

2016

Nursing Annual Report: 2016

CentraCare Health

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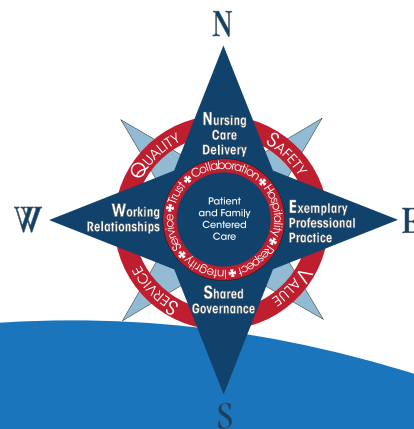
2016 Nursing Annual Report



Achieving Nursing Excellence

CENTRACARE
✦ **St. Cloud Hospital**





“I will do all in my power to elevate the standard of my profession ...”

Florence Nightingale Pledge



CENTRACARE
✦ St. Cloud Hospital



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ST. CLOUD HOSPITAL STATISTICS

Our Service Area:

St. Cloud Hospital is located in the heart of Central Minnesota. Its primary service area is Stearns, Benton and Sherburne counties with the secondary service area extending to 12 counties across the mid-section of the state.

St. Cloud Hospital services and specialty programs include:

- Behavioral Health Clinic
- Bone & Joint Center
- Breast Center
- Care Management
- Center for Surgical Care
- CentraCare Digestive Center
- CentraCare Family Health Center
- CentraCare Heart & Vascular Center
- CentraCare Home Care & Hospice
- CentraCare Kidney Program
- CentraCare Neurosciences
- CentraCare Wound Center
- Coborn Cancer Center
- Emergency Trauma Center
- Family Birthing Center
- Hospitalist Program
- Imaging Services
- Integrative Therapies
- Intensive Care
- Internal Medicine
- Observation Medicine
- Outpatient Services
- Palliative Care
- Recovery Plus Addiction & Mental Health Services
- Rehabilitation Center
- Respiratory Care
- Sleep Center
- Spiritual Care
- Stroke Center
- Women & Children's Center

Hospital Profile: (July 1, 2015 to June 30, 2016)

Licensed beds: 489
 Net patient revenue: \$746,912,456
 Inpatient admissions: 26,614
 Number of patient days: 118,300
 Average length of stay: 4.45
 Number of outpatient visits: 280,097
 Number of Emergency Trauma Center visits: 62,745
 Number of home care visits: 39,223
 Number of surgeries: 15,087

Our nursing team is made up of registered nurses, licensed practical nurses and patient care assistants.

	RNs	LPNs	PCAs
Number employed	1,623	298	747
Number of FTEs	1,238	218	464
Skill mix	64%	11%	24%
Average age	40.4 yrs	38.4 yrs	32.8 yrs
Average length of service:	10.9 yrs	8.7 yrs	4.0 yrs
Turnover rate	11.0%	15.1%	31.5%
Vacancy rate	4.75%	8.92%	7.95%

Expertise:

RNs with doctoral degrees: 0.7%
 RN nursing leaders with master's degrees: 57.14%
 Direct-care RNs with baccalaureate or higher degree in nursing: 63.52%
 Number of advance practice RNs: 31
 National certifications:
 Nursing leaders: 80.8%
 Direct-care RNs: 38.7%
 Continuing education activities: 1,653
 Contact hours offered: 7,953

A MESSAGE FROM THE CHIEF NURSING OFFICER



Joy Plamann, MBA, BSN, RN, BC

Dear Colleagues,
As Vice President for the Acute Care Division and Chief Nursing Officer, I am proud to share the wonderful examples presented in the 2016 Nursing Annual Report for St. Cloud Hospital. There are so many remarkable ways nurses have impacted the care of the patients in the past year, from catheter-associated urinary tract infection prevention, to nurses sharing their gifts and talents in the community, to mentoring future generations of nurses. This report highlights key accomplishments by nurses across St. Cloud Hospital services.

This year has presented challenges with increasing census and acuity, a changing emphasis to prevention and wellness and a focus on care across the continuum. You have risen to these challenges by engaging with the CentraCare Health focus on the Triple Aim Plus People. Nurses play a large part in ensuring a great experience for patients and families, providing high-quality care and value and engaging the community in more healthful behaviors.

A major focus over the past year has been our culture work, Our Best Begins With Me. Beginning each day, at our best allows us the opportunity to give our best

to the patients and families we intersect with, as well as each other, which is the foundation to a strong culture.

As we prepare to submit the application in pursuit of our fourth Magnet recognition, we reflect on the outcomes accomplished in 2015 and 2016. The process to achieve these outcomes is supported by the Compass: Nursing's Professional Practice Model (PPM). The Triple Aim Plus People and Our Best Begins with Me culture work fit within the components of the PPM through nursing care delivery model, working relationships, exemplary professional practice and shared governance. St. Cloud Hospital nurses, guided by our mission, vision, values and PPM, keep patients and families as the center of our practice. Our health care is better because of your hard work. The passion for what you do day in and day out is clear and it is truly an honor to be a part of this team. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Joy M. Plamann".

Joy Plamann, MBA, BSN, RN, BC
Vice President-Operations, Acute Care Division/CNO

CNO Transition

Linda Chmielewski, MS, RN, NEA-BC, has had tremendous influence in creating the strong nursing presence that exists at St. Cloud Hospital today. She showed commitment to patients and families through a focus on nursing excellence including a pursuit of Magnet recognition and supporting The Compass: St. Cloud Hospital's Professional Practice Model for nursing. Linda advocated for professional nursing and for increasing the scope of nursing practice consistent with the Minnesota Nurse Practice Act. Linda cared about details that mattered to patients, families and nurses. Our care reflects this attention.

Many of our current nursing leaders have been influenced by her visionary mentorship. Linda celebrated her 35-year career at St. Cloud Hospital, of which 21 years were spent as the chief nursing officer, with her retirement on Dec. 31, 2015. We were blessed by Linda's wisdom, resilience, leadership and ability to have fun at work. Linda had a commitment to excellent patient care second to none. This issue of the nursing annual report is dedicated to Linda, who will forever be known in our hearts as a beacon of nursing excellence at St. Cloud Hospital. Thank you, Linda.

A MESSAGE FROM THE HOSPITAL PRESIDENT



Dear Nurses, Faculty and Students,

St. Cloud Hospital's brand and reputation is more than buildings and equipment. St. Cloud Hospital is defined by the compassion, dedication and skill of our staff, especially nursing staff. Their practice reflects the highest standards and values of nursing excellence as demonstrated with our continued work with Magnet sources of evidence. Our values define our culture — how we act as an organization and as individuals. I believe no matter where or how nurses interact with patients, they will have an experience of caring and quality.

Magnet recognition is consistent with the philosophy we embrace of Our Best Begins With Me. The outcomes we are sharing show how work toward high standards and measuring outcomes impacts results at the patient and staff levels. St. Cloud Hospital's ongoing commitment to maintaining a work environment in which nurses thrive and career aspirations can be achieved is important for providing excellent care. Proof of that outstanding dedication to patients is the fact that St. Cloud Hospital was named a Top 100 Hospital by Truven Health Analytics for the 10th year based on organizational performance across 11 analytic measures, including patient care outcomes and operational efficiency.

Thanks to nursing for making this national recognition a reality. Your leadership sets a clear direction and role models the healthy, high-performance culture that St. Cloud Hospital is striving for. I look forward to working together with you to take our organizational culture to the next level of excellence.

Sincerely,

A handwritten signature in black ink that reads "Craig Broman". The signature is fluid and cursive.

Craig Broman, MHA, FACHE
President, CentraCare Hospitals



Roxanne Wilson, PhD, RN

Roxanne Wilson rejoined St. Cloud Hospital as the new Magnet program director. The Magnet Recognition Program designates health care organizations for their quality patient care, nursing excellence and innovations in professional nursing practice. St. Cloud Hospital is one of only three health care organizations in Minnesota to currently have this designation. The Magnet components we are required to demonstrate are:

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge and Innovations
- Empirical Outcomes

Roxanne will collaborate with the chief nursing officer and director of nursing practice to lead this initiative. She is looking forward to working with the leadership team and nursing staff to demonstrate quality.

NURSING STRATEGIC PLAN FY 2016-2018

KEY PRIORITY #1: PATIENT- AND FAMILY-CENTERED CARE:

- Empower the Patient- and Family-Centered Committee to develop recommendations for increased family involvement at all levels of care
- Achieve Press Ganey roll up satisfaction score of 91.27; the inpatient goal is 88.20. The outpatient goal is 93.38. The top box goal for FY 2016 is Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Overall Rating of 78.2% and Outpatient of 78.8%
- HCAHPS - Achieve 96th percentile scores in pain management and nursing communication.

KEY PRIORITY #2: NURSING CARE DELIVERY:

- Design and implement a care management platform across CentraCare Health
- Expand integrative nursing knowledge and practice adding two new modalities
- Implement a nursing and integrative therapies program
- Manage nursing care delivery labor costs related to incremental overtime, sitter use, schedule holes, cost per activity, overtime, time and attendance entries, time and attendance auditor functions, Assignment and Workload Manager (AWM) category descriptions and PCA recruitment and retention
- Integrate nursing services across CentraCare Health.

KEY PRIORITY #3: EXEMPLARY PROFESSIONAL PRACTICE:

- Reduce housewide Catheter-Associated Urinary Tract Infections (CAUTI) to < 1.23/1000 catheter days (20% reduction from FY 2015)
- Reduce housewide Central Line-Associated Blood Stream Infections (CLABSI) to < 0.96/1000 catheter days (20% reduction from FY 2015)
- Reduce the number of hospital-acquired stage 3, 4 or unstageable Pressure Ulcers to zero
- Reduce the number of preventable falls to less than the Minnesota Hospital Association (MHA) suggested benchmark of 1.92/1000 patient days overall; falls with injury = 0.66/1000 patient days
- Initiate a new cohort of 16 Evidence-Based Practice (EBP) projects in February 2016
- Achieve a 1.0% overall increase in the number of certified RN Full-time Equivalents (FTEs) by June 30, 2016
- Achieve a 2.5% overall increase in the number of "bachelors plus" (bachelors, masters, doctoral) RN FTEs by June 30, 2016

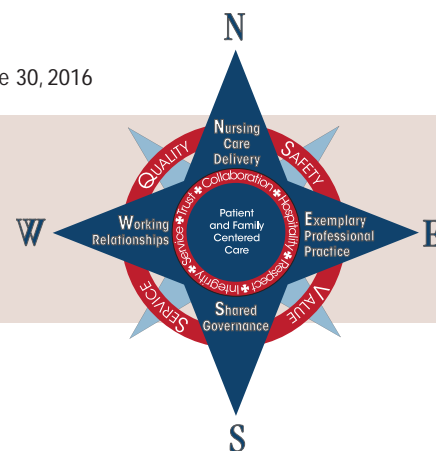
KEY PRIORITY #4: SHARED GOVERNANCE:

- Implement strategies to promote a culture of safety
- Improve the quality of care plan content and care plan note documentation
- Revise shared governance model based on the evidence
- Select a patient care department for Transforming Care at the Bedside (TCAB) implementation in FY 2017

KEY PRIORITY #5: WORKING RELATIONSHIP:

- Increase staff cultural competence and communication
- Improve staff resiliency

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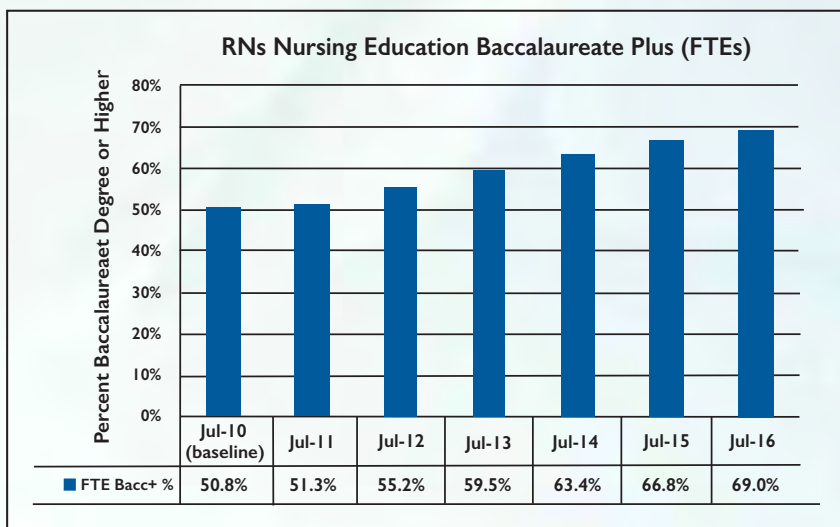
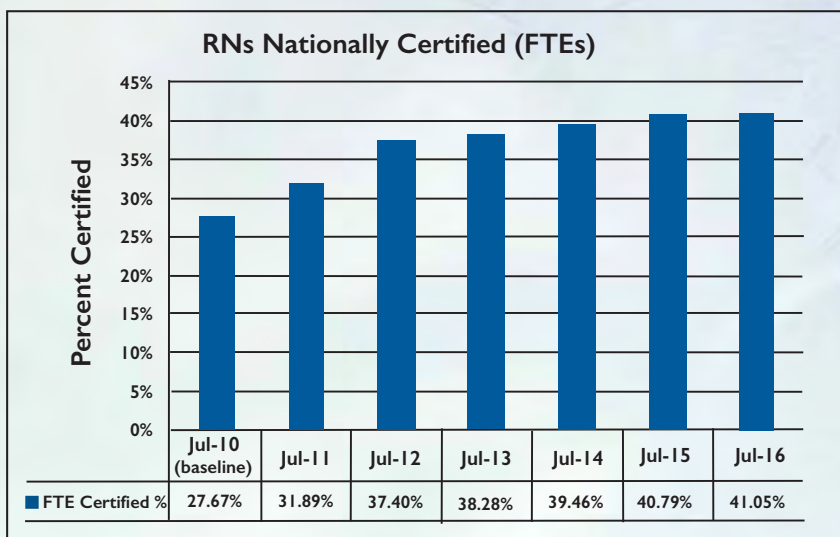
NURSING STRATEGIC PLAN FY 2016-2018

Certification and Education

In order to advance nursing professional practice and improve patient outcomes, leaders and clinical care nurses established a goal in 2010 to increase the percentage of RNs with baccalaureate education to 80% by the year 2020, and to increase the rate of RNs with national specialty certification. Through proactive hiring practices and tuition reimbursement policies, the percentage of baccalaureate or higher RNs is 69.0% in June 2016.

National nursing specialty certification demonstrates specialty expertise and validates knowledge to patients and co-workers. Sponsoring onsite certification review courses and reimbursement for review classes when an RN takes the exam, and then reimbursement for the test fee, have been successful strategies to increase nursing certification of RNs from 27.6% in 2010 to 41.05% in 2016.

*“The difference between who you are and who you want to be, is what you do.”
~ Bill Phillips*

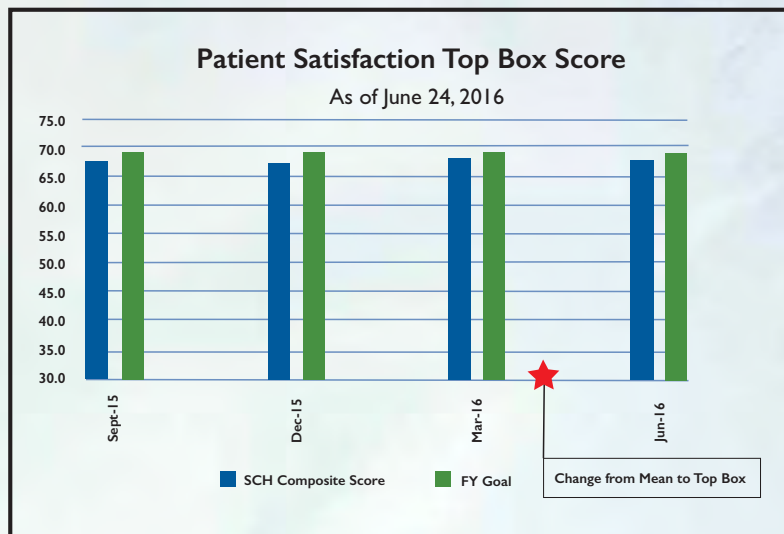


PATIENT EXPERIENCE

Patient- and Family-Centered Care

Throughout 2015-2016, St. Cloud Hospital continued its commitment to providing a superior patient and family experience. Some key improvements involved forming the Patient and Family Partner Program which resulted in a Patient and Family Advisory Council (PFAC) for St. Cloud Hospital. The PFAC has been created to bring the voice of our patients and family members to decisions we are making to improve the overall care provided at St. Cloud Hospital. In addition to the PFAC, St. Cloud Hospital finalized its new service culture by introducing Our Service Promise. The program was designed in association with Cleveland Clinic and is modeled after the Communicate with H.E.A.R.T.[®] program. Our Service Promise has seven promises related to service that were designed by leaders, employees and the PFAC. A resource page dedicated to patient experience also has been developed and shared via CentraNet for all employees. These resources highlight best practices for patient experience and provide additional information for staff to improve the patient experience. The resource page also provides a transparent scorecard to all staff relating to our patient experience survey goals and results.

Nursing continues to report and monitor results on My Care Board utilization, bedside shift report, hourly rounding and leader rounding. While St. Cloud Hospital recognized performance improvement in our ambulatory surgery and emergency department survey results, St. Cloud Hospital did see a decline in our hospital HCAHPS (inpatient) scores and outpatient services scores. Like our patient care staff, the patient experience department is committed to supporting St. Cloud Hospital departments in providing a superior patient experience.



NURSING CARE DELIVERY



Ventricular Assist Device (VAD) Program

The Saint Cloud Hospital Ventricular Assist Device Program delivers inpatient and outpatient care with a multidisciplinary team approach. The VAD program evolved from a Shared Care Clinic, initiated in 2010 as an extension of the Heart Failure Clinic. Our patients and families were asking to have care locally instead of traveling for advanced therapies. The first step was to build collaboration with the University of Minnesota program. A multidisciplinary core team was developed including VAD RN coordinators, a cardiovascular surgeon, a heart failure certified cardiologist, Palliative Care, social workers and neuropsychology professionals. Protocols were developed with nurses and physicians from the Intensive Care, Cardiac Care and Cardiac Vascular Thoracic units.

In July 2015, Daren Danielson, MD, a cardiothoracic surgeon joined our team. The development phase continued with educating staff and designing patient education. The first patient was selected using a thorough screening process.

Nurses and physicians started patient- and family-centered education to make certain patients/families understood the process, life changes and long-term follow-up. The first patient told us his main focus was to be an active "grandpa" to his young granddaughter.

We continued to expand and the program now includes Impella and Centrimag, devices which are temporary VADs. In April 2016, the Heart Center VAD program received confirmation of our quality through Advanced Certification from the Joint Commission. Our patients have done well and were discharged in an average of 14 days, less than the national average of 17 days. More importantly, our first patient is caring for his granddaughter — a joy for all. Our multidisciplinary focus is to build all aspects of the program carefully and include strong communication with the patient and family as partners, which are the main reasons for our success.

NURSING CARE DELIVERY



Patrick,
his family
and team

Pediatric Care Management

Coordinating care for pediatric oncology patients involves significant care planning both in the inpatient and outpatient worlds. A key component of the CentraCare pediatric service line is the Health Care Home team working to coordinate care with the theory of never discharging a patient, but rather transitioning the right care to each child at the right time. When a child requires complex care coordination, the patient and family meet with a clinic care coordinator and/or a St. Cloud Hospital case manager. An integrated care plan is developed with the patient and family playing a key role in its creation.

Patrick is a 14-year-old diagnosed with ependymoma, a tumor in a tissue of the central nervous system. Patrick and his family wanted to receive complex care close to home. RN case managers for St. Cloud Hospital Pediatrics and care coordinators for CentraCare Pediatrics collaborated with Patrick and his family to ensure all care team providers were aware of his current and changing needs. The team recognized the key role of all professionals, family members and the patient in planning care. Patrick's mother, Lisa, describes her pride in seeing him advocate for himself in asking to have a procedure at St. Cloud Hospital Pediatric Short Stay Unit versus the inpatient unit. Lisa reports the nursing care managers worked hard to facilitate this process. "It was good to have my child's voice heard as part of this process," she said.

Patrick was admitted to the hospital in June, 2016. On July 4th, a fireworks display was visible from the Mississippi River close to the hospital. "The hospital staff made arrangements for Patrick to leave his room on the 3rd floor and go up to the 6th floor to a private room with a huge window to watch the fireworks from his bed," Lisa said. "An RN, patient care assistant, respiratory therapist, his doctor, Mike (his father), Patrick and I all made the journey together. It was magical watching the fireworks from the 6th floor room and we are forever grateful to those who made it possible."

NURSING CARE DELIVERY

C-Section Infection Rate

The Family Birthing Center (FBC) set a goal for surgical site infection (SSI) to be at or below the National Healthcare Safety Network (NHSN) mean of 1.8%. The FBC implemented Joint Commission's Surgical Care Improvement Project (SCIP) and collaborative Healthcare-Associated Infection Network (CHAIN) initiatives to reduce SSI. The infection rates remained over 3% in spite of those efforts. FBC nurses and Infection Prevention and Control (IPC) then reviewed evidence on incision and dressing care, risk factors and commonalities in actual infections. Based on these findings, dressing and standardized incision care changed in spring 2014.

The six-month post implementation of standardization showed a 50% reduction in the SSI rates to the NHSN mean of 1.8%. In January 2015, the Minnesota Hospital Association presented "The MN Slashing SSI Bundle." A single variation in practice was identified related to operating room closing procedures. Following implementation in August 2015, cesarean section SSI rates have remained well below the NHSN mean of 1.8%.

"The best way to have a good idea is to have a lot of ideas."

~ Linus Pauling



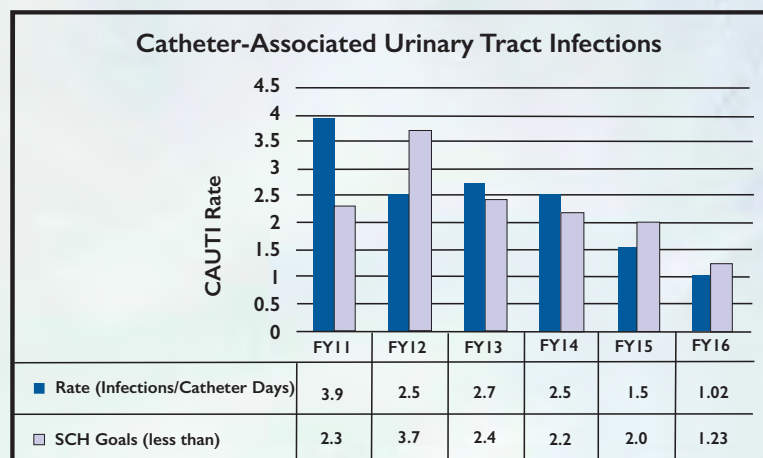
Patricia Dumonceaux, MSN, RN, CIC

Melissa Erickson, MN, RN, RNC-MNN

NURSING CARE DELIVERY

Housewide CAUTI Rates

St. Cloud Hospital inpatient units have targeted catheter-associated urinary tract infection (CAUTI) prevention since FY 2011. St. Cloud Hospital CAUTI Task Force consistently reviews evidence-based practices and makes recommendations for improvement. Successful practice changes include: enhanced staff education related to CAUTI prevention, appropriate indications for urinary catheters, revision of urinary catheter policies, nurse-driven urinary catheter removal protocol, urinary catheter point prevalence studies on maintenance practices and standardization of urinary catheter insertion products. These efforts have led to a significant reduction in CAUTI rates from a high of 3.9 CAUTIs/1000 urinary catheter days in FY 2011 to 1.02 CAUTIs/1000 urinary catheter days in FY 2016. Although St. Cloud Hospital has had a minor reduction in the number of urinary catheter days, there has been a 75.7% reduction in the number of CAUTIs (actual infections) since FY 2011. Moving forward, work continues with validation and compliance of aseptic indwelling urinary catheter insertion technique and indwelling urinary catheter maintenance practices.



Neuro CAUTI Rates

In fall of 2015, a Quality Leadership Academy (QLA) multidisciplinary quality improvement project was begun on catheter-associated urinary tract infections (CAUTIs). Analysis found an increased incidence of CAUTIs in neurosurgical and neurointerventional patients; 31 out of 66 CAUTIs from FY 14 to FY 15 were identified in this patient population. Further analysis revealed half of the CAUTIs could be attributed to insertion practices. The team reviewed best practices, networked with experts in infection prevention and perioperative services and engaged clinical nurses, surgeons and interventionalists to design an innovative plan for this specific patient population in spring 2016. Strategies included: removing automatic urinary catheter (UC) placement on operating room procedure cards, individual patient evaluation for UC need based on criteria, implementation of a two-person urinary catheter insertion to ensure aseptic technique, prompt removal of UC when criteria was no longer met, management of urinary incontinence and education to nursing on indications for urinary catheterization to prevent unnecessary UC placement. Since implementation, no CAUTIs have occurred in the neurosurgical and neurointerventional patient population.

NURSING CARE DELIVERY

New Observation Unit Opens

In an effort to increase efficiency, improve quality of care and decrease length of stay for adult medical observation patients, an interdisciplinary Observation Unit Steering Committee was formed to create an Observation Unit. Committee members led by Joy Plamann, MBA, BSN, RN-BC, created admission criteria, order sets, protocols and patient outcome standards.

An existing unoccupied portion of the hospital was remodeled and designed to offer improved workflow and close contact with patients. In June 2016, the Observation Unit opened led by Emily Zempel, BSN, RN, RN-BC, Observation Unit coordinator, and is staffed with RNs, PCAs and designated hospitalists. Clinical nurses complete a focused assessment based upon the patient's chief complaint. Interdisciplinary huddles are conducted daily to discuss each patient's plan of care and to ensure timely discharge or determine the need for admission. To aid in preventing readmissions, discharge phone calls are placed by the nurses to ensure a follow-up appointment is scheduled and validate an understanding of medication regimens and discharge instructions.



Amanda Hitchings, BSN, RN, RN-BC

EXEMPLARY PROFESSIONAL PRACTICE



Kathi Sowada, MSAOM, MSN, RN, LAC, HN-BC

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Integrative Therapies Expands to Include Acupuncture

Through the Integrative Therapies Department, patients at St. Cloud Hospital have access to the healing art of acupuncture. In October 2015, acupuncture was launched as an integrative therapy option for patients on inpatient units. Nurses or physicians may request acupuncture services for their patients through an Integrative Therapies request in Epic. The Integrative Therapies Specialist, Kathi Sowada, MSAOM, MSN, RN, LAC, HN-BC, meets with the patient to review their medical condition and determine if acupuncture is appropriate. Acupuncture is a method of promoting the body's natural healing functions and can be used to treat dysfunction or to promote health and prevent illness.

Patients are receptive to the new service, with 58 acupuncture treatments given in the inpatient setting during the last nine months of the fiscal year. Integrative Therapies expanded to the Coborn Cancer Center in May 2016. At the Cancer Center, patients schedule an individual Integrative Therapies appointment after their oncology nurse or provider places a referral. Expansion of the service to this population has tripled the number of acupuncture treatments given, with 45 treatments done at the Cancer Center in the fourth quarter of FY 16.

Sleep Research Study

The Nursing Research Committee has a strategic objective to involve clinical nurses in research. In 2015, 25 nurses met to generate research study topics, which resulted in nurses addressing sleep quantity and quality of hospitalized medical patients. A review of the literature revealed inadequate sleep can result in physical and cognitive dysfunction. Patient and nurse reports of perception of sleep quality differ, with few studies comparing perception to measured quality and quantity of sleep. Clinical nurses and research committee members designed a non-experimental study to compare patient and nurse perception of quality and quantity of hospitalized medical patient's sleep. Perception of the patient's sleep was assessed by nurses and patients through the Richards-Campbell Sleep Questionnaire (RCSQ). Actigraphy was measured through use of a Fitbit® to measure quality and quantity of sleep. Correlation will be analyzed between nurse and patient responses. Data collection is complete and analysis is in process with St. Cloud State University Statistical Consulting and Research Center. Study results will help determine if a sleep hygiene protocol should be developed for sleep promotion in hospitalized patients at St. Cloud Hospital.

EXEMPLARY PROFESSIONAL PRACTICE

Self Sealing Ostomy Pouch Research

In spring 2015, the Wound Ostomy Continence (WOC) nurses and Nathan Reuter, MD, participated in the pilot phase of a research study to test a self-sealing ostomy pouch system, designed to alert the patient of imminent leakage, and automatically dispense a sealant. The study was sponsored by Eden Medical. There are two testing phases to the study. Four subjects were entered in the pilot phase of the study. Subjects wore an experimental ostomy wafer for seven to 10 days with a sensor that would issue a vibration cue informing them of a leak. The WOC nurses obtained informed consent, assisted with data collection and taught the subjects to use the experimental wafer. After one to three days and again at completion of the test period, the subject returned to the WOC nurses to determine if the device was used appropriately, for a skin and stoma assessment and to complete the study evaluation. Phase 2 clinical testing will begin in September 2016 with 10 subjects to determine the capability of the self-sealing ostomy pouch to detect and prevent leakage with the use of a sealant.

Research Study: Transitional Care Programs and the Impact on Pulmonary Rehabilitation Referral and Participation

Eric Coleman's comprehensive Care Transitions Intervention® (CTI) model was adapted and applied to the care of congestive heart failure patients at St. Cloud Hospital in January 2012. The CTI program expanded to patients with Chronic Obstructive Pulmonary Disease (COPD) in January 2014. Pulmonary rehabilitation (PR) programs delivered in the post-acute and stable state phases of COPD recovery have demonstrated a relationship between self-management, improvement in functional status and reductions in hospitalizations.

Principal investigator Carrie Hoover, PhD, RN, led a team of nurses and a respiratory therapist, who recognized that little is known about the efficacy of CTI programs on referral and participation in pulmonary rehabilitation for patients with COPD and whether this translates to reduced early hospital readmissions. A nursing research study was designed to compare patients with COPD who received CTI and those who received routine care on PR referral and participation in PR and subsequent readmission rates.

In-hospital PR consults and referrals were found to be statistically different between the control and CTI group, $\chi^2(1) = 6.34, p < .05$; $\chi^2(1) = 39.98, p < .005$. There was a statistical significance found in PR participation between the CTI and usual care group. Across groups the participation rate was 37% (n=20) of those who received a PR referral. Twelve of the 31 (39%) referred subjects in the CTI group participated in PR. Whereas, eight subjects of 23 (35%) referred participated in PR. Hospital readmissions were not found to be statistically significant between the two groups, $\chi^2(1) = 14.27, p < .089$.

Referral rates and participation in PR were low, overall. Transition programs, including a nursing coach, may facilitate PR referral and empower patients to attend PR. Further research on barriers to PR adherence is needed in order to individualize coaching. This study was presented to community nursing leaders at the 2016 Spring Kappa Phi Fireside Chat, and a manuscript is in progress for publication.

Chemotherapy Hair Loss Decision-Making Study

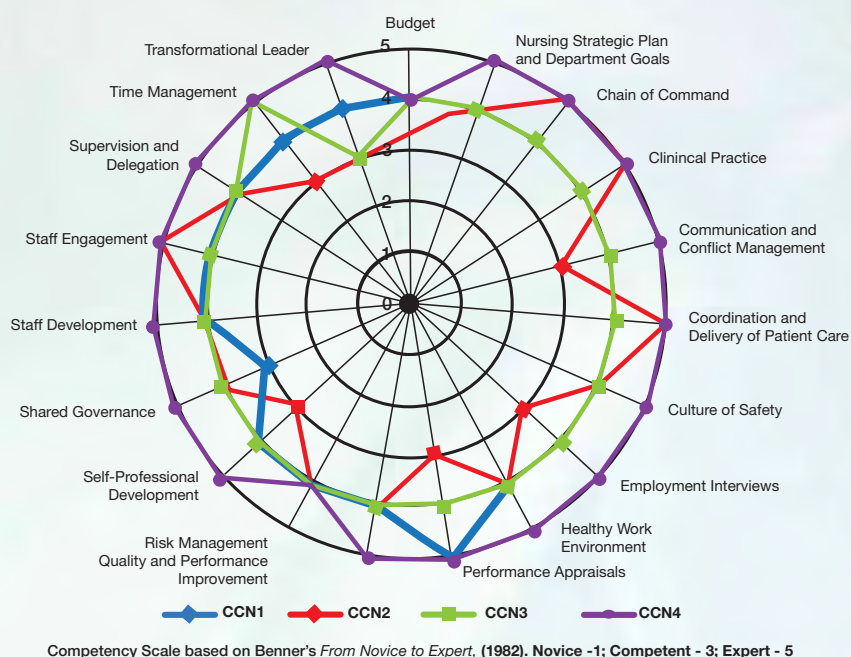
Patients diagnosed with breast cancer are often concerned about potential hair loss. Options to deal with hair loss include hats, scarves, wigs, shaving or cold cap therapy. Cold cap therapy involves wearing specific caps prior to, during and after completion of chemotherapy. Cold caps cause the blood vessels in the scalp to constrict reducing the metabolic activity to reduce hair loss. In March 2014, Roxanne Wilson, PhD, RN and Judy Jensen, BSN, RN, were approved for a two-year research study examining patient satisfaction and decision making with addressing hair loss in breast cancer patients receiving adjuvant chemotherapy. This study is in process and 44 persons are currently enrolled.

EXEMPLARY PROFESSIONAL PRACTICE

Best Practice for Core Charge Nurse Orientation and Leadership Development

Core charge nurses (CCN) experience compression complexity in a constantly changing health care environment. Analysis of unit-based orientation by nursing leaders and CCNs revealed inconsistencies in CCN orientation content and structure, post-orientation practices and leadership development. An evidence-based practice project led by Melissa Fradette, MSN, RN, CCRN, resulted in an innovative, structured two-year CCN orientation and leadership development program. It is directed by content objectives, topic experts and timeline based on CCN job duties and responsibilities. Orientation consists of three didactic days and two clinical shifts with an experienced CCN. Formal leadership development begins one-month post-orientation. Unit directors meet with the project leader to review program details. An orientation agenda and leadership development timeline is used to guide content and schedule leadership development classes. CCNs evaluate their competency with a novice to expert experience tool on duties and responsibilities of role prior to orientation, at six months, at one year and upon completion of the program to determine further development needs. Experience tools completed through one year demonstrate increased knowledge, skill and competencies in key CCN duties and responsibilities.

Role Duties & Responsibilities Competency



EXEMPLARY PROFESSIONAL PRACTICE



Roland Brummer, MA, RN, OCN

Amanda Protolipac, BSN, RN

Travis Sweno, BSN, RN

An Experienced Nurse Preceptor's Influence Continues

St. Cloud Hospital supports a summer nurse intern program, senior capstone placement and new graduate nurse program. In the past year we have increased our capacity for interns, capstone students and new nurse graduates. We recognize mentoring makes a difference for recruitment and retention.

Roland Brummer has worked as an RN in Oncology for 27 years at St. Cloud Hospital. He is the first to volunteer to work with students or new staff. "When I was a brand new nurse, Karen Neis, Gloria Zander and Jan Schnabel were wonderful mentors to me," he said. Seeing the legacy that mentoring has produced confirmed Roland's feelings about the importance of developing others. "I was the preceptor for Joy Plamann, the new CNO, when she was a nurse intern," he said. "It felt like a circle was completed this year when she became the chief nursing officer."

Roland precepted two future nurses this year, Travis Sweno as a capstone student in fall 2015 and Amanda Protolipac as a summer intern in 2015. Travis reports, "His knowledge and passion for nursing are all qualities that make him a great nurse. He takes the time to get to know the patients and their families and provide care for them holistically. It is these qualities that I strive to bring forth into my practice."

Amanda shares, "Roland was an ideal preceptor because of his 30 plus years of oncology experience. He went out of his way to enrich my nursing education and to advance my professional practice. The compassion he showed to patients, particularly those at end of life, made a profound impact on me. He taught me that it is an honor to care for patients as they transition from this life to the next. The support and encouragement I received is the reason I accepted a RN position on the unit after graduation."

EXEMPLARY PROFESSIONAL PRACTICE



Expanding Dialysis Access to the Region

Comprehensive kidney care, including a kidney dialysis center closer to home, has emerged as a growing community health need in recent years. New dialysis facilities in Little Falls and Olivia demonstrate nurse involvement in the design, layout and esthetics. David Walz, MBA, BSN, RN, CNN; Sharon Hoffman, BSN, RN, CNN; Laurie Braun, RN, CNN; Patricia Dumonceaux, MSN, RN, CIC; Amanda McArdeil, BSN, RN, CNN; and Abby Loveland, BSN, RN, used nursing and patient input to plan the relocation and expansion in Little Falls and the new dialysis facility in Olivia. "Partnering with communities and patients is an important step to provide the best possible kidney care to those in need," said David Walz, RN, CentraCare Kidney Program director of Dialysis and Renal Services.

"There is a way to do it better — find it."

~ Thomas Edison

Innovative Total Joint Care

The trend of total joint replacement throughout the nation is moving to the outpatient setting. This transition is commonly seen in an ambulatory setting such as our Center for Surgical Care at St. Cloud Hospital. The Bone & Joint Center leadership team saw an opportunity for innovation to better serve higher acuity patients. We created an outpatient joint replacement option for patients, opening in February 2016, allowing post-operative recovery on an inpatient orthopedic unit.

Naomi Schneider, MBA, BSN, RN, ONC, and Phil Luitjens, section directors, formed an interdisciplinary team to design the care pathway. The team included representatives from Perioperative Services, Bone & Joint Center, St. Cloud Orthopedics Associates, Physical Therapy and Anesthesia. Patients are screened by the orthopedic surgeon and anesthesiologist to determine if he or she is a candidate for outpatient joint replacement. Once surgery is complete, the patient is transferred from recovery to the Bone & Joint Center inpatient unit. The nursing staffing ratio is adjusted to allow for focused RN care. Allowing patients this option supports care from experienced orthopedic RNs, many of whom are nationally certified. In the event a patient requires inpatient care, there is no need to transfer the patient to another location.

SHARED GOVERNANCE

Co-Leadership Teams

To achieve the aspirations of CentraCare Health, we must become an integrated health care delivery system organizing our efforts across the care continuum. In order to do this most effectively, the leadership structure needed to change and re-organize centered on the care continuum rather than hospital versus clinic. Three new divisions were created: Acute Care, Specialty and Ambulatory. Joy Plamann, MBA, BSN, RN-BC, CNO, and Mark Mathias, MD, are leaders in the acute-care division and are an example of the new structure focused on dyad leadership models. Their partnership reflects the essential practice of nursing and providers to achieving superior outcomes in the delivery of clinical care at St. Cloud Hospital.

In another example, Phil Martin, MBA, BSN, RN, and Dan Tiede, MD, share leadership for the CentraCare Heart & Vascular Center through the new dyad model. They focus on aligning and integrating the care we provide to create a delivery system that is patient focused and share leadership and accountability to truly excel. The dyad leaders are jointly accountable to strategically plan for initiatives to meet organization and section goals, and align and integrate the delivery of care to advance CentraCare Health's Triple Aim Plus People. Each dyad partner has different professional backgrounds that intersect and yet differ. The physician brings medical knowledge and credibility and the administrator brings leadership and operational expertise. Working as dyad partners, in many ways, is replicating and enhancing what happens every day in patient care units. In the rapidly changing, complex health care environment, this cooperation can help move us away from narrow perspectives. Communication is fostered at the administrative level in an effort to create innovation and superior care.



Dan Tiede, MD

Phil Martin, MBA, BSN, RN

WORKING RELATIONSHIPS

SCRUBS Camp

SCRUBS Camp offered middle school and high school students an opportunity to explore health science professions through engaging, hands-on activities. As students begin considering their future, SCRUBS Camp offers a unique way to explore a variety of health science careers. St. Cloud Hospital/CentraCare Health was a driving force behind having a SCRUBS camp in the St. Cloud area. To achieve this goal, we partnered with St. Cloud State University (SCSU), St. Cloud Technical and Community College (SCTCC), the Good Shepherd community, District 742 and Rejuv Medical. Hands-on simulation activities allowed students to explore careers in nursing, medical laboratory science, gerontology, social work, communication sciences and disorders, dentistry, pharmacy, respiratory therapy, medicine and more. The three-day camp included field trips to the CentraCare Health Plaza and the Good Shepherd Community where students learned sterile technique, how to remove a colon polyp, actions of emergency medications, basic life support, de-escalation techniques and the challenges of flight nursing. At SCSU and SCTCC, campers were exposed to the science of regenerative medicine and stem cells, a wellness boot camp and techniques to prepare food when swallowing is difficult after a stroke. Students interacted with current faculty, experienced professionals, current nursing students and other high school and middle school students. We hope to see these students become health care professionals serving the greater St. Cloud area.



WORKING RELATIONSHIPS



Amy Gorecki, BSN, RN, CWOCN

National Pressure Ulcer Advisory Panel Appointment

Amy Gorecki, BSN, RN, CWOCN, was invited to participate as a voting member at the Consensus Conference on Pressure Ulcer Staging in Chicago, Ill. The National Pressure Ulcer Advisory Panel Staging Task Force revised the staging definitions and terminology relevant to pressure injuries. The task force presented the updated staging definitions to conference attendees, using a consensus format. There were many changes made to the definitions during the conference through interactive discussion between the Staging Task Force and the attendees. Recommendations were incorporated into the new definitions. Amy participated in the final vote for approval of the new pressure injury stages available for use in 2016.

Code Stroke

The Emergency Trauma Center (ETC) Code Stroke Improvement Project multidisciplinary team designed a goal to improve the percentage of Acute Ischemic Stroke (AIS) patients that receive Alteplase within 60 minutes. A baseline measure revealed there was a 42% increase in median times from 48 minutes in Q3FY13 to 68 minutes in Q1FY15. Evidence shows each 15-minute delay in treatment decreases chance for good outcome by 10%. The team initiated a two-day rapid improvement project to identify wastes in the current process. Interventions identified were implemented over a 90-day period with a goal to achieve 15% increase in percentage stroke patients receiving Alteplase within 60 minutes. By FY16Q2, there was a 27% improvement in timeliness, with 66% of AIS patients receiving Alteplase within the desired timeframe.



Code Stroke Improvement Team

WORKING RELATIONSHIPS

Family Birthing Center: Cultural Communication Tools

Providing care for patients with limited English proficiency is critical to ensuring patient safety and desired outcomes. There was an identified area of opportunity to decrease delays in performing emergency cesarean sections for the Somali population in the St. Cloud Hospital Family Birthing Center. Reducing the time between the decision to perform a c-section and the procedure is critical to improve outcomes. The project goal was to educate expectant parents on important obstetric issues that have delayed care, increased length of stay and potentially put mothers and their infants at risk for poor outcomes. The development of a video in the Somali language, narrated by an Imam in culturally appropriate context, provided patients and their families with accurate, meaningful information.

The video supported making a timely informed legal consent decision for c-sections. The implication for nursing practice is providing the same standard of care for all patients, regardless of culture, when c-section is deemed medically necessary to improve the outcome for the infant and decrease the risk to the mother. Before implementation of the education video, the average time to obtain consent was 4.83 hours. After implementation of the video, the time was reduced to 30 minutes.



Megan Valencia, BSN, RN

WORKING RELATIONSHIPS

Community Compassion: Learning Through Trauma

Oct. 18, 2015 was not your “typical day” at work. A shooting and death occurred in an environment meant to promote healing. This tragic event brought the St. Cloud Hospital community together in a way that demonstrated our core values. Spontaneous staff support was provided in many meaningful ways. Our hospital received assistance from many other facilities. Food, flowers, notes of encouragement and large banners reflected the outpouring of care and concern from colleagues and caring community members.

An incident command team was formed to ensure our staff, volunteers, providers, visitors and patients were provided support. Even though our staff was not physically injured in this event, many were significantly affected emotionally. Directors Kris Nelson, BA, RN, NE-BC and Kacey Hiltner, BSN, RN, RN-BC, CNML, took the lead to arrange support for the involved staff and managers. Kris and Kacey knew a menu of options was helpful for staff based on previous surveys done to determine how staff wished to be supported during sudden traumatic events. The menu they designed included immediate actions such as leadership rounding, Spiritual Care available to offer counsel and pray with staff, pet therapy rounding, healing touch and a service for healing in the chapel.

Critical Incident Stress Debriefings were offered for the staff who were directly and indirectly involved in the actual incident. The purpose of these sessions was to provide a safe place for staff to speak freely, receive and offer support, reduce ongoing distress and create adaptive coping mechanisms. Family members of staff were provided information and given resources on how to help their loved one cope and heal from the emotional trauma. Employee Information Forums were offered to provide factual information about the event and ask questions. *Daily Dose* articles, a telephone hotline and a frequently asked questions documents were made available on CentraNet. Employee Health took a lead role in working with individuals who needed administrative time off, counseling and Employee Assistance Programs. Staff was invited to participate in the re-opening of the patient room involved in the event. The Bishop and Spiritual Care led a blessing designed to support a move forward in a healing process.

St. Cloud Hospital personnel have reached out to other hospitals involved in similar events. We want this incident to lead us to sharing steps to prevention and healing.



PROFESSIONAL DEVELOPMENT

Nursing Consultation & Resources 2015-2016

Laura Cullen, DNP, RN, FAAN, Evidence-Based Practice Coordinator, University of Iowa Hospitals & Clinics, presented: Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice



Michele Farrington, BSN, RN, CPHON, Clinical Healthcare Research Associate, University of Iowa Hospitals & Clinics, presented: Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice



Kirsten Hanrahan, DNP, ARNP, CPNP, Nurse Scientist, University of Iowa Hospitals & Clinics, presented: Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice



Joan Meadows, RN, MN, Senior Director, The Advisory Board, presented: Nurse Planning Day: Achieving Care Continuity, State of the Union/Healthcare

JoNeil Smith, RN, BSN, MBA, PhD, Senior Director of the Advisory Board Academies, presented: Core Charge Nurse Cohort Courses: Problem Solving and Spurring Innovation, Instilling Accountability, Facilitating Effective Teamwork, Leading Amidst Uncertainty

Jim Veronesi, RN, MSN, NEA-BA, CHE, Director of the Advisory Board Academies, presented: Optimizing Patient Throughput

Senn Delaney team presented: Our Best Begins With Me

Deborah Cleary, Senior Consultant

Lewis Fulwiler, Senior Consultant

Tania Hotmer, Vice President / EL

Craig Koeckeritz, Senior Consultant

John McKay, Senior Vice President/SAL

Tom Morin, Senior Consultant

Nick Neuhausel, Partner

Jeff Serenius, Senior Consultant

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Podium Presentations fiscal year 2016

Mary Leyk, MSN, RN, RN-BC, ONC. Shifting the Paradigm: from Lecture to Learner-Centered. Association for Nursing Professional Development Annual Convention. Las Vegas, NV. July 2015.

Bonnie Rozycki, MSN, RN, RN-BC and Katherine Schulz, MSN, RN, OCN, RN-BC. Tipping the Sacred Cow: Applying Change Theory to Implement Bedside Report. Association for Nursing Professional Development Annual Convention. Las Vegas, NV. July 2015.

Paul Schoenberg, MBA, BSN, RN, CEN. Story from the field. Violence Prevention Kick-Off Webinar, Minnesota Department of Health. St. Cloud, MN. July 2015.

Chris Walker, MSN, MHA, RN. Working with Hospital Discharge Planners When a Mental Health Incident or Crisis Occurs. Senior Living NOW. Brooklyn Center, MN. July 2015.

Debra Stueve, MBA, BSN, RN, NE-BC. CISD-Critical Incident Stress Debriefing: A Framework to Support Staff. South Dakota Association of Healthcare Organizations Annual Convention. Sioux Falls, SD. September 2015.

Kathleen Van Buskirk, BSN, RN, NE-BC. BERT Team. South Dakota Association of Healthcare Organizations Annual Convention. Sioux Falls, SD. September 2015.

Jodi Berndt, PhD, MSN, RN, CCRN, PCCN. Using a Flipped Classroom Approach to Engage Learners. American Association of Colleges of Nursing Webinar Series. Online Webinar, October 2015. Integrating Technology in Medical Education. New York Academy of Medicine. New York, NY. October 2015. Khan Academy Resources for Nursing Education. AACN Baccalaureate Education Conference. Orlando, FL. November 2015. Collaborative Classroom Simulation. Faculty Development Institute. Las Vegas, NV. January 2016.

Debra Eisenstadt, MS, BSN, RN, CNML. Implementing Nurse Practitioner Model for Rehab. American Medical Rehabilitation Providers Association 13th Annual Educational Conference and Expo. Nashville, TN. October 2015.

PROFESSIONAL DEVELOPMENT

Melissa Freese, BSN, RN, CNRN. Stroke Measures and Patient Education. Minnesota Stroke Regional Conference. Alexandria, MN. October 2015.
Mock Stroke Code. Minnesota Stroke Regional Conference. Mankato, MN. November 2015.

Catherine Greenlee, MSN, APRN, ACNS-BC, CPHQ. Continuous Improvement. Strata User Group. Chicago, IL. October 2015.

Amy Hilleren-Listerud, DNP, APRN, ACNS-BC, CBN. Broken Minds and Hearts: The Importance of Delirium Detection and Intervention beyond Critical Care. American Nurses Credentialing Center National Magnet Conference. Atlanta, GA. October 2015.

Ann Summar, MSN, APRN, FNP-BC, CRRN. Creation and Integration of the Role of Certified Nurse Practitioner in a Rehabilitation Service Line. American Medical Rehabilitation Providers Association 13th Annual Educational Conference and Expo. Nashville, TN. October 2015.

Chris Walker, MSN, MHA, RN. Reducing Avoidable Readmissions Effectively. American Psychiatric Nurses Association 30th Annual Conference. Orlando, FL. October 2015.

Roberta Basol, MA, RN, NE-BC and Jenna Czech, BSN, RN, CNRN. Developing Limited English Proficient Plans of Care. Healthcare Information and Management Systems Society. Online Webinar. October 2015.

Roberta Basol, MA, RN, NE-BC and Amy Hilleren-Listerud, DNP, APRN, ACNS-BC, CBN. How to Develop, Implement, and Evaluate a Professional Practice Model. American Nurses Credentialing Center National Magnet Conference. Atlanta, GA. October 2015.

Jessica Miller, MSN, APRN, ACNS-BC, RNC-OB. Establishing a Successful Cost Improvement Program. Healthcare Financial Management Association. San Diego, CA. January 2016.

Gina Anderson-Malum, BSN, RN, ONC. Utilizing a Protocol to Reduce Postoperative Urinary Retention in Total Joint Arthroplasty. American Academy of Orthopaedic Surgeons. Orlando, FL. March 2016.

Debra Eisenstadt, MS, BSN, RN, CNML and Joyce Belanger, RN, CRRN. Development of Professionalism and Performance Accountability for Sustained FIM Accuracy Improvement. UDS User Group. Las Vegas, NV. April 2016.

Patricia Dumonceaux, MSN, RN, CIC. Our journey to reduction of SSIs in the Family Birthing unit. Minnesota Hospital Association. Minneapolis, MN. April 2016.

Aleen Roehl, BSN, RN. Best Practices for Expanding Employment Opportunities for Older, Experienced Nurses. 23rd National Evidence-Based Practice Conference: Changing Landscapes: Contemporary Issues Influencing Nursing Care. Iowa City, IA. April 2016.

Kristi Patterson, BSN, RN, CPHQ. Applying Evidence and Innovation across the Continuum to Reduce 30-Day Readmissions for Newborns with Hyperbilirubinemia. 23rd National Evidence-Based Practice Conference. University of Iowa Hospitals and Clinics. Iowa City, IA. April 2016.

Julie Abfalter, BSN, RN. Bedside Reporting on a Mental Health Unit. 23rd National Evidence-Based Practice Conference. University of Iowa Hospitals and Clinics. Iowa City, IA. April 2016.

Roberta Basol, MA, RN, NE-BC and Melissa Fradette, MSN, RN, CCRN. Sepsis Measures: CMS Data Submission and Patient Outcome Improvement. National Teaching Institute & Critical Care Exposition. New Orleans, LA. May 2016.

Teresa Jahn, MN, APRN, CCNS, CCRN. What Beacon Means. National Teaching Institute & Critical Care Exposition. New Orleans, LA. May 2016.

Teresa Jahn, MN, APRN, CCNS, CCRN and Jessica Thoma, MSN, RN. Staying Ahead of the Game: Wireless Pulmonary Artery Monitoring. National Teaching Institute & Critical Care Exposition. New Orleans, LA. May 2016.

Nova Schmitz, BSN, RN, CMSRN, CBN. Preparing and Caring for Bariatric Patients. MCAHRMM Conference. Minnesota Chapter of the Association for Healthcare Resource & Materials Management. Hinckley, MN. May 2016.

Jennifer Burris, MA, APRN, ACNS-BC. Putting Evidence into Practice: Use of Skin Champions. MHA Quality Patient Safety Update. June 2016.

PROFESSIONAL DEVELOPMENT

Poster Presentations fiscal year 2016

Mary Leyk, MSN, RN, RN-BC, ONC. Creating Successful Nurse Mentoring Relationships. Association for Nursing Professional Development Annual Convention. Las Vegas, NV. July 2015.

Jill Libbesmeier, BSN, RN, OCN. Sexuality and Cancer: CNS Implications. Minnesota National Association of Clinical Nurse Specialists. Rochester, MN. October 2015.

Chris Walker, MSN, MHA, RN. Violence Risk Assessment Tool. Association for Nursing Professional Development Annual Convention. Orlando, FL. October 2015.

Melissa Fradette, MSN, RN, CCRN. Best Practice for core Charge Nurse Orientation and Leadership Development. 23rd National Evidence-Based Practice Conference: Changing Landscapes: Contemporary Issues Influencing Nursing Care. Iowa City, IA. April 2016.

Laurie Annett, BSN, RN, RN-BC. Beacon Poster presentation. National Teaching Institute & Critical Care Exposition. New Orleans, LA. May 2016.

Bridget Klein, BSN, RN, RN-BC. Beacon Journey: Improving Patient Outcomes: Reducing Adverse Drug Events. National Teaching Institute & Critical Care Exposition. New Orleans, LA. May 2016.

Jessica Mackedanz-Johnson, BA, RN. Beacon Journey. National Teaching Institute & Critical Care Exposition. New Orleans, LA. May 2016.

Kathleen Ohman, EdD, MSN, RN, CCRN. Re-energizing for Success. 3rd Annual Conference at Sea, H. Fenton & Associates LLC. Seattle, WA to Alaska. June 2016.

Achievement of a Doctoral degree in Nursing

Rebecca Boesl, DNP, APRN, CLC, NP-C
Rebecca Kastanek, DNP, RN, FNP-BC, CRRN

Achievement of a Master's degree in Nursing

Laurie Bisila, MSN, RN
Sara Dezell, MSN, RN, ACNS-BC,
Sarah Dingmann, MSN, RN
Briana Eriksson, MN, RN
MacKenzie Hauer, MSN, RN
Rayette Heise, MSN, RN
Mari Hobday, MSN, RN
Jessica Hollenkamp, MN, RN
Julie Keller Dornbusch, MN, RN
Katie Notch, MSN, RN
Angie Paschke, MSN, RN
Elysia Peterson, MSN, RN
Sherry Sonsalla, MSN, RN, RN-BC,
Kathleen Sowada, MSN, RN, Dipl. Ac., HN-BC
Jessica Thoma, MSN, RN
Ronald Topinka, MSN, RN
Scott Wilfong, MSN, RN
Ryan Zinken, MSN, RN

Achievement of a Bachelor's degree in Nursing

* New RN Graduate in FY16
*Cassandra Ackerman, BSN, RN
*Kelsey Anderman, BSN, RN
*Ashley Anderson, BSN, RN
Beverly Anderson, BSN, RN
*Jenna Athman, BSN, RN
Janet Bearden, BSN, RN, CPN, CCRN
*Amy Bechtold, BSN, RN
*Samantha Berg, BSN, RN
*Jill Bergstrom, BSN, RN
*Jodie Boser, BSN, RN
*Erika Broschofsky, BSN, RN

PROFESSIONAL DEVELOPMENT

Linda Butts, BSN, RN
*Brittany Calgaro, BSN, RN
Jennifer Chirhart, BSN, RN
Nicole Cox, BSN, RN
*Kari Dembouski, BSN, RN
*Christopher Dirkes, BSN, RN
Nicole Donelson, BSN, RN
*Lauren Dougherty, BSN, RN
*Molly Dougherty, BSN, RN
*Sarah Elness, BSN, RN
Chelsea Engebretson, BSN, RN
*Melissa Farmen, BSN, RN
*Kendra Frank, BSN, RN
Melinda Freund, BSN, RN
*Kelsey Froehling, BSN, RN
Anna Furzland, BSN, RN
*Nicole Gapinski, BSN, RN
Samantha Goodman, BSN, RN
*Cassandra Haggerty, BSN, RN
Victoria Hall, BSN, RN
*Stephanie Hanley, BSN, RN
*Nicole Hansen, BSN, RN
*Anna Heine, BSN, RN
*Lauren Hoeschen, BSN, RN, NREMT-Basic
Christine Hupe, BA, RN
Danielle Janski, BSN, RN
Stephanie Janson, BSN, RN
Abby Johnson, BSN, RN
*Nicholas Johnson, BSN, RN
*Melissa Kahl, BSN, RN
*Kyle Kalkbrenner, BSN, RN
*Brittney Kingston, BSN, RN
Jennifer Kipka, BSN, RN
Jane Konz, BSN, RN
Brandy Kramer, BSN, RN
*Jennifer Krantz, BSN, RN
Amber Kuklok, BSN, RN
*Rebecca Leaders, BSN, RN
Melissa Leiningar, BSN, RN

Christine Luberts, BSN, RN
Jessica Ludwig, BSN, RN
Brenda Macarthur, BSN, RN, OCN
*Brittany McCullough, BSN, RN
*Brittany McDonald, BSN, RN
*Maggie McLaird, BSN, RN
*Craig Metcalf, BSN, RN
Kristin Miller, BSN, RN
*Sara Montreuil-Althaus, BSN, RN
*Ashley Nadeau, BSN, RN
Amber Nieland, BSN, RN
Ashley Oconnell, BSN, RN
*Jennifer Oestreich, BSN, RN
*Nkeiruka Ogbonna, BSN, RN
Jesse Olson, BSN, RN
*Maria Olson, BSN, RN
Chandra Parker, BSN, RN
Kim Paulsen, BSN, RN
Ashley Pauly, BSN, RN
*Ashley Phillips, BSN, RN
*Bryce Prellwitz, BSN, RN
*Amanda Protolipac, BSN, RN
*Kyle Pruett, BSN, RN
Dawn Przybilla Henderson, BSN, RN, CCE, CLC
*Nicole Ramler, BSN, RN
*Shana Reller, BSN, RN
*Linnea Rice, BSN, RN
Amy Rieke, BSN, RN, CMSRN,
*Annalise Rosendahl, BSN, RN
*Chelsey Schenavar, BSN, RN
*Brian Schlichting, BSN, RN
*Shannon Schneider, BSN, RN
*Carrie Schoeberl, BSN, RN
*Emmy Scholtes, BSN, RN
*Ellen Schwartz, BSN, RN
*Tara Serbus, BSN, RN
*Henry Stellmach, BSN, RN
*Ashley Sutton, BSN, RN
*Travis Sweno, BSN, RN

*Troy Switajewski, BSN, RN
Kari Theobald, BSN, RN
Laura Tokkesdal, BSN, RN
*Melanie Tollefson, BSN, RN
*Eric Traut, BSN, RN
*Nicole Trunk, BSN, RN
*Mckenzie Tschann, BSN, RN
*Emily Utecht, BSN, RN
Tammy Vasfaret, BSN, RN, CEN
*Vladimir Vorobyev, BSN, RN
*Samantha Ward, BSN, RN
*Abigail Welinski, BSN, RN
*Katherine Woods, BSN, RN
*Adam Youngs, BSN, RN
*Thomas Zasmeta, BSN, RN



**Linda A. Chmielewski
Nursing Scholarship Fund**

Courtney Bevans received the first Linda A. Chmielewski Nursing Scholarship. Courtney's application demonstrated qualifications through references, work experience and professional nursing goals and achievements. Courtney is a student at St. Cloud State University.

PROFESSIONAL DEVELOPMENT

◇ National Professional Certification

* Level III Clinical Ladder

** Level IV Clinical Ladder

Bold: Advanced Practice RNs

*Julie Abfalter, BSN, RN
 ◇Naomi Abfalter, RN, RN-BC, RNC-NIC
 ◇Cheryl Ablan, RN, ONC
 ◇*Angela Adamek, RN, CNRN, CSRN
 ◇Todd Allen, BSN, RN, CHPN
 ◇Jessica Allen-Johnson, BA, RN, CMSRN
 ◇Amy Anderson, BSN, RN, CNN
 ◇*Catherine Anderson, BSN, RN, CNOR
 ◇Cynthia Anderson, RN, CRRN
 ◇Gina Anderson-Malum, BSN, RN, ONC
 ◇Laurie Annett, BSN, RN, RN-BC
 ◇Christine Anstett, BSN, RN, RN-BC
 ◇Rachel Appel, BSN, RN, CCRN
 ◇Larry Asplin, MSN, RN, CNOR
 ◇Josie Asplund, BSN, RN, OCN
 ◇*Jane Austing, BSN, RN, CNOR
 ◇Ann Backes, MSN, RN, OCN
 ◇Amanda Baer, BSN, RN, HTC
 ◇Thomas Bailey, RN, CMSRN
 ◇Michelle Baker, RN, COS-C
 ◇Susan Baklarz, BS, RN, CCDS
 ◇Patrick Ballantine, BSN, RN, CFRN



◇Cathy Barden, BSN, RN, CMSRN, CIC
 ◇Linda Barthelmy, BA, RN, OCN
 ◇Kristin Bartosiewski, BSN, RN, CMSRN
 ◇Roberta Basol, MA, RN, NE-BC

◇*Tiffany Baune, BSN, RN, CMSRN
 ◇Janet Bearden, BSN, RN, CPN, CCRN
 ◇Joan Beckrich, RN, RN-BC
 ◇Joyce Belanger, RN, CRRN
 ◇Susan Benoit, BSN, RN, RN-BC
 ◇Jodi Berndt, PhD, MSN, RN, CCRN, PCCN
 ◇**Traci Berns, BSN, RN, CMSRN
 ◇**Bobbie Bertram, MSN, APRN, NP-C, CEN**
 ◇Amy Bianchi, BSN, RN, OCN
 ◇Deborah Bischoff, BSN, RN, RN-BC
 ◇Dona Bloch, RN, CHFN
 ◇**Rebecca Boesi, DNP, APRN, NP-C, CLC**
 ◇June Bohlig, BSN, RN, CNOR
 *Amy Bong, RN
 ◇Tamara Bong, MSN, RN, CEN
 ◇*Megan Botz, RN, ONC
 ◇Juli Brackett, MSN, RN, CMSRN
 ◇Donna Braun, BSN, RN, CNN
 ◇Laurie Braun, RN, CNN
 ◇Jenelle Brekken, BSN, RN, CNRN
 ◇Christine Brown, BSN, RN, RNC-OB
 ◇**Roland Brummer, MA, RN, OCN
 ◇Julie Bruns, BSN, RN, RN-BC
 ◇Deanna Buchta, BSN, RN, CPN, CCRN
 ◇Julie Bunkowski, BSN, RN, RNC-NIC
 ◇Karalee Burditt, BSN, RN, RNC-OB
 ◇**Jennifer Burris, MA, APRN, ACNS-BC**
 ◇Jeffrey Bushman, RN, OCN
 ◇Mary Busse, RN, CNOR
 ◇Mary Cable-Puente, RN, CRRN
 ◇Megan Calice, BSN, RN, RNC-OB
 ◇*Sheila Campbell, RN, CCRN
 ◇Stephanie Card, BSN, RN, CHPN
 ◇Kathleen Carpentier, BA, RN, RN-BC
 ◇**Karen Chalich, BSN, RN, CNN
 *Jennifer Chirhart, BSN, RN
 ◇Micayla Clarin, BSN, RN, CLC
 ◇Tracy Cloutier, BSN, RN, OCN
 *Cody Collins, RN

◇*Stephanie Collins, BSN, RN, CEN
 ◇Dawn Conklin, BSN, RN, CWS
 ◇Angela Copperthite, BSN, RN, CNRN
 ◇Angela Cota, BSN, RN, CCRN
 ◇Jennifer Couzens, BSN, RN, CNOR
 ◇**Cynthia Cox, RN, ONC, CSRN
 ◇*Kayla Cummings, BSN, RN, CMSRN
 ◇Bonnie Curtis, RN, CCRN
 ◇Jenna Czech, BSN, RN, CNRN
 ◇Joann Czech, RN, CCDS
 ◇Anne Darling, BSN, RN, IBCLC
 ◇Robert Davidson, BSN, RN, CCRN, CPAN
 ◇Megan Davis, BSN, RN, CHPN
 ◇Dawn Demant, BA, RN, OCN
 ◇Cindy Desmith, RN, OCN
 ◇Donna Deutsch, BA, RN, CGRN
 ◇Curtis Devos, BSN, RN, CNRN
 ◇Melissa Deyaeger, BA, RN, RN-BC
 ◇Sara Dezell, MSN, RN, ACNS-BC
 ◇Kayla Dingmann, BSN, RN, CNOR
 ◇Georgia Dinndorf-Hogenson, MSN, RN, CNOR
 ◇Julie Dockendorf, RN, CMSRN
 ◇Kristen Dombovy, BSN, RN, CMSRN
 *Nicole Donelson, BSN, RN
 ◇Melinda Donner, RN, CMSRN
 ◇*Trisha Douvier, MSN, RN, CNOR, ONC
 ◇Erin Droegemueller, BA, RN, CMSRN
 ◇Marilyn Drontle, BSN, RN, CMSRN
 ◇Patricia Dumonceaux, MSN, RN, CIC
 ◇Sharon Dunham, BSN, RN, ICCE
 ◇Melissa Ebnet, BSN, RN, COS-C
 ◇Robyn Eischens, RN, RN-BC
 ◇Ashley Eisenschenk, BA, RN, CCRN
 ◇Debra Eisenstadt, MS, BSN, RN, CNML
 ◇Rebecca Eklund, BSN, RN, CCRN
 ◇Patrice Ellering, BSN, RN, CCRN
 ◇Cynthia Emerson, RN, CPN

PROFESSIONAL DEVELOPMENT



◇ Kimberly Emerson, BSN, RN, RN-BC
 ◇ Priscilla Engelman, BSN, RN, CMSRN
 ◇ Laurie Erickson, RN, VA-BC
 ◇ Melissa Erickson, MN, RN, RNC-MNN
 ◇ Bethanie Eittle, BSN, RN, CNOR
 ◇ Jill Eubanks, RN, RN-BC
 ◇ Terri Even, RN, CPAN
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 ~ John F. Kennedy

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Surgical Care Unit 1

PRISM Award

Surgical Care Unit 1 (SUR1) received the prestigious AMSN PRISM Award®, a relatively new award launched in 2012, recognizing exceptional nursing practice, leadership and outcomes in hospital medical-surgical units across the country. The award, which stands for "Premier Recognition in the Specialty of Med-Surg," is the first of its kind honoring med-surg nursing units in the United States. It is co-sponsored by the Academy of Medical-Surgical Nurses and the Medical-Surgical Nursing Certification Board. Specifically, the award celebrates units that exhibit effective leadership, recruitment and retention of competent staff members, evidence-based practice, positive patient outcomes, a healthy work environment and lifelong learning of unit staff members. The award also reflects the compassion, commitment and connection that characterize med-surg nurses.

Beacon Awards

The American Association of Critical Care Nurses Beacon Award for Excellence honors individual units that distinguish themselves by improving every facet of patient care. The Beacon Award's three levels of designation recognize significant milestones along a unit's journey. For patients and families, the Beacon Award signifies exceptional care through improved outcomes and greater overall satisfaction. For nurses, a Beacon Award signals a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover. The Beacon Award's three levels of designation recognize significant milestones along a unit's journey (Gold, Silver and Bronze).



The Intensive Care Unit (ICU) was recognized with a Silver Level Beacon Award in February 2016. This is the fourth Beacon Award given to the ICU demonstrating consistency in excellence in a healthy work environment, nursing practice, safety and exceptional patient outcomes.



The Telemetry unit has been awarded the Silver Beacon Award for Excellence from the American Association of Critical Care Nurses. This is the first Beacon Award for the Telemetry Unit recognizing their commitment to quality.

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Professional Progression

Brany Ortiz Camacho, BSN, RN, grew up in Columbia with a dream to work in a health care field. When she married, she also wanted to immigrate to the United States as her family faced increased violence, including the kidnapping and disappearance of her father-in-law. Her dream was fulfilled through a Mennonite dairy farming exchange program called Global Cow, which allowed Victor, Brany's husband to come to Melrose in 2001. In 2002, Brany and her sons moved to Melrose, Minn. In 2009, Brany completed a practical nursing program at Alexandria Technical College and worked in CentraCare Melrose clinics and hospitals. In 2015, Brany graduated as an associate degree registered nurse from Alexandria Technical College. She was hired in the Emergency Trauma Center at St. Cloud Hospital. In May 2016, she graduated with a bachelor's degree in nursing and minor in Spanish from St. Cloud State University. In June 2016, she started the Doctorate of Nursing Program School at The College of St. Scholastica – St. Cloud campus to become a family nurse practitioner. Brany hopes to work with the Hispanic community as she feels she has a particular understanding of cultural and language barriers. Brany is grateful for all she has received and excited for what she hopes to give to the community.



Brany Ortiz Camacho, BSN, RN

NURSING MAKES A DIFFERENCE



Kris Ling, RN

Caring Through the Art of Nursing and Music

Kris Ling works as an RN in the Medical Progressive Care Unit. For the past 10 years, he has been part of a singing barbershop group called the St. Cloud Singing Saints. He also sings for a barbershop quartet called Crosstown Alliance. Kris feels nursing and music are “two constants in my life. Both provide satisfaction and serve others.” In the past year, Kris’ group has provided sing outs at St. Benedict’s Senior Community and County Manor and has been part of an annual show at the Paramount Theatre. Kris says the nursing music story he “holds in his heart” is when he cared for a patient who always sang Silent Night in German for his family. This patient was no longer speaking. Kris came in the room one night and the patient’s wife was singing Silent Night in English to the patient. When she was done, Kris started singing it in German. The patient finished the song in German singing with Kris as his wife cried. Kris says “nursing and music have the power to bring people together in the community and in care settings.”



Crosstown Alliance

NURSING MAKES A DIFFERENCE



Nursing Christian Forum

Anna Froemming, BSN, RN, has worked on the Neurosciences and Spine Unit at St. Cloud Hospital since 2014. While in college at Winona State University, she had the opportunity to have a mentor as a member of a nursing student Bible study through Interspersy Christian Fellowship (IVCF) and Nurse Christian Fellowship (NCF). As a new RN graduate, Anna knew she wanted to continue to care for nursing students and felt called to continue with Interspersy Christian Fellowship at St. Cloud State University. Kirsten Wagenius (IVCF coordinator) and Anna formed a NCF cohort of nursing students who meet weekly to share prayer and a short bible study. Anna believes coming together in prayer, mentoring and study can encourage and support nursing students in a sacred profession.

Chile Nursing Students

Nursing students from the University of Concepcion, located in Chile, spent one month at St. Cloud Hospital through a student exchange program with St. Cloud State University. Catalina Santos Rubilar Drews and Constanza Pilar Cortes Yanez participated in classes learning nursing leadership theory at St. Cloud State University and precepted leadership experiences at St. Cloud Hospital. Global learning occurred in both directions.



Skin Champion Expert

Jennifer Burris MA, APRN, CNS ACNS-BC, Hospital Medicine Section, had the opportunity to present her evidence-based practice project on Skin Champions to the Minnesota Hospital Association (MHA) Quarterly Patient Safety Committee. Jennifer, a member of the MHA Pressure Ulcer Advisory Panel, was selected after sharing the work that has been done to develop a successful skin champion model. Despite all the evidence-based changes that have been implemented, pressure ulcer rates continue to remain high throughout the state. MHA patient safety leaders were looking for organizations that have been successful in heightening awareness and preventing pressure ulcers.

2016 Organization Awards

Truven Health Top 100 Hospitals – 10th award
U.S. News and World Report - Ranked 3rd among MN 150 hospitals
Get with the Guidelines®-Stroke Gold Plus Quality Achievement Award with Target: Stroke Honor Roll
Get with the Guidelines®-Resuscitation Silver Award
Mission: Lifeline® Gold Receiving Quality Achievement Award

National Office: Association of periOperative Registered Nurses (AORN)

Association of periOperative Registered Nurses (AORN) is an international organization supporting perioperative registered nurses (pre, intra and post-operative nursing care). Larry Asplin was elected to the AORN Foundation Board of Trustees 2013-2016; reappointed 2016-2019; elected Treasurer of the AORN Foundation BOT in 2015; reappointed in 2016. Larry also is a representative for AORN on The Joint Commission's Hospital Professional and Technical Advisory Committee, an AORN Presidential appointment 2014 – 2019.

“They may forget your name but they will never forget how you made them feel.” ~ Maya Angelou

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Zynx Health Award

Jenna Czech, BSN, RN, CNRN, and Roberta Basol, MA, RN, NE-BC, were given a Clinical Improvement award by leveraging content from ZynxCare® to improve language and cultural needs among an increasingly diverse patient community within St. Cloud Hospital. The team implemented an interdisciplinary care plan process to create standardized, evidence-based plans of care that improved nursing competency in caring for culturally diverse populations. The use of these plans increased interpreter use by 25% and improved nursing confidence in supporting Limited English Proficient patients by 24%.



Joy Plamann wins Spirit of Advocacy Award

Joy Plamann, MBA, BSN, RN, BC, was nominated and won the Minnesota Hospital Association (MHA) Spirit of Advocacy award for her work to prevent and manage patient aggression and violence toward health care staff. Joy is known as an expert in the field and has presented on the topic locally, regionally and nationally. Joy was instrumental in bringing forth concerns related to patient aggression and violence toward staff back in 2009 and created an interdisciplinary committee at St. Cloud Hospital in 2010 to help mitigate these risks. Joy has presented to numerous MHA committees, testified before the Minnesota Legislature and served on a statewide task force on violence prevention led by the Minnesota Department of Health.



Nursing Professional Practice Model Quilt

St. Cloud Hospital's Nursing Professional Practice Model is visible to the public thanks to Karolyn Skudlarek, a retired RN, who created a beautiful Compass quilt. The quilt is framed and etched with the phrase from our previous CNO, Linda Chmielewski. "Guided by our compass, the nursing excellence journey continues." The quilt is on display on the first floor, northwest hallway.



Nurse of the year



Linda Chmielewski, MS, RN, NEA-BC,
Retired, Vice President-Hospital Operations/CNO

*“Nurses are critical to our mission
of improving the health of babies
and key in comforting families.”*

~ March of Dimes 2015

2015 March of Dimes Nominees and Winner

Linda Chmielewski, MS, RN, NEA-BC, Retired, Vice President-Hospital Operations/CNO, was recognized by the Minnesota March of Dimes with 2015 Nurse of the Year Awards on Oct. 17. Linda received the Leadership Award for her exemplary leadership that has demonstrated exceptional excellence in patient care and outcomes. She is a highly accomplished nursing leader who worked closely with clinical care staff, organizational leaders, providers and staff.

CentraCare Health/St. Cloud Hospital has been a sponsor of the March of Dimes, Nurse of the Year since its inception six years ago, and is a proud partner with March of Dimes of the Neonatal Intensive Care Unit family support program. Throughout Minnesota, 460 nurses were nominated in 16 categories that encompassed a wide range of nursing practice. St. Cloud Hospital had 20 nominees, including Linda.

St. Cloud Hospital finalists for the 2015 March of Dimes Nurse of the Year Awards

*Roberta Basol, MA, RN, NE-BC
Jennifer Burris, MA, APRN, ACNS-BC
Amy Fitch, RN, RNC-OB
Jason Foos, BSN, RN, CEN
Jenine Graham, BSN, RN, CMSRN
MacKenzie Hauer, MSN, RN
Tara Hinnenkamp, BSN, RN, OCN
Rebecca Kastanek, DNP, RN, FNP-BC, CRRN
Lynna LaFore Christensen, RN
Damas Long, BSN, RN, CMSRN
Brittany Myers, BSN, RN
Kristi Patterson, BSN, RN, CPHQ
Colleen Porwoll, BSN, RN, ONC
Sara Revier, MSN, APRN, ACNS-BC, ACHPN
Kathryn Theis, BSN, RN, ONC
Tamara Welle, BSN, RN
Rebecca Wendroth, BSN, RN
Wendy Wheeler, BSN, RN, RN-BC
Amanda Zierden, BSN, RN, OCN*

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DAISY Award

The DAISY Award was established in 2000 by the Barnes Family to recognize nursing clinical skills, leadership and compassionate patient care as a means of honoring their son, Patrick, who died at the age of 33 from idiopathic thrombocytopenia purpura (ITP). The DAISY Award was created to express the profound gratitude of the Barnes Family for the care nurses provide to patients and families every day.

During May 2016 Nurses Week commemoration, St. Cloud Hospital celebrated the annual DAISY Award recognizing the nominees and the DAISY Award winners. St. Cloud Hospital established the nomination and selection criteria in alignment with organizational core values, and nurses who exemplify these values are nominated by patients, families, peers, physicians and co-workers. DAISY Award winners receive a unique, hand carved, "Healer's Touch," statue, created by artisans from Zimbabwe that represents nursing's meaningful work.



DAISY Award Winners for 2016

Linda Barthelemy, BA, RN, OCN (Medical Oncology Outpatient Clinic)
Melissa Bruns, RN (FBC)
Bethany Carlson, BSN, RN (Adult Mental Health)
Kristine Grove, BSN, RN (ICU)
Sheila Gustafson, BSN, RN (ETC)
Laurie Henkemeyer, RN (Transitional Care/Palliative Care)
Sandra Isaacson, RN (CCU)
Amber Kuklok, BSN, RN (Neurosciences/Spine Unit)
Jennifer Lang, BSN, RN (CPRU)
Kara Panek, BSN, RN, OCN (Oncology Unit)
Rolee Petersen, RN (Patient Care Support Float)
Nancy Sperl, BA, RN, CNN (Litchfield Dialysis)
Kathy Wilson, LPN (Bone & Joint Center)

40 Nursing Annual Report 2016

The Magnet Steering Committee

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Jennifer Burris, MA, APRN, ACNS-BC
Beth Honkomp, MSN, MBA, RN, NEA-BC
Stacy Kuechle, BSN, RN
Joy Plamann, MBA, BSN, RN-BC
Barb Scheiber, BSN, RN, NE-BC
Sharon Schlengen
Sherry Sonsalla, MSN, RN, RN-BC
Kelly Thornton, CCP
Jane Vortherms, MHA, BSN, RN, OCN
Roxanne Wilson, PhD, RN



Magnet Steering Committee

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