



NURSING DEPARTMENT
2013 | ANNUAL
REPORT

AllinaHealth 

ABBOTT
NORTHWESTERN
HOSPITAL



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A patient care team gathered in a patient's room during multidisciplinary rounding, a new initiative designed to enhance communication and prevent delays in care.

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A shared commitment to transforming patient care

Publishing an annual report is an interesting process. Yearly data reporting cycles and workflows inevitably leave us writing about the previous year's accomplishments, right in the midst of so many achievements in the current year. This year's report has been no exception.

Throughout 2013, many of you had a direct role in helping us prepare the documentation needed for the Magnet® application. You also helped us prepare for the site visit that followed in early 2014. I am extremely proud of the hospital-wide effort that went into the redesignation process and of the work you do each day to ensure that patients at Abbott Northwestern have the best care possible.

Many of the articles featured in this year's annual report reflect programs and initiatives that our Magnet® surveyors cited as exemplar. These stories demonstrate how nurses and others who share a deep commitment to improving patient care can transform processes, strengthen nursing practice and help patients.

While this report largely celebrates work that was accomplished in 2013, you are reading it on the heels of a very significant 2014 accomplishment – Abbott Northwestern's redesignation as a Magnet® hospital. This well-deserved recognition affirms what I've known for a long time: Abbott Northwestern is a great hospital and its nurses are outstanding.



Terry Graner, DNP, RN, NEA-BC, CENP
Chief Nursing Officer



Our sincere thanks go to the Abbott Northwestern Hospital Foundation for its support of Abbott Northwestern's Nursing Department and the production of this annual report. The commitment of the Foundation and Abbott Northwestern's generous donors to support the role of nursing through these efforts is appreciated.



VISION/ CORE BELIEFS

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.

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.

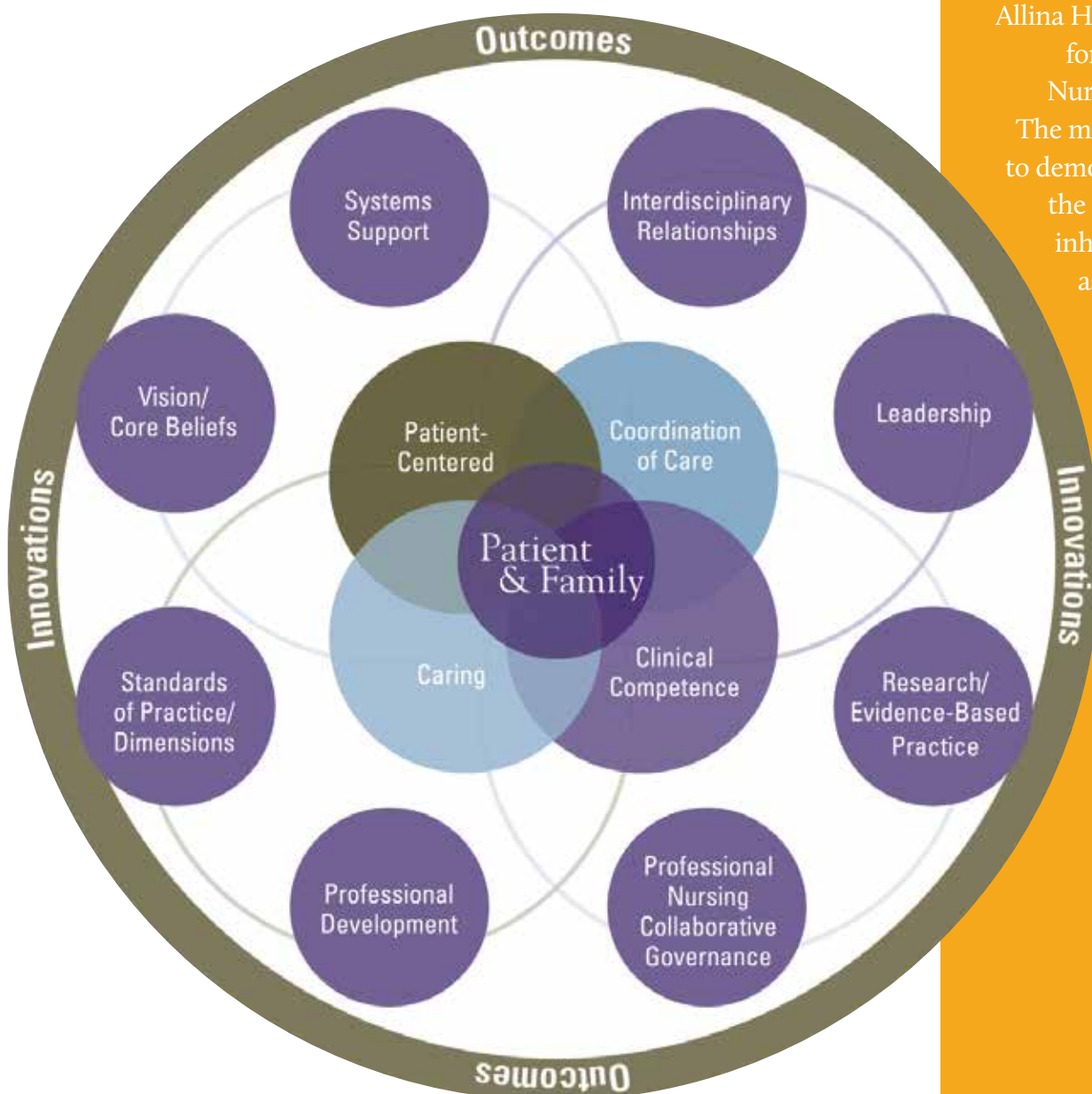
Nursing Core Beliefs

- 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.



TRANSFORMATIONAL LEADERSHIP

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

Nursing Department Strategic Plan, 2014-2017

The Nursing Department's strategic plan serves as a road map. This plan is synchronized with the hospital's strategic plan and helps the department focus its energy, resources and time on many of the same initiatives and work. It outlines objectives and goals at a high level, leaving flexibility for the changing priorities and objectives that come with annual goal setting done at the Allina Health level and cascaded to the Abbott Northwestern Hospital level.

The plan was developed with input from about 25 staff nurses and nurse leaders from across the hospital. This group:

- reviewed the existing strategic plan
- reviewed Abbott Northwestern's strategic plan
- analyzed the department's strengths, weaknesses, opportunities and threats
- narrowed the plan's scope and language
- created a 2014-2017 plan that is user-friendly and attainable.

The strategic plan will be used to drive committee work throughout the department and provide clarity to its areas of focus. The plan will be reviewed intermittently to ensure that it reflects the department's work and that the department is on course to achieve its objectives.



Goal 1: *Strengthen and enhance a patient and family-centered environment that improves their experiences and outcomes.*

- Implement innovative evidence-based practices to optimize patient safety, experience and outcomes.

Goal 2: *Enhance practices to support the coordination of care.*

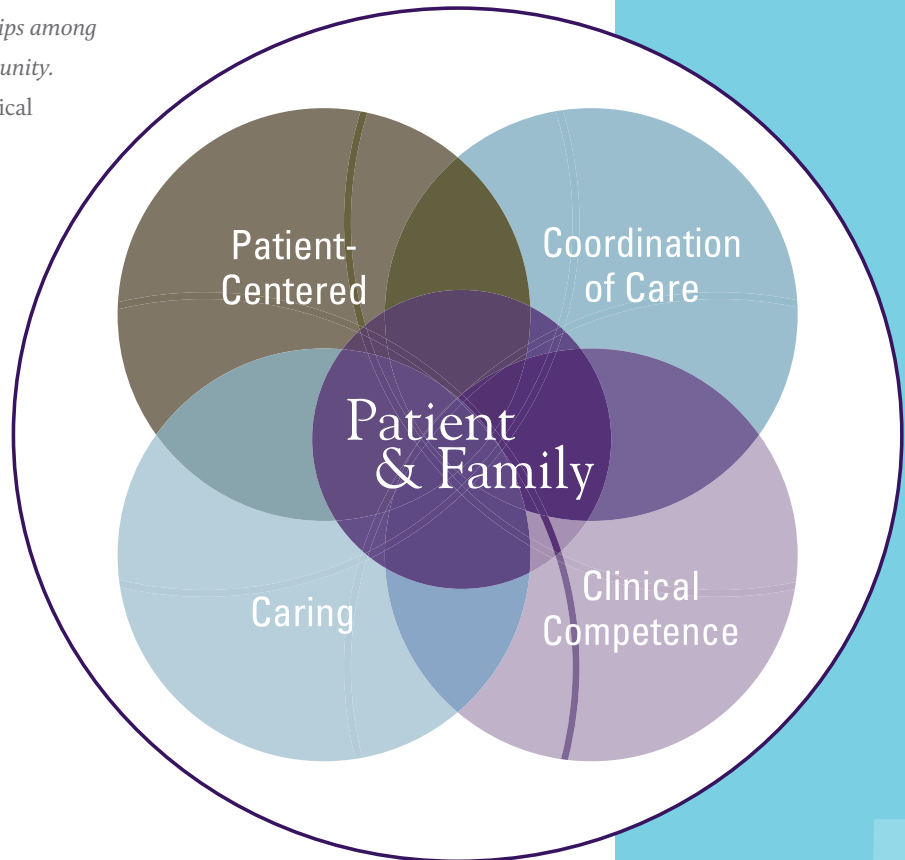
- Improve interdisciplinary collaboration to promote positive, effective teamwork.
- Evaluate and optimize technology to support patient care and staff workflows.
- Optimize the scope and effectiveness of nursing communications.

Goal 3: *Provide professional, clinically competent and evidence-based care.*

- Promote the professional development of Abbott Northwestern nurses.
- Develop a formal program/process for promoting leadership experience/roles.

Goal 4: *Foster trusting relationships among patients, colleagues and the community.*

- Provide transparency of clinical outcome data.
- Promote collaborative and respectful relationships.
- Promote employee development of and/or participation in community activities.



STRUCTURAL EMPOWERMENT

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.

Nurse expert guides hospital's evolution in diabetes care

The growing incidence of diabetes poses a significant challenge for hospitals. About 23 percent of Allina Health inpatients have diabetes. Current trends indicate that as many as one in three Americans could be diagnosed with the disease by 2050. These patients are at risk for serious complications, longer hospital stays and poorer outcomes. Their disease is often more difficult to manage in the hospital because acute illness, surgery and changes in daily routines can affect blood glucose levels. Managing these complex patients requires a dedicated effort to ensure that caregivers have the best possible skills, knowledge and resources.

At Abbott Northwestern, Faith Pollock, RN, ACNS-BC, CDE, a diabetes clinical nurse specialist, has become the go-to resource for diabetes, pre-diabetes, hyperglycemia and hypoglycemia care. Her clinical expertise and strong problem-solving skills have helped shape a comprehensive, patient-centered approach to diabetes care.

She leads the house-wide glyceemic control team and collaborates with multidisciplinary team members on a daily basis. She has led efforts to better understand how diabetic care can be improved and has developed diabetes-related tools, resources and education. Most importantly, Pollock has cultivated strong relationships with medical and nursing staff, earning their respect as a trusted resource.



EXPERIENCED NURSES ARE THE FOUNDATION FOR EXCELLENT CARE

Among the nurses acknowledged during Nurses Week were those with 25 or more years of experience at Abbott Northwestern. In 2013, that included 435 registered nurses. The value that they bring to other nurses, to patients and to the hospital as a whole is immeasurable. "Not only do they have great insights and wisdom in patient care, but they are helping us prepare for the future by mentoring our more recently hired nurses," said Terry Graner, chief nursing officer.



Her work has included:

- serving as a resource for caregivers as they prepare patients for discharge and formalizing processes for inpatient diabetes education and follow-up care.
- working with the glycemic control team to introduce carbohydrate insulin dosing instead of fixed meal dosing. “Carbohydrate dosing means you are dosing for what the patient actually eats instead of assuming that a patient eats a full meal. It’s much safer for patients,” said Pollock.
- initiating a new approach for monitoring blood glucose, which involved training nurses to coordinate glucose checks with insulin dosing and meals.
- establishing a diabetes care web page on the Allina Knowledge Network (intranet). It serves as a repository for all the diabetes resources that Pollock thought nurses might need. “It’s a way to ensure that the information and resources are there even if I’m not available,” said Pollock.
- helping the hospital respond when the Institute for Safe Medication Practices (ISMP) urged hospitals to take additional precautions when using insulin pens to avoid the risk of cross-patient use. Pollock reviewed the medical literature, assessed insulin pen practices at Abbott Northwestern and made recommendations to enhance safety precautions.
- launching hypoglycemia huddles when a patient’s blood glucose drops below 50 mg/dL or lower. After a hypoglycemia event, Pollock meets with the patient, patient’s nurse, charge nurse and other care providers to identify contributing factors and prevention strategies. The physician is contacted and changes are made to the patient’s plan if needed. “Hypoglycemia is a significant safety risk for our diabetic patients. The hypoglycemia huddles provide learning opportunities for all involved and are helping us reduce hypoglycemic events in the hospital,” said Pollock. (See table at right.)



Kim Johnson, RN, E4100, and Faith Pollock, RN, ACNS-BC, CDE, diabetes clinical nurse specialist, discuss next steps for one of Johnson’s patients. Pollock has become the go-to diabetes care resource for nurses and other providers at Abbott Northwestern.

From patient and provider education to insulin dosing and glucose control, Pollock has helped to transform diabetes care at Abbott Northwestern.

HOUSE-WIDE HYPOGLYCEMIA HUDDLES

Piloted in 2013; launched house-wide in March 2014 (except critical care, Mother Baby Center, Emergency Department)

HYPOGLYCEMIA EVENTS*

MONTH	RATE PER 100 PATIENTS
January	4.0
February (education)	3.6
March (launch)	4.4
April	4.1
May	3.7
June	3.0

*Blood glucose less than 50 mg/dL



EXEMPLARY PROFESSIONAL PRACTICE

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

Preventing delays in care through teamwork

A new approach to patient rounding is helping the hospital prevent fragmentation and delays in health care delivery while enhancing the patient experience.

Called multidisciplinary rounding (MDR), the new process has five key elements:

- geographically dedicated staff (e.g. hospitalist, RN care coordinator, social worker)
- scribe to assist the care team with documentation and communication
- common note template and discrete fields for discharge plan in the electronic medical record
- rapid rounds meeting at 8 a.m. to highlight major progression of care issues and discharge needs
- multidisciplinary rounds at the bedside with the patient/family that involve the hospitalist, bedside nurse, scribe and others as appropriate.

Multidisciplinary rounding began in 2013 as a pilot project on E4000. Since then, it has been launched in other medical-surgical units and will be introduced at the Heart Hospital in 2014.



At left, Jean Watson, MD, and Michelle Lynch, RN, E4000, talked with a patient as scribe Pierce Peters documented the visit.

The day begins with rapid rounds, which is a brief team meeting involving the hospitalist, scribe, charge nurse, RN care coordinator and others as needed to discuss all patients on the unit. The focus of rapid rounds is to identify barriers to the progression of care and proactively discuss discharge planning. The care teams then determines which team member will follow up.

“Before this program began, we had a variety of rounding systems in the hospital. Rounds could be lengthy and disorganized. They were a great forum for sharing information, but did not necessarily lead to action steps that had the potential to significantly impact progression of care,” said MaryAnn Moon, RN, ACNS-BC, clinical nurse specialist, who is helping to coordinate the rollout of the MDR program throughout Abbott Northwestern. “Now, we’re not only identifying the barriers to care progression; we are acting on them.”

Following rapid rounds, the team begins bedside multidisciplinary rounds. A posted rounding schedule each day ensures that bedside nurses and other team members can participate, leading to more complete and consistent communication among team members, patients and family members.

Before MDR, nursing staff was not sure when the hospitalist would be on the unit to round on patients. “If the nurse and hospitalist did not connect to discuss the plan that day, he or she would rely on the hospitalist’s note in Excellian. This means the nurse may have cared for a patient for a period of time after the physician visit without knowledge of the plan. This does not support taking care of the patient as a team,” explained Autumn Gode, RN, ACNS-BC, clinical nurse specialist, who helped to plan and launch MDR at Abbott Northwestern. With the team rounding together, communication and documentation occurs immediately, so any changes in the care plan are set in motion quickly.

“Hospitalists have noted that this deliberate approach to team communication helps everyone deliver better care,” said Moon. “They have commented on the role of the RN care coordinator in keeping the care plan on track and on the value of including the bedside nurse’s perspective in daily rounds.”

“The bedside nurse helps give the hospitalist and other team members the clearest picture of the patient’s situation. And while the hospitalist is describing his or her findings out loud for the scribe, the nurse and the patient are hearing the same thing – it helps us give a more consistent message about the care plan,” said Moon.

“MDR creates a stronger sense of cohesiveness on the unit, with everyone working together to anticipate obstacles and prevent delays in care. The end result is a more clearly articulated care plan, better communication and a better patient experience,” said Gode.

MEASURING THE IMPACT OF MDR

A variety of metrics are linked to the MDR program, as listed below. The MDR steering committee is reviewing these metrics and expects to have initial results to share later this year.

- Nursing communication
- Physician communication
- Patient/family experience
- Length of stay
- Readmission rate



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.

St. Catherine University partnership enriches Evidence-based Practice Fellowship Program

With its Evidence-based Practice Fellowship Program, Abbott Northwestern has promoted nursing research since 2008. Three to four nurses are selected as fellows each year, and the fellows complete classroom instruction and online coursework related to research processes, protocols and ethics. Then they are paired with an advanced practice registered nurse to explore a relevant clinical question, conduct a research or quality improvement project and report the results.

As a final step, the fellows work with the Nursing Department's Evidence-based Practice Council to incorporate their findings into nursing practice at Abbott Northwestern. Many of the fellows go on to publish and present on their findings, so their work potentially has broad influence in the field of nursing.

More recently, Abbott Northwestern has partnered with St. Catherine University to further enhance the Fellowship Program. Faculty and students from St. Catherine University participate in the classroom instruction as well as on the research teams, bringing interdisciplinary perspectives to the process of formulating questions, designing studies and analyzing results.

"As nurses, we don't practice in isolation," said Sue Sendelbach, PhD, RN, CCNS, FAHA, director of Nursing Research at Abbott Northwestern. The collaboration with St. Catherine University means "we now have interprofessional teams that focus on the clinical issue identified by the nurse. Everyone brings different skills and perspectives, and that makes the experience richer and more valuable for our nurses."

One example of how the interprofessional teams have influenced the participants occurred with a research team that is studying how to prevent urinary tract infections in the rehabilitation patient population. The team hopes to develop a practice bundle to assist caregivers in preventing the infections.



Current evidence-based practice fellows and mentors gathered for a photo. Left to right: Tamara Castanias (fellow), BSN, RN, CCRN; Sharon Wahl (mentor), APRN-BC, CCRN, CCNS; Mary Randolph (mentor), MA, RN; Tenzin Dawa (fellow), BSN, RN; Laura Genzler (mentor), BSN, RN; Emma Fisher (fellow), RN.

An occupational therapist on the team noted that patients who did their own catheterization would require cognitive and dexterity assessments to determine their readiness for this process. “One might expect that issues like hand hygiene and selecting the right catheter would be addressed in a practice bundle to prevent infections, but the need for a patient assessment may not have been considered otherwise,” said Patty Finch Guthrie, PhD, RN, GCNS, NEA, coordinator of Interprofessional Education, Research and Practice at St. Catherine University.

Guthrie observed that in her work with Abbott Northwestern, “you can tell that the hospital is well prepared for doing research – there are not the barriers that exist in some organizations.”

Sendelbach said that supporting nurses who are interested in research is a priority that begins with Terry Graner, Abbott Northwestern’s chief nursing officer. “There are few hospitals that have allocated the resources we have to researching and implementing evidence-based nursing practice. It says a lot about how evidence-based practice and professional development for nurses is valued here.”

“When I began my fellowship, I wondered at first how people in different professions would be useful in a project that involved bedside nursing practice. But they very quickly alleviated my doubts. Now as I look back on how we took on the research question together, I don’t feel the question could have been adequately addressed without them. I’ve been able to rely on their expertise as researchers and clinical faculty. I’ve learned not to assume that I have all the information myself. You realize that we don’t work in silos and that it takes people from all different backgrounds to improve how we practice.”

Tamara Castanias, BSN, RN, CCRN, CSC, H4100
Fellowship project -
Chest tubes: Negative
suction vs. water seal
following cardiac surgery





Nurses embrace aromatherapy as new nursing intervention

Helping patients manage conditions like pain, anxiety and nausea is fundamental to the role of the nurse. Through continued collaboration with the Penny George™ Institute for Health and Healing, nurses at Abbott Northwestern are expanding the therapeutic options that they can offer to patients who are coping with these issues.

Since 2004, aromatherapy and other integrative therapies have been offered to inpatients at Abbott Northwestern by Penny George Institute clinicians. Growing interest among the nursing staff in learning about holistic nursing and integrative therapies prompted a request for education and training to safely administer aromatherapy.

A Penny George Institute nurse clinician developed recommendations for which aromatherapy products to use and how they should be administered. An online education module was developed for nurses interested in offering aromatherapy in order to be compliant with the Minnesota Board of Nursing Statement of Accountability. The module was launched in 2012, and by the end of 2013, 698 Abbott Northwestern nurses had completed the education.

Julie Streeter, RN, NCTMB, certified aromatherapist, Penny George Institute, is the Allina Health lead for the aromatherapy initiative. In addition to helping nurses begin to use this new therapy with patients, Streeter is tasked with evaluating and responding to aromatherapy-related questions and concerns throughout the system.

She explained that the four essential oils recommended for use in Allina Health hospitals, lavender, mandarin, ginger and sweet marjoram, have been evaluated for safety and effectiveness in managing pain, anxiety and nausea.

The aromatherapy initiative included developing a new policy that guides nursing practice. “The nurse makes a nursing assessment as to the needs of the patient, determines which essential oil or oils to use, and determines how to deliver the aromatherapy – either through an inhaler or massaged into the skin,” said Streeter.

In addition, nurses are documenting how and why aromatherapy is being used and what effect it has. “We’re constantly getting information about the clinical use of aromatherapy in the inpatient setting. What we’re finding is a 30 to 50 percent reduction in self-reported levels of pain, nausea and anxiety.”

Streeter and her Penny George Institute colleagues are now evaluating studies on additional essential oils and developing guidelines for their use among specific patient populations.

“Nurses tell us that aromatherapy is another way that they can help their patients – it’s quick and easy, and they’ve found that it empowers patients,” said Streeter.

The Transformative Nurse Training program offered by the Penny George Institute has helped to fuel a growing interest among nurses in using integrative therapies.



RECOGNITION

Nursing Excellence Awards



The Irene Briggs Award

Greta Mason, RN, MB3600

The Mae McWeeny Nursing Mentorship Award

Leslie Maynard, NP, Chronic Pain

Denise Kukielka, RN, H8000

Teresa Ranallo, RN, Med/Surg/Tele Float Pool

The Marguerite S. Richards Nursing Preceptorship Award

Emily Lamb, RN, H7200

Nicole Krussow, RN, MB4600

Sarah Jerabek, RN, Main OR Preop/Postop

Jodi Kloss, RN, MB3600

Kathleen Johnson, RN, SK3700

The Jane Wachtler Becker Award

Kelly Demarest, RN, H7000

Bridget Ertelt, RN, SK4800/SK3900

Beth Caven, RN, PB2000

Dustin Duval, RN, H7000



Abbott Northwestern Community Service Award

Melissa Schmidt, RN, H7200

The Carol Huttner Awards

Nursing Excellence in Practice:

Mental Health Services: Jennifer Rice, RN, SK4800

The Mother Baby Center: a-Lia Aguilar, RN, MB4600

Cardiovascular: Anne Sioco, RN, H4200

Medical/Surgical: Kirsten Corcoran, RN, E3100/W3500

Surgical Services/Endoscopy/ASC: Anne Fashant, RN, Ambulatory Surgery Center

Neuro/Ortho/Spine/Rehab: Sara LaCoco, RN, H7000

PB2000/FP: Denise Kovacs, RN, PB2000

ED/Outpatient/House-wide: Jane Dube, RN, Minneapolis Heart Institute Clinic

Collaborative Colleague:

Linda Laird, social worker, H4000

Leadership:

Diana Nissen, manager, Endoscopy/Ambulatory Surgery Center

The Dee and Gordon Sprenger Scholarship

Ann Stevens, RN, H8000

The Petersen Award

Diane Evenson, RN, H8000

Certifications

Nancy Antin, RN, POCC/PACU – American Board of Perianesthesia Nursing Certification (APBANC) Certified Post Anesthesia Nurse (CPAN®)

Anthony Bacon, BSN, RN, CEN, PB2000 – Board of Certification for Emergency Nursing's Certification in Emergency Nursing

Cathy Berhausen, RN, E4000 – ANCC Medical-Surgical Nursing Certification

Jenny Eggert, MAN, BAN, RN, NE-BC, patient care supervisor, H7000 – American Nurses Credentialing Center (ANCC) Nurse Executive Certification

Bridget Fairlie, RN, E4000 – ANCC Medical-Surgical Nursing Certification

Maia Hendrickson, RN, patient care manager, H5000 – American Organization of Nurse Executives (AONE) Certified Nurse Manager and Leader (CNML)

Bette-Jo Johnson, MS, BSN, RNC, Learning & Development specialist – ANCC Nursing Professional Development Certification

Mazie Kelly, RN, BC, SK4800/SK3900 – ANCC Psychiatric-Certification in Mental Health Nursing

Kathryn Kummer, RN, POCC/PACU – American Board of Perianesthesia Nursing Certification (ABPANC) Certified Post Anesthesia Nurse (CPAN®)

Donna Lawson, RN, POCC/PACU – American Board of Perianesthesia Nursing Certification (ABPANC) Certified Post Anesthesia Nurse (CPAN®)

Megan Lifto, RN, E3000 – ONCC® Oncology Nurse Certification

Kristi Luebke, RN, patient care manager, Mental Health Services – ANCC Psychiatric-Mental Health Nursing certification

Kristin Maack, RN, patient care supervisor, H7200/H8200 – Academy of Medical-Surgical Nurses, Medical-Surgical Certification

Kathryn Narog, RN, Orthopaedic Institute – Orthopaedic Nurse Certification Board's Orthopaedic Nurse Certification (ONC®)

Tina Podgorniak, RN, POCC/PACU – American Board of Perianesthesia Nursing Certification (ABPANC) Certified Post Anesthesia Nurse (CPAN®)

Crystal Rehbein, RN, SK4700 – ANCC Psychiatric-Mental Health Nursing Certification

Barb Roehl, RN, SK4800/SK3900 – ANCC Psychiatric-Mental Health Nursing Certification

Kris Stiefenhofer, RN, H5200 – American Association of Critical-Care Nurses' Certification for Progressive Care Nurses (PCCN®)

Liz Taylor, RN, Ambulatory Surgery Center – ABPANC Certified Ambulatory Perianesthesia Nurse

Joanna Ulgenes, RN, PB2000 – American Association of Critical-Care Nurses' Critical Care Registered Nurse (CCRN®) Certification

Mary Unmacht, BAN, RN, patient care manager, E4100 – AONE CNML

Izabella Valdes-Tergas, RN, H8200 – Academy of Medical-Surgical Nurses Medical-Surgical Certification

Sarah Walker, RN, patient care supervisor, H4000 – ANCC Nursing Professional Development Certification

Amy Wojtowicz, RN, E4000 – ANCC Medical-Surgical Nursing Certification

External Recognition

Good Catch for Patient Safety Award from the Minnesota Hospital Association

Hannah Biesiada, RN, H8000

Becky Forsberg, RN, Main OR Preop/Postop

Stephanie Hummel, RN, H4000

AACN Silver Beacon award

Nurses on H4200

Nominees for 2013 March of Dimes Nurse of the Year awards

Cindy Anderson, RN, Postpartum

Elizabeth Berghoff, RN, assistant patient care manager
Surgical Services

Tammy Castanias, RN, H4100

Susan Cavalier, RN, Courage Kenny Rehabilitation Institute™

Arlene Craig, RN, Electrotherapy

Bobbi Davidson, RN, Labor & Delivery

Kelly Drake, RN, Labor & Delivery

Catherine Elert, RN, Labor & Delivery

Debra Erickson, RN, Labor & Delivery

Mary Gollinger, RN, patient care director,
Courage Kenny Rehabilitation Institute™

Marjie Gruenberg, RN, SK3700

Sarah Huffman, RN, patient care supervisor,
The Mother Baby Center

Theresa Jentink, RN, High-Risk Perinatal

Mary Kalb, RN, Admission/Discharge/Transfer Center

Jodi Kloss, RN, Labor & Delivery

Merete Larson, RN, H5200

Kelsi Le, RN, Labor & Delivery

Nichola Leske, RN, assistant patient care manager,
The Mother Baby Center

Julie Loots, RN, Labor & Delivery

Jill Mazur, RN, Emergency Department

Judy McElwain, RN, Center for Advanced Endoscopy

Susan Murray, RN, E3000
Ammie Nelson, RN, Postpartum
Amanda Parks, RN, Labor & Delivery
Muriel Philipp, RN, SK4700
Sarah Rosheim, RN, Postpartum
Jeanne Schauer, RN, assistant patient care manager,
Main OR/Preop/Postop
Cindy Skrypek, RN, Infant Feeding Program
Michelle Smith, RN, patient care director,
The Mother Baby Center
Janet Steile, RN, Labor & Delivery
Catherine Svensk, RN, SK4700
Jenny Thomas, RN, Labor & Delivery
Tena Ubl, RN, patient care manager, H7000
Donna Valentine, RN, SK4700
Shannon VanBrunt, RN, High-Risk Perinatal
Sharon Wahl, RN, clinical nurse specialist, Cardiovascular

Faith Pollock, ACNS-BC, RN, CDE, diabetes educator, was recognized by the Minneapolis-St. Paul Diabetes Educators (MSDE) with a distinguished service award at their May conference.

Sue Sendelbach, PhD, RN, CCNS, FAHA, director, Nursing Research, was inducted into the American Academy of Nursing inducted at their 40th annual meeting and conference in October 2013.

Jessica Quinlan-Woodward, RN, cancer care coordinator, Virginia Piper Cancer Institute®, was named a 2013 Outstanding Nurse by Mpls.St.Paul Magazine. The following Abbott Northwestern nurses were also named finalists for these awards.

Jane Alwine, RN – Minneapolis Heart Institute®
Ruth Anderson, RN – Interventional Radiology
David Hildebrandt, RN – Minneapolis Heart Institute®
Tamara Langeberg, RN – Minneapolis Heart Institute®
Diana Nissen, RN – Endoscopy
Jill Scholz, RN – Interventional Radiology

Jean Vreeland, BSN, RN-BC, PHN, PCCN, assistant patient care manager, H5200, attended a test development meeting at the ANCC/American Nurses Association (ANA) as a member of the American Nurses Credentialing Center's (ANCC) Content Expert Panel.

Posters, Presentations, Abstracts & Articles

Laura Genzler, BSN, CCRN, PB2000, was a co-author of the article "End-Tidal Carbon Dioxide as a Measure of Stress Response to Clustered Nursing Interventions in Neurologic Patients" which was published in the American Journal of Critical Care. Sue Sendelbach, PhD, RN, CCNS, FAHA, director, Nursing Research, was also an author on this article.

Kathy Gilliland, BSN, RN, cancer care coordinator, Neuro Oncology and Katie Halbert, RN, research nurse had an abstract accepted for the annual Society of Neuro Oncology meeting in November.

Sandy Hoffman, RN, clinical nurse specialist, The Mother Baby Center, is the co-author of the Association of Women's Health, Obstetric and Neonatal Nurses' published "Basic, High-Risk, and Critical Care Intrapartum Nursing: Clinical Competencies and Education Guide, Fifth Edition."

Ngozi Florence Mbibi, RN-OB, The Mother Baby Center, had her Bethel University research project accepted for oral presentation in the 2013 International Public Health Nursing Conference in Ireland in August 2013.

Faith Pollock, MSN, RN, ACNS-BC, CDE, diabetes educator, was the co-author on the article "Acute Diabetes Management: Adult Patients with Hyperglycemic Crises and Hypoglycemia," published in the July-September 2013 edition of AACN Advanced Critical Care.

PATIENT CARE MANAGER TEAM

Abbott Northwestern Hospital 2014 Patient Care Managers

Carol Anderson,BSN, RN, CNML, H4100, H4200
Debbie Biffle, BS, RN, – The Mother Baby Center - L&D/Antepartum
Jolene Blocton, BSN, RN, ACM Care Coordination
Peggy Bonk, MBA, BSN, RN, CV/EP Labs, CV Prep/Recovery
Keri Bush, RN, Endoscopy
Jenny Eggert, MAN, BAN, RN, NE-BC, IV Team/Wound Ostomy
Amy Fischer, BSN, RN, Patient Placement/ADT
LeAnne Hammer, MBA, BSN, RN, CRRN, W2300
Becky Hansen, MSN, BS, BA, RN, CNML, E3100/W3500
Jake Heath, BSN, RN, E4000
Pam Hofmann, MSN, BSN, RN, Surgical Services
– Back/Neuro/Ortho
Nicole Larson, MA, RN, PHN, Med/Surg Float Pool
Kristi Luebke, BSN, RN, SK3700/SK4700
Casie Lynch, BSN, RN, OCN, NE-BC, Infusion Center/
E3000
Marc Marcotte, MHA, MSN, RN, SK3900/SK4800
Jennifer McAnnany, BSN, RN, ED, CDART
Gordon McArthur, BSN, RN, CNRN, H8000
Heidi Menard, BSN, RN, H7200/H8200
Cheryl Patterson, MS, RNC, The Mother Baby Center -
Antepartum/Postpartum
Chris Pocta, BSN, RN, PACU/POCC/OSDU
Kanitta Rentfrow, BSN, RN, Ambulatory Surgery Center, CV OR
Liz Rossini, BSN, RN, CCRN, CNML, CNRN, PB2000
Deb Scott, BA, BSN, RN, NE-BC, CMC, H5000, H5200
Michelle Stenbeck, MSN, BSN, RN, H4000
Tena Ubl, BSN, RN, NE-BC,H7000
Mary Unmacht, BA, RN, CNML, E4100/W4500
Stacy Weldon, BSN, RN, Cardiac Rehab
Chelsea Wheeler, MSN, RN, Surgical Services –
General/Urology/GYN/ENT/Plastics
Kate Woyak, BSN, RN, Critical Care Float Pool, RRT



Members of the
2013 Patient Care
manager team.



Allina Health

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