However, it is those connections we make every day that are at the heart of nursing.

It is my honor to share the 2011 annual nursing report with you. This report focuses on **Nurses Connected** at Penrose-St. Francis Health Services as we continue on our Journey to Excellence. There is no better time to bring our connections into focus as we re-introduce our care model of Relationship-Based Care.

Relationship-Based Care highlights the connections we make with patients, families, with colleagues and with ourselves. The meaning and essence of care are experienced in the moment when one human being connects with another.

This past year nurses have connected with outstanding quality outcomes; nurses have connected as patients responded to our improved service (HCAHPS); nurses have connected by contributing to research and evidence based practice; and nurses have connected by illustrating the care given to our stroke and chest pain patients as we were recognized as Centers of Excellence.

Thank you for another exemplary year and for all your connections. No matter what new technologies emerge in the coming year, it will remain our goal to champion that human connection as we advance the delivery of health care and improve health outcomes for future generations. I am proud to be connected to each and every one of you.



Kate McCord, MSN, RN NEA-BC
Chief Nursing Officer

ANNUAL NURSING RETREATS

2011 Nursing Directors/Managers Retreat:

“Unconditional Responsibility: Reclaiming Personal Power and Insights: Adapting and Connecting”

The morning presentation: *Laurie Kennedy, BA, BSMT, MBA*

Laurie is our Corporate Director of Learning and Leadership Development for Centura Health in Denver, Colorado. She has been formally engaged with Centura’s cultural and organizational development initiatives since 2001.

She guided the group through these concepts moving all to take a deeper look into themselves and their peers.

- Recognize the choices we are making and the consequences of those choices
- Helped the group to promote more effective communications and relationships by adapting and connecting with others more effectively

Nursing Leadership: “If Not You, Then Who?”

Creating Community: The Key to Recruitment and Retention

The afternoon presentation: *Kathleen Bartholomew, RN, MN*

Kathleen Bartholomew, a registered nurse and counselor, has been a national speaker for the nursing profession for the past six years. As the manager of a 57 bed surgical unit in Seattle, Kathleen quickly recognized that creating a culture where staff felt a sense of belonging was critical to retention. Kathleen spoke of the numerous factors which could propel us toward social isolation and encouraged staff to connect and value one another.

2011 Nursing Leadership Conference:

Nursing Leadership in Practice: Making Magnet and Shared Governance Work for You

Presentation: *Tim Porter-O’Grady, DM, EdD, ScD(h), FAAN*

Senior Partner, Tim Porter-O’Grady Associates, Inc. Atlanta, GA
Associate Professor, Leadership Scholar, Arizona State University Phoenix, AZ
Visiting Professor, University of Maryland, Baltimore, MD

Dr. Tim Porter-O’Grady has been involved in health care for 40 years and has held roles from staff nurse to senior executive in a variety of health care settings.

Porter-O’Grady says a part of his mission is to help nurses understand where they fit into a 21st-century system of healthcare.

“The nurse is right at the point of service,” he says. “Almost everybody in the hospital who deals with the patient has to cross the path of the nurse. He or she can answer the question, ‘Is it all coming together?’”

“Nightingale’s principles haven’t changed; only the practice has shifted,” he says. “She called us to create a safe space for patients, and that still would be her commitment. We have an obligation to speak and act as though we are Nightingale in our time.”



TRANSFORMATIONAL LEADERSHIP

PENROSE-ST. FRANCIS HEALTH SERVICES NURSING LEADERSHIP



Kate McCord
MSN, RN, NEA-BC
PSFHS CHIEF NURSING OFFICER
Direct Report Areas
Bariatric Center
Critical Care
Magnet Program
Emergency Services
Urgent Care
EMS Education
Trauma Services
PETT Team



Ann Kjos
MBA/MHM, RN, FACHE
SFMC VP NURSING
Medical
Surgical
Pediatrics
Emergency Service
Critical Care Unit
Birth Center
NICU
Administrative Managers
Perioperative Services
Infusion Center



Kathy Creech
ADMINISTRATIVE ASSISTANT
TO PH DIRECTOR
PATIENT SERVICES &
DIRECTOR PROFESSIONAL
RESOURCES



Rose Ann Moore
MSN, RN, NE-BC
PH DIRECTOR
PATIENT CARE SERVICES
Cardiovascular Unit
Inpatient Rehabilitation
Renal/Diabetic/Hemodialysis
Orthopedics/Neurology
Oncology
Surgical
Medical
Wound Services
Patient Transport



Kathy Guy
BSN, MSHA, NE-BC
PSFHS DIRECTOR
PROFESSIONAL RESOURCES
Stroke Program
Palliative Care
Pain Management
Adminisntartive Managers
Infusion Center
PICC Services
Float Pool
Staffing
Bed Control
Bariatric Program



Jean Turk
CLA, SFMC EXECUTIVE
ASSISTANT TO
VP NURSING & VP MA



Kristin Varnes
MSN, RN CNOR
PH DIRECTOR
PERIOPERATIVE SERVICES
Inpatient Surgery
Post Anesthesia Care Unit
Outpatient Surgery
GI Lab
Pre-Admission Services
Sterile Processing
Radiology Care Unit



Kelli Saucerman
MSN, RN, CQPS
PSFHS DIRECTOR OF
CLINICAL EFFECTIVENESS/QUALITY
INFECTION CONTROL
Patient Safety
Risk Management



Jill Clark
BSBA, CNA
EXECUTIVE ASSISTANT
TO PSFHS CNO & CMO



Debra Nussdorfer
MSN, RN, NE-BC
PSFHS MAGNET COORDINATOR

I ATTRIBUTE MY
SUCCESS TO THIS—
I NEVER GAVE OR TOOK
ANY EXCUSES.

— Florence Nightingale

PENROSE-ST. FRANCIS HEALTH SERVICES CLINICAL MANAGERS

At Penrose-St. Francis Health Services, nurses practice in a wide range of settings including areas that do not report directly to the Vice President of Nursing/CNO. Our CNO, however, maintains responsibility for professional nursing practice throughout the organization and these areas are represented in our Shared Nursing Leadership model.

Nurses Practice in These Departments:
 Health Learning Center | EAP | Diabetic Education | Pulmonary | Foot Clinic | Patient Representatives | Care Management | Medical Staff Services | Clinical Effectiveness | Quality Improvement | Risk Management | Infection Control | Faith Community Nurse Program | Cardiovascular Services | Cancer Center | Imaging Services | Spine | Revenue Integrity | Supply Chain Management | Information Technology | Cardio Diagnostics | CCOM Employee | Occupational Health | Education



Phillip Ainsworth
BSN, RN, CCRN
SFMC SURGICAL



Pam Assid
MSN, RN, CEN,
CPEN, NEA-BC
SFMC EMERGENCY



Phyllis Burton
BSN, RN
PH CARDIOVASCULAR



Carolyn Cusic
BSN, RN, OCN
PH ONCOLOGY



Diane DeMasters
BSN, RN, NE-BC
PH GI LAB/RCU/
PRE-OP TESTING
OUTPATIENT SURGERY



Candace Garko
MSN, CNS, RNC-OB
SFMC BIRTH CENTER
LABOR & DELIVERY



Diane Gilmore
BSN, RN
SFMC PEDIATRICS



Eileen Hurd
BSN, RN, NE-BC
PH CARDIOVASCULAR -
RETIRED



Lenora Kraft
ADN, RN
PH SURGICAL



Kelly Ledbetter
BSN, RN, CNOR
SFMC PERIOPERATIVE
SERVICES



Theresa Lutze
BSN, RN
PH INPATIENT
REHABILITATION



April McPike
BSN, RNC-OB
SFMC NICU



Manuela Metzler
AD
PSFHS FLOAT POOL/
STAFFING OFFICE/
BED CONTROL



Brenda Molencamp
BSN, RN, NE-BC
PH MEDICAL



Rebecca Morland
BSN, RN
PSFHS URGENT CARE
SERVICES



Mackenzie Mudd
MSN, RN
SFMC MEDICAL/
CARDIAC



Jennifer Robertson
BSN, RN
PH CRITICAL CARE/
BARIATRICS



Rochelle Salmore
MSN, RN, NE-BC
PSFHS WOUND/
TRANSPORT



Audrey Simpson
MSN, RN
PH ORTHOPEDICS/
NEUROLOGY



Patricia Tetterton
MHA, BSN, RN
SFMC BIRTH CENTER
MOTHER/BABY



Melissa Williamson
BSN, RN
PH RENAL/DIABETIC/
HDU



Faith Young
BSN, RN, CCRN
SFMC CRITICAL CARE

Vacant
PH EMERGENCY
DEPARTMENT

TRANSFORMATIONAL LEADERSHIP

NIGHTINGALE LUMINARY AWARDS FOR EXCELLENCE IN HUMAN CARING



The Nightingale Awards for Excellence in Human Caring

was founded in 1985 to honor nurses who best exemplify the philosophy and practice of Florence Nightingale, a 19th century nursing pioneer who epitomized the art of helping people toward their optimal health in the State of Colorado. The award is presented by **The Colorado Nurses Foundation**. The Foundation is devoted to creating nursing excellence through the promotion of educational and scientific activities and community-based projects in Colorado.



Penrose-St. Francis Health Services Honors Its Past Nightingale Recipients & Finalists

2010 Olinda Spitzer – Recipient	2000 Tammy O’Neal – Finalist	1992 Katherine McCord – Recipient
2007 Mary Alice Browning – Finalist	1999 Pamela L. Grace – Finalist	Laurine Hennings – Finalist
2004 Cheri Ann Coleman – Finalist	1998 Anne Zobec – Finalist	1991 Deanna Timm – Recipient
2003 Mary Jo Bay – Finalist	1995 Sandra Brooks – Finalist	Freda Miller – Finalist
2002 Eileen Hurd – Recipient	1994 Carol Wichman – Recipient	1990 Jody Wallace – Finalist
	Freda Miller – Finalist	

22ND ANNUAL EL PASO COUNTY MEDICAL SOCIETY

Congratulations to our El Paso County Medical Society 22nd Annual 2011 Ted. T. Lewis MD, Excellence in Professional Nursing Award Winners



Melody Gustafson, RN
Assistant Nurse Manager
Labor & Delivery
St. Francis Medical Center



Aimee Doman, RN
Staff Nurse
4th Floor Medical
Penrose Hospital



Janet Wilson, RN
Neonatal Nurse Practitioner
NICU
St. Francis Medical Center

2011 SETON AWARDS

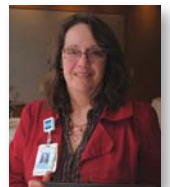
In celebration of Nurses’ Week, Penrose-St. Francis presented the annual **Seton Awards for Nursing Excellence**. Nurses and CNAs are recognized in various categories of excellence. Sister Elizabeth Seton is the 1st American Saint and Patron Saint of widows, children near death and teachers. She is the foundress of the American Sisters of Charity.



Kristin Hall, CNA
Coach, Mentor, Role Model
SFMC 5 South Medical



Alese Bagby, RN
Innovator,
SFMC Emergency Department



Linda Anderson, RN
Patient Advocate
PSFHS Mission Effectiveness



JoAnn Pinto, RN
Coach, Mentor,
SFMC Ambulatory Care



Mary Jane Nickell, RN
Innovator
PH 5th Renal Diabetic Unit



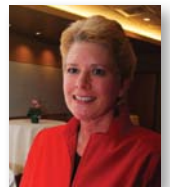
Brett Skattum, RN
Teamwork
SFMC Critical Care



Julia Kokes, RN
Coach, Mentor, Role Model
PH Cardiovascular Unit



Kathy Guy, RN
Nurse Leader
PSF Director
Professional Resources



Cassie Tumanis, RN
Teamwork
PH Emergency Department

HONORING OUR DAISY NOMINEES AND DAISY AWARD WINNERS FOR 2011

The DAISY Award was established by the DAISY Foundation in memory of J. Patrick Barnes who died at 33 of ITP, an auto-immune disease. The Barnes Family was awestruck by the clinical skills, caring and compassion of the nurses who cared for Patrick, so they created this international award to say thank you to nurses everywhere.

The DAISY Awards, coordinated by the PSFHS Magnet Champions are presented to selected nurses every quarter.



Ann Kjos RN, VP Nursing, SFMC; Kandy Hansen RN, DAISY Award Winner and Phil Ainsworth RN, 5N Clinical Manager



Donna Ashliman RN, NICU and the family that nominated her.



April Steins RN nominated Heather Ditzler RN, our DAISY Award winner standing with Jennifer Robertson RN, ICU Manager and Kate McCord RN, Chief Nursing Officer.



Katelyn Lewis, RN surrounded by the two nurses who nominated her Tanya Dvorak and Linda Mueller.

Kandy cared for a very anxious patient who frequently called for help with his pain. Kandy was calming and reassuring to this man. She is a great example of being positive with patients and staff, always ready to lend a helping hand. Her compassion is always evident on her night shift! Kandy took me to a patient's room to show me how to perform a very intimate procedure. She was gentle, calm, considerate and respectful as we cared for our patient.

"We have had the pleasure of having **Donna** care for our two premature daughters. With our most recent NICU stay, we were relieved to see her familiar face at a time we were scared. Donna always valued our input and listened to our concerns. She made sure we always knew all there was to know about our daughter's condition. She kept the environment neat and organized. Donna was in tune with our daughter's needs. She knew what each little wiggle or noise meant and was quick to attend to her. When we left, we always felt the most peace of mind when Donna was there.

Heather is an experienced and compassionate nurse. A patient was admitted to the ICU. Her neighbors brought her in, after discovering her on her couch covered in unsanitary filth. Heather stayed with me to help clean the patient, even scrubbing beneath the unkempt fingernails. I was very thankful for Heather as she helped me with a patient who was unable to help herself.

Katelyn has one of the most giving, creative, gentle and patient natures of any young nurse I have worked with in years. She is well educated and puts her critical thinking skills to use every shift. She truly cares in an empathic manner. Bottom line, in this profession, if we do not care for one another as professionals we are sunk. Her patients are always, always kept safe. The DAISY Award is designed to recognize excellence at the bedside, true compassion beyond expectations. I believe Katelyn demonstrates this daily. What a shot in the arm for the future of nursing!

2011 DAISY NOMINEES

Peggy Myers RN, PCUC
 Kelly Brennan RN, PH OPS
 Pam Mitzner RN, Care Mgt
 Randi Campbell RN, SFMC 5N
 Melanie Taylor RN, CVU
 Gina Wamble RN, PH OPS
 Debbie Michaels RN, PH OPS
 Ronda Wantland RN, PH 11
 Julie Kramer RN, PH 4
 Judy Crenshaw RN, PH 8
 Hannah Bolt RN, PH ICU
 Gina Wamble RN, PH OPS
 Colleen Eisman RN, PH ICU
 Ashley Stephenson RN, PH CVU
 Radiance Rogers RN, SFMC L&D
 Bonnie Bellman RN, PH ICU
 Laura Petricich RN, PH 7
 Lori Dagostino RN, Cancer Ctr
 April Trujillo RN, PH 11
 Elizabeth Kirk RN, PH CVU
 Julie Pierson RN, SFMC Pediatrics
 Carolyn Shunk RN, SFMC OR
 Julie Lacayo RN, PH OPS
 Katrina Jones RN, PH 9
 Julie Kramer RN, PH 4



Congratulations to Audrey Simpson for completion of Master of Science Degree in Nursing.

PENROSE-ST. FRANCIS HEALTH SERVICES NURSING COUNCIL STRUCTURE

Nursing Vision:

PSFHS Nursing is the recognized leader in relationship-based care dedicated to excellence in nursing practice; balanced with the concern for the well being of the care giver.



SHARED DECISION-MAKING COUNCILS

The role of the councils include advocacy and influence, visibility, accessibility, communication and strategic planning. The councils focus on clinical practice, quality, professional development and education, research, management and operations, and patient satisfaction.

Nursing Leadership Council

Chair: Kate McCord, MSN, RN, NEA-BC, Chief Nursing Officer

Provides a forum for nursing leadership to communicate on council activities, provide oversight and guidance, coordinates the development of annual goals and sets direction of nursing vision.

- Nursing Leadership Council is the decision-making body for nursing
- Create the vision for the future and the system for assuring the environment necessary to achieve that vision
- Assure shared decision making structure and process is active and effective within the nursing department; periodically evaluate outcomes of shared decision making
- Develop the strategic plan making recommendations to the councils for action and implementation
- Review and discuss all new regulatory changes that impact nursing developing action plans as needed to meet these regulatory requirements
- Review all committee/council activities making recommendation for actions as needed



Nursing Evidence-Based Practice/Research Council

Chair: Rochelle Salmore MSN, RN, NE-BC – Clinical Manager

A collaborative platform for both direct care nurses and research nurses to ensure the development, utilization and dissemination of nursing research to be utilized at bedside through evidence based practice.

- To encourage and support implementation of evidence-based practice (EBP)
- To analyze research for scientific merit and applicability to practice
- To build professional image and accountability of nursing
- To add to nursing knowledge through dissemination
- To determine the quality and feasibility of nursing research proposals before submission IRB
- To enhance collaboration and staff professionalism
- To provide direction throughout the nursing research process
- To encourage and assist with the preparation of material for publication
- To communicate with Centura and Catholic Health Initiatives (CHI) EBP Councils



STRUCTURAL EMPOWERMENT

SHARED DECISION-MAKING COUNCILS

Nursing Professional Development Council

Chair: Lynne Wahl, MSN, RR, CNS, APRN-BC – Clinical Nurse Specialist

Works to provide continuous learning environment to increase the level of knowledge by staff and promote professional development.

- Assess and meet educational needs of nursing associates
- Recommend education based on needs assessment, quality and safety issues and staff requests
- Promote professional development through education
- Promote certification
- Partner with Education Resources to meet professional development needs
- Collaborate with Schools of Nursing



Nursing Management Council

Chair: Brenda Molencamp BSN, RN, NE-BC and Faith Young, BSN, RN, CCRN Clinical Managers

Provides a forum for collaboration of managers to address management issues, concerns and plan of action for resolution.

- Review reports from other councils and act on those that require decisions
- Network with peers on management issues
- Review information from other departments that affect nursing units and nursing practice
- Discuss organization wide decisions and changes that impact PSFHS and PSFHS nursing



Nursing Practice Council

Chair: Cheryl Imlay, ASN, RN, CEN, CFRN, & Staff Nurse

Provides a forum for direct care nurses to drive nursing practice through development of policies and strategies that support nursing autonomy and empower clinical nursing practice.

- Identify issues relating to patient care and clinical practice that affect more than one unit
- Develop strategies to resolve issues, making recommendations and support implementations where appropriate
- Revise and support standards of nursing practice through effective communication with clinical nursing staff
- Network with peers on professional issues
- Provide input to the Nursing Practice Groups at unit level
- Provide consultation and support to all departments regarding practice changes that affect patient care



Nursing Staffing Council

Chair: Kate McCord, MSN, RN, NEA-BC – Chief Nursing Officer

Supports a healthy practice environment with consideration to process for notification and responsive action to nursing staffing.

- Support commitment to facility's mission, nursing's vision and Relationship-Based Care
- Provide education of the budgetary process
- Develop and review the staffing plans, and provide input into staffing issue resolution
- Involve staff in making decisions and developing action plans
- Provide an environment of safe practices
- Provide input into staffing issues
- Include nurses in developing action plans
- Ensure implementation of AtStaff
- To promote, market, and educate all staff regarding the float pool
- Be innovative with staffing opportunities



Nursing Quality Patient & Safety Council

Chair: Kelli Saucerman, MSN, RN, CQPS – Director of Clinical Effectiveness, Infection Control, Patient Safety, Risk Management

Provides collaboration to brainstorm potential issues and solutions for patient outcomes, efficiencies of work and reduce the risk associated with patient safety.

- Assures nursing compliance with federal, state and other regulatory standards
- Establish systems to identify, address and monitor areas for improvement in patient care services
- Effectively communicate information, changes in process, and best practices pertaining to quality and patient safety
- Provides input into the Quality and Patient Safety Plan
- Receives and review clinical performance data and recommend process improvement strategies.
- Collaborates with the Clinical Effectiveness committee, Nursing Council and the Quality and Patient Safety Committee to identify opportunities for improving nursing quality and patient safety throughout Penrose-St. Francis Health Services.



NURSING UNIT PRACTICE COUNCILS MAKE A DIFFERENCE!



CVU designs white boards to partner with patients and implement care pathway.



Welcome Nurse/CNA handouts support float associates.



Neonatal Nurse Practitioners and nurses partner to build competency.



Neonatal Nurse Practitioners and nurses partner to build competency.

LET US BE ANXIOUS TO DO WELL, NOT FOR SELFISH PRAISE BUT TO HONOR AND ADVANCE THE CAUSE, THE WORK WE HAVE TAKEN UP. LET US VALUE OUR TRAINING NOT AS IT MAKES US CLEVERER OR SUPERIOR TO OTHERS, BUT INASMUCH AS IT ENABLES US TO BE MORE USEFUL AND HELPFUL TO OUT FELLOW CREATURES, THE SICK, WHO MOST WANT OUR HELP.

– Florence Nightingale



Mom Baby Unit Nurses create education handouts for new Mom's and Dad's.



Emergency Services and Urgent Care partnered to improve the process of transferring patients from Urgent Care to the ED.



SFMC 5N integrates specific evidence based practices into our nursing Professional Practice Model and reduces falls.



Penrose Infusion Center partnered with pharmacy to improve timely service to patients.



The Penrose Perioperative Team improved patient education by designing "Preparing for Your Surgery".



The Nursing Practice Council introduced Appreciative Inquiry, which supports professional practice by building on strengths and goal setting. Appreciative Inquiry methods provide skills to enhance Relationship-Based Care and Nursing Peer Review at the unit and system level.

STRUCTURAL EMPOWERMENT

PSFHS Nursing Recognizes Our Nurses Certified in Their Specialty!

Certification is the formal recognition of specialized knowledge, skills and experience in nursing. It is demonstrated by achieving standards identified by a nursing specialty to promote health outcomes. Certification recognizes specialization and professionalism. Our nurses have increased certification rates to 23%! Congratulations to our expert nurses!

Kate McCord	MSN, RN, NEA-BC	Chief Nursing Officer
Kelli Saucerman	MSN, RN, CQPS	Director of Clinical Effectiveness
Kristin Varnes	MSN, RN, CNOR	Director of Perioperative Svcs, Penrose
Rose Ann Moore	MSN, RN, NE-BC	Director of Patient Care Svcs, Penrose
Kathy Guy	BSN, MSHA, RN, NE-BC	Director of Professional Resources
Helen Graham	PhD., RN-BC	Clinical Manager
Eileen Hurd	BSN, RN, NE-BC	Clinical Manager
Diane DeMasters	BSN, RN, CGRN, NE-BC	Clinical Manager
Carolyn Cusic	BSN, RN, OCN	Clinical Manager
Brenda Molencamp	BSN, RN, NE-BC	Clinical Manager
Pam Assid,	MSN, RN, CEN, CPEN, NEA-BC	Clinical Manager
Phil Ainsworth	BSN, RN, CCRN	Clinical Manager
Faith Young	BSN, RN, CCRN	Clinical Manager
Kelly Ledbetter	BSN, RN, CNOR	Clinical Manager
Rochelle Salmore	MSN, RN, NE-BC	Clinical Manager
Judy De Groot	MSN, RN, AOCN	Lead Navigator
April McPike	BSN, RNC-OB	Clinical Manager
Candace Garko	MSN,CNS, RNC-OB	Clinical Manager
Olinda P. Spitzer	MSN, RN, CNS, CCRN	Clinical Nurse Specialist
Lynne Wahl	MSN, CNS-BC	Clinical Nurse Specialist
Dan Chatelain	MSN, CNS, RNC	Clinical Nurse Specialist
Ginny Davis	MS, MBA, RN, ACHPN, CNS-BC	Clinical Nurse Specialist
Deb Nussdorfer	MSN, RN, CNS-BC, NE-BC	Magnet Coordinator
Peggy Plylar	MS, RN, CRRN, CNS	Joint and Spine Coordinator
Heidi Stouffer	BSN, MA, RN, CEN	Stroke Coordinator
Stefamie Quirk	MSN, RN, ACNP	SFMC Educator
Frances Jackson	RN, CBN	Bariatric Program Coordinator
Wendy Erickson	BSN, RN, CCRN	PSFHS Trauma Coordinator
Cheryl Rudolph	BSN, RN, CWOCN	Wound Services
Evangelina Daneshfar	BSN, RN, CWS	Wound Services
Katherine Smith	BSN, RN, CWS	Wound Services
Arleene LaBelle	BA, RN, CCM	Care Management
Judy Oakes	BSN, RN-C (Gerontology)	Care Management
Susan Levi	BSN, RN, CCM	Care Management
Johnny Krieder	BS, RN, CRN	Penrose Radiology Unit
Carol Selby	MSN, PMHNP-BC	Psychiatric ED Triage Team
Rosanna Parmelee	BSN, CARN, CACIII	Psychiatric ED Triage Team
Lynanne Plummer-Plunkett	RN, CIC	Infection Prevention
Joan Strauch	RN, CIC	Infection Prevention
Cheryl Imlay	ASN, RN, CEN, CFRN	Penrose Emergency Svcs
Jalean Makedonsky	BSN, RN, CEN	Penrose Emergency Svcs
Karen Jordan	ASN, RN, CEN	Penrose Emergency Svcs
Kelly Bruggeman	BSN, RN, CEN	Penrose Emergency Svcs
Lisa Galalder	RN, CEN	Penrose Emergency Svcs
Sharon Cerrone	BSN, RN, CEN	Penrose Emergency Svcs
John Gentzel	BSN, CEN	Penrose Emergency Svcs
Rachel Hogan	RN, CEN	Penrose Emergency Svcs
Gwendolyn Thompson	BSN, RN, CRRN	Penrose 8 Inpatient Rehabilitation
Jane Wilson	ASN, RN, CRRN	Penrose 8 Inpatient Rehabilitation
Joan Adkins	RN, CRRN	Penrose 8 Inpatient Rehabilitation
Joel Roseveare	ASN, RN, CRRN	Penrose 8 Inpatient Rehabilitation
Judith Crenshaw	ASN, RN, CRRN	Penrose 8 Inpatient Rehabilitation
Michelle Trujillo	ASN, RN, CRRN	Penrose 8 Inpatient Rehabilitation
Susan McQuade	RN, CRRN	Penrose 8 Inpatient Rehabilitation
Jillian Geoffrey	BSN, RN, CRRN	Penrose 8 Inpatient Rehabilitation
Connie Wallace	RN-C	Penrose 8 Inpatient Rehabilitation
Barbara Rolla	ASN, RN, CCRN	Penrose PACU

Catherine Miller	RN, CPAN	Penrose PACU
Rosalee Singletary	BSN, RN, CCRN	Penrose PACU
Ann Strickland	RN, CPAN	Penrose PACU
Ken Olexa	RN, CCRN	Penrose PACU
Lois Rhodes	RN-BC	Penrose PACU
Charlene Lancaster	RN, CNOR	Penrose Surgery
Donna McGee	RN, CNOR	Penrose Surgery
Esther Keeports	RN, CNOR	Penrose Surgery
Jane Newman	MSN, RN, CNOR	Penrose Surgery
Jeanne Schmitz	RN, CNOR	Penrose Surgery
Manuel Paz Soldan	RN, CNOR	Penrose Surgery
Paula Makara	BSN, RN, CNOR	Penrose Surgery
Victoria Addison	RN, CNOR	Penrose Surgery
Bruce Gorski	BSN, RN, CNOR	Penrose Surgery
Tim Packard	RN, CNOR	Penrose Surgery
Tami King-Latke	NP	Phy Practice Cardiovascular/Thoracic
Cara Miller	MSN, NP	Phy Practice Gyn Oncology
Sharrie Tomsen	RN, CGRN	SFMC GI Lab
Vicki Jack-Blue	BSN, RN, CGRN, CAPA	SFMC GI Lab
Janet Laird	BSN, CCRN	SFMC GI Lab
Andrea Hendrickson	BSN, RN, OCN	Cancer Center
Margaret McKinney	BSN, RN, OCN	Cancer Center
Martha Brown	BSN, MS, RN, OCN	Cancer Center
Melissa Llimatainen	BSN, RN, OCN	Cancer Center
Pamela Williams	BSN, RN, OCN	Cancer Center
Patricia O'Connell	BSN, RN, OCN	Cancer Center
Sharon Halla	BSN, RN, OCN, CBCN	Cancer Center
Ely Peters	MS, RN, OCN	Cancer Center
Peggy Thomas	MN, RN, AOCN	Cancer Center
Christine Smith	BSN, RN, OCN	Cancer Center
Lori Dagostino	BSN, RN, OCN	Cancer Center
Kelinda Tucker	BSN, RN, OCN	Cancer Center
Wendy Lowery	BSN, RN-BC	Penrose 4 Medical
Heidi Freeman	ASN, RN-BC	Penrose 5 Renal/Diabetic
Kris Oliver	RN, ONC	Penrose 7 Ortho/Neuro
Tanya Jaleh Wuthier	BSN, RN, CMSRN	Penrose 9 Surgical
Debbie Avery	ASN, RN, CEN	Health Learning Center
Jean Bauman	BSN, RN, CDE	Diabetic Educator
Judy Kibby	RN, CDE	Diabetic Educator
Sandra Weatherly	RN, CDE	Diabetic Educator
Megan Will	BSN, RN, CMSRN	Float Pool
Lori Boaman	ASN, RN-BC	Float Pool
Lori Bird	ASN, RN, CMSRN	Float Pool
Debra Belock	ASN, RN, CCRN	Float Pool
Catherine Piccinni	ASN, RN, CGRN	Penrose GI Lab
Velda Baker	BSN, RN, CGRN	Penrose GI Lab
Gina Wamble	BSN, RN-BC	Penrose Outpatient Surgery
Julie Lacayo	RN, CCRN	Penrose Outpatient Surgery
Sharell Mitchell	ASN, RN, OCN	Penrose Outpatient Surgery
Christine Vandenberg	RN, CCRN	Cardiac Rehabilitation
Mary Wolf	BSN, RN, OCN	Penrose Infusion Center
Patricia Bennet	RN, OCN, CMSRN	Penrose Infusion Center
Jami Nelson	RNC-MS, OCN	Penrose Infusion Center
Gina Biondi	BSN, RN, OCN	Penrose Infusion Center
Evelyn Angeles	BSN, RN, CCRN	Penrose Cardiovascular Unit
Cassie Tumanis	BSN, RN, CEN, PCCN	Penrose Cardiovascular Unit
Marci Winslow	BSN, RN, CVRN	Penrose Cardiovascular Unit

Denise Przybysz	MSN, RN, CPN	SFMC Pediatrics
Ellen Biebsheimer	MSN, RN CPNP	SFMC Pediatrics
Julie Pierson	MSN, CPN	SFMC Pediatrics
Elizabeth Urata	BSN, CPN	SFMC Pediatrics
Lysandra Pearman	BSN, RN-BC	SFMC Pediatrics
Debra Keithley	RN, CPN	SFMC Pediatrics
Judy Day	ASN, RN-BC	SFMS 5N Surgical
Penny Bernard	BSN, RN-BC	SFMS 5N Surgical
Randi Goolsby	ASN, RN, CMSRN	SFMS 5N Surgical
Patricia Kelley	RN-BC	SFMS 5N Surgical
Laurie Scmitt	BSN, RN-BC	SFMC 5S Medical
Gerilyn Robinson	BSN, RN, CCRN	SFMC Cardiac Diagnostics
Ben Douglas	RN, CCRN	SFMC Emergency Services
Alese Bagby	BSN, RN, CEN, CPEN	SFMC Emergency Services
James Simosky	RN, CEN	SFMC Emergency Services
Angela Elliot	BSN, RN, CEN	SFMC Emergency Services
Mary Gronberg	BSN, RN, CEN	SFMC Emergency Services
Sarah Mason	RN, CEN	SFMC Emergency Services
Felicity Ameczazurra	RN, CEN	SFMC Emergency Services
Kim Dumont	BSN, RN, CEN	SFMC Emergency Services
Teri Schofield	BSN, RN-BC	SFMC Outpatient Surgery
Geneva Metzler	BSN, RN, CAPA	SFMC Outpatient Surgery
Jo Ann Pinto	MSN, RN, CAPA	SFMC Outpatient Surgery
Julliana Barr	BSN, CNOR	SFMC Surgery
Kelly Campbell	BSN, CNOR	SFMC Surgery
Sandra Beers	RN, CNOR	SFMC Surgery
Melanie Belcher	RN, CNOR	SFMC Surgery
Carolyn Shunk	RN, CNOR	SFMC Surgery
Amy Furfari	BSN, RN, IBCLC, LCCE	SFMC Mom Baby Unit
Brenda Schmidt	BSN, RN, IBCLC	SFMC Mom Baby Unit
Jolene Bedford	MSN, RNC, IBCLC, LCCE	SFMC Mom Baby Unit
Carol Knap	BSN, RNC-MNN	SFMC Mom Baby Unit
Donna Jaime	BSN, RNC-LRN	SFMC Mom Baby Unit
Gloria Kinsell	RNC-OB	SFMC Mom Baby Unit
Nancy Marts	ADN, RNC-MNN	SFMC Mom Baby Unit
Rosemarie Behrman	ASN, RNC-LRN	SFMC Mom Baby Unit
Bridget Town	RNC-MNN	SFMC Mom Baby Unit
Tami Jefferis	RNC-MNN	SFMC Mom Baby Unit
Christine Tavenner	RNC-MNN	SFMC Mom Baby Unit
Sera Kapels	RN, CCRN	SFMC ICU
Connie Fleming	RN, CCRN	SFMC ICU
Ronda Wantland	BSN, RN, OCN	Penrose 11 Oncology
Gail Albritton	BSN, RN, OCN	Penrose 11 Oncology
Jennifer Raynor	BSN, RN, OCN	Penrose 11 Oncology
Karen Sublett	BSN, RN, OCN	Penrose 11 Oncology
Mary Bonds	BSN, RN, OCN	Penrose 11 Oncology
Sara Vigen	BSN, RN, OCN	Penrose 11 Oncology
Lance Riehl	RN, BSN, OCN	Penrose 11 Oncology
Deb Tafonya	ASN, RN, OCN	Penrose 11 Oncology
Chelsea Zastrow	ASN, RN, OCN	Penrose 11 Oncology
Mariah See	RN, OCN	Penrose 11 Oncology
Dan Jones	RN, CEN	Cripple Creek Urgent Care
Sloan Farris	RN, CEN	Penrose Community Urgent Care
Jan Rawson	BSN, RN, CEN	Penrose Community Urgent Care
Peggy Myers	RN, CEN	Penrose Community Urgent Care
Susan Kennemur	RN, CCRN	Penrose Community Urgent Care
Jason Shaink	RN, CCRN	Penrose Critical Care Unit
Renee Mills	RN, CCRN, CEN	Penrose Critical Care Unit
Maureen Kambich	RN, CCRN	Penrose Critical Care Unit
Anne Racobs	RN, CCRN	Penrose Critical Care Unit
April Stiens	ASN, RN, CCRN	Penrose Critical Care Unit
Ellen Paula Wise	RN, CCRN	Penrose Critical Care Unit
Jennifer Brill	BSN, RN, CCRN	Penrose Critical Care Unit

Jim Legere	BSN, RN, CCRN	Penrose Critical Care Unit
Marcia Stewart	BSN, RN, CCRN	Penrose Critical Care Unit
Margaret Barrette	RN, CCRN	Penrose Critical Care Unit
Margaret Hendricks	BSN, RN, CCRN	Penrose Critical Care Unit
Marie Coram	ASN, RN, CCRN	Penrose Critical Care Unit
Mary Kay Sorrell	BSN, RN, CCRN	Penrose Critical Care Unit
Melissa Schott	ASN, RN, CCRN	Penrose Critical Care Unit
Patty Morse	BSN, RN, CCRN	Penrose Critical Care Unit
Robin Tillman	ASN, RN, CCRN	Penrose Critical Care Unit
Theresa Saenz	ASN, RN, CCRN	Penrose Critical Care Unit
Vanessa Lamphier	BSN, RN, CCRN	Penrose Critical Care Unit
Jane Graham	BSN, RN, CCRN	Penrose Critical Care Unit
Stacie Kipp	BSN, CCRN	Penrose Critical Care Unit
Hannah Bolt	BSN, CCRN	Penrose Critical Care Unit
Deb Turner	RN, CCRN	Penrose Critical Care Unit
Melody Gustafson	ASN, RNC-OB	SFMC Labor & Delivery
Rachelle Fante	BSN, RNC-OB	SFMC Labor & Delivery
Nancy Miller	RNC-OB	SFMC Labor & Delivery
Patricia Hausman	ASN, RNC-OB	SFMC Labor & Delivery
Sandra Helbert	RNC-OB	SFMC Labor & Delivery
Marjorie Somers	ASN, RNC-OB	SFMC Labor & Delivery
Mary Freeman	ASN, RNC-OB	SFMC Labor & Delivery
Sheryl Marlor	BSN, RNC-OB	SFMC Labor & Delivery
Sue Bacon	BSN, RNC-OB	SFMC Labor & Delivery
Sybilla Loughmiller	RNC-OB	SFMC Labor & Delivery
Jessica Eichers	BSN, RNC-OB	SFMC Labor & Delivery
Jessica Cando	ASN, RNC-OB	SFMC Labor & Delivery
Betty Kwist	RNC-MNN	SFMC Labor & Delivery
Janet Gundy	RNC-OB	SFMC Labor & Delivery
Cindy li	RNC-OB	SFMC Labor & Delivery
Donna Nelson	RN, CNOR	SFMC Labor & Delivery
Nancy Steele	BSN, RNC-OB	SFMC Labor & Delivery
Gwendolyn Strong	RNC-OB	SFMC Labor & Delivery
Cynthia Waddell	RNC-OB	SFMC Labor & Delivery
Holly Downing	BSN, RNC-OB	SFMC Labor & Delivery
Heather Eppard	BSN, RNC-OB	SFMC Labor & Delivery
Chrystal Hawkins	MSN, RNC-OB	SFMC Labor & Delivery
Cynthia Whyte	ASN, RNC-OB	SFMC Labor & Delivery
Jen Mason	RNC-OB	SFMC Labor & Delivery
Kathy Kramer	RNC-OB	SFMC Labor & Delivery
Amy Johnson	MSN, NNP-BC	SFMC NICU
Helen Sobbeck	BSN, NNP-BC	SFMC NICU
Jan Dubrick	BA, NNP-BC	SFMC NICU
Janet Rae Wilson	MSN, NNP-BC	SFMC NICU
Jo Engle	MSN, NNP-BC	SFMC NICU
Mimi Stilson	BA, NNP-BC	SFMC NICU
Paula Bomar	MSN, NNP-BC	SFMC NICU
Susan Wood	MSN, NNP-BC	SFMC NICU
Tiffany Nelson	MS PA-C, NNP-BC	SFMC NICU
Judith Davis	NNP-BC	SFMC NICU
Denise Dierfeldt	NNP-BC	SFMC NICU
Julia Moore	RNC-NIC	SFMC NICU
Pamela Litell	RN, NICN	SFMC NICU
Stephanie Johnson-St.Dic	RN-BCC	SFMC NICU
Michelle Heintzelman	ASN, RN-BC	SFMC NICU
Camille Goodnight	RN-BC	SFMC NICU
Deb Finlay	BSN, RN-BC	SFMC NICU
Donna Ashliman	ASN, RN-BC	SFMC NICU
Jill Meyer-Thompson	ASN, RN-BC	SFMC NICU
Janis Smith	RNC-NICN	SFMC NICU
Meredith Kilgore	ASN, RN-BC	SFMC NICU
Julie Burdette	ASN, RN-BC	SFMC NICU

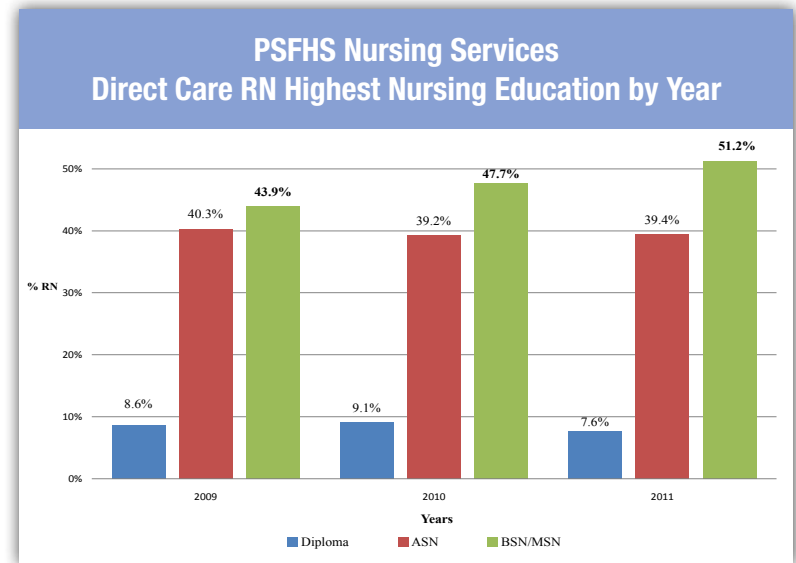
CERTIFICATIONS:

- AACHN** Advanced Certified Hospice and Palliative Nurse
- AOCN** Advanced Oncology Certified Nurse
- CAPA** Certified Ambulatory Perianesthesia Nurse
- CARN** Certified Addiction Nurse
- CBCN** Certified Breast Cancer Nurse
- CCM** Certified Case Management
- CCRN** Critical Care Registered Nurse
- CDE** Certified Diabetic Educator
- CEN** Certified Emergency Nurse
- CFRN** Certified Flight Registered Nurse
- CGRN** Certified Gastroenterology
- CMSRN** Certified Medical Surgical
- CNOR** Certified Nurse Operating Room
- CNS-BC** Clinical Nurse Specialist Board Certified
- CPAN** Certified Post Anesthesia Nurse
- CPEN** Certified Pediatric Emergency Nurse
- CPN** Certified Pediatric Nurse
- CQPS** Certified Quality Patient Safety
- CRN** Certified Radiologic Nurse
- CRRN** Certified Rehabilitation Nurse
- CVRN** Cardiovascular Nurse
- CWOCN** Certified Wound Ostomy Continence Nurse
- CWS** Certified Wound Specialist
- IBCLC** Certified Lactation Consultant
- LCCE** Lamaze Certified Childbirth Educator
- LRN** Low Risk Newborn
- MNN** Maternal Newborn Nursing
- NE-BC** Nurse Executive
- NEA-BC** Nurse Executive, Advanced
- NNP-BC** Neonatal Nurse Practitioner Board Certified
- OCN** Oncology Certified Nurse
- ONC** Orthopedic Nurse Certified
- PCCN** Progressive Care Certified Nurse
- PMHCNS-BC** Psychiatric Mental Health Clinical Nurse Specialist Board Certified
- PMHNP-BC** Psychiatric Mental Health Nurse Practitioner Board Certified
- RN-BC** Registered Nurse Board Certified
- RNC-NIC** Registered Nurse Neonatal Intensive Care
- RNC-OB** Certified Obstetric Nurse

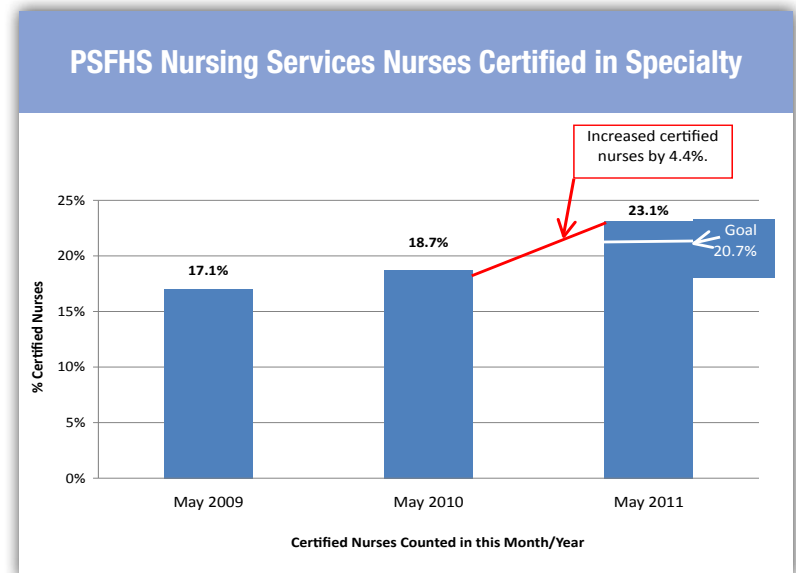
STRUCTURAL EMPOWERMENT

ADVANCING PROFESSIONAL NURSING

Released in October 2010, The Institute of Medicine's Future of Nursing report provides a meaningful, realistic perspective on the value of nursing now and in the future. *The Future of Nursing: Leading Change and Advancing Health* explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. This report clearly values the roles of nurses. As we move forward we are committed to increasing the percentage of nurses certified and nurses with at least a BSN to drive nursing excellence at PSFHS.



We increased the percentage of BSN nurses by 3.5% this year!



Nurses certified in their specialty increased by 4.4% this year!

CLINICAL ADVANCEMENT PROGRAM

Clinical Advancement Program (CAP). Nursing leaders at PSFHS continue to work diligently to build an environment where the leadership, science of nursing and the value of our nurses are recognized, celebrated, and acknowledged. The CAP program offers a competency based system to reinforce professional nursing behavior and greater accountability for professional practice and complex patient care. The CAP program is designed to reward Registered Nurses whose actions contribute to organizational goals and demonstrate nursing commitment to improving the health status of the communities we serve. In 2011 we awarded CAP levels to the following direct care nurses for their excellence in practice and impact of the organization and patient clinical outcomes.

Please congratulate the following applicants for demonstrating their expertise, commitment to professional development, organization goals and the profession of nursing. These nurses earned CAP Awards in April 2011!



Gina Wamble
BSN, RN
PH OPS



Alese Bagby
BSN, RN, CEN, CPEN
SFMC ED



Sara Vigen
BSN, RN, OCN
PH 11



Carolyn Cusic
BSN, RN, OCN
PH 11



Jennifer Graham
BSN, RN
PH OPS/SDS



Vicki Raub
BSN, RN
SFMC L&D



Cheryl Imlay
RN, CEN, CFRN
PH ED



Nancy Tallyn
BSN, RNC-OB
SFMC L&D



Patricia Morse
BSN, RN, CCRN
PH Critical Care



Nancy Steele
BSN, RNC
SFMC L&D



Vicki Jack-Blue
BSN, RN, CAPA
SFMC GI Lab



Jaleh Wuthier
BSN, RN
PH 9



Cassie Tumanis
BSN, RN, CEN, CPEN
PH ED

STRUCTURAL EMPOWERMENT

SUPPORTING PROFESSIONAL DEVELOPMENT CLINICAL NURSE SPECIALISTS

Clinical Nurse Specialists are charged to provide education, lead implementation of evidence-based practices, participate in nursing research, provide consultation to nurses and other healthcare providers, and serve our patients and families. During the past year we have expanded our CNS positions!



Peggy Plylar, MSN, CNS, RN, CRRN initiated a new Wikipedia Journal Club with the Ortho-Neuro Unit. Peggy leads our organization towards Designation as a Spine & Joint Center of Excellence.



Olinda Spitzer, MSN, CNS, RN, CCRN Implementing evidence-based practices and teaching staff, Olinda models human caring with each person she touches.



Lynne Wahl, MSN, CNS, RN, APRN-BC partnered with Penrose 5th Floor to design, implement and use simulation to teach nursing staff the revised protocol for safe care for patients in detoxification.



Developing our Palliative Care services has allowed **Ginny Davis, MS, MBA, CNS, RN, ACHPN** to teach staff, consult and serve patients and families and initiate the No One Dies Alone program. Services began in ICU and have extended across all units and both hospitals.



Consulting with patients and staff, **Dan Chatelain, MSN, CNS, RN, RNC**, shares his expertise in Pain Management to improve the patient experience and outcomes.

**I WILL DO ALL IN MY POWER
TO MAINTAIN AND ELEVATE
THE STANDARD OF MY PROFESSION.**

– Florence Nightingale

PROFESSIONAL DEVELOPMENT

Committed to expanding talent management, PSFHS nursing continues to expand opportunities for professional development. Nurses participated in online and classroom learning, pursued formal education, and attended regional and national conferences.

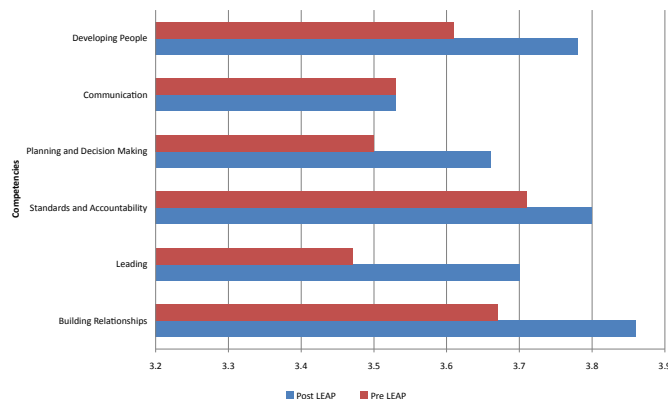


LEAP is an educational program to build frontline nurse leaders. Designed and provided in collaboration with other Centura facilities, over 25 nurses participated in 2011. This blended professional development opportunity focuses on interpersonal skills, communication and conflict management, coaching, quality improvement process/data analysis and developing the “leader within”. Cohort 2 included primarily nurses from south state and initial outcomes reflect improvement in self assessment scores from pre to post LEAP.



Ronda Wantland, RN, John Gentzel, RN, and Colleen Eisman, RN expand their practice through clinical instructor positions, teaching our future nurses!

Self Assessment of Leadership Competency: Pre Leap and Post Leap



SERVING OUR COMMUNITY: NEAR AND FAR AWAY

Joanne Gleeson, RN (Penrose Outpatient Surgery) was surprised by a letter of thanks and free plane ticket she received in the mail:

Please accept our company's formal "thank you" for the assistance you provided aboard flight 890 which operated between Colorado Springs and Dallas/Ft. Worth, Texas. We are all grateful that you were on board and freely offered your medical expertise when it was needed most. Without a doubt, you greatly improved a difficult situation on April 1, 2011.
 –Thomas N. Bettes, MD, MPH, Director, Medical and Occupational Health.



“My 40+ years of nursing prepared me for this moment. I always wondered what I would do if..... and I found out! I heard a woman frantically calling for help and then the overhead page for a physician as I flew from Colorado Springs to Dallas. I did not see anyone respond so I immediately got up and went to check. The husband did not look good, slumped over, gray and with a thready pulse. I took his jacket/shirt off and started oxygen while asking the wife medical history questions. They began to clear a place for me to lay him down and the pilot asked if we needed to return to Colorado Springs or continue on to Dallas. He finally began to respond to my stimulation – as he says ‘I awoke to a strange woman in my face.’ I stayed with him until the Dallas EMT’s met us at the airport and I wondered what would happen. Well, he was on my flight home to Colorado Springs later that week and he stopped to talk with me. After spending 6 hours in the ED, he was able to fly to New York City and present the speech he had prepared!

The twist to the story is I had fainted in the airport several months earlier and was treated by EMT’s. So this was my opportunity to return the help. Thirty years at Penrose truly prepared me well. I am grateful I could help!”



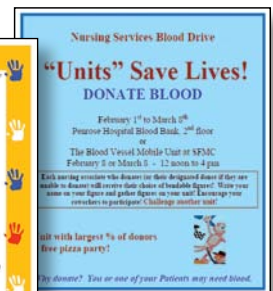
Penrose 7th Floor staff provided food for families during thanksgiving.



Nursing Practice Council collected coats, gloves and scarves for our neighborhood nurses' clinic.



Sponsored by the Nurses Week Committee.



Sponsored by the Nursing Leadership Council





Our Faith Community Nurses reach out to the Korean community with a flu vaccine clinic, and open another Neighborhood Nurse Clinic.



In mid October, a group of doctors, nurses, and other non-medical people traveled to Iquitos, Peru sponsored by Centura and the Global Health Initiative. One team traveled up the Amazon River each day and provided basic medical care to approximately 700 people in five villages. The other team was a surgical team which performed 65 cataract surgeries over 6 days.

The trip gave me an opportunity to take my nursing out of my comfort zone. Although, by our standards, these people lived in poverty; they seemed to be well grounded in the values of family and community. It was a good challenge to what we think are the important things in life.

Phil Ainsworth, RN. *Clinical Manager, 5N, SFMC*



Two of our colleagues were onboard the Amtrak train that was hit by the semi-truck in Nevada.

What seemed like only seconds after the impact, a crew member came through the car looking for a doctor,” said Phyllis. “I told him that I was a nurse and he instructed me to go forward with the other nurse.” The crew member continued through the train looking for a doctor and found Sylvia, who also volunteered as a nurse. “As I worked my way forward, I remember thinking how strange it was,” said Sylvia. “The observation car, which was always crowded, was empty. The next two coach cars were almost empty with emergency exits sitting open. People had gotten off the train quickly.”

The two colleagues met up in the middle of the first coach car that had been hit by the semi-truck. “The smoke was dense, we could hardly see,” said Sylvia. “It was like a wall of smoke, you couldn’t have gone any further.” “I have been through disaster drills and training,” said Phyllis. “In those drills they talk about how some people may act hysterical, some go into shock and others have a need to help. That is exactly what we saw.” “But overall, there was a sense of calm and order that really amazed me,” said Sylvia. “Something else I noticed was that people were always putting others ahead of themselves. Even the older and injured people were saying, ‘I’m OK, help someone else.’”

“You don’t have to be a clinical person to help out in a disaster,” said Sylvia. “A hug, a kind word, offering food or water, offering a cold cloth to help someone cool off, a visit from a leader (the Mayor, the Governor and the CEO of Amtrak all made their way to the scene to help), these are all things that are greatly appreciated by those who are impacted by the event.”

Phyllis Jordan, R.N. *is the Business Manager for Surgery at Penrose Hospital.*

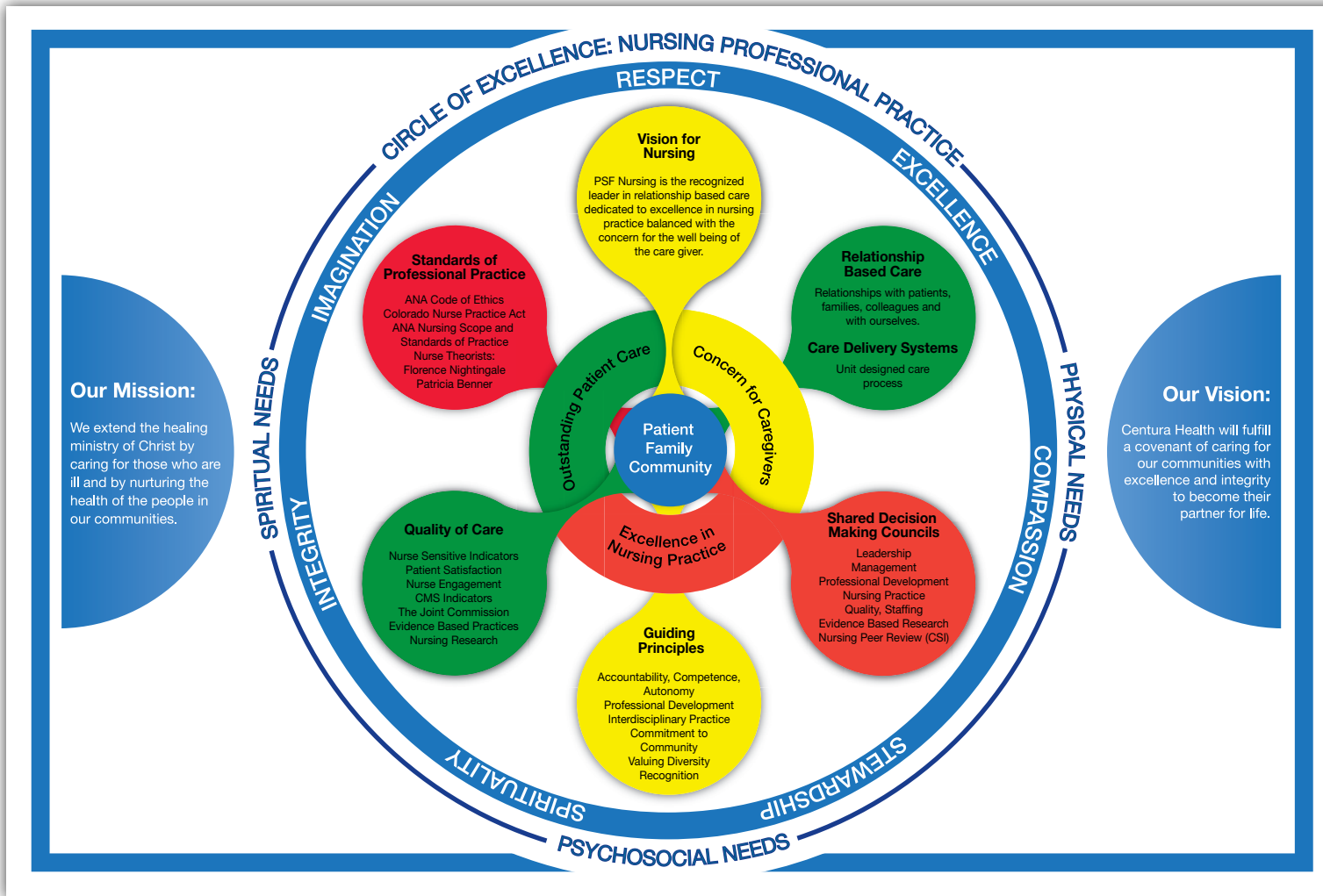
Sylvia Kurko, R.N. *is the Education Coordinator for Penrose-St. Francis.*



EXEMPLARY PROFESSIONAL PRACTICE

CIRCLE OF EXCELLENCE: NURSING PROFESSIONAL PRACTICE

As nurses, excellent care is the destination in all we do; relationships with patients, families, and our colleagues is one strategy we use in the journey. In November, 2011, Centura hosted a Relationship-Based Care workshop to further engage and connect nurses in the implementation of the model. Inspired nurses, an infrastructure that supports change at every level, fully embracing education of the relationship based care model, and continuous measurement and communication of the positive impact of changes made is the formula that will further strengthen nursing's vision and strategic goals.



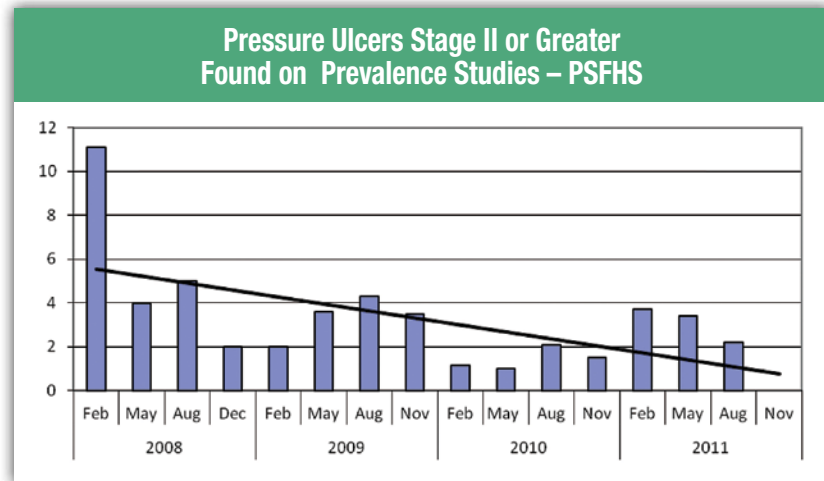
RELATIONSHIP-BASED CARE

As nurses, excellent care is the destination in all we do; relationships with patients, families, and our colleagues is one strategy we use in the journey. In November, 2011, Centura hosted a Relationship-Based Care workshop to further engage and connect nurses in the implementation of the model. Inspired nurses, an infrastructure that supports change at every level, fully embracing education of the relationship based care model, and continuous measurement and communication of the positive impact of changes made is the formula that will further strengthen nursing's vision and strategic goals.



PRESSURE ULCER PREVENTION

Pressure Ulcer Prevention is a top priority in healthcare across the nation and nurses at PSFHS take this patient care issue very seriously. Whether conducting research to share the newest practices in pressure ulcer prevention, participating in pressure ulcer prevalence rounds, or recommending new products to prevent skin injury, our unit-based skin experts and Wound Team are connected to achieve the best patient outcomes; and its working!



EXEMPLARY PROFESSIONAL PRACTICE

ASCENT RN RESIDENCY PROGRAM



In 2009, ASCENT, the new graduate/re-entry RN residency program, was developed to support the on-boarding process into the Penrose St. Francis Health System (PSFHS) nursing community. With the advent of this program, PSFHS has realized an increase in new graduate/re-entry RN retention as well as overall nursing satisfaction. Nursing graduates and returning nurses have successfully transitioned into an acute care setting as a result of community nursing school and hospital leadership collaboration.

“Reach Greater Heights. Make your ASCENT.”



Above: April 2011 Program Graduates
Right: August 2011 Program Graduates



**SO NEVER LOSE AN OPPORTUNITY
TO URGE A PRACTICAL BEGINNING
HOWEVER SMALL, FOR IT IS WONDERFUL
HOW OFTEN IN SUCH MATTERS
THE MUSTARD SEED ROOTS AND GERMINATES ITSELF**

– Florence Nightingale

CHEST PAIN

In February 2011, Penrose Hospital and St. Francis Medical Center earned the proud distinction as Southern Colorado's only:

“Accredited Chest Pain Center with Percutaneous Cardiac Intervention (PCI)”

To qualify, these programs have to meet strict requirements for programming and process improvement for those experiencing heart attacks and other causes of chest pain.

The 90-minute goal for door-to-balloon time that seemed so elusive just a few years ago is now beginning to give way to a 60-minute goal. PSFHS door-to-balloon times now run consistently under 90 minutes, a full 33% faster than the national benchmark.



**TO UNDERSTAND GOD’S THOUGHTS,
WE MUST STUDY STATISTICS
FOR THESE ARE THE MEASURES
OF HIS PURPOSE.**

– Florence Nightingale

EVIDENCE-BASED PRACTICE MEASURES				
Measure	Frequency	Goal	Benchmark	PSFHS RESULTS
Acute Myocardial Infarction (AMI) Perfect Care Score	Quarterly	99%	90%	97.03%



EXEMPLARY PROFESSIONAL PRACTICE

STROKE

Stroke is the third leading cause of death in the United States and a leading cause of serious, long-term disability in adults. About 600,000 new strokes are reported in the U.S. each year. Getting treatment within 60 minutes can prevent disability.

—National Institute of Neurological Disorders and Stroke 2010

We are proud at Penrose St. Francis Health Services to have achieved The Joint Commission’s designation as a Primary Stroke Center of Excellence. PSFHS has also been awarded the American Heart Association’s Stroke Honor Roll for 2011. This could not have been accomplished without the dedication and commitment of our connected interdisciplinary teams.

REHABILITATION STROKE OUTCOMES CY 2010

Measure	PSFHS	State	Nation
% Discharged to Acute Care	3.8%	8.5%	11.3%
% Discharged to Community	79.7%	69.4%	67.7%
Onset Days	6	11.2	11.3
ALOS	20.8	19.4	16.4

Based on Uniform Data System (UDS) 2010 Program Evaluation Management and Rehab Metrics Reports.


PSFHS Acute Rehabilitation Program Recognized as a UDS “2011 Top Performer” in 92nd Percentile

These dedicated nurses have achieved 100% National Institute of Health Stroke Scale Certification (NIHSS)




PENROSE-ST. FRANCIS EMERGENCY DEPARTMENTS

Penrose-St. Francis Emergency Departments (EDs) are the only EDs in Centura who have consistently been awarded the Health Grades Award for Quality Patient Outcomes for the past three years. As part of PSFHS, quality services in the EDs have contributed to the following organization awards.



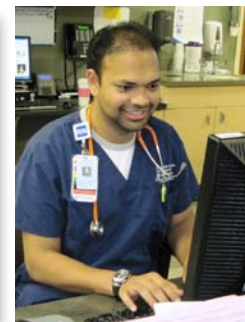
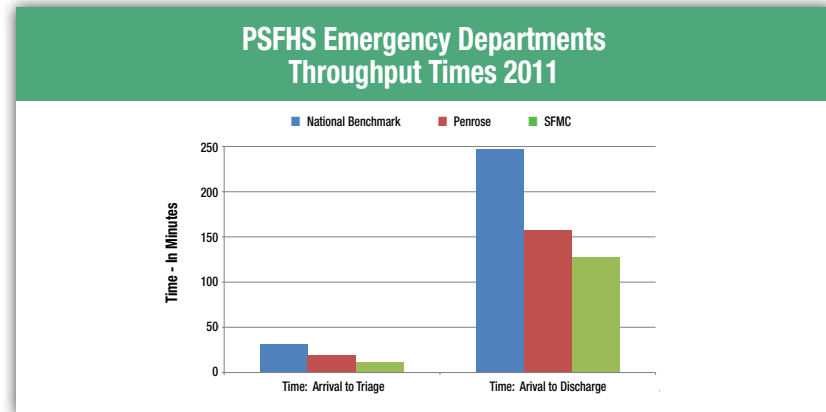
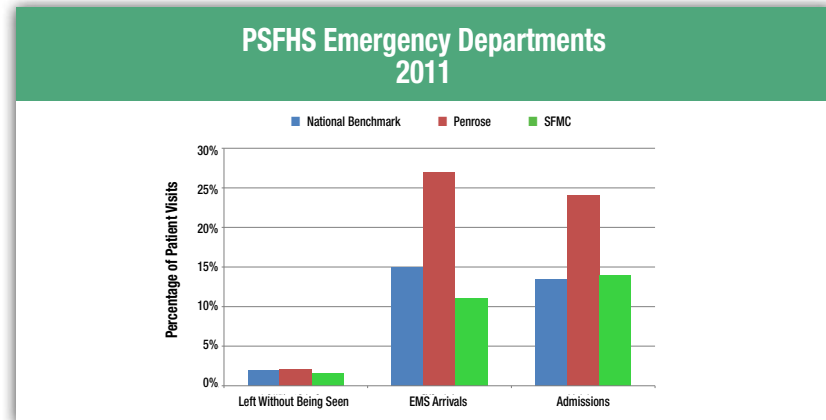
Penrose Hospital and St. Francis Medical Center are Proud to be the Only Accredited Chest Pain Centers in southern Colorado by the Society of Chest Pain Centers (SCPC)



Penrose-St. Francis Health Services is certified as an Advanced Primary Stroke Center by The Joint Commission

These awards are not easily achieved and are attributed to a collaborative, interdisciplinary team and empowered nursing associates that are committed to research and incorporating innovative strategies into practice that favorably impact quality, safety and satisfaction.

Wait times in hospitals across the nation is a critical process for any emergency department and is directly correlated with patient mortality, quality outcomes and patient experience. PSFHS nursing is proud to be connected with an interdisciplinary team of clinicians that places the patient at the center of care.



NURSING RESEARCH AND DISSEMINATING NEW KNOWLEDGE

PENROSE-ST. FRANCIS NURSING STUDY TITLE	Principal Investigator and Participants
2011 Hill-Rom IPUP Survey	Rochelle Salmore, MSN, RN, NE-BC. Courtney Albright RN, Gail Albritton RN, Helen Bagnate RN, Lois Boschee RN, Jennifer Brill RN, Barbara Corder RN, Sandra Everett RN, Davi Howard RN, Carlos Johnson RN, Teri Johnston RN, Judy Kelow RN, Vanessa Lamphier RN, Meredith Lauber RN, Lisa Pearman RN, Marcia Stewart RN, Tanya Topping RN, Christine Trottier RN, Jennifer Walker RN, Jane Wilson RN, Susan Zamora RN, Dorothy Bennett RN, Shannon Harvey RN, Connie Hetzel RN, Vangie Daneshfar RN, Kathy Smith RN, Tatjana Smith RN, Cheryl Rudolph RN, Sara Simpson RN
NDNQI RN Survey with Practice Environment Scale (PES)	Debra Nussdorfer, MSN, RN, NE-BC
Safe Pain Management: Risk Factors for Over-sedation in Patients	Debra Nussdorfer, MSN, RN, NE-BC. Scott Ross DO, Dan Chatelain RN, Alison Schlang PharmD, BCPS, Alyssa Hickert
Creating a Nurse Sensitive Pain Management Indicator (NDNQI) Dissemination and Implementation of EBP Methods to Measure and Improve Pain Outcomes	Debra Nussdorfer, MSN, RN, NE-BC. Sara Vigen RN, Gina Wamble RN, Louise Wilson RN, Lenora Kraft RN, Mary Johnson RN, Laurie Chromy RN, Miho Dicke RN, Nicole Mason RN, Lisa Larson RN, Charis Atkins RN, Erin Northup RN
Making a Difference with the Green Zone (to improve contact with patients in isolation)	Debra Nussdorfer, MSN, RN, NE-BC. Joan Strauch RN, Wendy Lowery, BSN, RN-BC, Aimee Doman RN-BC, Brenda Molencamp, BSN, RN, NE-BC

Creating a Nurse Sensitive Pain Management Indicator: Dissemination and Implementation of EBP Methods to Measure and Improve Pain Outcomes

These Clinical Care Nurses interviewed patients as they collected data for the National Research Study.



Cardiac Rehab in Washington, DC



Helen Graham PhD, RNC, Manager of Cardiology and Cardiac Rehab at Penrose Hospital visited with senators, congressmen and staff including Colorado's Senator Mark Udall and Congressman Ed Perlmutter in Washington DC on behalf of the American Association of Cardiovascular Pulmonary Rehabilitation (AACVPR). The purpose of the visits was to enlist support for a legislative change that would enable smaller/rural medical facilities to operate cardiac and pulmonary rehabilitation programs under the supervision of physician extenders. Her trip was sponsored by the Rocky Mountain Affiliate (RMCRA) of AACVPR where she serves on the Board of Directors.

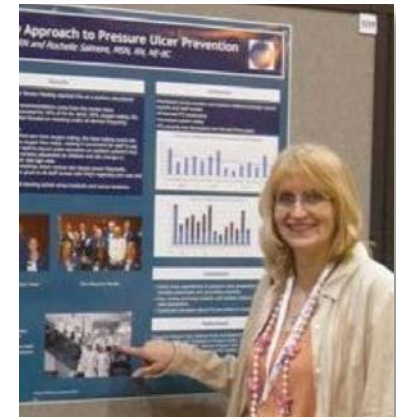


Interviewed for ONS Connect, January 2011 issue, “Judith De Groot, MSN, RN, AOCN, Lead Nurse Navigator at Penrose Cancer Center says that healthcare workers need to be aware of their own biases when caring for Gay, Lesbian, Bisexual, Transgender (GLBT) patients with cancer. If nurses are uncomfortable with learning a patient’s sexuality, they should be honest and let the patient know. A coworker may be more at ease. Be respectful of patients and the information they are sharing. This includes confronting coworkers about inappropriate conversations or comments about GLBT issues.” Pillet, S. (2011) Don’t ask, don’t tell? The unique needs of GLBT patients with cancer. *ONS Connect*, January, 8-12.

Judy co-authored “Expanding Multidisciplinary Care in Community Cancer Centers: An MDC Assessment Tool Developed by the NCCCP” available in *Oncology Issues*, January/February 2011: 33-37.

NURSING RESEARCH AND DISSEMINATING NEW KNOWLEDGE

PRESENTER	TOPIC	LOCATION
Dorothy Bennett RN	Peer Review: A New Approach to Pressure Ulcer Prevention	New Orleans, LA
Rose Ann Moore RN	Inpatient Fall Prevention	Sigma Theta Tau, Colorado
Judy Day, BSN,RNC, Penny Bernard, BSN, RN	Unit Practice Council Leadership: Partnering to Reduce Pain	Sigma Theta Tau, Colorado
Patty McConnell, MS, RN, OCN	Pulmonary Module Clinic: Improving Outcomes for Lung Cancer Patients	Boston, MA
Lou Ann Cox, BSN, MaED, RN; Amy Furfari, BSN, RN, IBCLC; Jolene Bedford, MSN, RN, LCCE, IBCLC	Formula Supplementation of the Breastfed Infant: An Evidence-Based Nursing Quality Improvement Project	Sigma Theta Tau, Colorado 4th Annual EBP, Research and Innovation Conference, Denver
Rochelle Salmore, MSN, NE-BC Conference, Denver	Peer Review: A New Approach to Pressure Ulcer Prevention	3rd Annual BP, Research and Innovation
Candace Garko, MSN, RNC-OB, C-EFM Conference, Denver	Perinatal Patient Safety: Reducing Elective <39 Week Births	3rd Annual EBP, Research and Innovation
Candace Garko, MSN, RNC-OB, C-EFM The Perils of Pitocin	Standardized Fetal Monitoring Competence Across a Hospital System Conference, Denver	3rd Annual EBP, Research and Innovation
Candace Garko, MSN, RNC-OB, C-EFM Bringing Research to the Bedside	Perinatal Patient Safety: Reducing Elective <39 Week Births- Research Symposium	Sigma Theta Tau, Xi Phi Chapter, UCCS,
Candace Garko, MSN, RNC-OB, C-EFM	Ostentatious Oxytocin Drawing the Line at 39 (Weeks) Standardized Fetal Monitoring Competence Across a Hospital System	Association of Women's Health Obstetrics and Neonatal Nurses National Convention, Denver, CO
Sharon Halla, BSN, RN, OCN	Complementary Breast Program: Improving Patient Self-Care and Coping Mechanisms While Undergoing Active Cancer Treatments.	3rd Annual EBP, Research and Innovation Conference, Denver
Jo Beth Wachtman RN	Captured Audience: Innovative Strategies for Patient, Staff and Community Education	3rd Annual EBP, Research and Innovation Conference, Denver
Melissa Williamson, BSN, RN and Mackenzie Mudd, BA,RN	Improving Efficiency and Effectiveness: One Unit's Successful Experience	3rd Annual EBP, Research and Innovation Conference, Denver
Judy Day RNC, Penny Bernard RN, Tiffany Bieda RN, Jennifer Castner RN, Kandy Bruce-Hanson RN	Morale Committee Improving Nursing Satisfaction and Team Cohesion	3rd Annual EBP, Research and Innovation Conference, Denver
Debra Nussdorfer, MSN, RN, PMHCNS-BC	Creating a Poster: An Innovative Strategy to Teach Implementation of Evidence-Based Practice	3rd Annual EBP, Research and Innovation Conference, Denver CHI National Conference, Denver, CO
Rose Ann Moore, BSN, RN, NE-BC and Deb Nussdorfer MSN, RN, PMHCNS-BC	Partners for Patient Care	3rd Annual EBP, Research and Innovation Conference, Denver



NURSING GRAND ROUNDS 2011

Translating New Knowledge into Nursing Practice

Delirium is confusion that comes on very fast, sometimes in just a few hours. When someone becomes delirious, it means they cannot think clearly, have trouble paying attention, and are not aware of what is going on around them. They may see or hear things that are not really there but seem very real to them. – DSM-4, 2000; www.icudelirium.org

The ICU Delirium Assessment and Intervention Protocol were implemented at PSFHS in 2011.



Stroke: Implementing the PSFHS Stroke Protocols

In 2011 we were certified as a Stroke Center of Excellence.

Aimee Doman RN reviewed anatomy, diagnosis, treatment, nursing assessment and documentation.

Nursing associates on CVU, Critical Care, Penrose 4, and SFMC 5S are our stroke experts!



Aimee Doman, RN
Presenter



Co-management of the Pregnant Patient in Intensive Care

Nancy Steele stated “I am not comfortable with a ventilator” and Nancy Prantl added “nor am I comfortable with electronic fetal monitoring”. ICU nurses and Labor and Delivery nurses partner to use their unique expertise to care for pregnant women who are in intensive care.



Candace Garko RN, Nancy Steele RN and Nancy Prantl RN, shared their new knowledge and experience.

¿Tienes humildad cultural?
(Got cultural humility?)



Using an interactive approach, participants explored cultural humility with an emphasis on the key interactive dynamics of Latin culture.

CLINICAL RISK MANAGEMENT INCENTIVE PROGRAM

Every year Penrose-St. Francis voluntarily participates in the Clinical Risk Management Incentive Program (CRMIP) through Catholic Health Initiatives which allows us to earn rebates on insurance assessments by demonstrating the implementation of various improvement initiatives. The initiatives are related to improving the quality of patient care, reducing work related injuries to employees, and developing effective risk management programs. The Inpatient Falls Prevention project is an example of a clinical initiative designed to improve the quality of care delivered to our patients.

Overview
Centura Health directed all facilities to decrease inpatient falls. Penrose-St. Francis Health Services (PSFHS) established an inpatient falls prevention committee in 2007. The director from Centura presented us to rethink all our program and objectives to achieve improved outcomes and to include an evidence-based approach to fall prevention.

Purpose and Objectives
PURPOSE: To proactively identify inpatients at-risk for falling during their hospital stay and implement evidence-based fall prevention interventions to mitigate a fall.
OBJECTIVES:
• Reduce total inpatient falls
• Reduce inpatient falls with injury
• Improve quality patient outcomes, patient satisfaction, and reduce cost associated with falls

Critical Success Factors
• A interdisciplinary fall prevention committee with members committed to reducing inpatient falls.
• A standardized, evidence-based fall risk assessment.
• Implementation of evidence-based fall interventions based on the patient's risk score.
• The availability of a variety of fall prevention devices to include fall alarms and low beds.
• House-wide associate accountability for fall prevention.
• All fall data accessible to bedside care providers and Nursing Unit Practice Councils.
• A shift from management-driven to clinician-driven ownership of overall fall reduction.
• Addition of Clinical Pharmacist and Physician Champion to falls prevention committee.

What We Learned
• Right people on the fall prevention team.
• Care providers for action plans.
• Visual cues related to fall risk, e.g., yellow fall gowns, identification bracelets, and signage.
• Promote accountability at the unit level by requiring action plans for fall reduction and prevention.
• Focus on elimination, hourly rounding and patient/family education.
• Add the CTRW patient to high-fall risk category.

Lessons Learned
• Analyze fall data quickly and make it available to bedside care providers for action plans.
• Visual cues related to fall risk, e.g., yellow fall gowns, identification bracelets, and signage.
• Promote accountability at the unit level by requiring action plans for fall reduction and prevention.
• Focus on elimination, hourly rounding and patient/family education.
• Add the CTRW patient to high-fall risk category.

How We Measured Success
• Units will meet or perform better than NDNQI benchmarks for falls and falls with injury per 1000 patient days. Population specific goals decrease the rate of falls per unit:
Critical Care: 2 falls/1000 patient days
Intermediate Care: 3 falls/1000 patient days
Medical: 4 falls/1000 patient days
Surgical: 3 falls/1000 patient days
Acute Rehab: 7.5 falls/1000 patient days
• Metric Measurement - The 12 month roll-up for overall falls for PSFHS (May 2010-May 2011).
Success is attributed to a house-wide accountability to fall prevention of our patients.

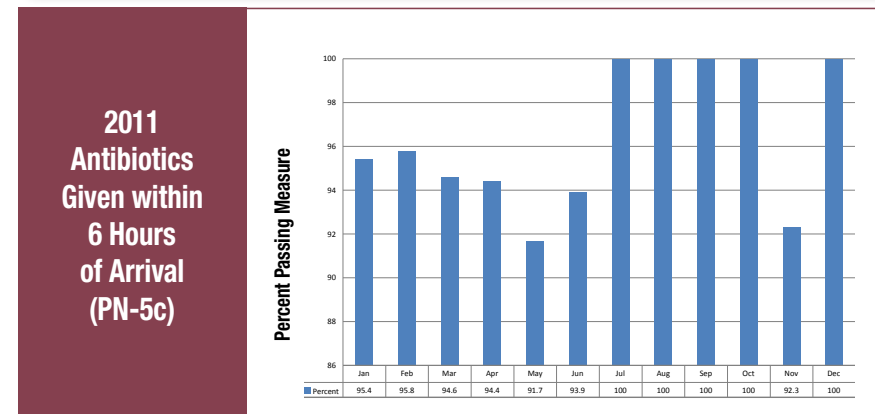
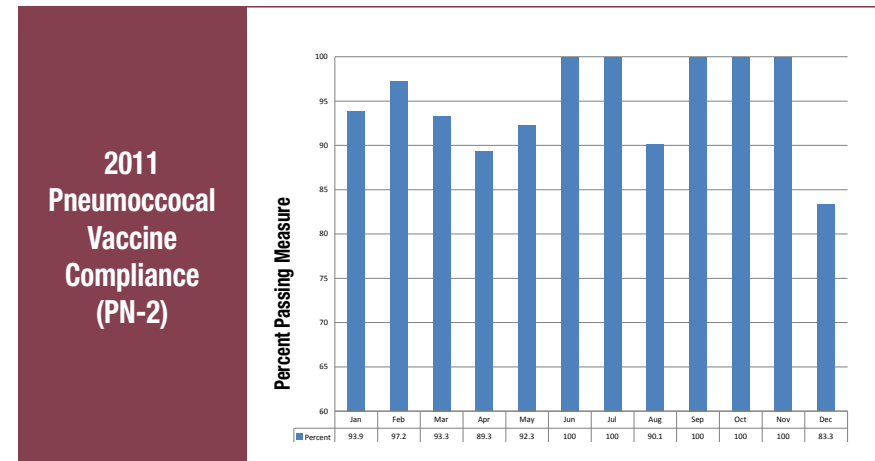
Facility Profile / Fast Facts
PSFHS, located in Colorado Springs, is recognized as the only Catholic recipient of HealthCare America's 50 Best Hospitals for four consecutive years, placing us in the top 1% of hospitals in the nation.
Penrose Hospital and St. Francis Medical Center are PSFHS, and combined, we have 522 licensed beds and 2300 employees.

Meet the Team (Subject Matter Experts)
Primary Contact: Rose Ann Moore, BSN, RN, NE-BC
Director of Patient Care, Co-Chair Falls Prevention
annmoore@centura.org, 719-776-5608
Primary Contact: Renee Ward, MBA, CRA, RTTN, CHMT
Director of Imaging, Co-Chair Falls Prevention
reneeward@centura.org, 719-776-6034
Team:
• Christine Pomery, RSP/FACS Administrator, Data Analyst
• Arnd McDonough, PT, Manager, Outpatient Rehabilitation
• Kathy Cnech, Administrative Assistant
• Marcie Winikow, ADN, RN, BA, Preceptor, Cardiovascular Unit
• Theresa Lutz, BSN, RN, Nurse Manager, Acute Rehabilitation
• Alison Schlang, PharmD, BCPS
• Dr. John O'Dell, Physician Champion, PSFHS Falls Prevention
• Joan Schoendaller, BSN, RN, Charge Nurse, Post-Op Surgery
• Kathy Langer, BSN, RN, Patient Safety Risk Manager
• Tracy Miles, PharmD, Clinical Pharmacist
• David Linebaugh, Manager of Environmental Health and Safety

References / Citations
Lain, E.T., Sheng, J., Alau, E., Owen, R.E. (2010). Patient/family association with Magnet status and nursing unit staffing. *Research in Nursing & Health*, 33(4), 419-428.
Pao, S. S., Quach, M.M., Cudde, D.S., Radak, B.R., Turrel, J. (2006). An evidence-based approach to fall risk assessment, prevention and management. *Joint Hospital Fall Risk Assessment*. *Journal of Quality Care*, 36(5), 107-116.
Tang, H.H. (2010). Inpatient falls in multi-care settings: influence of patients' mental status. *Journal of Advanced Nursing*, 68(5), 716-718.

CORE MEASURES

Pneumonia is one of four core measure sets (others include Acute Myocardial Infarction, Heart Failure and Surgical Care Improvement Project) defined and reviewed by the Centers for Medicare & Medicaid Services (CMS) to ensure patients receive a specific set of process of care indicators designed to improve patient care and outcomes. The indicators collected and measured for Pneumonia include: 1st dose of antibiotic within 6 hours of arrival, Pneumococcal/Influenza vaccine, Blood cultures prior to Antibiotics, smoking cessation counseling, and appropriate antibiotic selection. The Pneumonia graphs represent how PSFHS complies with the CMS standard on Pneumococcal Vaccine and Antibiotics within 6 hours of arrival.



EMPIRICAL OUTCOMES

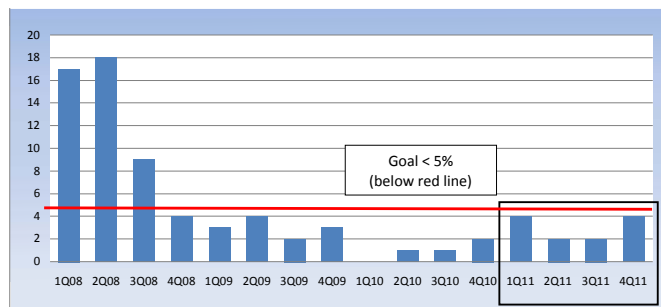
QUALITY CARE FOR OUR NEW MOMS AND BABIES: LABOR AND DELIVERY

A multi-disciplinary team was formed to address a guideline from both the Association of Women’s Health and Neonatal Nurses (AWHONN) and a practice bulletin from the American Congress of Obstetricians and Gynecologists to discourage the non-indicated delivery of a woman prior to 39 weeks gestation. The team had a three prong approach to changing practice: physician, nursing and patient education. The team provided existing March of Dimes literature to the patients who did not understand why it was not best practice to deliver at less than 39 weeks. The team supplied the evidence surrounding the practice change to the medical and nursing staff to ensure understanding. The OB peer review team reviews any fall out cases from this practice, requesting information from the obstetrician to explain the variance. Due to these ongoing efforts the success gained has been sustained.

Candace Garko, MSN, RNC, EFM-C states “By working with perinatal leaders and administrators to develop an organizational commitment to an evidence-based, standardized approach, it was possible to substantially reduce the incidence of elective deliveries before 39 weeks of gestation and thereby reduce the risk of neonatal morbidities associated with early term deliveries. **Our Labor and Delivery nurses are experts leading the way with evidence based practices and standards of practice within their specialty.”**



Percentage of Non-Indicated Deliveries at < 39 Weeks



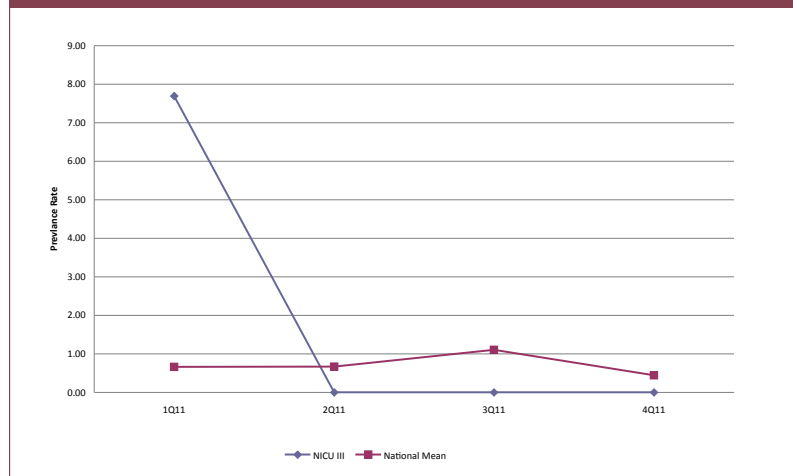
NEONATAL INTENSIVE CARE UNIT NICU

Pressure ulcer surveillance is primarily seen on the medical/surgical floors; however, the team on Neonatal Intensive Care Unit recognized that their patient population is also at risk.

Pressure ulcers often appear with the use of CPAP in the neonate due to the head gear that is in place for extended periods of time. Notable skin breakdown can occur if not proactively managed.

A multi-disciplinary group made up of Physical Therapists, Occupational Therapists, Registered Nurses, Respiratory Therapists (RT), Neonatal Nurse Practitioners (NNP), Neonatologists, and Pediatricians came together to formulate a plan for education and practice changes. This team provided education for the staff on the reduction of pressure ulcers. The nurses then began working with the RT's, and NNP's to adjust the head gear hourly. The nurses also began to do therapeutic massage as well as use different devices to improve circulation to the pressure points. We continued auditing for pressure ulcers and found there have been no pressure ulcers since the team instituted the new guidelines and current policy.

NICU Unit Acquired Pressure Ulcers: 2011

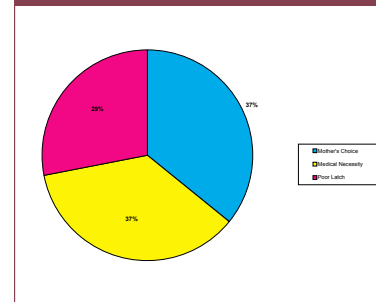


MOM BABY UNIT INCREASE BREASTFEEDING

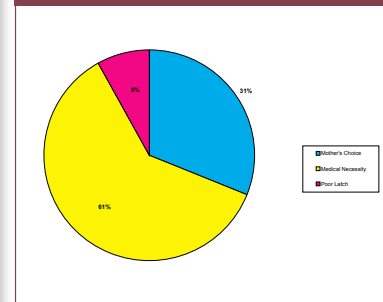


Lactation consultants, Mom//Baby Unit Educator and Mom/Baby Nurses partner to improve breast feeding rates.

Reasons for Supplementation of the Breastfed Infant August 2010



Reasons for Supplementation of the Breastfed Infant January 2011



Our goal was to increase breastfeeding for medical necessity (yellow) and decrease for poor latch (pink). During our 18 month quality improvement project Medical Necessity increased from 37% to 61%. We succeeded!



EMPIRICAL OUTCOMES

REDUCTION IN CENTRAL LINE INFECTIONS

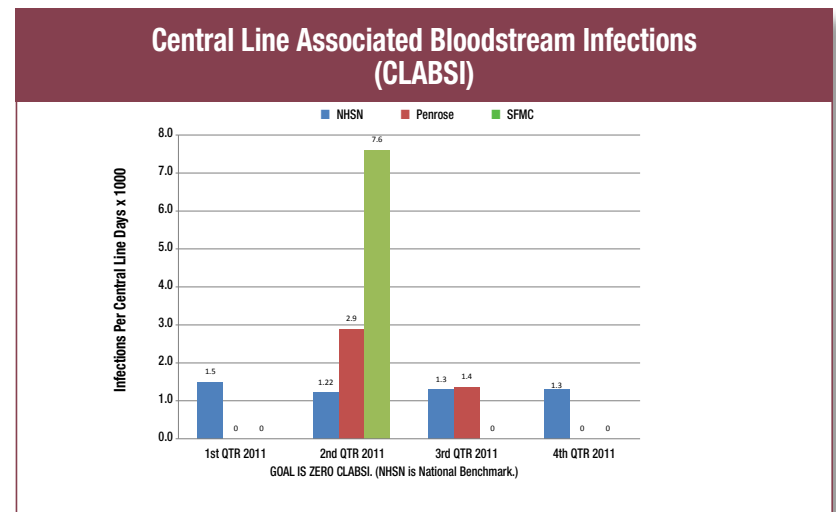
The Peripherally Inserted Central Catheter (PICC) nurses initiated a pilot project in Critical Care for a three month period beginning September through December. During this time the PICC nurses were responsible for all central line dressing changes, peripheral IV starts after 2 attempts by staff, ensuring the patient had the right line for the medications the patient was receiving. The PICC nurses rounded daily on all patients in Critical Care. The result was no central line infections during the pilot project. A proposal is being developed to expand the practice throughout PSFHS.

Central Line Associated Bloodstream infections (CLABSI) are preventable conditions that can be eliminated when evidence based practice is implemented every time a catheter is inserted and on a daily basis. The average cost of a central line infection is \$34,000 which is not covered by insurance. Other negative outcomes include: The patients length of stay can increase by an average of 17 days, additional antibiotic therapy prescribed, and attributable mortality of 12-25%. Implementing the CLABSI bundle has shown to reduce the risk of infection and is the standard of care necessary to provide safe patient care. The CLABSI bundle includes:

- Hand Hygiene
- Maximal Barrier Precautions Upon Insertion (Use CLIP documentation sheet to verify adherence)
- Chlorhexidine (CHG) Skin Antisepsis
- Optimal Catheter Site Selection (avoid the Femoral Vein in adults)
- Daily Review of Line Necessity with Prompt Removal of Unnecessary Lines

Daily care of the central line is as important as the insertion. These evidence based practices provide a maintenance “bundle” for the daily care of a central line.

- Perform hand hygiene prior to accessing the central line
- Disinfect needless connectors, and injection ports before accessing
- Clean with 70% alcohol to reduce contamination
- Friction “Scrub the hub” 15 seconds
- Adhere to dressing change protocol





EMPIRICAL OUTCOMES



Marty Maxwell RN, Outpatient Surgery shares a story. I was excited in anticipation of our anniversary trip to Europe, as I picked up a chart walking to a patient. Noticing my patient, Ann was about my age and fighting cancer, I felt a pang of guilt as I thought of the patients plan for hospice while I was planning to go to Europe. We talked as I prepared Ann for surgery. Our talk turned to families and realized we both had lost a child. Sharing our Christian faith and with Ann anticipating her death, I said “And you know who is waiting there for you”. Ann smiled and said “I do”. I added “if you see a little girl with blonde hair who answers to the name Cathleen...”. Ann grabbed my arm “I will give her a big hug from her Mom.” I thanked her and told I would pray for her as she left for surgery. A few days later I returned to work to find a note from Ann asking me to visit her in hospice. I was thrilled. I felt a strong connection with Ann. I went up to visit during my dinner break. Ann said “I am so glad you came to see me. Yesterday as I was drifting in and out of sleep, I woke up and saw my mother standing in my room like a vision. It was comforting to see and feel her close to me. A few minutes later, I felt someone sit on my bed. A little girl with blonde hair was sitting here. I think she must have been your daughter. I know some people think these images are from pain medication, but they looked very real to me. I thought it might comfort you to know she was here. Maybe she heard our conversation and came to me so I could tell you.” I was so thankful as I hugged Ann goodbye. Ann passed away while I was in Europe and I continue to pray for her. We shared a nurse-patient bond and a bereaved mom to bereaved mom bond as well. Angels appear in many forms. We just need to take time to recognize them.

**MAY WE EACH AND ALL OF US NURSES
BE FAITHFUL TO THE END
REMEMBERING THIS THAT NO ONE NURSE
STANDS ALONE.**

– Florence Nightingale



Dear Dennis (Bruens), I have tried to call you a couple of times recently, but haven't connected and I didn't leave a message. I wanted to talk to you about this marvelous nurse navigator program. Lori is wonderful. My husband and I have been fighting cancer for ten years now, so we feel like we know the ropes... and even for us Lori is a tremendous help.

I can only imagine what it would have been like to have had someone like Lori at the beginning of our journey when we were baffled and scared and confused. Heck, we're still baffled and scared and confused. This is a truly great program . . . I don't know how to emphasize enough how valuable it is. So, thank you for Lori Dagostino, RN Patient Navigator. . . and I'm sure we will meet or talk at some point in our journey.

*Darice Zimmermann
Colorado Springs, CO*

Dr. M. Cassidy recognized expertise in our Labor and Delivery, Triage and Postpartum nursing associates who participated in the emergency care of a patient with a postpartum hemorrhage. “The staff was calm, responded quickly to my requests, showed excellent communication with the patient, family and other services. They were diligent with ensuring appropriate documentation occurred, thought ahead and anticipated our equipment needs.”

Special recognition and thanks to:

*Kristin Taylor RN
Melody Gustafson RN
Ann Horton OB Tech
Amalia Amadee RN
Linda Mathis Unit Sec.*



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Our Mission

*We extend the healing ministry of Christ
by caring for those who are ill and by nurturing the health
of the people in our communities.*

