

UNITED HOSPITAL
2008 nursing annual report



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INTRODUCTION

Greetings from United's Chief Nursing Officer, Jeff Wicklander, RN, MS, APRN, NE-BC

Welcome to the third edition of United Hospital 2008 Nursing Annual Report. I hope you find it as informative, educational and inspiring as I have.

It's no secret, the nation's health care system is in a period of dramatic transition driven by the need for cost-effectiveness. Major changes in structure, organization, financing and delivery have been underway for nearly 30 years! The implications of these changes for the nursing in terms of care delivery are profound. What has changed for nurses in practice today? Or, how have nurses changed?

The following report highlights just a few of the innovations and excellence in nursing care provided each day. Nursing research is becoming embedded at United Hospital, and our practice is advancing because of its outcomes. It is inspiring to read about the commitment of nurses here at United, living up to our mission of providing exceptional care to our communities, both locally, nationally, and internationally.

Through nursing research, evidence-based practice, the passion for nursing and compassion for patients, we continue to advance nursing practice and raise the standards of excellence for the nursing profession and patient care.

Thank you for your work every day to make United the outstanding hospital it is!

United Hospital Mission Statement

We 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 Mission Statement

United Hospital is committed to excellence in nursing practice.

Nursing Vision Statement

Through our commitment to excellence, we are nationally known for advancing the art and science of nursing.



Jeff Wicklander,
RN, MS, APRN, NE-BC,
vice president, Patient Care,
United Hospital

FRONTLINE NURSING LEADERSHIP

The Frontline Nursing Leadership (FNL) program is three semesters that cross two years and was designed to help frontline nursing staff develop leadership skills and improve individual performance and unit performance. Emerging leaders (potential nurse managers) participated in structured classroom education and applied skills on their units through a structured practicum with the guidance of practicum coaches. The Advisory Board, Allina's external partner for this program, provided faculty for the focused curriculum.

Program Highlights

Objectives

- Equip frontline nursing leaders with skills to drive improved unit performance
- Create a critical mass of frontline nursing leaders to generate a broader culture of nursing leadership
- Identify, support, and develop frontline nurses in leadership skills
- Provide a strong base of leadership talent to provide nurse managers with much-needed leverage

Focused Curriculum

For 2008

- Coaching Skills (practicum coaches)
- Leadership Intensive-Realizing Leadership opportunities at the frontlines of nursing
- Improving critical thinking on the frontlines—enhancing leadership performance through problem solving

For 2009

- The power of influence—enhancing collaboration to strengthen leadership
- Elevating team performance—mobilizing others towards shared objectives
- Self-study and Practicum work
- 4-6 frontline nurses in a peer practicum group, guided by coaches; met approximately four times between training sessions
- Practicum projects (one each session) applying learning and developing skills on the job
- Participants were reimbursed for training time and project work (up to four hours a month)

FRONTLINE NURSING LEADERSHIP (CONTINUED)

Target Audience

- 60 staff nurses from across Allina Hospitals and Clinics
- 20 UH staff nurses took part in the FNL program.

Participant Kristen Berry
Participant Rebecca Braden
Participant Sharon Carlson
Participant Amy Clark
Participant Therese DeMay
Coach Debra Dullinger

Participant Kelly Gamble
Participant Shari Hague
Participant Katy Holets
Participant Kris Holm
Participant Steve Horstmann
Participant Boni Iverson
Coach Barbara Knudtson

Participant Kelly Pearson
Participant Molly Schacht
Participant Kathy Schowalter
Participant Kathy Jo Smith
Participant Patricia Stoj
Participant Molly Taylor
Participant Lisa Waytulonis
Participant Mary Jo Wolters
Participant Cory Wray
Coach Marsha Studer



FRONTLINE NURSING LEADERSHIP (CONTINUED)

Practicum Coaches

- 14 directors or managers from nursing, nurse education, HR and quality
- Two from United Hospital

Timeline

- Program Planning: March/April 2008
- Program Launch: May 2008
- Sessions I & II: June & September 2008
- Presentation of projects: December 2008
- Session III: February 2009
- Session IV and Graduation: June 2009

Projects

Projects ranged from improving communication on a unit to implementing clinical practice changes.

- One (Shari Hague) participant determined that an outdated Charge Nurse Manual was no longer relevant to the current group of Charge Nurses. She interviewed current charge nurses and leaders to determine their needs, as well as looking at resources available in the form of policies, protocols, and unit guidelines. She designed a new streamlined manual that capitalized on on-line resources and a limited number of hard copy documents. Charge Nurses on her unit have given positive feedback and it has become a tool for orienting new charge nurses to the role.
- Another participant (Therese DeMay) determined she wanted to work on improving communication on her unit. She quickly moved beyond just her unit and introduced staff on multiple units to using their e-mail as a resource for critical communications with leaders and receiving practice updates. She is now participating with Allina-wide nursing leadership on a process to capitalize on the Allina Nursing Web site to enhance communication around practice decisions.

FRONTLINE NURSING LEADERSHIP (CONTINUED)

- A third participant's (Lisa Waytulonis) project audited the appropriate use of Nursing Screening orders (eg. consults for social work, care coordinators, dieticians and immunizations orders). Results of the audit showed that not all admission questions were completed on admission, 90% of charts audited needed at least one consult order but only 66% of the orders indicated were entered. New processes for auditing admission data completeness are in place using real-time workbench reports. Future Excellian changes using Best Practice Alerts aimed at immunizations will be implemented in April 2009.

UNITED HOSPITAL ON THE MAGNET JOURNEY

In July of 2008, official writing started of the documents to be submitted to ANCC for Magnet designation. This took a cast of thousands! With the expertise of Gail Voth, Patty Carlson and Rachel McNamara-a fabulous set of documents was submitted. Magnet writers included:

- Force 1: Sue Penque
- Force 2: Sue Penque
- Force 3: Debra Dullinger
- Force 4: Marge Van Roekel
- Force 5: Barb Knudtson
- Force 6: Margo Halm and Lenore Day
- Force 7: Margo Halm and Lenore Day
- Force 8: Julie Sabo
- Force 9: Maureen Smith
- Force 10: Susan Loushin and
Patty Carlson
- Force 11: Barb Knudtson
- Force 12: Cindy Betz
- Force 13: Mary Goering
- Force 14: Susan Loushin



The goal was to have the document ready to go in mid September with a due date of October 1. The date was made with a whole week to spare. Assembly of the documents took place the week of September 23. Once all the books were packed, an extra volume was discovered which required unpacking of all the boxes (three) to find where it belonged. They each weighed 45 pounds!

Force Champions started their meetings by attending the Magnet Workshop hosted at Children's Hospitals and Clinics in June of 2008. Nearly all 60 were able to attend and described the conference as exciting and enlightening.



UNITED HOSPITAL ON THE MAGNET JOURNEY (CONTINUED)

Routine meetings began in July and met monthly initially, then twice a month.

Champions learned about all the forces, work to date, then began their own work on educating staff and generating enthusiasm. The champions were the drivers for the work and embraced this role. The champions hosted many Wednesday events, serving up education on Magnet and how UH exemplifies the forces, along with healthy doses of fun and snacks.

The champions even hosted a parade throughout UH the day prior to sending off the documents. All areas were visited with the documents on display. Florence Nightingale was the Grand Marshal telling all if she was working today- she would choose United as the premier

hospital in which to practice nursing!

The months of October, November and December were packed with events to generate knowledge, enthusiasm and pride for the nursing staff. A Magnet Site visit will occur in January 2009. An announcement on the award is expected in April 2009.





UNITED HOSPITAL ON THE MAGNET JOURNEY (CONTINUED)

Magnet Steering Committee Members

Terri Dresen, Bernadine Engledorf, Naomi English, Mary Gag, Margo Halm, Diane Le May, Susan Loushin, Kim Love, Sue Penque, Julie Sabo, Marie Stuewe and Marge Van Roekel

Magnet Champions:

Kathy Adamski, Kelli Allen, Stephanie Andersson, Lauren Andrus, Lisa Behr, Barb Bentley, Kristen Bentley, Becky Braden, Kim Diedrich, Deb Donndelinger, Nancy Eells, Bunny Engeldorf, Naomi English, Lynn Falk, Kris Faschingbauer, Natalia Feil, Melissa Fritz, Mary Gag, Kelly Gamble, Megan Garrity, Robin Henderson, Karin Herder, Deanna Hoehn, Kris Holm, Barb Jacobs, Heather Jax, Kathy Johnson, Carol Kelly, Daniel Kenewa, Joann Kopelke, Jena Laessig, Nicole Larsen, Patti Lashomb, Kim Love, Kathy Maiers, Nicole Mann, Jennifer Maresch, Jeanette Maruska, Debra Myhre, Corinna Nelson, Mary Olson, Cindy Petty, Linda Phalen, Natalie Pieper, Diane Pogreba, Laurie Post, Leah Quick, Molly St Denis, Sonia Schaeffer, Coleen Scheffknecht, Nate Scottum, Kathy Shimada, Kathy Showalter, Rebecca Siebenthaler, Mary Ann Soldner, Michelle Staus, Wendy Struck, Kristin Swanson, Kelli Todd, Tina Wutsch, Claudette Whitney-Ventrella, Wendy Wimmer, Kelly Young and Shannon Zins



UNITED HOSPITAL'S NURSING PHILOSOPHY, CARE DELIVERY MODEL, THEORETICAL FRAMEWORK, AND PROFESSIONAL PRACTICE MODEL

Nursing Philosophy

Nursing at United Hospital is an autonomous art and scientific discipline that takes a holistic approach to the diagnosis and treatment of potential and actual responses to disease. Nursing care is patient and family centered and is based on the RN establishing and sustaining therapeutic and caring relationships with patient and families. The goal of nursing is to lessen the effects of illness, promote comfort and healing, and assist patients and families whether helping them attain an optimum state of wellness or a dignified death.

Nurses support this philosophy and the professional practice model by

- Strengthening their practice through a commitment to innovation and research theories
- Accepting professional accountability to patients, families, and community based on the Minnesota Nurse Practice Act and the American Nurses' Association Scope and Standards of Nursing Care and Professional Practice
- Building on relationships with co-workers and collaborating with other health care professionals in treating and advocating for our patients and families
- Recognizing the uniqueness and cultural diversity of each person and respecting, protecting, and advocating for the individual's right to self-determination, self-expression, confidentiality, and dignity
- Valuing the relationships we build that have an inherent capacity to promote health, healing, and wholeness for our patients, families, and ourselves
- Supporting, acknowledging and nurturing one another, thereby creating an environment of mutual respect and caring

Care delivery model

Outcome-based Relationships is an interprofessional, patient and family-centered care delivery model that is grounded in RN accountability for establishing therapeutic relationships with patients and families and collaborative relationships with coworkers.

UNITED HOSPITAL'S NURSING PHILOSOPHY, CARE DELIVERY MODEL, THEORETICAL FRAMEWORK, AND PROFESSIONAL PRACTICE MODEL (CONTINUED)

The three key goals of outcome-based relationships are:

1. Knowing the patient: each patient is unique in cultural background and needs therefore patients and families are encouraged to participate in the care and planning of care.
2. Focusing on quality outcomes: goals are customized to patient needs and drive the plan of care.
3. Assuring RN accountability in practice: Nursing practice is an autonomous art and a science. Nurses are the leaders at the bedside and encouraged to assume accountability for assessing, planning, implementing, evaluating, and administering care as well as working with others on the health care team.

The goals are actualized through two main principles:

1. The registered nurse (RN) is accountable for each patient's care: the RN assumes full responsibility for the plan of care and has authority to make decisions and delegate those aspects of nursing care the RN determines are appropriate based on the RN's assessment of the patient and skills of the person receiving the delegated task.
2. Practice is evidenced and enhanced by using plans of care that are individualized to achieve outcomes: outcomes are customized to the patient needs that drive the plan of care. Processes supporting the model should increase the focus and time spent on discussion of quality patient outcomes. RNs actively uses and customizes the plan of care for the patients under their care. Interprofessionals are expected to add to the plan of care according to their discipline.

Nursing theoretical framework

The theoretical framework of Kristen Swanson is utilized to guide care:

1. Knowing
2. Doing for
3. Being with
4. Empowering
5. Maintaining beliefs

UNITED HOSPITAL'S NURSING PHILOSOPHY, CARE DELIVERY MODEL, THEORETICAL FRAMEWORK, AND PROFESSIONAL PRACTICE MODEL (CONTINUED)

Professional practice model

The professional practice model for nursing at United Hospital incorporates all the components necessary (the framework) for high quality and consistent nursing care that improves patient and family outcomes, communication, and advances the profession of nursing. Our belief is that integration of a nursing professional practice model validates the role of the nurse in optimizing patient and family outcomes.



This diagram of the Professional Nursing Practice Model is designed to provide a visual image of the components of nursing practice that are defined by the Allina Nursing Charter for Professional Nursing and the United Hospital Value Star. The model demonstrates the values inherent to professional nursing practice held by the nurses at United Hospital.

NURSING ACCOMPLISHMENTS

Birth Center

- In 2008, nurses in the Birth Center introduced aromatherapy as a complementary choice for women during their birth and postpartum experience. Nurses integrate this holistic nursing practice of using essential oils for therapeutic purposes, such as alleviating pain, anxiety and promoting relaxation and a sense of well-being. Essential oils will be available for purchase in the Birth Center Resource Center in January 2009.
- Eleven Birth Center nurses received certification in their nursing specialty in 2008 (Inpatient OB and Maternal Newborn Nursing).
- As part of the Allina Perinatal Safety Initiative, Birth Center labor-skilled nurses participated in multidisciplinary emergency shoulder dystocia drills.



Day Surgery Center

The Day Surgery Center adapted the evidence-based research for selecting an appropriately-sized cuff to ensure accurate BP Readings according to the AHA Guidelines on Blood Pressure size to the surgical environment. The process was developed and implemented by staff nurses. The PCAs were educated and competency tested in the process because their major role in the preoperative area is to “room” the patient and do preop vital signs.

Selecting an Appropriate Blood Pressure Cuff Process

- This process is a valuable patient and staff satisfier because the same blood pressure cuff stays with the patient through all phases of the surgical experience. This process ensures patients receive high quality care through accuracy with BP and infection control principles as well as use of evidence-based practice by nurses.

NURSING ACCOMPLISHMENTS (CONTINUED)

Emergency Department

- Implemented 5 level “Emergency Severity Index” (ESI) triage tool per Emergency Nurses’ Association to more efficiently prioritize and treat patients presenting to the ED.
- Increased ED staff communication by publishing monthly ED newsletter “Vital Signs”.
- United Hospital broke ground for a new state-of-the-art Emergency Department that will better serve the surrounding community needs.



NURSING ACCOMPLISHMENTS (CONTINUED)

Float Pool

For 2008, the float pool covered up to 36 shifts per 24 hour period, filled 14 FTE temporary assignments to provide continuity of care, averaged 90 Rapid Response calls per month, IV Resource started 7124 peripheral IVs and 1168 PICC lines, and House/Secondary Resource assisted ED with transporting patients for improved patient flow.

- Four nurses provided preceptor leadership, others taught IV and stroke education classes during CNO, were facilitators for Caring Connection, and assisted with Competency Day.
- Two nurses received MedSurg Certification and three completed the critical care class.
- Active members of the following committees: Safety, Research, Engagement, MNA/LMC, NPCD, and Magnet.
- Three nurses were presenters at the International Nurses Night discussing both local and national volunteer experiences.
- IV Resource has updated the PICC policy, implemented the SOLO PICC and Maximus caps reducing heparin administration for flushes.

The Float Pool proudly has an engagement score of 81 percent.



Main OR

Nurses in the OR participated in the Go Green Initiative. By identifying recyclable waste and separating it from the trash they were able to reduce, reuse, and recycle to better serve the patients and the environment. The OR increased the number and use of Air Pals for lateral patient movement from operating room table to the patient cart which resulted in safer transfers for both patients and staff.

NURSING ACCOMPLISHMENTS (CONTINUED)

During the holiday season the nurses participated in two community outreach programs:

- Adopted a family at Christmas. Multiple gifts and gift cards were donated and given to the family.
- Initiated a multiple hospital mitten collection and donation for a local homeless shelter. United, Mercy, Unity, and Abbott collected more than 260 pairs of gloves and more than 35 hats and scarves.



Mental Health

RNs began participating in morning group to meet the patient at the start of day. This change in work flow has enhanced communication and nurse-patient relationship building, as well as fostering patient participation in daily goal setting. In the adolescent unit, these changes have especially given patients more independence in setting their goals. Mental health nurses also initiated the “GPS Model of Clinical Rounding”, focusing on goals, plan of care, and safety while engaging patient participation in care. Additionally, care conferences have been added on the day following any restraint or seclusion episode (in addition to regular weekly evaluations) to reduce further restraint/seclusion events and reducing potential staff injuries.

Mental health nurses were involved in activities to bring complementary therapies into their environment of care. One of the nurses attended the Mind Body Medicine training and is participating on an Allina-wide team to bring these therapies to Allina mental health. In addition, nurses on Unit 5900/20 participated in yoga research which will be expanded to other inpatient units.

NHC Critical Care

- Implemented a patient and family satisfaction survey with a rating of 73% Excellence for 2008

NURSING ACCOMPLISHMENTS (CONTINUED)

- An increase in cardiac arrest survival rate from 30-55% with the implementation of Therapeutic Hypothermia.
- Created a “Wall of Honor” highlighting the 25 certified critical care nurses.

NHC Step-down

NHC step-down nurses commit themselves to providing excellent care to cardiac and stroke patient populations. As a result, they achieved outstanding core measure scores of:

Heart Failure core measures optimal care score for fourth quarter of 2008 was 97%

- Patients receiving discharge Instructions - 96.2%
- Patients receiving smoking cessation counseling - 100%

Acute Myocardial Infarct core measures optimal care score for fourth quarter of 2008 was 96.7%

- Patients received aspirin (ASA) on arrival - 98.6%
- Patients received ASA at discharge - 98.2%
- Patients received smoking cessation counseling - 100%
- PCI within 90 minutes - 92.8%

Through significant influence by staff nurses, NHC step-down moved elements on the Stroke Scorecard to green (optimal care level) and the unit was recertified as a Primary Stroke Center.



NURSING ACCOMPLISHMENTS (CONTINUED)

Neurology/Epilepsy

Service: Developed a resource book for both N/E containing a wealth of information for each unit; Created a new seizure documentation flow sheet that was integrated Allina-wide

Care/Service: Six new ceiling lifts added; Unit Council made upgrades to the Halo policy

Interdisciplinary: care rounds were instituted by nurses along with care coordinator and nurse practitioners

Patient satisfaction: Patient satisfaction group created key words to key staff into certain areas of patient satisfaction discharge survey.



Oncology

The oncology staff found that a passion for the nursing profession and dedication to the patient population attributes to providing the best possible care. As a care team they remain committed to the patients and their families.

- In 2008, several policies, procedures, and practices were evaluated and updated to reflect current evidence-based practice. This required significant interdisciplinary collaboration including oncologists, infection control practitioners, dietitians, pharmacists, the oncology nursing and support staff, and oncology leadership. Oncology increased the number of Oncology Certified Nurses and now one-third of the nursing staff has national oncology certification.

Orthopedics

The Orthopedic RN staff remained focused on safety and quality improvement initiatives in 2008. Unit-based champions were identified for Hourly Rounding, Falls Preventions, and Patient Satisfaction.



NURSING ACCOMPLISHMENTS (CONTINUED)

- The RN unit Council composed a letter to patients that explains hourly rounding. This letter has been added to the folder given to patients on admission to the Orthopedic Unit.
- National patient safety goals were added to the Total Joint Replacement Pre-operative Education program which is taught by the Orthopedic RNs in collaboration with other orthopedic staff members.
- The RN unit council regularly monitors data and communicates progress toward goals with the orthopedic staff. RN work satisfaction on Orthopedics as measured by NDNQI was among the highest in the hospital.

PACU

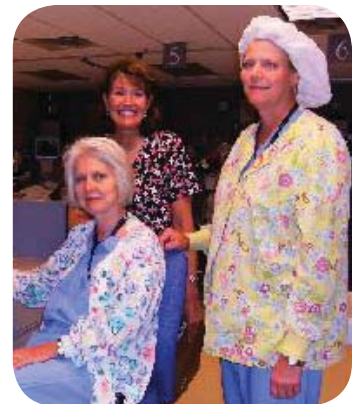
The charge nurses from PACU, preop, and OR implemented daily charge nurse meetings to facilitate ongoing communication, continuity of care, and safe patient handoffs between areas.

The PACU initiated monthly 'dessert breaks' to thank nurses who exemplified teamwork. In addition, a display was created featuring the nurses and sharing their nursing experiences with the team.

Pain Center

There were many nursing driven accomplishments in the United Pain Center during 2008.

- The RN staff designed and implemented a partnership plan between the procedure RN and post procedure RN. This partnership is implemented when acuity and volume of patients exceed usual length of stay in post procedure area. It provides not only quality of patient care and safety, but autonomy among nursing staff to implement at any time during the shift.
- RN s identified several patients routinely scheduled for specific infusions which were difficult IV starts. The RNs contacted the inpatient IV resource team and created a process by which patients could have their IVs started by the IV RN in advance of their procedure—



NURSING ACCOMPLISHMENTS (CONTINUED)

on the same day. The patients were identified through pre-assessment by the RN and scheduled in advance with the IV Team. This allowed for best patient care and service on the procedure day. Once this process was in place, delay in care was reduced, patients were pleased to be on time and a smooth transition was created between examination, procedure, and recovery units. In addition, the collaboration between departments allowed for efficiency in charting and charging using Ambulatory Excellian.

- RN development of a reference sheet for provider and staff to use when initiating prior authorization requests from insurance companies. This tool guides providers and patients through the PA process.
- Redesigning RN Unit Practice Council agenda form to reflect Forces of Magnetism in not only the agenda, but in minutes as well.
- RN participation in creating a reference sheet to be used at the time of discharge for all spinal cord stimulator trial patients. This sheet clarifies who is to be called for any patient concern during the trial insertion.
- Actively participated in the education of all department staff about Magnet status and created awareness of the overall achievements of the Pain Center and United Hospital as a whole.

Patient Care Excellian Workgroup

Bedside nurses were involved in several documentation optimization projects. Bedside nurses were involved in the initial design, testing, feedback and rollout of redesigned flowsheets. Some of the flowsheets that were redesigned included:

- OB Optimization Group Lead by United Hospital successfully reduced the number of open rows within the OB Triage Navigator and OB Triage Flowsheet. The Navigator was reduced by 30 rows and the Triage Flowsheet was reduced by 80 open rows with the ability to cascade in additional documentation rows as needed for the patient.

NURSING ACCOMPLISHMENTS (CONTINUED)

- MedSurg Restraint Flowsheet redesign included regrouping rows according to when the documentation needs to occur; placeholders for type of restraints to customize the flowsheet to the patient; picklist choices and row descriptions were updated.
- MedSurg Assessment flowsheet was redesigned using cascading and Lines, Drains and Airway functionality.

Post Surgical Care

The following story illustrates the commitment and influence of the RN staff of post-surgical on the quality of care patients receive.

A patient, who was over six feet tall, was admitted after a bariatric surgical procedure. His height and girth as well as his history of claustrophobia, presented a challenge to his nurse. The nurse spent a considerable amount of time researching and locating the best bed option for this patient's comfort, and facilitated transferring him to a larger room with big windows to help ease his feeling of being closed in. Before being admitted, this patient attended a pre-op education session. A 2600 nurse spoke to the group about what to expect after surgery.

2600 is a Bariatric Center of Excellence. This is not a title the Post Surgical staff take lightly. The Post Surgical staff were fully educated about the various bariatric surgical procedures and related nursing care. Striving to avoid preventable postoperative complications is a priority for all. In addition, staff have been provided with bariatric sensitivity training, including time for discussion and sharing. Being knowledgeable about the nursing care necessary following bariatric surgery is important. Encouraging and engaging patients promotes compliance and reduces risk of complications. The nurses are committed to providing excellent care as well as adequate education and encouragement. The patients' success is the nurses' success.



NURSING ACCOMPLISHMENTS (CONTINUED)

Preop

- Implementation of weekend RN position in Preop in February of 2008 which provided consistency of care and improved staff and patient satisfaction.
- Implementation of blood pressure protocol which included measuring arms, sizing blood pressure cuff and carrying through to OR and PACU.
- Promotion of collaborating between units led to implementation of daily charge nurse meetings at 0830 and 1330.
- Facilitated 90 percent goal of core initiative regarding antibiotic infusion within 60 minutes of skin time.



Rehab

The 8940 Rehab RN Unit Council decided to improve patients transport time from 8940 to the therapy department. The issue of patients not getting to therapy on time was brought to the council's attention by patients not being satisfied, therapy, and the transport department. The rationale for the decision to work on this was a desire to increase patient satisfaction and increase productivity.

The percentage of patients getting to therapy on time was 53% reported in January 2008.

The RN Unit council invited therapy and transport to monthly unit council meetings and discussed strategies to improve this issue. The plan was to change the patient's therapy schedule that hangs in their room to reflect the transport pick up time instead of the actual therapy time.



NURSING ACCOMPLISHMENTS (CONTINUED)

The patients then had a better idea of when they needed to be ready for pick up. The evening HUC prepares the patient passports and the night shift to get passports ready for the next day. The last strategy was to call scheduling if any patient needed extra time in morning and ask that they be scheduled later in the morning. The goal was to have 90% of the rehab patients get to therapy on time. They realized the barriers of nurses work compression in the morning prior to therapy and patients unanticipated needs.

Happily, as of October 2008, 81% of patients were getting to therapy on time. Patients are more satisfied getting to therapy on time and getting their full therapy treatment, and productivity increased. The plan is to continue to invite transport and therapy to RN unit council quarterly meeting to ensure our improvement strategies are working and to monitor for continued success.

CONSULTATION AND RESOURCES

The availability of knowledgeable experts for peer support and interprofessional consultation help guide best of practice and evidence based care.

CNS/Nurse Clinician II

United Hospital has valuable consultation and resources of CNS/Nurse Clinicians to assist nurses with balancing day to day patient care responsibilities.

CNS led:

- Neuro Best of Practice
- HF and AMI Core Measure Committee
- 33 interdisciplinary Shoulder Dystocia drills with more than 100 nurses and 80 physicians attending.
- Presented Advanced Fetal Monitoring at the Minnesota AWHONN Annual section conference
- Presented Managing Obstetrical Emergencies for LifeLink Trauma Tactics Conference in Minnesota
- Restraint Committee
- Pneumonia Core Measure Committee
- Pain Steering Committee
- Care Rounds Committee
- House-wide Port-a-Cath in-services
- Weekly ED Stroke Case Review



Christy Frid, RN



Melissa Fritz, RN



Mary Goering, RN



Maureen Smith, RN



Katie Westman, RN

CONSULTATION AND RESOURCES (CONTINUED)

Care Coordinators

The RN care coordinators provide a valuable service to nurses and patients with complex care and discharge needs. Most of the care coordinators hold a national nursing certification in either care management or their nursing specialty area. A major accomplishment and nurse satisfier was the initiation of the Care Coordinator Council in 2008. The Care Coordinators are instrumental in the continuous monitoring, auditing and facilitation of compliance with core measures.



Examples are:

- Tobacco cessation counseling
- Compliance is 90% or higher for '08 in three core measures.
- Care coordinators collaborated with social workers, staff nurses, physicians and the multidisciplinary team to reduce long lengths of stays (those > 9 days) from 31% of patients to 24.1% in 08.

Rapid Response Team (RRT)

The RRT has become a very valuable resource for nurses in many situations. The following statement from a nurse demonstrates just how much RRT is appreciated by the staff for their knowledge and skills.

“It is the greatest thing that has happened at United.”

CONSULTATION AND RESOURCES (CONTINUED)

Family Presence during a Code

One area where RRT made a significant contribution is in the implementation of family presence during a cardiac arrest. The RRT respond to Code 99s. If a family member is present they determine if the family desires to be present in the room during the resuscitation. If so, the RRT alerts the staff RN and accompanies the family in the room. Following the code, RRT sends a form to the Spiritual Care Department so that a chaplain can follow up in one month with the family to see how they are coping with the experience.

Patients and Families ability to call RRT

Another excellent example of the commitment of the Rapid Response Team to quality patient care and satisfaction was the implementation of patients and family members being able to directly call RRT. Posters were placed in all patient care rooms and a form given upon admission to inform patients and families of this service. "The patient is the first priority and their needs need to be met as soon as possible" stated the RRT members.

Wound and Ostomy Clinicians

The wound and ostomy clinicians play a key role in providing consultation and resources to nurses, patients, and families in the assessment, care, and treatment of the skin and related issues such as pressure ulcers, ostomies, and continence.

- During 2008, the wound ostomy nurse clinicians became involved in the development of changes to the Excellian med/Surg documentation flow sheet. Nurses reported that the original Excellian flow sheet for skin assessment and ulcer documentation was confusing. WOC nurses across Allina, Scott Church and Anita Carteaux (from United) provided leadership for the development of updates to the Med/Surg flow sheet that was released on 12/16/2008.
- A main focus was to improve patient outcomes by increasing the use of the Braden Pressure Ulcer Risk Assessment tool and to match interventions for prevention specific to the tool's 15 categories of risk.

CONSULTATION AND RESOURCES (CONTINUED)

Diabetes Resource

The diabetes resource RNs provide education on diabetes to meet the needs of patients and families and are a great resource for the bedside nurse. They developed ongoing education on insulin pump use and provided education on diabetes and meter training to all new nursing staff.

2008 NATIONAL DATABASE OF NURSING QUALITY INDICATOR (NDNQI) UNIT REPORT

75th Percentile Standards - Legal Sized Print Requirement

Unit	NURSING HOURS			PRESSURE ULCERS			FALLS			RESTRAINT USE			VAP			CR-BSI			INJURY			RN Certification			RN EDUCATION - Highest Degree									
	NHPPD			Hospital-Acquired			Total Fall Rate			Limb/Vest only			#VAP			# BSI			ASSAULT			Diploma			ADN			BAN/BSN			Master's/PhD			
	Total # hours	% Total Nsg Hours by RNs	RN Hours	% Patients	% Patients	% Patients	# all falls	# injury falls	% Patients	% Patients	% Patients	# injury falls	# injury assaults	# injury assaults	# central line days	# injury assaults	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days	1000 pt. days		
UH	NDNQI	UH	UH	NDNQI	NDNQI	UH	NDNQI	UH	UH	NDNQI	UH	NDNQI	UH	NDNQI	UH	NDNQI	UH	NDNQI	UH	NDNQI	UH	NDNQI	UH	NDNQI	UH	NDNQI	UH	NDNQI	UH	NDNQI				
2200	48.14		89.70			3.75	0.00				0.00																							
2300	10.27		85.86			1.43	0.68				0.68																							
2400	9.08		83.80			0.00	0.00				0.00																							
2500	10.71	8.68	74.82	3.03	0.00	2.88	0.88	0.17	3.68	0.00	0.88	0.17	3.68	0.00																				
2600	10.34	8.83	75.30	0.00	0.00	2.11	1.60	0.88	0.00	0.00	0.88	0.00	0.00	0.00																				
3300	11.10	10.46	76.11	0.00	0.00	2.09	1.97	0.91	0.00	2.64	0.00	0.00	0.00	0.00																				
3400	11.08	10.46	75.77	1.75	0.00	4.98	1.97	1.40	0.00	0.00	1.40	0.00	0.00	0.00																				
3500 (UH)	12.97		79.48	0.00	0.00	3.80	1.94	0.00	3.33	0.00	1.94	0.00	0.00	0.00																				
39/20/40	21.56	17.02	84.58	2.22	0.00	1.27	0.00	0.26	0.00	26.45	0.26	0.00	26.45	0.00	2.53	0.00	0.58	0.00																
4500 (4400)	10.03	8.56	74.95	6.35	0.00	4.95	2.43	1.20	0.39	3.47	1.20	0.39	3.47	0.00																				
4400/4940	11.53	10.46	80.27	4.75	0.00	3.03	1.97	0.51	1.43	0.00	0.51	0.00	1.43	0.00																				
5900/20	7.79	7.04	66.92	56.64		4.57	1.14	0.00	0.74	0.00	1.14	0.00	0.74	0.00																				
5940	7.23	9.50	71.39	54.18		0.72	0.47	0.00	2.50	0.00	0.47	0.00	2.50	0.00																				
6900/40	10.66	8.83	76.64	85.18		2.73	1.60	0.85	0.00	1.19	0.85	0.00	1.19	0.00																				
7900/20	9.67	8.68	75.52	63.97		5.21	2.16	1.54	0.17	3.75	2.16	0.17	3.75	0.00																				
8900	8.68	9.19	60.08	48.96		11.07	2.50	0.00	2.27	0.00	2.50	0.00	2.27	0.00																				
8940	9.38	8.21	76.67	57.03		7.84	3.74	1.53	0.18	0.00	3.74	0.18	0.00	0.00																				

*Birth Center Units have no NDNQI benchmark data

3500 has no benchmarks because it is a "mixed acuity" unit (has both critical care & critical care beds)

n.d. = No data



NURSING DEMOGRAPHICS 2008

Number of Registered Nurses at United Hospital 1206

Advanced practice Registered Nurses/Nurse Clinicians

The Birth Center	1
Nasseff Heart Center	2
Neuroscience	2
The Pain Center	3
Palliative Care	1
Emergency Department	3
Med Surg	2
Oncology	1

Certifications from specialty nursing organizations 249

Registered Nurse Vacancy Rate (12-month average) 1.0%

Registered Nurses by degree

Associates degree/diploma.....	55.8%
Bachelor's degree.....	42.6%
Master's degree.....	1.6%
Doctorate degree.....	.001%

Self-identified ethnicity of United Hospital nursing staff

1206 RNs	
92%	White/Caucasian
5%	Black/African American/African
>1%.....	Hispanic/Latin
2%.....	Asian/Pacific Islander
>1 %.....	Not Identified
>1%.....	More than two ethnicities



PROFESSIONAL DEVELOPMENT

United Hospital offers a wide variety of opportunities for both personal and professional growth and development from exploration of opportunities to formal education and training.

Tuition Reimbursement

Nurses in both contract and non-contract positions can utilize the tuition and seminar reimbursement program to advance their professional development. In 2008, the tuition and seminar reimbursement total used by nursing was \$605,316.69.

Professional Development Fairs

To provide an opportunity for exploration of advanced degrees, nursing certification, and other professional development opportunities Education Services hosted three professional development events in 2008. The events featured eight different colleges that offer RN to BSN as well as Masters and Doctorate degrees in nursing. There were panels of UH nurses available to share their stories of professional development by obtaining nursing specialty certification, advancing their nursing degree, as well as becoming advanced practice nurses and to explain some of the expanded roles in nursing such as care coordinator, diabetes resource, learning and development specialist, and wound ostomy nursing to name a few. More than 40 UH nurses attended each of the fairs.

On-site RN to BSN completion program

The Augsburg College onsite BSN completion program began in 2001. The program has expanded to include videoconferencing of classes to Mercy Hospital. Since the program's inception, 47 UH nurses have received their BSN (eight in 2008). In addition, five UH RNs have completed the Augsburg Master of Arts in Transcultural Nursing (MATCN) program (1 UH RN graduated with a MATCN in 2008).

Nursing Certification Exam Preparation

Professional development is not limited to advanced degrees. Nursing specialty certification is another way for RNs to advance their skills and knowledge. Thirty-eight UH RNs obtained their certification in a nursing specialty in 2008. There were several different levels of opportunities for nurses to prepare for national certification.

PROFESSIONAL DEVELOPMENT (CONTINUED)

The Allina Center for Learning and Innovation (CLI) hosted the following certifications:

- Certified Nurse Operating Room (CNOR)
- Certified Rehabilitation Registered Nurse (CRRN)
- Maternal Newborn and Low Risk Obstetrics (NCC)
- Mental Health

United Hospital and ANW Hospital

co-sponsored:

- ANCC Med Surg
- ANCC Nurse Executive

In addition, there were the following study groups at UH:

- Med Surg
- Geriatric
- Cardiac Vascular

Professional Organizations

United Hospital nurses are members of:

- American Association of Critical-Care Nurses
- American Diabetes Educators
- American Heart Association
- American Holistic Nurses Association
- American Nurses Association
- American Nursing Informatics Association
- American Organization of Nurse Executives
- American Red Cross
- Association of peri-Operative Nurses
- Association of Rehabilitation Nurses
- Association of Vascular Access
- Association of Women's Health Obstetrics and Neonatal Nurses
- Augsburg Nursing Alumni Association

PROFESSIONAL DEVELOPMENT(CONTINUED)

- Emergency Nurses Association
- International Parish Nurse Association
- Minnesota Administrative Nursing Supervisors Association
- Minnesota Nurses Association
- Minnesota Organization of Leaders in Nursing
- Minnesota Ovarian Cancer Society
- Montana Nurses Association
- National Alliance on Mental Illness
- National Association of Clinical Nurse Specialists
- National Association of Orthopedic Nurses
- National League of Nursing
- Nigerian Nurses Association
- Oncology Nursing Society
- Sigma Theta Tau
- Society of Gastroenterology Nurses and Associates
- Transcultural Nursing Society
- United American Nurses

Staff as faculty or guest lecturer at a school of nursing

- Ekuia Taylor Kregel, St. Paul College, also presented at the UN World Urban Forum, Nanjing China
- David Larson, Hennepin Technical College
- Margo Halm, University of Minnesota, Augsburg College and Bethel University
- Susan Loushin, Augsburg College
- Christie Frid, Augsburg College
- Annie Retter, Globe University/Minnesota School of Business
- Patience Ambe, St. Paul College
- Brenda Gieser, University of South Dakota
- Katie Westman, University of South Dakota
- Hafsa Kamara, St. Paul College



PROFESSIONAL DEVELOPMENT (CONTINUED)

- Kristen Sandau Bethel University
- Mary Milligan St. Catherine

NURSING RESEARCH

Recently Completed Nursing Research Studies

Frequent Users of Emergency Department Services

Pat Milbrett, RN, Staff Nurse - ED

PURPOSE: Public use of emergency department (ED) services continues to increase. While frequent users account for only a small percentage of visits, these patients put a drain on the system that may contribute to overcrowding and lowered quality of care. This study aimed to describe the characteristics of patients who frequently use ED services, and to determine which factors are most predictive of high ED utilization.

DESIGN: A retrospective descriptive correlational design was used to answer the research questions:

1. What are the characteristics of patients who visited the ED at least six times in 2005?
2. Is there a significant difference in the number of ED visits between the top five chief complaints?
3. What factors are most predictive of frequent ED visits?

SETTING: A Midwestern urban ED with >40,000 visits/year.

SAMPLE: Adult patients visiting the ED at least 6 times in 2005 (N=201). Of these, 6 visits were randomly chosen (N=1200 of 2056 possible visits=5% all visits).



NURSING RESEARCH (CONTINUED)

METHODOLOGY: A tool, based on a literature review of factors associated with frequent ED use, was developed to abstract chart information on each randomly chosen visit. This tool included demographic, social, and clinical factors such as health history, chief complaints, disposition and total visits.

RESULTS: Based on descriptive statistics, patients were predominantly female and 35 years old, Caucasian, single, unemployed but with insurance and a primary physician. Over half had a history of a chronic condition, and over one-third had a psychiatric diagnosis. Number of ED visits ranged from 6-52 (but 69% <10 visits) and almost all were discharged home. Top chief complaints across visits were abdominal/flank pain, low back pain, headache/migraine, chest pain, and lower extremity pain. No significance difference was found in the number of ED visits among these top chief complaints. Using chi-square or Mann-Whitney U tests, several differences were found between chief complaints across visits by gender and age groups, as well as by shift of the visit. Using a Poisson regression, factors predictive of high ED utilization ($p < .05$) were: Male, non-Black race, employed part-time, retired/unemployed, Medicare, and complaint of upper respiratory infection. Headache was approaching significance ($p = .06$).

CONCLUSIONS: Frequent ED users have health needs that are often not solved by ED visits. Other interventions such as multidisciplinary care plans involving primary physicians or comprehensive case management are needed to fill care gaps and preserve ED services for those with the most critical health care needs.

Lavadin Reduces Pre-Surgical Anxiety

Rebecca Braden, Sue Reichow & Margo Halm

INTRODUCTION/PROBLEM: Preoperative anxiety is prevalent. Anxiety medications may impact monitoring and teaching, as well as patient satisfaction. No studies were found on the effect of essential oils on anxiety in the preoperative setting.

PURPOSE: To investigate if Lavandin is more effective than standard care in reducing anxiety in preoperative patients.

METHODOLOGY: In an experimental pre-test/post-test design, 150 adults were randomly assigned to a



NURSING RESEARCH (CONTINUED)

control (standard care including nursing/family presence, teaching, potentially medications), experimental (standard care plus Lavandin) or sham (standard care plus jojoba oil) group. Visual analog scales assessed anxiety on admission and at OR transfer.

RESULTS: Anxiety on OR transfer was 5-8 points lower in the Lavandin group. Controlling for baseline anxiety and pain, Lavandin group had lower anxiety on OR transfer ($p=.01$). Pain approached significance as independent predictor of anxiety at OR transfer ($p=.08$). Men in the Jojoba group reported significantly lower anxiety on OR transfer compared to females possibly demonstrating a stronger placebo affect.

DISCUSSION: The positive effects of Lavandin in reducing anxiety are consistent with findings with other populations.

IMPLICATIONS AND FUTURE RESEARCH: Lavandin is a simple low-risk intervention that may improve patient satisfaction. More aggressive pain management may lessen anxiety prior to OR transfer. Future studies should test the effects of Lavandin into the postoperative phase and in high risk patients.

CONCLUSION: Lavandin reduces preoperative anxiety.

Ongoing Nursing Research Studies

Anxiety Self-Management for Patients Receiving Mechanical Ventilatory Support

Linda Chlan, PhD, RN, Principal Investigator – University of Minnesota School of Nursing

The purpose of the study is to determine if patient-directed music is effective in reducing anxiety and stress in mechanically ventilated patients. Patient-directed music intervention is encouraging patients to listen to preferred music as frequently as they would like for as long as they would like when they feel anxious while on the ventilator.

We began recruitment Fall 2006. To date we have enrolled a total of 154 patients, including 19 from United Hospital. Other participating sites include: Abbott-Northwestern ICUs (79 patients), MICU at UMMC (20 patients), North Memorial ICUs (27 patients), and MICU & CICU at Regions (9 patients). We anticipate enrolling another 80 patients over the next 18 months,

NURSING RESEARCH (CONTINUED)

with a target study completion date of Spring 2010. Funded by NIH.

Cardiac Surgery Caregiver Study

Margo Halm, RN, PhD, Director of Nursing Research & Quality

While caring for a family member after an illness or surgery may be meaningful, most evidence shows being a stressed caregiver is associated with negative physical and psychological health outcomes, including increased mortality risk.

This exploratory study will recruit male and female caregivers (<70, >70) of first-time CABG patients to participate in focused interviews to identify prevalent themes related to the most salient needs, concerns and advice that elderly caregivers would give to others for the early postoperative period. The knowledge generated from this study will inform what areas of caregiving that elders find most difficult so that an intervention (psychoeducational, supportive, respite or multicomponent) can be developed and tested in determine its effectiveness in mitigating burden in elderly CABG caregivers. Funded by a Minnesota Nurses Association Foundation Grant, Kim Love, RN, BSN and Kathy Shimada, RN, BSN, Staff Nurses from Unit 3500 are the RN Research Assistants for this research project.

Effects of an Essential Oil Mixture on Acute Skin Reaction in Patients undergoing Radiotherapy for Breast Cancer

Principal Investigators: Lisa Baker, CCAP, NCTMB & Margo Halm, RN, PhD, CNS-BC

Almost all radiation therapy patients develop acute skin reactions, varying from mild erythema to brisk moist desquamation, with mild to severe pain. A repeated measures design will be used to investigate the effects of an essential oil mixture on acute skin reactions, pain level and quality of life of 150 women undergoing radiotherapy for breast cancer.

Consenting patients will be randomized to one of three groups: 1) standard care (RadiaPlex TID); 2) experimental group (essential oil mixture TID); and 3) sham treatment group (carrier oil mixture TID). Skin reactions will be assessed on a weekly basis throughout the 6-week course of therapy and then on one-month follow-up. Additional measures to be obtained include: 1) pain intensity on a visual analog scale (0-100 scale) representing the worst pain experienced in the preceding week; 2) quality of life on the Quality of Life Index (Cancer Version) and 5 disease-specific questions related to skin changes associated with cancer

NURSING RESEARCH (CONTINUED)

treatment; and 3) patient satisfaction with topical application. Repeated measures ANOVA will be used to analyze change in acute skin reactions, pain, quality of life, and patient satisfaction with topical skin treatments over time.

Nursing Presence

Sue Penque, RN, MSN

Nursing presence relates to the delivery of care to patients and families, as well as for oneself. Other concepts often associated with presence are caring, empathy, nurturance and compassion. Our current nursing model at United Hospital is centered on the theory of caring by Kristin Swanson and consists of the concept of presence.

An exploratory study will be used to investigate the meaning of nursing presence at United Hospital, and the specific outcomes that are achieved when presence occurs between the nurse and the patient or family. Interviews will be conducted with 20 Registered Nurses at United Hospital after posting a flyer on patient care units for volunteers. A questionnaire containing all of the interview questions will be given to each nurse a few days prior to the interview. The interviews will be conducted by the researcher, taped and transcribed. Data will be analyzed through identification of themes to describe the meaning of nursing presence at United Hospital. Results from this study will be used to educate staff on the specific meaning of nursing presence at United.

Probabilities and Predictors for Participation in a Cardiac Rehabilitation

Katie Krisko-Hagel, PhD(c), RN, Learning & Development Specialist

The primary purpose of this study is to determine if stage of readiness, level of self-efficacy, or perceived benefits/barriers to begin a cardiac rehabilitation program post cardiac event could be predictive factors in determining the length of time individuals will participate in the program.

The design will be prospective correlative using a convenience sample of both men and women who have experienced a cardiac event by having undergone cardiac surgery (coronary artery bypass graft surgery or cardiac valve replacement surgery), having had a myocardial infarction, or having had a procedure in the cardiac catheterization lab such as an angiogram, angioplasty, or stent placement and have received a physician's order to attend a cardiac

NURSING RESEARCH (CONTINUED)

rehabilitation program. Data will be collected over a three to four-month period of time. Patients will be assessed prior to beginning the cardiac rehabilitation and outcome data will be collected such as dates that cardiac rehab was completed or when individuals left the program.

Pulse Trial-Practical Use of the Latest Standards for Electrocardiography

Principal Investigators: Dr. Marge Funk (Yale University) & Dr. Barbara Drew (UCSF)

Site Investigators: Kristin Sandau, Margo Halm & Maureen Smith

Research Assistant: Kim Stephens, UCSF

Despite advances in hospital ECG monitoring technology, practices are inconsistent and often inadequate. Practice standards for ECG monitoring (Drew et al., 2004) were endorsed by the American Heart Association and the American Association of Critical Care Nurses.

The primary purpose of this 5-year NIH-funded multisite randomized clinical trial among 17 hospitals to test the effect of implementing these standards on nurses' knowledge, quality of care, and patient outcomes. In the fall, nurses took a 20 minute pretest on-line. In 2009, hospitals will be randomized to web-based education consisting of four modules, followed by a post-test. If United is not randomized to receive the education first in 2009, United nurses will take a 'post-test' and then have the opportunity for the FREE Web-based education.



UNITED'S EVIDENCE-BASED PRACTICE FELLOWSHIP

A new evidence-based practice (EBP) fellowship was launched in 2008. EBP emphasizes the importance of consulting scientific evidence to guide clinical decision-making. EBP has been recognized by key authorities such as the Institute of Medicine, the American Nurses' Association, and Sigma Theta Tau the International Honor Society of Nursing as a key method and solution for advancing clinical practice and ultimately, ensuring better treatment for each individual in need of medical and nursing care.

The most widely recognized definition of EBP is “the conscientious use of the best research evidence in combination with a clinician's expertise and the patient's preferences and values, to make decisions about the type of care to be provided”. Indeed, research has shown that the implementation of EBP improves patient outcomes by 28% and reduces the 17-year time gap from generation of new research findings to their translation at the bedside - or consistent use by clinicians. Given recent findings that as many as 30-40% of patients don't receive treatments of proven effectiveness and 20-25% of patients get treatments that are not needed or potentially harmful, we have an urgent need to assist our clinicians in increasing their skills and competencies with evidence-based care.

United's EBP fellowship is one way we are investing in our nursing colleagues. The fellows, their advanced practice nurse (APN) mentors, and clinical questions are as follows:

- Megan Garrity, RN, 3500: Mentor Margo Halm, Director Nursing Research
Question: Does preparation of nurses in health literacy assessment and intervention improve patient understanding of health information, as reflected in patient satisfaction scores and readmission rates?
- Gael Horner, RN, 2300: Mentor Mary Goering, Birth Center Clinical Leader
Question: What is the proper use of ice to the perineum after vaginal birth?
How often? When? To what area?

UNITED'S EVIDENCE-BASED PRACTICE FELLOWSHIP (CONTINUED)

- Molly Kellgren, RN, 4900/20/40: Mentor Laura Lathrop, Palliative Care NP
Question: Does screening patients for palliative care services on admission improve the quality and continuity of care in hospitalized patients?
- Navid Sabati, RN, MHS: Mentor Margo Halm, Director Nursing Research & Quality
Question: What is the effect of guided imagery and relaxation tapes in improving relaxation and quality of sleep in both inpatient and outpatient mental health population? Do these interventions reduce the number of sleep medications needed by this population?

The 12-month fellowship program involved classroom instruction including participation at Allina's "CSI - Clinical Scientific Innovations", 1:1 mentoring, and integration of findings into practice. The importance of pairing staff nurses with an APN mentor has been shown to be a critical factor in successfully teaching nurses principles of evidence-based practice that result in sustainable change for organizations.



VOLUNTEER / COMMUNITY INVOLVEMENT

- AA/AI-anon
- Achieve-AmeriCorp
- Acting on AIDS with Bethel University
- Air National Guard 133rd air lift wing civilian point of contact person
- American Cancer Society
- American Heart BLS instructor
- American Lung Association
- St. Mary's Duluth Hospice House
- Awana
- Baldwin CRC Chior
- Baseball coach
- Big Brothers/Big Sisters
- Black Hawk Middle School
- Blood Drive Coordinator
- Boy Scouts/Girl Scouts
- Bridging
- Camp Nurse
- CaringBridge
- CERT/CCDC-Ramsey County
- Christian crisis counseling
- Clown at Charitable Fund Raiser
- College of St. Catherine, Mother-to-mother program
- Como Park Zoo Boo
- County Project in Duluth Influenza vaccine and healthcare workers
- Crisis ministry/counseling
- Dakota County Star Quilters
- Darts Learning Buddies Program
- Diabetes Educators Diabetes Expo
- East Bethel Community School
- Election judge for presidential election
- Families Moving Forward
- Feed My Starving Children
- Firefighter/EMT, Oakdale Fire Dept.
- First Response Medical ministry @ Living Word Christian Center
- Food donation facilitator for Block Party during National Night Out
- Food shelf
- Foster children
- Free Clinic of Pierce and St Croix Counties
- Friends in Need Food Shelf Thanksgiving Food Drive
- Friends in Need Food Shelf Toy Drive
- Global Health Ministries
- God's Closet Volunteer
- Habitat for Humanity
- Health Care Reform MNA
- Heart on the Hill with American Heart Association
- Helping Somalian families access available resources
- Hennepin County Library
- Highland Friendship Club
- Homeless shelter
- Honors and Awards committee MNA
- Hospitality Committee
- Hugo Business Association
- Hugo Outdoor Storage Subcommittee
- Juvenile Diabetes Research Foundation
- Just Faith Social Justice Group
- Lions Club
- Loaves and Fishes
- Longville MN food shelf and



VOLUNTEER / COMMUNITY INVOLVEMENT (CONTINUED)

second hand shop
 Lutheran World Relief
 Lyngblomsten Senior Apts
 March of Dimes
 Medical Reserve Corps-Ramsey County
 Medical Response Team for
 Eaglebrook Church
 Mentoring Guided Imagery
 Mentoring of foreign trained nurses
 Mentoring Reiki
 Metropolitan Sports Commision
 Minnesota DFL
 Minnesota Public Radio
 Mission trips to Africa, Appalachia,
 Asia, Central America, Haiti, Mexico and
 South America
 Minnesota Boychoir
 Minnesota Chapter Lymphoma
 Research Foundation
 Minnesota Free Arts, Volunteer instructor
 for children in transitional housing.
 MNA 4th District BP Screening
 MNA 4th District School
 Recruitment Career Days
 Mobile Meals
 Multiple Sclerosis Society
 Native American Sundance
 North Suburban Hospital Board Member
 Nova Classical Academy School,
 St. Paul, MN

Obama/ Biden Campaign
 Obama/Biden/Daschle Transition team -
 host health care discussions
 Open Arms
 Operation Christmas Child
 Ovarian Cancer Walk
 Parent volunteer with competition cheerleading
 Parish nursing
 Philanthropic Educational Organization
 Prepare packages for delivery of babies in Africa



**“Nursing is a vocation, knows no
 boundary, always impacting knowledge
 to the young and the old, the helpless
 and the hopeless, the weak in the body
 and spirit. But for the most part we CARE.
 In every community there is work to be
 done. In every nation, there are wounds to
 heal. In every heart there is the power to
 do it.”**

- Queen Obasi MS, RN

VOLUNTEER / COMMUNITY INVOLVEMENT (CONTINUED)

Programa San Francisco D'Assis
Project Cure
Providence Ministries
Ramsey County Emergency
Ramsey County Master Gardener
Ramsey County Shelter
Red Pine Parent Teacher Organization
Relay for Life
River Falls Food Shelf
Republican National Convention
Ronald McDonald House
Salvation army
Second Harvest Food Self
Senior Resource Fair at Arbor Point
Servant Camp
Serve Thanksgiving Dinner to residents
and families of St. Mary's Hospice
House in Duluth
Service to Humanity Gala
Single Volunteers of Minnesota
Teaching CPR/
First Aid to
Boy Scout troop
Team member,
Minnesota-1
Disaster Medical
Assistance Team
(DMAT)
Teens for Christ
Bible club leader

Thanksgiving Food Drive-
Friends in Need Food Shelf
The Breast Cancer 3 Day
United Nations
Volunteers of America
Warm Hearts for Charities
Well With In
Wellstone Action
Wood Winds Healing Touch
Youth hockey assistant





United Hospital interpreters

CULTURAL RESPONSIVENESS

Interpretation Requests

Akan	15
Amharic	168
Arabic	190
Ashanti	2
ASL	390
Bengali	2
Bosnian	6
Bulgaria	4
Burmese	6
Cambodian	142
Cantonese	39
Cantonese/ Mandarin	4
Chinese	3
Chuukish	2
Croatian	5
Egyptian	24
Ethiopian	4
Farsi	3
French	10
Grebo	2

Greek	12
Gujarati	1
Hebrew	1
Hindi	4
Hmong	2241
Italian	5
Japanese	20
Karen	184
Kono/Creole	13
Korean	24
Krahn-Liberian	1
Laotian	84
Latvian	1
Mandarin	88
Mandarin/ Chinese	12
Mandingo	4
Mano - Liberian	1
Nepali	11
Nuer	15
Oromo	36

Polish	13
Portuguese	4
Romanian	2
Russia	934
Sarpo	1
SerboCroatian	5
Somali	306
Spanish	3989
Taglog	8
Tamil	5
Telugo	4
Thai	17
Tibetan	12
Tigrinya	53
Turkish	20
Twe	4
Ukranian	16
Urdu	2
Vietnamese	277
TOTAL	9,451

CULTURAL RESPONSIVENESS (CONTINUED)

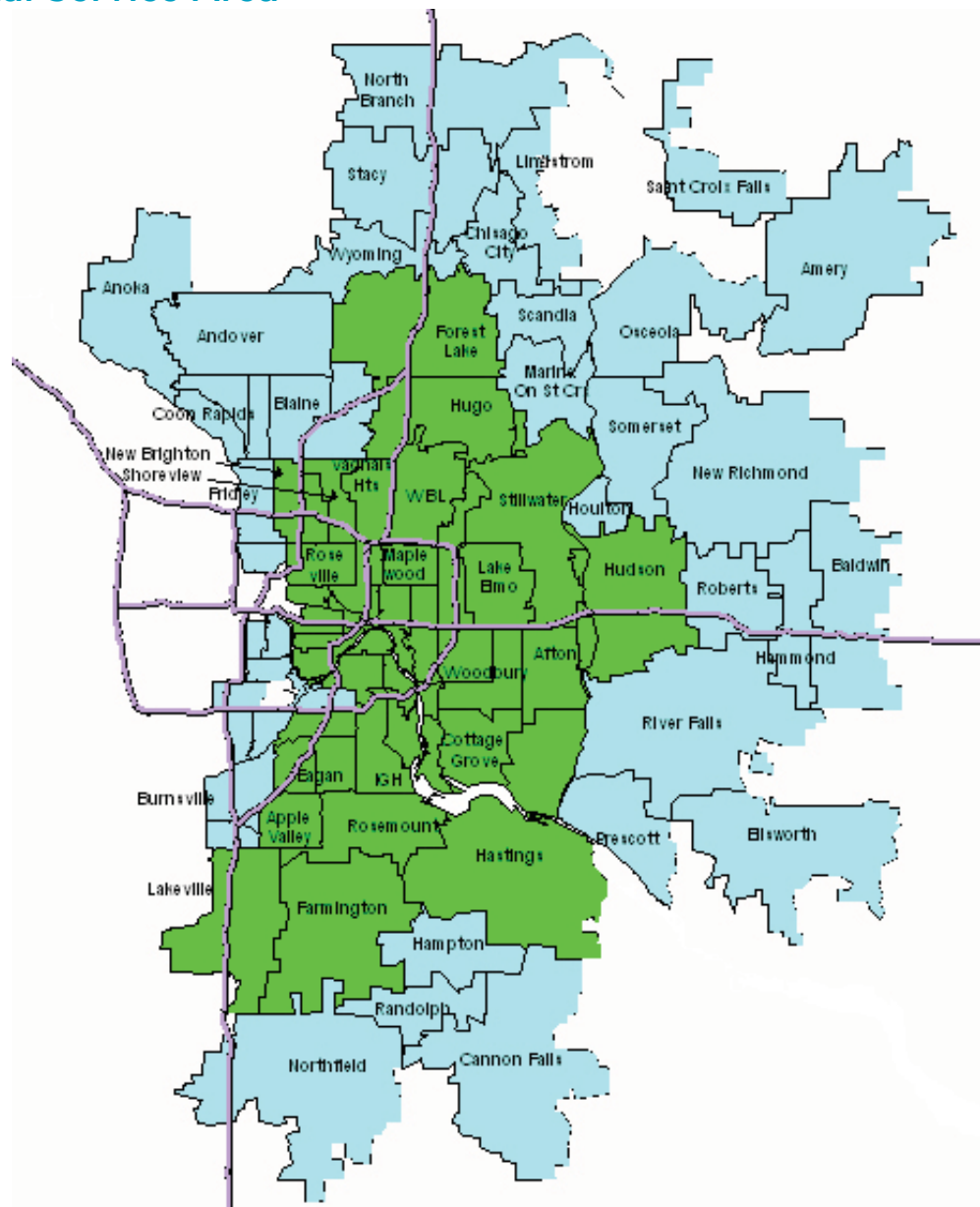
Patient Demographics 2008

Patient Age Group	Female	Male	Grand Total
0-14	68	54	122
15-17	224	107	331
18-24	1,313	264	1,577
25-34	2,793	431	3,224
35-54	3,542	1,969	5,511
55-64	1,506	1,526	3,032
65+	4,386	3,256	7,642
Grand Total	13,832	7,607	21,439

CULTURAL RESPONSIVENESS (CONTINUED)

United Hospital Service Area

The map illustrates where 90% of United Hospital inpatients come from. The dark green area represents 80% of United Hospital's total discharges. The blue area represents an additional 10% of patients.





Linda Clute, RN



Liana Land, RN



Annie Retter RN



Mary Jo Wolters, RN

CELEBRATIONS

2008 Nursing Excellence Award Recipients

- Excellence in Nursing Practice – LPN – Cheri Wiegand, LPN, 2400 Post Partum
- Excellence in Nursing Practice & Service – Liana Land, RN, 4900/20/40 NHC Stepdown
- Excellence in Teaching & Mentoring – Mary Jo Wolters, RN, 4900/20/40 NHC Stepdown
- Excellence in Nursing Leadership – Linda Clute, RN, 26 Post Surgical
- Excellence in Community Involvement – Annie Retter, RN, Float Team

2008 Nursing Excellence Award Nominees:

- Connie Akins, RN, 4400 Medicine
- Hossein AliMohammadi, RN, Critical Care
- Mavis Antwi, RN, Critical Care
- Patrice Bennetts, RN, PACU
- Kristen Bentley, RN, Orthopedics
- Marcia Bergie, RN, Float Pool
- Patricia Bolduan, RN, 3500 Cardiac Spec Care
- Sharon Christopherson, RN, 5940 Mental Health
- Debra Donndelinger, RN, NeuroEpilepsy
- Carrie Ecker, RN, Float Pool
- Nancy Eells, RN, 4400 Medicine
- Eunice Eneanya, RN, Critical Care
- Joyce Flicker, RN, Float Pool
- Wanda Foster, RN, 3400 NHC Stepdown
- Megan Garrity, RN, 3500 Cardiac Spec Care
- Joyce Grosser, RN, 2600 Post Surgical
- Sheila Hall, RN, Critical Care
- Marnie Helmerick, RN, 3400 NHC Stepdown
- Anna Herrmann, RN, 3400 NHC Stepdown
- Mary Hoffman, RN, Float Pool
- Steven Horstmann, RN, 3400 NHC Stepdown
- Bruce Hudson-Bogaard, RN, Patient Care Support Services
- Susan Huehn, RN, 2200 Labor and Delivery
- Teresa Humphrey, LPN, 2400 Post Partum
- Laura Kelly, RN, 4500 Oncology

CELEBRATIONS (CONTINUED)

- Kristi Kelly-Raverty, RN, 3500 Cardiac Spec Care
- Cecily Lawson, RN, Emergency Department
- Michael Lutgen, RN, Critical Care
- Roberta Lutgen, RN, Float Pool
- Rhonda Mandich, RN, Critical Care
- Sally McNellis, RN, Critical Care
- Edwin Mekenye, RN, Critical Care
- Clareen Metcalf, RN, Critical Care
- Julie Miller, RN, Float Pool
- Mary Milligan, RN, Patient Care Support Services
- Sharon Minns, RN, Float Pool
- Mary Olson, RN, 2300 Single Rm Maternity
- Kristie Ott, RN, Nursery
- Denise Oughton, RN, 2600 Post Surgical
- Cynthia Petty, RN, 2400 Post Partum
- Jackiann Pitzen, RN, Float Pool
- Laurie Post, RN, 4500 Oncology
- Rozann Reyerson, RN, 2300 Single Rm Maternity
- Carissa Roach, RN, Float Pool
- Laurie Robinson, RN, Gastroenterology Lab
- Nathan Scottum, RN, Float Pool
- Nicole Sickmann, RN, 2500 Medicine
- Molly St. Denis, RN, Orthopedics
- Vivian Straumann, LPN, 2400 Post Partum
- Anita Sullivan, RN, 2600 Post Surgical
- Lori Voigtlander, RN, 2200 Labor and Delivery
- Dynese Weah, RN, Critical Care
- Maria Wingert, RN, 3500 Cardiac Spec Care



CELEBRATIONS (CONTINUED)

Certifications

Cardiovascular

- Wanda Foster, RN, ACM, 3400 NHC Step-down
- Cindy Gerlach, RN, ACM, 3400

Cardiac Surgery

- Megan Garrity, RN, 3500 NHC Cardiac Special Care
- Erica Anderson, RN, NHC Cardiac Care

CEN

- Duane Turner, RN - ED

CRRN

- Mary Hoffman, RN, 8940 Sister Kenny Rehabilitation Institute
- Angela Ikeri, RN, 8940 Sister Kenny Rehabilitation Institute
- Shannon Zins, RN, 8940 Sister Kenny Rehabilitation Institute
- Barb Polkinghorne, RN, 8940 Sister Kenny Rehabilitation Institute

Gerontology

- Debra Donndelinger, RN, ACM, 7900 Neuro/Epilepsy
- Kathy Shimada, RN, 3500

Inpatient OB

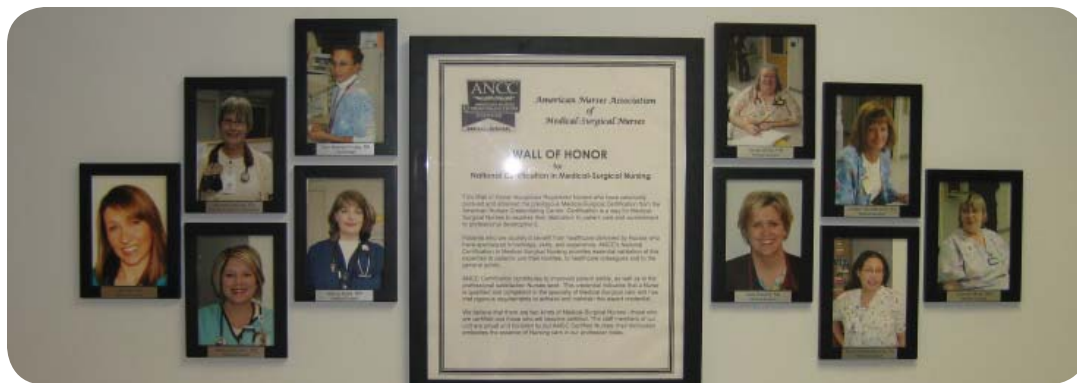
- Cheri Brazeltion, RN, 2300 Birth Center
- Robin Fontaine, RN, 2200 Birth Center
- Ginelle Petrie, RN, 2300 Birth Center

Lactation Consultant

- Rozann Reyerson, RN, 2300

Maternal Newborn or Low Risk Neonatal Nursing Certifications

- Meredith Klein, RN, 2400 & Newborn Nursery, Birth Center



CELEBRATIONS (CONTINUED)

- Angela Martin-Gross, RN, 2400 and Newborn Nursery
- Kristie Ott, RN, 2400 and Newborn Nursery
- Cindy Petty, RN, 2400 and Newborn Nursery
- Cheryl Runchey, RN, 2400 and Newborn Nursery
- Lisa Tran, RN, 2400 and Newborn Nursery
- Anna Uremovich, RN, 2400 and Newborn Nursery
- Cherie Young, RN, 2400 and Newborn Nursery

Med Surg

- Patricia Ball, RN, 4500 Medicine
- Lynne Blomquist, RN, 2600 Post Surgical
- Elaine Braun, RN, 4500 Medicine
- Nancy Eells, RN, BC, ACM, 4400 NHC Step-down
- Corrina Nelson, RN, Float Pool
- Norma Roberts-Hakizimana, RN, 4500 Medicine
- Lisa Savard, RN, 4500 Medicine
- Julie Wynn, RN, Float Pool

Nurse Executive

- Nora Friederichs, RN, Patient Care Manager, SDIU/CV Lab
- Julianne Scott, RN, Director, Nasseff Heart Center
- Karla Sherman, RN, Patient Care Manager, 7900/20 Neuro/Epilepsy
- Marge Van Roekel, RN, Patient Care Manager, NHCC
- Patricia Dubberke, RN Patient Care Manager, NHC Step-down

Oncology

- Catherine M. Salchow, RN, Care Coordinator

RNC (High Risk OB)

- Heather DeJarnett, RN, 2200 Birth Center
- Sue Farmer, RN, 2200 Birth Center

CELEBRATIONS (CONTINUED)

Educational Advancement

BSN - Augsburg

- Christy Berryhill, RN, (Formerly Unit 2600) - Now practicing at ANW
- Laura Hanson, RN, (Formerly Unit 3400) - Now practicing in New York
- Sherry King, RN, Unit 5900
- Shannon Lactorin, RN, NHC Critical Care
- Becky Lopez, RN, (Formerly Unit 3300) - ED
- Blanche Ndangha, RN, (Formerly Float Team)
- Edna Scott, RN, 2400 Birth Center
- Jennifer Stern, RN, Neuro/Epilepsy

BSN - Excelsior College

- Chris Frank, RN, CMT

J.D. - Hamline

- Barb Forshier, RN, PACU

Master's Degree in Nursing - Augsburg

- Cynde Leas, RN, Unit 4400
- Rose Nambozo, RN, Unit 5900
- Annie Retter, RN, Float Team

Honors

- Heart Failure nurses received the National Health Information Award for the Heart Failure Patient Education Book. Since the Heart Failure Education nurses began implementing new core measures, United has had over 50% improvement in heart failure education.

Congratulations to Maureen Smith, RN, MSN, CCNS, CNS; Lois Isaacson, RN; Patti Bice, RN; Susan Cruse, BSN, RN; Laurel Denny, RN; Judy Livgard, RN, BAN; and Dean Milan, RN.



CELEBRATIONS (CONTINUED)

Professional Appointments

- Ernie Bennett, RN, BSN, Care Coordinator, consulted with ANCC to develop the Care Management certification exam.
- Bernadine Engeldorf, RN, BS Unit 5900 was appointed chair of the Economic and General Welfare Commission for MNA.
- Susan Loushin, MA, RN Professional Development Specialist was on the planning committee for the international Transcultural Nursing Conference held in Minneapolis.
- Mary Wagner, MS, RN-BC, was one of only four RN's to be selected from a nationwide pool of credentialed Informatics Nurses to write test questions for American Nurses Credentialing Center (ANCC) national certification. Congratulations Mary!

Presentations

- Becky Braden, RN Staff Nurse (Preop) presented on the “Use of Essential Oils to Reduce Preoperative Anxiety in Pre-Surgical Patients” on a panel at Allina’s “CSI – Clinical Scientific Investigations” highlighting staff nurses’ involvement in research and EBP.
- Bernadine Engeldorf, RN, BS, presented “Staffing for Patient Safety” at the UAN NLA in Denver, and at ABUL / MNA Day on the Hill.
- Polly Groshens, RN, BA, ED Director presented “Community Hospitals Preparations for the Republican National Convention” at the Cornerstones in Emergency Nursing conference sponsored by the Greater Twin Cities Chapter ENA.
- Margo Halm, RN, PhD, Director of Nursing Research/Quality presented “Going for the Gold: Reclaiming our Priorities with Evidence-Based Practice” at the National Teaching Institute of the American Association of Critical-Care Nurses.
- Margo Halm, RN, PhD, Director of Nursing Research/Quality presented “Integrative Therapies for Reducing Anxiety in Cardiac Patients” at the American Heart Association’s Scientific Sessions.

CELEBRATIONS (CONTINUED)

- Margo Halm, RN, PhD, Director of Nursing Research/Quality presented “2008 Updates from AACN and ENA on Family Presence during CPR” at the National Teaching Institute of the American Association of Critical-Care Nurses.
- Pat Milbrett, RN, Staff Nurse (ED) presented “Characteristics of Frequent Utilizers of Emergency Services” at the national Emergency Nurses Association Scientific Assembly.
- The Nursing Research Council presented four posters at Allina’s “CSI - Clinical Scientific Innovations”:
 - “Transforming Clinical Practice through a Nursing Research Council”
 - “Piquing Interest in Nursing Research by Critiquing Recent Studies”
 - “Ensuring Accuracy in BP Monitoring in Bariatric Patients”
 - “The Burning Clinical Question Box”Members of the 2008 council include: Naomi English, Chris Fenske, Kelly Gannon, Megan Garrity, Mary Goering, Margo Halm, Barb Jacobs, Ekua Kregel-Taylor, Katie Krisko Hagel, Karon Krogh, Christy Larson, Stephanie Leininger, Kris Lindell-Madsen, Kim Love, Michelle Maurer, Erika Paasch, Tarloh Quiwonkpa, Sue Reichow, Rozann Reyerson, Pat Ryan, Julie Sabo, Kathy Schowalter, Shakilah Shalita, Molly St. Denis.
- Rozann Reyerson, RN, MSN Staff Nurse (Unit 2300) presented on the “Safety Committee” at the Mayo Clinic regional conference.
- Maureen Smith, RN, MSN, CNS (Nasseff Heart Center) presented “Advanced ECG” for the Allina Advanced ECG course at the Commons.
- Ekua Taylor Kregel, RN, Staff Nurse (Unit 2300) was sponsored through the United Nations Habitat to present “International HealthCare and a City of Generation” in China.

CELEBRATIONS (CONTINUED)

Publications

- Halm M. Daily goals worksheets and other checklists: Are our critical care units safer? AJCC 2008; 17(6), 577-580.
- Halm M, Krisko-Hagel K. Instilling normal saline with suctioning: Beneficial or harmful? AJCC 2008; 17(5):469-472.
- Halm M. The healing power of the human-animal connection. AJCC 2008; 17(4):373-376.
- Halm M. Effects of local anesthetics on pain associated with intravenous catheters. AJCC 2008; 17(3):265-268.
- Halm M. Essential oils for the management of symptoms in the critically ill. AJCC 2008; 17(2):160-163.
- Halm M. Flushing hemodynamic lines: What does the science tell us? AJCC 2008; 17(1):73-76.
- Milbrett P, Halm M. Characteristics and predictors of frequent utilization of emergency services. J Emergency Nursing.
- Sabo, J., Chlan, L., Savik, K. Relationships Among Patient Characteristics, Co-morbidities and Vascular Complications Post-Percutaneous Coronary Intervention. Heart & Lung - The Journal of Acute and Critical Care 2008; 37(3), 190-195.



COMMITTEES

Nursing Practice Care Delivery

Kristen Bentley, RN, BSN, ACM, Orthopedics

Elayne Best, RN, MNA, Staff

Caprice Bingham, RN, Oncology

Glenda Cartney, RN, CCRN, ACM, NHC CC

Stephanie Cook, RN, Director, SMOONE

Wendy Dording, RN, Care Coordinator

Bernadine Engeldorf, RN, ACM, MHS

Naomi English, MPH, RN, Resource Nurse, Float Pool

Kelly Gannon, RN, MSN, CNRN, CNS, Neuro Science

Kathy Grabowski, RN-C Staff, RN Care Coordinator

Paulette Groshens, RN, CEN, Director, ED/Endo

Margo Halm, RN, PhD, CCRN, APRN-BC, Director Nursing Research & Quality

Joan Kidd, RN, Director, Surgical Services

Kathy Leach, RN, Birth Center

Diane Lemay, RN, NHC Step-down

Jennifer Michelson, RN, SDIU

Cindy Petty, RN, BSN, Birth Center

Julie Sabo, RN, MN, CCRN, CNS-BC, Director of Practice and Education

JoAnn Sauro, RN, Day Surgery Center

Kathleen Schoenbeck, RN, Director, Birth Center

Julianne Scott, RN, BAN, MA, CCRN, Director, NHC

Nikki Sickman, RN-C, BSN, ACM, Medicine

Linda Slattengren, RN, Co Chair MNA

Marie Stuewe, RN, Co Chair MNA

Beth Triemert, RN, BAN, Medicine

Pat Ryan, RN, Director Patient Care Support Services

COMMITTEES (CONTINUED)

Nursing Pharmacy

Amy Clark, RN, Birth Center

Lisa Gersema, PharmD, Director Pharmacy

Liz Hoelscher, RN, BSN, Clinical Workflow Analyst

Katy Holets, RN, BSN, Patient Care Manager, Oncology

Doug Hum, PharmD, Manager Pharmacy

Deb Klein, PharmD, Manager Pharmacy

Diane Lemay, RN, NHC Step-down

Shane Madsen, PharmD, Manager Pharmacy

JoAnne Myhre, PharmD, Manager Pharmacy

Laurie Robinson, RN, Endoscopy

Anne Rusch RN, BSN, Risk Management

Pat Ryan, RN, Director Patient Care Support Services

Julie Sabo, RN, MN, CCRN, CNS-BC, Director of Practice and Education

Linda Slattengren, RN, Co-Chair MNA

Pain Committee

Eric Anderson, MD, Medical Director, Palliative Care

Celeste Ballou, RN, Neuro/Epilepsy

Ann Berndtson, RN, Patient Care Manager SMOONE

Christie Frid, RN, Nurse Clinician I, SMOONE

Margo Halm, RN, PhD, CNS-BC, Director Nursing Research & Quality

Todd Hess, MD, Medical Director, Pain Clinic

Darlene Kamrath, RN, DSC

Carol Kelly, RN, NHC Stepdown

Katie Krisko-Hagel, RN, MSN, Learning and Development Specialist Education Service

COMMITTEES (CONTINUED)

Laura Lathrop, NP, Nurse Practitioner, Palliative Care
Shane Madsen, PharmD, Manager, Pharmacy
Sue Olson, Director, JNNSI
Julie Sabo, RN, MN, CCRN, CNS-BC, Director of Practice and Education
Mary Schiltgen, RN, Care Coordinator
Richard Shank, MD, Medical Director, SMOONE
Chris Timm-Hughes, RN, NP, Pain Clinic
Kelli Todd, RN, Birth Center
Fred Washburn, MD, Medical Director, Surgical Care
Cory Wray, RN, Critical Care

Restraints

Connie Akins, RN, ACM, Medicine
Stephanie Cook, RN, Director, SMOONE
Bernadine Engledorf, RN, ACM Mental Health Services
Jeannette Maruska, RN, ACM, Critical Care
Virginia Oskey, RN, Patient Care Manager Mental Health Services
Deb Raptis, RN, Patient Care Manager, Emergency Department
Julie Sabo, RN, MN, CCRN, CNS-BC, Director of Practice and Education
Marge Van Roekel, RN, Patient Care Manager, NHC Critical Care

Labor Management Committee

Elayne Best, RN, Business Agent, MNA
Stephanie Cook, RN, BA, MAN, Director, SMOONE
Ruth Darvell, RN, BA, Patient Care Manager, Surgical
Naomi English, RN, Staff RN, Float Pool
Mary Gag, RNC, DSC
Paulette Groshens, RN, CEN, Director, ED/EDNO

COMMITTEES (CONTINUED)

Jane Larson, RN, Patient Care Manager, MHS

Kathy Leach, RN, Birth Center

Diane Lemay, RN, NHC Step-down

Jim McGlade, Director HR

Mary Milligan, RN, Patient Care Manager, Pt Care Support Svcs

Julianne Scott, RN, BAN, MA, CCRN, Director, NHC

Teresa Skoog, RN, Patient Care Manager PACU/PreOp

Sue Truhler, RNC, NHC Step-down

Linda Slattengren, RN, MNA

Marie Stuewe, RN, MNA

Michelle Smaagard, RN, NHC Step-down

Pat Ryan, RN, Director, Patient Care Support

Staffing Advisory Committee

Ann Berndtson, RN, MA, ONC, Patient Care Manager Orthopedics

Elayne Best, RN, MNA Staff

Lara Cahalan, Nursing Support Coordinator, Birth Center

Glenda Cartney, RN, CCRN, ACM, NHC CC

Debra Dullinger, RN, BS, Patient Care Manager, NHC Step-down

Bernadine Engledorf, RN, ACM, MHS

Mary Gag, RN, ACM, DSC

Christy Mader, Generalist, Human Resources

Jennifer Michelson, RN, BSN, SDIU

Cindy Osborn, RN, BSN, Patient Care Manager, Birth Center

Virginia Oskey, RN, Patient Care Manager, MHS

Linda Slattengren, RN, Co Chair MNA

Dawn Sonnee, Nursing Support Coordinator, NHC

Marie Stuewe, RN, Co Chair MNA

COMMITTEES (CONTINUED)

Sue Truhler, RN, NHC Step-down

Pat Ryan, RN, Director, Patient Care Support Services

Patient Education

Connie Akins, RN, ACM, Medicine

Ann Berndtson, RN, MA, ONC, Patient Care Manager, Orthopedics

Laura Cole, RN, ACM, Oncology

Jennifer Copson, RN, ACM, Neuro/Epilepsy

Deb Donndelinger, RN, Neuro/Epilepsy

Sue Dzubay, RN, Pain Clinic

Mary Beth Ferguson, Speech Language Pathologist

Wanda Foster, RN, ACM, NHC Step-down

Janet George, Respiratory Care Practitioner

Lisa Gersema, PharmD, BCPS, Director

Denise Joswiak, RN, Birth Center

Natalie Lozano, RN, ACM, SKI 8940

Carol Morgan, Physical Therapist

Virginia Oskey, RN, Patient Care Manager, Mental Health

Natalie Pieper, RN, ACM, DSC

Susan Rainey, Manager, Education Services

Kathy Rivard, RN, ACM, NHC Step-down

Deb Seipp, RN, Phase II/Pre-Op

Bette Sisler, RN, ACM ED

Maureen Smith, RN, MSN, CCNS, NHC

Pat Stoj, RN, ACM, Post Surgical

COMMITTEES (CONTINUED)

Patient Care Excellian Workgroup

Connie Akins, RN ACM Medicine

Kristin Anderson, RN, Medicine

JoAnn Army, RN, Supervisor Respiratory Therapy

Cathy Battaglia, RN, ACM, PACU

Kristin Berry, RN, Oncology

Julie Bugg, Tech, Radiology

Chris Carlin, HUC, SMOONE

Glenda Cartney, RN, CCRN, ACM, Critical Care

Ruth Darvell, RN, Patient Care Manager, Post Surgical

Deb Diko, Director, Lab

Sharon Dimmick, RN, ACM, SDIU

Shannon Eichler, RN, Staff RN, Neuro/Epilepsy

Steve Erickson, RN, ACM, MHS

Wanda Foster, RN, ACM, NHC Step-down

Mary Gag, RN, DSC

Lisa Gersema, PharmD, Director Pharmacy

Denise Hassel-Goeway, Social Worker,

Lisa Haviland, RN, Endoscopy

Mary Hendrickson, Director, Health Information Management

Marie Hitateguy, RN, Manager, Interpreter Services

Liz Hoelscher, RN, Clinical Workflow Specialist,

Katy Holets, RN, Patient Care Manager, Oncology

Carol Kelly, RN, NHC Step-down

Cindy Lange, RN, ACM, Interventional Radilogy

Bill Larson, RN, NHC Step-down

Erin LeFebvre, RN, Orthopedics

COMMITTEES (CONTINUED)

Diane Lemay, RN, NHC Step-down
Darla Lowell, RN, Birth Center
Natalie Lozano, RN, ACM Sister Kenny Rehabilitation Institute
Maureen McGowan, RN, Birth Center
Russ Myers, Chaplin, Pastoral Care
Eileen Nikolas, RN, Pre-Op
Joan Reich, RN, Care Coordinator
Anita Romani, RN, Infection Control
Julie Sabo RN, MN, CCRN, CNS-BC, Director Practice and Education
Molly Schacht, RN, NHC Step-down
Kathy Schowalter, RN, DSC
Lynn Schuman, RN, ACM, CV Lab
Mary Schwartzbauer, RN, OR
Bette Sisler, RN, ACM, Emergency Department
Linda Slattengren, RN, Co Chair MNA
Pat Stoj, RN, ACM, Surgical Services
Scott Tongen, MD, Medical Director Excellian
Marie Trepanier, RN, Birth Center
Chris Tupy, RN, NHC Step-down
Lisa Waytulonis, RN, MA, Manager Clinical Information Services

Safety Coaches

Becky Braden, RN, Pre-Op
Bruce Brennenman, PCA, ED
Amy Clark, RN, Birth Center
Naomi English, RN, Float Pool
Linda Gawthorp, RN, Orthopedics
Laura Hirt, Employee Safety and Ergonomics Coordinator Health and Safety

COMMITTEES (CONTINUED)

Elnora Thomas, PCA, SMOONE

Rozann Reyerson, RN, Birth Center

Patient Loyalty

Timothy Bollig, Manager, Radiology

Stephanie Cook, RN, Director, SMOONE

Paulette Groshens, RN, Director, ED/Endo

Patricia Hanzal, Manager, Volunteer Services

Susan Loushin, MA, RN, Professional Development Specialist Practice

Cynthia Osborn, RN, Patient Care Manager Birth Center

Benjamin Pries, Manager, Patient Transport

Jean Ryan, RN, Emergency Department

Sue Truhler, RN, NHC Step-down

Nursing Research

Naomi English, RN, Float Pool

Melissa Fritz, RN, Clinical Program Leader, JNNSI

Megan Garrity, RN, NHC Step-down

Mary Goering, RN, BSN, Clinical Leader, Birth Center

Margo Halm, RN, PhD, CNS-BC, Director, Nursing Research & Quality

Barb Jacobs, RN, Care Coordinator

Ekua Kregel-Taylor, RN, Staff RN, Birth Center

Katie Krisko-Hagel, RN, MS, Learning and Development Specialist

Karon Krogh, RN, NHC Step-down

Christy Larson, RN, CNS, Geriatrics

Stephanie Leininger, RN, MHS

Kris Lindell-Madsen, RN, NHC CC

Kim Love, RN, NHC Step-down

COMMITTEES (CONTINUED)

Ericka Paasch, RN, Medicine

Tarloh Quiwonkpa, RN, ED

Sue Reichow, RN, Pre-Op

Rozann Reyerson, RN, Birth Center

Pat Ryan, RN, Director, Patient Care Support

Julie Sabo, RN, MN, CCRN, CNS-BC Director Practice and Education

Kathy Schowalter, RN, DSC

Shakilah Shalita, RN, Oncology

MNA Health and Safety

Cathy Battaglia, RN, ACM, PACU

Kristin Bentley, RN, ACM, Orthopedics

Vicki Carlson, Manager, Occupational Health

Glenda Cartney, RNC, ACM, Critical Care

Lenore Day, Director Quality and Compliance

Danielle Gathje, Emergency and Safety Management Coordinator

Laura Hirt, Employee Safety and Ergonomics Coordinator

Julie Kaul, Emergency and Safety Management Coordinator

Kathleen Leach, RN, Birth Center

Jim McGlade, Director, Human Resources

Cynthia Petty, RN ACM 2400

Arlene Simones, RN, Admission Nurse

Linda Slattengren, RN, Co Chair MNA

Marie Stuewe, RN, Co Chair MNA

Sue Truhler, RNC, NHC Step-down

“Unless we are making progress in our nursing every year, every week, take my word for it, we are going back.”

Florence Nightengale, 1914





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