2011 NURSING ANNUAL REPORT
NURSES CONNECTED
Penrose-St. Francis Health Services
Centura Health.
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 Advancements in technology are occurring at an unbelievable speed and are often outdated before they are introduced in the market.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
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 Cares
EMS Education
Trauma Services
PETT Team

Ann Kjosa
MSA/MMM, 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
Administrative Managers
Infection 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

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

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

I ATTRIBUTE MY SUCCESS TO THIS–
I NEVER GAVE OR TOOK ANY EXCUSES.
– Florence Nightingale
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

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

Phillip Ainsworth
BSN, RN, CCRN
SFMC SURGICAL

Pam Assid
MSN, RN, CEN, OPEN, NE-BC
SFMC EMERGENCY

Phyllis Burton
BSN, RN
PH CARDIOVASCULAR

Carollyn Cusick
BSN, RN, CEN
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

Jennifer Robertson
BSN, RN
PH CRITICAL CARE/ BARIATRICS

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

Audrey Simpson
MSN, RN
PH ORTHOPEDICS/ NEUROLOGY

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

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

Brenda Molencamp
BSN, RN, NE-BC
PH MEDICAL

Rebecca Morland
BSN, RN
PSFSHS URGENT CARE SERVICES

Mackenzie Mudd
MSN, RN
SFMC MEDICAL/ CARDIAC

April McPike
BSN, RNC-OB
SFMC NICU

Phyllis Burton
BSN, RN
PH CARDIOVASCULAR

Carollyn Cusick
BSN, RN, CEN
PH ONCOLOGY
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
2007
Mary Alice Browning – Finalist
2004
Cheri Ann Coleman – Finalist
2003
Mary Jo Bay – Finalist
2002
Eileen Hurd – Recipient

2000
Tammy O’Neal – Finalist
1999
Pamela L. Grace – Finalist
1998
Anne Zobec – Finalist
1995
Sandra Brooks – Finalist
1994
Carol Wichman – Recipient
Frea Miller – Finalist

1992
Katherine McCord – Recipient
1991
Deanna Timm – Recipient
1990
Jody Wallace – Finalist

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

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

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

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

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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.

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!

*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!

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

Donna Ashlman 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.

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 Petrichich 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

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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 AStaff
- 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 whiteboards to partner with patients and implement care pathway.

Welcome Nurse/CNA handouts support float associates.

Neonatal Nurse Practitioners and nurses partner to build competency.

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.

Neonatal Nurse Practitioners and nurses partner to build competency.

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.

LETS 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 OUR FELLOW CREATURES, THE SICK, WHO MOST WANT OUR HELP.

– Florence Nightingale
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!

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Division</th>
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<tbody>
<tr>
<td>Kate McCord</td>
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<td>MSN, RN, CNOR</td>
<td>Director of Perioperative Svcs, Penrose</td>
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<tr>
<td>Ross Arnett Moore</td>
<td>MSN, RN, NEA-BC</td>
<td>Pensacola Regional Medical Center</td>
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<tr>
<td>Kathy Gay</td>
<td>BSN, MSN, RN, NE-BC</td>
<td>Director of Professional Resources</td>
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<td>Hosanna Permele</td>
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<td>Connie Wallace</td>
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<td>Barbara Polte</td>
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<td>Amr Shieklderrick</td>
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<td>Charlotta Lancaster</td>
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<tr>
<td>Andrea Hendrickson</td>
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<td>Margaret McKinney</td>
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<td>Heidi Freeman</td>
<td>BSN, RN, CRN</td>
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<tr>
<td>Kris Oliver</td>
<td>RN, OCN</td>
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<td>Tanya Jath Wuther</td>
<td>BSN, RN, CMSPN</td>
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<td>Debbie Avery</td>
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<tr>
<td>Jean Bauman</td>
<td>BSN, RN, CDE</td>
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<td>Judy Nobby</td>
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<td>Gina Wamble</td>
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<td>Jule Lacyayo</td>
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<td>Sharan Mitchell</td>
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<tr>
<td>Christine Vandenbarg</td>
<td>RN, CCRN</td>
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<tr>
<td>Mary Wolf</td>
<td>BSN, RN, CRN</td>
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<td>Patricia Benjamin</td>
<td>RN, CRN, CSRN</td>
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<tr>
<td>Jami Nelson</td>
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<tr>
<td>Gina Bondid</td>
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<td>Evelyn Angelos</td>
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<td>Deasis Thurnam</td>
<td>BSN, RN, CRN, PCRN</td>
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<tr>
<td>Marco Winslow</td>
<td>BSN, RN, CRN</td>
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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 (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.

Gina Wamble  
BSN, RN  
PH OPS

Cheryl Imlay  
RN, CEN, CFRN  
PH ED

Alese Bagby  
BSN, RN, CEN, CPEN  
SFMC ED

Nancy Tallyn  
BSN, RNC-OB  
SFMC L&D

Sara Vigen  
BSN, RN, CCN  
PH 11

Nancy Steele  
BSN, RNC  
SFMC L&D

Jennifer Graham  
BSN, RN  
PH OPS/SDS

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

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!

Patricia Morse  
BSN, RN, CORN  
PH Critical Care

Vicki Raub  
BSN, RN  
SFMC L&D

Jennifer Graham  
BSN, RN  
PH OPS/SDS

Cassie Tumanis  
BSN, RN, CEN, CPEN  
PH ED
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
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.

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

Two of our colleagues were onboard the Amtrack 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.

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
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.

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.

Our Vision:
Centura Health will fulfill a covenant of caring for our communities with excellence and integrity to become their partner for life.
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!

Pressure Ulcers Stage II or Greater
Found on Prevalence Studies – PSFHS
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.

“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
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.

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**CHEST PAIN**

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

– Florence Nightingale

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**EVIDENCE-BASED PRACTICE MEASURES**

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<th>Goal</th>
<th>Benchmark</th>
<th>PSFHS RESULTS</th>
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<tr>
<td>Acute Myocardial Infarction (AMI) Perfect Care Score</td>
<td>Quarterly</td>
<td>99%</td>
<td>90%</td>
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**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.

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<thead>
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<th>Measure</th>
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<tr>
<td>% Discharged to Acute Care</td>
<td>3.8%</td>
<td>8.5%</td>
<td>11.3%</td>
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<tr>
<td>% Discharged to Community</td>
<td>79.7%</td>
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<tr>
<td>Onset Days</td>
<td>6</td>
<td>11.2</td>
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<td>ALOS</td>
<td>20.8</td>
<td>19.4</td>
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*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 (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.
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**

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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.

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.

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!

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

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.
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.”

<table>
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<th>Percentage of Non-Indicated Deliveries at &lt; 39 Weeks</th>
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<td>Goal &lt; 5% (below red line)</td>
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![Graph showing percentage of non-indicated deliveries at < 39 weeks over time]

![Images of healthcare professionals and patients]

![Caption: We are ‘pushed’ to excel because we work with EXCELLENT People!!!]
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 than began working with the RT’s, and NNP’s to adjust the head gear hourly. The nurses also began to do therapeutic message 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.

Reasons for Supplementation of the Breastfed Infant August 2010

- Mother’s Choice: 37%
- Medical Necessity: 31%
- Poor Latch: 29%

Reasons for Supplementation of the Breastfed Infant January 2011

- Mother’s Choice: 61%
- Medical Necessity: 8%
- Poor Latch: 8%

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!

Lactation consultants, Mom/Baby Unit Educator and Mom/Baby Nurses partner to improve breastfeeding rates.
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
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 patient’s 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.

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.

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