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Nursing Annual Report: 2019

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NURSING
ANNUAL REPORT
2019

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Front cover: Tyler Dwyer and wife, Paranant, are shown in October with their two sons, Heath (7) and Hugh (6 months) near their home in Sartell, MN.

Welcome



Craig Broman, MHA, FACHE

At CentraCare – St. Cloud Hospital, nurses exemplify compassionate, patient-centered care by listening with their heads and hearts – to understand, assess, provide treatment and comfort. Many extraordinary nurses combine the science of nursing (the clinical knowledge and expertise) with the art of nursing (the compassion, caring, guidance, teamwork, attitude and ability to connect with patients and families).

Because health and well-being are important, nurses serve with a purpose, “We’re here for your whole life – to listen then serve, to guide and heal – because health means everything.” Patients share their amazing stories of the difference nurses have made in their care and well-being due to their kindness, respect and acceptance.

I would like to thank our dedicated team of nurses for their commitment to the patients and families we serve at CentraCare – St. Cloud Hospital and within the communities we call home.

Sincerely,

Craig Broman, MHA, FACHE
Chief Operating Officer (COO)
CentraCare – St. Cloud Hospital President



Joy Plamann, DNP, MBA, RN, BC

As I reflect on the past year, I am amazed at all that has been accomplished. This year's Nursing Annual Report is filled with stories of times nurses have been curious and asked questions like “why” or “how come we...” or “what if...” All these thoughtful inquires have led to process improvements, increased quality and safety to those we serve, along with increased interdisciplinary teamwork and collaboration. These are reasons to celebrate!

This past year has been one of change and learning new concepts in order to create a culture of continuous improvement. Concepts such as standardization, huddles, Thrive Together and Bright Idea cards are just the beginning toward creating and sustaining a culture centered around high reliability. As we go forth in fiscal year 2020, I encourage you to be observant of your daily environment to determine where waste exists, where you are going through the motions to provide care versus processes that truly make a difference in the outcomes of the patient and family. Listen for what works well in other areas and incorporate this into your practice environment. Truly serve those around you by being respectful, treating them with care and kindness and making them feel at home, whether this is a new team member or a patient/family in need.

As you read the stories in the CentraCare – St. Cloud Hospital Nursing Annual Report, I hope you experience the same pride I have for the contributions made by nurses and interdisciplinary teams every day!

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

Education and Certification

Hospital Profile

(JULY 1, 2018 TO JUNE 30, 2019)

Licensed beds: 489

Net patient revenue: \$874,157,889

Consumers served: 709,000

Inpatient admissions: 28,174

Number of patient days: 120,924

Average length of stay (days): 4.28

Number of outpatient visits: 307,431

Number of Emergency Trauma Center visits: 62,206

Number of home care visits: 59,197

Number of surgeries: 14,747

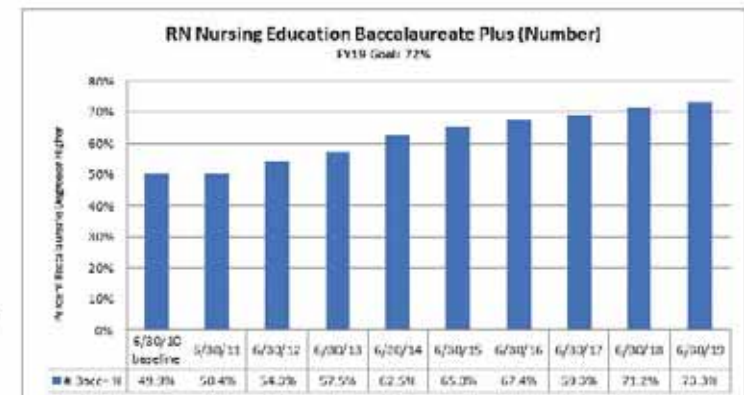
Number of births: 2,871

Our Nursing team is made up of Advance Practice Registered Nurses, Registered Nurses, Licensed Practical Nurses and Nursing Assistants.

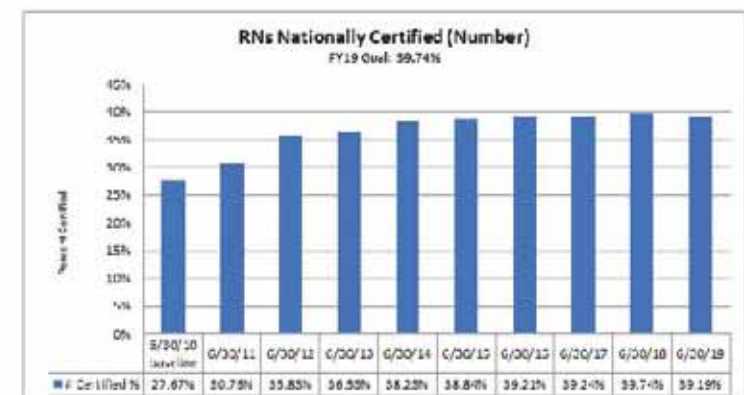
	APRNs	RNs	LPNs	NAs
Number employed	49	1,924	288	734
Number of FTEs	37.85	1,465.31	213.23	464.56
Skill mix	—	68.37%	9.95%	21.68%
Average length of service (years)	5.37	8.46	6.14	1.77
Turnover rate	10.0%	6.2%	14.1%	30.8%
Vacancy rate	5.0%	1.7%	11.5%	6.9%

The 2018-2019 nursing strategic plan includes goals to continue to advance professional nursing practice and learning. One way to achieve this is by increasing the percentage of registered nurses (RNs) with a baccalaureate degree or higher and specialty certification achievement.

For fiscal year 2019, the percentage of RNs with a baccalaureate degree or higher was 73.3%. This met the hospital goal and demonstrates continued progress toward the Institute of Medicine report *The Future of Nursing*, which endorses achievement of 80% of RNs to have a baccalaureate degree or higher by 2020.



Eighty-one RNs achieved a national nursing specialty certification during fiscal year 2019 which increased the percentage of certified nurses to 39.19%. National specialty certification is supported through study groups, review courses, exam reimbursement and "fail safe" programs.

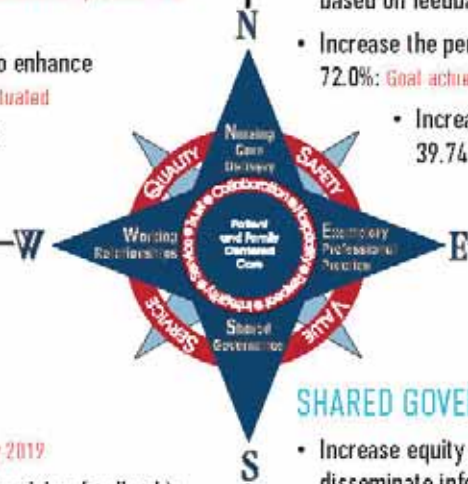


NURSING CARE DELIVERY (Experience, Value):

- Implement and monitor effective usage of MyChart bedside: *Implemented October 2018*
- Increase likelihood of ordering the right supply and increase standardization of equipment/supply placement: *Color coding of Kanban and alternative names for supplies identified*
- Increase success in finding policy resources on CentraNet: *Transition policies over time to PolicySTAT*
- Improve throughput at CentraCare - St. Cloud Hospital: *Multiple projects and pilots underway*
- Workplace violence - Increase transparency of what the committee is working on/enhance communication: *Create a specific section within CentraNet*
- Execute consistent leadership response to workplace violence events: *Standard template sent to leaders for follow-up*
- Implement an effective nursing home admission and discharge process to enhance communication and collaboration: *Satisfaction with standardized tool being evaluated*
- Create standardization of the correct EMR order mode to ensure financial reimbursement and adherence to nursing scope of practice: *Updating of guidelines continue*

EXEMPLARY PROFESSIONAL PRACTICE (Community Health):

- Organize/participate in 2-3 health initiatives in the community:
 - ♦ Breakdown barriers for staff involvement: *Initial meetings held, work to continue in FY 2020*
- Standardize NA hand-offs according to evidence and scope of practice, consider standardization and inclusion of NAs in bedside shift report: *Initial meeting held, work to continue in FY 2020*
- Improve hand hygiene practices, promoting a culture of safety to decrease health care-associated infections: *Action plan underway to increase action and accountability*
- Create a standardized evaluation process for nursing orientation and implement changes based on feedback: *Conduct pilot of competency assessment in FY 2020*
- Increase the percentage of baccalaureate-prepared nurses toward 80% by 2020; Goal FY19 - 72.0%; *Goal achieved - 73.3%*
- Increase the number of RNs who have achieved a certification to Goal FY19 - 39.74%; *Goal not met - 39.19%*



WORKING RELATIONSHIPS (People):

- Implement CANDOR: *Trainings completed, workflows developed, implement in July 2019*
- Provide education and training to combat horizontal violence (refresher on giving feedback): *Initial brainstorm took place, continue efforts in FY 2020*
- Enhance consistency of RN job titling and job descriptions: *RN job description revisions underway, continue project into FY 2020*

SHARED GOVERNANCE (People):

- Increase equity of continuing education dollars across departments, set expectations to disseminate information learned: *Brainstorming session conducted, create standard process in FY 2020*
- Consider changing the meeting schedule to allow for increased clinical nurse participation and effective, timely bi-directional communication: *Survey conducted, continue efforts in FY 2020*
- Considering needs of inpatient vs. outpatient topics on agendas: *Completed*
- Restructure the Magnet Steering Committee/Magnet Writers/Magnet Champion structure: *Completed*
- Restructure ANPC-PI Committee: *Completed*
- Enhance communication and dissemination of what projects people are working on:
 - ♦ Consider global sharing of minutes: *Survey conducted, continue efforts in FY 2020*



Pediatric Subcutaneous Rehydration

Placing an intravenous (IV) catheter into a dehydrated pediatric patient can present challenges for even the most experienced pediatric nurse. Pediatric Nurse Amy Finck, MSN, RN, had experience with subcutaneous rehydration at another facility for mild to moderately dehydrated pediatric patients and recognized this as an opportunity. Amy involved Stephanie Hagen, BSN, RN, Director of Pediatrics and Jennifer Olson, BSN, RNC, Pediatric Educator/Quality. Studies have shown subcutaneous rehydration provides timely patient rehydration through elimination of multiple IV attempts and increases patient/family satisfaction.

Amy and Jennifer collaborated to create a policy and order set based on Infusion Therapy Standards (INS). Nurses completed education on subcutaneous catheter placement through the use of a competency checklist. Since implementation, this practice has been disseminated to the Emergency Trauma Center, and further expansion throughout CentraCare is being explored.

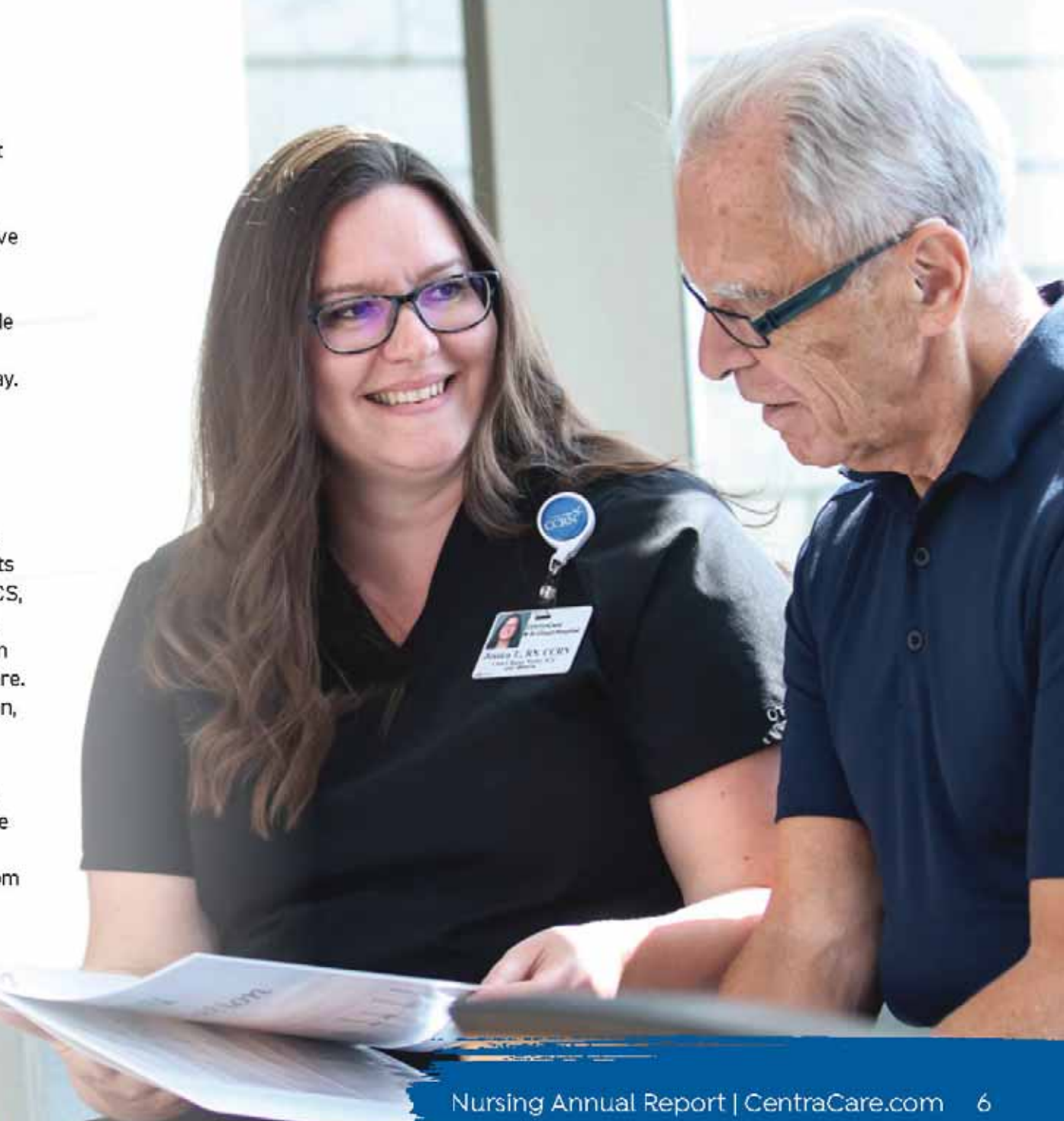
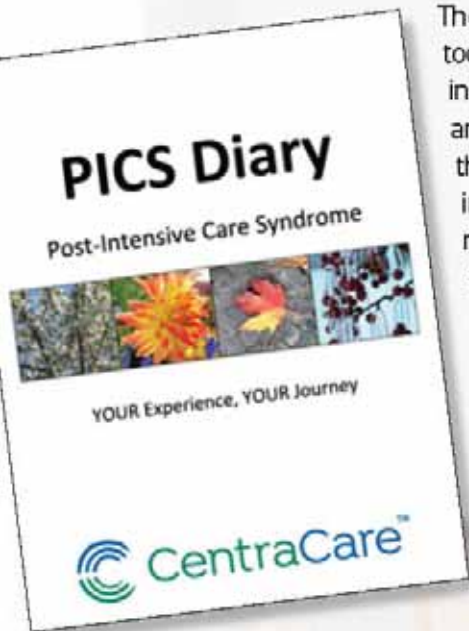
Implementing MyChart® Bedside

MyChart® Bedside was implemented on the Mental Health Units (MHU) at CentraCare - St. Cloud Hospital on Oct. 2, 2018. In collaboration with Epic®, a unique profile for mental health patients was created by limiting online access to ensure patient confidentiality. Additional applications were added to devices to enhance patient coping skills. Success of implementation was evidenced by use of MyChart® Bedside by 98% of MHU patients. Patients reported enhanced interactions with nursing staff and increased awareness of their plan of care, including daily schedules, group discussions and medication administration. In April 2019, results were shared through a poster presentation at the 26th National Evidence-Based Practice Conference in Coralville, Iowa.

PICS Diaries

In November 2018, the Intensive Care Unit (ICU) implemented a patient/family diary to help prevent Post-Intensive Care Syndrome (PICS). PICS is a collection of physical, cognitive and emotional impairments which may impact patients who survive a critical illness. The diary focuses on emotional impairments which can affect 10% to 40% of survivors and their family members. Diaries provide an opportunity for family members to write down milestones or events during a patient's hospital stay. Diaries help to distinguish reality and memories patients had while being sedated and critically ill.

The diary is part of a tool kit which contains information for patients and families about PICS, the ICU environment, interdisciplinary team members and self-care. Since implementation, patient experience scores regarding "information given to your family while you were in the ICU" increased from 78.7% to 84%.



Inpatient Rehabilitation Nursing Model

The Inpatient Rehabilitation Unit may seem like its own little world. It is the only distinct unit with a separate payment structure. The department has a dyad leadership model with nursing and medical directors, and the team nursing model includes registered nurses, certified rehabilitation nurses, nurse practitioners and nursing assistants.

To optimize functioning, the department works to ensure compliance with specific Centers for Medicare & Medicaid Services (CMS) rehab criteria. Staff nurses focus on individualized patient care and detailed documentation to capture a patient's functional status. A nurse clinician and nurse practitioners complete a chart review for each referral and meet with appropriate patients to determine their level of need, while ensuring Medicare rehab admission standards are met.

The nurse clinician completes pre-admission patient screening and assists with other nursing related functions.

In addition, a prospective payment system (PPS) specialist works in a restructured role to meet compliance with annual regulations for CMS and the Commission on Accreditation for Rehabilitation Facilities (CARF) accreditation and now functions as a charge nurse. The PPS/charge nurse dual role provides clinical oversight Monday through Friday. The nurse educator role also was restructured to focus on coordination of orientation for nursing and therapy staff, guide staff development and provide back up for our PPS specialist and nurse clinician. These changes were supported by our nursing staff and validated through staff surveys and have had a positive impact on patient care in the Rehab setting.

Home Health Staffing Model Restructure

CentraCare Home Health and Hospice operates 24/7. Registered nurses (RNs) visit patients during the day, are on-call overnight, and could work the next day. Over the course of two years, the home health and hospice geographic service area expanded which drastically increased mileage driven and patient volumes. Following the expansion, RNs were overwhelmed by demanding nights which led to following day staffing constraints and the inability to meet patient needs in a timely manner.

In October 2018, leadership met with RNs to brainstorm different options for staffing on-call shifts. An interactive discussion resulted in a new staffing plan which included dedicated on-call staff to meet needs of patients on evenings and overnights, without straining day-shift staff. The change offers a unique schedule for these dedicated RNs, resulting in greater resiliency. Response times and quality of care have improved, ensuring an optimal experience for patients and families.



Tammy Rivas, RN

Vascular Access Team

Vascular Access Team (VAT) nurses, led by Brenda Swendra-Henry, MSN, RN, BC, VA-BC, Nurse Clinician, used their expert clinical skills to perform peripheral venipuncture, care and maintenance of central venous catheters and access implanted venous ports. In July 2018, the team expanded to 15 registered nurses who participated in intense education and competencies for insertion of peripherally inserted central catheters (PICCs) and midline catheters. While bedside PICC insertion by nurses is safe and effective for patients requiring central venous access in the acute care setting, the VAT nurses enhanced insertion practices through incorporation of electrocardiogram (ECG) technology. PICC insertion with ECG technology provides real-time visualization of catheter pathway, using the patient's internal p-wave within the cardiac rhythm to guide the catheter toward optimal position, confirming correct line placement for most patients, without the need for chest radiography. The enhanced process reduces delays in infusion therapy initiation. In FY19, the VAT placed 1,642 PICCs and midline catheters with zero insertion related catheter-associated blood stream infections.



Rachael Edman, RN and Kelly Knudson, RNC-NIC

In FY19, the VAT placed 1,642 PICCs and midline catheters with zero insertion related catheter-associated blood stream infections.



Structured Exercise Program for Acute Leukemia Patients

Evidence demonstrates patients who are diagnosed with acute leukemia experience better outcomes when they participate in a structured exercise program during induction chemotherapy. Andrea Olson, BSN, RN, Medical and Oncology Unit, presented results of structured exercise programs for oncology patients for her Student Nurse Capstone Leadership project. After learning Andrea's findings, a small taskforce was formed to implement a structured exercise program for patients undergoing induction treatment. Melinda Jennings, BSN, RN, OCN, Educator, Medical and Oncology Unit; Julie Czeck, MBA, Supervisor, Cardiac Rehab; and Eric Schloe, MPT, Lead Therapist, Rehabilitation Services, along with Hilary Ufearo, MD, and clinical nurses, collaborated to implement a structured exercise program which includes daily visits and activity recommendations by Cardiac Rehab staff. These patients have access to special exercise equipment purchased with CentraCare Foundation financial support. Patients are encouraged to journal their exercise during induction chemotherapy; it has been shown to increase success rates. Initial outcomes indicate patients who are more active have reduced fatigue and complications during a long, challenging hospital stay.

Journey to Zero Hospital-Acquired Pressure Injuries (HAPI)

Hospital-acquired pressure injury (HAPI) prevention has been a focus for the Surgical Care Unit (SCU) and Intensive Care Units (ICU) for years. Despite daily skin assessments under devices; two-person skin assessments on admission, transfer from unit to unit and return from surgery; and Wound Ostomy Continence (WOC) nurse assessments, SCU and ICU nurses recognized practice gaps which could have contributed to increased incidence of nasogastric (NG) and elastic bandage device related HAPIs. Two stakeholder groups, led by Andrea Nyquist, BSN, RN, CCRN, PHN, Intensive Care Unit and Katie Meyer, RN, CMSRN, Surgical Care Unit, convened to evaluate practices for these device related HAPIs.

The NG group recommended use of tape to secure NG tubes instead of a manufactured securement device. Nurses recognized when tape was used, before securement devices, NG device related HAPIs did not occur. In October 2018, the ICU and SCU conducted a pilot where tape was used for securement and changed daily, rather than use of a manufactured securement device which stayed in place for up to 72 hours. ICU and SCU nurses received education on proper placement of tape to ensure NG tubes could move freely without nare pressure, twice daily skin assessments and securement device replacement.

To reduce risk of HAPI development from elastic bandages, the amputee group identified an opportunity to perform post-operative dressing (POD) changes on day one rather than day two. In December 2018, general surgery advanced practice providers, in collaboration with registered nurses, completed the POD change on day one, performed a skin assessment, then reapplied the elastic bandage. Policies and order sets were modified to reflect best practice elastic bandage application.

While there remains opportunity in our journey to achieving zero HAPIs, the NG and elastic bandage practice changes have improved skin assessments around devices and promoted earlier relief of pressure through repositioning of devices. In July 2019, the NG tube practice changes were disseminated across CentraCare – St. Cloud Hospital. Meyer received a Minnesota Hospital Association "Save Our Skin" Award for her involvement in the NG and amputee practice changes. Skin champions remain instrumental in the sustainment efforts throughout our HAPI reduction journey.

Thrive Together

Improvement isn't new to nursing. Thrive Together, a culture of continuous performance improvement, encourages staff to be more effective in how work is approached. Health care is complex, and the industry is changing fast. Change is inevitable, and there's much we can control to promote improvement. Today, CentraCare - St. Cloud Hospital employees gather daily around a huddle board full of information relevant to the work. Huddles promote team building, knowledge sharing, create and sustain momentum around staff engagement and foster improvement. Testing a bright idea may result in failure, but we tried, and we learned, getting one step closer to success. The work is directed in pursuit of the quadruple aim, demonstrated by the following interdisciplinary examples:

IMPROVE STAFF WELL-BEING:

Why are there early clock-ins and late clock-outs? A test of change in how patient care assignments were posted and shift report processes led to staff having more time for life.

ENHANCE THE PATIENT EXPERIENCE:

How is patient experience impacted when glasses, hearing aids or dentures are lost? A test of change to track and account for personal items ensures our patients' vision, hearing and ability to eat is preserved.

REDUCE THE COST OF CARE:

How can we meet post-acute care needs of our patients at a lower cost, while improving quality outcomes, such as readmissions? Improvement efforts resulted in a 12% increase in patients discharged with home health care services.

IMPROVE THE HEALTH OF THE COMMUNITY:

What if we provided weight management consultation to patients with body mass index (BMI) greater than 40? A test of change to identify patients for weight management consults resulted in 14 patients enrolled in weight management or lifestyle health programs.

Fail Fast,
Fail Often,
Fail Forward



Suicide Screening

The rate of suicides and suicide attempts has increased nationally and locally. Evidence shows that people with suicidal thoughts seek out health care frequently with vague symptoms prior to carrying out their plan. CentraCare - St Cloud Hospital leaders recognized a need to enhance existing suicide screening processes prompting an environmental risk assessment in patient care areas. An interdisciplinary team which included clinical nurses, providers and mental health experts, convened to evaluate suicide screening tools and evidence-based interventions. The team chose the Columbia Suicide Screening (CSS) tool, which prompts nurses to ask the right questions to identify the appropriate level of suicide risk and interventions to mitigate risk. The Columbia Suicide Screening tool went live in March 2019, screening all patients ages 10 and older upon arrival to the Emergency Trauma Center and inpatient settings. Soon after implementation, a patient with vague complaints who sought out health care routinely, was identified as high risk via the CSS. Individualized interventions were incorporated into the patient's plan of care and a successful discharge plan was created.



Megan Call, BSN, RN and
Stephanie Moshier, BSN, RN

Float Buddy Program

A Neuroscience Spine Unit Float Buddy Program was initiated to role model best practice by supporting staff who float to the unit. The support includes a welcoming environment, tip sheet, tour and a specific resource person within the same skill set assigned to the float staff member. Follow-up emails are sent by the core charge nurse to provide appreciation and seek feedback on their experience. Responses have highlighted teamwork, feeling set up for success and have been helpful to identify opportunities for improvement. The program has positively impacted staff to provide safe, quality care for the neurological patient population, environment and team. The success of the program has been shared with intentions to disseminate.

Magnet Program Structure – CentraCare – St. Cloud Hospital



Magnet Program Restructure

Shared governance is a framework in which nurses actively participate in decision-making related to patient care and nursing practice. One of the goals on the fiscal year 2019 Nursing Strategic Plan was to restructure the Magnet Program Structure to enhance the support for future Magnet designations. Input into the creation of the new structure was provided through multiple discussions of the former Magnet Steering Committee and approved by the Administrative Nurse Practice Committee.

With the revised structure, a Magnet Steering Committee remains in place with an emphasis on the strategic execution necessary to plan for maintenance of consecutive Magnet designations. This committee is supported by a Magnet Enculturation Team responsible for promoting Magnet concepts and preparing staff for the Magnet designation process, and a Magnet Operations Committee who helps support the Magnet Steering Committee to ensure consistent adherence to the Magnet standards and consistently raising the bar on professional nursing practice. A team of four to six consistent Magnet writers round out the support for the entire Magnet structure to ensure a consistent writing style and "voice" in the Magnet application submission. The formulation of this new structure allows an increased number of clinical nurses and nursing leaders to become involved and knowledgeable in the Magnet process.



Tamara Zaragoza, APRN, CRNA

Advanced Practice Provider Leaders

CentraCare service line expansion and growth of the advanced practice providers (APPs) led senior leaders to recognize an opportunity to integrate APPs into the existing organizational leadership structure. Fourteen new APP Clinical Section Leads (CSLs) were hired to support and connect frontline APPs with strategic and operational goals. The leads collaborate with section dyad leadership and the APP Practice Director on organizational initiatives, such as development of strategic plans, orientation and mentor program creation, care team design influence and health care delivery innovation. For example, the anesthesia department has two CSLs to assist with onboarding and mentoring, promotion of shared governance and increased influence of APPs. The success in integrating APPs into the organizational leadership structure has demonstrated significant value of APPs in the decision-making process.

Care Management Practice/Performance Improvement Committee

The Care Management (CM) Practice/PI committee was created to promote collaboration, communication, facilitation, coordination, advocacy and resource management to improve patient care outcomes. Members serve as resources and communicators for the department. In September 2018, a survey was conducted across care management to identify opportunities for improvement. Based on initial survey findings, it was recognized that standardizing workflows was a blue chip. Over the past year, the committee has focused their work on job description updates, consultation processes and standardization of note templates which resulted in improved role clarity, consistency and resources.

I know what is expected of me in my role:

RN CM – Went from 83% to 75% – 8% decrease

Social Worker (SW) – Went from 74% to 95% – 21% increase

I know what is expected of the (RN, SW) role:

RN CM – Went from 81% to 85% – 4% increase

SW – Went from 35% to 63% – 28% increase

I see a consistent practice in the (RN, SW) role:

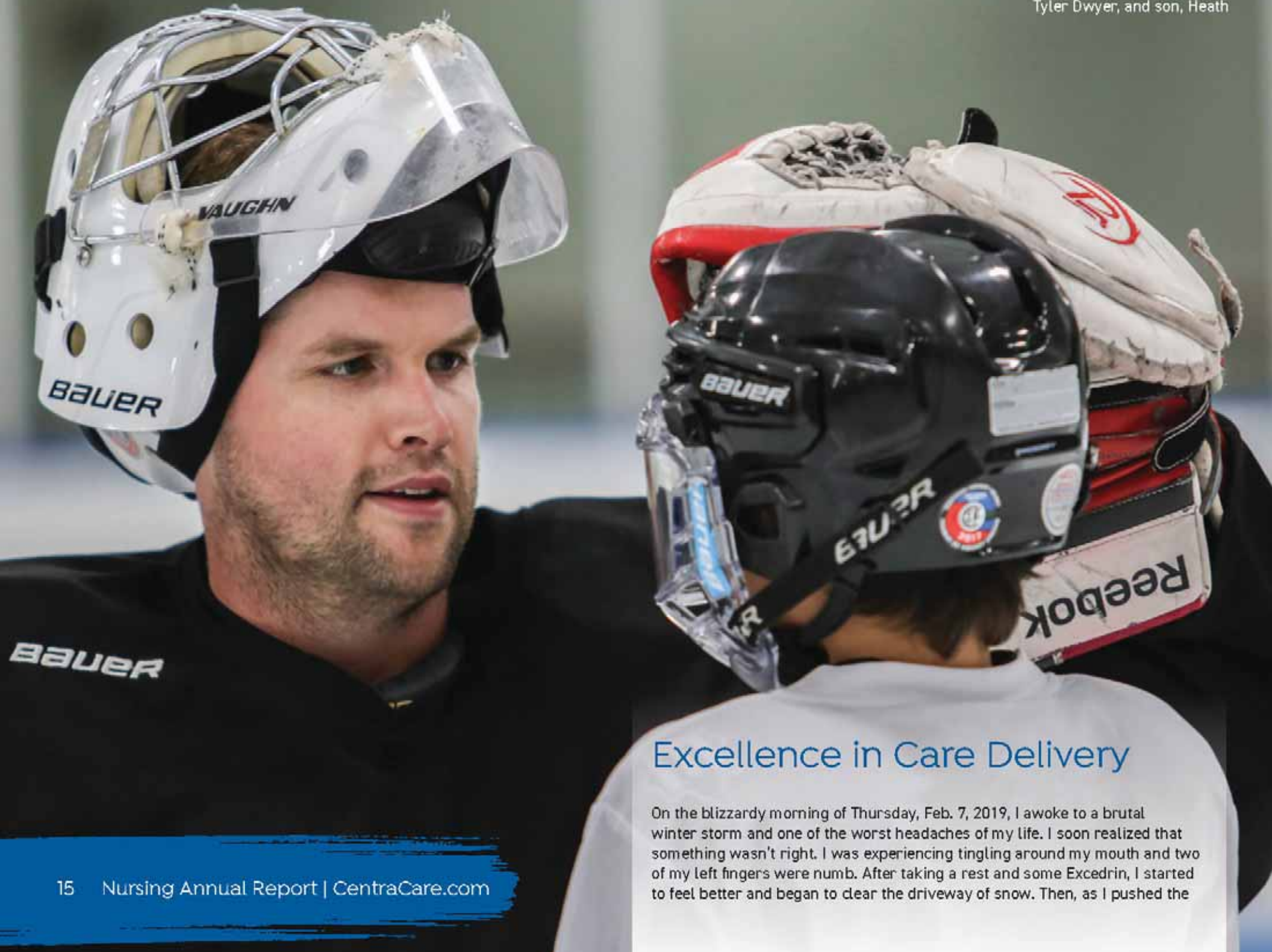
RN CM – Went from 22% to 57% – 35% increase

SW – Went from 40% to 63% – 23% increase

I have the resources and tools to do my job:

RN CM – Went from 55% to 85% – 30% increase

SW – Went from 56% to 73% – 17% increase



Excellence in Care Delivery

On the blizzardy morning of Thursday, Feb. 7, 2019, I awoke to a brutal winter storm and one of the worst headaches of my life. I soon realized that something wasn't right. I was experiencing tingling around my mouth and two of my left fingers were numb. After taking a rest and some Excedrin, I started to feel better and began to clear the driveway of snow. Then, as I pushed the

shovel across my body, within an instant, my left arm went completely flaccid and I felt as if someone had stepped on the left side of my face and pressed down. I knew right then I had suffered a stroke.

Fortunately for me, my wife happened to be home and I was able to walk into the house, in a controlled panic, and garble the words “call 911, I am having a stroke.” I remember the look on her face, one of pure helplessness and disbelief, as she courageously spoke to the dispatcher. The police officer who arrived was nothing short of an angel, who conducted an assessment and kept me calm, while I demanded she take me to the emergency department (ED) in her squad car because I knew “time is brain.” The emergency medical services crew arrived shortly and got me to the ED in a hurry. I remember hearing them call in the “Code Stroke” from the rig. It was a surreal experience, especially knowing what was happening from the patient perspective, an overwhelmingly emotional feeling of great vulnerability and appreciation. After receiving medicine to break up the clot, my care team determined that my stroke was caused by a congenital birth defect known as a Patent Foramen Ovale (PFO), or an opening in my heart. I had a device implanted on March 1, 2019 to close the open flap between my left and right atrium.

The care I received at CentraCare – St. Cloud Hospital was nothing short of tremendous! I felt blessed to be the recipient of excellent nursing care, to observe the collaboration across disciplines and experience the efficiency of my care team. I saw the amazing work of people from all departments, working toward a common goal: my recovery back to health. This high-quality care continued during my time in Rehabilitation at CentraCare Plaza as I progressed from falling asleep in my chair to breaking records on the light board. The outpouring of support from family, friends, co-workers on the Mental Health Units and throughout CentraCare, and the Sauk Rapids and Sartell Hockey Communities was unlike anything I could have ever imagined. My family and I will be forever indebted to every person who impacted our lives during this time! My recovery has been going extremely well and I feel back to my optimal self. By the grace of God, I was able to be present in a community with great access to care, recognize my symptoms early and get the treatment I needed to fully recover. Through all of this, I am grateful of the lessons learned and the humility gained. The excellence in care delivery was on full display within CentraCare and St. Cloud Hospital; I am glad to be a member of this amazing organization!

Tyler Dwyer, BSN, RN, PHN, Inpatient Mental Health



“It was a surreal experience, especially knowing what was happening from the patient perspective, an overwhelmingly emotional feeling of great vulnerability and appreciation.”

- Tyler Dwyer, BSN, RN, PHN, Inpatient Mental Health

Low Dose Ketamine Order Sets

An interdisciplinary team, which included Nathan Reuter, MD; Michael Tan, MD; Lance McNab, PharmD; Angela Peterson, BSN, RN, CMSRN; Curt DeVos, BSN, RN, CNRN; and, Mallory Mondloch, BS, RN, CMSRN, was formed to explore options to treat acute pain and reduce overall opioid use. Ketamine, an NMDA receptor antagonist (non-opioid), improves analgesia in patients with moderate to severe pain, poorly responsive to opioids, including opioid tolerant patients. The team created an evidence-based order set for low dose ketamine infusion administration for acute pain management.

Anesthesia providers agreed to be liaisons and a resource for nursing during the pilot of the newly created low dose ketamine infusion order set. The team reviewed the effectiveness of low dose ketamine infusions and found patients were able to reduce overall post-operative opioid use while maintaining satisfactory pain scores. On Feb. 12, 2019, the low dose IV ketamine infusion order set was implemented at CentraCare - St. Cloud Hospital and disseminated systemwide on May 21, 2019.

Several patients have seen improved pain management outcomes in challenging circumstances due to the multimodal approach CentraCare - St. Cloud Hospital uses for pain management. The interdisciplinary team continues to meet routinely to review outcomes and explore multimodal analgesia opportunities. The work has been shared both regionally and at the Minnesota Health Collaborative for successful reduction of opioid use.



Faith Community Nursing

Granger Westberg was a Lutheran Pastor who founded parish nursing in 1984 as a partnership between Lutheran General Hospital in Park Ridge, Illinois and six area congregations. It was founded in his belief of whole person care in the context of one's community and was based in his observation that patients related to nurses. CentraCare - St. Cloud Hospital has supported Faith Community Nursing (FCN) for more than 25 years. In the Faith Community Nursing Scope and Standards of Practice, 3rd Edition, ANA defines a FCN as a registered professional nurse who is actively licensed in a given state and who serves as a member of the staff of a faith community.

Two nurses teach the Foundations of FCN class in St. Cloud and have trained 21 new FCNs since 2018. The Transitions of Care module for FCNs is taught in the class. The CentraCare FCN website lists 54 FCNs in 34 cities at "Find a FCN Online." This resource provides a connection for FCNs to each other, to members of our communities and to service providers.

FCNs gathered in St. Cloud Hospital on May 8, 2019 for a Blessing of Hands Ceremony in honor of National Nurses Week by Fr. Mark Stang and Bret Reuter of the Spiritual Care Department. Fr. Mark told us, "We understand that when you give your hands, you give your hearts."

Baseline Transfer Checklist - “The Golden Ticket”

In October 2017, Lisa Kilgard, BSN, RN-BC, Medical Unit 1, recognized a gap in the handoff process for patients coming from long-term care facilities. Nurses lacked important information such as baseline mobility scores or required assistance with daily living activities, and found it challenging to develop the plan of care. The concept was brought to the Clinical Nurse Practice Committee, and Colleen Porwoll BSN, RN, ONC, Bone & Joint Center, volunteered to create a process. Lisa and Colleen received support to proceed with improving handoff processes from the Transitions of Care Committee, which included St. Cloud Hospital Care Management and Central Minnesota long-term care facility leaders.

Evidence was evaluated and a handoff checklist was created in collaboration with the hospital and long-term care facilities. In September 2018, the Baseline Transfer Checklist, a form which provided nursing a quick reference of basic patient information, was implemented.

We strive to improve patient experience, staff engagement and continuum of care through continued tool use and collaboration with 50 centralized facilities.

Nurses in Action

Nurses in Action was an event brainstormed by Mark Aberle, APRN, CNP, Chief Nursing Officer (CNO) at the St. Cloud Veteran's (VA) Administration Hospital; Renee Frauendienst, RN, Director at Stearns County Public Health; and, Joy Plamann, DNP, MBA, RN, BC, Vice President-Operations, Acute Care/CNO, to bring nurses across various specialties and settings together for an evening of learning and action. The topic identified for this first event was related to suicide prevention, as this is an emerging health concern in Central Minnesota. Across Minnesota, suicide is the eighth leading cause of death.

The Nurses in Action educational event was open to all nurses and filled very quickly. Three powerful speakers spent the evening discussing suicide among teenagers and young adults, veterans, and in the farming community. At the end of the evening, groups discussed what action they might take in their community as a result of the information shared that evening. This informational session will be held again in October 2019 due to the success of the first event.



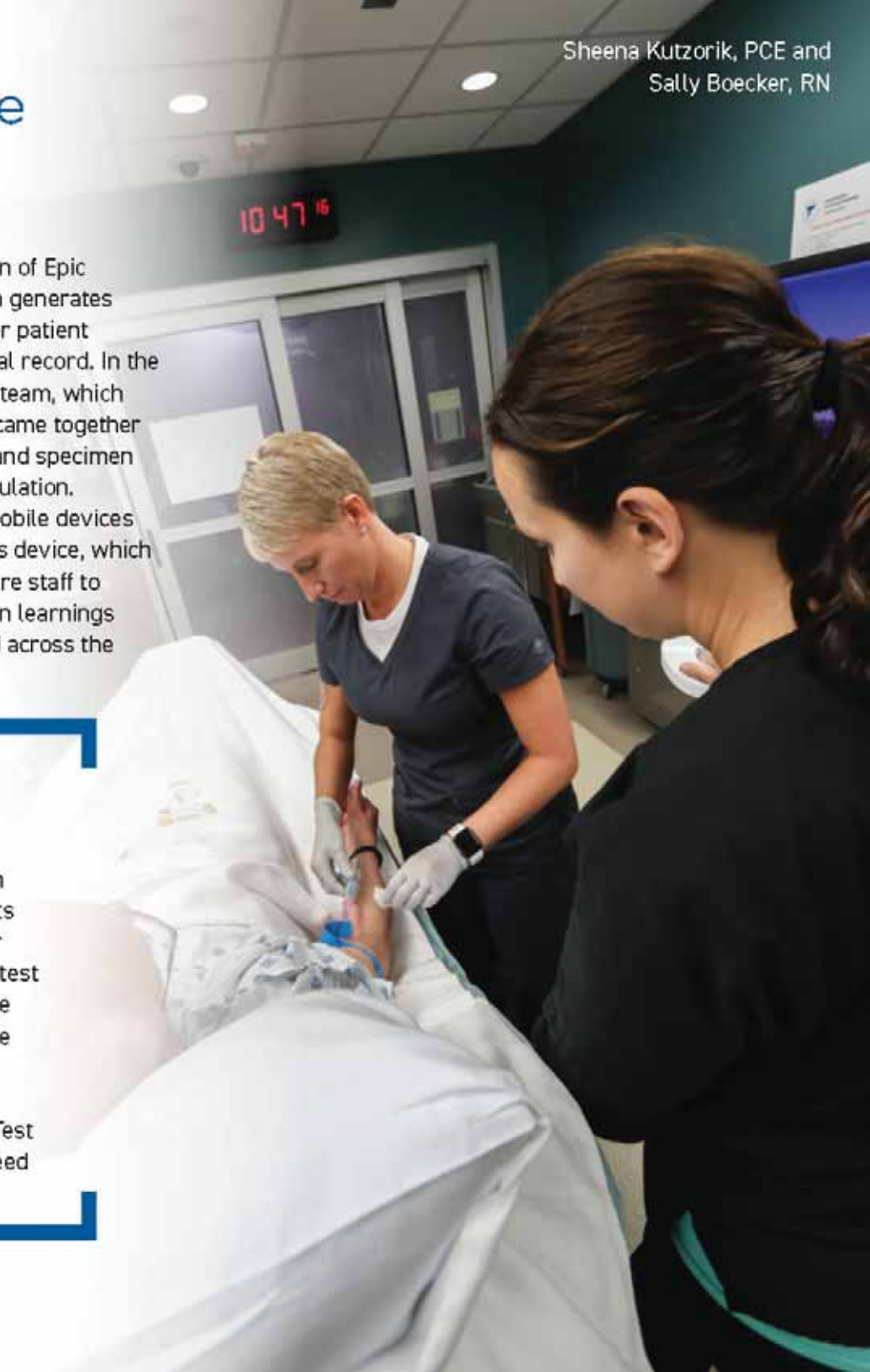
Adapting Technology into Practice through Collaboration

In July 2018, CentraCare - St Cloud Hospital began to prepare for implementation of Epic Beaker®, Epic Systems' laboratory information system. The new Beaker® system generates a patient specimen label that allows for bar code scanning, which ensures proper patient identification and ability to track the specimen collection status within the medical record. In the initial planning, the proposal was to use hardwired devices. An interdisciplinary team, which included laboratory, nursing, nursing assistants and Information Systems staff, came together to evaluate the proposal, and simulations were recommended to better understand specimen collection processes. The Emergency Trauma Center participated in the first simulation. Through simulations and working relationships, it was identified that wireless mobile devices and printers were needed to safely complete the collection process. The wireless device, which includes a mobile application for the electronic medical record, allows patient care staff to complete specimen collection steps in a safe and efficient manner. The simulation learnings changed the implementation plan for Epic Beaker®. Simulations were completed across the organization to ensure technology and specimen collection practices aligned.

Fit Test Workshops

Fit tests are necessary for staff who work with specific isolation patient populations. Stakeholders, including Employee Health Services and unit leadership, identified opportunities to standardize fit test processes. Best practices were used to identify fit test needs and mechanisms to track staff who completed fit tests. Information on fit tested staff and mask sizes needed to safely provide

care are readily available through a new tracking system. Fit test kits are centralized and accessible for "just in time" test completion. Fit test standardization is a great example of an improvement in nursing care delivery through collaboration. In May 2019, CentraCare - St. Cloud Hospital hosted an inaugural Fit Test Workshop to support staff who need to complete a qualitative Fit test.





Surgery Open House

On Feb. 21, 2019, the CentraCare - St. Cloud Hospital Surgery Department invited the public to attend an interactive, self-guided tour of Central Minnesota's largest surgical center. Initiated in 1998 as a recommendation of surgery staff, providers, Board of Directors and patients, a small gathering of staff, to show their families where they worked, evolved into an annual community outreach event with more than 800 community guests touring seven of our 27 operating rooms (ORs).

The open house is coordinated over a six-month period by a small committee comprised of individuals from each of the surgical teams. The open house is facilitated by volunteers, which can include nurses and nursing assistants, surgical technicians, surgeons, anesthesia staff, advanced practice providers, sterile processing technicians and Volunteer Services staff. While we appreciate ORs are often considered an "off-limits area" to maintain strict cleanliness and sterility, we recognized the opportunity to share our secret space with the community. It is an opportunity for the public to view ORs and have volunteers provide education, lead tours, demonstrate surgical procedures and use of advanced technology and to show off their expertise. Visitors have an opportunity to learn about surgical offerings provided right here at "home," enhance knowledge and in many cases, alleviate fears. Some visitors have even been inspired to pursue careers in the medical field.

Following the open house, the Surgery Environmental Services and Sterile Processing staff sanitize the ORs and surrounding areas and sterilize instruments to ensure the department is prepared for full operations the next day. This is truly a team effort of collaboration and awesome hospitality!

Professional Development

NURSING PODIUM PRESENTATIONS FISCAL YEAR 2019

Asplin, L. (2019, March). *MHA Adverse Event Report: Review and Implement Plans for Improvement*. Presented at Association of Perioperative Registered Nurses (AORN) Chapter 2403 Meeting, St. Cloud, MN.

Asplin, L. (2018, October). *Joint Commission Perioperative Services Top 10 Citing's*. Presented at Association of Perioperative Registered Nurses (AORN) Chapter 2403 Meeting, Aitkin, MN.

Braun, D. (2019, April). *Plasmapheresis, Giving Us a Better Understanding*. Presented at American Nephrology Nurses Association (ANNA) National Symposium, Dallas, TX.

Braun, D. (2019, March). *Membrane System for TPE*. Presented at 7th Annual UC San Diego Essentials & Advances in Apheresis Therapies, San Diego, CA.

Braun, D. (2019, March). *Review of Neurological Diseases Utilizing the Membrane System*. Presented at 7th Annual UC San Diego Essentials & Advances in Apheresis Therapies, San Diego, CA.

Eisenstadt, D., Pelant, D., & Omann-Bidinger, T. (2019, May). *You've Hired A New Nurse Leader: Now What?* [Webinar]. Presented at American Medical Rehabilitation Providers Association (AMRPA) National Conference.

Friederichs, B. (2019, May). *Contract Renewal Process Mapping*. Presented at Vizient Connections Summit, Las Vegas, NV.

Friederichs, B. (2019, February). *Contract Renewal Process Mapping*. [Webcast]. Presented at Vizient, Irving, TX.

Friederichs, B. (2018, November). *Look Back Process*. Presented at NAHQ Next Conference, Minneapolis, MN.

Friederichs, B. (2018, October). *AI Collaborative*. Presented at AGMA, San Antonio, TX.

Schad, C., & Heinen, J. (2019, January). *Caring for a Patient Who Receives Dialysis*. Presented at VA Medical Center, St. Cloud, MN.

Skillings, K., & Annett, L. (2019, May). *From Silver to Gold: A Telemetry Unit's Beacon Journey*. Presented at American Association of Critical-Care Nurses (AACN) National Teaching Institute (NTI) Conference, Orlando, FL.

Thoma, J. (2019, May). *Traditional Treatment Versus Wireless Pulmonary Artery Monitoring for HF Patients: The Weight is Over*. Presented at American Association of Critical-Care Nurses (AACN) National Teaching Institute (NTI) Conference, Orlando, FL.

Thoma, J. (2018, July). *Overcoming New Hire Obstacles with an Individualized RN Orientation in the Critical Care Area*. Presented at Association for Nursing Professional Development (ANPD) Conference, Orlando, FL.

Thoma, J., Klein, B., & Hitzler, A. (2019, May). *Telling Patients No: When Cardiovascular Surgery Isn't an Option*. Presented at American Association of Critical-Care Nurses (AACN) National Teaching Institute (NTI) Conference, Orlando, FL.

Vannurden, A. (2018, November). *Lightning Round If We Had a Magic Wand - Implementation of CDI in a Family Medicine Residency Program*. Presented at ACDIS Symposium: Outpatient CDI Conference, Orlando, FL.

Van-Buskirk, K., & Mockros, R. (2019, May). *Hot Topics in Healthcare Workplace Violence*. Presented at The Under One Roof Conference, Duluth, MN.

NURSING POSTER PRESENTATIONS FISCAL YEAR 2019

Abfalter, J. (2019, May). *Implementation of MyChart Bedside on Inpatient Mental Health Unit.* Poster session presented at St. Cloud Hospital Nurses Week, St. Cloud, MN.

Barthel, J., Stang, A., & Pelant, D. (2019, May). *Prevention of Hospital-Acquired Pressure Injuries in NICU.* Poster session presented at St. Cloud Hospital Nurses Week, St. Cloud, MN.

Bauerly, J., Jahn, T., Mackedanz-Johnson, J., & Patterson, K. (2019, May). *Improving Collaboration Between the Heart Failure Team and Telemetry Nurses.* Poster session presented at American Association of Critical-Care Nurses (AACN) National Teaching Institute (NTI) Conference, Orlando, FL.

Czech, J. (2019, May). *Neuroscience Spine Float Buddy Program.* Poster session presented at St. Cloud Hospital Nurses Week, St. Cloud, MN.

Eisenstadt, D., Pelant, D., & Omann-Bidinger, T. (2019, May). *St. Cloud Hospital Nursing Director Orientation and Mentorship Program.* Poster session presented at St. Cloud Hospital Nurses Week, St. Cloud, MN.

Friederichs, B. (2019, May). *Look Back Process.* Poster session presented at St. Cloud Hospital Nurses Week, St. Cloud, MN.

Friederichs, B. (2018, November). *Look Back Process.* Poster session presented at NAHQ Next Conference, Minneapolis, MN.

Gardner, K. (2019, May). *Journey to Zero NG-related HAPIs.* Poster session presented at St. Cloud Hospital Nurses Week, St. Cloud, MN.

Huffman, M., Anderson, G., & Hoppe, J. (2019, May). *Creation of a Mentorship Program to Improve New RN Confidence and Skill Level.* Poster session presented at St. Cloud Hospital Nurses Week, St. Cloud, MN.

Huffman, M., Anderson, G., & Hoppe, J. (2019, May). *Creation of a Mentorship Program to Improve New RN Confidence and Skill Level.* Poster session presented at American Association of Critical-Care Nurses (AACN) National Teaching Institute (NTI) Conference, Orlando, FL.

Jennings, M., Panek, K., & Backes, A. (2019, April). *Collaborating to Sustain Positive Outcomes: Improving the Care of the Oncology Patient Outside the Oncology Unit.* Poster session presented at ONS Congress, Anaheim, CA.

Omann-Bidinger, T. (2019, May). *Enhancing Retention for Nursing Assistants: Effective Strategies to Reduce Turnover.* Poster session presented at St. Cloud Hospital Nurses Week, St. Cloud, MN.

Plante, E. (2019, May). *Reducing Falls in the Neuroscience Patient Population.* Poster session presented at St. Cloud Hospital Nurses Week, St. Cloud, MN.

Schulz, K., & Jennings, M. (2019, May). *Dream to Reality: Build an Escape Room to Meet Learning Gap.* Poster session presented at St. Cloud Hospital Nurses Week, St. Cloud, MN.

Thoma, J., Blais, H., & George, M. (2019, May). *Overcoming New Hire Obstacles with an Individualized RN Orientation in the Critical Care Area.* Presented at Association for Nursing Professional Development (ANPD) Conference, Orlando, FL.

Vannurden, A. (2019, May). *If We Had a Magic Wand - Implementation of CDI in a Family Medicine Residency Program.* Poster session presented at St. Cloud Hospital Nurses Week, St. Cloud, MN.

NURSING PUBLICATIONS FISCAL YEAR 2019

Boit, H., Palmer, G., & Olson, S. (2019). A Comparison Between the Involuntary and Voluntary Treatment of Patients With Alcohol Use Disorder in a Residential Rehabilitation Treatment Program. *Journal of Addictions Nursing*, 30(1), 57-60.

Dinndorf-Hogenson, G., Hoover, C., Berndt, J., Tollefson, B., Laudenschach, N., & Peterson, J. (2019). Applying the Flipped Classroom Model to Psychomotor Skill Acquisition in Nursing. *Nursing Education Perspectives*, 40(2), 99-101.

Nursing Impact Day

The first ever Nursing Impact Day was held Nov. 9, 2018. The purpose was to hold an educational event for all nurses across CentraCare and Carris Health – to come together and connect nursing hearts, minds and souls. The day was amazing and started with a welcome from Joy Plamann, DNP, MBA, RN, BC, Vice-President Operations, Acute Care/ CNO and had both breakout and keynote speakers. Participants were able to choose several topics centered around resiliency, the political frontier, post-traumatic stress and suicide prevention, along with customer satisfaction topics around a concept of a "chief health officer," and the reason why. The day was woven together by song and music that solidified the learnings along the way. The event was so impactful, the planning team has decided to repeat the event with new topics in November 2019.

NURSING

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Aspiration

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Transformation

CentraCare – St. Cloud Hospital Receives PTAP Accreditation

In July 2018, the CentraCare – St. Cloud Hospital New Graduate Residency Program (NGRP) was accredited with distinction as a Practice Transition Accreditation Program (PTAP) by the American Nurses Credentialing Center and Commission on Accreditation in Practice Transition Programs. The NGRP program provides support and resources to new nurses as they transition from academia to professional practice and is offered to all nurses with 12 months or less of experience, who transfer specialties, or who are re-entering the profession. The PTAP accreditation is similar to the Magnet Recognition Program in use of standards and outcome measures and requires a written submission of NGRP criteria. Document submission was followed with a virtual site survey led by Lora Gullette, MSN, RN, Graduate Nurse/Intern & Student Supervisor. In addition, current and past NGRP residents were surveyed for their perceptions of the program. The St. Cloud Hospital NGRP was the second program accredited in Minnesota and 42nd in the nation.

Linda Chmielewski Scholarship Award

Mary Amundson, BSN, RN, CCRN, was the recipient of the Linda Chmielewski Scholarship, a former St. Cloud Hospital Chief Nursing Officer. Mary, a Pediatric Unit RN, is currently enrolled in the Doctor of Nursing Practice (DNP) program at the University of Minnesota. She is compassionate, positive and professional when caring for patients and families. Mary enjoys teaching patients, families, nursing students and interns. She is passionate about rural health care and has a desire to improve access of care for pediatric patients with special health care needs upon completion of her DNP for Nurse Practitioner in May 2021. Mary was recently awarded the 2018 March of Dimes Pediatric Nurse of the Year.



Mary Amundson,
BSN, RN, CCRN

Lifetime Achievement in Nursing Excellence Award

Beth Honkomp, MBA, MSN, RN, NEA-BC, Vice President, Performance Excellence, was the recipient of the 2019 Lifetime Achievement in Nursing Excellence Award. It is awarded to a nurse with at least 10 years of experience who is committed to nursing excellence and contributes to optimal patient outcomes demonstrated by a commitment to *Our Best Begins with Me* principles and The Compass: Professional Practice Model.

Throughout her 35-year career at CentraCare – St. Cloud Hospital, Beth demonstrated an exemplary commitment to clinical excellence, culture of safety, superior patient experience and professional development to ensure staff competencies. She advocated for nursing practice and top of licensure.

Beth was part of many "firsts" at St. Cloud Hospital which included being one of the first nurses to be certified and being involved with implementation of case management, the first dialysis run and evolution of the Regional Kidney Dialysis Program and the structure and process for the first open heart surgery.

Beth was a key nursing leader in establishing a culture of evidence-based practice and "the Magnet way." She actively participated in the initial Magnet designation and three subsequent re-designations by being a daily Magnet champion, story reviewer, writer and instilling Magnet components throughout her teams.

Beth's experience, knowledge and leadership has positively influenced every internal committee or task force focused on achieving Quadruple Aim outcomes. Her advocacy for the nursing profession has contributed to higher quality standards, a safer environment for patients and staff and recruitment/retention of providers and nurses.

Beth Honkomp, MBA,
MSN, RN, NEA-BC



Over the years, Beth mentored future nursing leaders. She willingly precepted nursing students and instilled professionalism in those she encountered. Beth cast a shadow of influence and excellence.

Through participation with external health care organizations, including: Vizient Upper Midwest Improvement Leaders Network, MHA Quality & Patient Safety Committee, MHA Registry Advisory Committee, Women's Health Leadership TRUST Board of Directors and Leadership Development Committee, Beth's leadership role has influenced health care quality and safety improvement on a broader statewide scale.

Beth's involvement has created a strong nursing foundation, culture and legacy that will continue to thrive and contribute to St. Cloud Hospital's Magnet journey.



Melissa Fradette, MSN, RN, CCRN and
Teresa Jahn, APRN, CCNS, CCRN

Nurses in the Community

In 2019, the Central Minnesota Area Chapter (CMAC) of the American Association of Critical-Care Nurses (AACN) was recognized with the Circle of Excellence in Chapter Community Education and Public Service Award. This award recognizes chapters that have made an outstanding public service contribution in their local community while actively supporting AACN's mission, vision and values. CMAC members participated in the "Pride in the Park" event; taught Bystander CPR to local churches, community town halls and more than 300 high school students, who in turn were required to teach two people; adopted a "Sharing the Spirit" family and prepared meals at Anna Marie's Alliance. CMAC members are registered nurses from the Intensive Care Unit, Cardiac Intensive Care Unit, Cardiovascular Thoracic Unit and Telemetry.

Outstanding Informatics Nurse Award

Nicole Virnig, BSN, RN, Information Systems (IS) application system analyst on the Home Health and Hospice team, was awarded Minneapolis/St. Paul Magazine's 2018 Outstanding Nurse Award in the Informatics category. Peer and team leaders turn to Nicole because of her informatics expertise, ability to prioritize and put patients first. As a mentor, she casts the shadow of kindness, patience and competence. She fosters collaboration and optimal results by preventing medical errors and improving workflow efficiencies.



Nicole Virnig, BSN, RN

DAISY Award for Extraordinary Nurses in Patient Flow



The DAISY Award for Extraordinary Nurses in Patient Flow, co-sponsored by the DAISY Foundation and their industry partner TeleTracking®, recognizes nurses for their hard work and commitment to ensuring patients have access to the right bed, at the right time, in the right setting. Additionally, the award recognizes nurses committed to delivering compassionate, high-quality care focused on unique needs of individual patients and families during this highly dynamic process.

In November 2018, Colleen Porwoll, BSN, RN, ONC, Bone & Joint Center Core Charge Nurse, was one of two nurses awarded this recognition across the nation. Colleen, a compassionate nurse with the ability to use evidence, was nominated and selected as the award recipient because of the successful implementation of the IDEAL model. The IDEAL model is a framework for engaging patients and families in discharge planning upon admission. This discharge model improves communication between patients, families and the entire care team.

Colleen's IDEAL model project better prepares patients and families for discharge, fulfilling our purpose: to listen then serve.



Colleen Porwoll, BSN, RN, ONC

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 2019 Nurses Week commemoration, CentraCare - St. Cloud Hospital celebrated the annual DAISY Award recognizing the nominees and the DAISY Award winners. CentraCare - 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 represent nursing's meaningful work.

DAISY AWARD WINNERS FOR 2019

Bridget Beran, BSN, RN, CRRN (Rehab)
Jeff Bushman, RN, OCN (Oncology)
Patricia Farrington, BSN, RN (ICU)
Barb Fischer, LPN (Rural Health Clinic)
Jaclyn Hackey, BSN, RN (Telemetry)
Fadumo Hassan, BSN, RN, (FBC)
Brittney Huisinga, BAN, RN (Neuroscience/Spine)
Sarah Keeler, LPN (ETC)
Deb Lalley, MSN, RN, PMHCNS-BC (Plaza-Behavioral Health Center)
Marcia Lindberg, BSN, RN-BC (Care Management)

Julie Mages, RN (Radiation/Oncology)
Wendy Maiers, BSN, RN (CPRU)
Sarah Mavenkamp, BSN, RN (Surgery)
Doreen McGuire, LPN (Bone & Joint)
Joanne Misbe, LPN (Dialysis-Little Falls)
Barb Moorman, RN (Mental Health-Adult Inpatient)
Cinnamon Small, RN (Dialysis)
Kathi Sowada, DACM, MSN, RN, LAc, HN-BC, CHTP (Integrative Therapies)
Tessa Swenson, BSN, RN, (Pediatrics)
Julie Wilfong, BSN, RN, CLC (FBC)

Nurses Work Together to Save One of Their Own

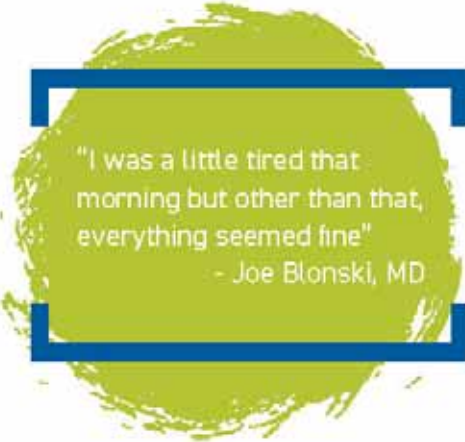
It was a typical cold morning in January 2019 when Joe Blonski, MD, headed to the YMCA for his usual 5 a.m. workout. "I was a little tired that morning but other than that, everything seemed fine," he said. After finishing his 45-minute workout on an elliptical machine, he was leaning over to grab his sweatshirt when he felt a little dizzy. That's all he remembers until he woke up after his cardiac arrest.

Fortunately, that morning, there were competent nurses working out close by. Rachel Appel, BSN, RN, CCRN, from CentraCare – St. Cloud Hospital's Intensive Care Unit, sprang into action and immediately called 911. When she realized Dr. Blonski had no pulse and was no longer breathing, she began CPR. Kari Dembouski, BSN, RN, from CentraCare Employee Health Services, along with others, assisted with Basic Life Support. Thankfully there was an automated external defibrillator (AED) close by. "When we put it on him, it advised a shock, so we knew the situation was serious," Rachel said. "We shocked him and then continued CPR."

"It was while I was doing compressions that I noticed his eyes flutter," Kari said. "We stopped and checked his pulse; he had started to move and breathe on his own."

"Everything happened very fast. It was probably all less than five minutes," Rachel said. "I was completely in shock. It was amazing how quickly he came around. At first, he was a bit confused, but after a few minutes he knew what was going on. The whole situation felt like a whirlwind. It was amazing to see what quick action and use of an AED can do."

When EMS staff arrived, they checked Dr. Blonski's vitals and did an EKG – they were both normal. He was then transported to the St. Cloud Hospital Emergency Trauma Center and then transferred to the catheterization lab. Cardiologist Richard Jolkovsky, MD, initially evaluated Dr. Blonski and Cardiologist Richard Aplin, MD, performed an angiogram showing Dr. Blonski had a 95 percent blockage in his left anterior descending artery, commonly called the widowmaker. An angioplasty and a stent took care of the problem. "His artery was severely narrowed but not totally closed, and his heart function remained normal without damage," Dr. Jolkovsky said. "Because he was treated so



"I was a little tired that morning but other than that, everything seemed fine"

- Joe Blonski, MD

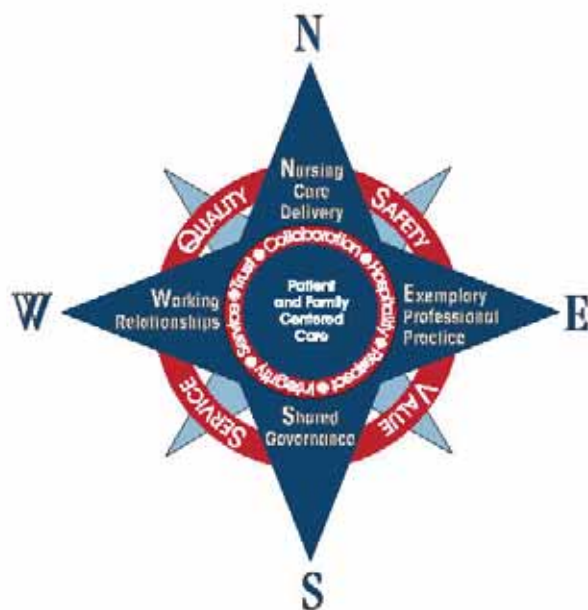
rapidly with CPR and defibrillation with an AED, he didn't have significant injury to his other organs such as brain, kidneys or lungs."

Dr. Blonski walked out the hospital the next day. He feels blessed that he was in the right place, at the right time, with the right people and the right equipment available. Knowledge of Basic Life Support, having the bravery to put that knowledge into action and having an AED close by are lifesaving and brain-saving. "Waiting until EMS arrived before shocking me would have definitely cost me precious brain cells — and I really don't have all that many that I can afford to lose," he said.

Dr. Blonski has always felt that CentraCare has great nursing staff. He feels even more so since January. "I'm not quite sure why God thinks I still need to be around and hanging out," he said. "I'm ready to go whenever he wants to take me home, but he obviously believes that I should still be here for some reason. My job now is to try and figure out why and make sure my eyes and ears are open to the things He wants me to be doing."



Joe Blonski, MD, MBA, CPE, Kari Dembouski, BSN, RN, and Rachel Appel, BSN, RN, CCRN



The Compass Awards

The Nursing Professional Practice Committee is a group of nurses responsible for continued enculturation of The Compass: Nursing Professional Practice Model. In response to committee member recommendations, a subgroup was formed to update the Nurses Week Research and Evidence-Based Practice Awards to align with The Compass. The 15 awards, categorized in four groups aligned with The Compass, recognized nurses and patient care staff who demonstrated excellence in professionalism and patient care. In Spring 2019, the inaugural Compass Awards were presented to nurses and patient care staff, nominated by peers or leaders, during Nurses Week celebrations.

Nursing Membership on National/State Offices

ACADEMY OF MEDICAL-SURGICAL NURSING (AMSN)

- Katie Schulz, MSN, RN-BC, PRISM Award Committee April 2018 – April 2020.

AMERICAN ASSOCIATION OF CRITICAL CARE NURSES (AACN)

- Melissa Fradette, MSN, RN, CCRN, is an AACN Ambassador 2016 – Present and member of the 2019 NTI Planning Committee April 2018 – May 2019.
- Teresa Jahn, APRN, CCRN, CCNS, has been appointed to serve a one-year term on AACN's National Nominating Committee July 2019 – June 2020.

AMERICAN NEPHROLOGY NURSES ASSOCIATION (ANNA)

- David Walz, MBA, BSN, RN, CNN, FACHE, National Treasurer May 2017 – June 2019.

AMERICAN SOCIETY OF PERIANESTHESIA NURSES (ASPAN)

- Deborah Moengen, BSN, RN, CPAN, ASPAN, Board of Directors Region 3 May 2019 – May 2021.
- Deborah Moengen, BSN, RN, CPAN, MNDKSPAN, Past President May 2019 – June 2021.

ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL (APIC) – MINNESOTA

- Ellen Simonson, RN, MPH, CIC, Past President January 2019 – December 2019.

ASSOCIATION OF PERIOPERATIVE REGISTERED NURSES (AORN)

- Larry Asplin, MSN, RN, CNOR, CSSM, AORN Foundation Board of Trustees (BOT) Treasurer July 2018 – June 2019.

NATIONAL CERTIFICATION ORGANIZATION (NCC)

- Jeanne Friebe, BSN, RNC-LRN, IBCLC, was appointed to be a content writer for the LRN (Low Risk Newborn) exam in June 2017 – present.

CentraCare – St. Cloud Hospital finalists for the 2018 March of Dimes Nurse of the Year Awards

Mary Amundson, BSN, RN, CCRN
Catherine Bowe, BSN, RN, RNC-NIC
Julie Bunkowski, BSN, RN, RNC-NIC
Patricia Dumonceaux, MSN, RN, PHN, CIC
Brenda Haller, BSN, RN, CMSRN
Daren Hendrickson, RN-BC, LSW
Rosemary Hobbs, BSN, RN
Jodi Specht-Holbrook, MSN, RN, CNOR
Teresa Jahn, APRN, CCNS, CCRN
Melinda Jennings, BSN, RN, OCN
Maggie Mcclaird, BSN, RN, CMSRN
Andrea Nyquist, BSN, RN, CCRN, PHN
Melanie Odden, BSN, RN, RNC-NIC
Diane Pelant, MSN, RN, CCRN-K
Joy Plamann, DNP, MBA, RN, BC
Kathi Sowada, DACM, MSN, RN, LAc, HN-BC, CHTP
Roxanne Wilson, PhD, RN

WINNERS BY CATEGORY:

Education & Research

Melinda Jennings (Oncology)

Pediatrics

Mary Amundson (Pediatrics)

Rising Star

Maggie Mcclaird (Surgical Care Unit 2)



Nursing Annual Report Contributors:

Julie Abfalter, BSN, RN-BC
Rachel Appel, BSN, RN, CCRN
Larry Asplin, MSN, RN, CSSM, CNOR
Ann Backes, MSN, RN, OCN
Bobbie Bertram, MBA, APRN, CNP
Craig Broman, MHA, FACHE
Annette Brown
Jennifer Burris, MA, APRN, ACNS-BC
Jenna Czech, BSN, RN, CNRN
Patricia Dumonceaux, MSN, RN, PHN, CIC
Tyler Dwyer, BSN, RN, PHN
Deb Eisenstadt, MS, BSN, RN, CNML
Lori Eiyndk
Amy Finck, MSN, RN
Melissa Fradette, MSN, RN, CCRN
Kay Greenlee, MSN, RN, CNS, CPHQ
Lora Gullette, MSN, RN
Stephanie Hagen, BSN, RN
Beth Honkomp, MBA, MSN, RN, NEA-BC
Kristen Husen, PT
Teresa Jahn, APRN, CCNS, CCRN
Melinda Jennings, BSN, RN, OCN

Annette Jesh, BSN, RN, PHN
Jane Keppers
Lisa Kilgard, BSN, RN-BC
Melissa Lahn, MSN, RN-C, OB
Sue Laudenbach, BS
Tanya Mazzone, MSN, RN, CNML
Lisa Meyer, MSN, RN, NE-BC
Mallory Mondloch, BS, RN, CMSRN
Jennifer Olson, BSN, RNC
Kara Panek, BSN, RN, OCN
Nathan Peterson, BA
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Colleen Porwoll, BSN, RN, ONC
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