

2013

Nursing Annual Report: 2013

CentraCare Health

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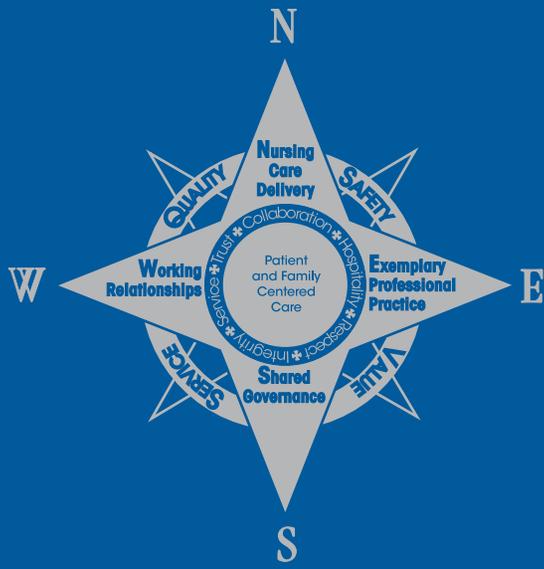
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Achieving Nursing Excellence

2013



The character of a nurse is just as important as the knowledge he or she possesses
—Carolyn Jarvis



CENTRACARE

✦ St. Cloud Hospital



The character of a nurse is just as important as the knowledge he or she possesses

—Carolyn Jarvis



CENTRACARE
St. Cloud Hospital



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St. Cloud Hospital Statistics

Our Service Area

St. Cloud Hospital is located in the heart of Central Minnesota. Its primary service area is Stearns, Benton and Sherburne counties, with the secondary service area extending to 12 counties across the mid-section of the state.

St. Cloud Hospital services and specialty programs include:

<i>Bariatric Center</i>	<i>Hospitalist Program</i>
<i>Behavioral Health Clinic</i>	<i>Imaging Services</i>
<i>Bone & Joint Center</i>	<i>Intensive Care</i>
<i>Breast Center</i>	<i>Internal Medicine</i>
<i>Center for Surgical Care</i>	<i>Laboratory</i>
<i>CentraCare Diabetes Center</i>	<i>Neurosciences/Spine Center</i>
<i>CentraCare Digestive Center</i>	<i>Outpatient Services</i>
<i>CentraCare Family Health Center</i>	<i>Palliative Care</i>
<i>CentraCare Heart & Vascular Center</i>	<i>Recovery Plus Addiction</i>
<i>CentraCare Kidney Program</i>	<i>& Mental Health Services</i>
<i>CentraCare Wound Center</i>	<i>Rehabilitation Center</i>
<i>Coborn Cancer Center</i>	<i>Respiratory Care</i>
<i>Emergency Trauma Center</i>	<i>Sleep Center</i>
<i>Family Birthing Center</i>	<i>Spiritual Care</i>
<i>Gorecki Guest House</i>	<i>Stroke Center</i>
<i>Home Care Services</i>	<i>Surgical Care</i>
<i>Hospice Services</i>	<i>Women & Children's Center</i>

Hospital Profile: (July 1, 2012-June 30, 2013)

Licensed beds:	489
Net patient revenue:	\$643,761,088
Inpatient admissions:	26,325
Number of patient days:	109,839
Average length of stay:	4.17 days
Number of outpatient visits:	255,179
Number of Emergency Trauma Center visits:	58,275
Number of Home Care visits:	32,963
Number of surgeries:	13,139

Our Nursing staff is made up of Registered Nurses, Licensed Practice Nurses and Patient Care Assistants.

	RNs	LPNs	PCAs
Number employed:	1,478	278	595
Number of FTEs:	1,147	209	385
Skill mix:	66%	12%	22%
Average age:	41.2 yrs	39.5 yrs	33.7 yrs
Average length of service:	11.4 yrs	8.8 yrs	4.3 yrs
Turnover rate:	7.6%	17%	15.8%
Vacancy rate:	3.2%	3.7%	5.2%

Expertise:

RNs with doctoral degrees:	0.3%
RN nursing leaders with master's degrees:	5.5%
Direct-care RNs with a baccalaureate or higher degree in nursing:	53.7%
Number of Advanced Practice RNs:	36
National certification	
RN nursing leaders:	75.4%
Direct-care RNs:	33.7%
Continuing education conferences:	991
Contact hours offered:	4,491

A Message from the Chief Nursing Officer

To the Nursing Staff at St. Cloud Hospital

2013 was a significant year for all of us. We successfully met our goal of Magnet re-designation. We have been a Magnet designated organization since 2004. That puts us in an even more elite group of 60 organizations world-wide that have three or more periods of designation.

Congratulations on a job well done, on being a member of an elite health care team and committing to outstanding patient care, patient satisfaction and patient outcomes. You are ambassadors of our mission and you truly live patient- and family-centered care!

This publication allows us the opportunity to highlight the key accomplishments our staff has achieved and recognizes the significant contributions our nursing staff makes. St. Cloud Hospital's Nursing Professional Practice Model has been our guide to ensuring patient- and family-centered care to achieve quality, safety, service and value through exemplary professional practice, nursing care delivery, shared governance and working relationships. I am so proud to be a member of the team!

We practice in an environment where exceeding quality standards, balancing tight budgets, dealing with human resource issues, competitive challenges and providing service excellence are all

a constant. Our health care world is ever-changing; improved quality with full transparency, public demand to reduce health care costs while expectations and complexity continue to increase. Total Cost of Care and Accountable Care Organization contracts are our new norm. Nursing is pivotal in this reform.

Our journey to excellence has strengthened our commitment to evidence-based practice with many projects highlighted in this annual report. We are constantly pushing to be the best we can be. We have earned many distinctions and awards offered only to the best of the best. We have accepted the challenge to find ways to be safer, to provide more coordinated care across the continuum, to be more efficient, to focus on clinical processes of care to achieve improved outcomes and to improve the patient experience of care. We have made impressive progress — there is more work to be done.

The year ahead will challenge our most critical thinking and decision-making skills. We must make transformational change to our care model. Our continuum will include post acute care as we move to a bundled payment structure. Our revenues will be even more impacted by pay for performance and reduced payer reimbursement. Expenses must be reduced to counter the

changes in reimbursement we know are coming from the State and National levels. This is a time for nursing to lead the effort. We have the ability to significantly impact both sides of the financial equation and we need to look at this as an opportunity to be proactive rather than reactive.

We work to provide an environment that empowers nurses throughout the organization to become involved in shared governance. Nurses have played an integral role in the development and implementation of significant patient care protocols; skin, falls, glucose control, VAPs, sepsis and delirium. We have managed greater volumes and increased acuity. Our nursing staff published in nursing journals, participated in national research studies, continued work in evidence-based practice initiatives, attended and presented at national conferences, increased numbers of advanced education and certified nurses and served as faculty for area health care nursing programs.

Exemplary professional practice is demonstrated by nurses who integrate care delivery systems with the professional practice model, interdisciplinary collaboration and the organization's mission, vision and values.

As we reflect on the past year, I want to thank each of you for your loyalty and dedication to Care Above All. I remain confident that we will maintain and sustain our success in a challenging and ever-changing health care environment. Our patients remain our focus. The energy, enthusiasm and passion you bring to your work confirms our accomplishments and underscores optimism about the future.

The 2013 Nursing Annual Report tells your story; it is a wonderful read. Enjoy and be proud.

The nursing excellence journey continues.



Linda Chmielewski, MS, RN, NEA-BC
Vice President, Hospital Operations/
Chief Nursing Officer

A Message from the Hospital President



St. Cloud Hospital's registered nurses, licensed practical nurses, and nursing students are skilled professionals who deliver both a superior patient experience and outstanding clinical outcomes.

The high quality patient care and compassion you provide reflects the mission of St. Cloud Hospital. You understand the power of a healing touch, an encouraging word, and a sympathetic ear. The numerous letters we receive from patients and their families demonstrate the lasting impact you have on their lives.

In the ever-changing world of health care, the role you play at the hospital is increasingly important. Your dedication to improve quality, safety, and satisfaction largely contributes to our success.

MISSION STATEMENT

As a Catholic, regional hospital, we improve the health and quality of life for the people we serve in a manner that reflects the healing mission of Jesus.

VISION STATEMENT

Through our Catholic healing ministry, St. Cloud Hospital will be the leader in Minnesota for quality, safety, service and value.

CORE VALUES

Collaboration, Hospitality, Respect, Integrity, Service, Trusteeship



To all of our nurses, thank you for your commitment to provide excellent care to our patients. I commend you for the fine work you do. You play an incredibly significant role as we strive to achieve our vision of being the leader in Minnesota for quality, safety, service, and value.

Sincerely,

Craig Broman, MHA, FACHE
St. Cloud Hospital President

CENTRA CARE
St. Cloud Hospital



Nursing Strategic Plan FY 2013-2015

KEY PRIORITY #1: PATIENT- AND FAMILY-CENTERED CARE GOALS:

- Empower the Patient- and Family-Centered committee to develop recommendations for increased family involvement at all levels of care.
- Achieve Press Ganey roll up satisfaction score of 90.61; the inpatient goal is 86.93. The outpatient goal is 93.05.
- Achieve 95th percentile scores in pain management and nursing communication - Hospital Consumer Assessment of Healthcare Providers and System.

KEY PRIORITY #2: NURSING CARE DELIVERY GOALS:

- Expand Transitions of Care interventions in collaboration with the Voluntary Hospitals of America initiative value-based care and the Reducing Avoidable Readmissions Effectively Campaign.
- Revise Discharge Planning Process with principles and processes related to the case management model.
- Implement 1-2 holistic nursing modalities.
- Evaluate the development of a holistic nursing service.
- Reduce nursing care delivery labor costs related to sitter use and incremental overtime.

KEY PRIORITY #3: EXEMPLARY PROFESSIONAL PRACTICE GOALS:

- Reduce housewide Catheter-Associated Urinary Tract Infections (CAUTI) to < or equal to 2.4/1000 catheter days. (5% reduction from FY 2012)
- Reduce housewide Central Line-Associated Blood Stream Infections (CLABSI) to < or equal to 0.9/1000 catheter days. (10% reduction from FY 2012)
- Reduce the number of hospital-acquired preventable Pressure Ulcers to zero.
- Reduce the number of preventable falls to less than the Minnesota Hospital Association's suggested benchmark of 3.5/1000 patient days overall; falls with injury equal to 1.89/1000 patient days.
- Reduce health care-associated C. Difficile Infections to < or equal to 0.8 cases/1000 patient days. (10% reduction from FY 2012)
- Begin a new cohort of Evidence-Based Practice (EBP) projects through the Iowa Model. Initiate 15 new EBP projects by 6/30/13.
- Achieve a 1% overall increase in the number of certified RN FTEs by 6/30/13.
- Achieve a 0.35% overall increase in the number of "bachelors plus" (bachelors, masters, doctoral) RN FTEs by 6/30/13.
- Select and focus on 1-2 subcomponents of the Professional Practice Model for deeper enculturation.
- Achieve Magnet re-designation in 2013.
- Achieve The Joint Commission Accreditation in 2013.

KEY PRIORITY #4: SHARED GOVERNANCE GOALS:

- Implement strategies to promote a culture of safety.
- Convert the current Epic care plan process to Zynx through the CarePlan Clinical Expert Group by 1/1/14.
- Improve completeness of documentation as measured by performance improvement reports.
- Revise shared governance model based on the evidence.

KEY PRIORITY #5: WORKING RELATIONSHIPS GOALS:

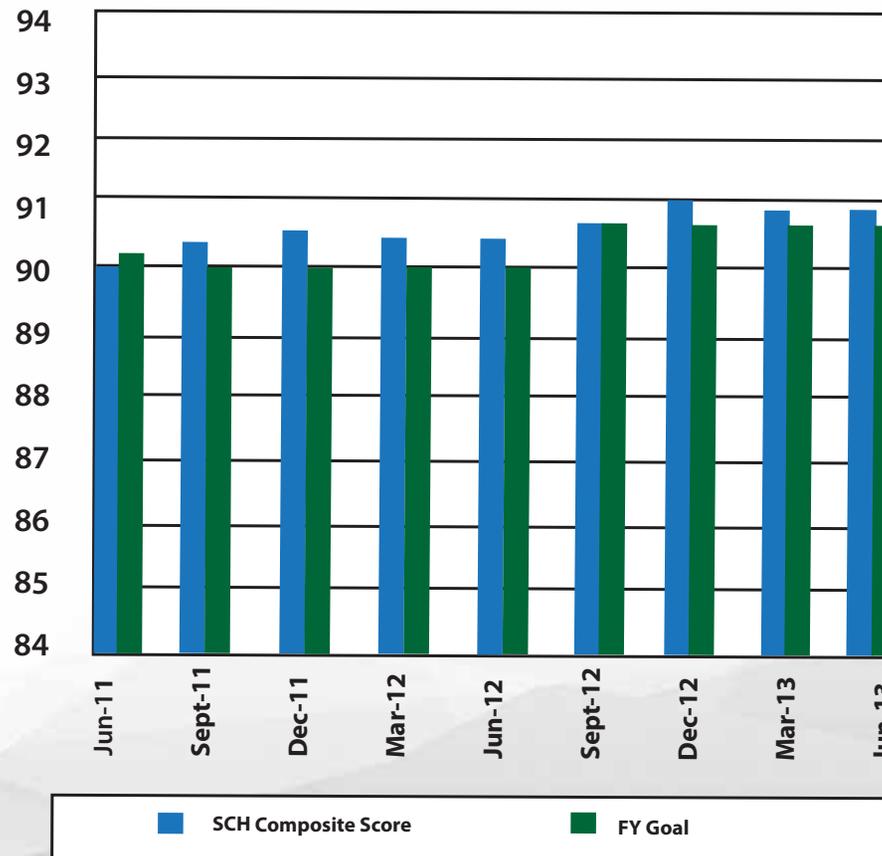
- Enculturate Relationship-Based Care.
- Develop a unique treatment plan framework and plan for implementation for use within the CentraCare Health and Epic Connect hospitals.

Patient Satisfaction Increases

St. Cloud Hospital is committed to providing a superior patient experience to patients and families. In 2012-2013, the Patient Satisfaction Committee worked to reinforce the use of previously implemented strategies that are known to enhance the patient and family experience including: hourly rounding, use of “My Care Boards,” and structuring communication using the AIDET (acknowledge, introduction, duration, explanation, and thank you) framework. Examples of successful use of these strategies were shared by clinical and non-clinical areas at leadership meetings for consideration in other practice environments. Accesses to Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) results were placed on the CentraNet for staff to see how patients and families rated their overall experience at St. Cloud Hospital. Leadership rounding was strongly encouraged in all areas of the organization to reinforce the commitment to providing a superior patient experience and to resolve any patient or family concerns immediately. St. Cloud Hospital met the established satisfaction target this fiscal year because of the collective efforts of all employees.

Patient Satisfaction

As of June 30, 2013



Exemplary Professional Practice

ICU Receives Gold-Level Beacon Award

In April 2013, the Intensive Care Unit (ICU) was awarded the gold-level Beacon Award for Excellence by the American Association of Critical-Care Nurses (AACN). The award recognizes unit caregivers who successfully improve patient outcomes and align practices with AACN's six standards for a healthy work environment. Units that achieve this three-year, three-level award with gold, silver, and bronze designations meet national criteria consistent with Magnet Recognition, the Malcolm Baldrige National Quality Award, and the National Quality Healthcare Award. The gold-level Beacon Award for Excellence earned by the ICU signifies excellent and sustained unit performance and patient outcomes. The gold-level award recognizes hospitals that exhibit high quality standards, provide exceptional care of patients and their families, and demonstrate excellence in collaboration, communication, and partnerships that support the value of healing and healthy work environments. Among the ICU initiatives recognized by the Beacon Award are:

- Decreased mortality rate for patients with severe sepsis or septic shock from 48% in 2004 to 24% in 2012
- Decreased ventilator-associated pneumonia rate from 3.26 to 0.83 (rate/1000 ventilator days), less than benchmark comparisons (National Healthcare Safety Network)
- Decreased the incidence of ICU delirium from 10.4% to 6.4%
- Decreased the average ventilator hours by 16% using an early mobility protocol
- Reduced central line-associated blood stream infections by 40%



Intensive Care Unit nurses



From left: Brenda Swendra-Henry, BA, RN, CCRN, RN-BC; Peggy Lange, BA, RRT; Tracey Scott, BSN, RN

Capnography Enhances Safety

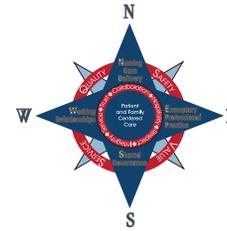
The Sedation and Pain Committee is responsible for evaluating and recommending practice as it relates to the care of the patient receiving sedation or pain medication. The multi-disciplinary group evaluated existing policies, documentation, and outcomes as reported through medication safety events, such as narcotic/sedation reversals, Acute Response Team calls, and Code Blue events. The committee reviewed recommendations from the American Society of Anesthesiologists, the Joint Commission Sentinel Alert on the Safe Use of Opioids, and the American Society for Pain Medication Nursing Guidelines. All groups recommended the use of capnography monitoring during administration and recovery of patients receiving sedation or continuous opioid medication.

Capnography is a non-invasive monitor used to assess respiratory quality through measurement of end-tidal carbon dioxide (ETCO₂). ETCO₂ is the measurement of carbon dioxide in the airway at the end of each breath. Capnography provides a breath-by-breath assessment of ventilatory status and is an earlier indicator of airway compromise than oximetry. Capnography monitoring allows earlier recognition of respiratory distress and prompts intervention to prevent ventilation-related complications. Capnography was pilot-tested in the Surgical Care Unit, and is being implemented throughout the hospital.

Exemplary Professional Practice

Development of a Charge Nurse Symposium

Neuroscience/Spine and Inpatient Rehabilitation nursing directors attending the national Magnet conference in 2012 identified an opportunity to design a structured leadership class preparing the hospital's support charge nurses for their role in today's health care environment. A review of literature demonstrated limited evidence identifying charge nurse perspectives preparing them for a leadership role in providing safe, quality care. While the definition of role and responsibility may vary across facilities, charge nurses are instrumental in influencing staff to achieve superior clinical outcomes. There was limited evidence guiding recommended structure for formal charge nurse education. Using a transformational leadership framework aligned with The Compass: Nursing's Professional Practice Model, a professional development content outline was created, targeted specifically to the charge nurse role. The following principles were integrated: autonomy, staff accountability, critical thinking, crucial conversations, innovation, productivity, coaching and mentoring, healthy work environment, and shared governance. The core components of the charge nurse class included empowerment as leaders, responsibilities, expectations of the support charge nurse role within the professional practice model, and nursing informatics. In early 2013, a structured four-hour annual Charge Nurse Symposium course was initiated in the Neuroscience/Spine and Inpatient Rehabilitation Units. Despite current resource limitations, investment in the development of charge nurse leaders is essential and critical in today's health care environment. This project was presented at the Association of Rehabilitation Nurses Conference in Charlotte, North Carolina in 2013.



From left: Deb Eisenstadt, MS, RN, BSN; Cindy Zieglmeier, RN, CRRN; Jenna Czech, RN, CCDS; Tiffany Omann-Bidinger, BSN, RN, ONC

Clinical Ladder Program is Restructured

Initiated in the 1980s, St. Cloud Hospital's Clinical Ladder program is a career advancement system for professional nurses providing direct patient care. It is designed to augment traditional credentialing methods such as state licensure, accreditation, certification, and the academic degree. This process allows development, evaluation, and promotion of registered nurses within a framework which recognizes, rewards, and promotes excellence at various levels of knowledge, performance, experience, and competency in the clinical practice arena. In 2012, evidence-based revisions aligned the Clinical Ladder program with The Compass: St. Cloud Hospital Nursing's Professional Practice Model. The components of this model include patient- and family-centered care, nursing care delivery, exemplary professional practice, shared governance, and working relationships. Through self and peer review, the individual nurse is responsible and accountable for his/her professional growth and development. Clinical Ladder Levels III and IV criteria require nurse participation in alignment with the nursing strategic plan. Nurse involvement in the Clinical Ladder program enhances quality of patient care, providing a higher level of expertise in the delivery of nursing services to patients and families. Modification of the application process promotes leadership engagement and integrates Clinical Ladder into the annual budget process. The Clinical Ladder program is integral to St. Cloud Hospital's nursing recruitment and retention, professional advancement, and evidence-based practice initiatives.



From left: Jeannie Friebe, BSN, RN IBCLC, RNC-LRN and Brenda Spoden, BSN, RN, OCN, CRNI



*Timothy Vedder, MD, Neonatologist;
Kris Kobenia, RN, RNC-LRN, RNC-NIC;
Jessica Miller, BSN, RN, RNC-OB*

Women & Children's Simulation Program

The Women & Children's Simulation Program facilitates team-based simulation training for multi-disciplinary staff and medical providers of the Neonatal Intensive Care Unit (NICU), Pediatric and Pediatric Intensive Care Units (PICU), and Family Birthing Center. Since August 2010, partnership with Midwest Medical Insurance Company has focused Women and Children's care center training on the use of simulation as an educational strategy. Post-simulation participant debriefings reinforce the principles of communication, shared mental model, and effective team function. Participant evaluations show simulation format ratings are higher than didactic format ratings. Simulation builds team communication and involves interdisciplinary collaboration among nursing, anesthesia, respiratory therapy, transfusion services, the Customer Contact Center, family practice residency physicians, and house float pool staff.

The resources available to the Women & Children's Simulation Program include four high-fidelity simulation manikins, two simulation lab areas, and a full-time Clinical Resource Nurse who plans, designs, and implements simulation exercises in partnership with unit leadership and educators. Exercises are run "in situ," or in the actual patient care areas, as much as possible. In situ exercises enhance simulation experience realism and the collection of information related to system and process success and failure in the physical environment of care. One simulation assessment identified nonfunctioning code blue buttons in the PICU, which provided opportunity for repair before an actual code blue event. Simulation has been an important component of preparation for moves to the new Family Birthing Center and NICU and development of PICU staff as pediatric-specific code blue nurses. In 2012, the Women & Children's care center provided TeamSTEPPS medical team work training education to all care center staff.

Exemplary Professional Practice



Clinical Patient Care Committee and Clinical Nurse Practice

Shared Governance

Shared governance is a core component of The Compass: St. Cloud Hospital Nursing's Professional Practice Model. Through the shared governance framework, nurses are empowered to use clinical knowledge and expertise to impact decisions regarding professional practice and patient care. The Clinical Patient Care Committee (CPCC) and Clinical Nurse Practice (CNP) meet monthly to address nursing and multi-disciplinary clinical practice and systems improvement. In 2011, CPCC/CNP was restructured based on member feedback and shared governance literature. CPCC/CNP adopted a co-chair structure, with advanced practice RN and bedside clinical practice RN co-chairs. The committee established that at least 80% of RN membership would consist of direct care nurses. Membership terms were limited to three consecutive years, and RN members serve as liaisons to their unit practice committees. In 2012, to streamline the CPCC/CNP policy approval process, a policy subgroup was formed. This group reviews policy content and format for consistency prior to presentation at CPCC/CNP. Member feedback following CPCC/CNP restructuring has been positive and RN membership exceeds the 80% direct care provider goal.



Discharge Documentation Improvement

Discharge transition communication is one of five key areas known to reduce avoidable readmissions. A 2012 review of St. Cloud Hospital discharge documentation revealed inconsistencies between the discharge summary, discharge orders, and discharge instructions (After Visit Summary - AVS) 79% of the time. Reducing inconsistencies between these documents is designed to help meet core measure compliance requirements and improve clinical and service quality by increasing patient safety. Executive sponsors Linda Chmielewski, MS, RN, NEA-BC and Mark Matthias, MD, vice president Medical Affairs, led an interdisciplinary work group to develop a new physician-driven workflow. September 2013 implementation integrated the three current parallel processes into a single process. Discharge orders now directly feed the AVS and discharge summary. Using the same links within the electronic medical record assures consistency across all discharge documents. Patient partners provided input into the new AVS format, which includes a new medication list to promote medication success at home.



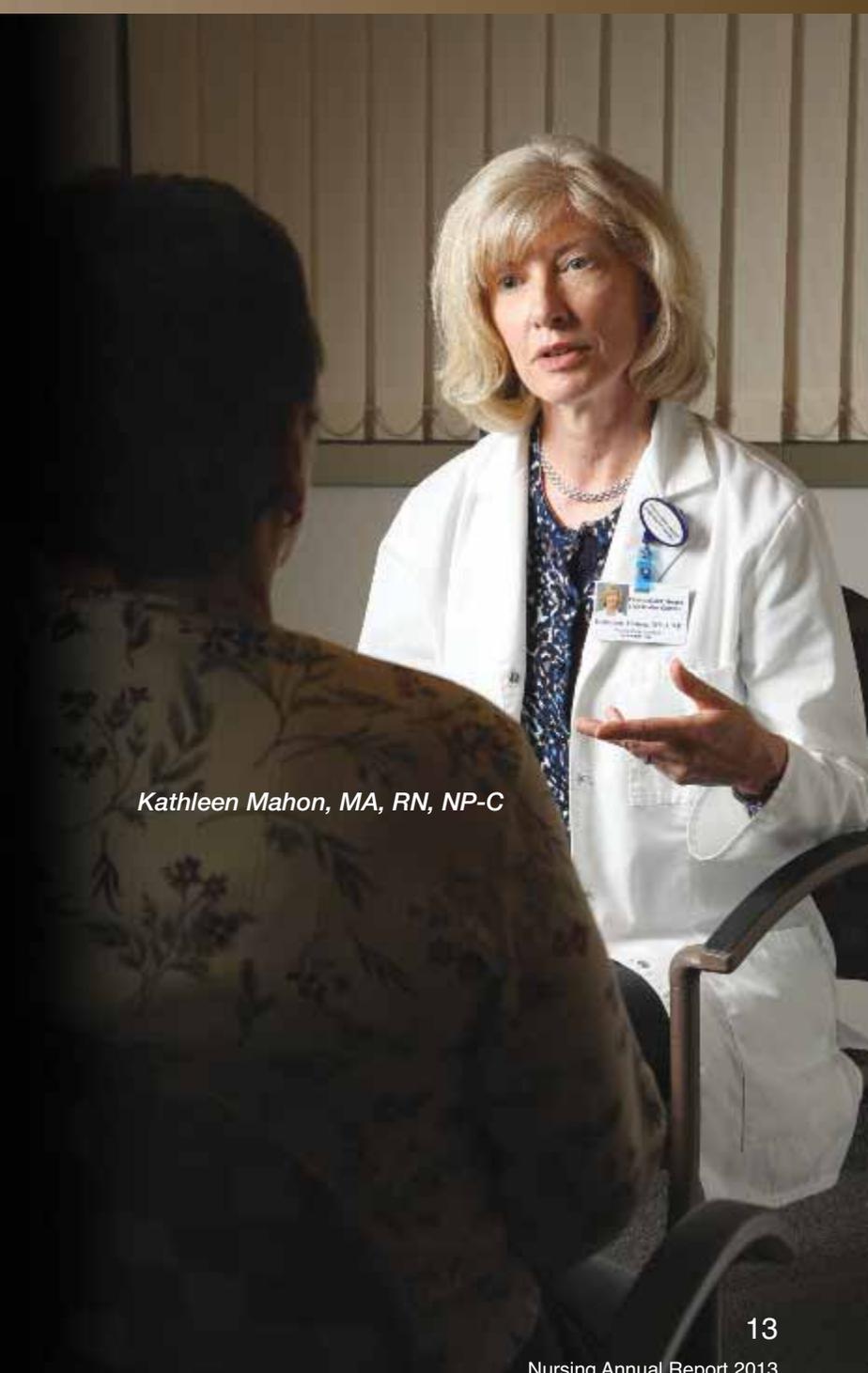
Discharge Documentation Team

Holistic Nursing

Healing comes from within and does not occur unless the body, mind, and spirit are in balance. As nurses, we have the honor of helping patients reach their highest health potential. Holistic nursing is a bedside tool providing patients with care which can improve wholeness, harmony, and balance. A current evidence-based practice project is underway to evaluate the feasibility of implementation of a holistic nursing program.

The National Institute of Health reports results of a 2010 survey by the American Association for Retired People and the National Center for Complementary and Alternative Medicine (CAM) that 53% of people over age 50 have used CAM therapies, with 47% having used them in the last year.

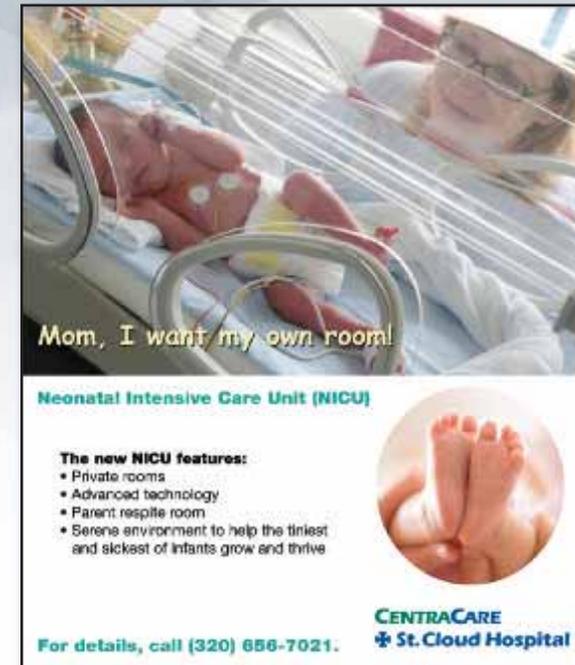
Holistic nursing offers patients additional non-pharmacological interventions to improve symptom management and increase satisfaction. Three modalities currently in practice are healing touch, aromatherapy (essential oils), and meditation. Healing touch is a noninvasive therapy where the practitioner uses gentle touch and hand movement techniques to clear, energize, and balance the body's energy field promoting healing. Evidence shows patients who have received healing touch report decreased anxiety, nausea, and pain. Aromatherapy, either topically or by inhalation, involves the use of essential oils to help with pain, insomnia, and other medical conditions. Studies indicate lavender is effective in relaxing dementia patients. Patients frequently bring in, and wish to use, their own essential oils. Meditation in many forms has been used to decrease anxiety and pain, and to promote deep relaxation. It is a technique which helps people clear their minds and concentrate on breathing to relax muscles and let go of stressors. This evidence-based practice project will lay the foundation for development of a comprehensive holistic nursing program.



Kathleen Mahon, MA, RN, NP-C

Single Room Concept for the Neonatal Intensive Care Unit

The physical environment of Neonatal Intensive Care Units (NICUs) has received much attention over the past two decades. Transitioning from a pod style unit to private patient rooms required years of research, evidence-based practice, and planning. Driven by the organization's strategic goal to increase the number of private rooms, a nurse-led multi-disciplinary team, including parents, was formed. Providing a patient- and family-centered developmentally-appropriate environment drove the design team. The team, understanding that care provided at birth and beyond directly impacts future outcomes, followed national NICU architectural guidelines to promote safety, family, and quality. Today, parents can expect to have their own space to bond with their infant. Promotion of breastfeeding and Kangaroo Care (skin to skin infant/parent contact) is done in the privacy of their own room. Harp music is available for streaming into the rooms providing a calming and nurturing environment. Web cams in each room allow parents and families to stay connected nationally and internationally when they are unable to be in the room with their infant.



Electronic Bed Placement System

In October 2012, a task force including unit Charge Nurses, Administrative Nursing Supervisors, and staff from Patient Access, Emergency Trauma Center, Information Systems, and Environmental Services met to transition patient placement to an electronic process. The hospital places an average of one patient every six minutes. The existing manual process required an average of four phone calls to and from the point of access to communicate patient diagnoses, allergies, physical limitations, and achieve final bed assignment.

On Jan. 22, 2013, the Epic Electronic Bed Placement System was implemented. Now, bed requests are entered electronically at the point of access. The Patient Placement Coordinator/Administrative Nursing Supervisor receives a concurrent phone text alerting them to review the pending admission screen and select a unit for placement. Once selected, a text is sent to the unit Charge Nurse. He/she reviews the pending admission, selecting a room/bed. The point of access is then able to view the assigned room/bed. The Joint Commission requires hospitals to measure and set goals for components of the patient flow process. This electronic system produces reports demonstrating compliance. Transitioning to an electronic system was a major undertaking requiring excellent teamwork. Placement calls have been reduced by 60%, while maintaining consideration of unique patient needs, and ultimately enhancing patient care.

Clara's House Expands

Clara's House Mission: A place to find hope. We provide intensive, collaborative, and therapeutic services supporting youth and their families.

Clara's House is a place devoted to providing individualized and specialized mental health and/or chemical addiction treatment to youth ages 5 to 18 in an atmosphere that is warm, nurturing, and supportive of their efforts to regain and maintain health. Each year, more than 300 youth find hope and healing through Child & Adolescent Behavioral Health Services at Clara's House. Thanks to generous community gifts of more than \$2.2 million, in September 2012, Clara's House expanded to include the Hope Building. The additional 9,000 square feet will increase the number treated by approximately 150 children and adolescents per year and create additional age-specific programming space for the early adolescent age group. The addition also includes dedicated space for the growing therapeutic creative arts program. Enhanced programming at Clara's House will include art, yoga, music, and animal-assisted therapy. The therapy programs aid to identify issues and teach youth how to recognize and manage feelings, emotions, and thoughts.

The team-based approach at Clara's House surrounds children and adolescents with experts: registered nurses, psychiatrists, psychologists, recreational therapist, art therapists, occupational therapist, and an occupational therapy assistant. These professionals provide patients/families with an assessment and individualized treatment plan. Medical and behavioral interventions are designed to improve and maintain health and establish a foundation for hope — hope for a child who experiences the struggles of a mental illness or chemical addiction, and hope for families who are looking for answers to manage and improve the life of their child.

Challenges facing Central Minnesota:

- One in five children and adolescents will suffer from mental health issues. Only 20% will receive adequate treatment.
- Before 1999, there was not a single full-time child and adolescent psychiatrist in the Central Minnesota 12-county area, making it one of the highest need areas in the nation. Today, there are four psychiatrists and three advanced practice psychiatry nurses.
- There is great demand for services. The Hope Building addition has positively impacted the waiting list for the partial hospitalization programs, decreasing it from 1-5 months, to 2-3 weeks.
- In fiscal year 2012, St. Cloud Hospital spent \$6.5 million more than it received in reimbursements to provide behavioral health services to children, adolescents, and adults, yet the patients seeking care grew by more than 19% during that same period.



Elysia Peterson, RN

Deb Lalley, RN, CNS

Karen Miller, BSN, RN

*Deb Stueve,
MBA RN, BSN, NE-BC*

RNs Start Local Chapter of AMSN

The Academy of Medical-Surgical Nurses (AMSN) is a national organization promoting excellence and professional development of medical-surgical nurses. In January 2013, nurses came together to learn about initiating a local chapter of the national organization. Based on nursing interest, the application for a local chapter was submitted April 1, 2013. On June 1, 2013, Central Minnesota Chapter #329 of AMSN was founded with 23 active members. The chapter goals include growing the membership, providing professional learning opportunities, and promoting the specialty of medical-surgical nursing. Initial education presentations included two official chapter meetings with education topics including Lab Value Interpretation and Red Cross Volunteer Nursing Opportunities. St. Cloud Hospital RNs have taken on chapter leadership responsibilities with Katie Schulz, president; Carla Olson, vice president; and Melanie Jungles, secretary/treasurer.



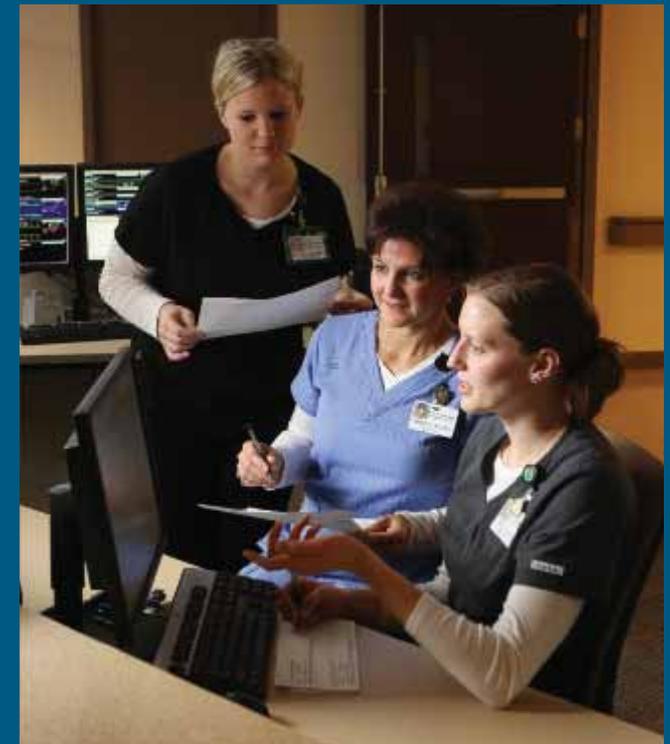
From left: Melany Jungles, BSN, RN, CMSRN; Carla Olson, BSN, RN, RN-BC; Katie Schulz, BSN, RN, RN-BC; Kathy Morin, BSN, RN

Rewards of local and national AMSN membership:

- Improved patient care
 - * Latest information about evidence-based practice and research
 - * Enjoy innovative articles in MEDSURG Nursing journal
- Connect with other nurses within the specialty of medical-surgical nursing
 - * Network and learn together with like-minded, motivated nurses
 - * Annual convention opportunities and discounts on books and conferences
- Develop personally and professionally
 - * Boost your learning with free contact hour opportunities
 - * Enhance leadership skills
 - * Promote national medical-surgical certification
- Advocate for the specialty of medical-surgical nursing

Handoff Communication Improves Satisfaction

The St. Cloud Hospital Patient Safety Committee established a multi-disciplinary Handoff Task Force with a goal of mitigating risks associated with handoffs of care. Evidence demonstrates patient vulnerability during care handoffs and up to 80% of errors result from poor communication. The Joint Commission has established effective handoff criteria, which the task force integrated into three tools which standardize, streamline, and hardwire the handoff process. Nursing worked with the Epic team to optimize processes for an efficient workflow. Processes implemented in September 2013 include a Sign Out Report which helps nurses prepare report, a Handoff Report which gathers pertinent patient information, and a Pocket Reference Card which enhances verbal communication exchanges.



From left: Britney Winkelman, BSN, RN; Marilyn Drontle, BSN, RN; Jill Swanson, BSN, RN

Collaborative Nursing Research Shows Transition Program Benefits

In the winter of 2012, Mary Eisenschenk, RN, was hired as St. Cloud Hospital's first Nurse Transitions Coach in a new program for patients with heart failure. The goal of the program was to improve patient discharge readiness and decrease heart failure-related hospital readmissions. The role of the transitions coach was modeled from Dr. Eric Coleman's work, where patients are empowered to take control of their chronic illness. Coaching interventions St. Cloud Hospital implemented include:

- Pharmacist medication reconciliation at admission and prior to discharge
- Heart failure education
- A Transitions Coach hospital visit and a home visit within a few days of discharge
- Transitions Coach phone calls one to two times per week for 30 days following discharge

A review of literature demonstrated few studies pertaining to people with heart failure, and no studies examining changes in patient confidence and ability to self-manage heart failure after receiving transitional care interventions. St. Cloud Hospital collaborated with nursing faculty from the College of St. Benedict/St. John's University to conduct a nursing research study examining the following questions:

- What are the differences in self-management practices and confidence at discharge and 30 days post-discharge in patients with heart failure receiving a transitional care program when compared to those receiving usual care?
- What are the differences in health care utilization between those patients with heart failure who receive a transitional care program when compared to those receiving usual care?

The research study was conducted with heart failure patients on Medical Unit 2 and Telemetry, with patients on Medical Unit 1 serving as the controls. Data was collected between March 2012 and June 2013. Sixty six patients were enrolled in the study and the Self-Care of Heart Failure Index (SCHFI)[®] was used as a measurement tool. Study outcomes were:

- Implementation of the transitional care interventions demonstrated success in improving all aspects of patient self-management, specifically the ability to recognize a symptom of heart failure, to intervene, and evaluate the effectiveness.

- Self-management skills demonstrated improvement which may have translated into a reduction in hospital readmission rates. Readmission rate for the transitional care intervention group was 13%, compared to the non-intervention group rate of 44%.

The success of the Nurse Transitions Coach model will be applied to patients with pneumonia and chronic obstructive pulmonary disease in the upcoming year.

Research team: Principal Investigator: Carrie Hoover, PhD, RN, College of St. Benedict/St. John's University. Co-investigators from St. Cloud Hospital: Joy Plamann, MBA, RN, BSN, RN-BC; Gail Olson, MBA; and Jean Beckel, DNP, RN, MPH, CNML.



Transitions Coach Mary Eisenschenk, BSN, RN

Evidence-Based Practice: Cancer Center Revises Staffing Model

The Coborn Cancer Center Medical Oncology Clinic & Chemotherapy Infusion departments deliver St. Cloud Hospital-based nursing services in an ambulatory setting. In 2009, a six month evidence-based practice pilot in the Chemotherapy Infusion department supported implementation of an acuity system based on revised patient scheduling, scheduled nurse preparation/documentation time, and development of a nursing care delivery model. In fall 2012, with integration of services, the Chemotherapy Infusion department's successful acuity-based staffing model was implemented in the Medical Oncology Clinic setting. Three months of patient schedules were analyzed and compared to actual staffing. A review of literature and best practices revealed no evidence specific to physician clinic staffing. A multi-disciplinary committee established, tested, and validated acuity-based staffing guidelines. In the summer of 2013, full implementation of the new staffing model occurred in the Medical Oncology Clinic.



Coborn Cancer Center Medical Oncology Clinic & Chemotherapy Team



*Marlene Fondrick,
Patient- and Family-Centered Care Consultant*

Patient- and Family-Centered Care

In June 2013, St. Cloud Hospital continued its journey toward hardwiring Patient- and Family-Centered Care (PFCC). Aligning with the hospital's strategic goal, the PFCC Institute was contacted. Marlene Fondrick, PFCC Consultant, completed a three day assessment of the current PFCC status. Leadership and direct care staff completed assessment tools prior to her visit. After thorough review of these documents, Marlene met with key leadership staff including nurses, physicians, multidisciplinary departments, patients, and families to listen to their experiences. Assessment included patient/family committee participation, terminology in patient brochures, way-finding, signage, unit layouts, and parking. The resulting document identified areas of strengths and opportunities to advance PFCC at St. Cloud Hospital. Strengths included the content of the hospital core values, mission, and vision and incredible staff and facility. Areas of opportunity were: eliminating the "silo" mentality; use of stories to enhance a PFCC culture; development of a formal PFCC program led by a coordinator and with patients as partners; and enculturation of PFCC language into signage, documents, and facility plans. Hospital leaders strongly support the commitment to stronger development of PFCC.

You Missed A Spot: Phone Research Study

A nursing research study was conducted at St. Cloud Hospital to determine the presence of bacteria and the efficacy of cleaning products on mobile phones. Inanimate objects may harbor pathogenic bacteria which could result in cross contamination from health care workers to patients resulting in hospital-acquired infections. Previous studies have demonstrated pens, stethoscopes, pagers, computer keyboards, and mobile phone devices culture positive for pathogenic and non-pathogenic bacteria including multi-drug resistant organisms. Health care workers are responsible for maintaining clean shared mobile phones. Sixty-six randomly selected shared mobile phones routinely used by RNs assigned to direct patient care were sampled. The collection occurred in 11 acute and critical care units with six samples taken from each unit. Two phone cleaning products were tested; a 70% isopropyl alcohol wipe and PhoneKleen™. The phones were cultured by having the RN hold the phone, and the researcher would aseptically obtain the culture by swabbing the keypad, mouthpiece, earpiece, and back areas of the phone using three long strokes per side, constantly rotating the swab and not touching the RN's fingers. The same method was used to obtain the culture before and after cleaning. The RN was asked to perform hand hygiene with alcohol foam following the first culture and prior to cleaning the phone. Culture results did not reveal the presence of pathogenic bacteria, however normal skin flora was found. Shared mobile telephones are not a source of hospital-acquired infection when cleaned with 70% isopropyl alcohol wipe or PhoneKleen™.

The published study was conducted by: Roberta Basol, MA, RN, NE-BC; Jean Beckel, DNP, RN, MPH, CNML; Judy Gilsdorf-Gracie, MSN, RN, CNOR; Amy Hilleren-Listerud, MA, RN, ACNS-BC, PCCN, CBN; Terri McCaffrey, MA, RN, PCNS-BC; Sherri Reischl, RN; Pam Rickbeil, MSN, RN, ACNS-BC, RN-BC; Mary Schimnich, RN; Kirsten Skillings, MSN, RN, CCNS, CCRN; and Mary Struffert, MSN, RN, NE-BC.

Citation:

Basol, R., Beckel, J., Gilsdorf-Gracie, J., Hilleren-Listerud, A., McCaffrey, T. D., Reischl, S., & ... Struffert, M. A. (2013). You missed a spot! Disinfecting shared mobile phones. *Nursing Management*, 44(7), 16-18.



Phone Study Research Team

Total Joint Blood Utilization Evidence-Based Practice

In pursuing Joint Commission disease specific care certification for total hip and total knee arthroplasty, it was identified that there was a high rate of blood administration compared to best evidence-based practice. Led by Bone & Joint Center nursing leaders, a team with St. Cloud Orthopedics surgeons, Clinical Utilization, Laboratory Services, and Pathology reviewed data and noted variation in practice. Data collected included number of units transfused, differing clinical symptoms, and inconsistent hemoglobin goals. The use of autologous blood was common and patients would receive the transfusion regardless of hemoglobin or clinical status. Review of evidence demonstrated a recommendation of transfusion rate less than 3%. Baseline data ranged between 15-30% for St. Cloud Hospital total joint replacement patients. A blood transfusion protocol was created standardizing the approach based on patient symptoms, number of units to re-infuse, and hemoglobin guidelines. The protocol, with elimination of autologous blood transfusion, resulted in a significant decrease in transfusion rate to 5-8%, with a direct cost reduction of \$156,691 for fiscal year 2013.

Consultation and Resources

Significant resources are committed to bringing national experts to St. Cloud Hospital to stay current, learn different perspectives and challenge ourselves with continuous improvement. These individuals presented to St. Cloud Hospital nursing leaders this past year.

- **Jim Veronesi**, Senior Director and Faculty member with the Advisory Board Company's Talent Development division presented Optimizing Unit Staffing.
- **JoNeil Smith**, Senior Director and Faculty member with the Advisory Board Company's Talent Development division presented:
 - Optimizing Core Processes
 - Spurring Innovation – Translating Transformative Ideas into Performance Gains
 - Optimizing Patient Throughput
- **Marlene Fondrick**, Patient- and Family-Centered Care (PFCC) consultant, completed a three day assessment of St. Cloud Hospital's current PFCC status.
- **Laura Cullen**, DNP, RN, FAAN; Evidence-Based Practice Coordinator; University of Iowa Hospitals and Clinics
- **Kristen Hanrahan**, DNP, ARNP; Nurse Scientist; University of Iowa Hospitals and Clinics

Publications, Poster & Podium Presentations

Publications in fiscal year 2013

Wiegand, D. J. L. M., & Carlson, K. K. (Eds.). (Skillings, K. & Curtis, B. Contributors for procedures 5,6,10,11,13,14). (2012). AACN procedure manual for critical care. Elsevier/Saunders.

Dinndorf-Hogenson, G. (2012). Elders Adapting to a chronic diagnosis within a nursing refuge. *Nursing Forum*, 47(2).

Pelant, D., McCaffrey, T., & Beckel, J. (2012). Development and Implementation of a Pediatric Palliative Care Program. *Journal Of Pediatric Nursing*, 27(4), 394-401.

Revier, S., Meiers, S., & Herth, K. (2012). The Lived Experience of Hope in Family Caregivers Caring for a Terminally Ill Loved One. *Journal of Hospice & Palliative Nursing*, 14(6), 438-46.

Goering, P., Walker, C., Brouwer, C., Knight, K., Lloyd, K., Drowson, T.W., Trangle, M.A., Davis, P., McNertney, J., Abderholden, S., Houlton, N., Cummings, K., & Foreman, J. (2012) Recommended Actions for Improved Care Transitions: Mental Illnesses and/or Substance Use Disorders. *Institute for Clinical Systems Improvement*. Minnesota Hospital Association.

Byrne, M., Jordan, T., & Welle, T. (2013). Comparison of manual versus automated data collection method for an evidence-based nursing practice study. *Applied Clinical Informatics*, 4, 1-14.

Welle, T., Basol, R., & Schneider, N. (2013). Evaluating the Need for Routine Supplemental Oxygen in Postoperative Total Joint Replacement Patients. *Journal of PeriAnesthesia Nursing*, 28(1), 21-25.

Patrick, W. (Erickson, M. contributor). (2013). *The call of nursing: Stories from the front lines of health care*. (1st edition ed.). Albany, NY: Hudson Whitman/ Excelsior College Press.

Poster presentation in fiscal year 2013

Ann Summar, MSN, RN, FNP-BC, RN-BC; Joyce Belanger, RN, CRRN; and Melissa Vee, RN, CRRN. A practical solution to the challenges of rehabilitation nursing documentation. American Medical Rehabilitation Providers Association National Educational Conference. San Diego, CA. October, 2012.

Ann Summar, MSN, RN, FNP-BC, RN-BC; and Joyce Belanger, RN, CRRN. Revising a patient medication program to improve medication adherence and patient outcomes. American Medical Rehabilitation Providers Association National Educational Conference. San Diego, CA. October, 2012.

Marci Timlin, BSN, RN, CMSRN, CCM. Application of the evidence related to employee social networking on a patient care unit and the impact on employee engagement. Summer Institute on Evidence-Based Quality Improvement. San Antonio, TX. July, 2012; Engaging hospital staff through the use of social media. National American Nurses Credentialing Center Magnet Conference. Los Angeles, CA. October, 2012.

Tamara Welle, BSN, RN, ONC. Evidence facilitating culture change: Should everyone have routine supplemental oxygen? National American Nurses Credentialing Center Magnet Conference. Los Angeles, CA. October, 2012.

Jennifer Burris, MA, RN, ACNS-BC. Reducing implanted port erosions in adult patients. Minnesota Alliance for Patient Safety State Conference. Minneapolis, MN. October, 2012.

Jessica Miller, BSN, RN, RNC-OB. Staff Move Readiness Enhanced Through Interprofessional Simulation. Minnesota Alliance for Patient Safety State Conference. Minneapolis, MN. October, 2012.

Aleen Roehl, BSN, RN, CCRN; and Kris Nelson, RN, BA, RN, NE-BC. ICU Patient Safety Bundle. Minnesota Alliance for Patient Safety State Conference. Minneapolis, MN. October, 2012.

Jeffrey Bushman, RN, OCN. That nature that urges us to care for others is the heart. American Association of Medicine and the Person. St. Louis University of Medicine. Florham Park, NJ. October, 2012.

Amy Hilleren-Listerud, MA, RN, ACNS-BC, PCCN, CBN. Navigating Care Across the Continuum: Comprehensive Care Planning. 24th Annual Institute for Healthcare Improvement Conference. Orlando, FL. December, 2012.

Pauline Temple, BSN, RN. Patient safety. State Public Health Conference. Bemidji, MN. March, 2013.



Chris Walker, MSN, RN, MHA. Implementation of Transforming Care at the Bedside (TCAB) on a Mental Health Unit. Twentieth National Evidence-Based Practice Conference. Iowa City, IA. April, 2013.

Robert Davidson, BSN, RN, CCRN, CPAN. Family Presence of Pediatric Patients in the PACU. Twentieth National Evidence-Based Practice Conference. Iowa City, IA. April, 2013.

Kristina O'Neal, BSN, RN. Clinical Documentation Improvement in the Emergency Trauma Center. Association for Clinical Documentation Improvement Specialists State Conference. St. Cloud, MN. April, 2013.

Publications, Poster & Podium Presentations

Roxanne Wilson, PhD, RN. Parenting to Posthumous. University of Minnesota Nursing Research Day 2013. Minneapolis, MN. April, 2013.

Mary Weis, MSN, RN, ACNS-BC, CNOR, CRNFA. Reduction of Erosion Risk in Adult Patients with Implanted Ports. University of Minnesota Nursing Research Day 2013. Minneapolis, MN. April, 2013.

Podium presentations in fiscal year 2013

Penny Beattie, MBA, RN, BSN, NE-BC. Return on investment. National Spirit of Women Conference. Boca Raton, FL. July, 2012.

Jenelle Brekken, BSN, RN, ONC, CNRN. Minnesota mobile team central. MMT/MMU/AST Collaboration. Alexandria, MN. September, 2012. Evaluation for large scale exercise. State Operation Sandbox. Minneapolis, MN. February, 2013.

Beth Honkomp, MSN, RN, NEA-BC. Controlled substance diversion prevention webinar and controlled substance diversion roadmap. MHA Webinar, Minneapolis, MN. September, 2012. Use of Organizational Assessment. CMS Partnership for Patients National Conference. October, 2012. A Patient's Story. Minnesota Hospital Association State Conference. St. Paul, MN. October, 2012.

Jessica Miller, BSN, RN, RNC-OB. Simulation: Everyone's doing it, but what are they doing? Association of HealthCare Educators of the Midwest. Minneapolis, MN. September, 2012.

Diane Pelant, BSN, RN, CCRN. Just culture and healthy work environment. MPO State Conference. Duluth, MN. September, 2012.

Jean Beckel, DNP, RN, MPH, CNML. Quest For Quality: Simple Tools for Tracking, Trending, Benchmarking, and Reporting Nursing Quality Indicators. American Nurses Credentialing Center National Magnet Conference. Los Angeles, CA. October, 2012.

Ann Summar, MSN, RN, FNP-BC, RN-BC; Joyce Belanger, RN, CRRN; and Melissa Vee, RN, CRRN. A Practical Solution to the Challenges of Rehabilitation Nursing Documentation. ARN 38th Annual Educational Conference. Nashville, TN. October, 2012. A Practical Solution to the Challenges of Rehabilitation Nursing. AMRPA Annual Medical Rehabilitation Education Conference. San Diego, CA. October, 2012.

Ann Summar, MSN, RN, FNP-BC, RN-BC. Sustained Improvement of FIM Accuracy through Development of RN Professionalism and Performance Accountability. AMRPA. National webinar. March, 2013.

Deb Eisenstadt, MS, RN, BSN; and Ann Summar, MSN, RN, FNP-BC, RN-BC. Sustained Improvement of FIM Accuracy through Development of RN Professionalism and Performance Accountability. ARN 38th Annual Educational Conference. Nashville, TN. October, 2012. Sustained Improvement of FIM Accuracy through Development of RN Professionalism and Performance Accountability. AMRPA Annual Medical Rehabilitation Education Conference. San Diego, CA. October, 2012.

Deb Eisenstadt, MS, RN, BSN. Leadership panel presenter. ARN 38th Annual Educational Conference. Nashville, TN. October, 2012.

Deborah Corrigan, MSN, RN, OCN. Panel participant. Thoracic Oncology Nurses Conference. Bloomington, MN. October, 2012.

Tamara Welle, BSN, RN, ONC. Evidence Facilitating Culture Change: Should Everyone Have Routine Supplemental Oxygen? Harvest the Fruits of Orthopedic Nursing State Conference. St. Cloud, MN. October, 2012. Evidence Facilitating Culture Change: Should Everyone Have Routine Supplemental Oxygen? National Evidence-Based Practice Conference University of Iowa. Coralville, IA. April, 2013. Evidence Facilitating Culture Change: Should Everyone Have Routine Supplemental Oxygen? National Association of Orthopedic Nurses Annual Conference. San Antonio, TX. May, 2013.

Brenda Liestman, BSN, RN, CEN, CFRN. Pediatric Medical and Trauma Emergencies. Trauma Tactics Conference. Red Wing, MN. October, 2012. Saving Minnesota's Youth - Every Time Program. TZD State Conference. Minneapolis, MN. October, 2012. TNCC Course. TNCC State Conference. Park Rapids, MN. April, 2013.

Chris Walker, MSN, RN, MHA. Recovery Goals: Identifying a Patient's Passion. APNA 27th Annual National Conference. San Antonio, TX. October, 2012.

Mary Weis, MSN, RN, ACNS-BC, CNOR, CRNFA. Reduction of erosion Risk in Adult Patients With Implanted Ports. Oncology Nursing Society Advanced Practice Nurses National Conference. Phoenix, AZ. November, 2012.

Mary Eisenshenk, BSN, RN. Military Radio Hour. We Honor Veterans State Conference. St. Paul, MN. November, 2012.

Sadie Seezs, RN. Orthopedics. Orthopedics and Trauma State Conference. Minneapolis, MN. November, 2012.

Kirstie Bingham, BSN, RN. Trauma Cases That Fool You. Central MN ENA State Conference. St. Cloud, MN. February, 2013. Rural Trauma: A Recipe Beyond the City Walls. Society of Trauma Nurses Annual Conference. Las Vegas, NV. May, 2013.

Donna Braun, BSN, RN, CNN. Essentials & Advances in Apheresis. PrismaFlex Apheresis National Conference. San Diego, CA. March, 2013.

Charles Hartsfield, Jr, MBA, RN, BSN. Who are you going to call? Operation Superbug State Conference. St. Cloud, MN. March, 2013.

Georgia Dinndorf-Hogenson, PhD, RN, CNOR. Perioperative Nurses Perceptions of Moral Courage. AORN Heartland Supercredit Saturday. St. Cloud, MN. April, 2013.

Joy Plamann, MBA, RN, BSN, RN-BC; and Paul Schoenberg, MBA, RN, BSN, CEN. Empowering Staff to Address Violence/Aggressive Behaviors in Patient Units. Interventions for the Management of Aggressive Patients. State Conference. St. Joseph, MN. May, 2013.

Joy Plamann, MBA, RN, BSN, RN-BC. Interventions for the Management of Aggressive Patients. Innovative Approaches to the Management of Aggressive Behaviors in Health Care State Conference. St. Joseph, MN. May, 2013. Management of Aggressive Behaviors. State Conference. St. Joseph, MN. May, 2013.

Chelsie Bakken, MBA, RN, RNC-OB. Minnesota Hospital Association. Duke University Patient Safety Training Highlights and Key Learning. Minneapolis, MN. June, 2013.

Robert Basol, MA, RN, NE-BC. ZynxHealth. Consultant to Partnership Health. Boston, MA. June, 2013.

Advanced/Bachelor Degrees

Achievement of a Doctoral degree in Nursing

Jean Beckel, DNP, RN, MPH, CNML
Georgia Dinndorf-Hogenson, PhD, RN, CNOR
Brenda Jenkins, DNP, RN, PMHNP-BC
Ali Wells, DNP, RN, NP-C

Achievement of a Master's degree

Masters in Nursing:

Jessica Anderson, MSN, RN
Ann Backes, MSN, RN, OCN
Melissa Erickson, MN, RN, RNC-MNN
Vicky Grove, MN, RN
Shannon Krumvieda, MSN, RN, MA
Nichole Laudenbach, MN, RN
Mary Lindberg, MSN, RN
Angela Moscho, MSN, RN, ONC
Jennifer Peterson, MSN, RN, NP-C, CNOR
Amy Salzer, MSN, RN
Katie Schlick, MSN, RN
Joan Schwinghammer, MSN, RN, PMHNP-BC
Amy Stang, MSN, RN
Ann Summar, MSN, RN, FNP-BC, RN-BC
Jenna Vanloy, MSN, RN, NP-C
Kelly Wurdelman, MSN, RN

Masters in Management

Shannon Krumvieda, MSN, RN, MA

Achievement of a Bachelor's degree in Nursing:

Erica Ackerman, BSN, RN
Amy Anderson, BA, RN
Laurie Annett, BSN, RN, RN-BC
Sarah Baklund, BSN, RN
Brittany Barrett, BSN, RN
Holly Bartell, BSN, RN
Samuel Bechtold, BSN, RN
Susan Benoit, BSN, RN, RN-BC
Jordan Bjorklund, BSN, RN

Sara Borchardt, BSN, RN
Julie Boser, BSN, RN
Misty Boyd, BSN, RN
Heather Brady, BSN, RN
Sarah Brauen, BSN, RN
Nicole Brengman, BSN, RN
Emily Broman, BSN, RN
Savannah Burg, BSN, RN
Cody Burr, BSN, RN
Sierra Cash, BSN, RN
Kimberly Chartrand, BSN, RN
Leann Chlian, BSN, RN
Dawn Conklin, BSN, RN
Kelsey Cors, BSN, RN
Ashley Crooks, BSN, RN
Rebecca Crowe, BSN, RN
Sara Dezell, BSN, RN
Megan Dix, BSN, RN
Christopher Doran, BSN, RN
Kendra Drontle, BSN, RN
Sara Edwards, BSN, RN
Sara Fiedler, BSN, RN
Lorelei Frederick, BSN, RN
Elizabeth Gallus, BSN, RN
Sasha George, BSN, RN
Johnna Gertken, BSN, RN
Sandra Gilk, BA, RN
Noel Gill, BSN, RN
Melanie Gip, BSN, RN
Emily Gunderson, BSN, RN
Sheila Gustafson, BSN, RN
Karen Guyse, BSN, RN
William Hagan, BA, RN
Dustin Heck, BSN, RN
Casey Henre, BSN, RN
Tonya Hodder, BSN, RN
Andrea Holden, BSN, RN
Katherine Holdvogt, BSN, RN

Jessica Hollenkamp, BSN, RN
Rainy Holler, BSN, RN
Gayle Howard, BSN, RN, ONC
Michelle Huffman, BSN, RN
Diane Hughes, BSN, RN
Brittney Huisinga, BSN, RN
Judy Jensen, BSN, RN
Caleb Johansson, BSN, RN
Annie Kidd, BSN, RN
Tara Kimball, BSN, RN
Nathan King, BSN, RN
Samantha King, BSN, RN
Nichole Klinkhammer, BSN, RN
Jamie Kral, BSN, RN
Katlin Krause, BSN, RN
Aaron Lahr, BSN, RN
Jillian Larson, BSN, RN
Shannon Lehtikoinen, BSN, RN
James Mach, BSN, RN
Tammy Maninga, BSN, RN
Nate Manning, BSN, RN
Heather Martell, BSN, RN
Stephanie Mendel, BSN, RN
Heidi Meyer, BSN, RN
Rebecca Meyer, BSN, RN
Rachel Miller, BSN, RN
Rebekah Mroz, BSN, RN
Kristie Mueller, BSN, RN
Jordan Negaard, BSN, RN
Breanna Nelson, BSN, RN
Hannah Newhouse, BSN, RN
Jeremy Nicoski, BSN, RN
Megan Nill, BSN, RN
Alyssa Nornes, BSN, RN
Cassandra Notch, BSN, RN
Amy Notsch, BSN, RN
Ann Ohmann, BSN, RN, OCN, RN-BC
Emmanuel Omoke, BSN, RN

Kay Pappenfus, BSN, RN
Rachel Parker, BSN, RN
Ryan Pelant, BSN, RN
Greta Perske, BSN, RN
Sara Peterson, BSN, RN
Brandon Philippi, BSN, RN
Jessika Phipps, BSN, RN
Katherine Piehl, BSN, RN
Rachel Raab, BSN, RN
Bethany Raisanen, BSN, RN
Susan Rausch, BSN, RN
Jessica Reed, BSN, RN, CMSRN
Roxanne Reining, BSN, RN
Ariel Reischl, BSN, RN
Jennifer Rekstad, BSN, RN, NREMP
-First Responder
Taylor Ricke, BSN, RN
Crystal Roemer, BSN, RN
Nancy Romness, BSN, RN
Carolyn Ruegemer, BSN, RN
Cara Sanborn, BSN, RN
Stephanie Sarazine, BSN, RN
Michelle Sawyer, BSN, RN
Kelsey Schleichert, BSN, RN
Michael Schlicht, BSN, RN
Tina Schmidt, BSN, RN
Nicole Schmidtbauer, BSN, RN
Allison Spiering, BSN, RN
Brandy Stalberger, BSN, RN
Kari Standfuss, BSN, RN
Jessica Stang, BSN, RN
Emily Swenson, BSN, RN
Jacqueline Tavale, BSN, RN
Jenita Teachout, BSN, RN
Pauline Temple, BSN, RN
Kathryn Theis, BSN, RN
Heather Theisen, BSN, RN
Brian Thieman, BSN, RN

Ashley Thoennes, BSN, RN
 Merryssa Tiedeman, BSN, RN
 Janet Trettel, BSN, RN
 Ijeoma Ugochukwu, MS, RN, BSN
 Emily Vankeulen, BSN, RN
 Jackie Vanzuilen, BSN, RN
 Lara Voigt, MES, RN, BSN
 Rosemary Weinzetl, BSN, RN
 Amber Wente, BSN, RN, CMSRN
 Wendy Wheeler, BSN, RN, RN-BC
 Jena Wiehoff, BSN, RN
 Emily Wilkins, BSN, RN
 Megan Windschitl, BSN, RN
 Jessica Wisuri, BSN, RN
 Brandy Woodring, BSN, RN
 Ann Ziwicki, BSN, RN

◇ National Professional Certification
 * Clinical Ladder Level III
 ** Clinical Ladder Level IV
Bold: Advanced Practice RNs

◇ Cheryl Ablan, RN, ONC
 *Angela Adamek, RN
 ◇Amy Anderson, BSN, RN, CNN
 ◇Cynthia Anderson, RN, CRRN
 ◇Venus Anderson, RN, ONC
 ◇Gina Anderson-Malum, BSN, RN, ONC
 ◇Laurie Annett, BSN, RN, RN-BC
 ◇Christine Anstett, BSN, RN, RN-BC
 ◇Carissa Arens, BSN, RN, CEN
 ◇Larry Asplin, MSN, RN, CNOR
 ◇*Josie Asplund, BSN, RN, OCN
 *Jane Austing, BSN, RN
 ◇Ann Backes, MSN, RN, OCN
 ◇Thomas Bailey, RN, CMSRN
 ◇Michelle Baker, BA, RN, COS-C
 ◇Chelsie Bakken, MBA, RN, RNC-OB
 ◇Susan Baklarz, BES, RN, CCDS
 *Karen Bandar, RN

◇Cathy Barden, BSN, RN, CMSRN, RN-BC
 ◇Linda Barthelemy, BA, RN, OCN
 ◇*Kristin Bartosiewski, BSN, RN, CMSRN
 ◇Roberta Basol, MA, RN, NE-BC
 ◇*Janet Bearden, RN, CPN, CCRN
◇Richard Beastro, MN, RN, CNS, CPAN
 ◇Penny Beattie, MBA, RN, BSN, NE-BC
 ◇Jean Beckel, DNP, RN, BSN, CNML
 ◇Karla Becker, BSN, RN, CNOR
 ◇Joan Beckrich, RN, RN-BC
 ◇*Joyce Belanger, RN, CRRN
 ◇Carol Belling, BA, RN, CARN
 ◇*Amy Bemboom, RN, RNC-OB



◇Susan Benoit, BSN, RN, RN-BC
 ◇Jodi Berndt, MSN, RN, CCRN, PCCN
 *Traci Berns, BSN, RN
◇Bobbie Bertram, MSN, RN, NP-C, CEN
 ◇**Amy Bianchi, BSN, RN, OCN
 *Linda Bjork, BSN, RN
 ◇Dona Bloch, RN, CHFN
 ◇**June Bohlig, BSN, RN, CNOR
 ◇Teresa Bondhus, RN, CRRN
 ◇Kathryn Bonnema, RN, RN-BC
 *Megan Botz, RN
 *Holly Boxell, BSN, RN
 ◇*Juli Brackett, RN, CMSRN
 ◇Donna Braun, BSN, RN, CNN

◇Laurie Braun, RN, CNN
 ◇Jenelle Brekken, BSN, RN, ONC, CNRN
 ◇*Christine Brown, BSN, RN, RNC-OB
 ◇**Roland Brummer, MA, RN, OCN
 *Stacy Brzezinski, BSN, RN
 ◇Deanna Buchta, BSN, RN, CPN
 ◇Julie Bunkowski, BSN, RN, RNC-NIC
 ◇*Debra Burch, BSN, RN, RNC-NIC
 ◇Karalee Burditt, BSN, RN, RNC-OB



◇Jennifer Burris, MA, RN, ACNS-BC
 ◇Jeffrey Bushman, RN, OCN
 ◇*Mary Busse, BA, RN, CNOR
 ◇Mary Cable-Puente, RN, CRRN
 ◇*Sheila Campbell, RN, CCRN
 ◇Chelie Canning, BSN, RN, CWOCN
 ◇Kathleen Carpentier, BA, RN, RN-BC
 ◇*Karen Chalich, BSN, RN, CNN
 ◇Anna Chamberlain, BSN, RN, CLC, IBCLC
 ◇Linda Chmielewski, MSN, RN, NEA-BC
 ◇Tracy Cloutier, BSN, RN, OCN
 ◇*Stephanie Collins, RN, CEN
 ◇Deborah Corrigan, MSN, RN, OCN
 ◇Angela Cota, BSN, RN, CCRN
 ◇*Jennifer Couzens, BSN, RN, CNOR
 ◇*Cynthia Cox, RN, ONC
 ◇Nicole Cox, RN, ONC
 ◇Bonnie Curtis, RN, CCRN
 ◇Joann Czech, RN, CCDS

◇*Robert Davidson, BSN, RN, CCRN, CPAN
◇*Tracey Dearing-Jude, MSN, RN, NP-C, OCN
 ◇*Dawn Demant, BA, RN, OCN
 ◇*Cindy Desmith, RN, OCN



◇*Curtis Devos, BSN, RN, CNRN
 ◇Georgia Dinndorf-Hogenson, PhD, RN, CNOR
 *Julie Dockendorf, RN
 ◇Kristen Dombovy, BSN, RN, CMSRN
 ◇*Melinda Donner, RN, CMSRN
 ◇*Trisha Douvier, MSN, RN, CNOR
 ◇Erin Droegemueller, BA, RN, CMSRN
 ◇Sharon Dunham, BSN, RN, ICCE
 ◇Robyn Eischens, RN, RN-BC
 ◇Ashley Eisenschenk, BA, RN, CCRN
 ◇Patrice Ellering, BSN, RN, CCRN
 ◇Cynthia Emerson, RN, CPN
 ◇Kimberly Emerson, BSN, RN, RN-BC
 ◇Priscilla Engelman, BSN, RN, CMSRN
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 ◇Jill Eubanks, RN, RN-BC
 ◇*Terri Even, RN, CPAN
 ◇*Brenda Eveslage, BSN, RN, OCN
 ◇Kristi Ann Faber, RN, CEN
 ◇Rhonda Feldeverd, BSN, RN, PCCN-CMC
 ◇Tammy Filippi, BSN, RN, RN-BC

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*Rhonda Fitzthum, RN

◇**Kaylle Foley, MSN, RN, ANP-BC**

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*Matthew Forberg, BSN, RN

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◇**Melissa Fradette, MSN, RN, CCRN

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◇**Jeanne Friebe, BSN, RN, IBCLC,
RNC-LRN

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◇**Desiree Fuecker, RN, CNOR

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◇Anne Gagliardi, BSN, RN, CNOR

◇Michelle Gamble, BSN, RN, CCRN

◇Wendy Gangl, RN, OCN

◇Lorrene Gardner, RN, CCM

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◇*Shannon Getty, BA, RN, OCN

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*Vikki Gore, RN

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◇Evalee Gorecki, RN, RN-BC

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◇*Mollie Greener, RN, ONC

◇**Catherine Greenlee, MSN, RN,
ACNS-BC, CPHQ**

◇*Donna Gregory, RN, OCN

◇Mary Gross, RN, OCN

◇Lora Gullette, RN, RNC-OB

*Stephanie Hagan, BSN, RN

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◇Debra Hall, RN, CNML

*Keri Hall, RN

◇Lisa Hall, RN, ONC

◇Roxane Hall, RN, CNOR

◇Amanda Hamacher, BSN, RN, CAPA

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RNC-NIC

*Diane Harms, BSN, RN

◇Angelyn Harper, MSN, RN, CCRN

◇Jill Harren, BSN, RN, RN-BC

◇**Nichole Harren, MSN, RN, ANP-BC,
FNP-BC**

◇James Harrington III, RN, CEN, ATCN

◇Kristin Harrington, BA, RN, CCRN

**Jill Harris, RN

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*Elizabeth Hauser, BSN, RN

◇Jill Heinen, BSN, RN, CNN

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*Joan Hemker, RN

◇*Carrie Herbst, RN, CMSRN

◇Keri Heroux, RN, OCN

◇Kim Herrmann, RN, CRRN

◇Barbara Herron, RN, RNC-OB

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◇Sharon Hoffman, BSN, RN, CNN

*Jessica Hollenkamp, BSN, RN

◇*Brenda Hommerding, RN, OCN

◇Beth Honkomp, MSN, RN, MBA, NEA-BC

◇**Valery Hoover, MSN, RN, FNP-BC**

◇Therese Hormann, RN, CEN

◇Lisa Horner, BSN, RN, CEN

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*Michelle Huffman, BSN, RN

◇Lori Humbert, BSN, RN, ICCE

◇Barbara Isaacson, BSN, RN, CDE

◇Danielle Jackman, RN, CMSRN

◇*James Jaster, RN, CMSRN

◇**Brenda Jenkins, DNP, RN, PMHNP-BC**

◇Angela Johnson, BSN, RN, CMSRN

◇Joan Johnson, RN, CDN (CCRN CSC)

◇Lori Johnson, BSN, RN, RN-BC

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◇*Laura Karnik, BSN, RN, CCRN

◇Rebecca Kastanek, BSN, RN, CRRN

◇Julie Keller Dornbusch, BSN, RN, CCRN

◇*Amy Jo Kemp, RN, RNC-NIC

◇Sana Kennedy, BSN, RN, OCN

◇*Angela Kiffmeyer, BSN, RN, RN-BC

◇**Lisa Kilgard, BSN, RN, RN-BC

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*Kathy Klaustermeier, RN

◇Leigh Klaverkamp, BSN, RN, RN-BC

*Bridget Klein, BSN, RN

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◇*Mary Klein, RN, OCN

◇*Jennifer Klick, BSN, RN, RNC-NIC

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*Kelly Knickerbocker, RN

◇Kelly Knudson, RN, RNC-NIC

◇*Kristine Kobienia, RN, RNC-LRN,
RNC-NIC

*Holly Kockler, BSN, RN

◇Katherine Koeck, RN, IBCLC

◇Nicole Koenig, RN, CNOR

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◇Vivian Koerner, RN, CNOR

◇Raechel Konczewski, BSN, RN, OCN

◇Brandy Kramer, RN, ONC

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◇Rebecca Kulzer, RN, CCRN

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*Gary Lahr, BSN, RN

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◇Lynn Lampi, BSN, RN, CMSRN

*Jennifer Lang, RN

◇*Jennifer Langner, BSN, RN, CMSRN

*Mary Larson, BA, RN

◇*Karen Lashinski, RN, RN-BC

*Sarah Latour, BSN, RN

*Nicole Laudenbach, MN, RN

◇Dobora Lawrence, RN, RNC-NIC

◇*Colleen Layne, BSN, RN, RN-BC

◇Penny Leavey, RN, CMSRN

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*Mary Jo Lemke, RN

◇Duane Lenz, RN, OCN

◇**Lois Lenzmeier, BSN, RN, CCRN

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 ◇Rose Lisson, RN, CAPA
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◇Mary Loecken, MSN, RN, FNP-BC
 ◇Mary Loven, BSN, RN, CPAN
 ◇Laurie Lozier, RN, CEN
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 ◇Tiffany Mauzy, BA, RN, OCN
◇Terri McCaffrey, MA, RN, PCNS-BC
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 *Heidi Meyer, BSN, RN
 ◇*Katie Meyer, RN, CMSRN
 ◇Jessica Miller, BSN, RN, RNC-OB
 ◇Mary Kay Miller, RN, CHPN
◇Catherine Moe, MA, RN,
ACNS-BC, CWOCN

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 *Jolene Moline, RN
 *Mallory Mondloch, BSN, RN
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 ◇*Mary Mueller, RN, RN-BC
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 ◇*Jan Murphy, RN, OCN
 ◇**Melissa Nagengast, BSN, RN, OCN
 ◇Mariani Nazareth, RN, CMSRN
 ◇Audrey Negen, RN, OCN
 ◇Joanne Nei, BSN, RN, CMRP
 ◇Karen Neis, RN, CMSRN
 ◇Nicole Neisen, BSN, RN, RN-BC
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 ◇Bernadette Nelson, RN, CDE, RN-BC
 ◇Kristine Nelson, BA, RN, NE-BC
 *Connie Ness, BSN, RN
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 ◇Carla Olson, BSN, RN, RN-BC
 ◇Dana Olson, BSN, RN, OCN
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 ◇Maryann Oltz, RN, CMSRN
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 ◇Tiffanylee Omann-Bidinger, BSN, RN, ONC

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 *Angela Overland, BSN, RN
 ◇Amanda Packert, BSN, RN, CNRN, CCSRN
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 ◇Sandra Jean Payne, MA, RN, BSN, RD
 ◇Amy Pearson, RN, CDN (CCRN CSC)
 ◇Denae Petersen, RN, RNC-NIC
◇Jennifer Peterson, MSN, RN,
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 *Aimee Petko, BSN, RN
 *Kathleen Pflueger, RN
◇Susan Piehl, MSN, RN, ANP-BC, GNP-BC
 ◇Joy Plamann, MBA, RN, BSN, RN-BC



◇**Cassandra Plotz, BSN, RN, CCRN
 ◇Jennifer Pohlkamp, RN, CNRN
 ◇*Mary Pohlmann, RN, CDN (CCRN CSC)

◇Audra Popp, RN, RNC-OB
 ◇**Colleen Porwoll, BSN, RN, ONC
 ◇Lori Potter, RN, CCRN, RN-BC
 ◇Robyn Pregler, RN, ONC
 ◇*Carol Primus, BSN, RN, OCN
 ◇Ruth Primus, BSN, RN, RN-BC
 ◇Elaine Prom, BSN, RN, RN-BC
 *Karen Rademacher, BES, RN
 **Kristina Rajewsky, RN
 ◇Jason Rasmussen, RN, CEN, CFRN
 ◇*Wanda Rathbun, BA, RN, PCCN
 *Deborah Reece, RN
 ◇*Jessica Reed, BSN, RN, CMSRN
 *Carrie Rehborg, BSN, RN
 *Theresa Reichert, MSN, RN
 *Jacqueline Reineke, MSN, RN
 ◇Joanne Reinhart, RN, CGRN
 *Jessica Reis, RN
 ◇Mary Ann Reischl, BSN, RN, RNC-NIC
 ◇**Sherri Reischl, RN, CEN
 ◇Wendy Reisem, RN, ONC
 ◇*Susan Reitmeier, BSN, RN, RN-BC
 ◇Jennifer Rekstad, BSN, RN,
 NREMT-First Responder
◇Sara Revier, MSN, RN, ACNS-BC, ACHPN
 *Sara Rick, BSN, RN
◇Cindy Robertson, MSN, RN,
FNP-BC, AOCNP
 *Nicole Robinson, BSN, RN
◇Valery Robinson, BSN, RN, ANP-BC,
COHN-S
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 ◇Bonnie Rozycki, BA, RN, RN-BC
◇Penny Rubesh, MSN, RN, NP-C
 ◇Kellee Rucks, BSN, RN, OCN
 ◇Jacalyn Rudnitski, BSN, RN, RN-BC
 ◇Janine Rudnitski, BSN, RN, CNN
 ◇Sarah Rudnitski, BA, RN, CCRN
 ◇*Kimberly Ruprecht, BA, RN, OCN
 *Amy Salzer, MSN, RN
 ◇*Joyce Salzer, RN, RN-BC

◇Mary Sand, RN, CCRN
 ◇**Cynthia Sandberg, MSN, RN, PNP-BC, NP-C**
 ◇Julie Sanner, BA, RN, OCN, CBCN
 ◇**Deborah Scattarelli, MSN, RN, ANP-BC**
 ◇Michelle Scepaniak, BSN, RN, RN-BC
 ◇Debra Schaefer, RN, ATCN
 ◇*Angi Jo Schave, BSN, RN, CPN
 ◇Barbara Scheiber, BSN, RN, NE-BC
 ◇Lorianne Schloe, BSN, RN, RNC-OB
 ◇Mary Beth Schmidt, RN, HTCP, CPAN
 ◇Rebecca Schmidt, BSN, RN, COS-C
 ◇**Nova Schmitz, RN, CMSRN
 ◇Tina Schmitz, BSN, RN, OCN
 ◇*Alice Schneider, RN, RNC-OB, IBCLC
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 *Stella Scholl, RN
 ◇**May Schomer, BSN, RN, RN-BC, CRRN
 ◇Jolaine Schreifels, RN, CAPA
 ◇*Ruth Schroeder, RN, CPN
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 ◇Kathryn Schultz, BSN, RN, RN-BC
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 ◇Eileen Schumacher, BSN, RN, PCCN
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 ◇**Joan Schwinghammer, MSN, RN, PMHNP-BC**
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 ◇Jennifer Seifert, BSN, RN, CCRN
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 *Michelle Shaw, RN
 ◇Ellen Simonson, BA, RN, CIC

◇**Kirsten Skillings, MSN, RN, CCNS, CCRN**
 ◇Jennifer Smekofske, RN, CMSRN
 ◇Tamara Smith, BSN, RN, CMSRN
 ◇Kelen Sohre, BSN, RN, ONC
 ◇*Michelle Solinger, BSN, RN, CMSRN
 ◇*Sherry Sonsalla, BSN, RN, RN-BC
 ◇Melanie Sorensen, RN, OCN
 ◇Shelby Sorenson, RN, CMSRN
 ◇Kathleen Sowada, MS, RN, Dipl. Ac.
 ◇Cheryl Spanier, BS, RN, RNC-OB
 ◇*Sharon Spanier, RN, RN-BC



◇*Siri Spanier, BSN, RN, OCN
 ◇Jodi Specht-Holbrook, BSN, RN, CNOR
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 ◇Rebecca St Jean, RN, RN-BC
 *Amy Stang, MSN, RN
 ◇*Barbara Stanley, BA, RN, RNC-NIC
 ◇*Carol Steil, BSN, RN, CCRN
 ◇Janet Stellmach, RN, RNC-NIC
 ◇Angela Stevens, RN, CNN
 ◇Jeannie Stich, RN, CPN
 *Lori Stock, BSN, RN
 ◇Amy Stolt, BSN, RN, OCN
 ◇*Cindy Stormo, RN, CNRN
 ◇*Melissa Stowe, BA, RN, CNOR
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◇Mary Struffert, MSN, RN, NE-BC
 *Tabetha Struzyk, RN
 *Sarah Studniski, BSN, RN
 ◇Debra Stueve, MBA, RN, BSN, NE-BC



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 ◇Heidi Supan, BSN, RN, RN-BC
 ◇Brenda Swendra-Henry, BA, RN, CCRN, RN-BC
 ◇Sherri Sykora, BSN, RN, RN-BC
 *Mollie Taber, MA, RN
 ◇Tiffany Tangen, BSN, RN, RNC-OB
 ◇Thomas Tate, MA, RN, CCRN
 ◇*Sarah Teich, BSN, RN, CMSRN
 *Dain Teigen, BA, RN
 ◇Michelle Templin, RN, CCM
 *Alisha Terfehr, BSN, RN
 *Jayna Theis, BSN, RN
 ◇Kelly Theis, RN, HN-BC, CAPA
 ◇Patricia Theisen, BA, RN, CGRN
 *Jessica Thoma, BSN, RN
 ◇Allan Thomes, BSN, RN, CNOR, CRNFA
 ◇**Debra Thompson, RN, CNOR
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 ◇Sandra Thornton, BSN, RN, RN-BC
 ◇Catherine Tieva, BSN, RN, OCN
 ◇*Marcia Timlin, BSN, RN, CMSRN, CCM

◇Jessica Tindal, BSN, RN, CCRN
 ◇**Kristi Tomporowski, BSN, RN, CMSRN
 ◇Kathryn Toulouse, RN, CRRN
 ◇Leanne Troxel, BSN, RN, CDE
 ◇Valerie Tschakert, RN, OCN
 ◇Kathleen Van-Buskirk, BSN, RN, NE-BC
 ◇Laura Van Heel, RN, CCDS
 ◇**Terese Van Orsow, MSN, RN, HHCNS-BC**
 ◇*Jessica Vanderberg, BSN, RN, CCRN
 ◇Megan Vanderheyden, BSN, RN, CPN
 ◇*Carla Vanderpool, BSN, RN, CPN
 ◇**Jenna Vanloy, MSN, RN, NP-C**
 ◇*Shannon Vardas, BSN, RN, RN-BC
 ◇Tammy Vasfaret, RN, CEN
 ◇Stacy Veches, BSN, RN, OCN
 ◇*Melissa Vee, RN, CRRN
 ◇Sharon Voeller, BSN, RN, RN-BC
 ◇**Maria Voigt, BSN, RN, RN-BC
 ◇*Leann Volkers, BSN, RN, CEN
 ◇Jane Vortherms, MHA, RN, BA, OCN
 ◇Barbara Wagner, BSN, RN, CEN
 ◇Christa Wagner, BSN, RN, CNN
 ◇Elizabeth Wagner, RN, CMSRN
 ◇*Shaleen Wahlstrand, BSN, RN, OCN
 ◇Sharon Walesch, RN, CLC
 ◇Therese Wallner, RN, RN-BC
 ◇David Walz, MBA, RN, BSN, CNN
 ◇Dena Walz, BSN, RN, CGRN
 ◇Wendy Wang, BSN, RN, RNC-MNN
 ◇Jennifer Waytashek, BSN, RN, CBC, RNC-OB
 ◇**Mary Weis, MSN, RN, ACNS-BC, CNOR, CRNFA**
 ◇Kathleen Weisman, RN, RN-BC
 ◇**Tamara Welle, BSN, RN, ONC
 ◇*Lynn Wellner, BSN, RN, CMSRN
 ◇**Ali Wells, DNP, RN, NP-C**

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◊Meredith Wells, BSN, RN, RNC-OB
◊Amber Welsh, RN, CAPA
◊Elizabeth Wenderski, BSN, RN, PCCN
◊*Amber Wente, BSN, RN, CMSRN
◊Laura Wentland, BSN, RN, RN-BC
◊Sherry Wentworth, BSN, RN, CNN
◊Carrie Werk, RN, CEN
◊Kristin Westberg, BSN, RN, COS-C
◊Wendy Wheeler, BSN, RN, RN-BC
◊**Amy White, BSN, RN, CCRN

◊*Jill Wilcken, BSN, RN, OCN
◊*Amandah Wilhelm, BSN, RN, RN-BC
◊Darlene Willard, BSN, RN, CNOR
◊Rosetta Williams, BSN, RN, RN-BC
◊Cindy Wilson, RN, RN-BC
◊Thomas Wilson, RN, RN-BC
◊Bridgette Worlie, BSN, RN, RN-BC
*Kelly Wurdelman, MSN, RN
◊Diane Young, BSN, RN, RN-BC
◊Debra Yunek, BSN, RN, LNCC, CIC

◊Gloria Zander, RN, CMSRN
◊Holly Zellhoefer-Tacl, BSN, RN, OCN
◊Emily Zempel, BSN, RN, RN-BC
◊*Cynthia Zieglmeier, RN, CRRN
◊Sara Zimny, BSN, RN, RN-BC
*Ann Ziwicki, BSN, RN
◊Amber Zlotnik, BSN, RN, ATCN
◊Dennis Zwilling, RN, CCRN
◊Mary Zyvoloski, RN, CCRN



Level IV Clinical Ladder RNs



Lynn Hoese, RN

RN Gives the Gift of Life

St. Cloud Hospital has been recognized by the U.S. Department of Health and Human Services with the Medal of Honor for Organ Donation. The need for donated organs continues to grow. When Lynn Hoese, RN, heard that the daughter of a friend was on the kidney transplant list, she went above and beyond to donate one of her kidneys. Lynn first went through the routine testing of blood and urine, X-rays, and physical and psychological exams. When she found she was a match, her husband and three children supported her decision, which was guided by her strong faith. She read about donation risks and success rates, and knew that it was the right thing to do. The teenage patient was incredibly thankful for receiving this selfless gift of life.



Dialysis Achieves 5-Diamond Status

In 2012, the CentraCare Kidney Program achieved 5-Diamond recognition status of its outpatient sites and home therapy program. The 5-Diamond Patient Safety program was designed by End Stage Renal Disease (ESRD) contractors within the Centers of Medicare and Medicaid Services to help dialysis facilities increase awareness of, promote, and build a culture of patient safety. Interest and participation grew, leading to endorsements by the American Nephrology Nurses Association, Renal Physicians Association, and National Renal Administrators Association. The 5-Diamond program is available in the majority of the ESRD networks and includes tools and resources necessary to implement patient safety concepts. During each program year, successful completion of a program module earns a facility one diamond. Upon successful completion of five modules, the facility is recognized as a 5-Diamond Patient Safety Facility.

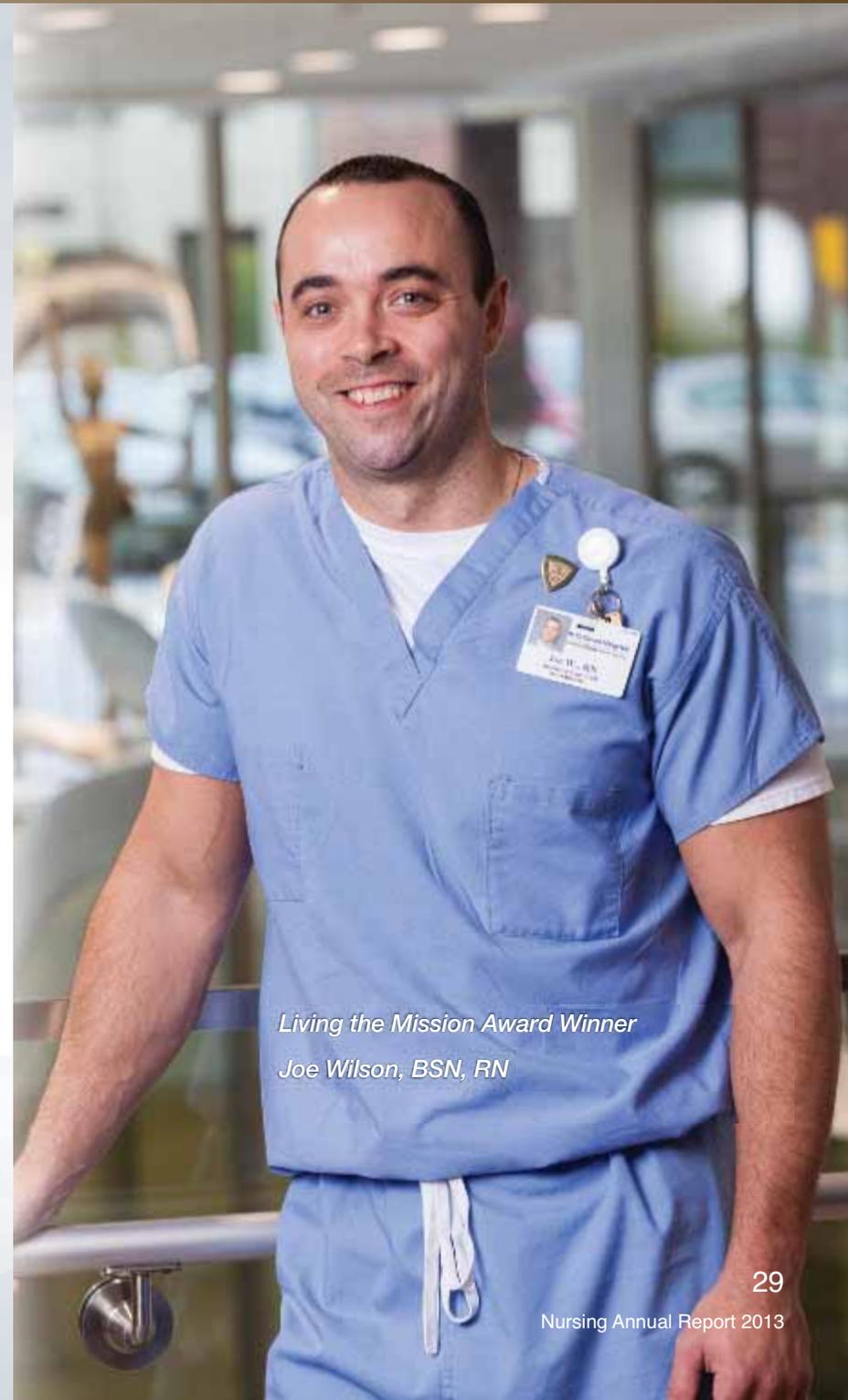
Nursing Making a Difference

State Recognition for St. Cloud Hospital RN

In February 2013, Intensive Care Unit (ICU) nurse Joe Wilson, BSN, RN, received St. Cloud Hospital's Living the Mission Award. The annual award recognizes an individual for their commitment to the mission: *As a Catholic, regional hospital, we improve the health and quality of life for the people we serve in a manner that reflects the healing mission of Jesus.* In May 2013, Joe received the Minnesota Hospital Association's Caregiver of the Year award. Joe's nomination reflects that he is a strong advocate who readily speaks up on behalf of his patients. He treats patients with compassion and respect and welcomes families to be involved in their loved ones' care. Joe is honest, sincere, and very trustworthy. He makes sure his patients and families know their needs come first. Joe is a valued member of the ICU team. Congratulations Joe!



*A kind gesture can reach a wound
that only compassion can heal*
— Steve Maraboli



*Living the Mission Award Winner
Joe Wilson, BSN, RN*



Bernice Schoenborn, MSN, RN

Recognizing Dedication to Nursing

Bernice Schoenborn, RN, a nursing icon, retired from St. Cloud Hospital after serving more than 50 years. Here is her story...

What influenced you to choose nursing as a profession?

There were 10 kids in our family, and I was second oldest. When my grandmother became ill with diabetes and heart failure, she needed a lot of care. My mother took me to the doctor with my grandmother so I could learn to do the needed injections. This was the biggest influence.

What nursing program did you graduate from?

I graduated from high school at age 16, applied and was accepted at the University of Minnesota. I wanted to go to medical school, but my father said he was not letting his daughter go down there by herself with all those guys. I came to St. Cloud in August and met with a dietitian. She helped me get into the hospital nursing program even though admissions had been closed. I later went to the College of St. Benedict and graduated with my BSN in 1976, completing it in three years. At that time, I had three children and a husband with medical problems. Then in the 80s, I went to the University of Minnesota and completed my Nurse Practitioner degree.

What are some of your most memorable moments as a nurse?

I once had a pediatric leukemia patient in his home who wasn't doing well. I asked his mom if she wanted us to do a blood transfusion so he could enjoy his last Christmas. She said yes, and I found the vein and was able to do the blood transfusion in the home. The little boy was able to celebrate Christmas with his family before he died.

One July 4, there was a dynamite explosion in Waite Park. St. Cloud Hospital had no ER at that time. The workers were brought in, and I was the only nurse on to care for them. I called Dr. Schmitz, who came right over. These were young people, and I was caring for the patients, the families, and dealing with the police. That was a horrible event.

One night I was caring for a patient after surgery. At that time we didn't check on people's alcohol behavior, but I noticed he was acting a little strangely. Later, I went back to give him a hot water bottle and the bed was empty. The 5th floor window was open and the screen torn. This was very distressing, but through it I learned you can't run away from something, because you'll never get over it. You need someone to support you through a catastrophic event. I tell nurses, "come in here and I'll help you with it."

Fr. Al Stangl would always come when we had a death on nights. He would bring us all together, including the family if they were there, and we would pray over the person. That meant a lot.

One night at 1 a.m., Mary Smoggert called a Code Red (fire) in the cafeteria. I went down, and there was a big cake and flowers for my graduation as a Nurse Practitioner.

What have been the biggest challenges as a nurse?

I always try to do what is right for my patient. Sometimes it isn't easy, and with critical patients I only had a split second to make a decision. Others may fight my decision or question it later, but when I had to make a quick decision, I tried to do it in the patient's best interest.

What has been your greatest accomplishment as a nurse?

I enjoyed tremendously going back to school and teaching. I enjoyed interactions with doctors and staff. I reviewed classes for new graduate nurses before their board exams. Staff gathered in a basement room, and I grilled them with scenarios, making them think through situations. They needed to have those skills to apply principles in other situations. Only one nurse in my review classes failed the board exams, and she had medical issues that kept her from classes.

What changes in nursing practice stand out for you?

Nursing does so much better now with admissions, finding out where people are, and tailoring care to them. Nursing assessment skills are better, and we can do something about our assessment. It's all about the patient, and being there to save their life. Technology changes have helped, and there are more people to help with issues that arise.

What advice would you have for a new nurse today?

Study hard. Be prepared. And have a good work ethic. No task is beneath you.

What do you have planned during your retirement?

I'm going to spend more time with my five grandchildren and my garden. I have enjoyed the ride (as a nurse) and would do it all over again.

What are some "Bernice-isms"?

- "Don't say no."
- "When I have everyone working together we move mountains."
- "Nobody died, and we can look at it again tomorrow."
- "If you call me, I'll always show up and always help you, but you had better hold up your end of the bargain."
- "I'm not the diagnostician, but I'll tell you what the problem is."
- "You have to be here to believe it."

Many hospital staff nurses comment that they still use tips Bernice taught them for nasogastric and IV insertion, and Bernice's IV skills will be missed by staff and patients. Bernice is retiring, but will live on at St. Cloud Hospital as a legacy to nursing and patient care.



Bernice (Zimmermann)Schoenborn,
St. Cloud Hospital
School of Nursing graduate

*Your purpose in life is to
find your purpose and give your
whole heart and soul to it*

– Gautama Buddha

2012 Minnesota Nurse of the Year Awards – March of Dimes

St. Cloud Hospital participates in the annual state-wide March of Dimes Nurse of the Year award program, recognizing and celebrating outstanding nurses in 15 categories. In addition, the hospital sponsors the Neonatal Nurse of the Year category. St. Cloud Hospital was the first hospital in Minnesota to partner with the March of Dimes for the Neonatal Intensive Care Unit Family Support Program, providing valuable resources and education to the parents of our tiniest patients.

2012 St. Cloud Hospital March of Dimes Nurse of the Year Nominees

Roberta Basol, MA, RN, NE-BC, Intensive Care/Surgical Care & Clinical Practice

Penny Beattie, MSN, RN, Women & Children's Center

Jean Beckel, DNP, RN, MPH, CNML,

Intensive Care/Surgical Care & Clinical Practice

Deborah Corrigan, MSN, RN, OCN, Plaza Survivorship

Dawn Demant, BA, RN, OCN, Plaza Chemo Infusion

Karrli Franke Johansson, BSN, RN, Plaza Chemo Infusion

Jill Heinen, BSN, RN, CNN, Dialysis

Amy Kemp, RN, RNC-NIC, Neonatal Intensive Care Unit

Lisa Kilgard, BSN, RN, RN-BC, Medical Unit 1

Kathy Klaustermeier, RN, Patient Care Support Float

Melissa Lahn, MSN, RN, RNC-OB, Family Birthing Center

Nikki Laudenbach, MN, RN, Clinical Utilization/Public Reporting

Susan Omann, MN, RN, NP-C, CWOCN, Patient Care Support Office

Diane Pelant, BSN, RN, CCRN, Children's Center

Audra Popp, RN, RNC-OB, Plaza Perinatology Clinic

Cindy Robertson, MSN, RN, FNP-BC, Plaza Medical Oncology Clinic

Joyce Salzer, RN, RN-BC, Mental Health Adult Inpatient

Naomi Schneider, MBA, RN, BSN, ONC, Bone & Joint Center

JoAnn Thueringer, RN, Clinical Utilization/Public Reporting

Sherry Wentworth, BSN, RN, CNN, Dialysis Cambridge

Amy White, BSN, RN, CCRN, Intensive Care Unit

2013 DAISY Award

DAISY stands for Diseases Attacking the Immune System and was established in 2000 by members of the Patrick Barnes family. Patrick died at age 33 from medical complications. His family expresses their profound gratitude to nurses who care for patients and families every day through this award.

During the May 2013 Nurses' Week activities, St. Cloud Hospital celebrated the third annual DAISY Awards, recognizing nominees and winners from across 12 distinct service lines. St. Cloud Hospital established nomination and selection criteria in alignment with organizational core values. Nurses who exemplify these values are nominated by patients, families, peers, and physicians. Each DAISY Award winner receives a unique, hand-carved, Healer's Touch statue from Zimbabwe. This statue was created as a symbol of nursing's meaningful work. The DAISY Award honors clinical skill, leadership, and compassionate patient care.

The St. Cloud Hospital DAISY Award Winners for 2013:

Linda Abel, RN, Home Care

Amy Bianchi, BSN, RN, OCN, Plaza Chemo Infusion

Jon Broman, RN, Intensive Care Unit

Norene Chavez, BA, RN, Quality Resources

Jenna Czech, RN, Neuroscience/Spine

Mary Dockendorf, BSN, RN, Mental Health Partial Adult

Sharon Hoffman, BSN, RN, CNN, Dialysis

Deb Lawrence, RN, RNC-NIC, Children's Center

Cindy Mathre, LPN, Medical Unit 1

Colleen Porwoll, BSN, RN, ONC, Bone & Joint Center

Barb Wagner, BSN, RN, CEN, Emergency Trauma Center

Mary Zvoloski, RN, CRRN, Post Anesthesia Care Unit



Credits

The Magnet Steering Committee

Brenda Ackerman

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Jean Beckel, DNP, RN, MPH, CNML

Linda Chmielewski, MS, RN, NEA-BC

Lori Eiyneck

Jeni Hanson, BSN, RN

Beth Honkomp, MSN, RN, MBA, NEA-BC

Barb Scheiber, BSN, RN, NE-BC

Kelly Thomson

Jane Vortherms, MHA, RN, BA, OCN

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