Nurses Driving Change: Shared Governance, Collaboration & Innovation

2017 Nursing Annual Report

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

Summa Health System — Barberton Campus is on the Journey to Magnet Excellence®
Pursuit of Excellence

The Journey to Magnet Excellence® is thorough, rigorous and demanding within a healthcare organization. The American Nurses Credentialing Center grants Magnet® recognition only to those that have demonstrated an environment of excellence for nursing practice and patient care. To nurses, Magnet recognition means having the structures and processes in place to support shared governance, autonomy in nursing practice, interdisciplinary collaboration, nursing professional development, evidence-based practice, quality improvement, and research. To patients, it means the very best care, delivered by nurses who are supported to be the very best that they can be.

The principles of the Magnet Recognition Program® promote improved patient outcomes, support excellence in nursing practice and dissemination of best practices in nursing. Like most journeys, travelers must know the optimal route to take. The Magnet Recognition Program provides the blueprint for success through the “magnetic” forces that result from teams of dedicated people all working together, all committing themselves to one common, unifying goal: Nursing Excellence.

Summa Health System Akron and St. Thomas Campuses, which first earned Magnet status in 2011 and is now working toward its second redesignation (2020), found the journey to be revealing; creating an opportunity for organizational advancement, team building and enhancement of individual professional self-esteem.

Summa Health System Barberton and Wadsworth Campuses will submit their Magnet document in 2019. The document is a showcase of four years of nursing excellence. It is our way of documenting with evidence and data, how Summa nurses have followed the Magnet blueprint to improve patient care, collaborate, innovate, and elevate our nursing practice and profession.

Within this 2017 Nursing Annual Report, you’ll discover how our nurses are driving change throughout Summa Health and our community. By creating new processes, leading hospital initiatives, enhancing patient care and even improving our environment, Summa Health nurses are embodying all five key components of the Magnet model:

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations & Improvements
- Empirical Quality Outcomes

Creating and sustaining a culture of excellence is what it means to be on the Magnet journey. It is the highest and most prestigious distinction a healthcare organization can receive for nursing, and soon Summa expects to have two such designations!

Our goals in 2018 are centered on “connections” developing connections with patients and staff. Thank you for all you do in your support of Summa Health and those we are privileged to serve.

Lorie Rhine, MSN, RN, NE-BC
Vice President/Chief Nursing Officer, Summa Health System Akron and St. Thomas Campuses

Anthony (TJ) DeAngelis, MBA, BSN, RN, NE-BC
Vice President/Chief Nursing Officer, Summa Health System Barberton and Wadsworth Campuses
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Nursing Professional Practice Model
While numerous studies demonstrate that patients who take their medications as prescribed have better outcomes, research also shows that more than 28 percent of discharge prescriptions are going unfilled.

Why aren’t patients going to the pharmacy? According to Summa Health System Director, Pharmacy Services, John Feucht II, MBA, RPh, the answer became apparent through the Summa Transition Excellence Program (STEP) in 2016. “We learned through STEP that there are a lot of underlying reasons, such as transportation and socioeconomic issues, why people aren’t filling their prescriptions,” explains Feucht. “It only made sense that, if Summa could provide patients with meds before leaving the hospital, we would increase patient satisfaction scores and decrease readmission rates.”

After months of planning, Summa Health launched the Meds to Beds program in February 2017 at our Akron and Barberton Campuses. Through this bedside medication delivery service, Summa patients receive their home-going prescription medications prior to discharge. In addition to added patient convenience, the program gives Summa providers the opportunity to teach patients how and when to take their medications, as well as address any medication-related questions, while the patient is still within our care.

A patient is offered the opportunity to use this delivery service upon admission to the hospital. While performing the initial assessment, the nurse asks if the patient would like bedside medication delivery. If the patient accepts, functionality built within Epic CarePATH automatically notifies the Pharmacy, and a pharmacy assistant is dispatched to talk further with that patient. Building the program option right into the system has removed barriers and made it very easy for our nurses to introduce the program to patients. “The care team (RN, TCC, SW and physicians) are vested in the Meds to Beds program.

They recognized right away that it was a great tool – not just for patient satisfaction, but for compliance and convenience,” says Elizabeth MaDan, MSN, RN Unit Director. “Access to medications for all patients is our goal, and through this program, we have been able to connect patients with numerous resources that often result in more affordable medications for the patients that we serve.”

Feucht agrees. “Some of the greatest value of the process has been that it’s been multidisciplinary from day one. Nursing has been involved in all the decisions, from initial staff hires to policy creation.”

The Summa Meds to Beds program, in fact, has been a collaborative effort among numerous departments including medicine, nursing, pharmacy, social work and care management, finance, technology, quality, marketing and administration/management – all of whom need to be familiar with the program and how to access it. To accomplish this educational goal, Summa Meds to Beds pharmacists have conducted numerous educational sessions at departmental meetings and individual nursing units. Healthstream assignments have been developed for physicians and nursing staff as well.

The Summa Meds to Beds program continues to grow in volume every month. “We’re experiencing a 69 percent acceptance rate, meaning that 69 percent of all the patients offered the program are enrolling in it. The national average is around 35 percent,” reports Feucht. What’s more, the Akron Campus Meds to Beds program has the highest acceptance rate of all Summa facilities and 23 Mercy Health hospitals. Barberton Campus ranks second.

“Meds to Beds is one more option we offer our patients in an effort to complete the discharge package,” adds MaDan. “It’s like tying the bow on a present.”
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Meds to Beds: Program Performance, Quarterly

<table>
<thead>
<tr>
<th>Description</th>
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<th>4q 2017</th>
<th>3q 2017</th>
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<td>Patient Satisfaction Scores for “Tell What New Medicine Was For” and “Staff Describe Medicine Side Effects”</td>
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<td>77%</td>
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<td>74%</td>
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Locations:  
Akron  
Barberton

1. Choose to participate.

2. A pharmacy team member will deliver your medication to your bedside and discuss them with you before you leave the hospital.

3. Your co-payment will be collected at the time of medication delivery.
Nursing’s role is critical in helping patients kick opioid and alcohol dependence

Throughout 2017, Summa Health focused on final plans and preparations for the Vivitrol® Clinic at our St. Thomas Campus. Spearheaded by Vice President, Behavioral Health Institute, Jaimie A. McKinnon, MBA, BA, BSN, RN, NE-BC, the clinic began assisting those struggling with opioid and alcohol dependence in the first quarter of 2018.
Vivitrol® (naltrexone) is a non-narcotic, non-addictive medication. Given to individuals as a once-monthly injection, it works by blocking the body from responding to opiates, such as heroin or opioid pain medicines, as well as reduces cravings for alcohol. When used as part of a treatment plan, Vivitrol can help prevent relapse to opioid and alcohol dependence after detox.

Vivitrol Clinic patients meet monthly with Dr. Alan H. Shein, Summa Psychiatry Association Medical Director, or every three months with Dr. Suman C. Vellaki, an addiction medicine specialist. But it’s the clinic’s nurse who completes the patient assessment, performs regular drug screens, facilitates monthly injections and monitors patient progress. In addition to clinical treatment, the RN also provides comprehensive one-on-one education, including information about the medication’s side effects.

“I’m injecting these people with something that will be in their bodies for a month,” says Anne H. Thompson, BS, BSN, RN. “I want them to be well informed.”

During the first visit, the nurse also performs an “oral challenge,” which consists of injecting patients with a low dose of the active ingredient in Vivitrol and assessing every 15 minutes over an hour. The challenge helps determine if patients can receive Vivitrol safely, since it can make patients who have opiates in their system very ill. That’s why prospective patients are required to detox for a minimum of seven to 14 days in order to avoid sudden opioid withdrawal. They also must enroll in a relapse prevention program or the Summa Addiction Medicine Intensive Outpatient Program (IOP). IOP is a group therapy treatment program available both days and evenings. Participants are required to attend three days a week, three hours a day, for an average of 16-20 sessions.

“Vivitrol is a piece of a much bigger puzzle,” explains Thompson. “The injection isn’t going to work unless the patient is in therapy and has a sober support system. It’s a great treatment, but it’s not a magic pill.”

The Vivitrol Clinic nurse meets weekly with addiction medicine therapists and physicians to review chemical dependency IOP and Vivitrol cases. This highly collaborative effort offers the staff an opportunity to quickly and efficiently update one another and offer valuable recommendations.

Moreover, because addiction is both a physical and psychological health issue, the clinic nurse also strives to understand the psychological issues that contribute to addiction. In this unique role, the RN is able to help patients work through depression and anxiety through therapeutic communication.

“While my former role as a detox nurse was rewarding, I was always wondering what happened to my patients after discharge,” says Thompson. “At the Vivitrol Clinic, I am able to see people on the ‘other side’ of addiction. My patients work so hard to stay sober – they inspire me every day.”

Left: Sharon (Renee) Fierro, LPCC
Right: Anne H. Thompson, BS, BSN, RN
New DAISY Award® proudly recognizes Summa Health nurses who flourish in their nursing practice

Summa Health recognizes the significance of every one of our more than 2,000 nurses. From their infinite resolve in providing exemplary care to their unwavering compassion and spirit, Summa nurses are the lifeblood of our system.

Grown out of a desire to formally recognize these exceptional professionals, Summa began participating in the internationally recognized DAISY Award® for Extraordinary Nurses program in the fall of 2017. Through a partnership with the California-based DAISY Foundation, Summa tailored this robust, ongoing recognition program to monthly honor two Summa nurses who represent the “best of the best” within our system.

The DAISY (Diseases Attacking the Immune System) Award is a well-established international recognition program that honors and celebrates the skillful and compassionate care that nurses provide every day. The family of J. Patrick Barnes established the DAISY Foundation after he died from complications of the autoimmune disease ITP in 1999. During Patrick’s hospitalization, his family deeply appreciated the care and compassion shown to them, so when he died, they felt compelled to thank nurses in a very public way. Today, the foundation partners with more than 3,300 healthcare facilities and schools of nursing in all 50 states and 18 countries.

The first Summa DAISY awards were presented in September 2017, and the program has gained significant momentum ever since. Its review committee – made up of nurses, leaders and educators – receives some 50 nominations a month, with the vast majority being submitted through brightly colored boxes located on each hospital floor. Virtually all of the nominations, about 90 percent, come from a patient or patient family.

“I don’t reveal staff names or campuses when we as a committee review nominations,” says Summa Vice President, Inpatient Nursing, Brenda Kovacik, MSN, RN, CCRN, NE-BC. “One thing I’m really pleased about though is that our winners have come from a variety of inpatient and outpatient areas and from almost every campus. It’s naturally spreading across the system.”
Nurses are recognized in a surprise ceremony on their unit during their shift. Presented in front of colleagues, physicians, patients and visitors, their nominations are read aloud, oftentimes with the patient or family who nominated the winner present. “When patients are able to attend the ceremony, when they are well and back on their feet,” says Kovacik, “it just sends the whole experience over the top.”

Over the past year, the strategic impact of the Summa DAISY Award® on nurses has been apparent. It has affected nurse job satisfaction, retention, teamwork and pride, as well as improved our organizational culture by creating a healthier work environment. What’s more, the program has increased patient satisfaction by giving them an avenue to show appreciation of someone who significantly impacted their care.

DAISY Award nominations also enrich Summa Akron and St. Thomas Campuses’ Magnet® designation and Barberton Campus’ Journey to Magnet®. The stories of exceptional nursing skill and compassion show transformational leadership through visibility, accessibility and communication, as well as structural empowerment through professional development and recognition of nursing.

To date, more than 25 Summa nurses have been recognized by both their patients and colleagues for going above and beyond in their daily work. “While there can never be enough recognition for the incredible caliber of nursing care and compassion that we have here at Summa,” says Kovacik. “The way that the DAISY awards have caught on – and the way they’ve been received – has been beyond what I ever expected.”
Witnessing Outstanding Work (WOW): Hospital-wide all-inclusive recognition program

In 2017, Renne O’Dell, BSN, RN-BC, and Nicole Hunt, BSN, RN, of Summa Health Barberton Campus initiated efforts to revamp the campus’s employee recognition program. WOW, an acronym for “Witnessing Outstanding Work,” honors day-to-day employee actions through a simple yet effective nomination process: one that makes it easy for staff, physicians, patients and family of patients to recognize any Summa employee — from nurses, nursing assistants and physicians to pharmacists and housekeeping.

Prior to WOW, many Barberton Campus peer recognition programs were limited to recognizing only one employee per month, often shared with the Wadsworth Campus. Nomination processes were typically time and work intensive and, as a result, not well utilized by the staff.

The WOW program, in contrast, consists of a simple staff-driven process designed to be quick and easy, as well as allow for more than one hospital employee to be recognized each month. It features a standardized bulletin board centrally located on each participating nursing unit, with easily accessible, preprinted WOW cards located nearby. When someone recognizes a Summa employee going above and beyond his or her duties, that person can fill out a WOW card on the spot and pin it to the bulletin board for all to view.

Every month, one winner is randomly drawn from all collected WOW cards per participating nursing unit. The winner receives a Summa-branded prize, such as an umbrella, drinking cup or fleece blanket. While there’s only one designated unit winner per month, all unit nominees are rewarded with a fun-size candy bar and a copy of their heartfelt WOW card nomination.

“Nursing is proud to be part of change at Summa Barberton. We’re helping to improve processes that provide a better experience for patients and staff,” says O’Dell. Each unit’s winner of the month then completes a biography card with information — such as credentials, years worked, why he or she likes working for Summa and interesting personal facts — which is posted on the WOW board to help the unit staff get to know the employee better. The monthly unit winner also is placed in a second random drawing to win hospital-wide recognition. The monthly winner of the second WOW drawing is featured within the Barberton Campus first-floor display cabinet, alongside the monthly DAISY Award® winner.

O’Dell and Hunt initially proposed the WOW concept to hospital leadership in January 2017. After several meetings with the Summa Nursing Recruitment and Retention Council, a WOW pilot program was initiated within the 2 East unit of the Barberton Campus in May of 2017. As a result of the pilot’s success, the program spread hospital-wide in the fall, and eventually expanded to both the Akron and Wadsworth Campuses.

In the first month of the pilot program, more than 75 cards were collected from a single unit. From May to October 2017, more than 400 cards were pulled from eight units across the Barberton Campus. TJ De Angelis, MBA, BSN, RN, NE-BC, Vice President/Chief Nursing Officer, Summa Health System Barberton and Wadsworth Campuses, credits the program for an increase in morale, teamwork and strength in collaboration between disciplines. Appreciation also is apparent through the winner’s emotional verbal responses and on the WOW biography cards.
O’Dell and Hunt received Clinical Ladder recognition for improving satisfaction and collaboration with their innovative WOW program at the November 2017 Clinical Ladder Recognition Program ceremony.

“We all do a lot of good for one another, but don’t always take the time to acknowledge it. WOW is just a simple, easy way to say thanks.”
Education and collaboration help improve door-to-drug treatment times — and stroke outcomes

Stroke once ranked fourth as the leading cause of death in the United States; today, it’s dropped to fifth. According to the American Stroke Association, the improved survival rate is due largely to advancements in medical treatment. The right care – right away – is saving lives and reducing the long-term effects of stroke.

Tissue plasminogen activator (tPA) is the only FDA-approved drug treatment for ischemic strokes, the most common stroke type. It dissolves the clot and improves blood flow to the part of the brain being deprived. While tPA can be used up to 4.5 hours after start of stroke symptoms, shorter onset-to-treatment times are associated with improved functional outcomes, lower complication rates and, in some studies, lower mortality.

In 2017, the Summa Barberton Emergency Department (ED) reported that 100 percent of its administered tPAs were given in less than 60 minutes, the recommended national guideline. More than 50 percent, in fact, were given in less than 45 minutes.

These impressive “door-to-drug” treatment times are a result of a strong collaboration between the professional stroke response teams at both the Summa Barberton and Akron Campuses. The high-performing multi-disciplinary teams consist of medical professionals including ED nurses, physicians, stroke neurologists and pharmacists.
Once a stroke team is activated at the Barberton ED, the ED nurse facilitates a telestroke consult using the stroke robot, with the stroke neurologist on call at the Akron Campus ED. This consult allows the stroke neurologist to assist the Barberton ED physician in making the decision on whether or not to administer tPA. “The nurse is a facilitator in the process. We’re trying to make sure the labs and CT scans are done in a timely manner,” says Kim Szymczak, MSN, RN, GCNS-BC, ANVP, SCRN, Stroke Coordinator. “It’s essential in identifying if the patient is a candidate, so we have to act fast.”

If deemed an appropriate candidate by the physicians, the patient is administered tPA intravenously by the Barberton ED nurse and then transferred to the Akron campus. As the system’s primary stroke center, Summa Akron Campus is a 2018 recipient of the American Heart Association/American Stroke Association’s Stroke Gold Plus Quality Achievement Award. The Summa Akron Campus is the only hospital in the Akron area to achieve this notable honor.

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“The strong, seamless collaboration between the Summa Barberton and Akron EDs makes for a smoother transition for our patients. We all work as one big, cohesive team.”

In addition to system collaboration, Summa staff credit formal nursing education for Barberton’s stroke team success. In early 2017, Summa Barberton ED nurses participated in stroke education. Every time the drug was administered thereafter, the ED nurses received one-on-one staff coaching in order to gain greater firsthand knowledge – and confidence.

This process also was continually audited with several steps taken toward quality improvement. In addition, all Barberton and Akron ED nurses earned National Institutes of Health Stroke Scale certification via Healthstream, Summa’s Learning Management System which helps further facilitate their education.

“The Barberton stroke team provides excellent care,” adds Pierce. “By continuing to educate our staff, we can grow our program and serve our patients here in Barberton even better.”
Intrapartum nursing peer review

The Nursing Peer Review for the Labor and Delivery unit at the Summa Health Akron Campus was initiated in 2014. The first step in the process was identifying staff who would serve as key peer-staff leaders on the committee. It was the staff nurses in Labor and Delivery who selected committee members they determined to be leaders and professionals with the necessary experience to make determinations and recommendations concerning “best practices.” Additional nurse leaders offer insight and feedback as appropriate during peer review meetings, including nurses from intrapartum management, the APRN of the Women’s Health Institute, as well as the Nursing Professional Development Educator.
Once the group of staff leaders was convened, case review forms were created and edited based on benchmarking with the help of System Director of Performance Improvement and Quality Assurance Trish Enos, BS, BSN, RN, CPHQ. Intrapartum Nursing Peer Review meetings are typically one hour in length and occur every other month with flexibility to meet more or less frequently based on need. Cases are brought forward for nursing peer review in one of several ways:

• Referral from SafeCARE®
• Referral from personnel (nurses, resident physicians, providers)
• Referral from Obstetrics Departmental Peer Review if a case has a nursing consideration component that is appropriate for nursing peer review
• Referral from Quality based on outcome metrics and state and national reporting guidelines (Ohio Department of Health and The Joint Commission)

Once a case is received, it is sent to the committee ahead of time for individual peer review, so that everyone comes to the meeting prepared to discuss the case, outcomes, and subsequent findings. Meetings are spent with a recap of the events of the case, followed by roundtable discussion regarding the nursing actions during the care provided. Discussions focus on the nursing process: assessment, nursing diagnosis, planning, intervention and evaluation. Consideration is given to the standard of care as determined by policies and procedures, unit culture, state and national “best practices,” bundle adherence, and what the committee members – as senior staff nurses – would do in the same or similar circumstances. Also discussed are system factors that contribute in either a positive or negative way to the performance of nursing care. Essential to these meetings is the documentation that is present, or absent, from the medical record.

As the committee discusses a case, themes generally emerge, such as assessment integration, interventions applied, communication, and documentation. With many cases, no further action is required. Nonetheless, follow-up does occur after every intrapartum nursing peer review committee meeting.

Some examples of follow-up include dissemination of the “Pearls of Peer Review,” in which the themes of the case – strengths and/or weaknesses – are shared with all staff so that we can learn lessons from these reviews. If the reviews and lessons are simply kept in a vacuum and not shared, then a valuable resource is lost that could have offered guidance and informed future practice. If follow up is required for staff involved in the case, it is meant to be non-punitive. Finally, interdisciplinary collaboration and communication is also supported through this endeavor, as some cases are referred from the departmental peer review for nursing input. Likewise, system and provider input is occasionally needed following the nursing peer review, so cases may be sent back to the department for follow up.

Since 2014, the Intrapartum Nursing Peer Review Committee has reviewed more than 30 cases. Key lessons tend to focus on communication and documentation in order to highlight for obstetric nurses the importance of taking credit for the care that is provided, and to “tell the story” of the woman’s labor and birth experience through that documentation. The committee itself has also evolved, as more novice intrapartum nurses are now encouraged to attend and participate as a method of learning and quality improvement.

Since 2014, Barberton Campus staff also have joined the Akron Campus nurses for these meetings, bringing its own cases; however the participation has been sporadic. Barriers existed due to travel and time constraints. As a result, earlier this year, Summa Health Barberton reintroduced an intrapartum nursing peer review, which now continues at the Barberton Campus on a monthly basis, following the same template as has been successful in Akron.

Overall, the Intrapartum Nursing Peer Review Committee plays a critical role in Summa’s self-assessment of nursing care, quality improvement and interdisciplinary collaboration, and ensures that we continue to provide the best care to all of the women, newborns and families that we serve.
Aspiring to drive change in patient care, work environment and work flow

Summa Health nurses understand that improving our environment affects the health and well-being of our entire population. We are committed to doing our part in this extremely important mission.

The ASPIRE program provides Summa employees with an opportunity to foster ideas for continuous process improvement as part of their everyday routine. Piloted in November 2016 within Surgical Services on the Akron Campus, the program received more than 50 submissions – representing an impact of greater than $250,000 – within just nine months. As a result of this overwhelming success, ASPIRE was launched system-wide in September 2017.

ASPIRE encourages employees to submit innovative and creative ideas to improve Summa Health – and the way we work. Focusing on ideas with significant business impact, ASPIRE aims to:

- Add value
- Save money
- Produce better, smarter results
- Increase revenue
- Reduce risk
- Eliminate waste

What’s more, ASPIRE is an employee-owned program. It’s governed by a leadership-supported employee committee that reviews suggested improvements, as well as identifies and provides the necessary resources. Nursing, in particular, helps lead the multi-disciplinary group across all three campuses and all departments within Surgical Services, including CRNAs and staff nurses. “Employees are encouraged to participate in the implementation of their ideas and drive them forward,” says Vice President, Surgical Services, Women’s Health and Trauma Services, Kaye Reiter, MSN, RN, NE-BC. “Summa even gives employees time to work on ASPIRE projects during work hours as needed.”

To submit ASPIRE ideas, Summa employees (both full and part time) complete a form available on the Summa intranet. A qualified submission should present the problem, an idea for improvement and the identified benefit to the department. Once complete and submitted, the form is routed to the Performance Solutions Team for review. If the idea is approved, the team discusses size and scope of the project, as well as system priorities to determine appropriate implementation and timetable. The committee meets monthly to review ideas and work toward implementation, and the submitter receives regular updates on the submission status.

The Summa ASPIRE pilot program was driven by the theme line, “How do you eat the elephant? One bite at a time.” This elephant graphic, located in the Surgical Services hallway, is still being used to track initiated and completed improvements.
“The ASPIRE model is based on the Lean Six Sigma principles of Kaizen,” says Vice President, Performance Solutions, Chris Powers. “It focuses on working with the front line to drive daily continuous improvement.”

One early ASPIRE submission revolved around increased recycling in Summa operating rooms. While Summa had been recycling blue wrap, devices and supplies for years, the submission suggested that all the plastic used in the operating room be recycled, too. Considered an achievable initiative, the suggestion was embraced by the ASPIRE team who collaborated with environmental services. The two groups developed a collection process, obtained collection receptacles for each operating room and adapted the recycling pickup process. Since the plastic recycling rollout, Summa Surgical Services has witnessed a significant shift in the amount of “trash” collected daily versus recyclable waste.

“Process improvement is everywhere and thus improvement can come from anywhere,” says Dr. Tom Mark, Chairman of the Department of Anesthesia and Director of Process Improvement for Surgical Services. “Therefore, we challenge all areas of surgical services to find valuable opportunities, no matter how big or small. Piece by piece, our team has been able to improve our processes and, in doing so, has created a culture of process improvement that is self-sustainable.”

The ASPIRE program continues to make an impact throughout Summa Health. And it’s also getting noticed outside our system. “When The Joint Commission visited last year, the surveyors were very impressed with the staff-led committee and the support leadership gave to the program,” says Reiter. “The Joint Commission recognized ASPIRE as a best practice for continuous improvement and even shared the program on its website.”

Members of Surgical Service ASPIRE Program
Challenges in the obstetric population

Compared to 26 other industrialized nations, the United States ranks last with the highest infant mortality rates (National Vital Statistics Report). Of the U.S. State data, Ohio ranks 45th in the nation in overall infant mortality with a rate of 6.8 deaths per 1,000 births, and last in African American infant mortality with a rate of 15.2/1000 – three times that of white women. Akron zip codes 44320 and 44307 have some of the highest infant mortality rates in the state, where babies are more likely to die before their first birthday than in any other region.

Ohio’s Call to Action: Too Many Babies Are Dying!

The Ohio House of Representatives adopted House Concurrent Resolution No. 12, declaring Ohio’s rate of infant mortality “...a public health crisis that deserves significant and immediate action by all stakeholders...” Significant causes cited for infant deaths include preterm birth (leading cause); birth defects, maternal pregnancy complications, sudden unexpected infant death (SUID) and injuries (suffocation/strangulation related to unsafe sleep).

The Ohio Hospital Association Strategic Plan to Prevent Infant Mortality identified six key strategies to address the most common preventable causes of infant death:  
- Safe Sleep  
- 39+ Weeks  
- Breastfeeding  
- Safe Spacing  
- Access to Care  
- Progesterone

Prematurity – Largest Cause of Infant Mortality

Summa is part of the Ohio Perinatal Quality Collaborative (OPQC), a consortium of hospitals, professional organizations and health departments which uses improvement science methods to reduce preterm births and improve perinatal and preterm newborn outcomes in Ohio. Two primary interventions include screening of all women for risk factors for preterm birth and treatment of at-risk patients with progesterone.

Summa has far exceeded the state average and met our targets with 99.8 percent (2016) and 99.7 percent (2017) of candidates receiving appropriate treatment. Patients who develop preterm labor are provided with antenatal steroids to promote fetal lung development. Since 2012, we have been a top performer in the Joint Commission’s Perinatal Core Measure Antenatal Steroid Administration ensuring that 100 percent of women at risk for preterm birth received steroids to reduce the risk of respiratory distress in the newborn.

39 weeks

Summa has been a leader in the community and we made the decision that we would put a “hard stop” on elective inductions of labor prior to 39 completed weeks gestation, and discourage elective inductions before term (41 weeks) unless the cervix is “ripe” or ready for labor. We created an elective induction form for physicians and midwives to complete in the outpatient offices to document patients meeting the criteria for a safe elective induction. We have met our goal for “zero” early elective delivery for 31 quarters straight.

Safe sleep

An astonishing 7 percent of infant deaths are related to unsafe sleeping practices. In infant mortality reviews, unsafe sleep circumstances contributing to infant deaths were: bed-sharing and supervising adult was impaired at the time of the incident. Second-hand smoke exposure was reported for 35 percent of infant sleep-related deaths. Of the infant death reviews in which a crib or bassinet was the incident location, 76 percent reported object(s) found in the sleep space, blankets (73 percent) and pillows (27 percent), 35 percent multiple objects in the crib.
This highlights the importance of all patients being educated about the “ABCs” of safe sleep - Alone, on their Back in a Crib. Summa has been awarded the Ohio Health Association's Gold Standard Safe Sleep Award for our intensive patient education and modeling of safe sleep practices. We also provide a “safe sleep sac” as a home-going gift to families at both our Akron and Barberton Campuses. We partner with Cribs for Kids® and the Ohio Department of Health (ODH), Bureau of Maternal, Child and Family Health, to provide free cribs for families in need.

### Safe Sleep Incident Location Data

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult bed</td>
<td>44%</td>
</tr>
<tr>
<td>Crib</td>
<td>15%</td>
</tr>
<tr>
<td>Bassinet</td>
<td>10%</td>
</tr>
<tr>
<td>Couch</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>18%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2%</td>
</tr>
</tbody>
</table>

### Safe spacing

A contributing factor to prematurity is a short interval between pregnancies. Recommendations include at least 18 months between children. In 2017, all maternity hospitals were state mandated to offer a Long-Acting Reversible Contraceptive (LARC). Summa Health Women’s Institute teamed up with our Pharmacy colleagues and created a program to offer both intradermal and intrauterine LARCs and all providers were trained in insertion. Other steps include community-based programs to create “Life Plans,” a structured format to think about life goals and circumstances and preferences about whether/when to have children. Patients then choose a contraceptive method to fit best with the life plan to reduce unplanned pregnancies.

### Breastfeeding

The American Academy of Pediatrics (AAP) position statement says that “Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice.” AAP further recommends that organizations adopt the “10 steps” criteria set forth by the World Health Organization to promote optimum infant feeding practices. Summa Akron Campus has been designated as Baby Friendly® hospital for demonstrating and providing ongoing quality metrics to evidence our “best fed” practices. In spring 2018 our Barberton Campus achieved its first gold star on its Baby-Friendly® journey from the Ohio “First Steps” program.

### Access to care

Summa Health Women’s Institute has collaborated with our community partners to increase access to care and target the at-risk populations in our zip codes with the highest infant mortality. We started with key team members participating in the Everyday Democracy national campaign with focus groups, called Race Dialogue Circles, to identify ways to address racism and infant mortality in our community and care delivery settings.

We also created a Centering® pregnancy group prenatal care model at two locations for African American women in the highest risk zip codes, led by two African American Summa Health obstetricians. The benefits of Centering prenatal care are that women are more engaged, create relationships, receive more time with their provider and more education, and have more “fun” than traditional care. Summa also received grant funding from Medicaid to support Project Ujima/Summa Center for Health Equity which provides weekly wellness circles for expectant and new parents; the coordination of facilitators’ training for Everyday Democracy ongoing racism dialogues; and coordinating and facilitating support for pregnancy centering circles for the Summa Center for Health Equity.

### Unique population health

Summa Health Women’s Institute also has taken the Centering model of prenatal care and created groups for both our Nepali population and our nurse-led Maternal Opiate Medical Home (MOMH) patients. Our MOMH patients have less incidence of preterm labor and their babies have shorter stays in the NICU for newborn withdrawal. Additionally, our work with the Opiate Taskforce Committee has led county jails to provide higher quality prenatal care for pregnant women in withdrawal (medication-assisted treatment instead of Tylenol-3), established relationships with judges to recommend the MOMH program in sentencing and began probation officers enforcing prenatal care attendance.

While long-term data demonstrates a decreasing trend in infant mortality, there is still work to be done. Recommendations include contraception to prevent unplanned pregnancy, early entry into prenatal care (in the first trimester) and routine follow up, smoking cessation, alcohol avoidance, exclusive breastfeeding for the first six months of life, and the ABCs of safe sleep.
New Knowledge, Innovations and Improvements

Breast oncology nurse navigator team
Nurse navigators lead efforts to improve coordination and collaboration of breast cancer treatment

The healthcare industry is experiencing a growing crisis surrounding breast cancer care delivery. Providers are encountering challenges in defining standardized “best” practice and coordinating that care among many specialties, while cancer survivors and support persons are struggling to understand multiple recommendations, keep numerous appointments and incur the increased burden of various co-pays.

In an effort to alleviate these issues and improve the level of patient care, Summa Health launched our multidisciplinary clinic (MDC) for patients diagnosed with breast cancer in October 2017 (Figure 1). Focused on improved access, treatment coordination and collaboration between multidisciplinary specialty providers, the Summa Breast MDC provides patients and support persons with:

- Integrative interdisciplinary breast care in an individualized same-day consult
- Expedited access to specialty providers and support services
- The opportunity to have their case reviewed by the multidisciplinary team
- Treatment recommendations utilizing evidenced-based nationally recognized treatment guidelines that promote a multidisciplinary organized approach to providing breast care

This highly collaborative approach may include representatives from surgical oncology, medical oncology, radiation oncology and psychology, as well as medical residents, physical therapists, social workers, financial counselors, dieticians, and even therapy animals. But the first, and oftentimes last, point of patient contact with the Summa Breast MDC is the nurse navigator.

In fact, the Summa nurse navigator starts each breast MDC process by conducting a custom, comprehensive intake assessment before the patient and support persons even enter the clinic. This detailed evaluation includes behavioral screenings, as well as discussions on medical and social history and supportive service needs questions. It also involves baseline screenings for pain, fatigue, distress, arm measure and range of motion (ROM), Patient Health Questionnaire (PHQ-9) for depression severity, and the Generalized Anxiety Disorder Scale (GAD-7) to help gauge side effects and post-surgical changes. Summa aligns with the prehabilitative care model to prevent cancer side effects, rather than treating them after they occur.

The data gathered through the nurse navigator’s assessment aids the Summa Breast MDC in anticipating patient needs. It allows treatment planning by the entire care team to start immediately before the patient’s MDC appointment and continue, with patient input, throughout the patient’s two-hour MDC visit. While the process may vary per individual, the MDC visit typically involves a variety of nurse navigators, from imaging and breast oncology to high-risk and survivorship.

During the final appointment of the day, the nurse navigator reviews all of the clinic’s recommendations and establishes next steps with the patient. The nurse navigator also provides an all-inclusive Summa Breast MDC summary of the proposed care plan. “We empower our patients to be active participants in the decision-making process,” says Sharon Inzetta, RN, MS, CBCN, CN-BN, ONN-CG. “While the MDC provides the best treatment options, it’s up to our patients to discuss them with their support persons and select the best plan for themselves.”
Where it all began

The Summa Health Breast MDC began as a Lean Six Sigma Green Belt Project led by Dr. Melanie Lynch, Medical Director, Summa Breast Program, and Dr. Gilbert Padula, Medical Director, Summa Health Cancer Institute. Green belt team members included Sharon Inzetta and Laura Musarra, BS, MBA, Senior Business Performance Analyst.

The goal of the Green Belt Project was to develop and pilot a breast MDC that would utilize an integrative care model for breast care delivery. Planning began in early 2017 with biweekly meetings and an evening journal club to review relevant medical literature on structure, outcomes, evaluation and cost-effectiveness. The Summa team, which included representatives from various medical specialties, supportive services, administration and finance, also visited Detroit’s Ascension St. John Hospital, home of one of the first and longest established MDC programs in the U.S.

While the Ascension St. John Hospital visit provided Summa with a solid program model, it also identified an opportunity to expand and enhance it. For example, the majority of MDCs offer medical oncology, surgical oncology and radiation oncology consults, and then direct patients elsewhere in the hospital for financial counseling. Summa, in an effort to create a better overall patient experience, designed our new breast MDC model to include supportive service consultations within the same coordinated two-hour patient appointment. Summa also developed custom patient education materials, an intake assessment and scheduling templates tailored to our system’s specific needs and procedures.
Outcomes
The Summa Breast MDC pilot was completed in December 2017. It provided shared medical and supportive interdisciplinary team access in a single MDC visit for 30 piloted patients. According to combined qualitative and quantitative data collected in a satisfaction and experience survey, patients and providers showed an increase in overall satisfaction. All patients would recommend services with > 80% endorsement of supportive care consults and the MDC Model. The data also showed a reduced time to first treatment and subsequent treatments, an increase in compliance with treatment plans, an increase in second opinions and a decrease in patient outmigration.

“The challenge becomes providing patient-centered care that remains cost effective, yet of the highest quality defining “value-based care.” Our MDC team and patients are challenged as to how to make “best practice” decisions, determine what “value-based care” is and then find ways to meet the higher costs associated with a cancer diagnosis.

The Summa Breast MDC has provided our breast cancer patients with standardized care models and treatment plans, allowing our interdisciplinary team to define what constitutes best practice and coordinating care delivery across multiple providers. The MDC provides a new model for cancer care today to achieve individualized patient-centered breast care.”
Nurse-led Interprofessional Collaborative Practice & Education: HRSA grant for fall prevention

Falls, however, aren’t always considered a medical concern that can actually be prevented. “Patients and providers often underappreciate how many things you can do to prevent a future fall,” says Susan Hazelett, MS, BSN, RN, Manager, Seniors Institute Research. “Let’s use the example of an older adult who trips and falls on the sidewalk. They may say ‘I just tripped’ and believe this was not preventable. However gait or vision problems may have contributed to the trip or they may have fallen due to decreased strength and balance. Effective interventions exist for many such fall risk factors.”

Recognizing that improvements are needed within care processes to ensure that the elderly have ready and equitable access to comprehensive fall prevention programs, Summa applied for a Nurse Education Practice Quality and Retention (NEPQR) grant from the Health Resources & Services Administration in 2015. One of the goals of the three-year, $1.5 million grant was to establish a nurse-led interprofessional (IP) collaborative practice in the form of a Fall Risk Reduction Clinic.

The Summa Fall Risk Reduction Clinic opened in September 2015 within the Summa Center for Senior Health. The team leader was an advanced practice nurse and team members included a pharmacist, several physicians (ED, primary care, and geriatrician), a physical therapist, and a social worker, among others.

A nurse care manager provided follow-up on team recommendations serving at-risk elders in a five-county radius, the clinic used evidence-based guidelines, collaborative problem solving and care coordination to prevent falls and improve the health and well-being outcomes of older adults.

The Summa Fall Risk Reduction Clinic received patient referrals from a wide net of providers, including primary care offices, Direction Home Area Agency on Aging 10B, Summa’s Emergency Department (ED) and inpatient units. A total of approximately 850 patients were intervened upon by the Fall Clinic IP team over the three-year grant period.

Outcome data showed an average of 1.7 fewer falls (p<0.0001) in the three months after the intervention compared to the 3 months prior to the intervention. Data also showed statistically significantly fewer ED visits (p=0.05) and fall-related ED visits (p=0.02) comparing pre and post-intervention data. While statistically significant from a population health perspective, the decrease is also significant clinically. “According to the CDC, the average medical cost of a fall is now $30,000,” cites Hazelett. “While that may seem high, just consider the costs associated with a person who falls, fractures a hip and ends up in a nursing home.”
The second equally important goal of the NEPQR grant was to provide education regarding interprofessional practice. In response, Summa, in collaboration with The University of Akron, Cleveland State University, NEOMED and Direction Home Area Agency on Aging 10B, developed a program to educate healthcare providers of the future on how to practice effectively in an interprofessional team. “Summa has been very progressive in implementing interprofessional team care,” explains Hazelett, “but many practice environments are just beginning to recognize the importance of IP practice in optimizing outcomes related to population health management.”

More than 1,000 students were recruited to participate in the educational program. The students represented nursing, medicine, pharmacy, physical therapy, EMS, social work, occupational therapy, exercise science, nutrition, speech therapy, psychology as well as other disciplines.

The education began with an online didactic component where students learned about falls and other confounding geriatric syndromes, as well as team functioning. The subsequent four-hour simulation event consisted of students learning about fall assessments – from how to conduct strength and cognitive tests to depression screens. They were then given discipline-specific information about a simulated case and assigned interprofessional teams where they shared information and developed a plan of care. “We gave each profession a realistic assessment finding that would completely change the course of the conversation,” says Hazelett. “Students learned that, without the input contributed by their specific profession, the care plan developed by the team may have gone in a totally different, and less effective, direction.”

After the simulation, students were given the opportunity to put everything they learned into practice. Students performed a fall risk assessment on a volunteer (who was at risk of falling or had fallen), and developed a plan of care under the supervision of clinical faculty and Falls Clinic team members. The program successfully took education from purely classroom to actual hands-on.

According to post-education surveys, 94 percent of students rated the education as very good or excellent, and 100 percent of faculty agreed or strongly agreed that the education was a valuable learning experience for students.

“Geriatric patients with comorbid chronic conditions and functional decline pose unique challenges to healthcare systems focused on optimizing population health,” says Hazelett. “For example, geriatric patients may initially present with a fall. Their comorbid depression may seem like a peripheral issue, however, it is possible that the depression is having a downhill effect on other important health issues such as nutrition, mobility or pain. This cascade can then lead to functional impairment and institutionalization which is why, in geriatrics especially, it’s important to put the whole picture together. Sometimes, In order to solve one problem, you have to solve four.”

“According to the CDC, the average medical cost of a fall is now $30,000. While that may seem high, just consider the costs associated with a person who falls, fractures a hip and ends up in a nursing home.”
Awards, Honors and Achievements

**Nancy McManus** (Employee Development) was appointed to the Ohio Nurses Foundation Board of Trustees for the 2017-2019 biennium by the Board of Directors of the Ohio Nurses Association.

**Nancy McManus** (Employee Development)
Gingy Harshey – Meade Excellence in Leadership Award, Ohio Nurses Foundation, Nurses Choice, April 2017

**Cameos of Caring**
Jackie Fitzwater – Summa Health System Akron Campus
Lisa Forshey – Summa Health System St. Thomas Campus
Roxanne Long – Summa Health System Barberton Campus

**March of Dimes Ohio Nurses of the Year 2017 Category Nominees**
Jocelyn Davis, Distinguished Nurse
Wendy Geopfert, Case Management/Managed Care
Rita Hanuschock, Behavioral Health
*Sharon Inzetta*, Case Management/Managed Care
*Tiffany Kenny*, Women’s Health & Centering
Kaye Reiter, Nurse Leadership
* = Awardees

**Sigma Theta Tau International, Delta Omega Chapter Award for Excellence in Nursing Practice**
**Sharon Inzetta**, Breast Center
**Roxanne Long**, 4 South

**Sigma Theta Tau International, Delta Omega Chapter Recognition for Excellence**
Excellence in Nursing Practice – **Rebecca Lambert**
Excellence in Nursing Education – **Joyce Restifo**
Excellence in Nursing Research – **Ranee Solomon**
Excellence in Nursing Research Utilization – **Kylene Mesaros**
Outstanding Graduate Student – **Tammy Smithson**
Outstanding Undergraduate Student – **Theodore Kubasti**
Outstanding Contributions to Chapter – **Ashley Capestrain**, Intern for Delta Omega
Grants

Consideration for a Population Health Response to Alleviate Infant Mortality. Frantz DeSeptis K, Kenny T (Women’s Health) and McCarroll, M. American Excess Insurance Exchange (AEIX) $15,000 Award September 2017.

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.


Abstract Reviewer

Fleming E (Oncology) – American Nurses Credentialing Center Magnet Conference 2017.

Content Expert


Content Reviewer

Publications


Presentations

Oral Presentations:
2 Regional, 1 State, and 6 National

Poster Presentations:
2 Local, 5 Regional, 4 State, and 15 National
Nursing Professional Development

Initial Certification
102 nurses achieved initial national nursing certification in 2017. This is the highest number of certifying RNs in one year, ever, at Summa Health!

Board Certified Nurse Executive (NE-BC)
- Kathy Blake
- Anthony De Angelis
- Megan LoParo
- Jaimie McKinnon
- Steve Monacelli
- Kaye Reiter
- Lorie Rhine
- Mary Beth Simich
- Susan Sorboro
- Cletus Weigel

Certified Addictions Registered Nurse (CARN)
- Faith Peters

Certified Emergency Nurse (CEN)
- Rachel Becht
- Kayla Beers
- Emily Drakulich
- Suzanne Mathews
- Sarah McBride
- Erika Pursley
- Stephanie Sheldon

Certified Gastroenterology Registered Nurse (CGRN)
- Jamie Hill
- Lisa Nesline

Certified Heart Failure Nurse (CHFN)
- Stephanie Brooks
- Rachelle Wygle

Certified Nurse Operating Room (CNOR)
- Tammy Bailes
- Laura Barrickman
- Kimberly Drillien
- Nicole Gray
- Nicole Hamilton
- Melanie Hitchings
- Sonja Hummel
- Meesa Kress
- Sylvina Tatro

Critical Care Registered Nurse (CCRN)
- Molly Arnold
- Amanda Bucksar
- Gina Cross
- Teresa Crull
- Kaleigh Cupka
- Danielle Didyk
- Andrew Fettermen
- Laura Gibson
- Joanna Glassner
- Dylan Kramarich
- Nicole Leavitt
- Liza Meehl
- Dan Molnar
- Ruth Patterson
- Amanda Raines
- Carrie Schindler
- Amanda Smith
- Nichole Stineman
- Ryan Szilagyi

Inpatient Obstetric Nursing (RNC-OB)
- Lesley Burgess
- Megan David
- Cathleen Haag
- Debra Horning
- Catherine Keating
- Leah Klemp
- Kathryn Koneval
- Amy LePard
- Breena Millsap
- Angela Norwood
- Rachel Peterson
- Connie Thompson
- Sara Thorn
- Denea Tripplett

Orthopedic Nurse Certified (ONC)
- Karen Burns
- Ann Del Bove
- Rosemary Dudics
- Kylie Dyke
- Kristen Ernst
- Holly Johnson
- Diane Kent
- Edward Kupec
- Jasmin League
- Amy Mathis
- Keisha Mihaly
- Kimberly Rienzi
- Amy Schneider
- Elizabeth Schoblocher
- Brittany Swaggard
- Traci Utter

Progressive Care Certified Nurse (PCCN)
- Terri Alexander
- Megan Arvay
- Miranda Ayers
- Ashley Corp
- Carla Hergenrather
- Anna Gabelt
- Bryan Hare
- Bridget Hilker
- Jered Hochadel
- Stephanie Malachin
- Sanja Mrsic
- Courtney Ray

Stroke Certified Registered Nurse (SCRN)
- April Boycik
- Samantha Holdbrook
- Katherine Jackson
- Shelby Kollert
- Megan LoParo
- Melissa Moseley
- Cale Patterson
- Elizabeth Sauer
- Kim Szymczak

Trauma Certified Registered Nurse (TCRN)
- Kindra Paxton
Recertification

Congratulations to the 73 nurses who recertified in their nursing specialty during 2017!

Bachelor of Science in Nursing

Kim Black  Endoscopy Akron Campus
Carrie Bridgeman  L&D Akron Campus
Shannon Brown  ED Barberton Campus
Christina Cole  4 East Akron Campus
Barbara Cutright  4 East Akron Campus
Monica Dever  SDS Akron Campus
Jason Fortunato  RRT Akron Campus
Amy Henkel  Endoscopy Akron Campus
Ryan Hull  Emergency Department Akron Campus
Lisa Kelly  Wound Care Akron Campus
Kelli McNeil-Boarman  T2 ICU Akron Campus
Theresa Platt  4 North Akron Campus
Christine Price  4 East Akron Campus
Julia Martin  PACU Barberton Campus
Elise Spinelli  Wound Care Center St. Thomas Campus
Raymond Stahl  Emergency Department Akron Campus

Master of Science in Nursing

Shelley Gorman  5 North Akron Campus
Libby Trent  5 North Akron Campus
Barb Saylor  Parkview Center Barberton Campus
Connie Reece  Parkview Center Barberton Campus
DeAnna Talley  Operating Room Barberton Campus

Clinical Ladder Recognition

• Akron & St. Thomas Campuses:
  21 nurses achieved Clinical Nurse I
  12 nurses achieved Clinical Nurse II
  7 nurses achieved Clinical Nurse III

• Barberton & Wadsworth Campuses:
  18 nurses achieved Clinical Nurse I
  9 nurses achieved Clinical Nurse II
For more information and to see current job opportunities, visit summahealth.org/nursing.