Nursing Innovations – Leading the Way

2016 Nursing Annual Report

Summa Health System — Akron and St. Thomas Campuses are Magnet® Recognized

2016 Cameos of Caring Award Winners

Summa Health
When it comes to nursing innovations, Evidence-based Practice, and the highest quality patient care, Summa Health nurses are leading the way in our region. We are celebrating those achievements in the 2016 Nursing Annual Report.

One of the major achievements in 2016 was the Magnet® redesignation of Summa Health System – Akron and St. Thomas Campuses. This recognition reflects the continuous superior care provided by our nurses and our healthcare team. The designation is bestowed to healthcare organizations for nursing excellence, quality patient care, and innovation in professional nursing practice, and we are proud to be included in the top 8 percent of hospitals in the U. S. with this designation.

Our Magnet redesignation is important to Summa nurses in many ways. Achieving Magnet accreditation provides recognition to our community of our nurses’ outstanding dedication and the care beyond they provide to their patients every day. It means that we will continue to improve patient care, safety and satisfaction. It promotes nurses having a voice through Nursing Shared Governance to make decisions about nursing practice. It assures a continued emphasis on our collaborative culture while maintaining autonomy for nursing and growth in nursing professional development for all of our nurses.

Our commitment to nursing excellence will continue. At Summa Health System – Barberton Campus and Summa Health Wadsworth-Rittman Medical Center we have begun the Magnet journey by applying to the American Nurses Credentialing Center (ANCC) for initial Magnet designation.

In this report, you’ll read about how our nurses are implementing a new Behavioral Health program to fill a care gap using education and outreach to lower the sepsis and CLABSI rates, creating courses to help our employees better manage violent situations and working in collegial interactive teams to improve patient care and efficiencies.

As System CNO, I have been honored to work with all Summa nurses and want to thank them for their hard work and dedication to making a difference in our patients’ lives, and making Summa Health the preferred healthcare provider in our region.

As I retire at the end of 2017, I am so proud of our accomplishments, nursing excellence and Magnet® journeys.

Lanie Ward, MBA, BSN, RN, NEA-BC
System Senior Vice President of Patient Care Services and Chief Nursing Officer
Summa Health System
On the cover
2016 Cameos of Caring Award Winners: Melodi Chance Mayle, BSN, RN, OCN, CHPN (left), Mark Storey, BSN, RN, and Barb Pavlik, BSN, RN

Transformational Leadership
Managing the care transition .................................................... 4
Meeting the BSN challenge .................................................... 6
Building a collegial culture in Surgical Services ... 8

Structural Empowerment
Partial Hospitalization Program fills care gap .....10
GRN’s improve care for seniors at 
Summa Health System – Barberton Campus .....12

Exemplary Professional Practice
Treatment offers patients a chance at survival ....14
STEP reduces preventable readmission rates, improves patient satisfaction .........................................16
A collaboration of care ............................................................18
New training program provides crisis coping skills ..........................................................20

New Knowledge, Innovations and Improvements
Education helps reduce sepsis ........................................22
Bringing best practices to battle CLABSI ........24

Awards and Recognitions ................................................... 25
Managing the care transition

One of Summa Health’s major initiatives over the past several years has been to improve the management of patients during their stay. Lanie Ward, MBA, BSN, RN, NEA-BC, System Senior Vice President for Patient Care Services and Chief Nursing Officer, was named the senior executive to oversee a multidisciplinary group tasked with finding new ways to accomplish that goal.

Nurse led daily Plan for Your Day/Plan for Your Stay rounds were one of the first things implemented and were later moved to the patient’s bedside with patient and family involvement. “We moved them bedside so that the patient and their family would be involved in the plan and better understand expected treatments and length of stay. For example, a patient with pneumonia will stay about three days. Now the nurse can say to them, you’ll likely be headed home in about three days,” said Ward.

She said in the past, nurses were not informed about the expected length of stay for a particular diagnosis, so now they are included on a report provided by the coding staff.

As part of continuing improvement initiatives, electronic visibility boards were placed in the inpatient units and are utilized during the daily Safety Huddles to identify and resolve barriers to patient discharge. Transitional Care Coordinators (TCCs) report on the number of observation patients in house, how many are being converted to inpatient status and any diagnostic, treatment or transition delays that need to be addressed.

Another initiative expanded the number of TCCs to cover all of Summa Health’s inpatient units and the Emergency Department seven days a week. They are Registered Nurses who serve as the leader of the transitional planning team, collaborating with social work for complex patients and case managers for targeted populations.

TCCs review cases daily as part of the Plan for Your Stay rounds and are the “go to” person for the physicians, knowing and guiding the plan of care. They complete a transitional care assessment, review the current plan and ensure gaps are addressed. Based on the initial assessment, the TCC identifies the plan for discharge and monitors that plan for changes or barriers.

“The TCC role is key to the movement of patients and making sure the plan of care, not just the discharge plan, is completed within a timely framework and that the patient has the preparation they need prior to leaving the hospital,” said Carolyn Holder, MSN, RN, GCNS-BC, System Director, Transitional Care and Utilization Management.

In October 2015, the model was redesigned to have TCCs focus on patient care. Responsibilities related to health insurance were eliminated. “By January of 2016 we were already meeting our targets, so this is the model that works,” said Holder.

In order to improve the discharge process, Holder’s team introduced the IDEAL Discharge Preparation Checklist in the fall of 2016.

Include the patient and family as full partners in the discharge planning process
Discuss with the patient and family 5 key areas to prevent problems:
1. Describe what life at home will be like
2. Review medications
3. Highlight warning signs and problems
4. Explain test results
5. Make follow-up appointments
Educate the patient and family in plain language about the patient’s condition, the discharge process, and the next steps at every opportunity throughout the hospital stay
Assess how well doctors and nurses explain the dx, condition and the next steps using teach back
Listen to and honor the patient/family goals, preferences, observations and concerns.

Source: Agency for Healthcare Research and Quality
When the TCC does the initial assessment, he or she will provide the patient this handout and ask the patient to review it. A day or two prior to discharge the TCC will sit down with the patient and using teach back, reviews key areas to make sure the patient feels he or she has the information they need. Questions include details about the help available at home, medications and follow-up appointments.

“When we started it we were amazed at how many people had been here for a day or two and weren’t quite clear about what they were being treated for, or that they hadn’t told the doctor about a specific medication. The TCC will then do some teaching and clarification, or trigger the physician or pharmacist to follow-up with the patient,” said Holder.

The checklist was introduced system-wide in January 2017. Holder said transition scores improved. In the ED, there are three TCCs focused on Utilization Management. They screen patients who may be admitted to determine status, working with ED physicians to assure that status is correct. An additional TCC in the ED works with complex patients and develops plans for targeted treat and release patients.

Planned improvements include moving Summa Health System – Barberton Campus to the TCC model being used at the Akron and St. Thomas Campuses.

Thanks to the various initiatives, length of stay improvement targets set for the System were achieved and work continues with new targets. The observed over expected length of stay for inpatients improved from 1.14 in 2015 to 1.07 at the end of 2016 resulting in system savings of avoidable days of $2,154,551.

At the same time, the 30-day readmission rate dropped from 11.77 percent at the end of 2015 to 10.48 percent by the end of last year.

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Reports are also being produced showing length of stay by physician, nursing unit and diagnosis to further look for ways for improvement.

“This is something that has been a huge success for us and is a continued focus as we work to improve our quality and the patient experience. We continue to focus on transitioning our patients to the next level of care, even if that is the patient’s home. We have replaced the word discharge with transition. Our goal is to give the right care at the right time in the right place,” said Ward.
Meeting the BSN challenge

Hospitals with a higher percentage of Registered Nurses (RNs) with a Bachelor of Science degree in nursing (BSN) or higher nursing degree have better patient outcomes. A study from the School of Nursing at the University of Pennsylvania (Aiken et al., 2011) revealed that hospitals that have a higher percentage of BSN RNs had decreased mortality rates. In another study (Blegen et al. 2013) it was observed that with higher proportions of BSN educated RNs hospitals had lower rates of: Healthcare Acquired Pressure Ulcers (HAPUs); post-operative deep vein thrombosis and pulmonary embolisms; Length of Stay (LOS); failure to rescue; and CHF mortality.

With such overwhelming evidence of improved patient care, the American Nurses Association and the American Nurses Credentialing Center’s Magnet® Recognition Program adopted the Institute of Medicine’s (IOM) recommendation that all hospitals have at least 80 percent of their RN staff BSN or higher degree prepared by 2020. Lanie Ward, MBA, BSN, RN, NEA-BC, System Senior Vice President/CNO and the Nursing Leadership Council met this challenge head on using several innovations over the past five years.

In 2012 the decision was made by the CNO and the Nursing Leadership Council to change the care delivery model in the Critical Care, Telemetry and Medical-Surgical Divisions to an all RN staff due to increased patient acuity and feedback from staff meetings, Nursing Recruitment and Retention Council, and Nurse Practice Council about the large number of patients each RN had responsibility for in an RN/LPN staffing model.

Next the CNO focused on encouraging LPNs to become RNs and making them aware of available scholarships. The CNO met with Stark State College and The University of Akron to create an innovative program that allowed the LPNs to obtain an associate degree in nursing and then to continue for their BSN in one continuous program, while working full-time. Summa Health would cover all the costs of the program through the generous donations from The Women’s Board of Summa Health System.

A group of LPNs from both inpatient and outpatient units at Summa Health System – Akron and St. Thomas Campuses entered Stark State to begin the RN associate degree program in the fall of 2013. They entered the University of Akron in summer 2015 for the RN to BSN program and graduated with their BSN in May 2016.

Ten nurses finished the program. Tiffany Dillon, BSN, RN, Unit Director, 4 South - Acute Care of the Elderly unit, Summa Health System – Barberton Campus, and Susan Oberholtzer, BSN, RN, who works on 6 West- surgical unit at the Akron Campus, are two of them.

"While the coursework was tough, it helped to have a built in study group. We relied on each other a lot. We were friends before and now we’re very good friends, now we’re all like family,” said Dillon. “We would study in the car, on our breaks, and there was constant conversation with each other. We would assess patients and then talk about what we learned.”

Both women had the chance to explore other areas of the hospital during their clinical rotations. “We saw almost every area of nursing and it really opened our eyes,” said Oberholtzer. “I’d never spent time in the ED and the same with ICU.”
Dillon got to observe a bariatric surgery and spent time at SummaCare seeing the insurance side of the healthcare industry.

They each graduated from The University of Akron with a 4.0. Oberholtzer was named Nursing Student of the Year and both were inducted into the Delta Omega Chapter of Sigma Theta Tau International, the Honor Society of Nursing. Dillon was named Unit Supervisor shortly after graduation and recently has become a Unit Director.

Dillon and Oberholtzer said none of it would have been possible without the work of our CNO Lanie Ward, the rest of the nursing leadership team, and the support of their supervisors and co-workers.

“It was really challenging and I commend them,” said Christine Benson, MSN, RN-BC, Director of Professional Practice and the Magnet Program. “Nursing Leadership worked with them to make sure there wouldn’t be issues with their schedules and had days off to make sure they got the classes they needed.”

“They could have just let us go,” said Dillon. “But they gave us this opportunity, and we really appreciate that they had trust in us.”

Dillon isn’t done with school just yet. She recently started a Master of Science in nursing program.

The LPN to BSN program was only one initiative Summa Health adopted to improve its BSN rates. The decision was made to almost exclusively hire RNs with BSN or higher nursing degrees and if an RN was hired without it, they would need to obtain their BSN degree within two years of being hired by Summa Health System. Thanks to the generous support of the Women’s Board of Summa Health System, RNs can apply for the RN to BSN Tuition Loan Program to cover the cost of tuition. RNs must meet performance standards and maintain grades of C or better in their classes and by fulfilling a work commitment that equals the time in the tuition loan program, their Tuition Loan is forgiven. In 2017 Lanie Ward approved a reduction in wait time to be eligible for this program. Now RNs can apply twice a year, as soon as their new hire probationary period is completed.

The commitment to education has paid off. At the end of 2012, Summa Health’s BSN rate for Summa Health System – Akron and St. Thomas Campuses was 65.57 percent. In 2017, it is a whopping 78.9 percent for both locations. Summa Health System – Barberton and Wadsworth Campuses are not far behind at 78 percent.

“I don’t think it will take three years to hit that 80 percent number,” said Benson. “As we hire more and more nurses with their BSN, and continue to support those who are in BSN programs, we’re going to meet it.”
Building a collegial culture in Surgical Services

Introduction
Surgical Services covers a wide area, from Pre-admission Testing to Same Day Surgery and from the Operating Room to the procedural areas. These areas all work in tandem with the patient, along with surgeons, nurses, anesthesiologists, certified registered nurse anesthetists and a number of support staff. While the working environment was professional, the leaders of all of those areas recognized there was room for improvement.

Background
In 2014, Kaye Reiter, MSN, RN, NE-BC, Vice President of Surgical Services, Tom Mark, MD, Chair of Anesthesiology, and John Fink, MD, Chair of Surgery, met to discuss safety. They quickly realized they were all working in their own silos and that the current environment had the potential to negatively affect patient safety. In 2015, collegial interactive work teams were created to help address the issue.

Goal Statement
Four collegial interactive teams (CITs) were created to cover the areas of endoscopy, pre-operative, post-operative and operating room. Each team had physician, nursing and anesthesia representatives tasked with creating a compact outlining common goals and an action plan. Members of the team talked to their departments and then brought the feedback to the group.

“We talked about how to demonstrate what it is nursing might want from anesthesia and physicians, what anesthesia might want from physicians and nursing, and physicians might want from nursing and anesthesia,” said Reiter. “Then we came up with very bold statements—physicians will, anesthesia will and nursing will.”

Reiter said the team members provided valuable feedback and were dedicated to creating meaningful change. While there were some uncomfortable discussions, the outcome remained positive.

“Participating in the CIT was very enlightening,” said Meesha Kress, BSN, RN, OR Coordinator Plastics, ENT, ophthalmology. “When we started identifying things we could do better, all members from our group brought up the same problems, but from a different perspective. For example, nursing staff wanted to be acknowledged by their names, and physicians wanted to use their names but did not know them. Once we realized we were all feeling the same, it was easy to make our process better. We made it a priority to write all of the OR roles with everyone’s name on the dry erase board in the room.”

Initiative
In 2016, each team presented its compact to the staff and the ideas were implemented.

“It really opened a lot of people’s eyes about expectations and what the different areas needed,” Reiter said. “It made the nursing staff in the OR aware that it’s okay to speak up to a physician and the expectation of the physician is they hear the nurses’ concerns. We all want to do what is best for the patient.”

“For all of us who work in the Operating Room, surgery is a normal day,” explained Kress. “But for our patient, it’s a big, scary day that could bring a new discovery, treatment or diagnosis. That is a lot of stress for them and their family. That was one of the good things that came out of the CIT groups, we are all here for the patient.”

Reiter said she was very impressed with how the nursing staff adapted to the culture change and how they appreciated the additional support given by anesthesia and physician staff.
“The nurses needed to know no matter what they said and no matter what their concern was that they would be heard and supported.”

Outcome

“When a patient first enters the operating room, the circulating nurse greets the patient and does what we call our ‘hard stop.’ Before the CIT, there were times team members felt rushed to hurry up to do all the prep work before incision,” said Kress. “Now, the patient is not moved to the OR table until the nurse talks to the patient and makes sure they know what is going on and they are comfortable. This change makes the surgical environment more inviting and safer for our patient. You can see the comfort on the patients face.”

Reiter agreed stating the collegial interactive teams and the subsequent compacts have really improved the working environment, patient safety and the patient experience.

She said they continue to engage in process improvement and talk collectively as a group. She hopes to introduce the concept to Surgical Services at Summa Health System – Barberton Campus within the next year.

“I have to say I was so touched and thrilled at the outcomes. Our staff in all aspects—physicians, anesthesia, and nursing all engaged in the process and recognized that it was a really good thing.”
Partial Hospitalization Program fills care gap

In late 2015, the leaders of the Behavioral Health Institute recognized they had a care gap that needed attention. Patients who had been admitted for inpatient treatment were sent to outpatient services upon discharge, which isn’t always the best choice.
“Patients were receiving care in a locked, 24 hour supervised environment, and then we were discharging them into a program where they were seen three times a week or less,” explained Jaimie McKinnon, MBA, BA, BSN, RN, NE-BC, Vice President, Summa Health Behavioral Institute. “You may get discharged on a Monday and not start outpatient treatment until Wednesday, so there is no clinician interaction for several days after an acute episode. It made sense that we needed this next level of care.”

In August 2016, the Behavioral Health Institute launched the Summa Health Partial Hospitalization Program (PHP), a short-term, intensive, outpatient clinical treatment program for patients with a wide range of mental health conditions. PHP provides a structured, therapeutic setting to help prevent self-harm, reduce acute symptomatic exacerbation, restore baseline functioning, and increase recovery skills.

“Partial hospitalization allows us to return the patient to their home environment sooner as well. Out of concern for the safety of their patients, physicians are reluctant to discharge a patient into just a standard outpatient setting,” said McKinnon. “The Partial Hospitalization Program provides physicians with another option that benefits their patients by reducing inpatient stays.”

The program utilizes multiple mental health interventions through individual and group therapy that address the individualized mental health needs of the client. The PHP consists of 4-6 hours of intensive, structured outpatient psychiatric services daily, Monday-Friday. A multidisciplinary team of physicians, clinical counselors and nurses staff it. Most patients attend between 5-10 sessions.

Martha Bingham, BSN, RN, oversees much of the daily operations of the PHP. Once the patient is referred to the program, she looks at their medications to make sure they’re being taken correctly and that there are no serious side effects, she talks to them about their diet and sleep habits, and makes sure they are scheduling and attending their counseling appointments. But, the focus of her day is group therapy sessions where she works with the patients on self-care methods ranging from meditation to Tai Chi.

“We’ve had patients who are pretty reticent about going into the program, and by the end of even three sessions they’re in tears telling us this is the best thing they could have done,” said Bingham.

Bingham said they can have up to 10 patients at a time in the program and if it’s more than that they will develop two tracks.

McKinnon pointed out Bingham’s extraordinary skill in engaging people and showing them the benefit of group therapy.

“Many people don’t want to go into group therapy and share in that setting, so we started an orientation where she meets with people beforehand to get that engagement going. Once you get them into group therapy, many are willing to stay and realize its value.”

“I just believe in this program so wholeheartedly,” said Bingham. “As a nurse, it’s just so rewarding to see them get their feet under them and their confidence back. I always tell them they’re warriors, they roll their sleeves up, they’re fearless. They help each other.”

Surprisingly, some of the patients are coming to the program thanks to word of mouth.

“One woman talked so highly of the program she convinced a co-worker to come in and get treatment and right now we have a dad who saw his son go through the program and have great success, so he decided it was something he needed to do as well. It’s really helping the program grow,” said Bingham.

McKinnon said they are looking to expand the program to include addiction medicine.

“As a nurse, it’s just so rewarding to see them get their feet under them and their confidence back. I always tell them they’re warriors, they roll their sleeves up, they’re fearless. They help each other.”
Geriatric Resource Nurses (GRNs) are an important component to providing the best care for older adults. The nurses at Summa Health System – Barberton Campus have embraced this role to enhance their geriatric care delivery model.

With the full support of nursing leadership at the Barberton Campus, Joyce Restifo, MSN, RN, GCNS-BC, Geriatric CNS, brought the GRN training program to the Barberton nurses around the same time period it was being implemented at Summa Health System – Akron Campus. To earn the certification, nurses complete 20 hours of training on a variety of geriatric-specific needs and concerns. After completing the courses they serve as mentors and resources for their peers on their units and have the opportunity to take the Certified Gerontological Nurse certification from the American Nurses Credentialing Center.

Practicing as a GRN also provides opportunities for professional growth through the Summa Health System Clinical Ladder Recognition Program. For example, several of the new GRNs on the Barberton Campus are working on an enhanced mobility program for seniors.

There are two major keys to quality of life for older adults. One is their cognition, which our Delirium Protocol addresses, and the other is mobility. Since the GRN program was established, patient outcomes at Summa Barberton have improved, including a decrease in delirium.

By the end of 2016, Summa Barberton had 12 GRNs strategically placed on several inpatient units, the Emergency Department and the Outpatient Clinic. As of May 2017, four more GRNs were added to bring the total to 16. Recently, Nursing Assistants were added as an additional geriatric resource. Training was provided that was tailored to their role on the patient care team.

The nurses who chose to complete the certification are geriatric sensitive. They value the quality of life for older adults. GRNs are an essential component to high quality care of the elderly. The goal is to increase the number of GRNs in hopes of sharing their expertise and patient advocacy across the continuum of care as our older adult patients’ transition across our healthcare system.
From left to right, Anastasia Lester, BSN, RN, Allison Garcia, BSN, RN, CMSRN, Cory Tepus, BSN, RN, Valerie Luzio, RN and Janis Onderisin, BSN, RN
Treatment offers patients a chance at survival

When a patient comes to Summa Health suffering from extreme respiratory distress and the outcome is dire, extracorporeal membrane oxygenation, or ECMO, treatment gives them a chance to survive.

Summa Health introduced ECMO in 2015 and it has saved dozens of lives. The ECMO machine is similar to the heart-lung by-pass machine used in open-heart surgery. It pumps and oxygenates a patient’s blood outside the body, allowing the heart and lungs to rest. When you are connected to ECMO, blood flows through tubing to an artificial lung in the machine that adds oxygen and takes out carbon dioxide; then the blood is warmed to body temperature and pumped back into your body.

There are two types of ECMO. The VA ECMO is connected to both a vein and an artery and is used when there are problems with both the heart and lungs. The VV ECMO is connected to one or more veins, usually near the heart, and is used when the problem is only in the lungs. It is the more commonly used of the two at Summa Health.

The VA ECMO treatment helped save the life of Shannon Sansom of Mogadore. The 40 year old was at home when she suffered a massive heart attack. EMS crews rushed her to the Summa Health – Akron Campus Emergency Department where teams of doctors and nurses were waiting.

“She was taken to the Cath Lab and kept crashing,” said Elizabeth Protain, BSN, RN, CCRN, Unit Director, The Heart Lung Unit/CCU/ECMO Program Coordinator. “They called in the cardiothoracic surgeon to find a way to give her time to rest and recover. She was put on ECMO to help support her heart and lungs and bridge her into surgery. Her story is truly an ECMO success.”

Doctors told Sansom’s family that she had a less than 1 percent chance of survival. But, she beat those overwhelming odds with the help of incredible nursing staff.

“She came in through the ED as a full arrest, so you have nurses who stabilized her there. Then she went to the cath lab and you have those procedure nurses who were working diligently to keep her alive. When they called the code, the clinical nurse specialists from critical care and myself we went down and we helped support the process when we knew she was going on ECMO, plus the OR nurses,” said Protain. “But, it was those bedside nurses when we got her into a room that took care of her 24/7.”

Protain said initially it took three of Sansom’s four nurses to keep up with her blood products, medication administration and management of her post-op bleeding.

“I can remember saying we need to get her husband and her children in here because she was in such critical condition, but how do you see her in this state? We just put blankets over everything with my hands underneath just to get them in to see her.
“We formed those relationships with her family. It was the nurses who struggled with them, cried with them, held their hand through the process and when she was getting better, they got her in the chair and gave her the motivation to keep moving forward.”

Sansom doesn’t remember much of her care, but said she does remember nurses going out of their way to give her and her family everything they needed.

“I was told one of the nurses wanted to wash my hair, so they went across the street to the drugstore so I could have my hair washed with regular shampoo. They were just great,” she said.

Sansom’s mother-in-law Linda said the care went above and beyond. “They answered all our questions, but didn’t lead us down a false path. We knew she was very sick. There aren’t enough words to say for what they did. They let us know they cared and at that time in our lives, we really needed that support.

“You really felt like we were a priority. If we needed a room to talk, they got us one. They were meticulous and gave her every chance to survive.”

“ECMO is a therapy that helps hopeless cases and it works,” said Protain. “We have given people back their lives.”

Summa Health used ECMO on 21 patients in 2016 and are expecting to utilize it on 25-30 patients this year. In addition to our highly skilled nurses, ECMO relies on Michael Firstenberg, MD, cardiothoracic surgeon and Director of the ECMO program, and staff in perfusion and respiratory therapy.

“The nursing staff have really embraced it. They encourage its growth and want to learn about it,” said Protain.
Exemplary Professional Practice

STEP reduces preventable readmission rates, improves patient satisfaction

Introduction
A patient’s care does not end at the transition from the hospital to home. Often patients leave with instructions for follow up appointments with physicians, new medical devices and a list of medications they need to take. These instructions can sometimes be very confusing. When they aren’t followed, the patient can end up back in the hospital for a preventable readmission.

Background
In 2015, Summa Health assembled an interdisciplinary team led by administrators, computer programmers, nurses, physicians, pharmacists, psychologists, social workers, process engineers, respiratory therapists and dieticians to identify stronger methods of patient care transitions. The project team looked for barriers and then re-engined roles and communication strategies.

The Summa Transition Excellence Program or STEP was the result of several months of discussions about how to improve collaboration and the patient transition process.

Goal Statement
The goal of the STEP program is to reduce preventable readmissions to the hospital and to improve the patient experience.

Initiative
The STEP program was implemented in January 2016 on 7 West at the Summa Health System – Akron Campus, a medical-surgical unit with a high readmission rate due to patients with multiple comorbidities. The team developed a printed After Hospital Care Plan to serve as a patient’s guide for when they transition to either home or a care facility. It includes a concise, color-coded medication calendar and addresses diet, activity level, the condition that brought them to the hospital, and new medical equipment or services. The last page is a calendar with the dates and locations of their follow up appointments.

“Studies have shown that if you schedule all the follow up appointments for the patient, they’re much more compliant in actually going, which makes a big impact on readmission rates,” said Evan Deighan, RN, Unit Director, 7 West. “The patient can take that calendar, hang it on their fridge and know right away the date, time, location and provider name of their follow-up appointment.”

One major change was the additional pharmacy support added to the care team.

“Previously, the nurse would ask the patient for their home medication list and enter it into the electronic health record. We essentially had to take the patient’s word that the list they were giving us was correct. The STEP progress added an additional double-check,” said Deighan.
Nursing enters the initial medication list on admission. Then a pharmacy assistant comes in and interviews the patient and family. The assistant finds out what medications the patient is actually taking, the patient’s perception on why they are taking them, how they fill them and how compliant they are with their regimen. They verify the list with the patient’s pharmacy and find out if the patient picks up their prescriptions on a regular basis.

The result is an extremely accurate list of the patient’s home medications. This progress has allowed the pharmacy team to uncover many errors that may have previously been overlooked. At discharge, the pharmacist reviews the entire list of medications and does a final check with the patient to make sure they understand all the instructions.

Bedside nurses remain the primary educators for the patient, reviewing what brought them into the hospital and the signs and symptoms to watch for after discharge. When the patient is presented their After Hospital Care Plan, the nurse reviews it in an easy to follow manner and uses teach-back methods to ensure that patients understand everything that was discussed.

Part of the discharge education is the review of the color-coded zones included within the After Hospital Care Plan. One example is the Asthma Care Plan.

“The green zone is you’re taking your medication every day, you’re following up with your physician, and you’re feeling good. Yellow is if you’re starting to get a little short of breath, maybe you’ve been using your rescue inhaler a bit more, and you may be having some chest congestion. The After Hospital Care Plan will tell you to make an appointment with your physician and keep using your medical devices, so they don’t have to come right back to the ED. Red is I can't breathe, call 911. This empowers the patient to manage their symptoms,” said Deighan.

Outcome

By the end of 2016, 7 West saw preventable readmission rates drop from 19.7 percent to 14.9 percent and patient satisfaction scores rise from the 20th to 55th percentile.

Preventable readmission rates: 19.7%  
Patient Satisfaction: 14.9%

In January 2017, over 900 potential medication errors were identified and corrected by the pharmacy team. These medication errors ranged from duplicate medications and duplicate therapies, to medications patients were no longer taking. Those exemplary results led to Summa Health receiving the Dr. Frank Dono Best Practice Award by the Ohio Patient Safety Institute.

In February 2017, the STEP program was initiated on 4 South at Summa Health System – Barberton Campus. Plans to implement the STEP program system wide are in the works with the next unit targeted for roll out in late 2017.

“The nurses think STEP is amazing. They’ve seen the marked decrease in preventable readmissions and the increased satisfaction in the patient’s face as they give the discharge instructions. The nurses are eager to share the STEP resource with the rest of the hospital,” said Deighan.
A collaboration of care

Research has shown that Advanced Practice Providers (APP) provide safe and effective patient care. In spring of 2016, Summa Health introduced both classifications of APPs, Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA), to its Critical Care units with great success.

APRNs fall into four specializations: Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, and Clinical Nurse Specialist. All of the four require at least a Master of Science degree in nursing and national board certification.

According to the American Nurses Association and the American Association of Critical-Care Nurses, Acute Care Nurse Practitioners (ACNPs) focus on the stabilization of acute medical problems, prevention and management of complications, comprehensive management of injury and/or illness, and restoration to maximal levels of health within an interdisciplinary and collaborative healthcare team. Research shows that ACNPs provide high-quality, cost-effective care and positively affect patient outcomes such as length of stay, catheter-related urinary tract infections, skin breakdown, deep vein thrombosis/pulmonary embolus prophylaxis, stress bleeding prophylaxis, and anemia as well as enhanced communication, collaboration and continuity of care.

“We have a great collaboration with our physicians and nurses and work really well as a team,” said Alex Botsch, MSN, RN, AGACNP-BC, CCRN, Lead APP Critical Care. ACNPs have a scope of practice that meets both the medical and nursing needs of vulnerable acutely ill patients.

A total of seven APPs (five APRNs, two PA-Cs) currently work in the division of Critical Care. Botsch and his co-workers said it didn’t take long for all the staff to embrace and utilize their talents.

“Our training involved significant time in the simulation lab and we went to the operating room to get procedural experience, plus the one on one mentoring by the physicians was amazing,” said Tim Schnick, MSN, RN, AGACNP-BC, CCRN, EMT-P, Critical Care ACNP.

“It doesn’t feel like a hierarchy, but that we are a valuable part of the critical care team. It feels good to work in that type of collaborative environment.”

The nurses on the Critical Care Units are able to lean on the extensive experience of our Acute Care Nurse Practitioners. According to Botsch, each one has at least five years of experience as a nurse, with two having more than 15 years of experience covering multiple disciplines.

“All of the ACNPs in Critical Care come with nursing experience, so we can put the full picture together—what nursing needs, what the doctors need, what the patient needs—it just creates a better circle of collaboration and the patient benefits,” said Jeff Benson, MSN, RN, AGACNP-BC, CCRN, Critical Care ACNP.

In October 2016, the Critical Care APPs started covering the night shift at the Summa Health System – Barberton Campus ICU. “The Barberton nurses have been amazing,” said Schnick. “They’re really happy to have an APP on night shift in the ICU to augment the on-call coverage of the Critical Care physician”.

In spring 2017, Healthgrades gave Summa Health a Critical Care Excellence Award, which recognizes superior outcomes in pulmonary embolism treatment, respiratory system failure treatment, sepsis treatment, and treatment of diabetic emergencies. Hospitals receiving this award represent the top 10 percent of the nation’s full service hospitals.

“It’s not that often that you get to start a program from scratch and watch the growth of its success,” said Benson.

From left to right, Tim Schnick, MSN, RN, AGACNP-BC, CCRN, EMT-P, Alex Botsch, MSN, RN, AGACNP-BC, CCRN, and Jeff Benson, MSN, RN, AGACNP-BC, CCRN.
New training program provides crisis coping skills

A physician gives a patient some bad news about their diagnosis. The patient calls a family member, who comes to the room upset, asks to see the doctor and then starts yelling. A Unit Director comes into the room and is unable to de-escalate the situation when suddenly the family member pulls out a gun. It’s just one of the scenarios presented during the violence training course called “Violence: enABLE Yourself to Respond” developed by a team of Summa Health nurses and Summa Health Protective Services.

EnABLE was established in September 2016 in response to the growing concerns about workplace violence. Robin Brown, BSN, RN, NE-BC, CHEP, Manager, EOC Safety and Emergency Preparedness, pulled together a committee with Shauna Anderson, MSN, RN, NE-BC, Unit Director, 6 West, Summa Health System-Akron Campus, Trish Enos, BA, BSN, RN, CPHQ, Director, Performance Improvement and Quality Assurance, and Keith Blough, MBA, Chief, Summa Health Protective Services and Police, to see how our current training programs could adapt. The team decided to consolidate two separate safety programs—A.L.i.C.E. and Code Silver simulations—to create enABLE.

“We needed to come up with an acronym,” said Anderson. “We came up with ABLE, but we don’t want people to just be able, we need them to enable themselves to respond. We want them to accept what is happening, and then they have the option to barricade, leave or engage if necessary. At any time you can do any of those actions in any order necessary.”

The four hour program is presented January through May and September through December in the Simulation Lab at the Summa Health Corporate Services Center. Nurses and medical staff receive continuing education credits for completing the course. While the initial focus was on training inpatient unit staff at the highest risk for encountering violence, the course is open to all employees.

Participants do a baseline simulation evaluating group performance to a violent situation and their ability to react. Those measurements are reevaluated after the final simulation to evaluate the training effectiveness. The team also looks at how well prepared participants felt before and after completing the program. During simulations, participants take on various roles from clinician, to visitor and patient. Protective Services officers are also involved to simulate their actual responses.

“That baseline demonstration is very eye opening. Then we train them, educate them, let them practice a few things and run the same simulation at the end to see what they’ve learned,” said Brown.

After that initial scenario, participants head to a classroom portion where they learn the response options. They go through two more simulations before repeating the first one to see how they respond differently with training.

“It’s amazing to watch how most of them do get it by the repeat of the first scenario. They are in safe places or barricaded,” said Anderson.
Violence: enABLE Yourself to Respond

A ccept that it’s really happening, you cannot react until you accept the circumstance.
B arricade yourself and others in, so that the aggressor stays out.
L eave the area, get as far away as possible.
E ngage the aggressor if you must, fight back.

“The goal is not to scare people but to get their heart rate and body to react as close as to when they’re in an actual scenario. The failures to react are just learning lessons, so by the fourth scenario people are having the proper reactions,” said Blough.

Safety of the participants involved is also of utmost concern. In the pre-testing, participants are asked about their backgrounds and anything that could trigger a negative response. Any participant who is feeling uncomfortable can leave the simulation and watch the event from the simulation control room.

Anderson said many of the techniques used by Protective Services come as a surprise. “Protective Services knows if someone is down, they’re going to step over them, focusing on neutralizing the threat. Staff don’t realize what happens in a real life and death situation.”

One of the challenges is to get the participants to forget their healthcare training. “You protect people. I have to tell people you’re being too nice,” said Enos.

“Nurses will come right out and tell us that’s abandonment, I can’t do that and we have to explain this is different,” said Anderson.

“We need them to stay alive to help people once a threat is neutralized,” said Brown.

One example at Summa Health System – Akron Campus demonstrated the value of the training. According to Anderson, a distraught family member showed a nurse he was carrying a gun.

“The nurse who saw the gun followed step by step what needed to be done, called Protective Services and gave them a great description of the man,” said Anderson. “They also did a mini lockdown on the unit where the staff closed all the doors to the patient rooms and explained we are having quiet time. Protective Services found the man after he returned from his car and he was admitted to the hospital for treatment. It was a great example of using the fundamentals of the course in a real life situation.”

“People are actually using the training on the nursing units. Class participants are telling me, ‘I step out of the room when someone gets angry.’ That’s the whole purpose of the training. People are walking the hallways feeling more confident in their abilities to respond to violence. It makes me feel more secure knowing many of our employees have taken the training,” said Blough.

According to Brown, they base their simulations on what staff has seen in the hospital and real incidents that have actually happened. “We give real, practical, easy guidance. It’s not rocket science, its basic stuff that you just need to be thinking of and knowing it’s a possibility.”

The course has gotten attention nationally. The group has presented to staff at Aultman Hospital and at the following conferences: the Ohio Organization of Nurse Executives, the American Nurses Association and the American Nurses Credentialing Center Pathways to Excellence®. They also submitted a article for the American Journal of Nursing and receive regular requests for their training videos and instructions on how to create a similar program.

Enos said support from senior leadership has been vital to their success as well as the partnership between nursing, Protective Services and the Simulation Center team. “This is an interprofessional thing—this is not just nursing. It’s a collaboration between nursing and Protective Services. You can’t have one without the other.”

“Our goal is to keep as many nurses and healthcare team members as possible safe, to give them the tools they need and to help them think of what will work in their facilities and how they need to adapt,” said Anderson. “We want to give them a foundation. Violence is increasing in healthcare right now. This is our way to try and provide the tools to help.”
Education helps reduce sepsis

Introduction
Sepsis is a topic that doesn’t get a lot of attention, but Summa Health is working to educate its staff and the community. Sepsis is a profound inflammatory response to an underlying infection that if not treated can lead to death.

Background
A closer look at Summa Health’s readmission rates and a new national focus on sepsis readmission and treatment compliance led to the development of an education initiative to help combat the problem.

In September of 2015, to coincide with Sepsis Awareness Month, Kylene Mesaros, MSN, RN, ACCNS-AG, CCRN, Critical Care CNS, and Amy Johnson, MSN, RN, ACCNS-AG, CCRN, Medical/Surgical and Telemetry CNS, developed a Sepsis Fair for employees and the public. They also launched an education campaign for physicians, nurses and residents in all the units at Summa Health System – Akron, Barberton and St. Thomas Campuses.

Goal Statement
The goal of the sepsis education initiative was to help staff recognize the signs of sepsis quicker so appropriate treatment could be started sooner. Every one-hour delay in antibiotics decreases the chance of survival by 8 percent.

“The literature is clear. If you follow the evidence-based care bundle and the guidelines, the patient’s outcome is much better,” said Mesaros. “Early recognition, antibiotics and fluids are really the three mainstays of sepsis treatment.”

Initiative
Mesaros and Johnson with the support of Lorie Rhine, MSN, RN, NE-BC, Vice President, Inpatient Nursing Services, developed HealthStream courses for all staff, did rounding education and developed a poster that details the stages of sepsis and the various signs and symptoms associated with each. There was also physician-to-physician education led by Bradley Martin, M.D., Critical Care.

“Our staff really just had to learn what sepsis was and understand its severity and that it needs to be treated quickly,” explained Mesaros. “It’s important that we find out what the infection is and then treat it immediately. Sepsis itself is not necessarily life-threatening, it could be as simple as a urinary tract infection, but if you let it go without treatment, your body organs start shutting down and your body gets overwhelmed.”

Rhine said the patients who go into septic shock often don’t survive and a patient can progress to septic shock in as little as 8-12 hours.

According to Johnson, one of the concerns was a lack of sepsis identification awareness in her areas of medical/surgical and telemetry.

“We saw that you could clearly see the moment when a patient started declining, so we talked a lot about the importance of assessing vital signs correctly and activating the Rapid Response Team as soon as you start seeing some slight shifts. More recently, we’ve done some education with our nursing assistants and nursing student techs since they obtain a lot of vital signs. There’s been a real improvement,” she said.
She said they also created a badge backer for the nursing assistants and techs with all the standard vital signs along with a statement that they must notify a nurse any time a patient falls out of those parameters.

New equipment was also purchased for the ICU that the staff calls Cheetah. It’s a noninvasive cardiac output monitor that monitors fluid status, which is vital to controlling sepsis.

“The patients definitely need fluids, but if you give a patient too much you can cause more complications and it increases mortality. Cheetah shows if the patient is still fluid responsive and if their pressure is low, you’re going to give them more fluid,” explained Mesaros. “So that way you’re not just giving more and more fluid when not indicated.”

Mesaros and Johnson also worked to educate the public about sepsis. They created pamphlets that were put in all the waiting rooms throughout the Akron Campus and put up posters in the main lobby.

**Outcomes**

Their efforts made a significant difference in the 30-day readmission rates and patient mortality.

*From February-December 2016, the 30-day readmission rate dropped from 21.05 percent to 9.21 percent. Mortality dropped from 17.7 percent to 10.34 percent.*
Promoting Evidence-based Practices to Battle CLABSI

Introduction
Central Line-associated Bloodstream infections (CLABSIs) are a serious threat to patient health. According to the Centers for Disease Control, mortality rates for CLABSI events range from 12-25 percent. In the fall of 2016, Summa Health made a commitment to reduce the number of CLABSIs in its critical care and inpatient units system-wide.

Background
Barbara Leeder, BSN, RN, and Terry Rueckert, MBA, BSN, RN, are Vascular Access Resource Nurses at Summa Health System – Barberton Campus. For 14 years, they have been inserting PICC lines, performing ultrasound guided IVs, and working to reduce problems with central lines. Thanks to their efforts, the Barberton Campus experienced a significantly low CLABSI rate throughout 2016. In fact, by the end of 2016, Summa Barberton had been CLABSI free for 550 days.

Goal Statement
In the fall of 2016, Leeder and Rueckert were asked to evaluate central line management practices on the Summa Health System – Akron Campus in an effort to reduce CLABSI rates. Routine observations with near daily rounding of central lines at the Akron Campus began in October 2016 and focused on the critical care areas.

Initiative
Leeder and Rueckert are self-proclaimed “vein geeks.” They arrived at the Akron Campus ready to put into practice several initiatives that they had used with great success in Barberton. These activities included targeted surveillance of central lines to monitor compliance with evidence-based practice protocols, education of clinical staff nurses, identification of high-risk patients, and central line site dressing changes.

Both women were warmly welcomed on the various units. “We were able to jump right in and just be more of a presence, just like we had been at Barberton,” said Leeder. “We made the nurses question things more, and now when they see us coming they’ll immediately say, ‘I’ve checked my lines, they’re good!’ It just takes a few minutes at the beginning of your shift to make things right and the patient benefits.”

Leeder and Rueckert also introduced new products to help improve the adherence of the central line dressings, which reduces the frequency of dressing changes and lowers the risk of CLABSI. Rueckert said as improvements were adopted, rounding got faster, and dressings adhered longer.

“When you come in and everything is labeled and ready to go, you can really focus on what you’re doing. I feel the culture is shifting and everyone is responding very well,” she said.
Outcome

There was an immediate improvement in the system-wide CLABSI rate once Leeder and Rueckert began rounding with a notable 74 percent reduction of CLABSI at the Akron Campus.

“We made the nurses question things more, and now when they see us coming they’ll immediately say, ‘I’ve checked my lines, they’re good!’ It just takes a few minutes at the beginning of your shift to make things right and the patient benefits.”

They have also noticed clinical staff nurses becoming more proactive in obtaining orders to move central lines from sites associated with a higher risk of CLABSI to sites where there is less risk of infection.

“That’s going to help ultimately to get the rates down even more over the next few months,” said Rueckert.

In June 2017, Leeder gave a poster presentation about their practices and successes at the Ohio Hospital Association Quality Summit in Columbus, Ohio.
Awards, Honors and Achievements

Barbara Donaho 9th Annual Distinguished Leadership in Learning Award, Kent State University College of Nursing

Julie Reynolds, Emergency Services; Autumn Epps, MedSurg Float Pool

Brunt Brunt (Magnet Program) Elected First Vice President of the Ohio Nurses Association 2015-2017.

Cameos of Caring:
Barb Pavlik - Summa Akron Campus,
Mark Storey - Summa St. Thomas Campus,
Melodi Chance Mayle - Summa Barberton Campus

March of Dimes Ohio Nurses of the Year 2016
Jennifer Foster – Women’s Health & Centering

STTI Honor Society of Nursing Delta Omega Chapter Induction Spring 2016
RN to BSN Students:
Tiffany Dillon – 4 South
Grace Heil – Same Day Surgery
Tammy O’Connell – Main 6 West
Julie Petrowski – Clinical Decision Unit
Susan Oberholtzer – 6 West
Alma Marie Zervos – 5 West
Nurse Leader: Lisa Nemes – 2 East Women’s Health

Sigma Theta Tau International, Delta Omega Chapter Award for Excellence in Nursing Practice:
Robert Speer – Heart and Lung Unit

Sigma Theta Tau International, Delta Omega Chapter Recognition for Excellence:
Susan Sorboro,
Excellence in Nursing Leadership – Nursing Administration

Susan Hazelett,
Excellence in Nursing Research – Senior Services

Valarie Grant,
Excellence in Nursing Education – Surgical Services

Sandy Germano,
Excellence in Mentoring – Quality

Amy Johnson,
Excellence in Nursing Research Utilization – Medical/Surgical & Telemetry

Michelle Potenzini,
Outstanding Graduate Student – Stepdown

Susan Oberholtzer,
Outstanding Undergraduate Student – 6 West
Grants

An Antenatal Centering Model to Improve Outcomes for Pregnant Women with Substance Use Disorders, Frantz, K & Kenny, T (Women’s Health) AEIX $12,000 Award June 2016.

HRSA-funded Geriatric Workforce Enhancement Program (GWEP). Summa Health was the only site in Ohio to be selected by HRSA and one of 44 nationwide. $2.04 million over 3 years. This cooperative agreement is a collaboration between Summa and Direction Home Akron Canton Area Agency on Aging and Disabilities, NEOMED, The University of Akron, and Cleveland State University and focuses on interprofessional geriatric education. Monies will be used to train students, healthcare providers as well as patients and their families in the needs and care of older adults. Dr. S. Radwany is the Project Director and Hazelett S (Senior Services) is the Project Manager. 7/1/2015 to 6/30/2018.

Interprofessional Collaborative Practice in a Falls Risk Reduction Clinic. Hazelett S (Senior Services) Project Director (PD). Nurse Education, Practice, Quality and Retention Program-Interprofessional Collaborative Practice cooperative agreement. Funded by the Health Resources and Services Administration (HRSA). 7/1/2015 to 6/30/2018 ($1.46 million). One of 26 programs funded nationally.


Practice Change Fellowship, a New Model of Primary Care for the Frailest Chronically Ill Elderly Patients Blake K (Senior Services) Practice Change Leader, Funded by Atlantic Philanthropies & Hartford Foundations. January 2015 to March 2016, $45,000.
Publications


Oliverio J, Gero E, **Whitacre KL**, (Inpatient Wound Care) and Rankin J (February 2016). Advances in Skin and Wound Care, 29(2): 65-72.

**Reiter K**, Hannig M, **Lingle M, Monacelli S, & Wells V** (Surgical Services). (April 2016). Balancing Efficiency and Safety in the OR. Nursing Management, 31-35. CE 2.0 contact hours offered. DOI-10.1097/01.NUMA.0000481782.35405.86
Presentations

**Oral Presentations:** 3 Local, 1 Regional, 3 State, 1 National

**Poster Presentations:** 7 Local, 2 Regional, 3 State, 6 National

**Webinars:** 1 State

Abstract Reviewers

**Brunt B** (Magnet Program) - Sigma Theta Tau International Honor Society of Nursing 2016.

**Fleming E** (Nursing Research) – American Nurses Credentialing Center Magnet Conference 2016.

Content Expert


Content Editor

**Brunt B** Content Editor for TrendLines. Appointed by the ANPD Board of Directors. April 2016.
8 nurses achieved initial national nursing certification:

- Certified Addictions Registered Nurse (CARN) – Marsha Rosenberg
- Certified Critical Care Nurse (CCRN) – Lauren Gardner
- Certified Critical Care Nurse (CCRN) – Michael Breiding
- Certified Critical Care Nurse (CCRN) – Mariya Dzundza
- Certified Critical Care Nurse (CCRN) – Emily Eskridge
- Certified Emergency Nurse (CEN) – Michele Sine
- Certified Gastrointestinal Registered Nurse (CGRN) – Diana Mantos
- Certified Nurse Executive (NE-BC) – Mary Jo Huckabone

Congratulations to the 78 nurses that recertified in their nursing specialty during 2016!

Sixteen (16) nurses achieved their BSN

Valarie Grant achieved her MSN in Nursing Education

Lisa Hensley achieved her DNP

Clinical Ladder Recognition
50 nurses achieved Clinical Nurse I, 30 nurses achieved Clinical Nurse II, and 12 nurses achieved Clinical Nurse III.