Our Mission:

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.

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It is my pleasure to share with you the 2011 United Hospital Nursing Annual Report.

As you will see, the year was marked with several forward strides in achieving our care outcomes and an overall improvement to the professional nursing care provided to the patients we serve. Here are just a few examples of our successes in 2011:

- A significant decrease in total falls and harmful falls.
- The development and full implementation of the nursing bedside barcoding (BBC) process. BBC has made the medication distribution and administration even safer for patients.
- The development and implementation of many Positive Deviance (PD) principles in PACU, 2500, 3400 and 6900/20/40, which has resulted in the improvement of pain management for our patients. This overwhelming success led Allina to pursue implementing PD in other hospitals.
- An increase in overall patient satisfaction and pain management scores. These increased scores show patients recognize the dedicated work of the nursing staff.

In addition to these successes, United engaged a Skin Integrity Champion group, resurrected the quarterly Assistant Clinical Manager (ACM) meetings and completed two all-day nursing retreats with the commitment to improving our professional nursing practice and patient care.

While this report provides an opportunity to reflect on the accomplishments of 2011, it also allows us to look ahead into 2013 with our nursing strategic plan.

It is with great pride I share with you this year’s report. I thank each and every one of you for contributing to our many successes and continued dedication to providing exceptional quality nursing 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.

Nursing Care Delivery Model

Outcome-based Relationships is an inter-professional, patient and family-centered care model that is grounded in RN accountability for establishing therapeutic relationships with patients and families and collaborative relationships with coworkers.
## 2011 Roll-Up

### National Database of Nursing Quality Indicator (NDNQI) Unit Report: Nurse-Sensitive Indicators

#### Mean Standards on All Data Points - Legal Sized Print Requirement

<table>
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<tr>
<th>Unit</th>
<th>Nursing Hours</th>
<th>Pressure Ulcers</th>
<th>Falls</th>
<th>Restraint Use</th>
<th>VAP</th>
<th>CA-UTI</th>
<th>CR-BSI</th>
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### Data for this NDNQI indicator is not trending toward the national benchmark for like-sized hospitals.

### Data for this NDNQI indicator is within 10% of the national benchmark for like-sized hospitals.

### Data for this NDNQI indicator has met or exceeded the national benchmark for like-sized hospitals.

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**Notes:**
- *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
Falls, Skin, Pain and Medication Safety

Falls
Falls, especially in the older adult population, can have a devastating and lasting impact on an individual's quality of life. United nurses demonstrated a deep commitment to patient safety through a standardized falls prevention program.

The total number of falls and falls-with-harm decreased 2011. There was a significant decrease in falls-with-harm, exceeding the goal of < .95 to .79 (# falls-with-harm/# patients days * 1000)

• A total of 79 falls-with-harm in 2011
• Three units (2200, 2500 and 7900) had a year free of a fall-with-harm! Congratulations!

Nursing interventions prevented approximately 81 patients from incurring harm related to a fall

Specific 2011 interventions:
• Solidification of timed toileting for appropriate patients
• Re-education and information on equipment such as hi-lo beds, geomats to prevent slipping from chairs and new tab alarms
• Review of falls by unit at every Fall Champion meeting

United Inpatient Falls (data through 12/31/2011)

2010 Inpatient Falls/Month minus 2011 Inpatient Falls/Month = Monthly Inpatient Falls Prevented

The bigger the bubble, the better!

Oct '10 Total Falls (35) - Oct '11 Total Falls (24) = 11 Patient Falls Prevented

Congratulations to everyone for your diligence in keeping patients safe!
Pain

Pain management is an important aspect of overall patient care. In 2011, United nurses employed unique interdisciplinary strategies for increasing patient satisfaction related to pain management. United exceeded its 2011 goal of 68 percent in patient satisfaction related to pain management. The Pain Champions and those involved in Positive Deviance greatly impacted this achievement. Other interventions included:

- Utilization of Care Boards to note the individual patient pain goal and plan
- Addressing pain during care rounds
- Implementation of Transformative Nurse Training Program
- Use of Rapid Response as a pain resource at the bedside
- Peer-to-peer dissemination of information, collaboration with other established groups (RN councils, Excellian user group, Allina Pain committee, education, rehabilitation services, providers and nurse managers)
- Regular simulations of difficult cases, with “learnings” distributed throughout the hospital

Skin

The Skin Champion group was established, with representation from all units, and began meeting quarterly with dedicated education for the champions. In 2012, the champions will meet monthly. Interventions to reduce pressure ulcers include:

- Posting of skin tip of the month
- Skin Champions participation in the Pressure Ulcer Prevalence and Incidence study and sharing results with unit staff
Medication Safety

Allina employed bedside barcoding as an effort to improve patient care through reducing errors in medication administration in 2010. United was the first Allina hospital to implement bedside barcoding in 2010.

United completed full implementation in 2011, and compliance rates for scanning the wristband and medication are consistently higher than 95 percent.

This far exceeds the goal set by Allina. United’s implementation was praised throughout Allina and used as a model for implementation at remaining hospitals.
# United Hospital 2011 – 2013 Nursing Strategic Plan

## Serving patients

<table>
<thead>
<tr>
<th>1. Pain</th>
<th>Enhancing nursing excellence and innovation</th>
<th>Strengthening nursing leadership and innovation</th>
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<tbody>
<tr>
<td>• Implement pain champion committee initiatives supporting Positive Deviance work</td>
<td><strong>1. Employee Engagement</strong>&lt;br&gt;• Further develop “pride” in person, place, work&lt;br&gt;• Consistently share “State of Allina” messages through SMT/ELT&lt;br&gt;• Enhance staff recognition in a different meaningful way driven by the staff&lt;br&gt;• Focus staff to develop, own and deliver on unit based employee engagement plans&lt;br&gt;• Complete and distribute pulse surveys and annual engagement survey to following groups:&lt;br&gt;  o NPCD&lt;br&gt;  o Unit councils&lt;br&gt;  o Nursing Leadership&lt;br&gt;• Continue quarterly VP of Nursing forums&lt;br&gt;• 10% annual increase in specialty certifications&lt;br&gt;• 5% annual increase in bachelor of nursing completions&lt;br&gt;• Continue with development of APRN model&lt;br&gt;• Meet or exceed NDNQI or national nursing benchmark for nursing sensitive outcomes.&lt;br&gt;• Develop and dissemination Positive Deviance work&lt;br&gt;• Develop and support nurse driven research and look local partnerships&lt;br&gt;• Drive new technology and process as a test site for Allina Hospitals &amp; Clinics&lt;br&gt;• Eliminate barriers to provide patient care through improvement in processes or technology (Oxinet, Touch &amp; Go, BSBC)</td>
<td><strong>1. Safety Culture</strong>&lt;br&gt;• Strengthen the culture of blameless reporting for process/quality improvement&lt;br&gt;• Improve communication and action on identified of issue (loop closure) equipment/process&lt;br&gt;• Develop and implement a “good catch award” via champions for patient safety&lt;br&gt;• Educate and Enhance PVSR process&lt;br&gt;• Complete ceiling lift implementation</td>
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<tr>
<td>• Pain goal / expectations / accurate identification of pain/communication between providers</td>
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<td>• Pharmacologic / Non-pharmacologic alternative for pain control including rapid response team/pain clinic</td>
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<td>• Education / Access for staff</td>
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## Enhancing nursing excellence and innovation

### 1. Employee Engagement

- Further develop “pride” in person, place, work
- Consistently share “State of Allina” messages through SMT/ELT
- Enhance staff recognition in a different meaningful way driven by the staff
- Focus staff to develop, own and deliver on unit based employee engagement plans
- Complete and distribute pulse surveys and annual engagement survey to following groups:
  - NPCD
  - Unit councils
  - Nursing Leadership
- Continue quarterly VP of Nursing forums
- 10% annual increase in specialty certifications
- 5% annual increase in bachelor of nursing completions
- Continue with development of APRN model
- Meet or exceed NDNQI or national nursing benchmark for nursing sensitive outcomes.
- Develop and dissemination Positive Deviance work
- Develop and support nurse driven research and look local partnerships
- Drive new technology and process as a test site for Allina Hospitals & Clinics
- Eliminate barriers to provide patient care through improvement in processes or technology (Oxinet, Touch & Go, BSBC)

### 2. Patient Flow

- Fully implement Admission Discharge transfer role
- Meet core staffing in units and float pool
- Provide patient flow presentation to staff via quarterly bundle or in person
- Work with MD for further development of use of D/C order the night before
- Explore and develop alternative approach to patient flow with a pull rather then push process. Ensure the right level of care in a timely fashion

## Strengthening nursing leadership and innovation

### 1. Safety Culture

- Strengthen the culture of blameless reporting for process/quality improvement
- Improve communication and action on identified of issue (loop closure) equipment/process
- Develop and implement a “good catch award” via champions for patient safety
- Educate and Enhance PVSR process
- Complete ceiling lift implementation

### 2. Cleanliness

- Hanger for patient room
- Support “Keep it Clean” campaign
- Include room order on hourly rounding
- Assign NA/PCA to Hall/Ward order

### 3. Quietness

- Evaluate overhead paging process and policy, move to emergency overhead paging only
- Continue and enhance quiet times on units: 14:30-15:30, 22:30-23:30
- Define HUC role in the quiet time process
- Utilize yacker tracker and develop system for use and rotation
- Work with ES on Carts with SOS group
- Monitor for other ambient noise and resolution process

### 4. Communication

- Consistent Care Board use
- Explore RN/MD rounding
- MD to connect with RN via HUC when coming to unit and develop action with pilot units
- Explore use of appropriate settling orders while meeting regulatory requirements

### 5. Quality

- Core Measures: Ensure consistent and standardization of evidence based practice for heart failure, acute myocardial infarction, pneumonia, stroke and surgical care improvement project
- Meet or exceed NDNQI at 50th percentile or other national nursing benchmark for nursing sensitive outcomes.
- Develop action plans to deliver on National Patient Safety goals
- Work in collaboration with the clinical service lines (Cardiovascular, Neurology, Oncology, Mental Health, Sister Kenny Rehabilitation Institute) to deliver on quality metrics
Birth Center
- Established Duramorph rescue order set
- Developed new hypoglycemia algorithm
- Developed new infant head trauma algorithm
- Implemented giving infant Tylenol within one hour of circumcision
- Developed induction and c-birth guidelines with the goal of decreasing the number of late/pre-term deliveries
- Conducted dystocia drills/education
- Enhanced use of aromatherapy
- Produced antepartal bedrest DVD
- Formed Birth Center patient experience team
- Provided on-going support of Women’s Advocates Shelter with item drives and volunteer efforts
- Developed nurses order for massage therapy

Emergency Department
- Opened 33-bed ED featuring a five-bed mental health suite
- Decreased door-to-room time. The ED’s average is nine minutes compared to 38 minutes in 2010.
- Decreased the number of patients left without being seen to 0.5 percent
- Increased patient satisfaction to 60 percent from 40 percent
- Received the “Allina Best Care Award” for the United’s ED Stroke Team. The average door-to-lytic administration time is 40 minutes, which exceeds the national goal of 60 minutes.
- Supported efforts for Level 3 Trauma Center designation and Chest Pain accreditation
- Established a dedicated trauma coordinator and educator

Endoscopy and Interventional Radiology
- Completed remodeling of Endoscopy Department
  - The department now has four procedure rooms
  - Three rooms are larger and have state-of-the-art equipment on swivel booms
  - Prep and recovery rooms are now located in an adjacent area, which has increased the efficiency of admitting and discharging outpatients
- Trained additional pulmonologists to perform endobronchial ultrasound procedures
Unit Accomplishments

- Formalized a new radiology nurse role responsible for sedation and care of patients having procedures outside of Interventional Radiology and responding to patients within radiology. This role is shared by the nurses on a rotating basis and has created an efficient process.
- Implemented GE Hemodynamic monitoring system
- Increased awareness of colon cancer with Dress in Blue day and an event in the hospital lobby
- Endoscopy staff cared for more than 4,600 patients (including medical imaging procedures requiring sedation and recovery) in 2011

Float Pool

The Float Pool includes Admission Nurses, IV Resource, Rapid Response, House and Secondary Resource

- Added 44 RNs and 27 NAs, who were orientated to 18 units and outpatient areas
- Added the Birth Center as a new unit supported by Float Pool
- Established Flow RNs as a new position to facilitate patient flow
- Supported staff with team building and enhancing work environment with project updates and staff recognition notes
- Rounding conducted by unit council members during which they speak with managers or the ACM for unit updates including any education opportunities the units are providing
- Participated in community involvement efforts, which included back-to-school needs for children, Feed My Starving Children, meal preparation at Our Saviors House in Minneapolis and Holiday Helper
- Rapid Response Team
  - Responded to 980 rapid response pages and 480 consultations that didn’t require interventions. The team assisted in getting the lowest number of codes out of ICU since 2009
  - Assisted in monitoring non-ICU sepsis patients
- IV Resource
  - Developed ECG tip verification for PICC insertions, which eliminated the need for a chest X-ray post insertion for PICC tip determination
  - Piloted Sapien PICC, manufactured by BARD, for Allina. One hundred three insertions were tracked with the following PICC tip placements as: Right atrium – 6; SVC/RA junction – 14; Low SVC – 46; Mid SVC – 4 and SVC – 33
Mental Health

- Developed Free Charge Role and revised staffing matrix to support change
- Participated in Code Green training and evaluation of Code Green. These efforts helped establish a change in physical intervention.
- Supported on-going nursing research project which evaluates the patient experience in restraint and/or seclusion project
- Participated in education and presentations focused on bullying
- Supported on-going nursing research project which evaluates the patient experience in restraint and/or seclusion project
- Participated in education and presentations focused on bullying
- Continued evaluation of patient safety in relationship to direct patient care, best practice and patient outcomes
- Completed significant work and evaluation of patient belongings
- Continued work in Gero Psych on reduction of falls and inclusion of evaluation of equipment used and purchased to increase patient safety
- Participated in Length of Stay (LOS) Committee with the goal to decrease LOS with a pilot project initiated on Adult Inpatient MHS. The project uses specific written tool with patients, daily, in community meeting to evaluate readiness for discharge.
- Participated in change in admission process efforts related to direct admissions now being coordinated through a central A&R
- Recommended education to address pain control issues for patients with chronic/acute pain who experience a MI or MI/CD diagnosis
- Supported community engagement with participation in the NAMI Walk and holding an item drive for Women and Children's Shelter in the Maplewood / Lake Elmo area

Nasseff Heart Center

- Developed Care Maps for angiograms and for CV (open heart) surgical patients. Patients are provided the maps to help gain a better understanding of their treatment and plan of care.
- Established a standard for “settling a patient” when they arrive to the unit within 30 minutes of shift change. This was established so nurses from both shifts know what to expect.
- Conducted pacer rhythms and peritoneal dialysis education
- Completed one year of using the “Bin System” for charging supplies on the Stepdown units
Medicine (4500)

- Supported new staff through orientation of new graduate nurses and staff transitioning throughout the hospital. Approximately 80 nurses completed the orientation program and spent 2-12 weeks on the unit.
- In addition, many 4500 staff completed the preceptor class.
- Established a patient experience team. The focus for 2012 will be pain and a quiet environment.

Neuro-Epilepsy (7900/20)

- Developed an educational seizure DVD that shows seizure types and proper assessment, seizure observation tool, and smart phrase for documentation. Additional support included staff education and seizure observation tool placement in all patient rooms on 7900.
- Developed a Neuro assessment interpretation sheet which highlights frequently used terms for assessment of neurological patients in other languages. The assessment helps staff to conduct an accurate assessment when an interpreter is not readily available.
- Created a bin with several isolation gowns/supplies so a nurse, physician, phlebotomist, etc. can access the room with the proper precautions rather than having to wait for the precautions cart to arrive.

Oncology (2500)

- No falls with harm for 2011
- Accredited, with commendation, in Cancer Care by the American College of Surgeons
- Developed, in collaboration with the Birth Center and Infusion center, an algorithm for patients with ectopic pregnancies. Infant loss packets are now provided to patients.
- Continued use of aromatherapy inhalers as an alternative measure for symptom management of nausea, anxiety and pain
- Participated in pilot projects on aromatherapy and skin products
- Focused on Positive Deviance efforts to help staff establish what works well in pain management and how to share it with others. These efforts significantly improved the patient experience.
- Served as mentors/preceptors to both nursing students and nurses
- Strengthened community involvement by supporting Making Strides for Breast Cancer walk and the Minnesota Ovarian Cancer Alliance Walk. Also, staff held item donation drives for Hope Lodge and military men and women.
Unit Accomplishments

Orthopedics

• Collaborated with infection preventionist on infection control and the use and cleaning of unit equipment. Efforts included attaching PDI alcohol-free wipes with holders to equipment used room to room for patient care. Wipe holders were also placed on the wall as you enter each patient room.

• Advocated for senior management to shadow staff. This allowed staff to meet and get to know senior management and senior management to see what nurses do during their shifts. It was a positive experience for everyone involved.

• Supported Total Joint Education Program. These efforts included developing a PowerPoint presentation for consistent education and updating our total hip and knee education manuals.

• Developed a new discharge planning sheet for patients to receive prior to surgery. The discharge goal, for patients going home with home care, is post-op day 2. The goal for patients going to transitional care is to discharge by 1100 on post-op day 3.

• Implemented Duramorph Pain pilot. The pilot is a collaborative effort with nursing, nursing leadership, anesthesia, pharmacy and Summit Orthopedics Surgeons. The goal is to have optimum pain relief with fewer side effects.

Post Surgical (2600)

• Experienced 306 days without a fall related to toileting. This accomplishment, which received Allina-wide recognition, was achieved by hard-wiring timed toileting, hourly rounding, use of high/low beds, tab alarms, fall risk care plans and patient education.

• Enhanced interdepartmental relationships with Preop and PAC with job shadowing and other efforts. Similar efforts have been started with Patient Flow.

• Ranked in the 100th percentile in the nation and third in Allina for pain satisfaction. Pain scores are in the mid 80s and received recognition within United and at an Allina-wide pain symposium. Overall, improvement has sustained throughout the last three quarters.

• Proven support of continuity of care and keeping the patient the main priority: In 2010, Unit 2600 cared for an elderly patient with mental health and psychosocial issues. The unit coordinated multiple disciplines, including social work, care coordinators, spiritual care and many others to be involved in the care. In addition, the unit
also assisted the patient’s developmentally delayed adult child in accessing resources. Shortly after the patient’s discharge, the individual was readmitted to another unit, however the patient was transferred back to 2600 because of the trusting relationship that was already developed with the individual and their family.

• Pursued and advocated the purchase of dynmaps for patient rooms.
• Supported nursing education with two RNs serving as nursing instructors for South Dakota State University’s online program.

Sister Kenny Rehabilitation Institute (8940)
• Developed process with Therapy Department for transporting patients to and from the new satellite therapy clinic on 8920
• Established Employee Appreciation Board where E-Spot recognitions are posted
• Maintained excellence in discharges by 11 a.m. by collaboration with care navigation, charge nurse and patient/family
• Maintained low fall rate by adhering to fall risk guidelines. The guidelines include placing seat belt alarms on the wheelchairs of high-risk patients.
• Participated in city-wide evacuation drill

Surgical Services

Day Surgery Center
• Developed, in conjunction with Ritchie Pharmacy and United Hospital Volunteer and Guest Services, a prescription refill process for Day Surgery Center patients.
  • The Ritchie Pharmacy’s move to the Doctor’s Professional Building made it challenging for both adult and pediatric patients to get prescriptions filled. With the new process, a transport volunteer picks up the prescriptions at the Day Surgery Center, delivers them to the new pharmacy location, picks up the filled medication and returns it to the DSC. This is a remarkable collaboration and a tremendous patient satisfier.
  • The Ritchie Pharmacy filled 6,363 prescriptions for the Day Surgery Center patients in 2011.
Unit Accomplishments

OR

• Improved workspace areas resulting moving the storage space from the hallways to emptied ORs
• Replaced operating room bed mattresses from standard foam to memory foam to decrease pressure during the procedures
• Participation on Skin Team to introduce best practices
• Participation of 500 staff and physicians in a four-hour LifeWings course explaining the importance of communication and enhancing patient safety
• Tools Team created to trial and implement the tools
• Increased case volume and the department broke the record for the number of cases per day of 56

PreOp/PACU

• Increased staff involvement to 87 percent in charge and preceptor roles, unit and hospital committee work and professional conference participation
• Increased intra-departmental communication through implementation of the LifeWings tools for RN/RN handoff report
• Implemented new handwashing initiative in pre-op to renew focus on this important area of infection control
• Redesigned the Peri-Op Orientation Process and initial assessment competency
• PACU participation in the Positive Deviance group for improved pain management
• Decreased room supplies in preop patient rooms to decrease waste and ease of use
United Heart & Vascular Clinic (UHVC)

- The nursing department played a crucial role in the establishment of United Heart & Vascular Clinic (UHVC), a hospital-based specialty clinic, in 2011.
- UHVC utilizes various nursing disciplines to provide cardiac care to United Hospital’s heart patients. The staff is comprised of Nurse Practitioners, Nurse Clinicians (EP, CV, Device, Research, and Anticoagulation) and Licensed Practical Nurses. UHVC nurses also support sub-specialty clinics including the Heart Failure Clinic, Device Clinic, Pulmonary Hypertension Clinic, Anticoagulation Clinic and Post Intervention Clinic.
- UHVC formed a new prevention clinic, My Assessment and Personal Prevention Program (MAP3), in November 2011. The nurses help support the program and educate the patients on prevention.
- Nursing staff goals for 2012 include developing and facilitating a cardiac support group and supporting vascular services.

United Pain Center

- Added aromatherapy and audio/visual relaxation through the CARE channel.
- Pain Center RNs are responsible for the care of patients in the recovery room following their injections and IV conscious sedation and include holistic nursing therapies to provide a soothing, relaxing and healing environment.
- United Pain Center cared for approximately 4,600 patients
Administrative Supervisors

The administrative supervisor provides leadership at United Hospital on evening, night, weekend and holiday shifts when department managers are not on-site. Administrative supervisors collaborate with charge nurses to determine the resources needed for the patients on their unit. An admission plan is established that facilitates patient flow to ensure that patients in our community have access to care, which is key to meeting United’s mission.

The administrative supervisors assess and plan for emergent needs as they arise, whether it is a patient care concern or a winter snowstorm that significantly impacts the number of available staff. Administrative supervisors include Bruce Bogaard, RN; Cheryl Grams, RN; Kim Kocur, RN, and Paulette Szurek, RN. Casual administrative Supervisors include JoAnn Hardegger, RN, Florida Stevens, RN, Tracy Hildebrandt, RN, and Judy Schwarz, RN.

Allina Learning and Development, United Hospital

United Hospital maintains a site-based central education department to meet system and local needs. Allina Learning and Development – United continues to support and promote nursing excellence through mandatory education, orientation, competency assessment, new product implementation, and staff development.

Some core 2011 accomplishments:

• RN/LPN Mandatory Education Day – 12 sessions
• PCA/NA/BHA Mandatory Education Day – 12 sessions
• Quarterly self-study for nurses
• Facilitation of Allina-wide and site-specific orientation for nursing staff – 12 sessions
• Maintenance of core initial assessment of competency forms
• BLS classes – 38 sessions
• Summer Nursing Student Intern program
• Academic experiences for 800+ students
• New technology implemented to enhance staff learning
Consultation and Resources

Care Management

• Implemented change in model which expanded the focus of the Clinical Case Managers to include work across the continuum of care

• Provided education on the new model to all unit Councils

• Merged from four practice areas (SMOONE, NHC, BC, ED) to one team; Instituted daily morning huddle to collaborate on division of workload between entire team

• Assisted nursing units with quality improvement projects related to their service line

• Volunteered and/or made donations to non-profit organizations in the community for eight months of the year at the following places:
  o Donations were made to Keystone food shelf
  o Bridgeview school and Parents in Community Action
  o Made and donated blankets (twice)
  o Service meal at Our Savior’s Housing in Minneapolis
  o Serviced meals (two months) at Women’s Advocates in St. Paul
  o Feed My Starving Children

• Sponsored an Allina-wide Care Management Event

• Assumed responsibility for weekend auditing of Core Measures in July

• Instituted a process to address complex case management situations

• Represented Care Management and United Hospital on Allina-wide committees focused on improving processes, transitions, and outcomes for patients

L to R (Front row): Kay Peterson, RN; Jane DeSignor, RN; Sharon Carlson, RN; and Steve Heselton, RN.
L to R (Back row): Kathy Grabowski, RN; Robin Riggs, RN; Lisa Chute, RN; Ernie Bennett, RN; Barb Jacobs, RN; and Wendy Dording, RN.
Not pictured: Becky Braden, RN; Cindy Godfrey, RN; Cathy Salchow, RN; Mary Schiltgen, RN; Peggy Speaker, RN and Glory Shackett, RN.
Clinical Monitoring Team (CMT)

The United Hospital Clinical Monitoring Team (CMT) is a group of 12 registered nurses that assists staff in the critical care, pre-operative, operating room, post-anesthesia care, CV lab, IR and the emergency department. Main responsibilities include assisting the MD/MDA with insertion and the eventual monitoring, maintenance and tracking of hemodynamic lines.

The CMT is experienced in Critical Care Nursing and ACLS certified. In addition, the majority of the CMT Nursing staff also holds additional certification in Critical Care Nursing (CCRN). The CMT Registered Nurse has also undergone further training to function as the hemodynamic specialists for the hospital. Special lines include arterial lines, PA or Swan-Ganz catheters, intra-aortic balloon pumps, ICP monitors, hypothermia treatments, ultrafiltration, bladder pressure monitoring and temporary pacemaker insertions.

The CMT works with many different types of monitoring equipment and is responsible for trouble shooting any problems. The CMT works in function as part of the code 99 response team within the hospital. In addition, CMT responsibilities also extend to all areas in the hospital where invasive monitoring is required and/or to give added support to all staff and patients in critical decision making.

Practice Group

The clinical nurse specialists (CNS) are advanced practice nurses, with an educational preparation at the masters to doctorate level and are board certified as a clinical nurse specialist. They are clinical experts in specialty areas of nursing practice and the delivery of evidence-based nursing interventions. The CNS group is a valuable resource for clinical practice, teaching, research, consultation, assessment, and management of patient care needs. The professional development specialist, also part of the practice team, encourages and promotes the personal and professional growth and development of the practicing RN. (See professional development section.)

Educational offerings

- Preceptor for CNS and BSN students
- Coordinate Critical Care Course
- Advanced ECG
- Advanced topics in Critical Care
- Schwartz Rounds participants
- 2011 Magnet Conference presentation
- Nursing Grand Rounds
- Planning committee: Dimensions in Geriatrics, Allina Nursing Practice Conference, MN Association of Women’s Health, Obstetric and Neonatal Nurses Conference
- Electronic Fetal Monitoring
- Simulation/Debriefing for the NRP program
- Transformative Nurse Training Program
- Telehealth stroke program

Care

- ICU Family Support Group
- Consultant for mental health, behavioral issues and complex care
- Facilitate interdisciplinary rounds
- Co-lead LifeWings for Surgical Services
Consultation and Resources

Policies/Procedures/ Administrative
- Consultant to RN Unit Councils
- Committee leads (Allina Pregnancy Care Council, Cardiovascular Surgery Best of Practice, Fall Champions, Holistic Nursing Council, Nursing Research, Pain Champions, Positive Deviance, Skin Champions and Restraints)
- Allina-wide med-surg restraint
- Site lead for the Allina Integrative Health service line

Quality Improvements Committees
- Lead for core measures (SCIP, HF, Pneumonia, Stroke, AMI and Diabetes)

Diabetes Resource
The diabetes resource staff continue to educate patients, collaborate with physicians, nurses and dietitians, social workers and patients and their families on diabetes management and maintenance of goal blood glucose levels. This has resulted in decreased length of stay in the hospital.

The staff precepts newly hired RNs on their role and the CDEs role in caring for patients with diabetes. In addition, the staff taught diabetes management at the pre-op bariatric class, CNO, and grand rounds. Volunteer activities included partnering with support groups, the American Diabetes Association expo, and the Diabetes Walk.

The staff are members of the diabetes management team and Allina diabetes educators.

Library Services

Library Services Supports Nursing Research and Evidence-based Practice
Allina Library Services supports excellence in nursing care and patient outcomes by providing the appropriate mix of electronic and print resources, as well as services such as knowledge resource training. Ready access to computers throughout the hospital gives nurses the ability to conduct literature searches. Via entry to the AKN from Allina.com, nurses can access the services at home or in other remote locations and use sites such as EBSCO: CINAHL and PubMed/MEDLINE to review current literature available.

Librarians serve on the Evidence-Based Practice and Research Council that is working to infuse the best evidence available into standards of care and nursing practice. They also support the work of the clinical nurse researcher and research fellows who are studying specific clinical questions. Staff nurses can also use the expertise and resources of the library to answer questions that arise in their day-to-day practice, as well as support their continuing education needs. Library Services participates in workshops and training sessions to enhance the research skills of nurses pursuing quality improvement.
Consultation and Resources

Palliative Care

Palliative Care is a multidisciplinary specialty team which focuses on those with life-limiting illness and their families. Expertise in pain and symptom control as well as working with persons and their families to identify care goals are the expected outcomes of a physician-ordered consult.

The United Hospital Palliative Consult Service providers include Eric Anderson, MD; Laura Lathrop, DNP; Michele Haehnel, CNP and Tom Davis, MDiv.

Quality and Safety Department

Quality Case Consultants (QCC): Angie Meillier, RN, MS, Pat Dillinger, RN, BS, Dee Anderson, RN, MSN, and Jennifer Abraham, BS, use quality improvement processes to identify opportunities in clinical care through application of first- and second-level data analysis, participation in key quality committees, and support of initiatives to ensure regulatory compliance.

Patient Experience Lead: Mary Jo Wolters, RN, brings extensive clinical experience and data analysis to staff and leaders at United and across Allina as we strive to improve the patient experience as measured by HCAHPS and AVATAR Patient Satisfaction Surveys.

Risk and Patient Safety Manager: Anne Rusch, RN, BSN, is a leader in promoting patient safety. She is accountable for evaluation of and improvement in the quality of systems and processes that affect patient care and ensure patient safety.

Patient Representative: Lori Amundson, BA, responds to and manages patient complaints and grievances, in accordance with related CMS regulations. She is a member of the UH Grievance Committee and the Patient Experience Steering Committee. Her extensive background in patient advocacy is an asset to the department.

Infection Prevention: Cindy Bryant, RN, BS, CIC, and Jillian Pechacek, RN, BSN, MT-ASCP, infection preventionists, are accountable for the hospital’s Infection Prevention Program. They promote best practices in the clinical arena related to infection prevention and control, address infection control risks, participate in Interim Life Safety Measure rounds, and lend their expertise to patient safety, quality and regulatory initiatives. Cassandra Voss, MD, clinical data analyst, is assigned to United, River Falls and Owatonna hospitals to ease the transition to a new data mining system, TheraDoc. This new software will provide more detailed information to identify trends in infections.

Workplace Safety Specialist: Karen Wilson, RN, COHN-S, the workplace safety specialist, supports the Employee Safety Program. She plays an integral role in making safe patient moving equipment available, and maximizing day-to-day use of these devices through promulgating understanding of the benefits and basic ergonomic principles, and instituting procedures that prevent injury.
Sepsis Coordinators: Megan Pyfferoen-Cooper, RN, MSN, and Lynn Coombes, RN, BSN, are completing chart review and initiating process changes to facilitate sepsis identification and performance improvement.

Project Specialist: Claudia Gray, BS, project specialist, specializes in Patient Visitor Safety Report (PVSR) coding and identifies near-miss events trends within the reports submitted by staff. She maintains quality databases for physician peer review tracking and trending. Claudia facilitates the online program that tracks product recalls.

Data Analyst: Krista Applebee, data analyst, is filling a new role in the quality department. She accesses Allina’s databases and provides the data needed to identify opportunities for improvement in the care we deliver to our patients. Krista turns raw data into information that drives change in the organization.

Department Director: Lenore Day, MHA, leads the quality and safety department and provides leadership to ensure regulatory compliance. Lenore is also the hospital liaison to the Allina compliance work.

Wound and Ostomy

United’s Wound and Ostomy Department consists of two certified clinicians, Anita Carteaux, RN, and JoAnn Hardegger, RN, who attend to all inpatient needs and provide outpatient ostomy services. They also coordinate the quarterly Prevalence and Incidence Study (P&I), provide teaching to patients, nurses and physicians, and work across the system on skin care products.

In 2011, a Skin Integrity Program was initiated. The Skin Champions consist of representatives from all inpatient care areas who received training on completing appropriate skin assessments, and the P&I study. Their role is to conduct the P&I study each quarter and to lead the work to prevent pressure ulcers. The Skin Champions are excited about this work and are fully engaged in pressure ulcer prevention through learning and leading.

2011 monthly average of services:

- 115 inpatient wound visits
- 47 inpatient ostomy/fistula visits
- 26 initial wound vac applications
- 22 complex visits in which the patient had more than one issue
- 22 outpatient visits
- 22 outpatient phone consults
- Numerous spontaneous consults and questions

Consultation and Resources

L to R: JoAnn Hardegger, RN and Anita Carteaux, RN
 RN Demographics

Number of Registered Nurses at United Hospital: 1,289

Advanced Practice Registered Nurses

<table>
<thead>
<tr>
<th>Clinical Nurse Specialists/</th>
<th>Nurse Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>Breast Center</td>
</tr>
<tr>
<td>General</td>
<td>Emergency Dept.</td>
</tr>
<tr>
<td>Medical Surgical</td>
<td>NHC</td>
</tr>
<tr>
<td>Perioperative</td>
<td>Pain Clinic</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Neuroscience</td>
<td>General</td>
</tr>
<tr>
<td></td>
<td>Neuroscience</td>
</tr>
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</table>

Registered Nurses by Degree

<table>
<thead>
<tr>
<th>Degree</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate degree/diploma</td>
<td>628</td>
</tr>
<tr>
<td>Baccalaureate degree</td>
<td>569</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>61</td>
</tr>
<tr>
<td>Doctorate degree</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>1,262</td>
</tr>
</tbody>
</table>

Registered Nurse Vacancy and Turnover Rates (12-month average)

Vacancy: 3.14 %

Turnover: 0.49 %

Ethnic Make-up of United Hospital RNs

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>92% White</td>
<td></td>
</tr>
<tr>
<td>3% African/African American/Black</td>
<td></td>
</tr>
<tr>
<td>1% Hispanic</td>
<td></td>
</tr>
<tr>
<td>3% Not-identified</td>
<td></td>
</tr>
</tbody>
</table>

Certifications from Specialty Nursing Organizations: 270

Patient Demographics

2011 Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Inpatients</td>
<td>24,061</td>
</tr>
<tr>
<td>Total Female Inpatients</td>
<td>15,122</td>
</tr>
<tr>
<td>Total Male Inpatients</td>
<td>8,939</td>
</tr>
</tbody>
</table>

Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>5,485</td>
</tr>
<tr>
<td>Asian</td>
<td>370</td>
</tr>
<tr>
<td>Black or African American</td>
<td>724</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>18</td>
</tr>
<tr>
<td>NULL</td>
<td>152</td>
</tr>
<tr>
<td>Patient Declined</td>
<td>893</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>63</td>
</tr>
</tbody>
</table>

Gender Distribution

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>62%</td>
</tr>
<tr>
<td>Men</td>
<td>38%</td>
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</tbody>
</table>

Age Distribution

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>20.6%</td>
</tr>
<tr>
<td>15-17</td>
<td>4.1%</td>
</tr>
<tr>
<td>18-24</td>
<td>9.3%</td>
</tr>
<tr>
<td>25-34</td>
<td>14.2%</td>
</tr>
<tr>
<td>35-54</td>
<td>30.5%</td>
</tr>
<tr>
<td>55-64</td>
<td>11.1%</td>
</tr>
<tr>
<td>65+</td>
<td>10.2%</td>
</tr>
</tbody>
</table>
2011 Excellence in Nursing Awards

Excellence in Nursing Recipients

<table>
<thead>
<tr>
<th>RN Nursing Leadership</th>
<th>LPN Practice and Teamwork</th>
<th>Jane Kostecka Teaching and Mentoring</th>
<th>RN Practice and Service</th>
<th>Ann Shiely Community Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Chute, RN</td>
<td>Mary Ryan, LPN</td>
<td>Joyce Grosser, RN</td>
<td>Lisa Haviland, RN</td>
<td>Lynda Maki, RN</td>
</tr>
<tr>
<td>Care Management</td>
<td>DSC</td>
<td>2600</td>
<td>Endoscopy</td>
<td></td>
</tr>
</tbody>
</table>

2011 Excellence in Nursing Nominees

Linda Anderson, RN, OR
Kristen Bentley, RN, Ortho
Paula Boeckmann, RN, MHS
Mary Brandmire, RN, SDIU
Linda Brockway, LPN, MHS
Phonsy Buckhalton, RN, 3400
Lisa Chute, RN, Care Manager
Erin Cooper, RN, Ortho
Jennifer Craig, RN, 3400
Allen Dahl, RN, 8900 Geri-Psych
Sharon Dimmick, RN, SDIU
Julie Fliceck, RN, Float
Wanda Foster, RN, 3400
Amanda Fredrickson, RN, 3400
Michelle Garrity, RN, Rehab
Vane Gichana, RN, ICU
Ruth Gichuru, RN, Float
Mike Gilbertson, RN, Float
Joyce Grosser, RN, 2600
Joanna Harris, RN, CMT, 3500
Amy Hauan, RN, MHS
Lisa Haviland, RN, Endoscopy
Marnie Helmerick, RN, 3400
Steve Heselton, RN, Clinical Case Manager
Arlene Heuer, RN, Endoscopy
Lois Isaacson, RN, 3400
Katie Jackson, RN, ICU
Diane Johnson, RN, DSC
Christine Johnson, RN, Float
Michele Kabat, RN, 2500
Daniel Kenewa, RN, ICU
Robin Kreitz, RN, 3300
Jeanne Krypel, RN, ICU
Pascha Lebarron, RN, ICU
Lori Madden, RN, 3300
Lynda Maki, RN, 2600
Rhonda Mandich, RN, ICU
Jeanette Maruska, RN, ICU
Dawn Matter, RN, ICU
Sally McNellis, RN, ICU
Edwin Mekenye, RN, ICU
Mary Milligan, RN, Float Pool, Patient Care Manager
Queen Obasi, RN, Float
Linda Phalen, RN, Float
Teresa (Terry) Renick, RN, ICU
Debra Roberts, RN, CMT
Mary Russo, RN, L&D
Kim Rust, RN, Float
Mary Ryan, LPN, DSC
Katie Scheel, RN, ICU
Mary Schiltgen-Bobzien, RN, Clinical Case Manager
Linda Thayer, RN, ICU
Marjorie Van Roekel, RN, Patient Care Manager ICU
Colleen Vance, RN, ICU
Katie Warkel, RN, 4500
Dawn Wenzel, RN, Float
Celebrations

RN Certifications: New in 2011

**Adult Clinical Nurse Specialist**
Pamela Triplett, ACNS-BC
Wendy Gunderson, ACNS-BC

**Advanced Fetal Monitoring**
Melissa Bahlmann, AFM
Jodi Lebo, AFM
Mary Swenson, AFM

**Cardiac Vascular Nurse**
Melissa Henneman, ANCC, CV

**Certified Ambulatory PeriAnesthesia Nurse**
Natalie Pieper, CAPA

**Certified Case Management**
Peggy Speaker, ANCC, CMM

**Certified Critical Care Registered Nurse**
Chris Allen, CCRN
Latica Christensen, CCRN
Scott Kerwin, CCRN
Lisa Larson, CCRN
Suad Saleh, CCRN
Erin Thomas, CCRN

**Certified Diabetes Educator**
Sue Truhler, CDE

**Certified Emergency Nurse**
Jessica Kruk, CEN
Patty Lashomb, CEN
Lori Nelsen, CEN
Diane Yoch, CEN

**Certified Flight Registered Nurse**
Diane Yoch, CRFN

**Certified Hospice & Palliative Nurse**
Ann Malecha, CHPN

**Certified Medical-Surgical Registered Nurse**
Christine Johnson, M/S

**Certified Neuroscience Registered Nurse**
Marina Akuloff, CRN
Melissa Fritz, CRN

**Certified Nurse Operating Room**
Nancy Roberts, CNOR
Brenda Lundeen, CNOR
Carl Samrock, CNOR
Barbara Coughlan, CNOR
Joanne Villard, CNOR
Laura Nielson, CNOR

**Gerontology Nurse**
Corinna Nelson, ANCC Gerontology
Wendy Wimmer, ANCC Gerontology

**Holistic Nurse Certified**
Sarah Lake, HNC

**Inpatient Obstetric Nursing**
Sherri Auge, IPOB
Sara Bucher, IPOB
Rachel Gobar, IPOB
Shari Hague, IPOB
Amy Onson, IPOB
Lindsey Peterson, IPOB
Ginelle Petrie, IPOB
Peggy Piazza-Anderson, IPOB
Kelli Todd, IPOB

**International Board Certified Lactation Consultant**
Hafsa Kamara, IBCLC

**Maternal Newborn Nursing**
Lisa Behr, MNN
Miriam Haukoos, MNN
Mary Lesmeister, MNN
Darla Lowell, MNN
Trinia Shannon, MNN

**Medical Surgical**
Cynthia Gerlach, ANCC-CMS, MS

**Pain Management**
Josh Hardin, ANCC, PM
Educational Advancement

**Associate Degree**
Inver Hills Century
Sonja Dvorak

**Baccalaureate Degree**
Augsburg
Pamela Burns
Kristine Faschingbauer
Mary Hoffman
Jackline Ikobe
Jocelyn Neren
Bethel University
Vane Gicha
Sam Nwanekpe

Metropolitan State University
Debra Dullinger
Mary Kellgren

Walden University
Katy Holets

**Masters Degree**
Augsburg College
Kelly Chowdhry

Bethel University
Angela Ikeri

Metropolitan State University
Mary Kellgren, MSN

**Doctorate Degree**
Augsburg College
Susan Loushin, DNP

University of Minnesota
Laura Lathrop, DNP

Honors and Scholarships

**Rahr Research Scholarship**
Marjorie Webb, RN, DNP, CNP

**Minnesota Nurses Association and Foundation Scholarships and Awards**
MNAF Scholarships
Lisa Behr, RN, Birth Center
Laura Carlson-Ziegler, RN, Float Pool
Allen Dahl, RN, MHS
Robin Henderson, RN, Main OR
Laura Ingalsbe, RN, Float Pool
Mueni Mualuko, RN, ED
Andrea Nelson, RN, Float Pool

MNA Audrey Logsdon-Geraldine Wedel Award
Bernadine Engeldorf, BA, RN, MHS

MNA Nurse Educator Award
Susan Loushin, RN, DNP
professional development specialist

Metro Minnesota Chapter of the Oncology Nursing Society Outstanding Staff Nurse Award
Linda Christinsen-Rengel, RNC, MS, CNP

**Allina Uncommon Caring Award**
Robin Henderson, RN
Main OR

**Hospital Awards**
Allina Advanced Training Program
Door-to-Needle Time—United Stroke Team
Pain Management—United Positive Deviance Committee
Improving inpatient pain scores—4400/4940
United Hospital Accreditations and Certifications

Chest Pain Center
Primary Stroke
Inpatient Diabetes
Heart Failure
Commission on Cancer

U.S. News and World Report
Best Hospitals
Joint Commission
Allina’s East Metro Community Engagement work focuses on charitable contributions, employee volunteerism, public affairs and community health improvement initiatives, primarily in Washington, Dakota and Ramsey Counties. Allina’s East Metro Community Engagement Team includes a variety of representatives from Allina’s AMC, Aspen and Sister Kenny Rehabilitation Institute clinics and United Hospital. The overarching theme of Allina’s Community Engagement work is to find ways to help people improve their nutrition, increase physical exercise and develop more balanced living with the motto Healthy, Active Living. Also, members of the East Metro community are encouraging particular focus on Healthy, Active Living for communities of color, adolescents and single parents with children.

In 2011 the East Metro Community Engagement Team approved a number of charitable contributions to a variety of community-based, nonprofit partners including the following:

- African Community Health Initiative
- Block Nurse Programs in St. Paul
- Dakota Woodlands Homeless Program
- Face to Face/Safe Zone, adolescent health services
- Hugo Good Neighbors Food Shelf
- Keystone Community Services in St. Paul
- Listening House drop-in day center for homeless individuals in downtown St. Paul
- Minnesota School of Nursing
- Neighborhood House, West St. Paul
- St. Paul’s West Side Community Clinic
  - Health Care for the Homeless at Dorothy Day Center
  - St. Paul Project Homeless Connect
- St. Paul Women’s Advocates
Lending a Helping Hand
In addition to the charitable contributions approved by the East Metro Community Engagement Team, United Hospital nurses and staff volunteered their time and talents to lend a helping hand to local and international communities. Here are just a few highlights.

Supporting Women and Children
Led by Labor and Delivery staff nurse Mary Ann Russo, the United Hospital Birth Center established a connection with Women’s Advocates Inc., a center that serves abused and homeless women and children in St. Paul.

In addition to providing shelter, Women’s Advocates provides personalized support, advocacy, education, and resources for nearly 1,000 women and children every year. The first shelter in the nation for battered women, Women’s Advocates opened its doors in 1974.

Since the Birth Center helped develop the connection with Women’s Advocates, several units/departments, including the Birth Center, Care Management and the Emergency Department have volunteered to prepare meals and held clothing/personal item drives for the residents.

Food/Clothing Drives
Several drives to collect food, clothing and other personal items for those in need were held in 2011 by United Hospital nurses and staff.

• Adopt-a-Family efforts during the holidays
• Back-to-school campaign to collect backpacks and other school supplies

• Cereal drive for the Keystone Food Shelf in St. Paul
• Coats for Kids
• Food donations to Second Harvest and other local food shelves
• Food purchased/meals prepared for local shelters
• Toys for Tots

Free Bikes 4 Kidz
With tremendous support from community members and staff, United Hospital, as part of Allina Hospitals & Clinics, distributed more than 4,000 gently used bikes to underserved children in the Twin Cities metro area in December 2011.

In addition to the bikes, children were fitted with new helmets and received safety education. Thanks to United Hospital Foundation board member Jim Kowalski and Kowalski’s Markets for providing fruit as a snack for children at United’s bike giveaway.

On behalf of the children, thank you to all the nurses and nursing staff members who donated a bike and volunteered their time distributing or fixing bikes!

2011 Service to Humanity Gala
Thank you to the nurses who volunteered and attended the 2011 Service to Humanity Gala! You helped make the Gala a huge success, which raised $1.35 million to benefit the Elaine S. Larson Surgical Center Campaign. The 2011 honorees were Michael T. DeCourcy and Pulmonary and Critical Care Associates.
International Humanitarian Efforts

**Nigeria:** United Hospital nurses Karen Argo, Chinyere Nwankwo, Queen Obasi and Annie Retter participated in a mission trip to help bring health screening and education to the underprivileged living in rural areas of Nigeria, Africa in summer 2011.

United nurses and their family and friends provided care to 2,048 people from seven villages through nine health clinics. Tasks varied from assisting with blood pressures checks, blood glucose checks and wound care. Severe cases of hypertension, with readings as high as 264/110, and diabetes were newly and frequently diagnosed. Additionally, this was the first year that provisions were made for the children. More than 600 children were treated for intestinal worms. The children also received education on hand hygiene and oral care.

This mission is not a one-time event. The work and service continues both in Nigeria and the United States. In returning to Nigeria in 2012, the hope is to see a Resource Center available to rural people in need of wound care and follow-up with diabetes and hypertension.

**Honduras:** Tricia Daly, RN, Float Pool, United Hospital, was taught early on by her parents about the reality of poverty in the world and a sense of service. Her family volunteered both locally and abroad. For the past 10 years most of their efforts have focused on the orphanage in Honduras, Nuestros Pequeños Hermanos (NPH), which in Spanish means our little brothers and sisters. NPH is a network of 10 orphanages throughout Latin America and Caribbean that provides holistic care for orphaned, abandoned and at-risk children.

Tricia’s parents, Peter Daly, MD, and Lulu Daly, RN, established the Holy Family Surgery Center (HFSC), located on the grounds of the NPH orphanage, in 2009. HFSC serves as an outpatient medical-surgical facility for impoverished indigenous patients as well as the children of NPH. HFSC provides a variety of services including orthopedic, urological and general surgeries as well as rehabilitation therapies. Tricia serves on the medical-surgical brigade which is 3- 4 weeks long.

**Peru:** United nurses Cathy Colletti, Kathy Schowalter, Marcia Woell and Joyce Monnihan participated in a medical mission trip to Peru to help children with facial deformities.

This team was part of the San Francisco de Asis Program, which brings skilled doctors to Peru to operate on children with cleft lips, cleft palates, burns and other deformities. These families have limited financial resources for medical care, so often, this is the only opportunity to access this type of care.

Despite the extremely long and hectic hours, the nurses and other volunteers feel very fortunate to be involved. Their lives have been touched deeply, helping these children and families.
United Hospital nurses and nursing leadership are committed to helping the community we serve. Here are just a few examples of local and global outreach demonstrating that commitment.

4H Club
Adopt-a-Family
Alley Shoppe-Ramsey County- clothing donations for women and children
Allina Support for the Troops
• American Cancer Society Cancer Prevention Study-3
• Making Strides Against Breast Cancer
• Susan G. Komen Walk
American Heart Association
American Red Cross
Angel Tree Ministry
Autism Speaks
AWANA Cubbies
Back-to-school campaign
• Backpack Drive
Band Boosters volunteer
Basket for auction/ United fundraiser
Bell ringer Saint Elizabeth Ann Seton
Big Brother/Big Sister
Boy Scouts
Catholic Charities
Children's Safety Center
Coats for Kids
Conservator/Guardian for intellectually delayed woman
Cub Scouts
Dakota County Star Quilters Quilts of Valor Project
Diabetes support group
Dorothy Day
Elementary Education
• After school program volunteer
• First Responder
• Fundraising events
• Library volunteer
• Reading literacy program volunteers
• School vision screening
• Teacher assistant
• Visits to talk about nursing

Faith-based organizations
• First aid response team/volunteer RN
• Nursery
• Religious school teacher
• Support groups
• Wellness fairs
• Youth ministry
Families Moving Forward
Feed My Starving children
Free Bikes 4 Kids
Harriet Tubman Women's Shelter
Helping Hands Midway
High School Education
• Sports program volunteer
Homeless Connect
Homeless Shelter
Hospital chaplain
Hugo Business Association
Hugo Good Neighbors Food Shelf
Hugo Lions Club
Hugo Yellow Ribbon Network
Immigrants Health Screening
Kids Against Hunger Run
Komen 3-Day for the Cure
Lakeville Soccer Club
Lewis House for battered women
Listening House
Lymphoma Research Foundation
Made infant clothing packs for newborns
Medical mission trips
• Africa
• Guatemala
• Honduras
• Nigeria
• Peru
Military collection
Minnesota Disaster Medical Assistance Team
Minnesota Responds - Washington County

Minnesota Twins/Vikings First Aid Team
NAMI
National Guard Youth Camp
National Night Out
No One Dies Alone
Open Arms
Operation Christmas Child
Our Savior's Housing
Our Savior's Lutheran
Pancreatic Cancer Action Network
Parish Health Ministry
Project Homeless Connect
PromiseLand Ministries, Inc.
River Bend Nature Center
Scott County Medical Reserve Corps
Scott County Public Health
St Mary's Health Clinic
St. Paul Intergroup Alanon Office and Bookstore
Strides for Stroke
Summer Camp
Sunshine Preschool
Swarm Beehive Health Booth
Teach Sunday School
Toys for Tots
Tuberculous Sclerosis Alliance
Twin Cities Academy
Value Ark
Volunteer RN with St. Mary’s Health Clinics, MN
Walk for Life
Walk for MN Stroke
Women’s Advocates, Inc.
Emerging Trends in Healthcare

The Emerging Trends in Healthcare workshops support nurses and colleagues in other disciplines to deliver care that is culturally responsive to the needs of a diverse population of patients and respectful of diversity within the workforce. The workshops are held each spring and fall. In 2011, the following topics were presented.

The Karen Community: Building Bridges with Hsajune Dyan

The Karen Community represents a cultural population new to St. Paul. In fact, the Karen population in St. Paul is the largest outside of Thailand. The presentation helped nurses and other healthcare workers to expand their perspectives into the history, culture, family dynamics, integration struggles, and healthcare beliefs of this new and emerging cultural group.

Wicked Games & Bullied with Mark Edwin Carlson and Jami Nabozny

Crimes based on religion, race, sexual orientation, nationality, and even socioeconomic status are prevalent in our community. The intent of this interactive art exhibit and discussion was to re-sensitize participants to the horrors of bias-based crimes while building an understanding and connection to the victims of these crimes. Bullying can happen anywhere, in schools and in the workplace. Through a video presentation and discussion, Jamie told his story of being bullied, the impact it had on his life, and the positive effect nurses and other healthcare providers had on his healing and survival.

Building an Environment of Respectful Treatment with Henry Lee

Henry Lee conducted several four-hour training sessions for United Hospital employees from October 2011 through March 2012 on “Building an Environment of Respectful Treatment.” The sessions included efforts focused on respectful behaviors, diversity and dialog.
### Allina Interpreter Services

**2011 Linguistic Support for United Hospital**

#### Language requests

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<tr>
<td>Total number of requests</td>
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</table>
United Hospital promotes excellence in nursing practice by supporting the development of the professional nursing staff.

Enrichment classes were offered, at no cost to the employee, in the traditional class setting as well as through e-learning on the Allina Learning Management System and through Mosby’s Nursing Consult located on the Allina Knowledge Network Education and Training link. United nurses can take advantage of discounts offered through Allina’s affiliations with a number of colleges and universities for advancing their educational preparation.

United nurses have access, through their contract, to tuition reimbursement funds for education and skill enhancement. Additionally, nurses may apply for a grant through the Maureen S. Smith Nursing Education fund to assist with education-related expenses.

Schwartz Rounds Care Rounds

United Hospital was the first hospital in Minnesota to offer Schwartz Rounds – a multidisciplinary event that invites panel members and participants to explore the effects of working with challenging medical care cases. While issues of care delivery are a part of the conversation, more important is the exploration of the emotional effects of working with such difficult cases. Participants and attenders continue to rank Schwartz Rounds as a significant event that allows for expression and exploration of feelings, increases understanding and support across disciplines, and encourages conversations long after the rounds have ended.

Topics:

- Fear, Anger and Leaving AMA
- It’s Complicated – Addicted and in Pain
- The Underinsured
- Trust – What are the Limits
- Who’s in Charge – End of Life Care

Nursing Grand Rounds

Presentations were held on topics generated through needs assessments, general interests and requests by nursing staff. The informal “lunch and learn” format provides opportunities for questions and networking with colleagues, with continuing education credits awarded for attendance.

- Carbohydrate Counting with Barb Ramsdell, RN, CDE
- Feeling Stressed...Breathe with Gael Horner, RNC, NCTBMT
- Health Literacy with Susan Loushin, RN, DNP
- Pain and the Mentally Ill Chemically Dependent Population with Ben Waxman, PAC
- Pain Management in the Older Adult with Sue Bikkie, RN, MS, APRN-BC
- Palliative Care in the ICU with Laura Lathrop, CNP, DNP
- Post-Partum Depression with Rose Voigt, MS, RNC, CLC
- Superbugs with Cindy Bryant, RN, BS, CIP
- Those Angry Patients with Susan Gatzert Snyder, RN, MS, PMHCNS-BC
- Unraveling Pain with Katie Westman, RN-CMS, ACNS-BC

Specialty Nursing Classes

- Pain Management: Basic Principles and Practices; presented by Mark Willenbring, MD
- Diabetes in Pregnancy Series; presented by Brian Swiglo, MD and Luke Benedict, MD
- Neuroscience Case Studies: Posterior Fossa Meningioma; presented by Richard Gregory, MD and Sherilyn Milner, CNP
- Neurovascular Emergencies for the ED; presented by Melissa Fritz, RN, MS, ACNS-BC CNRN; Paul Schanfield, MD; Sandy Fritzlar, MD; Ted Passe, MD and Kangla Fang, PharmD
- Changes in Government Eligibility and Coverage (MES); presented by Dawn Manke and Joe Perfetto
• Allina Care Management: a vision for our future; presented by Kat Ziegler
• Neonatal Assessment; presented by Lorraine Victor, MS, NNP
• Skin Integrity: pressure ulcer prevention in the perioperative setting; presented by Jodie Leise, RN, MS, ACNS-BC
• Approaches and care of patients undergoing laparoscopic hysterectomies; presented by Jean Ickstadt, RN, BSN and Jodie Leise, RN, MS, ACNS-BC
• Approaches and care of patients undergoing laparoscopic sleeve Gastrectomy for weight loss; presented by Peter Kelly, MD
• Gynecological Oncology Surgery; presented by John Savage, MD
• Birth Center Grand Rounds; presented by Mary Goering, RN, MPH
• Birth Center Education and Safety Fair
• Safety Fair
• Nasseff Heart Hospital Education Fair
• Spirit of Nursing Excellence Fair
• Twin Cities Adult Education Alliance (TCAEA) College Information table (monthly outside UH Cafeteria and at Nursing Mandatory Education)
• Nursing Specialty Certification Table (each quarter outside UH Cafeteria)
• Continuum Oncology Conference
• Cognitive Behavioral Treatment for Insomnia
• Obstetrical Circulating and PACU Class
• Caring for the Sorrow of Pregnancy and Infant Loss
• Spine Symposium
• Update in Hospital Medicine
• ONS Chemotherapy and Biotherapy course
• Alcohol Use Disorder Consensus Conference
• Pathways from Primary Care to Neuroscience
• Critical Care Conference

• MHI Fall Nursing conference
• Penny George Institute for Health and Healing Conference
• Dimensions in Oncology
• Allina Professional Nursing Practice Conference
• Frontline Neurology Symposium
• Palliative Care: Best Practice for Chronic and Advanced Illness
• Dimensions in Geriatrics
• ECG Basic, Intermediate, and Advanced
• OB Orientation (introduction to OB, Fetal Monitoring Series, and Newborn Care)

Holistic Nursing Care
Holistic care is a term often used in nursing that means to care for patients in their entirety: physical, emotional, mind, social/cultural, environmental, and spiritual aspects. The expanding field of holistic care was addressed through the implementation of aromatherapy. A Holistic Nursing Fair, staffed by the Holistic Nursing Council, and Transformative Nurse Training (TNT), were offered to nursing staff on-site at United Hospital through the Penny George Institute.

TNT classes covered topics ranging from guided imagery to healing and belief systems. Participants established mentoring relationships with trainers and peers. Here are comments from the participants:

“This experience brought me closer to my spiritual being and will guide and help me educate others.”

“TNT has helped me with my personal life to decrease burnout and provided great ideas to incorporate into my nursing practice.”
Professional Development

Specialty Nursing Certification

Allina and United offered several workshops to prepare nurses to take a specialty nursing certification examination:

- Advanced Fetal Monitoring
- Ambulatory Care
- ASPAN: perianesthesia nurse
- Cardiac Vascular Nurse (United Hospital study group)
- Certified Emergency Nurse
- Certified Neuroscience Registered Nurse (United Hospital sponsored)
- Certified Nurse Operating Room (United Hospital sponsored)
- Certified Rehabilitation Registered Nurse (Sister Kenny Rehabilitation Institute sponsored)
- Gerontological Nurse
- Inpatient OB
- Maternal Newborn
- Nurse Executive (United Hospital sponsored)
- Oncology Nurse
- Pain Management

Tuition Reimbursement

2011 Tuition Reimbursement - United Hospital MNA RNs

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<td>Total Tuition Reimbursement Paid in 2011</td>
<td>$310,102.33</td>
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Maureen Smith Nursing Education Fund

In 2011, $13,164 in grants was distributed to qualifying nurses.

Recipients were:

- Debra Dullinger
- Naomi English
- JoAnn Hardegger
- Gina Hartman
- Robin Henderson
- Katy Holets
- Susan Loushin
- Debra Myhre
- Corinna Nelson
- Tina Olson
- Julie Sabo
- Rebecca Siebenaler
- Jeff Wicklander
- Karen Wilson
Academic Affiliations and Preceptorships

UHI 2011 Undergraduate Nursing Student Experiences = 560

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<tr>
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<td>Bethel University</td>
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<td>Chippewa Valley Technical College</td>
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<td><strong>Total</strong></td>
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2011 UHI Nursing Student Experiences by Degree

- **BSN**, 298 students, 53%
- **AD**, 259 students, 46%
- **GRAD**, 3 students, 1%
United Hospital Nurses Participated in the Following Professional Organizations

- Academy of Medical-Surgical Nurses
- Alpha Chi All Academics
- American Academy of Nurse Practitioners - student member
- American Association Diabetes Educators
- American Association of Critical Care Nurses
- American Case Management Association
- American Nurses Association
- American Nursing Association
- American Organization of Nurse Executives
- American Society for Pain Management Nursing
- Association of periOperative Registered Nurses
- Association of Women's Health, Obstetric and Neonatal Nurses
- Emergency Nurses Association
- Health Management Association
- International Association of Forensic Nurses
- Minnesota Nurses Association
- Minnesota Organization of Leaders in Nursing
- Minnivan
- MN Home Care
- National Association of Clinical Nurse Specialists
- National Nurses United
- Nurse Practitioners in Women’s Health
- Oncology Nursing Society
- Online Doctor of Nursing Practice
- Preventive Cardiovascular Nurses Association
- Sigma Theta Tau International
- Society of Critical Care Medicine
- Society of Gastroenterology Nurses and Associates
- Twin Cities Diabetes Educators

Research at United

Presentations

**Poster**

**Evaluation of a System to Screen for Heart Failure Associated with Pacemaker-Induced Dyssynchrony.** Presented by Margorie Webb, RN, DNP, CNP, UHVC at the American Association of Heart Failure Nurses.

**The Effect of the Clinical Nurse Specialist: Utilizing Prescribing Authority to Influence the Quality and Cost Effectiveness of Outcomes.** Presented by Jody Leise, RN, MS, ACNS-BC; Pam Triplett, RN, CCRN, MS, ACNS-BC; Katie Westman, RN-BC, MS, ACNS-BC and Melissa Fritz, RN, CNRN, MS, ACNS-BC at the National Association of Clinical Nurse Specialists, Minnesota Chapter.

**Use of Seclusion: Finding the Voice of the Patient to Influence Practice.** Presented by Kristine Faschingbauer, BSN, RN, Float Pool and Wendy Tempel, RN, MHS, at the University of Minnesota Nursing Research Day.

**Growing Your Own Clinical Nurse Specialists.** Presented by by Katie Westman, RN-BC, MS, ACNS-BC and Melissa Fritz, RN, CNRN, MS, ACNS-BC at the University of Minnesota Nursing Research Day.

**Integrating Palliative Care into the ICU: A Nurse Led Quality Improvement Project.** Presented by Laura Lathrop, RN, DNP, CNP, palliative care at the Minnesota Nurse Practitioner Conference.

**Moms-to-be Exercise Video: Empowering Women to Take Charge.** Presented by Mary Goering, RN, MHP and Tina Olson, RN-C, Birth Center at the Association of Women’s Health, Obstetric and Neonatal Nurses Conference.
Podium

The Caring Connection: Using Leadership Metis to Facilitate Community Outreach for Hospital-Based Nurses. Presented by Susan Loushin, RN, DNP, professional development specialist at the University of Minnesota Nursing Research Day and at the Third National Doctorate of Nursing Practice Conference.

Publications

Aromatherapy Reduces Preoperative Anxiety. Reprinted in Massage. 178 (Mar 2011). Rebecca Braden, RN, care management, and Sue Reichow, RN, pre-op.

Reducing Heart Failure Readmission from Skilled Nursing Facilities. Professional Journal of Case Management: The Leader in Evidence-Based Practice. 16(1); 18-26. Barbara Jacobs, RN, MHA, care management.


Reducing COPD Readmissions. Minnesota Medicine. 94 (100. B. Anderson, MD, J. Nesvold, MD, B. Yawn, MD and Katie Westman, RN-BC, MS, ACNS-BC.


Heart Failure Associated with Pacemaker-Induced Dyssynchrony. The Journal for Nurse Practitioners; 6(5): 375-78. Marjorie Webb, RN, DNP, CNP.

Evidence-based/Quality Improvement Projects

United Hospital supports nursing research and evidence-based practice activities of all nurses from the staff nurse at the bedside to the advanced practice nurse and other nursing leaders.

Nursing research includes the generation, dissemination and utilization of new nursing knowledge that promotes excellence in professional nursing practice. An evidence-based culture is enhanced through the commitment at all levels of management, from our vice president of patient care to patient care directors and patient care managers, a dedicated director of nursing research and quality, our advanced practice nurses and the Nursing Research Council.

Research


Improving Ventilator Management and Preventing Injury to Patients with Acute Respiratory Failure (also known as LINK or Lung Injury Knowledge Network (2011). Pam Triplett, RN, ACNS-BC, CCRN (Study coordinator). Sunnybrook Health Sciences Centre, University of Toronto, University of Washington sponsored.

Evidence-based practice projects

Integrating palliative care into the ICU: a nurse led quality improvement project (2011). Laura Lathrop, RN, DNP, CNP.

Moms-to-be exercise DVD: empowering women to take charge (2011). Tina Olson, RN-C and Mary Goering, RN, BSN, MPH.

Blogging: a baby friendly tool to support breastfeeding women after discharge (2011). Laura Ingalsbe, RN, BSN.

The Caring Connection: using leadership metis to facilitate community outreach for hospital-based nurses (2011). MOLN funded. Susan Loushin, RN, DNP.
United Hospital Committees

ACM
Yomi Adeboye, RN
Connie Akins, RN
Rebecca Banks, RN
Barb Bentley, RN
Kristin Bentley, RN
Amy Clark, RN
Linda Clute, RN
Rayann Davis, RN
Sharon Dimmick, RN
Holly Edgerton, RN
Denise Elling, RN
Bernadine Engeldorf, RN
Steven Erickson, RN
Wanda Foster, RN
Cindy Gerlach, RN
Maria Gibbons, RN
Jessica Groppoli, RN
Josh Hardin, RN
Lawrence Himbaugh, RN
Mary Hoffman, RN
Kristin Holm, RN
Cheryl Kaschke, RN
Laura Kelly, RN
Kristi Kelly-Raverty, RN
Rita Klym, RN
Robin Kreitz, RN
Deb LaForge, RN
Liana Land, RN
Linda Larson, RN
Susan Lindblad, RN
Natalie Lozano, RN
Lorna Lusk, RN
Jeanette Maruska, RN
Dawn Matter, RN
Clare Nuth, RN
Tina Olson, RN
Cory Wray, RN
Jenna Lindsay, RN
Cindy Petty, RN
Linda Phalen, RN
Natalie Pieper, RN
Suzanne Pitman, RN
Laurie Post, RN
Kathy Rivard, RN
Deb Roberts, RN
Laurie Robinson, RN
Sonia Schaeffer, RN
Virginia Serey, RN
Derie Shogren, NC
Barb Shore, RN
Barb Slagerman, RN
Kathy Smith, RN
Pat Stoj, RN
Mary Swenson, RN
James Tczap, RN
Lori Voightlander, RN
Maria Wingert, RN
Claudia Zellmer, RN

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Eric Anderson, MD
Diane Brusius, LICSW
Laura Cole, RN
Stephanie Cook, RN,
Leon Corpuz, Pastoral Care
Jane DeSignor, RN
Verlyn Hemmen, D. Min.
Laurel Hernandez, RN
Irving Lerner, MD, retired
Jeanette Maruska, RN
Beverly Ryan, SW
Ramesh Sairam, MD
Debbie Sapp, RN
Elizabeth T. Smith, RN
Susan Truhler, RN
Kathleen Tuenge, RN
Marge Van Roekel, RN

Falls Committee
Tina Anderson, RN
Barb Bonsteel, RN
Rebecca Braden, RN
Dawn Burdette, RN
Amy Clark, RN
Allan Dahl, RN
Melissa Fritz, RN
Susan Gatzert-Snyder, RN
Mary Goering, RN
Becky Johnson, RN
Carol Kelly, RN
Laura Kelly, RN
Jamie Kollman, RN
Margaret Lecy, RN
Barb Lulic, RN
Shane Madsen, Pharm D
Angie Meillner, RN
Andrea Nelson, RN
Melissa Reichert, RN
Anne Rusch, RN
Dale Russ, RN
Julie Sabo, RN
Jennifer Sherman
Maureen Smith, RN
Elnora Thomas, RN
Jessica Wald, RN
Lisa Waytulonis, RN
Kathryn Westma, RN
Gloria Weyandt, RN
Karen Wilson, RN
Mary Jo Wolters, RN
Cory Wray, RN

Holistic Nursing Council
Alison Anderson, RN
Marcy Bergie, RN
Nicolette Driskill, RN
Kathy Enderlein, RN
Susan Gatzert-Snyder, RN
Brenda Gieser, RN
Mary Goering, RN
Karen Harriet-Smith, RN
Anna Herrmann, RN
Kristin Holm, RN
Gael Horner, RN
Denise Joswiak, RN
Jacqueline Kowski-Cuzzo, RN
Karen Krogh, RN
Stephanie Leiningr, RN
Natalie Lozano, RN
Susan Loushin, RN
Amber McLaughlin, RN
Joette Nuyen, RN
Cindy Petty, RN
Coleen Scheffeknacht, RN
Kathy Schoenbeck, RN
Kathy Schowalter, RN
Kathy Shimada, RN
Karen Smith, RN
Cheri Talsness, RN
Kathryn Westman, RN

Magnet Champions
Janine Farrell, RN
Kristine Faschingbauer, RN
Allison Helland, RN
Robin Henderson, RN
Kris Holm, RN
Barb Jacobs, RN
Daniel Kenewa, RN
Joann Kopelke, RN
Nicole Larson, RN
Patricia LaShomb, RN
Susan Loushin, RN
Ann Malicha, RN
Deb Myhre, RN
Corinna Nelson, RN
Mary Olson, RN
Natalie Pieper, RN
Laurie Post, RN
Mary Ann Russo, RN
Julie Sabo, RN
Coleen Scheffeknacht, RN
Rebecca Siebenaler, RN
Wendy Tempel, RN
Wendy Wimmer, RN
Shannon Zins, RN
United Hospital Committees

**Magnet Steering Committee**
Cindy Betz, RN  
Becky Braden, RN  
Terri Dresen, Marketing  
Mary Gag, RN  
Karim Herder, RN  
Susan Loushin, RN  
Julie Sabo, RN  
MarJORIE Van Roekel, RN  
Jeffrey Wicklander, RN

**MNA Health and Safety**
Beverly Bork, MNA  
Glenda Cartney, RN  
Stephanie Cook, RN  
Lenore Day, Quality  
Sue Dewaele, RN  
Bernadine Engeldorf, RN  
Naomi English, RN  
Danielle Gathje  
Brenda Gieser, RN  
Steve Horstmann, RN  
Julie Kaul, RN  
Diane Lemay, RN  
Sheila Knight, RN  
Georgine Malone, RN  
Karey Mason, RN  
Mary Milligan, RN  
Jim McGlade, HR  
Cindy Petty, RN  
Deb Raptis, RN  
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“Unless we are making progress in our nursing every year, every week, take my word for it, we are going back.”

—Florence Nightingale