



NURSING DEPARTMENT
2014 Annual Report

Allina Health 

**ABBOTT
NORTHWESTERN
HOSPITAL**



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H5200 Cardiovascular nurses Megan Polk, RN, and Kerrie Dingman, RN, checked in with a patient during bedside shift handover.

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Setting the standard in patient care

Since becoming vice president of Patient Care Services/chief nursing officer earlier this year, I have been repeatedly reminded of how lucky I am to be surrounded by such a dedicated and talented nursing staff. Reading about your accomplishments in the pages that follow is one more reminder.

The big news of 2014 was an achievement that very few hospitals can match: being redesignated as a Magnet® hospital. This report tells some of the stories behind our Magnet redesignation and demonstrates how Abbott Northwestern is setting the standard in so many areas of patient care and nursing practice. Nurses are at the center of much of this work.

It is inspiring to see what can happen when nurses at every level, along with their multidisciplinary colleagues, are all working together toward common goals. Thank you for your dedication to patients, and for helping to put Abbott Northwestern on the map for excellent patient care and care innovation.



Travis Maher, MSM, BSN, RN
Vice President of Patient Care Services/Chief Nursing Officer





Intensivist Saavedra Romero, MD, and Marilyn Bye, RN, during rounds in the Cardiovascular ICU.

MISSION

The mission of Allina Health is to serve our communities by providing exceptional care, as we prevent illness, restore health and provide comfort to all who entrust us with their care.

VISION/CORE BELIEFS

Nursing Vision

Allina Health will be nationally known and trusted for exceptional nursing practice.

Allina Health nurses combine the best of science and caring to provide exceptional patient care through trusted partnerships and effective stewardship.

The healing environment of Allina Health fosters nursing practice that is evidence-based, innovative and patient/family-centered.

Allina Health nurses are powerful, passionate and diverse in talents and thought.

Nursing career paths provide Allina Health nurses with dynamic opportunities for career enhancement to help them achieve their highest potential.

Nursing leadership is relationship-centered, holistic, progressive and responsive.

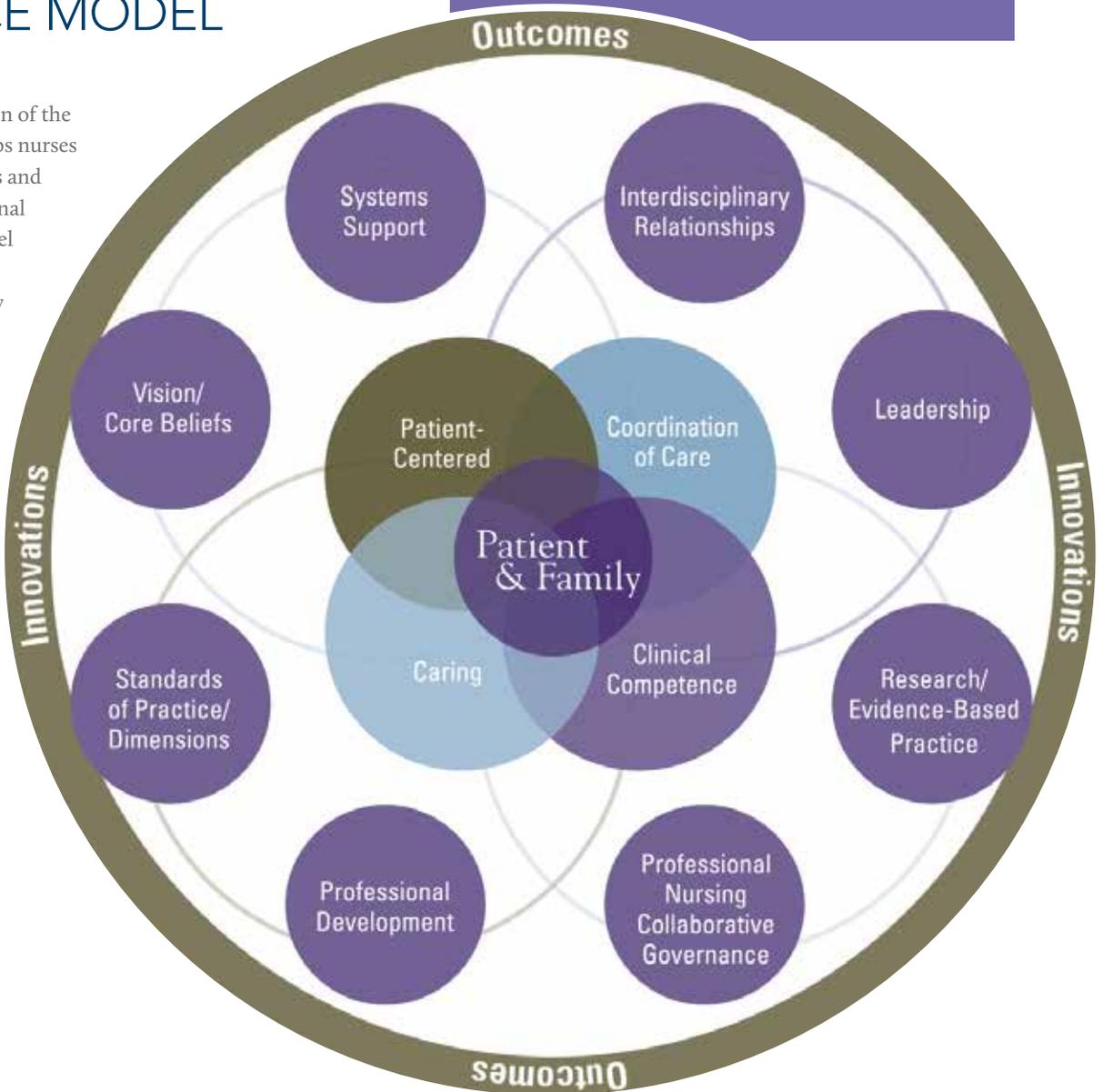
Nursing Core Beliefs

- Advocacy
- Caring
- Continuous improvement
- Cultural awareness and recognition
- Ethics
- Leadership
- Relationships
- Stewardship

PROFESSIONAL NURSING PRACTICE MODEL

Built on the foundation of the individual relationships nurses establish with patients and families, the Professional Nursing Practice Model incorporates all of the components necessary for the delivery of exceptional nursing care. These components are supported and enhanced through innovation, which ultimately leads to better outcomes for patients.

The Professional Nursing Practice Model diagram provides a visual representation of the fundamental components of nursing practice that are defined in the Allina Health Charter for Professional Nursing Practice. The model is meant to demonstrate all of the things nurses inherently know as part of their professional practice.



Strong relationships and partnerships provide an environment where professional practice flourishes and where nurses are empowered to find the best way to accomplish organizational goals and achieve desired outcomes.

STRUCTURAL EMPOWERMENT

Nursing governance at Abbott Northwestern has evolved in recent years to a structure that includes four Strategy Committees. The committees are organized around the four core components of the Professional Practice Model: Care, Patient-centered, Clinical Competence and Coordination of Care. Each meets monthly and includes representatives from all patient care communities.



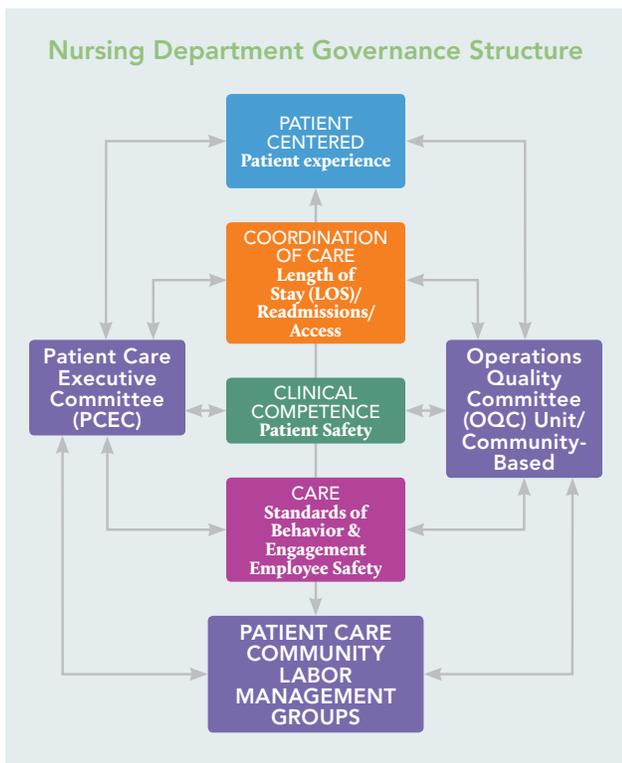
Care Committee

Care

The Care Committee develops tools and processes that help nurses uphold Our Commitment to Care, a set of five service standards and behaviors describing how care should be delivered and how employees should interact with each other and with patients. In 2014, the committee studied each standard in depth and discussed how it relates to nursing. Members shared ideas from their own patient care communities and assisted in adapting them for other communities. One idea that was implemented with the committee's help is the Emergency Department (ED) transfer template.



Nursing Department Governance Structure



ED transfer template supports seamless transitions

ED nurse Cheryl Benson, RN, worked with ED colleagues to develop a transfer template to assist inpatient unit nurses when admitting a patient from the ED. On average, about 40 patients a day are admitted from the ED. The template summarizes key information like the patient's chief complaint, vital signs, pain level, ED interventions, medications given and test results. The Care Committee discussed the template and provided input on its use, and ED nurses began using the template in early 2015. "The template simplifies the nurse-to-nurse report process and helps inpatient nurses get up to speed on new admits much quicker," said Benson.



Patient-centered Committee

Patient-centered

The Patient-centered Committee is focused on the role of nursing in enhancing the patient experience. In 2014, the committee established goals related to bedside shift handover, care board completion rates, leader rounding and nursing communication scores in the patient satisfaction survey. A primary focus was introducing bedside shift handover. This involved helping nurses gradually work this new process into their daily task list, learning about the barriers affecting its use and sharing examples of how bedside shift handover can improve patient care.

Bedside shift handover enhances the patient experience

Like other patient care units, H5200 had traditionally done shift report in a location outside of the patient room. The change to bedside shift handover began with nurses simply introducing themselves at the start of their shift. This served as an icebreaker and helped set the tone for nurse–patient interaction, said Laura Gardner, MSN, RN, NE-BC, patient care supervisor. Then the unit began working toward helping nurses complete the entire shift report at the patient’s bedside.

“One of the barriers was simply that this represented a change. Nurses were not used to having the patient or family as an audience when they did shift report,” said Gardner. Education, training and sharing comments from patients about the new process helped nurses work through their concerns.

Patients have said that they appreciate being part of the bedside shift handover and that it inspires confidence to know that important information is being passed on from one shift to the next. “Even among nurses who were hesitant about this process—when they heard how it can affect the patient experience, they were ready to jump on board,” said Gardner.



Part of bedside shift handover includes updating the care board.





Clinical Competence Committee

Clinical Competence

The Clinical Competence Committee ensures that nurses have the tools and resources to deliver clinically competent, evidence-based care. Its 2014 goals were to reduce hospital-acquired infections and improve the harm index based on targeted metrics for hand hygiene, Clostridium difficile infections, catheter-associated urinary tract infections (CAUTI), central line-associated blood stream infections, falls and pressure ulcers. Activities included developing work plans, discussing best practices and disseminating education and training.

Changing the culture to stop CAUTI

In January 2014, Abbott Northwestern began partnering with On The Cusp: Stop CAUTI, a nationwide initiative to reduce CAUTI rates in U.S. hospitals. Dan Greene, RN, PB2000, is project lead and serves as liaison with On The Cusp. A PB2000 CAUTI team was formed that includes a bedside nurse representative, unit manager and clinical nurse specialist, physician champion, infection preventionist and a senior leadership sponsor. A group of bedside nurse champions worked closely with the CAUTI team, serving as resources to their nursing peers and supporting CAUTI team processes like audits and peer-to-peer follow-up.

Because CAUTI can occur at any point during the life cycle of an indwelling catheter, prevention requires a comprehensive approach. “Placing and maintaining a Foley catheter aseptically is a huge challenge – in fact, placing a Foley is the most invasive procedure that a bedside nurse does,” said Greene. Key CAUTI team activities in 2014-15 included:

- performing periodic rounding and auditing to educate nurses and ensure compliance with Centers for Disease Control indications and maintenance practices.



At left, Dan Greene, RN, PB2000, worked with CAUTI champions to demonstrate aseptic insertion training.

- conducting a gap analysis to determine how often insertion steps were performed correctly
- adopting a two-RN team approach to Foley insertion using a checklist
- preparing to train all nurses on aseptic insertion with return demonstration
- developing a nurse-driven Foley catheter removal protocol
- maintaining house-wide focus on this issue through regular communications, including “Naughty CAUTI” emails.

Greene pointed to three factors that have contributed to the CAUTI team’s success so far. “You have to commit the resources. This is a complicated process and it represents a huge culture change. Second, you need to keep it in front of people with ongoing communication. And third, this kind of change has to be driven by nurses – we own the practice. It’s much better received when coming from a peer.”



Coordination of Care Committee

Coordination of Care

The Coordination of Care Committee is focused on improving performance related to length of stay, readmission and access.

This work requires a deep understanding of both the data used to monitor performance and the processes that advance care. In 2014, there was increased emphasis on helping committee members understand key metrics and what drives performance. For example, data was used to gain a better understanding of complex diagnoses and to determine where adding more RN care coordinators and social workers could have the most impact in advancing care. At the same time, processes like multidisciplinary rounding and rapid rounds, which were introduced in 2013, were fine-tuned and disseminated throughout the hospital.

Reinventing patient rounding

Multidisciplinary rounds and rapid rounds were launched on E4000-W4400 in 2013. By 2014, care providers were noticing a difference in improved communication among team members and more efficiency in care. Performance data began to show a real impact on length of stay (see page 8).

According to Tina Fenske, RN, assistant patient care manager, even a delay of a few hours can make a difference in length of stay. “Before multidisciplinary rounding, we often didn’t see the hospitalists rounding until the afternoon, which meant discharge could be delayed until the next day. Another good change is having everyone in the patient’s room at the same time. Now we all hear the same things, and no one has to wonder or check back.”



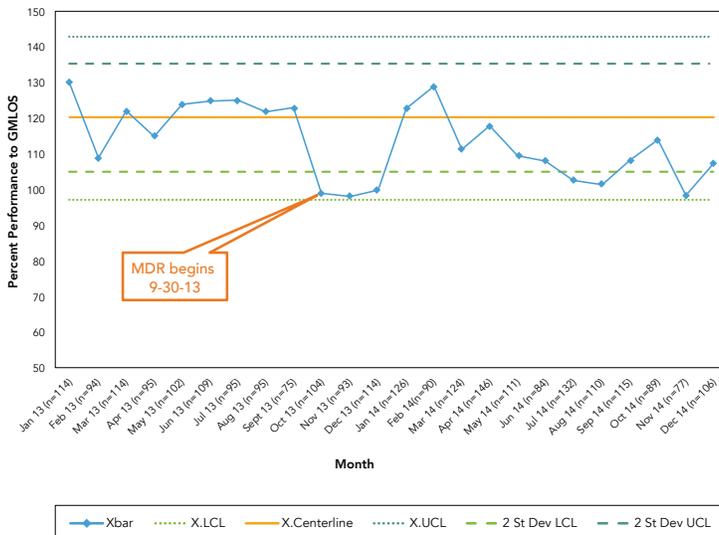
Each day starts with rapid rounds involving the hospitalist, social worker, RN care coordinator and other team members.

Beth Palewicz, BSN, ACM, RN care coordinator, noted that rapid rounds make a difference, especially for complex patients. “It gives the whole team a roadmap for the day. We talk about the anticipated day of discharge, so we all know what to work toward and what is needed to get there. It helps us get everything in place for the patient to make a seamless transition back to the community.”



Rebecca Koshnick, MD, and Jill Attelson, RN, spoke with a patient during multidisciplinary rounds while a scribe helped with documentation.

E4000-W4400 MDR Hospitalist Percent Performance to GMLOS Attending Cases Only



Measuring the impact of MDR on length of stay

Multidisciplinary rounding (MDR) started on E4000-W4400 in fall 2013. The control chart at left compares the unit's length of stay performance to Center for Medicare/Medicaid Services (CMS) geometric mean length of stay (GMLOS) from Jan. 1, 2013 through the end of 2014. The data include only those patients with a hospitalist as the attending physician.

The blue line shows average length of stay performance on E4000-W4400. To measure performance, the total patient days for all patients discharged is divided by the total patient days if every patient was at their unique MS-DRG's (Medicaid severity-adjusted) specific GMLOS. A patient discharged with a length of stay the same as the CMS-reported GMLOS for their specific MS-DRG would perform at 100 percent. A value less than 100 percent means that the actual length of stay was less than the national average. A value higher than 100 percent means that the actual length of stay is greater than the national average.

TRANSFORMATIONAL LEADERSHIP

Nurses lead by example to identify new solutions, promote innovation and motivate others to meet the demands of the future.

In 2014, Abbott Northwestern achieved its second designation as a Magnet® hospital. It is one of only three hospitals in the state to have earned Magnet designation.

In reflecting on the type of leadership needed to achieve this honor, Abbott Northwestern's Magnet program director, Tonya Montesinos, MS, BS, RN-BC, NE-BC, PHN, explained that Magnet is much larger than any single leader, or even a group of leaders. She believes that Abbott Northwestern's entire Nursing Department embodies the idea of transformational leadership, and that every nurse has a role to play.

While the Magnet program requires submitting documentation and preparing for a site survey every four years, Montesinos said that the Nursing Department has set

itself up for continued success through its strategic planning process. "The strategic plan helps us take a high level look at our goals, and plans then begin on how we'll achieve them," she said. "It's a tool that keeps Abbott Northwestern on the forefront of patient care because nurses at all levels are involved in making decisions that affect nursing care."

She also explained that over time, the Nursing Department has evolved to focus on transforming care for patients by raising the bar of excellence to achieve the best outcomes and ensuring that patients have an exceptional experience. But it's more than simply encouraging nurses to participate in improving patient care; nurses themselves have embraced this work and take pride in doing so.

"Nurses at Abbott Northwestern truly care about our patients and want to make a difference, and that's what makes us a Magnet hospital."



The celebratory scene when Abbott Northwestern's Magnet redesignation was announced in 2014.

EXEMPLARY PROFESSIONAL PRACTICE



Commitment to the highest standards of professionalism sustains a culture of safety, compassion and quality in the delivery of patient care.

In 2014, Abbott Northwestern earned national recognition for individual patient care units and clinical programs. Achieving this level of recognition across diverse areas of the organization indicates a strong commitment to improving patient care. Nurses are integral in helping the hospital meet standards that have been identified as leading to better outcomes, and they also help the organization prepare for the rigorous survey processes that are required.

AACN Silver Beacon Award

Sarah Walker, RN-BC, patient care supervisor, H4000

What gave H4000 an edge in winning this award? We have been focused on improving outcomes and implementing several new initiatives over the last five years, including those related to LVAD (left ventricular assist device) and heart transplant care. We've adopted new processes for rapid rounds, multidisciplinary rounds, bedside shift handover and participation in the new governance structure. We have also partnered with Abbott Northwestern's Quality Department, which provides data and metrics on process improvements and initiatives and is second to none.

What impressed the Beacon reviewers about your unit? They liked that our leaders have blocked out "no meeting" times to round on the unit, our system for acuity-based staffing, our use of care boards and rapid rounds, and our orientation process, which is geared to individual learners.



H4000 staff (top photo) and members of the H5200 Operations Quality Committee and staff (bottom photo) each gathered to celebrate their Silver Beacon Awards.

AACN Silver Beacon Award

Laura Gardner, MSN, RN, NE-B, patient care supervisor, H5200

What gave H5200 an edge in winning this award?

Our cohesiveness on the unit made the difference. It's not just management, it's all the unit leaders and nurses who have been involved in the Transforming Care at the Bedside program, safe patient moving, skin care and many other initiatives. Everyone is very passionate about the work we're doing, and this gave us an outlet to share our accomplishments.

What impressed the Beacon reviewers about your unit?

Our quality metrics and outcomes really spoke for themselves. We have excellent data on measures like employee satisfaction, safety and clinical outcomes. We felt that we would be in a good position to be recognized, and our nurses are very proud to have earned this honor, but they're always striving to improve. Now we're looking forward to reapplying and winning the Gold Beacon Award.

DNV Comprehensive Stroke Program Certification

Lynda Sirek, BSN, RN, program coordinator, and Tim Hehr, RN, MA, SCRNI stroke program coordinator

What gave Abbott Northwestern an edge in earning this certification?

They were impressed with how Abbott Northwestern staff meet and often exceed the standard for stroke core measures like door-to-needle/sheath times and VTE clot prevention. Another key is having more nurses with National Institute of Health (NIH) Stroke Scale Certification on H8000, the Emergency Department, the Intensive Care Unit and other patient care units.

What impressed the DNV GL surveyor about nurses in the Stroke Program?

They were impressed by our nurses' knowledge about day-to-day care for stroke patients, but they were also impressed by their overall knowledge of the program and all we can offer for patients.

Bariatric Center Certification

Debbie Vanderhall, BA, RN, CBN, program manager

What gave the Bariatric Center an edge in earning this certification?

Our bariatric nurse clinicians are integral to bariatric care. They work closely with patients before, during and after surgery to help them be successful, but they are also a resource for Abbott Northwestern staff in caring for obese patients.

What impressed the surveyor about your program?

The surveyor was most impressed with the low rate of post-operative complications. This can be attributed to the excellent skills of our surgeons, but also to the nurses who work so hard making sure patients know what to expect, feel comfortable asking questions, and feel confident that a positive experience is our top priority.

CARF Accreditation

Jennifer Smith, manager of Quality and Reimbursement, Courage Kenny Rehabilitation Institute

What gave Courage Kenny Inpatient Rehabilitation an edge in earning this re-accreditation?

The CARF accreditation touches on all aspects of inpatient rehabilitation, including administration, policies and procedures, how you care for the patient, how you are reimbursed, staffing, and how your services impact the community. With our specialized, intensive services, we are able to get many people back to their communities who otherwise would not be able to do so. Certified rehabilitation registered nurses (CRRNs), who comprise 36 percent of the nursing staff on W2300 Rehabilitation Services, are essential to this work. They have the ability to understand and manage the patient's medical needs while using every nursing intervention as an opportunity to help the patient move closer to regaining independent living abilities.

What impressed the surveyors most about your program?

They were most impressed by the continuum of care we offer and the care coordination that occurs as part of our specialty systems of care for spinal cord injury, stroke and brain injury. They also were impressed by our strong volunteer program and philanthropic support.

NEW KNOWLEDGE AND INNOVATION

Nurses contribute to patient care, to Abbott Northwestern Hospital and to the profession by identifying new models of care, improving existing protocols, assessing new evidence and developing more effective practices.

Abbott Northwestern nurses lead national efforts to prevent alarm fatigue

Clinical nurse specialists at Abbott Northwestern co-authored evidence-based practice standards on alarm fatigue for the American Association of Critical Care Nurses (AACN) in 2013, and then launched a quality improvement project in 2014 that is serving as a national model to help hospitals address this patient safety issue.

Sue Sendelbach, PhD, APRN, CNS, FAHA, FAAN, director of Nursing Research, and Stacy Jepsen, MSN, APRN, CNS, CCRN, clinical nurse specialist, PB2000, wrote the practice standards at the request of AACN. They worked with Sharon Wahl, MSN, APRN, CNS, CCRN, clinical nurse specialist, H4100/4200, along with an interdisciplinary team, to pilot a quality improvement project to eliminate unnecessary alarms in the Cardiovascular Intensive Care Unit.

At the start of the project, they found that each patient in the cardiovascular medical intensive care unit had an average of 28.5 alarms per day. “The problem is that when you have so many alarms going off, you don’t really hear them anymore,” said Jepsen.

The team used a variety of tactics to eliminate unneeded alarms: using proper skin preparation and daily changing for ECG electrodes, customizing alarm default settings on ECG monitors, customizing delay and threshold settings on SpO₂ monitors, retraining for device users, and using device monitors only for patients with clinical indications for monitoring.

The project resulted in a 75 to 90 percent reduction in alarms going off in the unit. Similar projects were started in other patient care units, and Jepsen, Wahl and Sendelbach shared the results of their work at the National Association of Clinical Nurse Specialists meeting in March 2015. This work was published in the August 2015 issue of *Critical Care Nurse*.



Jason Schultz, RN, cared for a patient on PB2000.



Mobilizing resources for early identification and treatment of sepsis

A quality improvement project designed to improve the hospital's response to sepsis was launched in the Emergency Department in 2014 and began to roll out to other areas of the hospital in 2015. The project involved intensivists, the ED medical director, a PB2000 clinical nurse specialist, a nurse educator, and representatives from ED, Pharmacy, Lab and Critical Care Float Pool.

"The ED is a key entry point for patients with sepsis, and we know that early identification of these patients saves lives," said Jennifer Moberg, BSN, RN, CCRN, patient care manager, Emergency Department. "If we can get antibiotics to the patient within one hour of diagnosis, it decreases mortality by 7 percent."

The challenge is that so many patients present with similar symptoms. The team focused on education to promote early recognition of sepsis and implemented an advisory tool to use in the triage process. A sepsis order set was developed to cue responses from Lab, Pharmacy and other areas. "Similar to the Level One Heart Attack Program, now we've got code sepsis.



Sepsis team members took a break from a recent meeting to pose for a photo.

We drilled down and focused on getting labs drawn more quickly, speeding up the draw-to-result time, and giving the antibiotic more quickly," said Moberg.

As the ED pilot proceeded, "Our numbers improved greatly – it was fantastic to watch," Moberg said. From July to October 2014, the number of sepsis codes increased from seven to 31 per month.

"It's like a symphony. We're all doing our roles in a more coordinated way," she explained.

Abbott Northwestern clinical nurse specialists

- Kelly Gannon, MSN, APRN, CNS, CNRN, Neuroscience/Spine
- Autumn Gode, MSN, APRN, CNS, Medical/Surgical
- Wendy Gunderson, MSN, APRN, CNS, Cardiovascular/TeleHeart
- Sandy Hoffman, MS, RNC-EFM, CNS-BC, The Mother Baby Center
- Stacy Jepsen, MSN, APRN, CNS, CCRN, Critical Care-Medical/Surgical/Neuroscience
- Stacy Johnson, MSN, APRN, CNS, CNOR, CNS-CP, Surgical Services
- Renee Koemptgen, APRN, CNS, Behavioral Health
- Faith Pollock, APRN, CNS, BC-ADM, CDE, Diabetes/Endocrine
- Karen Prieto, MSN, APRN, CNS, DNP-S, Penny George Institute for Health and Healing
- Sue Sendelbach, PhD, APRN, CNS, FAHA, FAAN, director of Nursing Research
- Sharon Wahl, MSN, APRN, CNS, CCRN, Critical Care-Cardiovascular



Abbott Northwestern's clinical nurse specialists are advanced practice RNs with graduate or doctorate degrees. The team is current on the latest research in their specialty and collaborates with staff, providers and other disciplines to implement practice changes and clinical processes to standardize care and improve patient outcomes.

RECOGNITION



Nursing Excellence Award Winners, 2014

NURSING EXCELLENCE AWARDS

The Irene Briggs Award

Ammie Nelson, RN, The Mother Baby Center

The Mae McWeeny Nursing Mentorship Award

Marcus Burns, RN, CV Lab

Grace Kasel, RN, E4100/W4500

Kelly Drake, RN, The Mother Baby Center

The Marguerite S. Richards Nursing Preceptorship Award

John Frey, RN, CK4800

Christine Hodge, RN, H5000

Kim Bernard-Peters, RN, W2300

Hope Balcos, RN, Float Pool

The Jane Wachtler Becker Award

Robyn Avery, RN, Acute Pain Service

Shelley Kerbrat, RN, CV Lab

Tenzin Dawa, RN, W2300

Elizabeth Rossini, RN, patient care manager, PB2000

Abbott Northwestern Community Service Award

Donna Van Stralen, RN, Critical Care Float Pool

Helen Klein Compassionate Nursing Care Award

Valli Cowles, RN, PB2000

The Carol Huttner Awards

Nursing Excellence in Practice:

Mental Health Services: Darlene Backlund, RN, CK4800

The Mother Baby Center: Kelsi Le, RN

Cardiovascular: Tammy Swenson, RN, CV Lab

Medical/Surgical: Cheryl Wright, RN, E3100/W4500

Surgical Services/Endoscopy/ASC: Marcia Lantto,
RN, PACU/OSDU/POCC

Neuro/Ortho/Spine/Rehab: Janie Sydor, RN, H7000

PB2000/Float Pool: Carrie Sebold, RN, Critical Care
Float Pool

Emergency Department/Outpatient/Housewide:

Tracy Farley, RN, Emergency Department

Collaborative Colleague:

Kathleen Bauer, manager, Information Services

Leadership:

Stacy Jepsen, MSN, APRN CNS, CCRN, Critical Care-Medical/
Surgical/Neuroscience

The Dee & Gordon Sprenger Scholarship

Jennifer McAnnany, RN, patient care manager,

Emergency Department

The Petersen Award

Sandy Ferguson, RN, Emergency Department

CERTIFICATIONS

Sada Ahmed, RN, E4100 – American Nurses Credentialing Center (ANCC®) Medical-Surgical Nursing certification

Andrea Ammott, RN, PB2000 – American Association of Critical-Care Nurses (AACN) Certification for Adult, Pediatric and Neonatal Critical Care Nurses (CCRN®)

MeeRa Bankers, RN, H4000 – American Association of Critical-Care Nurses (AACN) Certification for Progressive Care Nurses (PCCN®)

Julie Berken, RN, Transplant Program, American Board for Transplant Certification for Certified Clinical Transplant Coordinator

Kilah Berry, RN, W2300 – Association of Rehabilitation Nurses (ARN) Certified Rehabilitation Registered Nurse (CRRN®)

Joy Blackstad, RN, W2300 – Association of Rehabilitation Nurses (ARN) Certified Rehabilitation Registered Nurse (CRRN®) program

Kara Bodmer, RN, H4000 – American Association of Critical-Care Nurses' (AACN) Certification for Progressive Care Nurses (PCCN®)

Peggy Bonk, BSN, RN, MBA – American Association of Critical-Care Nurses (AACN) Certification for Nurse Managers and Leaders (CNML)

Holly Swanson Carroll, RN, CNRN, SCR, H8000 – American Board of Neuroscience Nursing (ABNN) Stroke-Certified Registered Nurse (SCRN®)

Anjali Carstens, RN, PB2000 – American Association of Critical-Care Nurses (AACN) Certification for Adult, Pediatric and Neonatal Critical Care Nurses (CCRN®)

Dan Contreras, RN, E4100 – American Nurses Credentialing Center (ANCC®) Medical-Surgical Nursing Certification

Tenzin Dawa, RN, W2300 – Association of Rehabilitation Nurses (ARN) Certified Rehabilitation Registered Nurse (CRRN®)

Chrissie Dugan, RN, Surgical Services – American Board of Perianesthesia Nursing Certification (ABPANC) Certified Post Anesthesia Nurse (CPAN®)

Rosalinda Foster, RN, E3000 – American Nurses Credentialing Center (ANCC®) Pain Management Nursing Certification

Stephanie D. Johnson, RN, H4000 – American Association of Critical-Care Nurses (AACN) Certification for Progressive Care Nurses (PCCN®)

Megan Lewis, RN, E3000 – Oncology Nursing Certification Corporation Oncology Certified Nurse (OCN®)

Sonia Lovelace, RN, E3100/W3500 – American Nurses Credentialing Center (ANCC®) Medical-Surgical Nursing Certification

Elijah Mokandu, RN, W2300 – Association of Rehabilitation Nurses (ARN) Certified Rehabilitation Registered Nurse (CRRN®)

Stephanie A. Olson, RN, Mental Health Services – American Nurses Credentialing Center (ANCC®) Psychiatric-Mental Health Certification

Kari Pankow, RN, E4100 – American Nurses Credentialing Center (ANCC®) Medical-Surgical Nursing Certification

Wendy Prince, RN, Surgical Services – Competency & Credentialing Institute CNOR Certification

Crystal Rehbein, BSN, RN-BC, CK4700 – American Nurses Credentialing Center (ANCC®) Pain Management Certification

Kanitta Rentfrow, BA, BSN, RN, PHN, patient care manager, Ambulatory Surgery Center – American Nurses Credentialing Center (ANCC®) Nurse Executive Certification

Michelle Smith, MBA, BSN, RN-C, CNML, patient care director, The Mother Baby Center – American Organization of Nurse Executives (AONE) Certified Nurse Manager and Leader (CNML)

Michelle Stenbeck, MSN, BSN, RN, patient care manager, H4000 – American Association of Critical-Care Nurses (AACN) Certification for Nurse Leaders and Managers (CNML)

Serena Willey, RN, CK4800/CK3900 – American Nurses Credentialing Center (ANCC®) Psychiatric-Mental Health Nursing Certification

POSTERS, PRESENTATIONS, ABSTRACTS & ARTICLES

Sandy Hoffman, MS, RNC-EFM, CNS-BC, clinical practice coordinator, The Mother Baby Center, presented her poster “Every mother counts: maternal death reviews in Minnesota,” at the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) Minnesota Chapter Annual Conference.

Jessica Quinlan-Woodward, BSN, RN, STAR/C, Virginia Piper Cancer Institute®, presented her research study, “A pilot randomized controlled trial to assess the impact of acupuncture on post-mastectomy pain, nausea, anxiety and ability to cope,” at the Oncology Nursing Society’s research conference in April 2015.

ADVANCED DEGREES

Laurie Boyd, RN, W2300, earned a Bachelor of Science in nursing.

Kami Buccellato, RN, Endoscopy, earned a Master of Nursing with a focus in education.

Beth Caven, RN, PB2000, earned a nurse practitioner master’s degree.

Michelle Dewald, RN, POCC/PACU, earned a Master of Science in nursing.

Dustin Duvall, RN, H7200, earned a Bachelor of Science in nursing.

Lisa Enteleutner, BSN, RN, clinical supervisor, Piper Breast Center®, earned a Bachelor of Science in nursing.

Laura Gardner, MSN, RN, H5200 and Cardiac Monitoring Center, earned a Master of Science in nursing.

Stephanie Goese, RN, POCC/PACU, earned a Doctor of Nursing Practice.

Carrie Goffin Johnson, BSN, RN, care coordinator, Emergency Department, earned a Bachelor of Science in nursing.

Sarah Kaspari, MSN, RN, patient care supervisor, Cardiovascular, earned a Master of Science in nursing.

Bridget Pavlas, RN, patient care supervisor, H7000, earned a Master of Science in nursing education.

Lynda Rae Pearson, RN, patient care supervisor, OR, earned a Master of Business Administration.

Myriam Roby, RN, POCC/PACU, earned a Master of Science in nursing.

Crystal Rudell, RN, POCC/PACU, earned a Doctor of Nursing Practice degree.

Melissa Saffke, RN, PB2000, earned a Bachelor of Science in nursing.

EXTERNAL RECOGNITION

Elaine Bell, RN, senior research nurse, Virginia Piper Cancer Institute®, received the 2014 Departmental Distinguished Alumni Award at Gustavus Adolphus College.

Cindy Larson, RN, CV Lab Prep/Recovery, received a 2014 Allina Health Award of Excellence for her caring that extends to communities both near and far.

Nancy Lash, RN, Emergency Department, was selected by the Emergency Nurses Association (ENA) Minnesota State Council as a delegate to the 2014 ENA General Assembly in Indianapolis in October 2014.

Debbi Lindgren-Clendenen, MS, RN, PHN, GNP-BC, AGPCNP-BC, nurse practitioner, Minneapolis Heart Institute®, received the American Association of Nurse Practitioners (AANP) Nurse Practitioner of the Year Award.



A bedside nurse updated team members about a patient's condition during multidisciplinary rounds in the Cardiovascular ICU.

Kerstin McSteen, CNS, Palliative Care, received the Advanced Certified Hospice and Palliative Nurse (ACHPN) of the Year Award from the National Board for Certification of Hospice and Palliative Nurses (NBCHPN).

Amie Meuleners, RN, H5200, received a Minnesota Hospital Association Good Catch Patient Safety Award for her collaboration with Kelly Moritz, PharmD, to correct an Excellian error that could have resulted in the wrong dosage of heparin being given to patients.

Amber Peterson, RN, care coordinator, Mental Health Services, was accepted as a content expert for the ANCC Psychiatric Nursing Specialty certification examination and participated in the Standard Setting Study for the exam.

Tina Podgorniak, RN, received a Minnesota Hospital Association Good Catch Patient Safety Award for her identification of a discrepancy in the correct laterality for a surgical procedure. Her efforts resulted in clarification with the surgeon and establishment of the correct laterality for the patient.

Karen Swenson, PhD, RN, AOCN, research manager/scientific advisor, Virginia Piper Cancer Institute®, received the 2014 Rose Mary Carroll-Johnson ONS Distinguished Award from the Oncology Nursing Society for Consistent Contribution to Nursing Literature.

Megan Tasler, RN, OCN, cancer care coordinator, Piper Breast Center®, received Luther College's Evelyn Barritt Creativity in Nursing Award.

Nominees for 2014 March of Dimes Nurse of the Year awards

Sherry Adelmann, RN, Maternal Assessment Center

Amy Berggren, RN, Minneapolis Heart Institute®

Debbie Biffle, RN, The Mother Baby Center

Barbara Blake, RN, The Mother Baby Center

Kari Bouavichitz, RN, The Mother Baby Center

Shannon Cheng, RN, The Mother Baby Center

Seamus Conroy, RN, CK4800/CK3900

Erin Cox, RN, The Mother Baby Center

Tenzin Dawa, RN, W2300

Karlyn Derksen, RN, CK3700

Bridget Ertelt, RN, CK4800/CK3900

Desmond Fielding, RN, H5200

Kelly Gannon, CNS, Neuroscience

Beth Gleason, RN, The Mother Baby Center

Jennifer Grosen, RN, The Mother Baby Center

Emily Janacek, RN, CK4800/CK3900

Gretchen Johnson, RN, CK4800/CK3900

Stephanie Johnson, RN, H4000

Sarah Kaspari, RN, patient care supervisor, Cardiovascular

Emily Kennelly, RN, The Mother Baby Center

Nicole Kieffer, RN, The Mother Baby Center

Pat Kohler, RN, The Mother Baby Center

Tamara Langeberg, RN, Minneapolis Heart Institute®

Mark Laughlin, RN, CK4800/CK3900

Niki Leske, RN, The Mother Baby Center

Leslie Maynard, RN, Chronic Pain Rehab Program

Linda Newlin-Root, RN, The Mother Baby Center

Crystal Rehbein, RN, CK4700

Nancy Sawyer, RN, The Mother Baby Center

Peggy Stoks, RN, The Mother Baby Center

Maureen Tomb, RN, The Mother Baby Center

Sharon Wahl, CNS, Cardiovascular

Bridgette Watkins, RN, CK4800/CK3900

AACN Silver Beacon award

Nurses on H5200

Nurses on H4000

DNV Comprehensive Stroke Program Certification

Nurses and staff on H8000 and PB2000



Our sincere thanks go to the many generous donors who support the Nursing Department through the Abbott Northwestern Hospital Foundation.

Gifts in support of the Nursing Excellence Fund, whether through Nursing Champions of Care, the employee Community Giving Campaign or other annual support given throughout the year, provide nurses and caregivers with valuable opportunities to grow and advance in their profession.

The commitment of the Foundation and Abbott Northwestern's donor community to support the role of nursing is greatly appreciated.



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