



# 2017 Annual Report

Nursing Department

AllinaHealth 

ABBOTT  
NORTHWESTERN  
HOSPITAL

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## On the cover

Marlene Doll, RN, nurse clinician at Minneapolis Heart Institute® and a 2017 winner of the Allina Health Our Commitment to Care Award.

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Eva Bonsu, RN, MB4600-Postpartum





Dear colleague:

**It is inspiring to be part of a nursing team that thrives on innovation, collaboration and an unwavering commitment to provide exceptional patient care, as demonstrated in this 2017 Nursing Annual Report.**



One of the new initiatives highlighted in this report is the implementation of Clinical Action Teams (CATs). The CATs have helped us to improve on our nurse-sensitive indicators and contribute to high quality patient care outcomes. These inter-professional teams demonstrate the value of collaboration among different care providers and the importance of gaining insight from our bedside nurses. And it's not just within the CATs where this is evident. No matter where you work in the hospital, you've probably observed nurses taking the lead to improve processes for a better work environment and patient care.

The past year was also noteworthy in the recognition we received of our hospital's quality patient care and nursing excellence. Several regulatory visits during 2017 included strong praise for our care processes and our outstanding nursing staff. The level of feedback we received from our surveyors stood out, and we can all share in this accomplishment.

It's an exciting time to be a nurse at Abbott Northwestern Hospital. Thank you for your dedication to our patients and our profession.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mandy Richards'.

**Mandy Richards RN, MSN, ACNS-BC, CNRN**  
System Chief Nursing Officer, Allina Health  
Chief Nursing Officer/ Vice President Patient Care  
Abbott Northwestern Hospital

# Mission, Vision and Core Beliefs

## ALLINA HEALTH 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.

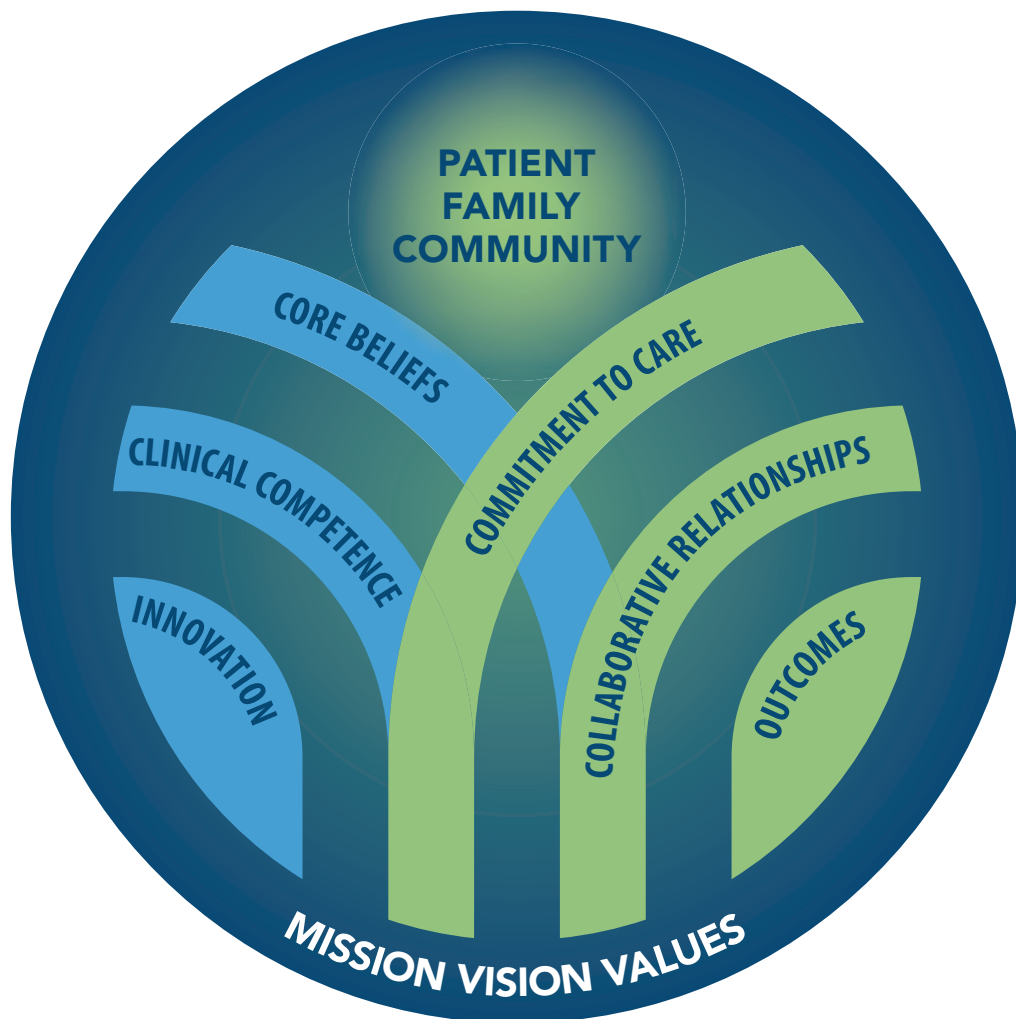
## NURSING CORE BELIEFS

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

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.

## Professional Nursing Practice Model





## Transformational Leadership

Obstetric and Critical Care staff collaborated to produce an educational video on Advanced Life Support for obstetric patients. A scene taken from the video includes (left to right): Beth Gleason, RNC, assistant clinical nurse manager, The Mother Baby Center; Alicia Waits, RN, H4200-CV ICU; Theresa Bilsse-Kraft, RN, PB2000-Med/Surg/Neuro ICU; Julia Kvam, RN, H4200-CV ICU and Lisa Kirkland, MD, intensivist.

### New OB Critical Care Program addresses the growing complexity of obstetric care

Obstetric care is becoming more complex due to changes in the patient population. These changes include socio-economic disparities that correlate with undiagnosed co-morbidities, increased maternal age, a higher incidence of obesity and related chronic illnesses, and the presence of acquired or congenital diseases that are treatable, but may pose significant risks during pregnancy. In addition, breakdowns within the health care system are contributing to an alarming increase in maternal morbidity and mortality.

Creating a structured program to care for at-risk and critically ill pregnant women became a priority following a critical event at Abbott Northwestern. An inter-professional group was formed to define and implement a dedicated OB Critical Care (OB CC) program. Members included representatives of The Mother Baby Center and the Intensive Care Units (ICU): nursing directors, nurse managers, clinical nurse specialists, clinical practice coordinator-masters, bedside nurses, neonatal nurse practitioner, maternal fetal medicine specialist,

intensivist and staff members, and ad hoc representatives from specialty areas and ancillary hospital departments.

The team's vision was to create a program that was solely dedicated to meeting the needs of women who were at risk for critical care complications, had evidence of critical illness, or who were hemodynamically unstable. The program builds on Abbott Northwestern's and The Mother Baby Center's strengths in intensivist care, maternal fetal medicine, high-risk perinatal and neonatal medicine, and a wide range of specialty and subspecialty expertise. Many aspects of the program were already in place, but it was necessary to formalize and standardize the program to ensure that women were being transferred appropriately and were receiving the appropriate care.

Key steps in this work included developing:

- an OB Critical Care Partnership Model that recognizes the multiplicity of problems that may occur in this patient population
- admission and transfer criteria since no national standards for maternal ICU admission currently exist
- a process to ensure access and safe medical transport
- a Nursing Partnership Model (see sidebar)
- an OB Critical Care algorithm to provide a visual aid to guide the initial steps required for all obstetric patients admitted to the ICU





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

- processes, checklists and documentation for equipment, supplies and medications needed for OB patients in the ICU
- processes to facilitate inter-professional collaboration throughout a woman's pregnancy, even before hospitalization occurs
- online modules for OB Critical Care education, visual practice resources like badge cards and algorithm reference sheets, and unit education resources such as OB Critical Care resource manuals
- a Program Evaluation Plan to monitor processes, track patient outcomes and identify opportunities for improvement.

The philosophy of the OB Critical Care program at Abbott Northwestern Hospital is to identify at-risk women early and intervene promptly to prevent or minimize morbidity and prevent mortality. Collaboration between departments and disciplines is critical in this endeavor. Embedding evidence-based practices into screening tools, order sets, inter-professional education, and the OB Critical Care consultation and transfer guideline has helped to create a culture that promotes awareness and early intervention.

### **OB Critical Care Nursing Partnership Model**

The Nursing Partnership Model, with the philosophy of "bringing the best of both" to the bedside, is a cornerstone of the OB Critical Care program.

Abbott Northwestern provides obstetric care at The Mother Baby Center and it has two intensive care units (a 30-bed general medicine and neuroscience ICU, and a 32-bed cardiovascular ICU). Obstetric patients receive care in the ICU best suited for the presenting medical problem and based on guideline criteria.

Obstetric and neonatal nurses go to the ICU to partner in care of the woman with the ICU nurse. The ICU nurse is considered the primary nurse. The obstetric nurse performs necessary maternal and fetal assessments, teaching, coordinates lactation consultation and other connections with the Special Care Nursery or Neonatal Intensive Care Unit (NICU) at The Mother Baby Center, and provides patient and family emotional support related to obstetric and neonatal issues, including fetal loss. The obstetric care coordinator or obstetric nurse ensure that appropriate pre-birth NICU consultations are arranged. Depending on the woman's needs, both an ICU nurse and obstetric nurse may be required to provide optimal care (2:1 nurse to patient ratio). Staffing is planned so the OB CC patient is part of the obstetric nurse assignment, even if continuous presence is not required. Contact information for the obstetric nurse is kept up to date on the care board in the woman's ICU room for pregnancy or postpartum needs. Bedside shift report and multidisciplinary rounds are done with obstetric and ICU nurses present.



Audrey Steiner, RN, and Kelly Garaffa, RN, H4200-CV ICU



Jani Abraham, RN, and Kayla Schreder, RN, E4000/W4400-Med/Surg



## Structural Empowerment

### Critical Care Pipeline Program prepares new graduate RNs for critical care nursing

Staffing shortages and a high rate of turnover in Abbott Northwestern's critical care areas have led to a new approach to meet staffing needs. The Critical Care Pipeline Program was launched in 2016 to help new graduate registered nurses succeed as intensive care unit (ICU) nurses.

In the past, new graduates were not encouraged to start their nursing careers in critical care. The Pipeline Program is making it possible for new nurses to help fill this important staffing need at Abbott Northwestern.

#### Overview and progression

Depending on whether the candidate is hired to work in the Medical/Surgical/Neuroscience ICU or Cardiovascular ICU, he or she begins on either a non-ICU Medical/Surgical unit or a Telemetry unit. Like other new grads, Pipeline Program nurses participate in the New Graduate Residency Program and in standard orientation programs. They are also assigned a mentor with whom they meet regularly during their first year to identify strengths and areas of growth.

- Medical/Surgical or Telemetry orientation – eight weeks
- Work independently in Medical/Surgical or Telemetry – three months



Alicia Morrison, RN, E4100/W4500-Renal Med/Surg

- Complete new hire assessment – approximately one month before ICU orientation (New graduates who do not pass continue working in Medical/Surgical or Telemetry for six months and repeat the assessment. If they do not pass a second time, they can apply for a non-ICU position.)
- ICU orientation – three months
- Mentorship with ICU nurse – throughout the first year





Skills Day training in the Vanderboom Learning Center is part of the onboarding process for new RNs.

**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.**

#### Qualifications

- Graduate of an accredited baccalaureate school of nursing (member of American Association of Colleges of Nursing or National League for Nursing)
- Current RN license in Minnesota
- Basic Life Support training within 90 days of hire
- ICU Capstone or ICU rotation as a nursing student, or ICU experience as a nursing assistant or other patient care role
- Documented successful interview and completion of the critical care assessment

#### Results

Since the Pipeline Program started in February 2016, almost 60 RNs have been hired to critical care pipeline positions and only four have resigned before completing the orientation program. Carol Anderson, patient care manager, H4200 Cardiovascular ICU, and Stacy Jepsen, Critical Care clinical nurse specialist, other nurse managers, staff RNs, and Quality and Learning & Development staff have contributed to the development of this program. The program continues to be refined and improved based on survey results from preceptors, orientees and staff RNs.

### **2:1 Preceptor Program and Skills Day gives new grads focused time for skill development**

During the summer and fall of 2017, Abbott Northwestern hired a large number of new grad RNs. The 2:1 Preceptor Program and Skills Day was launched to help onboard these RNs efficiently while also ensuring that they acquired the skills needed to work independently.

#### Overview

This new orientation model involved Medical/Surgical Float Pool and Medical/Surgical, Telemetry, Vascular, Neuroscience/Orthopedic/Rehabilitation/Spine units. Preceptors were trained in June 2017. They precepted new nurses on the units and also taught classes during Skills Day. The Skills Day was added to ensure that new nurses were checked off on equipment and procedures. This decreased the time each preceptor would have to teach these skills to new hires.

#### Skills Day components

Skin injury prevention, hand hygiene, IV pumps, first five minutes of a code simulation, safe patient moving equipment, fall prevention, beds, central lines, restraints and compression wrap application.

#### Results

The program allowed new graduates to increase their patient load at a slower rate than the previous orientation model and provided them with a consistent preceptor throughout their orientation. New nurses have appreciated the hands-on time for skill development and the opportunity to ask the experts before beginning to work independently on their units.



## Exemplary Professional Practice

Members of four ICU Clinical Action Teams focusing on CLABSI, skin, delirium/mobility and CAUTI gathered in November to present on their work.

### Clinical Action Teams improve patient outcomes through changes in nursing practice

Through the Joint Commission regulatory process, hospitals are required to achieve certain clinical outcomes called National Patient Safety Goals (NPSG). These goals are updated annually and are designed to help hospitals improve patient safety.

Nursing leaders at Abbott Northwestern have created Clinical Action Teams (CATs) to compile and review data, and to design interventions related to each NPSG. This idea was pioneered at Allina Health's Mercy Hospital. Sharon Wahl, APRN-CNS and Stacy Jepsen, APRN-CNS ICU clinical nurse specialists, along with other leaders, launched the CAT initiative at Abbott Northwestern in 2012. The first team was formed to address early mobility and delirium prevention in the ICUs. Currently, teams have been formed to address catheter-associated urinary tract infections (CAUTI), central line-associated blood stream infections (CLABSI), falls and skin. Depending on the clinical issue being addressed, teams may comprise staff nurses, clinical nurse specialists, infection preventionists, physicians, physical therapists, wound ostomy continence nurses and dietitians.

The goal of the CAT initiative is to change nursing practice within the realm of each CAT and to improve patient outcomes as benchmarked against other hospitals. The teams

meet monthly with specific agendas, goal setting and implementation plans. Teams may be involved in a variety of activities, including:

- rounding to evaluate circumstances (need for lines/ catheters, presence of ulcers, etc.)
- establishing/evaluating nursing guidelines or protocols surrounding nursing best practice
- developing/editing algorithms surrounding nursing best practice
- developing changes in the electronic documentation system
- developing relevant education and demonstration materials
- trial use of products or equipment to improve practice
- creating checklists for standardizing and evaluating nursing care
- evaluating nursing care "kits" for alignment with best practice
- setting 30-day action plans
- performing hospital-wide skill competency "check-offs" on the unit
- developing communications to inform staff of the changes implemented.





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

Education on zeroing beds prior to a new admission and using fall mats in every room are among fall prevention interventions used on H8000-Neuroscience.

### H8000-Neuroscience Falls Clinical Action Team

Because of brain injuries or diseases that can affect judgment, communication, balance and gait, neuroscience patients are at increased risk for falls. At Abbott Northwestern, H8000-Neuroscience patients are at the highest risk of falls because of conditions like stroke, brain tumors, Parkinson's disease, epilepsy, multiple sclerosis, chronic subdural hematoma, neurogenic orthostatic hypotension, baseline cognitive impairment, as well as treatment with high-risk medications that predispose patients to falling.

The H8000 Falls team was established in 2017 to reduce falls with harm on the unit by 25 percent (17 fewer total falls, and four fewer falls with harm).

The team reviewed 2016 falls data and developed a variety of interventions specific to the Neuroscience patient population.

- providing ongoing falls education using specific examples as case studies
- using timed toileting for high-risk patients
- doing purposeful rounding one hour prior to the end of the shift for high-risk patients
- clipping the red cord to the patient's gown in the bathroom
- providing RN to NA report that includes mobility and elimination needs
- making sure oncoming staff have batteries for their Voceras
- increasing remote observation (ROBS) use
- staying "Within Arms Reach" of patients while they are in the bathroom
- placing fall mats in every room
- providing bed alarm education and reminders to multidisciplinary team
- educating staff on zeroing the bed prior to admission because improper zeroing can result in failure of bed alarm to trigger when patient gets up
- providing washable gait belts for all staff
- using helmets for all epilepsy patients.

#### Results

In 2017, H8000 went 102 days without a harmful fall.



## New Knowledge

### Enhancing communication and safety when caring for potentially violent patients

Emergency Departments (ED) are at the frontlines for receiving and triaging patients with a range of acute physical and mental health issues. The challenges of illness and other factors can result in patients expressing frustration and agitation, and sometimes engaging in threatening or violent outbursts. This places staff and other patients at risk.

In 2016, Abbott Northwestern ED leaders partnered with the hospital's Security team to enhance communication and safety within the ED when caring for patients who have the potential for a violent outburst. They developed a system that involves using either a door label or a sliding green plastic indicator on patient room doors. The color green was selected to match the "code green" alert for behavioral issues. All staff were educated on what the green label or indicator means and when it should be used.

This system provides a reliable and easy way to notify all staff of the potential for violence before they enter a room. It is universally understood, regardless of role or language. Although it was developed for the ED, it was also implemented throughout the hospital and is being implemented at other Allina Health hospitals.

Emergency Department nurses and support staff posed in front of a green door label used to notify staff of a potentially violent patient. They include (left to right): Craig Glenzer, RN; Leanne Carpenter, RN; Abdulazaz (Abdu) Ebrahim, Environmental Services; Jen Moberg, RN, patient care manager; and Kim Skaro, Registration.

### Implementing a fecal microbiota transplant program

Fecal microbiota transplantation (FMT) is approved by the U.S. Food and Drug Administration to treat refractory *Clostridium difficile* (C. diff) infections. FMT helps to repopulate the patient's gut microbiome with healthy, diverse microorganisms that outcompete C. diff. To be eligible for the procedure, patients must have confirmed C. diff and have failed antibiotic treatment twice.

In collaboration with Minnesota Gastroenterology, Abbott Northwestern's Advanced Endoscopy Center launched a FMT program in spring 2017. Endoscopy manager Sandy Young, RN, researched and managed the launch of this new treatment program, working closely with Open Biome, a nonprofit stool bank, and the hospital's Endoscopy, Biomedical and Infection Prevention staff.

#### FMT launch process

- Researched treatment process.
- Identified and sourced materials and supplies.
- Educated staff about the treatment process.
- Developed a materials list and patient care checklist for the procedure.





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.

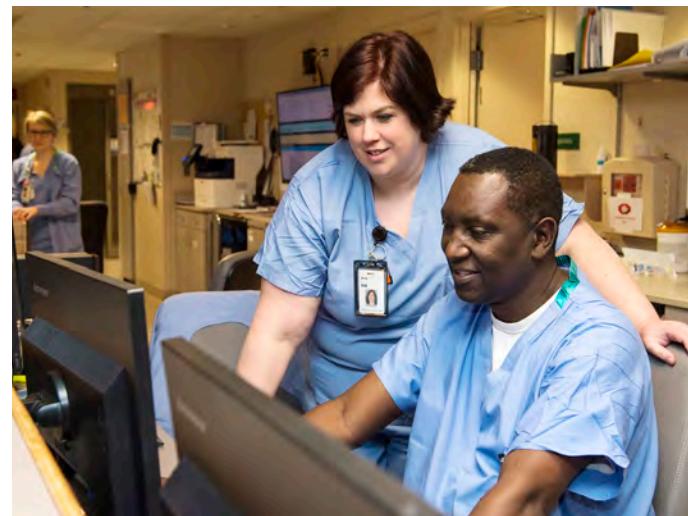
Advanced Endoscopy Center staff gathered for a photo. Left to right, front row: Karen Suchy, RN; Tiras Ndirangu, RN; Geraldine Sjoblom, RN; and Janelle Pfeiffer, RN. Back row: Amy Willrodt, RN; Andrea Onstad, RN; Amy Trebil, assistant clinical nurse manager; Sandy Young, RN, patient care manager; and Brittany Gauthier, RN.

- Developed and implemented processes to safely perform FMT and prevent the spread of C. diff during and after the procedure. This includes:
  - using bleach followed by Xenex (a full spectrum ultraviolet disinfecting device) to disinfect the procedure, preparation and recovery rooms after FMT procedures
  - changing suction canisters after each procedure
  - changing curtains in prep and recovery room after each patient.
- Developed and implemented processes to prevent patients from reinfecting themselves with C. diff after the procedures. This includes:
  - educating outpatients on how to clean their bathrooms before the FMT is performed
  - coordinating with Environmental Services on bathroom cleaning when an inpatient is treated
  - coordinating with long-term care facilities on bathroom cleaning when a long-term care resident is treated.

**Results and next steps**

May to December 2017:

- 41 FMT procedures
- 1 true fail (procedure redone)
- 1 fail after patient started on antibiotics



The Endoscopy Center started the program by scheduling FMTs one day a month, all performed by one physician. Now FMTs can be scheduled any time and several different physicians are performing them. Next steps include informing other Allina Health hospitals and providers about the availability of this procedure and eventually helping them start their own FMT programs.





2017 Nursing Excellence Award winners

# Recognition

## NURSING EXCELLENCE AWARDS

### The Dee & Gordon Sprenger Scholarship

Hannah Shibeshi, PB2000-Med/Surg/Neuro ICU

### The Irene Briggs Award

Jennifer Van Gorp, Postpartum-The Mother Baby Center

### The Anita Thompson Nursing Continuing Education Scholarship

Bee Yang, H5200-Cardiovascular

### The Judith A. Edin Nursing Scholarship

Dana Scott, Critical Care Float Pool

### Terry Graner Scholarship for Nursing Excellence

Martha Frederickson, Performance Improvement  
 John Halstrom, H5200-Cardiovascular  
 Sara Niebuhr, CV EP Lab-Minneapolis Heart Institute

### William R. Hearst Foundations Scholarships for Nursing

Tamara Amon-Stodola, Surgical Services  
 Peggy Geyerman, CV Surgical Services  
 Selam Habte, H7000-Spine  
 Cathy Kouanchao, Float Pool  
 Rachel Mitchell, E4000-Med/Surg

Kim Nguyen Davis, E3000-Oncology  
 Brita Olmstead-Cuchna, Surgical Services  
 Emily Oltmans, WestHealth Emergency Department  
 Amanda Rhoades, The Mother Baby Center  
 Brianna Sarkinen, H4200-CV ICU

### John M. and Susan Morrison Family Fund

Rhett Christensen, CK4800/3900-Mental Health  
 Patricia Dickson, E4000-Med/Surg  
 Carley Erickson, Surgical Services  
 Kathryn Hoffman, E4100-Med/Surg  
 Erik Leigh, E4100-Med/Surg  
 Eyobe Woldemariam, H5200-Cardiovascular

### The Jane Wachtler Becker Nursing Award

Abigail Hauser, CK4700-Mental Health  
 Shanda Lembeck, H4000-Cardiovascular  
 Holly Swanson Carroll, Neurovascular  
 Juliana Varani, E3100/W3500-Med/Surg

### The Mae McWeeny Nursing Mentorship Award

Bruce Bird, H5200-Cardiovascular  
 Vicky Robinson, MB3600N-The Mother Baby Center  
 Miranda Salden, E4100-Med/Surg



### **The Marguerite S. Richards Nursing Preceptorship Award**

Barbara Blake, The Mother Baby Center  
Jamie Liaboe, Surgical Services  
Christine Pearson, Endoscopy  
Kevin Peterson, Mental Health

### **The Helen Klein Compassionate Nursing Care Award**

Jacqueline Parris, H5200-Cardiovascular

### **The Carol Huttner Awards**

#### **Nursing Excellence in Practice Award**

##### **Critical Care**

Kristina Schake, Critical Care Float Pool

##### **ED/Outpatient**

Craig Glenzer, Emergency Department

##### **Medical/Surgical**

Patrice Weishaar, E4100-Med/Surg

##### **Mental Health**

Alina Amunrud, CK3900/4800-Mental Health

##### **Neuro/Ortho/Rehab/Spine**

Lorraina Strenge, W2300-Courage Kenny Rehabilitation

##### **Surgical Services/Endoscopy/ASC**

Patti Boegeman, Surgical Services

##### **Tele/Vascular**

Kimberly Isenhower, H5200-Cardiovascular

##### **The Mother Baby Center**

Patricia Kohler, The Mother Baby Center

#### **Collaborative Colleague Award**

Christina Goodwin, The Mother Baby Center

#### **Nursing Leadership Award**

Sandra Hoffman, The Mother Baby Center

#### **The Petersen Award**

Patrice Beyer, H5200-Cardiovascular



Juliana Varani, RN, E3100/W3500-Med/Surg and Holly Swanson Carroll, RN, nurse clinician, Neuroscience Institute, with donor Scott Becker.

## **NEWLY AWARDED SPECIALTY CERTIFICATIONS**

### **AACN Critical Care Registered Nurse**

Hannah Anderson, CCRN, PB2000-Med/Surg/Neuro ICU  
Melanie Arcilla, RN, PB2000-Med/Surg/Neuro ICU  
Chrissie Dugan, RN, BSN, PHN, CPAN, Outpatient Surgery Center  
Stephanie McCoy, CCRN, PB2000-Med/Surg/Neuro ICU  
Rachel Muzzy, RN, PB2000-Med/Surg/Neuro ICU  
Josh Santos, CCRN, PB2000-Med/Surg/Neuro ICU  
Emmalee Voskuil, CCRN, PB2000-Med/Surg/Neuro ICU

### **ABNN Certified Neuroscience Registered Nurse**

Abigail Bolman, RN, H8000-Neuroscience  
Laura Louisiana, RN, CNRN, H8000-Neuroscience  
Melissa Wilcox, RN, H8000-Neuroscience

### **ACM™ Certification**

Maru Tange, RN, Emergency Department care coordinator

### **AHA Certified Professional in Healthcare Risk Management**

Mary Beth Larson, MSN, RN, CPHRM, manager, Risk & Patient Representative

### ANCC Nurse Executive

Jared Crotteau, MSN, RN, patient care director, Surgical Services

Sharon Reuter, BAN, RN-BC, patient care supervisor, E4100-Med/Surg

Jenny Stanek, RN, director, Resource Management, Care Coordinators

Michelle Stenbeck, MSN, RN, CNML, patient care director, Neuroscience, Orthopedic & Spine; Advanced Endoscopy Center, Respiratory Therapy

### BCEN Certified Emergency Nurse

Carrie Ann Borris, RN, WestHealth Emergency Department

### CCI CNOR (Operating Room)

Kellie Weilke, RN, CNOR, Surgical Services

#### Key

AACN	American Association of Critical Care Nurses
ABNN	American Board of Neuroscience Nursing
ACM	American Case Management Association
AHA	American Hospital Association
ANCC	American Nurses Credentialing Center
BCEN	Board of Certification for Emergency Nursing
CCI	Competency & Credentialing Institute

## NEWLY AWARDED ADVANCED DEGREES

### BSN

Anna Atchison, RN, H7000-Orthopedics

Robyn Avery, RN, Acute Pain Service

John Halstrom, RN-BSN, H5200-Cardiovascular

Andrea Hardwick, RN, Labor & Delivery, The Mother Baby Center

Erin Kennedy-Heldt, RN, Postpartum, The Mother Baby Center

Lucas Laue, RN, PB2000-Med/Surg/Neuro ICU

Brandy Starkweather, ACNM, H8200-Orthopedics



Patrice Beyer, RN, H5000-Cardiovascular, with donors Mary and Bill Petersen, MD.

## POSTERS, PRESENTATIONS, ABSTRACTS & ARTICLES

### Nursing research studies

**Hoffman S.** Self-administered nitrous oxide for labor analgesia: Maternal and baby outcomes.

**McNaughton M, Maynard L & Sendelbach S.** Determining risk factors for increased postoperative pain: Can pain control be predicted?

**Sandau K.** Quality of life in patients with ventricular assist devices.

**Sandau K.** Validation of a new tool to measure quality of life among patients with a ventricular assist device (QOLVAD).

**Sendelbach S, Sandau K, Smith L, Frederickson M & Funk M.** Implementation of the American Heart Association ECG practice standards.

**Sendelbach S, Harvison K, Radomski M.**

Neuropsychological and functional outcomes in patients following a cardiac arrest with therapeutic hypothermia.

**Swenson K.** A pilot randomized controlled trial to assess feasibility, symptoms, and biobehavioral outcomes of acupuncture in patients undergoing radiation therapy for squamous cell carcinoma of the head and neck.

### Manuscripts published

Ecoff L, **Kozub E.** (2017). Cultivating high quality abstracts, manuscripts and presentations through Dissemination Series Information Sheets. *American Nurse Today*, 12(9), 88-91.

Hadidi N, Lindquist R, **Wagner R.** (2017). Non-pharmacological treatments for poststroke depression: An integrative review of literature. *Research in Gerontological Nursing*, 10(4), 182-195.

**Kozub E, Scheler S, Necochea G, O'Byrne.** (2017). Improving nurse satisfaction with open visitation in an adult ICU. *Critical Care Nursing Quarterly*, 40(2), 144-154.

**Wahl S, Jepsen S.** (2017): Blood at the bedside. *Nursing 2017 Critical Care*, 12(6), 24-30.





Hannah Shibeshi, RN, PB2000-Med/Surg/Neuro ICU, with donors Dee and Gordon Sprenger.

### Manuscripts Submitted for Publication

**Dawa T**, Randolph M, Moyers P, Finch Guthrie P, Frie B & Flier D. (2017). Rehabilitation nurses' knowledge, attitudes, and behaviors for preventing urinary tract infections from intermittent catheterization. *Rehabilitation Nursing Journal*.

### Book chapters

Zink E & **Kozub E**. (2017). Traumatic brain injury. In Morton, P. & Fontain, D. (Eds.), *Critical Care Nursing: A Holistic Approach* 11th ed. Philadelphia: Wolters Kluwer.

### Web-based dissemination

**Jepsen S**. NACNS cost analysis toolkit – Are you capturing your value? NACNS Webinar. July 2017.

White A, Dobbenga-Rhodes Y, Barry S, Biddle M, Brown T, **Jepsen S**, Messecar D, Rosier P, Tidwell J. NACNS cost analysis toolkit: A business guide for the clinical nurse specialist. nacns.org; July 2017.

### Posters and presentations

**Gode A**. Implementation of a CAUTI nurse champion Foley insertion assessment to improve CAUTI rates. National Association of Clinical Nurse Specialist Annual Conference; Atlanta, GA. Jan 2017.

**Gode A**. Role of the nurse for Enhanced Recovery after Surgery. Academy of Medical Surgical Nurses Conference; Palm Springs, CA. Oct 2017.

**Gode A**. Enhanced Recovery After Surgery: a team approach to implementation. St Catherine's Interprofessional Summit; April 2017.

**Gode A, Johnson A**. The implementation of an enhanced recovery program for elective colorectal surgery patient population. MN NACNS 2017 Annual Meeting & Conference; Oct 2017.

**Hoffman S**. Hypertension in pregnancy and maternal early warning signs. Maternal Newborn Home Health; Jan 2017.

**Hoffman S**. Maternal sepsis. Minnesota Perinatal Organization; Nov. 7, 2017.

**Jepsen S**. CNS cost analysis toolkit. National Association of Clinical Nurse Specialist Annual Conference; Atlanta, GA. 2017.

**Jepsen S**, Anderson C. New grad nurses in the ICU! Critical care pipeline orientation program. AACN National Teaching Institute; Houston, TX. 2017.

**Jepsen S, Wahl S**. Propelling PUP in the ICU. MHA Skin Conference; July 2017

**Johnson S**. No Foley-ing around: Preventing CAUTI in surgical patients. Twin Cities Chapter AORN Fall Workshop; Nov 2017.

**Kozub E**. Traumatic spinal cord injury case studies. AACN National Teaching Institute; Houston, TX. 2017.

**Kozub E**. Deconstructing brain tumors: A case study approach. AACN National Teaching Institute; Houston, TX. 2017.

**McNaughton M**, Maynard L, Sirek L. Multidisciplinary pain management: Changing the patient's hospital experience. National Organization of Orthopedic Nursing, National Congress; Puerto Rico. 2017.

**McNaughton M**, Maynard L, Sirek L. Multidisciplinary pain management: Changing the patient's hospital experience. National Organization of Orthopedic Nursing, Orthopedic Symposium; Chicago, IL. 2017.

Moyers P, Baker NA, Garber SL, Finch Guthrie P, **Sendelbach S**, Arbesman M, Lieberman D, Trudeau SA & Coster W. Knowledge translation and implementation science. 2017 American Occupational Therapy Association; Philadelphia, PA. March 30, 2017.

**Sendelbach S**. APRN roundtable. National Council of the State Boards of Nursing; Chicago, IL. April 4, 2017.

**Sendelbach S**. Knowledge translation and implementation science. American OT Association; March 2017.

**Sendelbach S**. But we've always done it this way! Making innovative change happen. Bethel University, Nursing Research and Practice Symposium; April 20, 2017.

**Smith E**. Readmissions symposium. American Association of Heart Failure Nurses; April 8, 2017.

**Smith E**. Identifying advanced heart failure. American Association of Heart Failure Nurses.

White A, **Jepsen S**, Tidwell J, Dobbenga-Rhodes Y, Messecar D. & Brown E. Home run! Improved patient safety and outcomes while reducing costs; changing practice around feeding tube placement with electromagnetic technology. National Association of Clinical Nurse Specialist Annual Conference; Atlanta, GA.



In 2017, more than 170 donors gave \$2,580,794 for the Nursing Excellence Initiative.

## EXTERNAL RECOGNITION

**John Hallstrom, RN**, H5200-Cardiovascular, and **Marlene Doll, RN**, Minneapolis Heart Institute®, received the 2017 *Our Commitment to Care Annual Award* – Allina Health’s highest employee recognition.

**Monica Hyde, RN**, and **Ryan Leitschuch, RN**, E3100-Med/Surg, received the Ramona Brachler Benson and Bernie Benson Nursing Education Scholarship, awarded to medical/surgical nurses to complete their baccalaureate of science degree in nursing.

### March of Dimes 2017 Nurse of the Year Awards

Women’s Health: **Shannon Cheng, RN**, The Mother Baby Center

### Mpls. St. Paul Magazine 2017 Outstanding Nurses Awards

Congratulations to **Sandra Hoffman, MS RNC-EFM**, clinical practice coordinator-masters, The Mother Baby Center, who received *Mpls. St. Paul* magazine’s 2017 Outstanding Nurse Award in Women’s Health.

#### Outstanding Nurse Award finalists

**Suzanne Brill, RN**, nurse clinician-lead, Minneapolis Heart Institute®

**Kelly Drake, RN**, The Mother Baby Center

**John Halstrom, RN-BSN**, H5200-Cardiovascular

**Mary Kalb, RN**, Patient Placement

**Tamara Langeberg, RN**, nurse practitioner, Minneapolis Heart Institute®

Above, donor Julie Vanderboom visited the Vanderboom Learning Center during a simulation training session. The simulation center was renamed the Vanderboom Learning Center in honor of a gift to the Nursing Excellence Initiative from Vanderboom and her husband, Steve.

Tenzin Dawa, nurse practitioner; and Mary Randolph, RN-BC, patient care supervisor, W2300/W2500-Inpatient Rehabilitation.



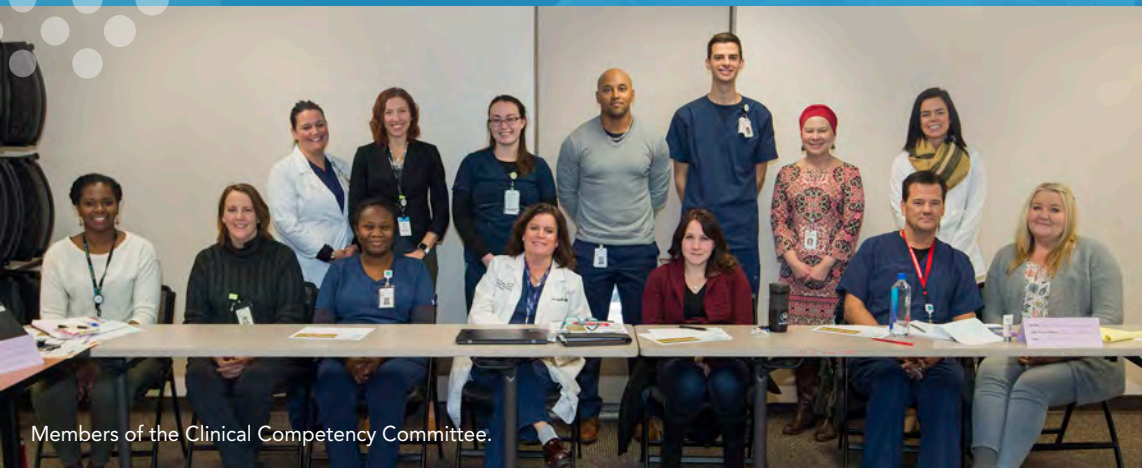


Natasha Diggs, RN, and Megan Polk, RN, H4200-CV ICU

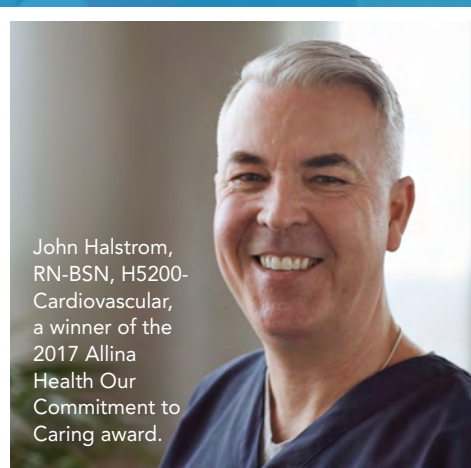
Our sincere thanks go to the many generous donors who support the Nursing Department through the Abbott Northwestern Hospital Foundation.

Gifts in support of the Nursing Excellence Initiative 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.



Members of the Clinical Competency Committee.



John Halstrom, RN-BSN, H5200-Cardiovascular, a winner of the 2017 Allina Health Our Commitment to Caring award.



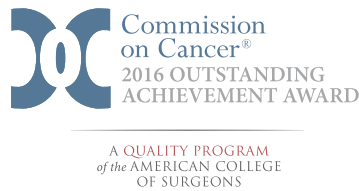
Magnet Champions, 2017-18.



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Nationally recognized in six specialties: cardiology and heart surgery (Minneapolis Heart Institute®); diabetes and endocrinology; geriatrics; gynecology; neurology and neurosurgery; and orthopedics.



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