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Nursing Annual Report: 2020

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Nursing Annual Report

2020 DEDICATED BY THE WORLD HEALTH ORGANIZATION AS
THE YEAR OF THE
NURSE & MIDWIFE



Welcome



JOY PLAMANN, DNP, MBA, RN, BC
VICE PRESIDENT-OPERATIONS,
ACUTE CARE DIVISION/CNO

It's been a busy year to say the least.

As we try to navigate this new era of COVID-19 and all the changing policies and mandates that go with it — we are also trying to determine our new normal. We are seeing extra patients and performing additional procedures that were delayed during the initial phase of the pandemic. Some parts of our jobs have changed completely as a result... and we ALL have to think differently about our work life. I am so proud of how we — as an organization — have collaborated and pulled together during these times. This nursing annual report is a reflection on our year. I have also included a short video to accompany my welcome message. Enjoy.



Watch Video

Joy M. Plamann

Hospital Profile

JULY 1, 2019 TO JUNE 30, 2020

Licensed beds: 489
Net patient revenue: \$818,008,449
Consumers served: 756,000
Inpatient admissions: 25,903
Number of patient days: 111,856
Average length of stay (days): 4.32
Number of outpatient visits: 298,233
Number of Emergency Trauma Center visits: 59,685
Number of home care visits: 63,929
Number of surgeries: 13,182
Number of births: 2,749

Nursing Team

OUR NURSING TEAM IS MADE UP OF ADVANCE PRACTICE
REGISTERED NURSES, REGISTERED NURSES, LICENSED
PRACTICAL NURSES AND NURSING ASSISTANTS.

	APRNs	RNs	LPNs	NAs
Number employed	91	1,950	275	708
Number of FTEs	71.42	1,482	205.6	425.5
Skill mix	—	70%	10%	20%
Average length of service (years)	1.56	7.62	5.77	0.87
Turnover rate	10.0%	6.6%	15.5%	36.7%
Vacancy rate	5.0%	0.5%	1.7%	0.9%
Diverse staff rate	9.2%	3.9%	9.5%	15.8%



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NATE STUNEK, BSN, RN

Frontline Heroes

At St. Cloud Hospital, nurses are the frontline heroes every day and especially in our battle against the COVID-19 pandemic. The virus has posed enormous challenges for your work routines, relationships with patients and personal lives, and has inspired a new respect and appreciation among the public for your commitment and sacrifice.

COVID-19 has presented new challenges as a nurse which includes navigating changing roles and quickly mastering new skills.

You must collaborate in new ways, continuing to care with compassion, skill and dignity while working side by side to treat critically ill patients. The fact that you come to work each day to provide nursing care to those in need hasn't changed, but the circumstances you provide that care in has changed significantly. Many of you, as dedicated nurses, have volunteered to be part of the core team that cares for COVID-19 patients because you are driven by the challenge to be a problem-solver, leader, healer and compassionate caretaker. To the nurses not directly involved with the care of COVID-19 patients, you have continued your unwavering dedication to patients every day. At a time when many patients are isolated from loved ones, you have at times gone above and beyond with acts of compassion to brighten their feelings of solitude.



CRAIG BROMAN, MHA, FACHE

I am so proud of the nurses at St. Cloud Hospital and how they have come together as one to support all patients, their families, leaders and co-workers during the COVID-19 crises. Your dedication to clinical excellence and commitment to service with compassion are truly appreciated. Thank you for being superheroes during this unprecedented time “because health means everything.”

Sincerely,

Craig Broman, MHA, FACHE

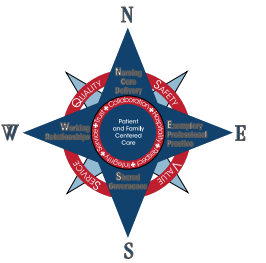
Executive Vice President & Chief Operating Officer



Watch Video
Thank you Lisa Kilgard, RN, for all the work you are doing to serve our community during COVID-19. Take a look at the first video in a series from the communications department – Faces on the Frontlines.

Nursing Strategic Plan

2019-2020 CENTRACARE – ST. CLOUD HOSPITAL



NURSING CARE DELIVERY /Experience, Value

Support and participate in Thrive Together activities:

- Improve throughput at St. Cloud Hospital: (Kacey Hiltner) **Work has transitioned to a new team that is focused on reducing length of stay. Will carry work over to the FY 2021 Nursing Strategic Plan.**
- Implement an effective nursing home admission and discharge process to enhance communication and collaboration: (Lisa Kilgard, Colleen Porwoll) **Item was put on hold due to COVID-19 response.**
- Engage in staffing management evaluations: (Joy Plamann) **Staffing assessments have been completed through various consultants and results shared with nursing leaders.**

Enhance nursing clinical documentation to support nursing practice: (Jen Burris, Hillary Waldum) **Work put on hold due to COVID-19 and will resume in FY 2021.**

Evaluate consistency of nursing standards across similar areas (i.e. Critical Care, Medical/Surgical, etc.): (Jen Burris) **Improved consistency accomplished.**

Incorporate Epic Rover into daily practice: (Hillary Waldum) **Successful implementation.**

WORKING RELATIONSHIPS /People

Implement CANDOR: (Chelsie Bakken) **Program finalized and incorporated into practice with 308 peer support reach outs completed through the end of FY 2020.**

- Focus on Care of the Caregiver.

Provide education and training to combat horizontal violence: (Kate Van-Buskirk, Lori Steffen) **Education module completed and continue to monitor and follow up on an individual basis.**

Enhance consistency of RN job titling and job descriptions: (Erin Hjort, Ellen Simonson) **Standard job description templates created to ensure consistency across the organization. Will continue efforts in FY 2021.**

Examine creative staffing ideas to incorporate students into employment practices: (Resource Management) **Creative schedules created as individual departments were able to attract and retain students.**

Increase retention of Nursing Assistants: (Resource Management) **Efforts paused with COVID-19 response.**

Enhance nurse/provider communication: (Libby Wenderski, Curt DeVos)

- Initial phase with Hospitalists **Efforts paused with COVID-19 response.**

EXEMPLARY PROFESSIONAL PRACTICE /Community Health

Organize/participate in 2-3 health initiatives in the community: (Joy Plamann, Lori Steffen, Diane Pelant, Tami Bong, Melissa Lahn, Ellen Simonson) **Structure completed and algorithm will be communicated in FY 2021.**

Standardize NA hand-offs according to evidence and scope of practice, consider standardization and inclusion of NAs in bedside shift report: (Chelsie Bakken, Liz Plante) **Work put on hold due to COVID-19.**

Improve hand hygiene practices, promoting a culture of safety to decrease healthcare-associated infections: (Ellen Simonson) **Hand hygiene efforts improved with emphasis on infection control principles with COVID-19.**

Evaluate RN/LPN Orientation to optimize and individualize according to previous experience: (Melissa Fradette, Amber Wente) **New orientation program completed.**

Create a standardized mentor program across St. Cloud Hospital for RNs: (Lora Gullette, Britney Winkelman) **Mentor program to be finalized in FY 2021.**

Evaluate and optimize scope of practice for LPNs: (Lori Mader, Dena Walz) **Item will be carried over to FY 2021.**

Enhance the initial competency process to optimize new nurse and preceptor experience to assure safe, quality patient care: (Jessica Thoma, Katie Schulz) **Initial pilot a success and will continue to spread this concept to various departments as well as into Oracle.**

Revise the annual competency process across St. Cloud Hospital to align competencies with organizational and department goals: (Jessica Thoma, Katie Schulz) **Continue to implement in FY 2021.**

Revise preceptor orientation and standardize: (Lora Gullette, Alicia Groth) **Most efforts on hold due to COVID-19 response. Preceptor page on CentraNet updated.**

SHARED GOVERNANCE /People

Increase equity of continuing education dollars across departments, set expectations to disseminate information learned: (Joy Plamann, Michelle McDonald, Kirsten Skillings) **Initiative completed and communicated in FY 2021.**

Enhance shared governance model by: (Dena Walz, Jody Zylstra) **Efforts on hold due to COVID-19 response.**

- Consider changing the meeting schedule to allow for increased clinical nurse participation and effective, timely bi-directional communication.
- Considering needs of inpatient vs. outpatient topics on agendas: **Completed.**
- Enhance communication and dissemination of what projects people are working on.

Never a Worry



I NEVER HAVE TO WORRY ABOUT HOW THE NURSES WILL SHOW UP – IT WILL BE WITH COMPASSION, PROFESSIONALISM AND AS A TEAM. NEVER HAS THIS BEEN TRUER THAN WITH THE RESPONSE I HAVE SEEN TO COVID-19. NURSES HAVE STEPPED UP ACROSS THE CONTINUUM OF CARE – FROM HOME CARE, LONG-TERM CARE, OUTPATIENT CLINICS, TO THE NURSING UNITS AND TO CRITICAL CARE – THEY HAVE ALL BEEN THERE FOR THE COMMUNITY.

I often reflect on how fortunate I was to land in Central Minnesota and to practice at CentraCare. The quality of the nursing care here is a huge part of that.

Nurses do some of the toughest jobs in health care. In caring for COVID-19 patients, this has included everything from obtaining nasopharyngeal specimens to participating on ‘turn teams’ in the critical care units, in addition to their other duties. I think very few of us could have imagined however, that nurses and their teams would be in the position of caring for terminally ill patients without the comfort of their families. As Dr. Jessie Roske wrote in her piece, “Did You Sign Up For This, Too?” this has been done with great compassion and humbling to witness.

Periodically, we survey the physicians and APPs about their engagement and experience at CentraCare. Almost universally, the highest scoring item is their perception of the quality of the nursing care at this organization. Our recent experience with COVID-19 has once again underscored why. Although we can never say it enough, THANK YOU!

Tom Schrup, MD, Chief Physician Officer

Education and Certification

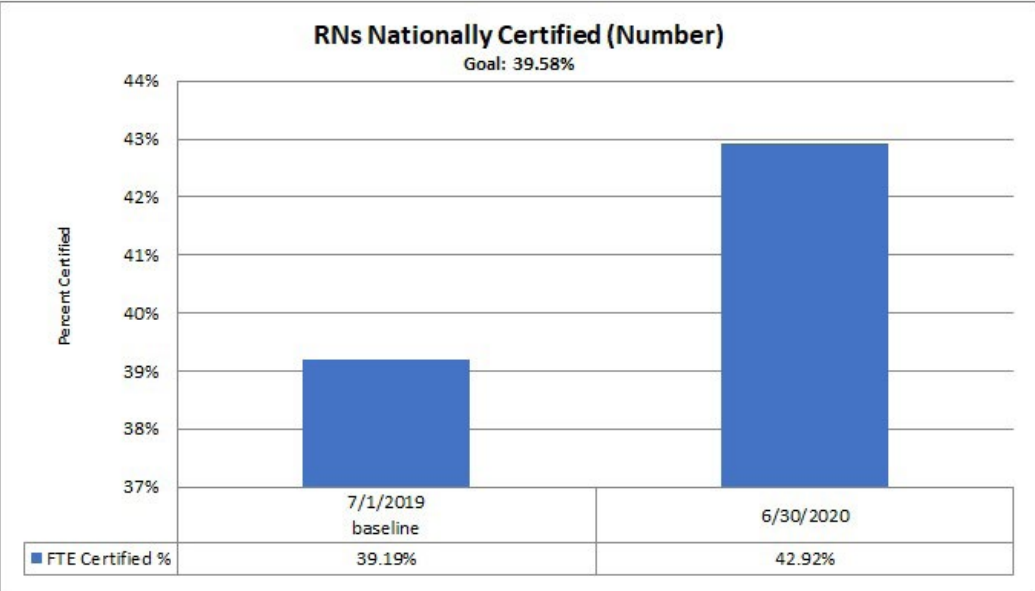
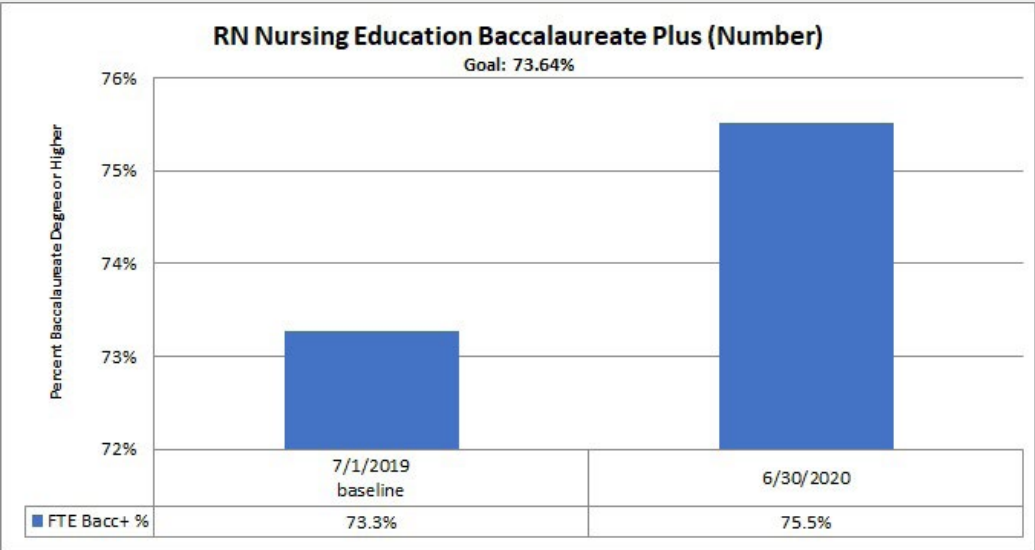
The professional development and advancement of nurses and nursing practice at St. Cloud Hospital is always a priority.

This can be achieved by increasing the percentage of RNs with baccalaureate degrees or higher and specialty certification.

St. Cloud Hospital set goals to increase nurses with a baccalaureate degree or higher by 0.5% annually and specialty certification by 1% annually with fiscal year 2019 percentages as baseline.

For fiscal year 2020, the percentage of RNs with a baccalaureate degree or higher was 75.5%, which exceeded the annual goal of 73.64% and demonstrates continued progress toward the Institute of Medicine report: The Future of Nursing.

In addition, 42.92% of RNs at St. Cloud Hospital have a national specialty certification, which exceeded the annual goal of 39.58%. Attainment of higher education and national specialty certification is a testament to the advancement of nursing practice and commitment to patient safety and outcomes.



Patient Experience

CentraCare Home Health and Hospice Responds to the Call of Duty



MARLA DIEDERICH, BSN, RN

Nurses have collected over 2,500 samples from March through June 2020.

COVID-19 has challenged nurses to adapt, change quickly and provide care in new or different ways. CentraCare Home Health and Hospice was called upon by the COVID-19 Incident Command team to provide testing services to patients living with chronic diseases, mobility deficits and those residing in congregate living situations.

Through streamlined calls and symptom screening, the team provided testing the same or next day for vulnerable populations where they resided. Testing services expanded to include asymptomatic and pre-surgical testing for facility residents and home health patients.

The nurses have collected over 2,500 samples from March through June 2020. As a result of these efforts, those most vulnerable have been able to remain in place, decreasing their fears of exposure.

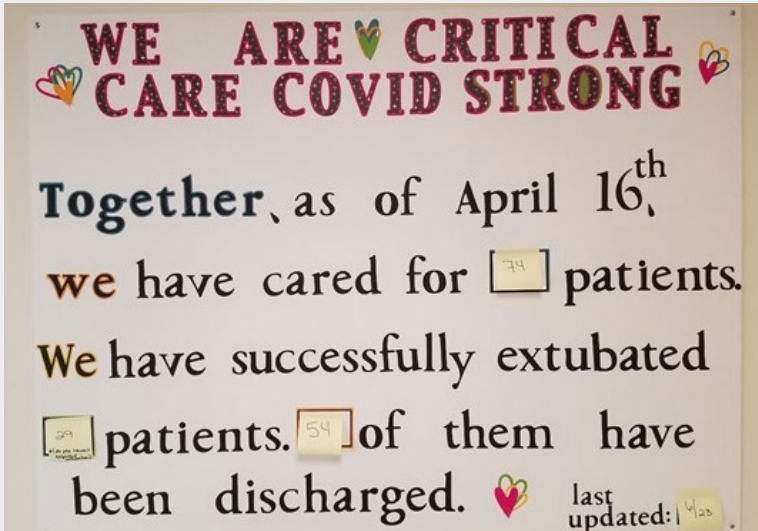
Nursing Care Delivery

Critical Care Team Nursing

In response to an increasing COVID-19 critical care (CC) patient volume and acuity, an innovative plan was established to enhance nursing care delivery and provide optimal patient care. CC leaders recognized normal staffing patterns would not be able to meet the predicted volume and needs of patients.

A stakeholder group of critical and progressive care unit (PCU) clinical nurses, educators and nursing leaders met and identified that a team approach to care delivery was necessary. The responsibilities of CC nurses were evaluated, and the group acknowledged the foundational skills of PCU nurses supported the clinical needs of CC patients.

Team Nursing Guidelines were created to designate responsibilities to staff based upon their expertise. A PCU nurse orientation plan was developed including didactic content and shadow shifts, and CC nurses were provided onboarding on the art of delegation. Team nursing provided opportunities to foster new, different and creative working relationships. Staff were grateful to be able to support the CC units, were very willing to learn new concepts and overall gained a vast appreciation for each other's area of expertise.



Huddles Impact Communication and Length of Stay

To improve patient flow, enhance communication among interdisciplinary team members and achieve geometric mean length of stay (GMLOS) index goals, best practice supports use of discharge and loopback huddles, a concept including a morning and afternoon touch base.

In January 2020, Medical Unit 2 participated in a discharge and loopback huddle pilot. Following the pilot, feedback from charge nurses, care management team members and utilization review nurses was gathered through an online survey. Responses indicated an increased awareness of a patient's estimated discharge date, transition plan, the patient care team's role in transition plans and the ability to address barriers to patient discharge.

The use of huddles decreased Medical Unit 2's GMLOS index, comparator of a unit's actual length of stay based on patient diagnoses, from 1.10 to 1.00. Due to the success, inpatient units will implement discharge and loopback huddles in FY 2021.

Nursing Care Delivery



KYLE STANG, BSN, RN, CCRN

Clinical Experts Improve Patient Care Delivery

The COVID-19 pandemic impacted the care provided to patients on multiple levels due to the novel nature of the virus, lack of evidence to support practice and the inability to purchase needed personal protective equipment (PPE). The Incident Command team relied on clinical experts, Clinical Nurse Specialists (CNS) and nurse clinicians to ensure the safety of patients and staff through the evaluation of practice and available evidence.

The primary function of CNSs and nurse clinicians at St. Cloud Hospital is to assist in the skills and knowledge related to evidence-based practice, policy development, patient advocacy and education. Their work is centered in achieving an environment of excellence in quality, safety, value and experience.

These experts collaborated and quickly put in place best practices, based on supporting and available evidence, in alignment with the nation's pandemic response. These practices were implemented to alleviate stressors in the workplace for nursing and interdisciplinary team members enabling them to deliver safe, efficient nursing care and ensure optimal patient outcomes. Through use of clinical nurse feedback, simulation and enhanced technology, the following practice changes were implemented with the perspective and safety of patients at the forefront.

— IV Pump and Medication Scanning Outside Patient Room

- To conserve PPE, intravenous (IV) pumps were placed outside patient isolation rooms.

— Reduced Documentation During a Disaster

- In the electronic health record, a Disaster Navigator was created to optimize documentation workflows.

— Conscious Patient Proning

- For COVID-19 positive patients, a non-critical care protocol was created to prone patients, allowing for optimal oxygenation.

— Convalescent Plasma Trial

- A tool kit was created to provide efficiencies for interdisciplinary team members when convalescent plasma therapy was ordered.

The interdisciplinary, collaborative teamwork among the nurse clinician/CNS group resulted in time-sensitive practice changes vital to the organization and the community we serve.

Exemplary Professional Practice

Using Evidence to Reduce Injuries

Emily Obermiller, BSN, RN, CMSRN, Endoscopy; Jami Nordmann, BSN, RN, RNC-OB, Family Birthing Center; Karen Dinndorf, RN, Safe Patient Handling (SPH) Specialist and SPH committee members noted increased numbers in patient care staff injuries while mobilizing patients.

Karen, a member of a Metro SPH group, learned of the Bedside Mobility Assessment Tool (BMAT) and informed St. Cloud Hospital's SPH Committee of the recommendation.

BMAT, a standardized tool, determines a patient's mobility level and need for SPH devices to develop an effective plan for mobilization.

Emily, Jami and Karen collaborated with interdisciplinary stakeholders and created a plan, including department champions for BMAT tool implementation.

In March 2020, BMAT was implemented and outcomes are being monitored by the SPH committee.

If You Can Dream It, You Can Do It

In 2018, medical nurses indicated stroke education as the top priority on their annual education needs assessment. Rather than providing the traditional code stroke education, Katie Schulz, DNP, MBA, RN, NPD-BC, APP Residency & Transition into Clinical Practice (TiCP) Program Manager, and Melinda Jennings, BSN, RN, OCN, Educator, Medical and Oncology Unit, developed an escape room to meet the learning objectives.

A series of four puzzles led participants through the 30-minute escape room. Each puzzle correlated to an identified learning gap. For example, participants opened a locked box that revealed colored paper with nursing actions during a code stroke. When the papers were put in the right order, the colors gave them the key to escape the room.

After the escape room, Katie and Melinda monitored process measures such as patient time to computed tomography (CT) scan. The medical units reduced the amount of time it took to get a patient to CT after the code stroke was initiated by an average of 2.9 minutes.

The enthusiasm and engagement from participants was infectious! The escape room educational strategy quickly spread to other units. Katie and Melinda had the honor of presenting a poster presentation at the Magnet Conference in Orlando, FL in October 2019.



KARA PANEK, BSN, RN, OCN, JODI LILLEMOEN, BSN, RN, CMSRN, DANIEL RUTLEDGE, BSN, RN, CMSRN, AND KAYLA FETERS, BSN, RN

Initial Competency Tool

Over time, educators at St. Cloud Hospital identified a trend that new employees would complete their orientation checklist yet would not be ready to successfully function independent of a preceptor. This lengthy orientation competency tool was part of a broken system, as it was documentation of education and not competence. Preceptors viewed the tool as a task and not competency validation, and the tool contained vague phrases which various preceptors interpreted differently.

In June 2019, a group of educators and clinical RNs began meeting to redesign and reinvigorate the process. Rather than simply revise the old orientation checklist, the group completed a thorough literature review to improve initial competency assessment. Literature showed that competency assessment tools should not be "one-size-fits-all" and the tool should be tailored to the values, work culture and needs of the organization.

Based on these findings, the group identified three goals for the tool:

- Give preceptors more guidance and structure about competency expectations of new nurses.
- Allow for smooth transitions from preceptor-to-preceptor.
- Ensure prompt, regular feedback between preceptor and new nurse.

To provide structure, the group adopted the "Tiered Skill Acquisition" model, which groups a set of competencies into levels allowing new employees to slowly assume more patient care responsibilities as they progress through orientation. The new model allows individual departments to customize the content and meet the needs of their staff and patient population.

In January 2020, the new orientation competency tool was piloted. Preceptors in the pilot departments reported the tool provided a clear description of what was required for each competency, allowed them to understand a new nurse's progress as they worked with different preceptors and the competencies were more meaningful to daily nursing practice. The tool is currently being used throughout CentraCare and paves the way for more effective competency assessment.

Transition into Clinical Practice and APP Residency Program

Over the years, an opportunity was identified to improve the onboarding and transition into practice for new graduate Advanced Practice Providers (APP), specifically Nurse Practitioners and Physician Assistants. A Transition into Clinical Practice (TiCP) and APP Residency Program were developed to formalize this transition. The inaugural class of APP residents started in October 2019 in three rural Family Medicine clinics, with the support of preceptors, to assist in their transition into practice. They also participated in a variety of specialty rotations across CentraCare to deepen their knowledge in care of patients with chronic conditions such as heart failure, chronic lung disease, diabetes, psychiatric and addiction. The program quickly grew to include all new graduates who entered Family Medicine positions and serves as a valuable recruitment tool. Future expansion of the program to other specialties will assist new graduate APPs across CentraCare to provide exceptional care.

Exemplary Professional Practice

RN Sedation Program

In 2018, Surgery Leadership and Anesthesia Services identified an opportunity to better serve patients, by allowing nurses to function at the top of their licensure and remain fiscally responsible.



RACHAEL NIESEN, BSN, RN

An analysis revealed approximately 500 procedures, typically performed under conscious sedation for patient comfort and alleviation of anxiety, could have utilized nurse administered sedation rather than anesthesia services.

The groups collaborated to develop a Nurse Administered Sedation Program to maintain the standard of care for patients and allowed for realignment and flexibility of anesthesia resources.

Fiscal year 2020 was spent interviewing and onboarding a Sedation Nurse Supervisor and three additional sedation RNs, developing protocols and standards for block and sedation cases and working to build a follow-up program for continuous improvement of the block and sedation experience for patients and providers.

Anesthesia Services remains closely involved with oversight of patient criteria to be eligible for nurse administered sedation. In addition, they serve in a consultative capacity for questions regarding patient appropriateness for services provided by the program.

Sedation RNs review each patient prior to being scheduled to ensure criteria are met and conscious sedation can be administered safely.

Since implementation on March 3, 2020, the sedation RNs have assisted and provided conscious sedation for 522 block patients and provided nurse-administered sedation for 91 minimally invasive procedures. In response to initial program success, expansion to include additional procedures and service lines is being planned.



CYRIL KOBBERMANN, BSN, RN

Preventing Hemodialysis Catheter Infections

In January 2019, Kristi Dombovy, BSN, RN, Dialysis Unit, a Doctor in Nursing Practice student, conducted an evidence-based practice project to reduce central line-associated bloodstream infections (CLABSIs) in the dialysis patient population. She initiated a three-month trial of an antimicrobial cap for hemodialysis catheters at CentraCare - Brainerd Dialysis. The cap contains chlorhexidine, a broad-spectrum antimicrobial agent, known to kill bacteria inside a hemodialysis catheter hub. Her project revealed zero CLABSIs which demonstrated continuous, extended use of the cap decreased blood stream infections. Due to the success of Kristi's project, the CentraCare Dialysis program implemented cap use systemwide on Oct. 15, 2019 and has seen a 60% reduction in hemodialysis catheter-related blood stream infections.

Mental Health Units' Platinum Designation

In 2019, the Adult and Adolescent Mental Health Units at St. Cloud Hospital were awarded Platinum designation by Optum for the remarkable care provided to their patients. The Platinum designation is the highest of five levels of achievement given by Optum, which means our Adult and Adolescent Mental Health Units met or exceeded at least four of five effectiveness metrics and efficiency criteria. Platinum distinction units demonstrate shorter length of stays (without compromising outcomes), lower costs, better care with less practice variability, better follow up rates that lessen the chance of relapse and fewer readmissions. St. Cloud Hospital has received this award annually since 2015!

Shared Governance

Care for the Caregiver Program

In 2015, CentraCare began work to increase the wellbeing and resilience of our caregivers. In July 2019, this work culminated with the launch of CentraCare's Care for the Caregiver (CFC) program. This is an evidence-based program rooted in the growing body of knowledge around "second victim" phenomenon, when individuals feel personally responsible for the patient outcome and are traumatized by the event. Many feel they have failed their patient, second-guessed their clinical skills and questioned their knowledge base. The goal of the CFC program is to empower and support staff following an adverse event or unanticipated patient outcome.

The CFC program is comprised of three tiers. The first tier is immediate emotional first aid provided by department leaders and co-workers. This tier provides immediate support and reassurance to the individual. In the second tier, volunteer peer supporters trained in empathic communication and listening technique,

provide a "safe zone," which is a space to talk about the feelings and not the facts of an adverse event or unanticipated patient outcome. The group is comprised of individuals in Nursing, Information Systems, Spiritual Care, Social Work, Patient Experience, Administration and retirees. The volunteers are available seven days a week, 24 hours a day. The third tier is an expedited referral network for needed services, such as the Employee Assistance Program and Spiritual Care.

Prompt intervention and support strategies can help promote caregiver recovery and return to productive, meaningful work as soon as possible. With effective support of the CFC program, a caregiver returns to more than their baseline status; they return with more insight, wisdom and a greater sense of support available to them, as well as an understanding of the profound sacredness of their work and place in it.

Nursing Research Review Board Expansion

In the Fall of 2019, Nursing Research Review Board (NRRB) members, consisting of masters, doctoral and PhD-prepared nurse leaders and faculty from surrounding colleges and universities, aimed to improve the shared governance structure. NRRB members review, evaluate and recommend approval for all nursing research studies and graduate level evidence-based or quality improvement projects. A query was sent out to bedside Registered Nurses (RNs) and Advanced

Practiced Registered Nurses (APRNs) to gauge interest in becoming a member of this committee. New members were selected based upon their previous experience and knowledge about nursing research, evidence-based practice and quality improvement processes. New members were onboarded and provided education on human subject protection. The change improved bedside RN and APRN membership by 30%.

Working Relationships



Breast Feeding Initiatives

CentraCare breastfeeding/lactation services continue to expand in our community through multiple partnerships. The journey, which began years ago, initially provided breastfeeding support for hospitalized mothers and a breastfeeding helpline. The addition of a full-time, certified lactation specialist in the clinic setting, allows for pre/postnatal lactation services, five days a week, to mothers who need assistance. Collaboration with area medical equipment services provides needed equipment to expecting mothers and creates an opportunity to learn about product use before the baby is born.



AMANDA DEKAN, HENRY DEKAN, AND
JEANNE FRIEBE, RN, BSN, IBCLC, RNC-LRN

The Central Minnesota Breastfeeding Coalition is co-chaired by Jeanne Friebe RN, BSN, IBCLC, CentraCare and Jennifer Wald, Public Health coordinator for Stearns County. This coalition is a community partnership with CentraCare, Stearns, Benton, Sherburne and Mille Lacs County Public Health with involvement of members in the Women, Infants and Children (WIC) program and the Statewide Health Improvement Partnership (SHIP). The coalitions' mission is to promote, protect and support breastfeeding families in Central Minnesota. The collaboration has led to community conversations regarding health in the counties to the enhanced use of electronic benefits transfer cards (EBT), which includes a public health personnel visit while mothers are still hospitalized. Additional coalition initiatives to improve breastfeeding rates, provide resources and peer support include the Big Latch On and a Baby Café.

To provide the benefits of breast milk to infants, CentraCare, in collaboration with the Minnesota Milk Bank for Babies, established a Milk Depot, which accepts screened and approved donated breast milk. Donated breast milk is accepted at the CentraCare Plaza where it is stored until it is transported to the Milk Bank. The Milk Bank pasteurizes and provides donor breast milk to feed premature infants at St. Cloud Hospital. A future goal is to have donor breast milk available for all babies at St. Cloud Hospital and develop a breast milk dispensary for families who wish to purchase breast milk for their babies.

Working Relationships

Committed Community Partnerships

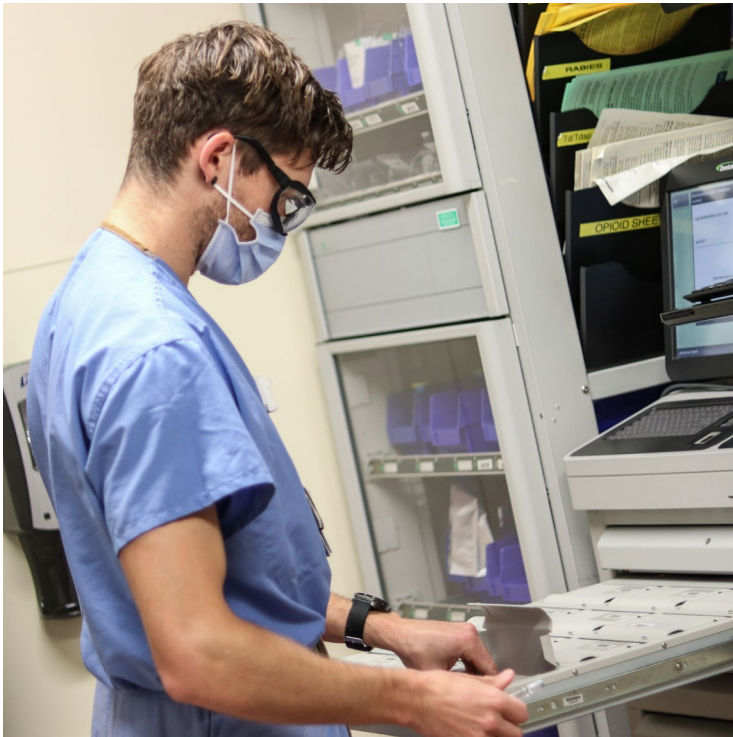
Improve Care for Human Trafficking Victims

Human trafficking is the use of force, fraud or coercion to obtain some type of labor or commercial sex act. It is a hidden crime and Central Minnesota is second in the prevalence of human trafficking, behind the Twin Cities metropolitan area.

Studies have estimated up to 88% of victims seek medical care during their period of exploitation, while only a small percentage (4.8%) of emergency providers and staff feel confident in their ability to recognize and care for victims.

In 2018, DeNae Petersen, BSN, RNC, clinical nurse, recognized the opportunity to improve care for human trafficking victims at St. Cloud Hospital while completing her capstone project. DeNae reached out to Diane Pelant, MSN, CCRN-K, director, Neonatal Intensive Care Unit, to discuss her desire to improve policies and protocols for victims. DeNae and Diane led a small interdisciplinary stakeholder group to complete a gap analysis within CentraCare. The stakeholders quickly identified a lack of available resources to identify and care for this population. Through collaboration with the Central Minnesota Sexual Assault Center, Terebinth Refuge, St. Cloud Police Department and Child Advocacy Center, a system-wide approach was used to review current sexual, domestic and child abuse policies and available resources. Education, policies, procedures and resources for caregivers and victims were developed and implemented.

To continue heightened awareness, a panel of caregivers and community experts presented a human trafficking case study at St. Cloud Hospital's Schwartz Rounds, in January 2020. The case study and subsequent discussion led to requests for additional education and resources on victim identification, assessment and care. As a result, evidence-based questions to recognize victims upon admission have been added to the electronic health record. Efforts continue to update policies, algorithms and educational tools for providers, staff and community members.



JARED NORDSTROM, BSN, RN, CEN

Quarterly Huddles to Align Change Management

Frontline staff identified an opportunity to better align electronic health record (EHR) updates, practice changes and associated education. To meet this need, members of the EHR training team and nursing representation from informatics, leadership and education initiated quarterly meetings to better align upcoming changes and educational platforms. The group makes it a priority to collect feedback from end users and evaluates effectiveness of training to ensure optimal outcomes are met. This collaboration enhances multidirectional communication and coordination of new and ongoing EHR education to ensure patient safety, regulatory measures and nursing practice are aligned.

Interdisciplinary Mortality Review Committee

An Interdisciplinary Mortality Review Committee (IMRC) was created to achieve a standardized mortality index (SMI) of less than 1. This ratio is the number of deaths that have occurred over the number of deaths expected. The IMRC is led by Quality Resource (QR) nurses and includes physicians, nurses, palliative care representation, pharmacy, respiratory therapy, patient safety, performance improvement and peer review. To prepare cases for review, QR nurses use their clinical knowledge and investigational skills to perform systematic mortality review of all St. Cloud Hospital deaths. Through a system's approach, opportunities to prevent recurrence of mortality identified include the recognition and communication of DNR and POLST orders, length of stay management and mortality risk variable documentation on admission. Due to a variety of factors, the mortality rate has decreased at St. Cloud Hospital throughout fiscal years 2019 and 2020.

Improving Disinfection of Flexible Endoscopes

Evidence-based practice guidelines recommend when completing high level disinfection (HLD) of flexible endoscopes, health care facilities implement the practice of visually inspecting the endoscope and all accessories to ascertain cleanliness and assess defects in equipment. St. Cloud Hospital Endoscopy department participated in a Thrive Together, A3 and business plan performa, to support implementation of best practice. The department completed small tests of change to assess equipment and staffing needs and establish policies, protocols and guidelines to ensure meeting national standards and guidelines surrounding endoscope reprocessing. Standardized cleaning and HLD practices continue to expand across CentraCare to ensure patient safety and the highest level of care for the patients we serve.

Nursing Informatics

Nurse Informaticists, Hillary Waldum, MSN, RN, and Holly Kockler, BSN, RN, use their clinical experience and technology knowledge to tackle tough electronic health record (EHR) challenges. Nursing informatics incorporates nursing and information sciences to maintain and develop systems to support the practice of nursing and improve patient care outcomes. Since the formation of the nursing informatics team in December 2019, these two individuals have worked on projects, such as documentation for mobile devices through Epic® Rover, Secure Chat messaging within the EHR and streamlining clinical documentation. They lead EHR decision-making committees, including Clinical Documentation Review and Clinical Decision Support, aiming to enhance the overall EHR experience for clinicians.

Working Relationships

It Took A Village — The Mental Health Unit's Story of Teamwork, Resiliency and Bonding

Over the course of nearly 10 months, the Inpatient Mental Health Unit team rose to the challenge of caring for one of the most complex patients many had ever experienced.

The patient required our highest level of care — the Behavioral Intervention Care Unit with a 2:1 or 3:1 staffing ratio, daily, to ensure safety. The intricate nature of his care required a level of extreme fortitude and perseverance, care that tested our resiliency and emotional capacity. The patient's unpredictable nature and diagnoses prevented complete control of personal actions, resulting in numerous aggressive incidences to caregivers and evoked a significant emotional response from our team. Throughout this experience, the patient was always viewed as a person — an incredible human being with many faces, voices and personalities.

During this patient's stay, it became normal for the atmosphere and pulse of the unit to change rapidly. As a group of caregivers, we had to adapt our vision of what great patient care looked like for this patient. This prompted an excellent opportunity for enhanced teamwork, as the dynamics of our approaches varied, sometimes drastically, from shift to shift. Our care team took opportunities to become reliant on one another. This cohesiveness, however, did not occur easily or without adversity. We failed often — but failed forward in our approaches with piloting new ideas, adapting care environments and accordingly adjusting the plan of care. One gift we discovered was our collective ability to walk through the patient's door and have absolute trust in the people that followed us through it. We were all rowing the same boat.

It took a village to care for this patient through a debilitating illness — our entire mental health interdisciplinary care team, specialty providers, administrators, leaders, a host of amazing ancillary support staff and a special family member. The unity of this village relied on direct daily communication, structure and leadership. We learned to treat one another with grace and compassion, as we could tell when others were having a difficult day. This mutual understanding created an opportunity to become better for each other. Upon patient discharge, the teamwork, resiliency and emotion were felt by many and was best surmised by our patient's lasting statement — “bye friends.”



Professional Development FISCAL YEAR 2020

NURSING PODIUM PRESENTATIONS

Braun, D. (2020, March). *Membrane Plasma Separation.* Presented at Essentials and Advances in Apheresis Therapies Conference, La Jolla, CA.

Braun, D. (2020, March). *Troubleshooting with the Experts: Panel Discussion of Difficult Cases.* Presented at Essentials and Advances in Apheresis Therapies Conference, La Jolla, CA.

Brekken, J. (2019, October). *Complex Case Studies From a Level 1 (2) Trauma Center.* Presented at SPARK-A Donate Life Symposium, Prior Lake, MN.

Dumonceaux, P. (2019, October). *Public Health: Influence Across the Continuum of Care.* Presented at CSB/SJU Nursing Student Career Day, St. Joseph, MN.

Jones, C. (2020, January). *Combating Drug Diversion in Healthcare.* MHA Winter Trustee Conference, Brooklyn Park, MN.

Moengen, D. (2020, March). *Hemorrhage in the PACU.* Presented at ILSPAN Conference, Rolling Hills, IL.

Moengen, D. (2020, March). *Obesity in Surgery.* Presented at ILSPAN Conference, Rolling Hills, IL.

Moengen, D. (2020, February). *ASPAN Standards.* Presented at MNDKSPAN Conference, Plymouth, MN.

Moengen, D. (2019, October). *Hemorrhage in the PACU.* Presented at WISPAN Conference, Eau Claire, WI.

Moengen, D. (2019, September). *Orientation and Strategic Planning.* Presented at Component Development Institute ASPAN Conference, Cincinnati, OH.

Paddock, S. and Wolfe, S. (2019, September). *Engaging All Participants in Group Simulation to Improve Learning Outcomes.* Presented at Health Partners Institute Simulation Conference: Collaborate, Create, Elevate, St. Paul, MN.

Schultz, K. (2020, May). *Breaking Out of the Traditional: Building an Escape Room to Meet Learning Gaps.* Presented at 2020 National Teaching Institute & Critical Care Exposition (NTI), Indianapolis, IN.

Stueve, D. (2019, September). *CISD-Critical Incident Stress Debriefing: A Framework for Support.* Presented at AORN Heartland Chapter Workshop, St. Cloud, MN.

Swendra-Henry, B. (2019, November). *Vascular Access for Providers.* Presented at Provider CME Event, Long Prairie, MN.

Wilder, C. (2019, October). *Donation 101: Organ, Tissue, and Eye.* Presented at Parish Nurse Group, St. Cloud, MN.

NURSING POSTER PRESENTATIONS

Hoeschen, L. (2020, May). *EBP Lead Selection.* Poster presentation at 2020 National Teaching Institute & Critical Care Exposition (NTI), Indianapolis, IN.

Jennings, M., & Schultz, K. (2019, October). *If You Can Dream It, You Can Do It: Building an Escape Room to Meeting Learning Needs.* Poster session presented at 2019 Magnet Conference, Orlando, FL.

Pohlmann, S. (2020, May). *Appropriate EKG Lead Selection in NSTEMI/STEMI Population.* Poster presentation at 2020 National Teaching Institute & Critical Care Exposition (NTI), Indianapolis, IN.

NURSING PUBLICATIONS

Friederichs, B. (2019). Adult Immunization (Ai) Best Practices Learning Collaborative, Group 3: Case Study CentraCare St. Cloud, MN. *AMGA Foundation.amga.org/foundation.*

Massmann, J. A., Revier, S. S., & Ponto, J. (2019, August). Implementing the Serious Illness Care Program in Primary Care. *Journal of Hospice & Palliative Nursing*, 21(4), 291-299. doi:10.1097/njh.0000000000000531

Sowada, K. (2019, October). Qigong Benefits for Survivors Coping with Cancer-Related Fatigue. *Clinical Journal of Oncology Nursing*, 23(5), 465-469. doi: 10.1188/19.CJON.465-469.

LINDA CHMIELEWSKI SCHOLARSHIP AWARD

Melissa Kruger, BSN, RN, OCN, and Sara Maciej, BSN, RN, OCN, were the recipients of the Linda Chmielewski Scholarship, a former St. Cloud Hospital Chief Nursing Officer. Melissa and Sara are both Medical and Oncology Unit registered nurses, currently enrolled in the Doctor of Nursing Practice (DNP) program at the College of St. Scholastica.

Melissa is a preceptor, mentor and has achieved Clinical Ladder III status for two consecutive years because of her involvement in shared governance committees. Melissa also serves as the Program Chair of the West Central Minnesota Oncology Nurse Society. She looks forward to continuing her change agent role as a nurse practitioner advocating for her patients, peers and community.

Sara is actively involved in shared governance and incorporates evidence into practice. She recently finished a quality improvement project, standardizing chemotherapy administration guidelines to improve the continuum of care for oncology patients. Sara looks forward to using her existing nursing leadership experience in conjunction with her DNP to promote cancer prevention strategies. Sara was recently awarded the 2019 March of Dimes Oncology Nurse of the Year.

A Leap of Courage

First of all, I never thought I would be writing to all of you in our annual nursing report, much less be sharing a journey of nursing innovation. My name is Deidra Heuring, and I am a staff RN in the Post Anesthesia Care Unit (PACU) at St. Cloud Hospital.

Honestly, I did not identify myself as a nurse innovator, but rather an introverted nurse with big dreams that have never fit into a traditional box.

In August 2019, I took a leap of courage. I applied and was selected to be in the cohort Johnson & Johnson Nurse Innovation Fellowship (JJNIF). In partnership with Johnson & Johnson, Nurse Approved, LLC and the Center for Creative Leadership, this fellowship “aims to strengthen the leadership and entrepreneurial skills of inspired and innovative nurses to help amplify and integrate nurse-led innovation in health care.” ¹Johnson & Johnson Services, Inc. (2020). Johnson & Johnson Nurse Innovation Fellowship. Retrieved from <https://nursing.jnj.com/innovate-with-us/nurse-fellowship>.

This program is providing individualized professional mentoring, guidance with an action learning project and development in leadership, entrepreneurial and innovation skills. I have had the privilege of participating in live and virtual

Nurse Hackathons. (Hackathons are events that bring together nurses, designers, educators and other professionals seeking to collaboratively problem solve to improve human health). My personal goal for the JJNIF continues to be an opportunity to strengthen my voice and learn to translate the visions of what “could be” into applicable solutions to help improve the health and wellness of our community.

Nurses are natural and practical innovators by the nature of the nursing profession. Often busy solving problems in a fast-paced, complex environment, we often do not view ourselves as such. However, every day nurses are using innovation to sift through these layers of complexity to promote the wholeness, health and well-being to those receiving care.

I invite you to continue to bring your ideas forward. Exactly how that looks is for you to decide. Perhaps you want to enroll your idea in a health challenge through national organizations or in the private sector. Maybe it is leveraging your voice in health policy or on organizational boards. Maybe it is piloting a new idea or improved process on your unit. Perhaps it is sketching a product that you see as working better and diving into market research. Whatever you choose, please do it. Health care is shifting in dynamic ways and the time is now to bring your innovative and creative ideas forward. Let your light shine and encourage others to do the same. Always.



DEIDRA HEURING, DNP, RN, AHN-BC

Nursing Makes a Difference

During May 2020, St. Cloud Hospital celebrated the annual DAISY Award recognizing the nominees and the DAISY Award winners in their respective departments. St. Cloud Hospital established the nomination and selection criteria in alignment with organizational core values, and nurses who exemplify these values are nominated by patients, families, peers, physicians and co-workers. DAISY Award winners receive a unique, hand carved, “Healer’s Touch” statue, created by artisans from Zimbabwe that represent nursing’s meaningful work.

DAISY AWARD WINNERS FOR 2020

- Cassie Ackerman, MSN, FNP-C (CPRU)
- Sally Boecker, RN (ETC)
- Caleb Burney, BSN, RN (NICU)
- Andrea Fitzgerald, BSN, RN (Behavioral Health)
- Lia Hagens, BSN, RN (Birth Center)
- Lacey Hoffner, LPN (Neuroscience/Spine)
- Michelle Johnson, LPN (SUR 2)
- Andrea Kollmann, RN (Home Health)
- Valerie Laueremann, BSN, RN (Endoscopy)
- Don Nelson, RN, CRN (Imaging)
- Jesse Ostrowski, BSN, RN (Rehab)
- Woon Paek, BSN, RN, CST (ICU)
- Kristy Peterson, BSN, RN (Float Pool)
- Ashley Platz, BSN, RN (Radiation/Oncology)
- Kirsten Skillings, MA, APRN, CCRN-K, CCNS (Inpatient Cardiology)
- Shannon Trakore, BSN, RN, CPN (Peds)
- Kelsey Tschida, RN (Bone & Joint)
- Sara Zimny, BSN, RN, CNOR (Surgery)



Learn more about the Daisy Foundation by [clicking here.](#)

2019 MARCH OF DIMES NURSE OF THE YEAR FINALISTS

- Catherine Bowe, BSN, RN
- Andrea Gravley, APRN, CNP, IBCLC
- Lisa Kilgard, BSN, RN-BC
- Nicolette Leaders, BSN, RN
- Sara Maciej, DNP, APRN, FNP-C, OCN, CMSRN
- Holly Mondloch, RN
- Mallory Mondloch, BS, RN, CMSRN
- Melanie Odden, BSN, RN, RNC-NIC
- Diane Pelant, MSN, RN, CCRN-K
- Barbara Stanley, RN
- Jessica Thoma, MSN, RN
- Kim Welvaert, BSN, RNC-MNN, CLC, IBCLC, RLC

WINNERS BY CATEGORY:

DISTINGUISHED NURSE OF THE YEAR
Kim Welvaert (NICU)

EDUCATION & RESEARCH
Jessica Thoma (CICU)

LEADERSHIP
Diane Pelant (NICU)

NEONATAL
Melanie Odden (NICU)

ONCOLOGY
Sara Maciej (Oncology)



Nursing Membership on National/State Offices

Academy of Medical-Surgical Nursing (AMSNN)

- Katie Schulz, DNP, MBA, RN, NPD-BC, PRISM Award Committee April 2018 - April 2021.

American Association of Critical Care Nurses (AACN)

- Teresa Jahn, APRN, CCRN, CCNS, was appointed to serve a one-year term on AACN's National Nominating Committee July 2019 - June 2020.
- Kirsten Skillings, MA, APRN, CCRN-K, CCNS, was appointed to serve a one-year term on AACN's National Nominating Committee July 2019 - June 2020.

American Nephrology Nurses Association (ANNA)

- David Walz, MBA, BSN, RN, CNN, FACHE, National President Elect January 2020 - present.

American Society of PeriAnesthesia Nurses (ASPAN)

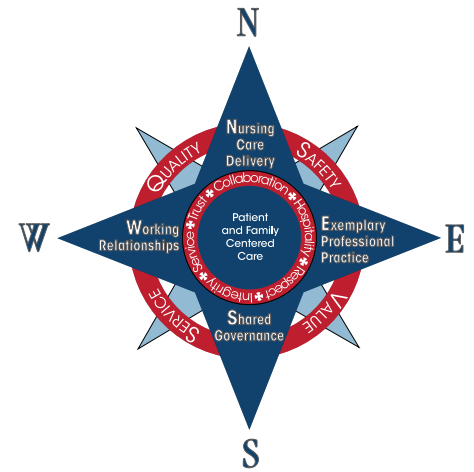
- Deborah Moengen, BSN, RN, CPAN, ASPAN Board of Directors Region 3 May 2019 - May 2021.
- Deborah Moengen, BSN, RN, CPAN, MNDKSPAN Past President May 2019 - June 2021.

Association for Professionals in Infection Control (APIC) - Minnesota

- Ellen Simonson, RN, MPH, CIC, Past President January 2019 - December 2019.

National Certification Organization (NCC)

- Jeanne Friebe, BSN, RNC-LRN, IBCLC, was appointed to be a content writer for the LRN (Low Risk Newborn) exam in June 2017 - present.



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