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2022 Nursing Annual Report

Achieving Nursing Excellence

“You are where you
are meant to be...
Just Breathe”



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Welcome



MELISSA FRADETTE, MSN, RN, CCRN-K
EXECUTIVE DIRECTOR, CENTRACARE CNO

Message from our Chief Nursing Officer

"To listen and serve, to guide and heal" has even stronger meaning as we navigate through the COVID-19 endemic together. While we yearn for normalcy and wellbeing, we continue to challenge each other to be innovative, and strive to improve patient outcomes. I am in awe of your purpose, nursing excellence, empathy and the compassion you demonstrate to each other, our patients, their families and the communities we serve. In the upcoming year, we are committed to our engagement and resiliency, exploration and implementation of best practices to improve patient outcomes and our continued journey to be "Safer Together."

I look forward to celebrating the achievement of our 5th Magnet designation with you. As you read the stories shared in the nursing annual report, take pride, reflect on our successes and envision how this strong foundation will guide CentraCare – St. Cloud Hospital nursing into the future!

A handwritten signature in black ink that reads "Melissa Fradette".

Message from the President



JOY PLAMANN, DNP, MBA, RN, BC
CENTRAL OPERATIONS SVP - ST. CLOUD HOSPITAL PRESIDENT

The past few years have been challenging to all of us both personally and professionally. It has challenged our critical thinking skills as nurses, trying to learn and combat a virus we knew little about in the early years. We examined our spirituality and ethical thinking when we couldn't serve all that needed care and taxed our physical abilities as many returned to clinical care or worked extra hours/shifts all in the service of others. We will never be the same.

I, like many others, never thought I would face a pandemic in my lifetime as a nurse. It was only something I read about in textbooks in nursing school, but here we are, and we must face our reality. We also must not let it beat us.

As I reflect on what the last few years and pandemic have taught us, there is a part of me that is grateful to have experienced this together and I look forward to what lies ahead. Like no other time in our history, as nurses, we must start taking care of ourselves and each other, not one or the other. We must get the help we need emotionally and psychologically to heal and move forward ... we will never be the same, but we can be better. We need to remind ourselves that sleep, physical activity and healthy food choices are important; they fuel our bodies, which in turn fuels our souls. We must commit to cultivating healthy relationships with those we love and care about; reconnect with an old friend and laugh, take your grandmother to lunch, read a book with a child, the possibilities are endless for you to find your joy and personal passions again.

Finally, to heal, we must let go of the past and any guilt we may have; guilt about not being everything to everyone during the pandemic ... we all did our best and gave so much. We were enough and we are enough as we move forward.

As you continue to heal, take some quiet time to reflect on why you became a nurse and reconnect with your purpose. I see so much heart and purpose in this year's nursing annual report. We have a lot to be proud of and it should start with you being proud of yourself, what you have endured, how you served your colleagues and our community. I am hopeful of what is to come because of you.

Joy M. Plamann

Hospital Profile

JULY 1, 2021 TO JUNE 30, 2022

Licensed Beds: 489

Net Patient Revenue: \$907,774,821

Consumers served: 774,322

Inpatient Admissions: 21,358

Number of patient days: 110,973

Average length of stay: 5.20

Number of outpatient visits: 345,132

Number of Emergency Trauma Center visits: 60,925

Number of Home Care visits: 60,099

Number of surgeries: 13,224

Number of births: 2,725

Nursing Team

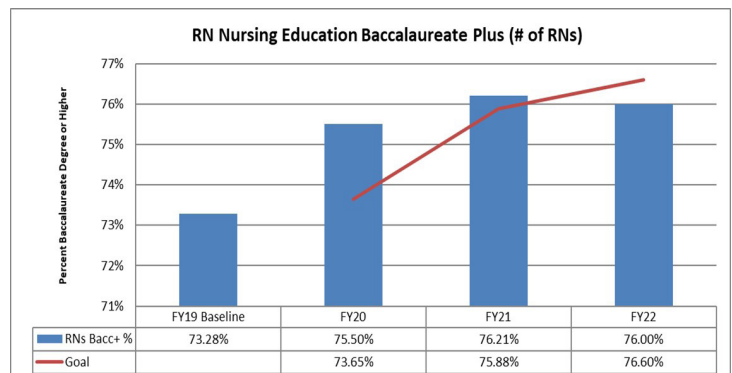
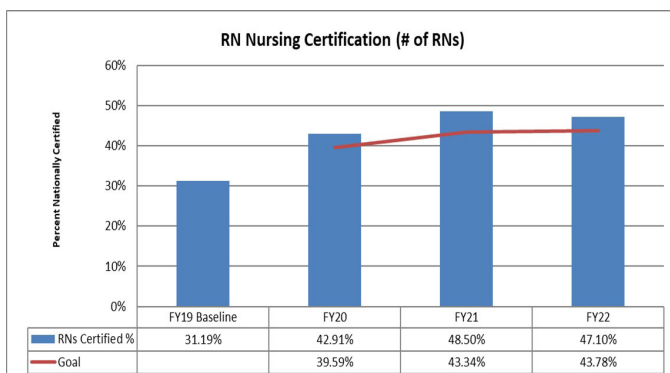
OUR NURSING TEAM IS MADE UP OF ADVANCED PRACTICE REGISTERED NURSES, REGISTERED NURSES, LICENSED PRACTICAL NURSES AND NURSING ASSISTANTS.

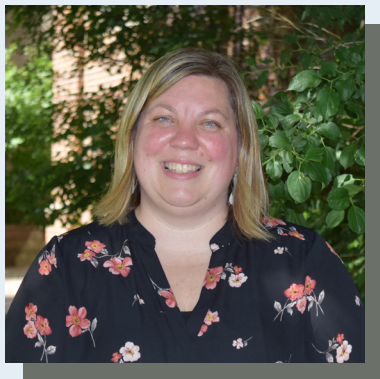
	APRNs	RNs	LPNs	NAs
Number employed	123	1,798	213	665
Number of FTEs	96.34	1,314.34	152.27	366.7
Skill mix		73%	8%	19%
Average length of service (years)	7.02	11.21	10.28	3.27
Turnover rate	19.5%	18.9%	28.1%	45.2%
Vacancy rate	9.07%	10.4%	24.4%	19.2%
Diverse staff rate	7.3%	4.9%	6.6%	25.1%

Education and Certification

As a Magnet-designated organization, CentraCare-St. Cloud Hospital (SCH), nurses are committed to lifelong learning and increasing the percentage of registered nurses (RNs) who have a baccalaureate degree in nursing or higher and obtaining specialty certification are ways to enhance professional development.

SCH set goals to increase nurses with a baccalaureate degree in nursing or higher by 0.5% annually and specialty certification by 1% annually with fiscal year 2019 percentages as baseline. For fiscal year 2022, the percentage of RNs with a baccalaureate degree in nursing or higher was 76%, we were close to achieving, but did not achieve the annual goal of 76.6%. In addition, 47.10% of RNs at SCH have a national specialty certification, which exceeded the annual goal of 43.78%. Attainment of higher education and national specialty certification is a testament to the advancement of nursing practice and commitment to patient safety and quality outcomes.





MELISSA STOWE, MSN, RN, CNOR
MAGNET PROGRAM DIRECTOR/PATIENT
SAFETY MANAGER

Message from the Magnet Program Director

What a year it has been! As I reflect on our past year, the word coming to my forefront is proud. I am proud of how we came together and continued to provide safe, quality care to our patients while being faced with the continued pandemic challenges.

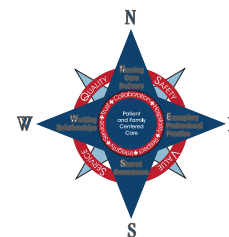
As Magnet Program Director and Manager of Patient Safety, I get to see things from different perspectives and connecting the dots is something I continue to strive for. As we embark on our 5th Magnet designation, our ability to collaborate as interdisciplinary teams and participate in shared governance is demonstrated through our purpose and high-quality outcomes.

I look forward to next year, as we continue our journey to being Safer Together through our transition to becoming a high reliability organization (HRO). Being a HRO, we will continue to make processes and systems safer and reliable for our patients, their families and each other. In closing, I ask you to reflect on what does Magnet mean to you and how can we become Safer Together?

Nursing Strategic Plan

2021 - 2022 CENTRACARE – ST. CLOUD HOSPITAL

We're here for your whole life.
To listen, then serve. To guide and heal.
Because health means everything.



NURSING CARE DELIVERY

(Experience, Value):

- Enhance nursing clinical documentation to support nursing practice. (Jen Burris and Holly Kockler): **Needs assessment completed. Item will be carried over to FY23 with focus on care plan documentation.**
- Implement opportunities identified through Staffing and Efficiency Workflow Enhancement Group and other lean/performance improvement methodologies to eliminate waste in practice. (Tiffany Omann-Bidinger, Kirsten Skillings, Ann Backes, Emily Zempel and Kacey Hiltner): **Goal achieved. Practice changes implemented to improve 41 identified inefficiencies.**
- Implement valid, reliable staffing acuity tool in the inpatient and outpatient settings. (Tyler Dwyer and Holly Kockler): **Implementation planned for FY23 for inpatient settings; will continue to evaluate tools for outpatient settings.**
- Implement HD Nursing Falls Prevention Program to reduce acute and ambulatory patient falls. (Evalyn Michira and Liz Plante): **Implementation planned for early FY23.**
- Through implementation of evidence-based tools, improve patient experience in hospital inpatient and outpatient departments to achieve the Magnet goal of over 50% of departments being above the benchmark in five out of eight quarters in four of nine Magnet patient experience categories. (Melissa Stowe and Patient Experience Team): **Improvement in patient experience scores achieved.**

SHARED GOVERNANCE (People):

- Explore a system-wide shared governance structure that is complimentary to St. Cloud Hospital's shared governance model and supports further nursing collaboration across the ambulatory, acute and skilled nursing facilities within CentraCare. (Melissa Fradette and Nursing Alignment Committee): **Goal achieved. Exploration completed.**

WORKING RELATIONSHIPS (People):

- Enhance nursing, provider and interdisciplinary team communication and electronic tool use to act as a united care team with the discharge planning process to improve throughput St. Cloud Hospital and achieve GMLOS Index ≤ 1.01 . (Gail Olson, Melinda Jennings and Holly Kockler): **Successful implementation of VIDA process which increased discharges by 11 a.m., but with challenges in post-acute placement GMLOS index goal not achieved.**
- Evaluate opportunities and recommend strategies to improve nurse retention. (Michelle Gamble, Stephanie Hagen and Kirsten Skillings): **Evaluation completed. Strategies will be implemented through collaboration with the Workforce Strategy Committee.**

EXEMPLARY PROFESSIONAL PRACTICE

(Community Health):

- Develop and implement a standardized mentor tool kit for nurses in hospital inpatient and outpatient departments. (Lora Gullette and Britney Winkelman): **Goal achieved. Mentorship program will be implemented across the system in FY23.**
- Implement Sepsis documentation alerts/deterioration index scoring system. (Holly Kockler and Evalyn Michira): **Goal achieved. Sepsis predictive model, BPA and Sepsis Treatment in Progress banner implemented with increase in sepsis order set, sepsis bundle and Core Measure compliance.**
- Explore opportunities to increase staff engagement and resiliency through redefining purpose. (Alison Reginek and Employee Wellness Steering Committee (EWSC): **Goal achieved. Staff and additional stakeholder feedback gathered. Implementation of strategies will be completed through collaboration of WESC and Workforce Strategy Committee.**

Patient Experience

EmPATH

Emergency **P**sychiatric **A**ssessment **T**reatment and **H**ealing



The EmPATH Unit is an open, multi-patient observation and therapeutic milieu which promotes assessment, treatment and healing of adult patients who present to the emergency room with mental health urgency or crisis. The open environment promotes intermingling between patients and staff to optimize timely and compassionate care.

The EmPATH unit is comprised of an interdisciplinary team of psychiatric physicians, advanced practice providers, psychotherapists, registered nurses, behavioral health technicians, crisis stabilization officers, health unit coordinators and unit leadership. This collaborative team provides urgent mental health assessments in the emergency room. It also provides psychotherapeutic and supportive interventions which can be continually adapted. Discharge planning includes transitioning patients back to the community with early interventions for crisis stabilization, mental health outpatient care and community services, or an inpatient hospitalization for continued stabilization and support. EmPATH patients stay for brief periods, generally up to 24 hours. Patient experience is enhanced through prompt psychiatric provider assessment, early treatment implementation in a therapeutic milieu and effective transitions to meet the needs of each patient.



Nursing Care Delivery

Inpatient Rehab Utilizes Cough Assist Machine

In March 2021, Inpatient Rehab (IR) admitted a tracheostomy patient for continued rehabilitation. The patient needed respiratory support to ensure continued progression, such as, deep suctioning, nebulizer treatments and a cough assist machine (CAM), managed by respiratory therapists (RTs). IR nurses recognized the patient's need for CAM, but the frequency needed was far more often than RTs could support. Joyce Belanger, RN and Alicia Stock, BS, RRT, collaborated and developed a plan for IR nurse CAM competency. A core group of IR nurses were educated on CAM use, demonstrated competency and supported the patient's CAM needs. Success was demonstrated with increased IR nurse confidence, decreased Acute Response Team (ART) calls and improved patient experience.

Early Discharges to Improve Throughput

In January 2022, hospitals across Minnesota, including St. Cloud, were at capacity. An interdisciplinary team, including care management, utilization review, educators, charge nurses, nurse leaders, informatics and performance improvement came together to quickly act and improve throughput.

Data indicated most patients discharged after 2 p.m. which caused strain on Environmental Services to clean rooms late in the day, increased length of stay in the Emergency Trauma Center and Post Anesthesia Care Unit.

Based on evidence and infrastructures already in place, the team decided to implement Very Important Discharge Appointments (VIDA), an interdisciplinary approach to identifying two patients on each unit with an 11 a.m. or before

discharge. VIDA patients, expected to discharge the next day, are identified during morning Discharge Huddle, and confirmed in afternoon Loop Back. Care team members are notified through tools in the electronic health record which prompted them to begin preparing the patient for a successful discharge the next morning. The Neuroscience Spine and Orthopedic Units piloted VIDA in April 2022, and after a month of success, adult Med/Surg units went live on May 17, 2022, with an improvement in discharges by 11 a.m. from 8.5% to 16%.

Control Chart for Percentage of Patients Discharged by 1100



Tony Wheeler, BSN, RN, ONC

Hearing Your Voice through Shared Governance

The Nursing Workflow Enhancement Committee met over the past two years to address patient care opportunities and improve workflow efficiencies. Six nursing leaders and 20 patient care staff from various units worked with many departments to implement change.

Survey results from inpatient and observation unit registered nurses (RN), licensed practical nurses (LPN) and nursing assistants, identified 176 opportunities to improve patient care and workflow. The committee was able to address 41 inefficiencies, which resulted in the following practice changes:

- Nursing assistants gained secured tube station access and approval to transport non-controlled medications after education and competency.
- Nursing assistants collaborate with nurses in the completion of double skin checks as the second set of eyes.
- Medication administration record (MAR) changes:
 - Eliminated the need for an RN dual sign off for subcutaneous insulin delivered from an insulin pen.
 - Colored “FRIG” icon was added to the MAR, to quickly identify medications stored in the refrigerator.
 - Eliminated the first user password entry for dual sign-off medications.
 - Removed RN verification on medications previously reconciled by pharmacy.
- Transition of weekly medication dispensing cycle counting from nursing to pharmacy.
- Decreased number of health unit coordinator follow-up tasks.
- Frequency for completion of Bedside Mobility Assessment Tool (BMAT) changed from daily to as needed.
- Evaluation and phased implementation, in FY23, of Single Sign-on (SSO) “Tap n Go” log in to computer-based systems.
- Addition of over 300 supply name synonyms in Epic™ to increase ease of ordering.
- Creation and implementation of an Adult Admission PRN Protocol.

On behalf of the committee, thank you to all leaders and staff for your advocacy, engagement and implementation of positive changes! Future efficiencies being explored include practices such as handheld device functionality, nurse to provider communication and opportunities to enhance CentraCare workflows and efficiencies using innovation.

Exemplary Professional Practice

Interdisciplinary Approach: Planned Intubations of COVID-19 Patients in MPCU

As the pandemic progressed, the Medical Progressive Care Unit (MPCU) assumed increased responsibility to care for COVID-19 patients. Early pandemic, COVID-19 patients on heated high flow oxygen therapy (HHFOT) were admitted to critical care due to their tenuous status and need for urgent intubation. In late 2021, after a trial of “Do Not Intubate” patients on HHFOT, MPCU began to admit COVID-19 patients who desired intubation and mechanical ventilation. There were two main drivers for this change, overstretched critical care capacity and increased nursing expertise in COVID-19’s natural course.

As a result of these changes, two major challenges were encountered:

- Transportation of patients on aerosolizing therapy-HHFOT was not feasible or safe; protocols and processes for planned intubations in MPCU were needed.
- Urgent intubations required activation of code blue team response leading to unnecessary personnel at the bedside and increased burden to the health care team.



A multidisciplinary team was formed which included leadership from MPCU, Intensive Care Unit, Respiratory Therapy, Critical Care Intensivists and Hospitalists to evaluate processes and ensure staff and patient safety. The group collaborated to create a non-emergent intubation process, an exception to the existing cardiopulmonary code blue response team. To effectively facilitate and standardize the process, specific MPCU intubation guidelines were created and a tray with intubation supplies was readily available. In January 2022, a trial of non-emergent intubations was pursued, and the acute response team partnered with MPCU RNs to assist physicians and CRNAs with intubations. There were no adverse outcomes during the trial.

Following this improvement project, overwhelming positive comments were brought forward by interdisciplinary team members. Increased MPCU nursing satisfaction and autonomy occurred as they gained additional competencies caring for higher acuity patients and needed less support from critical care nurses with intubations.

PeriGen Fetal Monitoring

Nurses strive to provide evidence-based quality and safe patient care. These concepts prompted a collaborative effort to bring technology driven artificial intelligence (AI) software to mitigate interpretation variation to the Birth Center. It was recognized, after electronic fetal monitoring (EFM) interpretation safety events, that additional support was needed. A stakeholder group, including Birth Center clinical nurses, nursing leaders and providers, came together to pursue, propose, purchase and implement AI software which allows EFM tracings to be compared alongside the maternal age, height, weight, vital signs, contractions, cervical change and statistically analyze labor progress. Staff are alerted to early and subtle changes affording the team to recognize and implement corrective interventions to provide timely, clinically indicated, safe care.



Mom is Medicine Study

St. Cloud Hospital was one of four hospitals collaborating with Dr. Clayton Shuman, University of Michigan, in a cross-sectional study designed to describe maternal, neonatal and system factors important to implementation of maternal-delivered care for opioid-exposed infants and their association with breastfeeding and skin-to-skin care. Skin-to-skin care and breastfeeding initiation were associated with decreased odds of needing pharmacologic therapy for neonatal abstinence syndrome. Units with engaged leadership, climates for evidence-based practice and fewer stigmatizing attitudes were associated with increased rates of breastfeeding and skin-to-skin care. Additional work is planned to address the practice context and improve care for this population.

Pasteurized Donor Human Milk Program

In May 2021, Pasteurized Donor Human Milk (PDHM) was implemented on the Birth Center (BC) to support families in meeting their infant feeding goals. A multidisciplinary group worked together to develop a PDHM process. PDHM may be used for exclusively breast-fed infants where formula was used previously for medical supplementation. While PDHM is provided to the infant, mothers pump with the goal of increasing breast milk supply. This is an important intervention in transitioning infant to mother's milk only.

The BC actively participates in a quality improvement group, the 10 Steps Learning Collaborative for Birth Centers, comprised of leaders from several Minnesota hospitals who collaborate to implement evidence-based feeding practices, including PDHM, outlined in the Minnesota Department of Health Breastfeeding Friendly Birth Center Recognition program. The BC has earned three stars, with six of 10 steps completed of the Five-Star Recognition program.

American Association of Critical-Care Nurses Recognizes Medical Progressive Care Unit with Silver-Level Beacon Award for Excellence



Members of the MPCU Team

The Beacon Award for Excellence is a significant milestone on the path to exceptional patient care and healthy work environments. In August 2021, the American Association of Critical-Care Nurses (AACN) recognized Medical Progressive Care Unit (MPCU) caregivers whose work successfully improved patient outcomes and aligned practices with AACN's six Healthy Work Environment Standards. The MPCU has worked to create healthy and supportive work environments empowering nurses and interdisciplinary team members to provide optimal patient care and achieve great outcomes.

Safer Together: Small Bore Feeding Tube Practice Change

Insertion of small-bore feeding tubes for enteral nutrition is a common procedure performed by clinical nurses. This bedside procedure is completed blindly and is associated with significant risks including inadvertent lung placement and pneumothoraxes. Between 2019 and 2021, six lung perforations related to small-bore feeding tube insertions were documented. To mitigate adverse complications, a multidisciplinary team comprised of nurse clinicians, clinical nurse specialists (CNS), a physician and a respiratory therapist convened to develop an evidence-based process using capnography to place small bore feeding tubes. Once the process was developed, the CNS and nurse clinicians coached and supported clinical nurses during placement of small-bore feeding tubes. Since this new process began in November 2021, a competency tool was created to serve as clinical nurse skills and knowledge validation and no adverse complications have been reported.



Small Bore Tube Interdisciplinary Team

Front row: Jen Burris, MA, APRN, CNS; Teresa Jahn, APRN, CCRN, CCNS; Elizabeth Plante, BSN, RN, CNRN, SCR, PCCN; Back row: Jenelle Brekken, BSN, CCRN, CNRN; Mithun Suresh, MD; Mallory Mondloch, BS, RN, PHN, CMSRN, CBN

PTAP Re-Accreditation

In August 2021, the Graduate Nurse Residency Program was awarded re-accreditation by the American Nurses Credentialing Center Practice Transition Accreditation Program (ANCC-PTAP). This designation is presented to organizations who transition newly graduated nurses, with less than 12 months working experience, into professional nursing through a nurse residency program. The comprehensive program requires new graduate nurses to demonstrate knowledge, skills and attitudes that meet the standards of practice within the organization and nursing profession. The designation encompasses organizational orientation, practice-based learning experiences and supplemental activities to promote nursing professional development in the newly licensed registered nurse. The current re-accreditation is effective through Oct. 31, 2025.

Shared Governance

Journey to Becoming a High Reliability Organization

in the words of Kay Greenlee, MSN, RN, CNS, CPHQ, Vice President, Performance Excellence

Listen then serve, to guide and heal, put words to the purpose of my nursing career. It has always been important to provide safe, quality, cost-effective care while creating the best possible experience for the patients served. This is not possible without teamwork, where every member contributing to care and experience of our patients has a key role. For these reasons, I am honored to serve as the executive sponsor for Safer Together, where we will work together to ensure our patients, their families and all of us at CentraCare feel safe and are safe.

CentraCare is committed to achieving zero preventable harm by the year 2025 and beyond. We will deliver healing without harm by transforming to a high-reliability organization. This journey will build upon a strong foundation of practices already in use and introduce new practices bringing greater attention to safety, in everything we do. For example, Our Best Begins with Me provided each of us with tools and resources to be at our best, at work and at home. Bringing the best of everyone together, where there is trust and respect, strengthens the foundation necessary to be Safer Together.

Our approach to safety has been reactive to various events. Safer Together helps to shift this focus to safety and being more proactive. A great example of this shift is our most recent experience with Daily Safety Check Ins. Leaders across St. Cloud Hospital have become more aware of actual and potential safety issues. Proactive review in their own departments helps to prevent similar events from occurring.

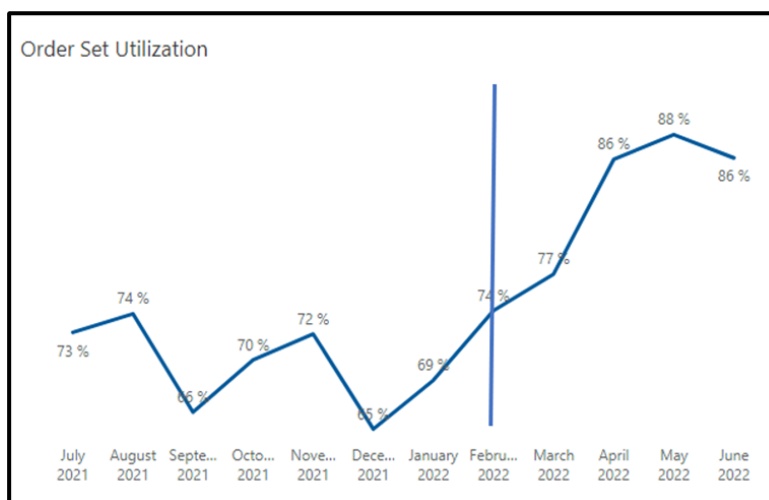
This year has been one of learning and building, asking questions along the way. What is our current state of high reliability practices? What do our leaders and staff know about high-reliability practices? What changes are necessary for us to become more reliable? Seeking answers to these questions has created a greater awareness of safety, including serious safety events which cause harm to our patients. As a result, the serious safety event rate for St. Cloud Hospital has significantly decreased from 5.01 in July 2021 to 2.33 in June 2022, a 53% reduction and well on our way to our commitment of an 80% reduction in preventable harm by 2025.



Sepsis Early Detection and Rapid Treatment at St. Cloud Hospital

To reduce sepsis mortality, the Sepsis Committee, led by Evalyn Michira, MSN, RN, PHN, AGCNS-BC and Holly Kockler, BSN, RN, completed a gap analysis and created an action plan, focused on sepsis early detection and appropriate intervention implementation.

In February 2022, with input from Sepsis Committee members, electronic health record (EHR) sepsis best practice tools were implemented. The sepsis predictive model assists clinicians to detect patients' likelihood of becoming septic, allowing for early, timely interventions. The model looks at various data points and alerts clinicians to intervene. In addition, a new Sepsis Treatment Checklist displays to ensure sepsis bundle treatments are completed. In alignment with the technical changes, nurse educators led a Sepsis Campaign to increase awareness. Since implementation, hospital mortality has trended down and Sepsis Order Set utilization has increased by 15%.



Restructuring Education Committee

Education Committee members sought to improve committee structure and function with two key goals: to assist CentraCare to meet organizational goals through thoughtful education programs and to grow educators' leadership skills. Starting in winter 2021, members of the Education Committee were surveyed. Volunteers gathered to review opportunities and brainstorm solutions. Identified changes included committee chair structure opportunities and standardization and using educators' influence to drive change. A proposal was approved to begin chairperson model changes — including a vote for two educators as chair and vice-chair with alternating two-year terms, with chairs from the Central and Rural region. Additional changes facilitated were updates to the Shared Governance policy function statements and creation of a formal educator onboarding program. Future changes planned include a continuing education program for educators and partnering with stakeholders for competency assessment, patient education and orientation/onboarding.

Patient Gowns Mindful of Modesty

Patient- and Family-Centered Care is at the center of the Compass: St. Cloud Hospital's Nursing Professional Practice Model. In support of core values, Carrie Ziegler-Erickson, BSN, RN, recognized a need for gowns, mindful of modesty for patients whose cultural/religious beliefs require full body coverage. After seeking input from patients, team stakeholders and shared governance committee members, gowns were specially ordered. In January 2022, gowns with an attached hijab, full length to the floor and sleeves with radiographic compatible snaps allowing access to patient arms for IV placement and blood draws, were implemented. Initial feedback has been positive with patients feeling supported and staff member's ability to care for the patient in a culturally sensitive manner. Plans are in place to expand availability of gowns across CentraCare.



Carrie Ziegler-Erickson, BSN, RN

A New Way to Hand Off Patient Care

To improve patient throughput, Emergency Trauma Center (ETC) and Medical Units stakeholders collaborated to brainstorm an innovative way to hand off patient care. Traditionally completed via phone, it was proposed to complete hand off using the electronic health record, in a non-verbal format.

In January 2021, Medical Unit 2 and the ETC participated in a non-verbal report pilot. Based on staff feedback, enhancements were made including creation of an IPASSON electronic template and pilot expanded to include all the medical units. In addition, inpatient nurses appreciated seeking clarification and requested a brief verbal conversation. To facilitate this gap, a short verbal hand off was incorporated into workflows with ETC nurses updating inpatient nurses with any additional patient changes and anticipated arrival times. The enhancements improved the process and on July 5, 2022, nonverbal hand off became standard for Medical, Surgical, Orthopedic, Neuroscience Spine, Telemetry, Pediatrics and Observation units.

Working Relationships

Collaboration Between College of Saint Benedict/Saint John's University and St. Cloud State University

With a significant anticipated shortage of primary care providers expected over the next 20-30 years, the College of Saint Benedict's and Saint John's University, along with St. Cloud State University, wanted to create advanced practice nurse practitioner programs. Bobbie Bertram, APRN, MBA, Director of Advanced Practice Nursing; Melissa Fradette, MSN, RN, CCRN, Executive Director, System CNO; Katie Schulz, DNP, MBA, RN, OCN, Senior Director of Education and Joy Plamann, DNP, MBA, RN, BC, Senior Vice President Central Operations and President St. Cloud Hospital, have served as liaisons for development of these programs. The team has assisted with course curriculum, objective development and practicum clinical placement advisement. We look forward to support continued growth and development of these important degrees in upcoming years.



ST. CLOUD STATE
UNIVERSITY

COLLEGE OF
Saint Benedict  Saint John's
UNIVERSITY

Naloxone Emergency Kits Save Lives

An interdisciplinary CentraCare team, which included staff from the Emergency Trauma Center, partnered with community leaders and the Minnesota Department of Health to address the opioid crisis through prevention, treatment and recovery. On June 1, 2021, nasal Naloxone Emergency Kits became available to patients who are at risk for opioid overdose and death. The first kit was dispensed immediately after implementation, with an average of eight to 10 kits distributed monthly. The service is free to patients and costs are covered by a grant. The Naloxone Emergency Kits, additional resources and continued work with addiction services will improve lives of those in our community.

A Safer Universal Protocol

Enhancement of patient safety through error reduction and promotion of a speak-up culture during high-risk procedures is a priority for CentraCare. The revised Universal Protocol's goal is to promote a safe and healthy culture ensuring the correct procedure is completed, on the correct patient and on the correct site. Teams across the enterprise have enhanced their communication during the Time Out through a briefing and debriefing. Patients are safer through discrepancy identification, improved communication and staff being empowered to speak up.

Working Together to Prevent *Candida Auris*

In January 2020, our local state health department communicated concern regarding *Candida Auris* (*C. Auris*) infection or colonization of at-risk individuals. One case had been identified in a clinic setting and state health officials encouraged implementation of practices for early identification and prevention to reduce risk of spread. Initially, *C. Auris* screening posed as a difficult challenge; the start of the COVID-19 pandemic resulted in limited ability to develop comprehensive admission screening protocols and few best practices were available to infection preventionists. For CentraCare, actions were limited to communication about *C. Auris* and importance of spread prevention.

When the first *C. Auris*-positive inpatient was identified, stakeholders quickly developed processes to prevent identified pathogen spread. Partnerships were developed between infection preventionists, several Information Systems teams, Quality Resources, Environmental Services, nursing educators, core charge and clinical nurses and laboratory personnel. This collaboration ultimately developed screening questions within the electronic health record, admission navigator for early identification of high-risk patients, nosocomial spread prevention and post-acute settings transmission risk management. Best practice alerts were developed prompting admission isolation and surveillance swab criteria orders. Surveillance test orders allowed for rule out infections to trigger story board alerts of potential infection and need for transmission-based precautions.

Surveillance screening protocols identified 48 patients needing surveillance testing and isolation. Practical prevention strategies for high level disinfection and sterilization, environmental cleaning, patient transport and ambulation and procedural protocols were developed. Due to rapid response and collaboration by all teams, no additional *C. Auris* colonization nor clinical isolates were identified. Lessons learned for management of *C. Auris* within acute care settings was presented in 2022 at the Association for Professional in Infection Control and Epidemiology (APIC) National Conference in Indianapolis, Indiana, and Epic User Group Meeting in Verona, Wisconsin.



C. Auris Team

Michele Held, RN; Patricia Dumonceaux, MSN, RN, CIC, PHN; Elizabeth Kiffmeyer, BSN, RN, CIC, PHN; Elizabeth Wenderski, BSN, RN, PCCN; Liz Plante, BSN, RN; Scott Philippi; Melissa Schmidt; Todd McSorley

Managing Critical Supplies Together

In March 2020, the CentraCare Critical Supply Management Committee (CSMC) formed in response to the COVID-19 pandemic. The committee was a collaboration between Supply Chain and clinical end users to determine and communicate adequate substitute products, practice changes and conservation efforts for supply disruptions. Initially, the group's primary focus was to monitor inventory levels of personal protective equipment (PPE), determine adequate substitute products and communicate necessary practice changes and/or conservation methods to end users. The group worked with Information Systems and created a Power BI Dashboard to monitor product usage and days on hand (DOH). Dashboard data also was used to make financial decisions, such as, shipping methods, bulk purchase quantities and implementation of timely product category conservation measures.

In late 2021, as challenges of COVID-19 changed, so did the CSMC. The scope of product categories experiencing supply disruptions grew beyond PPE and the committee structure was evaluated and re-designed. To align with a OneCentraCare mindset, subject matter experts (SME) from different specialties and departments from across the enterprise were asked to represent their specialty from a systems lens versus site or region. The CSMC has improved CentraCare's approach to organizational supply chain-related issues. The model has provided a platform for enhanced communication and feedback from clinical end users regarding supply availability issues and product selection.



United States Department of Defense: Colleagues and Friends



Department of Defense Strike Team

In the Fall of 2021, CentraCare faced one of the largest COVID surges of the pandemic. During this time, COVID patient volumes continued to rise, normal medical needs of the community continued and staff could not work due to illness, exhaustion and being stretched thin from working extra shifts.

On November 26, 2021, CentraCare – St. Cloud Hospital received the help it needed from a 23-person team consisting of United States (US) Air Force physicians, nurses and respiratory therapists, along with their transition team. These US Air Force members, deployed by the Department of Defense, came on a mission to help staff manage the incredible numbers of patients. Over a 60-day assignment, they worked 7,400 hours, side by side with our staff in the MPCU, ICU, SPCU, Surgical Unit and ETC, and collaborated with the interdisciplinary team to serve our community. At a pivotal time, the team provided an extra 23 sets of hands, minds, eyes and ears; talent and skills to bolster our own team; and a significant morale boost when all were in need. We said goodbye to this amazing team, forever changed by their presence and service.

Minnesota Department of Health Command Center

Unannounced visits from Minnesota Department of Health (MDH) bring uncertainty, but not for this team. A collaborative team assembles at a moment's notice and includes Regulatory Specialists, Nurse Informaticists, Nursing Leaders, Nurse Clinicians and colleagues from Education, Health Information Management and Human Resources. The team gathers information needed to make an MDH visit successful. During these visits, CentraCare and MDH have open discussions with the goal of high reliability within our organization.

A high-reliability organization (HRO) is defined as an organization which maintains high levels of safety, quality and efficiency over an extended period. The concept of high reliability is growing in health care due to operational complexity. In addition to CentraCare's HRO goals, MDH ensures accountability for patient safety through adherence to state and federal regulations. The team is knowledgeable in regulations, as well as internal policies. Survey outcomes showcase the excellent care patients receive from our amazing staff, which validate safety and individualized care are what we do every day, because health means everything.



Managing Capacity with a Critical Care Playbook

As the pandemic persisted throughout fiscal year '22, it was imperative to review ongoing strategies to address critical care patient placement and staffing capacity management issues. Initially, this request came from bedside staff who were facing ongoing challenges in patient placement and appropriate staffing. The request gained traction as the COVID-19 census continued to increase. A stakeholder group convened to address staffing capacity issues, including placement of patients, and ensuring access to critical care resources. Staffing was reviewed daily and would determine admission capability to adult critical care units. In addition, admission decision-making guidelines and enterprise-wide patient triaging processes were created to provide the highest level of care to the greatest number of patients. These tools led to a well-developed playbook titled, *Capacity Management and Care*

Triage-Guidelines, Resources, and References, which established an ethical, fair and equitable approach to provide care for CentraCare's adult patients when health care operations could be affected by limited resources including supplies, staff or space. While these guidelines did not need to be implemented, they remain an available resource and effective plan to ensure we are prepared for crisis conditions, when needed, to care for our patients and community.

Journey to Zero Suicide in Behavioral Health

Zero Suicide, created in 2012, is an evidence-based framework which consists of seven pillars for health care systems to implement based on the belief suicide deaths for individuals who receive health care services are preventable. It represents a system-wide commitment to patient safety, safer suicide care and a just culture support for providers and staff.

The seven pillars of the Zero Suicide model are: Lead – system-wide culture change committed to reducing suicides; Train – a competent, confident and caring workforce; Identify – individuals with suicide risk; Engage – all individuals at-risk of suicide using a suicide care management plan; Treat – suicidal thoughts and behaviors directly using evidence-based treatments; Transition – individuals through care; Improve – policies and procedures through continuous quality improvement.

In October 2021, the Behavioral Health Section started their Zero Suicide journey. The Behavioral Health Zero Suicide Implementation team consisted of 27 members which included leaders, providers and staff. A virtual kick-off was completed; the recording was shared with staff unable to attend. Team members joined Minnesota Department of Health's Learning Collaborative Zero Suicide Initiative which offers monthly education topics relevant to safer suicide care. Additionally, the group participated in onsite education sessions through March 2022. Topics included discussions on "Changing the Narrative on Suicide" to reduce stigma; the National Patient Safety Goal – reduce risk for suicide; Therapeutic Suicide Risk Management; Suicide Statistics for Minnesota and Care Pathways for Suicide Care. Staff completed a workforce survey to identify perceived level of knowledge and competency in suicide care. Results were shared and used to develop a Zero Suicide Work Plan. In early April 2022, a half day retreat was held to set priorities and nine work groups were identified. Lastly, 85 therapists and nurses attended a half day training to learn about the outpatient Behavioral Health Zero Suicide Work Plan and training on Suicide Risk: Screening, Assessment Formulation and Management; Lethal Means Safety Counseling and Safety Planning.

The Implementation Team's work has been completed and a Behavioral Health Zero Suicide Steering Committee has been formed to ensure the journey to transform and support safer suicide care continues. They will be responsible to guide work groups, ensure fidelity to the framework is maintained and promote continuous policy and procedure improvements.



Andrea Fitzgerald, BSN, RN

Needed Travel RN Support

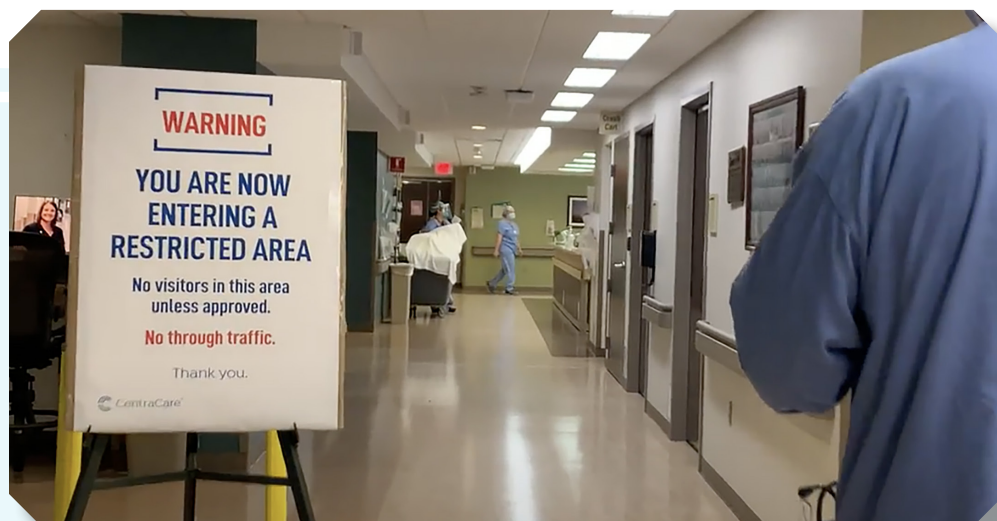
Beginning in 2020, the pandemic affected CentraCare in various ways, like countless health care organizations across the country. As surges persisted, with high volumes of critically ill COVID-19 patients and no end in sight, our current staffing entered a severe crisis stage. Despite our own staff working well beyond their hired hours and pulling staff from other areas with prior critical care experience, it became inevitable this was not going to be sustainable and travel nurses were needed.

Travel nurses provided welcomed support to our current staff by working several shifts per week. This alleviated working chronically short staffed. The presence of travel nurses allowed other staff to return to their home units versus working as team members in critical care. It also provided needed support to care for non-COVID-19 critically ill patients.

Corey Dohlman, BSN, RN, was one of the first travelers hired to work in the critical care units. He began his initial contract in June 2021 and extended his contract another two weeks. He left for four months and returned for another contract, January – July 2022. He helped in the Intensive Care, Cardiac Intensive Care and Progressive Care units and Emergency Trauma Center.

Corey was asked, “What did CentraCare do that made you decide to extend your contracts?” Corey responded,

“My relationships and overall rapport with my fellow co-workers and physicians was incredibly motivating for me to continue pursuing contracts with St. Cloud Hospital. I always felt as though I was part of a family that supported me with whatever I may have needed. This relationship with my co-workers, as well as my personal family located in Minnesota while I was on contract away from home, and scheduling accommodation were the three main reasons why I chose to continue carrying out contracts with St. Cloud Hospital. If I were to have accepted another contract away from St. Cloud Hospital, I would have had to relearn another system, hospital preferences and staff all over again.”



Professional Development

NURSING POSTER PRESENTATIONS

Brekken, J., Burris, J., Jahn, T., Lange, P., Mondloch, M., Plante, L., & Suresh, M. (2022, May). *A Multidisciplinary Approach to Reduce Complications from Blind Small Bore Feeding Tube (SBFT) Insertion*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Brower, C. (2022, May). *NeuroInterventional Post-Procedure Assessment and Documentation Compliance*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Burris, J., Kockler, H., Olson, G., Patterson, K., Pflueger, N., Salzer, J., & Volkers, A. (2022, May). *Very Important Discharge Appointment (VIDA)*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Dumonceaux, P., Harlander-Zimny, C., Kiffmeyer, L., Simonson, E., & Welle, T. (2022, May). *Innovative Use of EHR to Support Admission Screening for Emerging Pathogens*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Dumonceaux, P., Welle T., Kiffmeyer E., & Simonson, E. (2022, June). *Management of a Candida Auris Patient Across Two Healthcare Systems*. Poster presented at APIC 2022 National Conference, Indianapolis, IN.

Fuller, V. & Nyquist, A. (2022, May). *ICU Liberation: Early Mobility and Exercise*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Glenz, T. & Jahn, T. (2022, May). *It's Time to Break Old Habits: Admitting STEMIs to the Telemetry Unit*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Helgeson, N. (2022, May). *Perioperative Glucose Monitoring Protocol*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Helgeson, N. (2022, April). *Perioperative Glucose Monitoring Protocol*. Poster presented virtually at the National Evidence-Based Practice Conference.

Kiffmeyer, L. & Mondloch, M. (2022, May). *PureWick™ External Female Catheter*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Kockler, H. & Michira, E. (2022, May). *Early Detection of Sepsis*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Miller, J., Lemke, T., & Heinen, D. (2022, May). *CentraCare Launch of COVID Antiviral Therapy*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Mondloch, M. & Schneider, N. (2022, May). *Open all Hours! Bariatric Surgery Patients Love CSC*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Morris, N. (2022, May). *Reducing ROP in the NICU: A Quality Improvement Project*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Paek, W.H. (2022, May). *Promoting Patient Outcomes: CLABSI Prevention*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Volkers, A., Kockler, H., & Patterson, K. (2022, May). *Creating a System Level Approach to Timely Delivery of the Follow Up Important Message from Medicare*. Poster presented virtually at CentraCare – St. Cloud Hospital Nurses Week.

Welle, T. & Dumonceaux, P. (2022, June). *Implementation of a Sustainable Multidisciplinary Hand Hygiene Improvement Campaign*. Poster presentation at APIC 2022 National Conference, Indianapolis, IN.

NURSING PODIUM PRESENTATIONS:

Annett, L. & Huffman, M. (2022, May). *Ablation Therapy for SVT, when Medication is Not Enough*. Podium presentation at National Teaching Institute of AACN, Houston, TX.

Annett, L. & Mahowald, T. (2022, May). *Using a Collaborative Approach with Behavioral Health in the Treatment of Takotsubo Cardiomyopathy*. Podium presentation at National Teaching Institute of AACN, Houston, TX.

Backes, A. & Erickson-Jarvis, R. (2022, March). *ONS Congress Highlights & The History of HELA Cells*. Podium presentation at West Central Minnesota Oncology Nursing Society Education Series, Sartell, MN.

PUBLICATIONS:

Kilgard, L., May, N., & Shank, A. (2022). *Just Breathe: COVID Stories From The Heart of Minnesota In The Words of Caregivers*. St. Cloud, MN: Rengel Printing.

Linda Chmielewski Scholarship Awards

Jodi Olson, BSN, RN and Amber Juetten MSN, RN, CMSRN, were the recipients of the Linda Chmielewski Scholarship, a former St. Cloud Hospital Chief Nursing Officer.

Jodi is a registered nurse in the Float Pool and Administrative Nursing Supervisor. She is enrolled at the College of Saint Benedict, Doctor in Nursing Practice Family Nurse Practitioner program. Jodi is well known for her patient advocacy, critical thinking and compassion. Jodi identified her passion for palliative care while caring for COVID-19 patients and as a Nurse Practitioner (NP) looks forward to assisting patients and families needing to make difficult decisions.

Amber is a registered nurse in the Float Pool and is enrolled at the College of Saint Benedict, Doctor in Nursing Practice Family Nurse Practitioner program. Amber is a preceptor, an exceptional advocate and collaborates with the interdisciplinary team. Amber was actively involved in the Nursing Workflow Enhancement and Staffing Optimization workgroup and co-led efforts to involve nursing assistants with the two sets of eyes skin inspections. Amber is enthusiastic to complete her professional goal of becoming a nurse practitioner.



Jodi Olson, BSN, RN; Amber Juetten, MSN, RN, CMSRN

Graduate Nurse Residency - Practice Float



The objectives are to learn unit layout, gain patient population knowledge and gather resources available on the unit. This elevator speech idea was approved by Melissa Fradette, MSN, RN, CCRN-K, Executive Director, CentraCare CNO, to launch within the Nurse Residency Program.

Every fall, Graduate Nurse Residency Nurses write an elevator speech to the Chief Nursing Officer (CNO). The purpose of this activity is to practice succinct and effective communication while raising awareness of their needs in a professional manner. Floating unit to unit has brought fear and anxiety to nurse residents. A nurse resident from Surgical Care Unit 1, proposed to the CNO, the idea of a "Practice Float Shift." This activity would allow nurse residents to pick a unit from the Staffing/Scheduling: Floating, Inter-Unit policy to float and spend four hours with a registered nurse.



Nurse residents appreciated this opportunity stating, "the experience alleviated anxiety of the unknown" and "it was so awesome to find where things were and meet other nurses on the unit as familiar faces when I float there."

The positive comments and overwhelming success of the "Practice Float Shift" led to incorporation in future Nurse Residency Program cohorts.



Nursing Makes a Difference

Employee Health Services: To Listen and Serve



Amy White, BSN, RN, CCRN, and
Lynette Vanlonden, BSN, RN

Employee Health Services (EHS) has worked tirelessly behind the scenes during the COVID-19 pandemic to manage constantly changing regulatory guidance and provide staff safety and support. Early in the pandemic, a call center was created to manage large volumes of calls with questions, symptoms, criteria to test, exposure risk evaluation and determination of return-to-work plans. This call center remains an essential part of the work EHS does to keep staff safe. In addition, the EHS call center has conducted numerous contact investigations to provide a safe environment for patients, residents and staff. Over the last two years, the EHS call center has logged over 100,000 calls.

EHS staff has become adept at making required changes quickly. Centers for Disease Control and the Minnesota Department of Health practice guidelines are frequently reviewed to ensure a safe work environment. These guidelines affect personal protective equipment worn and return to work and exposure management practices. In collaboration with educators and interdisciplinary team members, EHS has conducted numerous respirator fit tests and provided education on respirator use to safely care for patients. When COVID-19 vaccines became available in December 2020, EHS formed a vaccination team traveling throughout the region vaccinating staff and continuing to provide boosters. EHS has an integral role in regulatory agency surveys and audits; they provide employee related COVID-19 data for all sites across the organization. The EHS team has played many roles in leading the response to COVID-19 with close to 41,000 hours worked in the last two years. Through it all, EHS has worked hard to be a knowledgeable, reassuring presence for staff.



Nicole May, BSN, RN; Lisa Kilgard, BSN, RN-BC; Amanda Shank, BSN, RN

‘Just Breathe’

By Lisa Kilgard, BSN, RN-BC

The year 2020 started as every other year, medical unit, medical patients; some of the most difficult patients to care for due to the number of co-morbidities most patients have when getting to us, just to be exacerbated by one more acute diagnosis needing attention. The nurses, doctors, environmental services staff, therapists, the list goes on for staff needed to care for these patients.

This year would prove to be very different. When March 2020 came around, the whole work changed. How we cared for patients, how their families cared for and supported them, and as we would soon find out, how, we as nurses, would need to change what we did and push ourselves through what would be one of the hardest times in our nursing careers. No longer did we have the constant support at the bedside, nurses were now the only person in most cases entering the room. What we needed to do to keep these patients alive was nothing less than a miracle on most days and the nurses did it with pride, patience and love. Not one day was considered easy or routine and most days nurses witnessed severe struggle and death.

Our co-workers were now considered family; we were not able to go home and hug our own family out of fear of what we may have been exposed to. Nurses worked hours in the same room to save one patient, while other nurses helped tend to their other patients to save as many as they could. They did not complain, did not say why do we have to have the COVID patients, they didn't leave. Every day we learned more, we were able to determine the patient's needs before they needed it; we were COVID nurses and took pride in it.

With all of this, as it would be for anyone, it took a toll on each of us, both at home and at work. As we struggled to understand the enormous contribution we gave at the expense of our own mental and physical health, we struggled to find a way to comprehend it.

So, in the summer of 2021, almost a year into this, I came up with the concept and quickly had some help to pull all this together. We had the nurses write down their thoughts, feelings and anything they just needed to say to help release their emotions, and the book, "Just Breathe," came to be. The book features stories from nurses, doctors, environmental services staff, therapists, chaplains and more. It highlights some of the touching moments the nurses endured to some of the saddest. It contains just pure "thank yous" from staff to other staff and even an entry from a teenage daughter to her mother, a COVID nurse.

In June 2022, the book arrived and started to be distributed to Medical Unit 1 staff. The CentraCare Foundation was generous in ensuring these COVID nurses each got a book. This project is being further worked on to help get the books distributed to all nurses and to make them available to the public.

The intent of this project was to allow these special COVID staff to understand they are not alone. It provides a way of thanking and validating these nurses and staff who have given so unselfishly to care for some of the sickest patients this pandemic has seen. The feelings they have, although their own, are not independent of the feelings of others. Every day these nurses came to work, caring for only COVID patients for over two years. Never did these nurses get a break from COVID.

Thank you, Medical Unit 1; thank you to everyone who floated in to help us. Thank you for all pulling together. We hope anyone who needs to validate their thoughts and emotions or wants to know what it was like caring for these COVID patients will read this book that nearly 100 employees participated in.



A Cry for Help: A Purpose to Serve

in the words of Kay Greenlee, MSN, RN, CNS, CPHQ, Vice President, Performance Excellence



From the time COVID entered the world of health care, nurses stepped up in a variety of ways to keep our communities safe. This included nurses who had retired, nursing faculty and nurses in non-direct care roles, such as, Information Services & Technology and Performance Excellence. In October 2021, there was an urgent request for clinical staff to help in long-term care, not for a shift or a day, but a commitment up to six weeks.

Several nurses, including myself, responded to this cry for help because we are driven by CentraCare's purpose. *"We're here for your whole life – to listen then serve, to guide and heal – because health means everything."* Since the beginning of the pandemic, I had wanted to help clinically, but didn't think I was competent enough to serve in acute care, after all, I had been away from direct patient care for nearly 20 years. I remember saying several times, *"I think my skills could be used in long-term care."* Here was my chance and it provided the opportunity for me to cast a shadow and do what I was asking nurses on my team to do.

As we reflected on this experience, there were several common themes: hard work, welcoming and appreciative staff, felt love for and by residents and learning something new is always a good thing.

Examples of reflections on this experience include:

Leigh Klaverkamp, BSN, RN, CPHRM, Patient Safety Nurse first thought, *"Boom, let's do this,"* and then, *"OMG, what did I get myself in to? When I completed orientation and was on my own, I told the NAs, TMA, nutrition, neighborhood coordinator, residents and family to help keep me on track and tell me when they saw me mess up."*

Katie Ward, BSN, RN, Computer Education Specialist, EpicCare Ambulatory, shared, *"It gave me the opportunity to appreciate my job in a way I hadn't before. Reminded me it feels good to be confident in what I am doing but reminded me what it is like to be that student – trying to absorb it all and then put it into practice."*

Stephanie Nester, BSN, RN, Patient Safety Nurse shared, *"It taught me to take a different perspective when reading through daily RL submissions, to not only look for the physical harm but the emotion behind every event."*

Each of our lives were forever changed by this opportunity to serve.

Good Catch Award: Universal Protocol Use

Performing the correct procedure, on the correct site, for the correct patient, is highest priority for surgery teams. Using the Universal Protocol assures all checks are correct. During a neurosurgery case these checks alerted the team something was wrong.

The team noted the site marking did not match documentation in the electronic health record. Jerone Kennedy, MD, surgeon; Reanne Robish, surgical technologist; Heidi Meyer, BSN, RN and Paige Nelson, BSN, RN, found the discrepancy through Universal Protocol use. The discrepancy was resolved, and the procedure was completed as planned. This team demonstrated teamwork and Universal Protocol use kept their patient safe. The group received a Minnesota Hospital Association Good Catch Award for their commitment to patient safety.



Heidi Meyer, BSN, RN; Paige Nelson, BSN, RN; Reanne Robish and Jerone Kennedy, MD.

Nursing Membership on National/State Offices

American Association of Critical Care Nurses (AACN)

Jessica Thoma, MSN, RN, NPD-BC, Beacon Reviewer
April 2022 – March 2023.

American Society of PeriAnesthesia Nurses (ASPAN)

Deborah Moengen, BSN, RN, CPAN, ASPAN Board of Directors Region 3 May 2019 – May 2023.

Association of Perioperative Registered Nurses (AORN)

Larry Asplin, MSN, RN, CNOR, CSSM, AORN Foundation Board of Trustees President
January 2021 – January 2023.

Association for Nursing Professional Development (ANPD) Katie Schulz, DNP, MBA, RN, NPD-BC, ANPD Convention Planning Committee 2022 – 2024.

Academy of Medical-Surgical Nursing (AMSN)

Katie Schulz, DNP, MBA, RN, NPD-BC, PRISM Award Committee April 2018 – April 2023.

American Nephrology Nurses Association (ANNA)

David Walz, MBA, BSN, RN, CNN, FACHE, National President May 2021 – May 2022.

Vizient

Kay Greenlee, MSN, RN, CNS, CPHQ, Upper Midwest Clinical Steering Committee Chair
January 2022 – December 2024.



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 family every day.

During May 2022, CentraCare – St. Cloud Hospital celebrated the annual DAISY Award recognizing nominees and DAISY Award winners in their respective departments. CentraCare – St. Cloud Hospital established nomination and selection criteria in alignment with organizational core values and purpose. Nurses who exemplify these criteria are nominated by patients, families, peers, physicians and colleagues. DAISY Award winners receive a unique, hand carved, “Healer’s Touch” statue, created by artisans from Zimbabwe that represent nursing’s meaningful work.

Recognizing Nurse Leaders through the DAISY Foundation

In 2022, the DAISY Nurse Leader Award was implemented to recognize licensed practical, registered and advanced practice nurses who work in leadership or consultative roles directly influencing clinical nurses and their practice. Nurses eligible for the DAISY Nurse Leader award include Vice Presidents, Executive/Senior Directors, Directors, Supervisors, Educators, Nurse Clinicians, Performance Improvement Consultants, Quality Resources Nurses and Informatics Nurses. Nurses are nominated by patients, families, colleagues and providers. Award winners role model: compassion, exemplary professional practice and behaviors perceived as extraordinary; create an environment that fosters trust, compassion, mutual respect, continued professional development and ethical behavior; motivates staff with a shared vision to achieve better outcomes; encourages critical thinking and problem solving; and promotes nursing within the organization, community and profession. This award, along with the DAISY Award, which recognizes bedside nurses for their care, compassion and skill, are supported by The DAISY Foundation. The two DAISY awards were created by a family following their hospital experience after a long hospitalization and death of their loved one, to honor nurses.

DAISY Award Winners for 2022

Micaela Brown, MSN, RN, APRN, CRNA (Anesthesiology)
Nicole Daniel, BSN, RN, APRN, PMHNP (Behavioral Health)
Donna Deutsch, RN (Endoscopy)
Cora Grieme, BSN, RN, CEN (ETC)
Alissa Gunnerson, MEd, BSN, RN, CRRN (Inpatient Rehab)
Tammy Hagerty, BSN, RN (Center for Surgical Care)
Samantha Huber, RN (NICU)
Karrli Johansson, BSN, RN, OCN (Medical/Oncology)
Ryan Junes, BSN, RN (Birth Center)
Lisa Kilgard, BSN, RN-BC (Med 1)
Colleen Lance, RN, CMSRN (SUR 2)

Mary Jo Lemke, RN, CCDS (Cardiac Pacer/ICD)
Jordan Negaard, BSN, RN (CVTU)
Breanna Olsen, BAN, RN-BC (Observation)
Andrea Petersen, MSN, RN, PMHNP-BC (EmPATH)
Susie Rausch, BSN, RN (Float Pool)
Samantha Scheffers, BSN, RN, ONC (Inpatient Orthopedics)
Gina Stelck, BSN, RN (Care Management)

DAISY Leader Award Winners for 2022

Jennifer Lang, BSN, RN (CPRU – Central Operations)
Nate Manning, MA, BSN, RN (EP Lab – Central Operations)

CentraCare – St. Cloud Hospital

Finalists for the 2021 March of Dimes Nurse of the Year Awards

Education & Research

Amy Finck, MSN, RN

Jessica Thoma, MSN, RN, NP-D-BC

Friend to Nursing

Kristin Johnson, RD, CSP, LD

Leadership

Ann Backes, MSN, RN, OCN

Mental Health

Eric Hylen, BSN, RN

Neonatal

Sharon Stoltman, RN, IBCLC

Kimberly Welvaert, BSN, RN, RNC-MNN, CCRN,

RNC-NIC, IBCLC

Distinguished Nurse of the Year

Lauri Johnson, BSN, RN, CBC

Winners by Category:

Education & Research

Jessica Thoma (CVTU)

Neonatal

Kimberly Welvaert (NICU)

Distinguished Nurse of the Year

Lauri Johnson (Birth Center)



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