Dear Nursing Colleagues, Patients, Families, and Community Members,

It is my privilege to present the 2014 St. Luke’s West Region Nursing Annual Report. This report highlights the innovative and exemplary accomplishments of our registered nurses during the past year.

2014 was a memorable year of change for nursing and our entire organization.

With the realignment of St. Luke’s Health System into two distinct regions (West and East), a structural change in nursing leadership was developed to best serve each community. For the West region, I remain the Vice President of Patient Care Services and Chief Nursing Officer, overseeing all nursing and patient care practice and quality. To ensure local support and visibility, two Associate Chief Nursing Officers (ACNOs) were added to the structure – one for the Boise campus and one for the growing Meridian campus. With these changes, our regional structure is now standardized and similar to what is in place at the McCall and Elmore hospitals. The goal of this structure is to provide executive nursing leadership at the local level, increasing nursing leadership accessibility to staff and supporting St. Luke’s goals of exceptional experience and outcomes.

In 2014, all nursing executive leaders within the Health System developed a System Nursing and Patient Care Services Strategic Plan. Key identified initiatives were aligned with our Health System Strategic Plan. This important work was completed using clinical nurse input from each site, including work done at the annual Nursing Shared Governance Summit (see the Nursing and Patient Care Services Strategic Plan on adjacent page). The System Nursing and Patient Care Services Strategic Plan will be our “roadmap” and provide the required direction and prioritization as we plan for our exciting future.

As we look back at this year, we can celebrate many achievements. A few highlights include: adding two sites to the St. Luke’s family – the Fruitland Emergency Department and St. Luke’s Rehabilitation, which was formerly a partnership with St. Luke’s and the Elks. In addition, Treasure Valley staff are working diligently to prepare for our 4th Magnet designation, and our Elmore hospital is receiving full Joint Commission accreditation.

I cannot express how proud I am to be a part of the St. Luke’s team and work with such admirable men and women. Our nursing and patient care colleagues are an exceptional group of people. I commend each and every one of you for always advocating for your patients and seeking out opportunities to continually improve. Consider this report a “thank you” and acknowledgement of the role you play in making a difference for our patients and their families, every day.

Sincerely,

Cynthia Jean Gearhard, MN, RN
Vice President, Patient Care Services/Chief Nursing Officer, West Region

Learn about the American Nurses Credentialing Center Magnet designation at nursecredentialing.org/magnet.
St. Luke’s Mission: To improve the health of people in our region.

St. Luke’s Nursing Vision: To transform patient and family-centered care across all settings. Based on our vision, we are compelled to deliver on the principles of accountable care; Better health, better care, lower cost.

St. Luke’s Health System West Region Nursing Executive Site Leaders

Chris Ludlum, DHA, MSN, RN
Nursing Executive Site Leader
St. Luke’s Boise

Rene Pallotti, MSN, MBA, RN
Nursing Executive Site Leader
St. Luke’s Meridian

Cindy Mosier, MSN, RN
Director Patient Care Services & Quality
St. Luke’s McCall

Deb Plemmons, MSN, RN-C
Director of Nursing and Patient Care
St. Luke’s Elmore

Transform the Clinical Care Model
Align Nursing Across St. Luke’s Health System
• Establish a clear, inclusive, and effective governance structure
• Conduct workforce assessment, including planning, recruitment, retention, and compensation/fulfill the Institute of Medicine Report recommendations
• Develop care delivery model(s)
• Develop and empower nursing leaders
• Support nurses to practice to the full extent of their licensure
• Maximize employee engagement

Connect Nurses to Our Communities
• Develop lead role and care team design for population health and wellness management
• Partner with local community resources and employ community health needs assessments
• Promote philanthropic investment

Eliminate Waste
• Accelerate TEAMwork principles
• Design effective and efficient care processes
• Promote seamless transitions across the care continuum
• Decrease irrational variance and cost in clinical areas
• Maximize technology (Epic, web-based clinical procedure resource, scheduling)

Create a Clinical Integrated Network
• Create programs, structures, processes, and workflow to optimize the patient’s experiences and outcomes across all settings (e.g., Epic, web-based clinical procedure resource, integrative therapies)
• Develop patient-centered models of interprofessional care

Expand Patient Centeredness
• Develop the nursing skills for patient activation
• Hardwire communication best practices
• Thread Relationship-Based Care throughout the exceptional employee and patient experiences

Become a National Quality Leader
• Be a quality leader based on national benchmarks
• Develop highly reliable systems, leading to a culture of safety, achieving flawless evidenced-based care
• Create roles and design teams that are outcomes driven
• Create a culture embracing technology for patient care
2014 Demographics

Licensed Beds: **572**
Total Employees: **8,726**
Registered Nurses: **2,699**
RN Workforce Demographics
- ADN-Prepared RNs: **33.08%**
- BSN-Prepared RNs: **59.57%**
- MSN and Above-Prepared RNs: **7.35%**
- Certified RNs: **864**
- RN Turnover: **12.1%**
- RN Vacancy: **1.8%**
- RN New Hires – Experienced: **186**
- RN New Hires – New Grads: **87**

Average RN Workforce Age
- Direct Care RN: **38.3 years**
- Total: **40.9 years**

Average RN Years of Service
- Direct Care RN: **6.6 years**
- All RNs: **8.0 years**

On the cover:

As shown by the graph, the annual organizational goal of increasing certifications by 1% per year was exceeded. (Treasure Valley nurses only)
Associate Chief Nursing Officers Selected

To establish a local facility leadership structure that best supports St. Luke’s goals of exceptional experience and outcomes, St. Luke’s West Region announced the selection of two associate chief nursing officers (ACNOs) in October 2014. Chris Ludlum, DHA, MSN, RN, Associate CNO-Boise and Rene Pallotti, MSN, MBA, RN, Associate CNO-Meridian, provide nursing and patient care leadership for their respective sites, including medical surgical units, heart, women’s/children’s, and respiratory therapy.

Chris Ludlum, DHA, MSN, RN
Associate CNO, Boise

Rene Pallotti, MSN, MBA, RN
Associate CNO, Meridian

West Region Expands to Care for Patients

Since 2010, St. Luke’s West Region has added two hospitals and two new free-standing emergency departments. McCall Medical Center joined St. Luke’s in 2010, becoming the fifth hospital in the Health System. St. Luke’s Nampa, with its new emergency department, opened in 2012. Elmore Medical Center in Mountain Home joined St. Luke’s in 2013, and this year, on May 1, 2014, St. Luke’s Fruitland opened with a new 14,000-square-foot emergency department. In addition, Elks Rehab Hospital was integrated into St. Luke’s on October 1, 2014. St. Luke’s nurses and their colleagues at all of these facilities provide the high quality, compassionate patient care for which St. Luke’s is known.
Emergency Departments Open in Nampa and Fruitland

The opening of the new Fruitland emergency department on August 1, 2014 was an exciting event, celebrating the end of a challenging journey of planning, construction, and engaging the community in forums to provide the best possible facility for the Fruitland area. Nurses conducted public tours to welcome community members.

Similar to the Nampa emergency department (ED), which opened in July 2012, the Fruitland ED was designed by a team of physicians, nurses, and support services personnel. The goal was to create a space that supported Relationship-based Care and LEAN principles. In both Nampa and Fruitland, nurses played an integral part every step of the way, working closely with physicians and support services to create a facility to best meet the needs of each community.

The nurses partnered with construction teams to create an ED that was patient- and visitor-friendly, decorated with warm tones, and built with non-slip floors. They also ensured that clinical care was considered when lights, monitors, equipment, and cabinets were placed. In Fruitland, the nurses requested a larger medication room with two doors to allow for easier access on both sides of the department. A second special room for patient safety was also added to the Fruitland design.

The new emergency departments are welcoming and organized to promote efficient patient care. Nampa and Fruitland have embraced their new ED facilities, and their nurses are proud to provide emergency care to these communities.

Elmore Accreditation on Course

During the past year, the St. Luke’s Elmore nursing departments began preparing for their first Joint Commission accreditation. In order to ensure staff were ready for the survey, four 2-hour meetings were held for all nursing staff. Several items were discussed in these meetings, including the importance of becoming accredited by The Joint Commission and what to expect on the day of the survey. Pocket guides were developed for all staff, and other resources such as newsletters, games, and information were also provided to help educate and engage staff. In July 2014, St. Luke’s Elmore achieved preliminary accreditation; and full accreditation in January 2015.
Rehabilitation Services Integrate into St. Luke’s

Work to integrate post-acute rehabilitation services, formerly the Elks Rehabilitation System, into St. Luke’s began in earnest in spring 2014, prior to the October 1 implementation date. This decision enabled St. Luke’s to provide a seamless transition of care for our patients requiring rehabilitation in the post-acute setting.

Led by Cynthia Gearhard, MN, RN, West Region Chief Nursing Officer/Vice President of Patient Care Services; Judy Jones, MSN, RN, NEA-BC; Vivek Kadyan, MD; and Ed Castledine, MBA, West Region Administrator for Ortho/Neuro, this work was facilitated by key leaders at the Rehabilitation Hospital: Tina Bossolono-Williams, BSN, RN, Director of Nursing and Patient Services; Nolan Hoffer, MPA, BS, Senior Director of Inpatient Operations; Dave Fleckenstein, DPT, PT, OCS, Senior Director of Clinical Adult Rehabilitation; and Shelley Thomas, MPT, MBA, Senior Manager of Rehabilitation Hospital Therapy Services and Neurological Program. More than 450 people, including nurses, discharge planners, respiratory therapists, rehab counselors, pharmacy staff, therapists, and support staff joined St. Luke’s on October 1, 2014.

Patrick Gray, BSN, BA, BS, RN, Director, Service Line Program/Spine for St. Luke’s Boise Ortho Neuro, pushed his best friend, Justin Skeesuck, in a wheelchair across northern Spain along the 500-mile Camino, or the Way of St. James, in June 2014. Mr. Skeesuck suffers from a rare disease in which his autoimmune system attacks his nervous system. Besides serving as the muscle behind the wheelchair, Mr. Gray also provided personal care for Mr. Skeesuck. As a registered nurse, he had the skills needed to provide daily care and support for his friend. “We are setting out to show that a life is not defined by its limitations, but rather what is accomplished in spite of those limitations,” Mr. Gray said.

Mr. Gray trained for months to prepare for the trip. Once the two were underway, they encountered all kinds of weather, road conditions, and other obstacles, which they overcame with the aid of the people they met. Taking on an unfamiliar environment, they quickly learned the importance of exposing their limitations and accepting help from others. They also discovered how much adaptation and flexibility were required to achieve their goals. The two men continue to present their experiences to churches and other organizations, where they talk about their goals in embarking on such an ambitious journey, overcoming challenges, and their personal “life lessons,” including work/life balance, quality family time, and devotion to others.

Their trip was videoed, and funds are being raised to produce a documentary of the experience. The documentary will be released in Spain in 2015 and will be shown at film festivals in the United States. Mr. Gray and Mr. Skeesuck are looking forward to planning their next journey.

For more information, go to illpushyou.com
Nurses Influence Idaho Legislative Action

Although Ellen Bencken, BSN, RN, CNOR, Manager of the Orthopedic Surgery Center, had no previous exposure to legislative education or involvement, she explored the legislative process through the Association of PeriOperative Room Nurses (AORN) in the role of the local chapter legislative chair, and then pursued it further when she became the legislative coordinator for AORN Idaho. While attending a training seminar in Washington, DC in 2013, Ms. Bencken was one of 21 RNs in the country selected to join the American Nurse Advocacy Institute (ANAI), a year-long program of mentoring political skills. Each ANAI member must set a goal for the year, and Ms. Bencken identified hers when she learned Idaho had failed to pass a Violence Against Healthcare Worker bill in 2013. She set out to educate her RN colleagues on the legislative process and elicit their involvement to ensure passage of a retooled bill in 2014.

Ms. Bencken worked with mentors from ANA and AORN and used several tactics in implementing a grassroots approach to secure nurse involvement. She contacted the leaders of every Idaho professional nursing organization. At each step of the legislative process, she educated nurses on the process of how a bill becomes a law and described activities in which nurses could be engaged. She provided resources and methodology to help nurses contact their legislators to seek support for a “yes” vote, and provided nurses’ personal experiences of violence to the Senate Judiciary and House Judiciary Committees prior to bill hearings at the Capitol. Along the way, Ms. Bencken asked professional nursing organization leaders to share her emails with their entire membership and encourage involvement. Employing these tactics proved very successful in overcoming challenges to secure passage of the bill. Thanks in great measure to Ms. Bencken’s diligent efforts, Idaho S.B.1351 passed in five weeks and was signed by the governor on March 28, 2014.

McCall Nurses Pilot Rural Registered Nurse Program

Clinicians in critical access hospitals are healthcare’s “jacks-of-all-trades.” Registered nurses at St. Luke's McCall Medical Center are expected to be able to provide care in at least two specialty areas. As part of McCall’s Rural Registered Nurse (RRN) program, nurses participate on a committee or special project, complete continuing education units, and demonstrate foundational knowledge and competency in their selected specialty areas. They are encouraged and rewarded for serving as the primary support for their chosen specialty areas and precepting new nurses. House supervisors support a minimum of at least two specialty areas. Respiratory therapists and other clinical staff function in a number of roles in addition to their own – from emergency department technician to unit clerk to cardiac diagnostician. The RRN program was piloted with a collaborative effort that included the nursing leadership team, human resources, compensation, and registered nurses.

Following the initial success of the RRN program, the team partnered with Travis Reese, RRT, RPFT, Manager of Cardiopulmonary Services at McCall, to develop a rural respiratory therapist (RRT) program that included competencies within the RRT licensure scope but outside the traditional respiratory therapist role. Cindy Mosier, MSN, RN, Director of Patient Care Services and Quality at McCall, a transformational and innovative leader, championed this program at the Health System level. It has been recognized as a best practice to be emulated by critical access hospitals across the state and nation.
Nurses Refresh Shared Governance

The rapid growth of nursing and patient care services within the changing healthcare environment led to the need to refresh the St. Luke’s shared governance structure. Under the leadership of the Center for Nursing Excellence, a steering committee consisting of clinical nurses and nurse leaders was formed to design a new structure to support structural empowerment and integrate best practices throughout the care continuum.

An electronic open comment period was utilized as a way for all nurses to have a voice in the new structure. Additionally, 82 nursing and patient care staff participated in a shared governance summit to contribute to the conversation. Based on the nursing input, several major changes were initiated to streamline the shared governance structure. The unit-based shared governance councils standardized to include one combined practice and quality council. The Nursing Education Council was transformed into the Nursing Professional Development Council, with a new focus on professional development for nurses. The Nursing Practice Council and the Nursing Quality council combined into one council, called the Nursing Evidence-based Practice Council. Further restructuring of the shared governance council structure, including the addition of population-based councils, will occur with full implementation in early 2015. Input from nursing staff will continue with open comment periods and voting opportunities.

Magnet Ambassadors in Action for 4th Designation

St. Luke’s holds the proud distinction of being a Magnet® accredited organization, receiving the first designation in 2001 and subsequently redesignating in 2006 and 2010. Magnet designation is granted by the American Nurses Credentialing Center (ANCC), the world’s largest and most prestigious nurse credentialing organization. In August 2014, St. Luke’s provided ANCC with a complete document for its fourth designation application. Only 8%, or approximately 400, of all hospitals in the U.S. and internationally can call themselves Magnet hospitals, and fewer than 100 of those are four- and five-time designees.

In early September 2014, a dynamic team of St. Luke’s most engaged nursing staff began the work of preparing the Treasure Valley for the fourth Magnet site visit. Following an application process, ambassadors were selected for the team based on their level of engagement and desire to share with their colleagues what Magnet means to them.

The ambassador team – 28 members strong – is led by Magnet Program Director, Robyn Beall, MSN, RN, NE-BC. In monthly meetings, the team brainstorms ideas on how to share the great work demonstrated in the Magnet document and connect staff to the outstanding initiatives being implemented throughout the organization. Calling their work “Celebrating our Successes,” the team focuses on highlighting the endeavors of the organization and calling out the positive relationships and collaboration demonstrated on a daily basis.
Nursing Excellence Brown Fund Supports Professional Development

Managed through St. Luke’s Health Foundation, the Nursing Excellence Brown Fund is an endowment fund available for nurses to apply for registration funds to attend an educational conference that will benefit both the employee and the organization. In 2014, 12 registered nurses were awarded Brown Funds to further their professional development.

Raquel Hansen, BSN, RN, Service Line Clinical Educator (left) and Jessica Garner, MSN, RN-BC, ACNS-BC, APRN, Clinical Nurse Specialist for the Center for Nursing Excellence, were awarded Brown Fund money for professional development.

Brown Funds Cover Registration Fees for National Conferences

<table>
<thead>
<tr>
<th>Name</th>
<th>Title, Location</th>
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<tbody>
<tr>
<td>Kari Ferrera</td>
<td>National Teaching Institute and Critical Care Exposition, sponsored by American Association of Critical Care Nurses. Denver, CO.</td>
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<tr>
<td>Amber Gillette</td>
<td>Sports Cardiology and Sudden Cardiac Arrest in the Young. Anaheim, CA.</td>
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<tr>
<td>Raquel Hansen</td>
<td>Emergency Nursing Association Annual Conference. Indianapolis, IN.</td>
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<tr>
<td>Darci Ineck</td>
<td>National Teaching Institute &amp; Critical Care Exposition (poster presentation): “Using a Teamwork Board to Engage Frontline Staff in Problem Solving.” Denver, CO.</td>
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<tr>
<td>Jennifer Jonely</td>
<td>19th Biennial International Perinatal Bereavement Conference (poster presentation): “Perinatal Palliative Care: Primary Year in Review.” San Antonio, TX.</td>
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<tr>
<td>Angie Keeley</td>
<td>Second Annual ASPN Multi-disciplinary Symposium. Seattle, WA.</td>
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<tr>
<td>Nichole Santarone</td>
<td>National Conference of Neonatal Nursing. Las Vegas, NV.</td>
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<tr>
<td>Jan Sprague</td>
<td>Preparatory course and exam to become a Certified Radiology Nurse.</td>
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<tr>
<td>Lori Steele</td>
<td>Academy of Oncology Nurse Navigators. Orlando, FL.</td>
</tr>
<tr>
<td>Tami Velasco</td>
<td>American Association Neuroscience Nurses. Anaheim, CA.</td>
</tr>
<tr>
<td>Misty Whipple</td>
<td>Resolve thru Sharing: Bereavement Training. Boise, ID.</td>
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**Structural Empowerment**

St. Luke’s Transfer Center Nurses Advocate for Patient Safety

St. Luke’s Transfer Center is a customer service-driven department implemented to improve patient and physician accessibility to facilities and specialties that provide a higher level of care. Based in the Shoreline building in Boise, the department is comprised of approximately 12 registered nurses who have a wide variety of clinical experience – primarily in critical care, emergency, and telemetry departments. Using a wall of six 55-inch monitors that provide information on census, flight vector (GPS of planes and helicopter tracking), and other programs, Transfer Center registered nurses (TCRNs) facilitate phone consultations with physician specialists and coordinate transportation of the patient from the sending facility to the receiving facility. They also manage bed placement for all patients admitted to St. Luke’s Boise, Meridian, and Magic Valley, including the coordination of hundreds of daily admission requests and intra-facility transfers. In addition, the Transfer Center partners with Air St. Luke’s, which provides ground, helicopter, and fixed wing aircraft transportation.

Although they do not physically see their patients, TCRNs directly advocate for patient safety by ensuring the appropriate transport team is dispatched, the requesting physician is directed to the appropriate facility based upon specialties provided, and patients are admitted to a department able to accommodate the level of care they need.

For more information on the Transfer Center, contact Jesse Billingsley, BSN, RN, Transfer Center Clinical Supervisor, at billingj@slhs.org.

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**Boise OR Provides Innovative Learning Opportunities for Students**

St. Luke’s Boise Operating Room (OR) community liaison team was established several years ago to partner with the community to meet community needs. The primary OR community outreach activity for this team has been conducting interactive tours of the Boise main OR for high school students, most of whom are from a local medical arts charter school. Groups of St. Luke’s junior volunteers and some Boy Scout troops have also participated. Led by Casey Webb, RN, Service Line Supervisor of Neurology/Ear, Nose, and Throat and OR community liaison team leader, the interactive tours provide a well-rounded view of the OR work environment. Following a discussion on career goals and “real life” jobs in the OR, the students put on OR scrubs and participate in a quick tour of the department. They also go to an operating room where a mock surgery has been set up. The students put on surgical gowns and gloves and learn how the instruments work, with hands-on experience in both a mock laparoscopic case and an open case.

This innovative outreach activity has received much positive feedback from the students and the community. The employees who volunteer their time to help with the tours receive great satisfaction and hope the experience influences some of the students to explore a career in healthcare – possibly even in St. Luke’s OR.

For more information about shadowing or working in the OR, contact Casey Webb at webbmi@slhs.org.
Travel Medicine and Immunization Clinic Shares Travel Expertise

St. Luke’s Travel Medicine and Immunization Clinic is a specialty clinic managed and run by nurse practitioners, a registered nurse, and staff committed to providing exceptional patient care. Approximately six years ago, April Southwick, MSN, MPH, NP, RN and Patty Parsons, RN were asked to develop a Travel Medicine and Immunization Clinic for St. Luke’s. Both became travel health-certified through the International Society of Travel Medicine, and began to organize and implement a travel clinic designed to provide risk analysis, health education, immunizations, recommendations, and prescriptions for safe and healthy international travel. Since that time, the clinic has expanded its services to include seeing pediatric travel patients and providing routine vaccines for adults and/or high-risk populations. Kathy Hite, NP joined the clinic in March 2014, and all three providers have become respected as immunization and travel medicine experts in the community.

During FY2013, the clinic saw an average of 175 patients per month. In FY2014, the volume increased to an average of 240 patients per month – a 37% rise in one year. As worldwide travel increases, St. Luke’s travel medicine providers continue to promote travel health and routine immunizations to protect individuals and the community.

Women’s and Children’s Nurses Serve the West Region

St. Luke’s nurses use their skill and expertise in many roles to improve the health of women and children across St. Luke’s West Region. More than a dozen nurses are childbirth and parenting instructors who teach classes to expectant families and families of all ages. They also teach “Grandparent classes,” which provide grandparents-to-be with the latest information about infant care. St. Luke’s nurses are also in the schools and community organizations such as Baby Steps and Family Advocates. Many of these activities are coordinated by Sherry Iverson, BS, RN, Program Manager of the Idaho Perinatal Project. Ms. Iverson, a former Labor and Delivery nurse, is passionate about volunteering to help parents and children, and inspires similar passion in those around her. She and her husband have been recognized with a Luke Award for their volunteerism for children and extraordinary commitment to fundraising efforts for the Children’s Hospital.

Travel Medicine Nurses (left to right): Patty Parsons, RN; Kathy Hite, NP; and April Southwick, MSN, MPH, NP.
Nurse Residency Program Transforms into STAR

The nurse residency program, now called Supporting Transition and Relationships (STAR), was designed to ease the transitional challenges of moving from student nurse to clinical nurse professional. STAR is a learner- and outcome-driven program that creates a culture of learning for new nurses. The program saw remarkable transformation and achievement in 2014, as the curriculum was redesigned to focus on transition to practice, nurse competency, and career professionalism. The new evidence-based redesign was generated from information gleaned from many interviews, EBP forums, surveys, and an extensive literature review. Structured into a four-hour session held once per month for 12 months, STAR includes discussions with hospital leaders at each session and makes the residency experience interactive and applicable to the nurses’ practice areas.

Under the auspices of the Center for Nursing Excellence, program leadership includes Stacy Evans, MSN, RN, CMSRN, CBN, Health System Educator, who designs and maintains the program’s curriculum, and Denise Camacho, BSN, RN, MAOL, West Region Residency Coordinator, who facilitates learning and professional development.

Nursing Peer Review Welcomes New Coordinator

The Nursing Peer Review program is a structured, systematic process of assessment, monitoring, and evaluation to enable clinical nurse peers to review individual clinical nurse practice related to a patient experience. Based in the Center for Nursing Excellence, nursing peer review is now led by Teresa Stanfill, MSN, RN, RNC-OB, who followed Jessica Garner, MSN, RN-BC, ACNS-BC, APRN, Clinical Nurse Specialist, as program coordinator.

Stacy Evans, MSN, RN, CMSRN, CBN, System Educator (left), and Denise Camacho, BSN, RN, MAOL, West Region Residency Coordinator.

Teresa Stanfill, MSN, RN, RNC-OB
Nursing Peer Review Coordinator
Exemplary Professional Practice

Treasure Valley HCAHPS Service Excellence Highlights

To provide our patients with an exceptional experience and an exceptional outcome, St. Luke’s focuses on key initiatives enhancing patient satisfaction and communication.

<table>
<thead>
<tr>
<th>HCAHPS Tactics</th>
<th>2014 Outcomes</th>
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<tr>
<td>Nurse Leader Rounding (NLR)</td>
<td>• NLR compliance increased from rounding on 55% of eligible patients to 91% in six months.</td>
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<tr>
<td>Bedside Shift Report (BSR)</td>
<td>• BSR compliance with call system validation increased from 26% to 64% in six months. BSR compliance with observations improved from 72% to 99% in six months.</td>
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<tr>
<td>Patient Experience Executive Rounding</td>
<td>• Patient and family feedback on executive rounding has been extremely positive. Executive leaders agree that patient rounding is both beneficial and rewarding.</td>
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<tr>
<td>Medication Teaching Guide</td>
<td>• Use of the medication teaching guide expanded throughout the organization. The Nursing Evidence-based Practice Council subgroup worked to define and standardize expectations of nursing practice to create seamless transitions of care with the medication teaching guide.</td>
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Nursing Sensitive Indicators (FY14 Jan-July)*

![Nursing Sensitive Indicators Graph]

HCAHPS Nursing Sensitive Questions*

![HCAHPS Nursing Sensitive Questions Graph]

*Treasure Valley nurses only
Decreased Door-to-Balloon Time Improves Patient Outcomes

Starting early in 2014, Nathan Green, MD; Karen Dey, BSN, RN, Cardiac Registry Coordinator; and Kate Barnes, BSN, RN, CEN, CCCC, Cardiac Care Coordinator, began collaborating with Ada County Paramedics and St. Luke’s emergency departments and cardiac catheterization labs to bring patients suffering from a heart attack, especially those having an ST-elevation myocardial infarction (STEMI), directly to the catheterization lab for treatment. These patients are identified on an echocardiogram (ECG) by paramedics in the field. In STEMI cases, the Center for Medicare and Medicaid Services (CMS) standards identify that the patient receives treatment – usually opening the blocked artery in the heart with a balloon and placing a stent – within 90 minutes of arriving at the hospital, called the door-to-balloon time. In 2014, St. Luke’s established a 60-minute goal and was able to exceed that goal with a median time of 41 minutes.

As the following table shows, for the 16 STEMI patients brought by ambulance to the hospital and were taken directly to the cath lab, the new process significantly reduced the door-to-balloon time, saving heart muscle and improving patient outcomes.

<table>
<thead>
<tr>
<th>Door-to-Balloon Time</th>
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<tbody>
<tr>
<td>60 Minutes</td>
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<tr>
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- **17 at 38 Minutes**
- **16 at 27.5 Minutes**

Called by paramedics/unable to go directly to cath lab

Called in the field by paramedics and taken directly to the cath lab

Nurses Refine Allergy Information Collection Process

Follow-up conducted after an allergen exposure event revealed that St. Luke’s method for collecting and communicating patient allergy information was an opportunity for process improvement. The Idaho Hospital Association’s recommendation, per industry standard, is to have one “true” or “primary” source of allergy information. In contrast, St. Luke’s was collecting allergy information on multiple documentation sources. To improve the process, clinicians from multiple disciplines were solicited to identify the best method for collecting and communicating allergy information. Led by Kim Krutz, MSN, RN, OCNS-C, CMSRN, Clinical Specialist, and Gina Browning, BSN, RN, Patient Safety Specialist, this group identified a process specifying that the department-specific EHR or EHR print-out would be the primary source of allergy information.

The group also outlined a new process to eliminate the red allergy band and the red label noting the list of allergies on the front of the patient chart, and instead use “NKA” (No Known Allergy) or “Allergy” stickers. The new process was rolled out October 1, 2014.
Exemplary Professional Practice

St. Luke’s Cystic Fibrosis Center of Idaho Provides Seamless Care

St. Luke’s Cystic Fibrosis (CF) Center of Idaho, which has been serving patients and families in Idaho and surrounding states for more than 13 years, is fully accredited by the Cystic Fibrosis Foundation to care for pediatric and adult patients. An outpatient clinic of St. Luke’s Health System, the CF Center is located in the Children’s Specialty Center on the St. Luke’s Boise campus. Mary Nelsen, BSN, RN, JD, Cystic Fibrosis Nurse Coordinator, and her colleagues on 9 North Women’s Unit and Pediatrics are the primary inpatient caregivers for CF patients. They seamlessly coordinate care among outpatient clinic settings and inpatient services.

Ms. Nelson was recently honored as a CF quality coach for the national CF Learning and Leadership Collaborative called “One CF Center,” which kicked off in January 2014. The Collaborative works to develop a model that provides CF care from the time of diagnosis through advanced care, focusing on smooth transitions, transfers, and referrals to specialists and inpatient care. In addition, St. Luke’s Cystic Fibrosis Center of Idaho recently attained national CF Foundation Center accreditation. In spring 2014, St. Luke’s CF program and the work of Ms. Nelsen were recognized in Network News, a publication for the CF Foundation’s Care Center and Clinical Research Networks.

Air St. Luke’s Flight Nurses Receive Recognition

Flight nursing is a specialty in which highly trained registered nurses provide comprehensive pre-hospital, emergency, and critical care to all types and ages of patients during aeromedical evacuation or rescue operations aboard helicopter, fixed wing, or ground ambulance.

Flight nursing brings a whole new meaning to organized chaos. Radio tones signal a request from someone who needs immediate assistance. There may be an ATV accident victim on the side of the mountain who needs rapid transport to the trauma center, or a patient with a bad ankle fracture in a wilderness location inaccessible to other transportation. Flight nurses have a high level of confidence, willingness, and ability that enables them to apply their advanced practice skills/knowledge in any medical emergency, at any given moment, in the most unforgiving and high-risk environments. The Air St. Luke’s flight team uses nearly 300 pages of protocols that help guide practice, but daily decision-making rests on the shoulders of each individual crew member.

The expertise and skill of St. Luke’s flight nurses are recognized by other organizations. Two flight nurses, Amy Neglia, MSN, RN, APPN, ACNS-BC, CCRN-CMC, CFRN and Josh Bingaman, RN, EMT-P, CFRN, represented Air St. Luke’s on the national level when they made a presentation at the 2013 and 2014 Air Medical Transport Conference (AMTC) in Seattle. They were also honored with a request to write an article on the presentation, have it published in AirRescue International Air Rescue & Air Ambulance Magazine, and agree to be featured on the cover, which was accomplished in 2014.

Ms. Neglia and Mr. Bingaman are pictured on the front cover of this report.
St. Luke’s eICU Program Impacts Critical Care Patient Outcomes

St. Luke’s electronic ICU (eICU) program demonstrates that technology, clinical decision support tools, collaboration, and communication all work in concert to improve patient care and outcomes. Since the implementation of the eICU program in January 2013, unit length of stay decreased 14%, unit mortality decreased 75%, and avoided ICU days increased from 2,308 to 5,535 over 12 months (October 1, 2013-September 30, 2014).

At St. Luke’s eICU, based on the Boise campus, electronic registered nurses (eRNs) and ICU nurses monitor 30 to 40 ICU patients at a time across the West Region and at St. Luke’s Wood River and St. Luke’s Magic Valley medical centers. They focus on immediate changes in patient physiology, as well as evolving trends in vital signs and laboratory values. Nurses hired into the eICU are experienced in critical care nursing, but new to a nursing role in telemedicine. Competency assessment for telehealth focuses on patient population management rather than on bedside nursing skills. As the program grows with the addition of emergency departments and long-term acute care facilities, workflows and practice guidelines continue to be developed.

Michaelyn Muggli, MSN, RN-BC, CCRN, Service Line Clinical Educator of the eICU, has been a leader in developing the eICU program, including the new eRN role, role definition, competencies, and practice guidelines. Ms. Muggli and her colleagues teach in rural communities, mentoring nurses on how to access eICU resources for their patients.

Children’s Hospital Reduces Central Line Infections

St. Luke’s Children’s Hospital was recognized for reducing central line infections (CLABSIs) in children at the 2014 Qualis Health Annual Patient Safety and Quality Improvement Conference. Qualis Health, one of the nation’s leading healthcare consulting and care management organizations, presented St. Luke’s Children’s Hospital with an Idaho Award of Excellence in Healthcare Quality in Boise on April 3, 2014.

The pediatric hematology/oncology caregivers celebrated the two-year mark without a CLABSI on August 6, 2014, and inpatient pediatrics caregivers achieved this milestone on October 20, 2014.
Breast Cancer Detection Center Provides Clinical Breast Exams

The clinical breast exam (CBE) is a unique service for women receiving their annual screening mammogram. While most organizations offer screening mammography alone, St. Luke’s nurses at the Breast Cancer Detection Center (BCDC) provide a visual assessment and tactile examination prior to each mammogram as a comprehensive care package for their patients. “Every two minutes a woman in the U.S. is diagnosed with breast cancer,” said Breast Cancer Services Nurse Supervisor Linda Vick, BSN, RN. “The most valuable part [of the CBE] is teaching women to do their own exam and empowering them to care for their own breasts.”

Following a brief history, the visual portion of the CBE is conducted. Nurses look for comparative differences in the breast tissue including puckers, dimples, dents, bumps, and discoloration. “We are not trying to find cancer, but rather focus on finding something that is different from the patient’s norm” Ms. Vick explains, “and teach women to identify textures, shapes, rashes, bloody discharge, scaly areas, or anything else that might be different from what it was previously.”

Data tracked from 2008-2013 by BCDC nurse Audrey Bowers, ADN, RN indicates that of 292 referrals where cancer was later identified, 61 were not detected by mammography. This means that the nurses’ findings led to further testing and, ultimately, a positive identification. Thus, because of the CBE service, 61 lives were potentially saved through early detection during this timeframe. “Women come here for their annual exam specifically for this service,” Ms. Vick says. The CBE, with the dedication of those who provide it, is a celebrated example of how St. Luke’s nurses create exceptional experiences and exceptional outcomes for patients.

BCDC nurse Audrey Bowers, RN is pictured on the back cover of this report, along with a patient.

Meridian 6th Floor Increases NICHE Certifications

The national Nurses Improving the Care of Healthsystem Elders (NICHE) program supports St. Luke’s mission to improve the health of people in our region by increasing clinical nurses’ knowledge about caring for older adults through patient centered, evidence- and relationship-based care. Lauren Boyd, BSN, RN, CMSRN, Meridian 6th Floor Clinical Educator, assists the nurses on her unit to become NICHE-certified. She also distributes weekly best practice tips on geriatric care and guides nurses in their training. In 2014, five nurses and two clinical assistive personnel (CAPs) on Meridian’s 6th Floor completed training to become geriatric resource nurses through the NICHE program. In the West Region, 22 nurses and one nursing assistant became NICHE-certified, bringing the number of NICHE-certified West Region nurses and nursing assistants to 27 and three, respectively.
New Knowledge

Clinical Support Unit Develops Nurse Ahead Program

Coordinated by Janet Buck, MSN, RN, Director of Nursing Practice; Brie Sandow, MSN, RN, RNC-OB, Clinical Support Unit (CSU) Director; Matt Cox, BSN, RN, RN-BC-MSRN, CSU Clinical Supervisor; and Jackie Hurzeler, BSN, RN, CSU Unit Based Educator, the Nurse Ahead program is an innovative approach to prepare new graduate nurses to take a permanent position on a patient care unit. The new graduates are hired into the clinical float pool and oriented to three units within a specific service line – either medical, surgical, or telemetry. After completing an extensive orientation, they are prescheduled to work on the three units they support for a minimum of three months. This structure allows the new graduates an opportunity to solidify their skill sets and develop relationships with the patient care teams on each unit. Prior to the end of their first year, each new graduate is expected to take a permanent position on one of their three units. In addition to providing supplementary nursing support, the Nurse Ahead program places a prepared nurse in the pipeline, waiting to fill a vacancy as soon as it occurs. This allows patient care units to replace nurses in a timely manner with a nurse ready to work with a specific patient population.

Operation Innovation: Nurses Moving Evidence Forward Holds First Annual Writing Workshop

Hosted by the Center for Nursing Excellence, the first annual writing workshop was held from January to June 2014. Nurses earned CEUs to develop manuscripts, with a goal to submit their work to journals or other literary publications at the end of the six-month period. The workshop was comprised of built-in work sessions, during which homework writing assignments were reviewed by peers and constructive feedback was provided. Biweekly workshop topics included writing tips for each of the major sections of a manuscript. In this way, workshop participants learned to review as well as write. Five manuscripts were developed during the workshop. Because a goal for the workshop was to increase the knowledge and confidence of nurse attendees, participants were asked to rate their knowledge and confidence associated with writing the various components of a manuscript, pre-workshop and at three points across the six-month period. Both knowledge and confidence scores steadily increased over time. Workshop faculty, Diana Meyer, DNP, RN, CCRN, CEN, NEA-BC, FAEN, Senior Director, Center for Nursing Excellence and Laura Tivis, PhD, CCRP, Director of Nursing Research (left) and Diana Meyer, DNP, RN, CCRN, CEN, NEA-BC, FAEN, Senior Director, Center for Nursing Excellence.

Brie Sandow, MSN, RN, RNC-OB, Director of Clinical Support Unit (CSU); Janet Buck, MSN, RN, Director of Nursing Practice; Jackie Hurzeler, BSN, RN, CSU Unit Based Clinical Educator; and Matt Cox, BSN, RN, RN-BC-MSRN, CSU Clinical Supervisor (left to right).

Laura Tivis, PhD, CCRP, Director of Nursing Research (left) and Diana Meyer, DNP, RN, CCRN, CEN, NEA-BC, FAEN, Senior Director, Center for Nursing Excellence.
St. Luke’s Implements Adoption and Surrogacy Support Program

For Teresa Soderling, BSN, RNC-MNN, taking care of patients and families is a central part of her role as an RN and unit-based clinical educator on the Boise Mother Baby Care Unit. In late 2013, Dixie Weber, MS, RNC, Administrator of St. Luke’s Women’s Services, spearheaded the implementation of St. Luke’s Family to Family Adoption and Surrogacy Support (FASS) program. This initiative followed staff indicating the need to revise the current process for caring for women, newborns, and families who utilize surrogacy or adoption as a means to expand their families. Ms. Soderling assisted in developing educational tools, plans, and documents for birthing patients and intended parents.

The FASS program provides a pathway and guidance for families who have a surrogacy arrangement or adoption plan. As the culture and definition of the childbearing family continues to evolve, families voice a positive hospital experience with this successful program, which is supported by knowledgeable and skillful nurses and collaborative relationships with community partners. In the first 10 months of 2014, approximately 52 Boise deliveries and 14 Meridian deliveries were to families who had an adoption plan or surrogacy arrangement.

Nursing Team Studies Neonatal Abstinence Syndrome Evidence

Boise NICU clinical nurses Vicki Wohlers, ADN, RN and Christine Aragon, BSN, RN, RNC-NIC applied as a team to the Nursing Research and EBP Fellowship with a plan to examine the evidence regarding neonatal abstinence syndrome (NAS), which occurs in infants exposed to opiates or illicit drugs during pregnancy. Based on the available evidence, Ms. Wohlers and Ms. Aragon made a recommendation to develop NAS patient care guidelines for the NICU at both Meridian and Boise campuses within the St. Luke’s Health System. Accordingly, the new patient care guidelines for NICU patients with NAS were completed and will soon be fully implemented in St. Luke’s West Region.

One important segment of the guidelines was implemented in May 2014: The concentration of oral morphine was changed for NAS patients from 2mg/ml to 0.4mg/ml, which made it possible to give morphine every three hours and provide better care for NAS patients. This change in practice has led to positive results for patients.

Ms. Wohlers and Ms. Aragon created a poster on this initiative and presented it at the annual Nursing Research and EBP Fellowship Celebration event on February 18, 2014.
Certified Nurse-Midwives Provide Individualized Care

St. Luke’s now offers a certified nurse-midwife (CNM) program for patients seeking an excellent patient experience via an alternative birth experience. Nurse-midwives, who are advanced practice nurses, assume primary responsibility for the care of their patients. They manage women’s healthcare, focusing on pregnancy, childbirth, post-partum period, care of the newborn, and reproductive and gynecological needs of well women.

In January 2014, St. Luke’s Meridian-based midwives saw their first patients and have attended 14 births since the program began. The three CNMs collaborate with Meridian-based physicians, who provide emergency assistance if needed.

Nurse-midwives are known for providing individualized care, involving the mom-to-be and her partner in decisions surrounding pregnancy and birth. Longer appointment times and support in labor are hallmarks of midwifery care and are built into St. Luke’s program. The midwives also see patients for women’s health issues, from adolescence through menopause. Throughout the year, they present at local schools, teach menopause classes, and attend various events to promote nurse-midwifery at St. Luke’s.

Nurses Win State and National Awards

Three St. Luke’s West Region nurses received major awards in 2014. Kate Martin, BSN, NP, a nurse practitioner with St. Luke’s Women’s Clinic and current president of Nurse Practitioners of Idaho, was selected as Idaho’s Nurse Practitioner of the Year by the American Association of Nurse Practitioners (AANP). Ms. Martin will receive this honor at the AANP national meeting in New Orleans in June 2015.

Jennifer Jonely, MSN, RNC-OB, CPLC, Perinatal Palliative Care Service Coordinator, was honored with the 2015 Certified in Perinatal Loss Care (CPLC®) of the Year Award from the National Board for Certification of Hospice and Palliative Nurses. The award will be presented February 26, 2015 in Philadelphia during the 2015 American Academy of Hospice and Palliative Medicine/Hospice and Palliative Nurses Association Annual Assembly.

In September 2014, Shelby Darland, MSN, RN, Performance Improvement Coordinator for St. Luke’s Mountain States Tumor Institute (MSTI), was presented with the NAHQ 2014 Luc R. Pelletier Healthcare Quality Award for her work in developing MSTI’s Oncofertility Screening program. Only one person is selected for this esteemed international award each year.
2014-15 Treasure Valley Nursing Research and EBP Fellows

Cindi Bennett, BSN, RN, IBCLC; Donna Swirczynski, MSN, RN, PCNS-BC, ACCNS-P, APRN
Standardized Discharge Breastfeeding Plan for the Late Preterm/Neonate Infant (EBP)

Michele Birch, MSN, RN
Self-Efficacy among Medical Assistants in a Physician Office Setting (Research)

Laurie Hurst, RN, BSN
Surgical Pause: Cease All Activity During Surgical Time Out (EBP)

Claire Askew, BSN, RN, RNC-NIC; Ann Margaret St. Clair, BSN, RN, CCRN
The Use of Colostrum for Oral Care in the NICU (EBP)

Chris Elrod, MEd, RN, CEN; Cathy Peterson, BSN, RN
Is there a difference in sepsis screening knowledge retention between interprofessional healthcare learners who participate in a sepsis case study and those who participate in a sepsis simulation? (Research)

2013-14 Publications

Rick Bassett, MSN, RN, APRN, ACNS-BC, CCRN

Josh Bingaman, RN, DMT-P, CFRN; Amy Neglia, MSN, RN, APPN, ACNS-BC, CCRN-CMC, CFRN

Susan Cheeseman, DNP, APRN, NNP-BC

Jane Grassley, PhD, RN, IBCLC; Joyce Schleis, BSN, RN, IBCLC; Susan Bennett, RNC, IBCLC; Susan Chapman, RN, IBCLC; Bonnie Lind, PhD, MS

Valerie Lee, DNP, FNP-C
(January 3, 2014). The Burden of end-stage renal disease. Published online in Advance Healthcare Network: For NPs & PAs.

Linda Penwarden, MN, RN, AOCN; Jody Acheson, BSN, RN, MPH, OCN

Pam Springer, RN, PhD, CNE, ANEF

2014 Presentations

Betsy Ayres, BSN, RN, IBCLC; Jane Grassley, PhD, RN, IBCLC; Kristen Koprowski, Student Nurse Research Assistant; Sue Chapman, RN, IBCLC; Susan Bennett, BSN, RN, IBCLC

Rick Bassett, MSN, RN, APRN, ACNS-BC, CCRN
A Practical Approach to Understanding Clinical Ethics
Idaho Healthcare Association Convention, June 2014, Boise, ID
A Practical Approach to Understanding Clinical Ethics of Advance Planning.
Idaho Quality of Life Coalition Annual Conference, June 2014, Boise, ID
Early Mobility in the MICU
AACN NIIT Annual Conference, May 2014, Denver, CO

Josh Bingaman, RN, DMT-P, CFRN; Amy Neglia, MSN, RN, APPN, ACNS-BC, CCRN-CMC, CFRN
Chest Pain: That elephant is stabbing me and I can’t breathe!
Air Medical Transport Conference, Association of Air Medical Services, September 22, 2014, Nashville, TN

Kathleen Daniels, MSN, RN, CRNI, CMSN, ONC
Journey to Ortho Excellence
NAON 34th Annual Congress, May 2014, Las Vegas, NV

Kaye Dummit Villaret, BSN, RN, CMSRN; Heather Dixon, BSN, RN, CMSRN
Irritable Bowel Syndrome
Medical/Surgical Conference, September 2014, Boise, ID

Diana Fahrenbruck, BSN, RN, RNC-MNN; Kelly Krommenhoek, RN, CMSRN; Mary Anne Reynolds, PhD, RN
Does a Mentorship Program in a Hospital Setting Increase Confidence and Job Satisfaction Among New Graduate Nurses?
VA Research Day and ISU Research Day, May/March 2014, Boise, ID

Kara Garner, MSN, PNP-BC
How to diagnosis vonWillebrand disease in the primary setting
Nurse Practitioners of Idaho Annual Fall Conference, Sept. 2014, Boise, ID

Christy Haines, RN, CRN
Contrast Media
PACU/ENDO/MI Conference, April 2014, Boise, ID
Drains in Interventional Radiology, the Nursing Perspective

Lisa Hill, RN
Contrast Adverse Reactions
PACU/ENDO/MI Conference, April 2014, Boise, ID

Jennifer Jonely, MSN, RNC-OB, CPLC
Perinatal Palliative Care: A Primary Year in Review
19th Biennial International Perinatal Bereavement Conference, Nov. 6-9, 2014, San Antonio, TX

Ashley Knight, BSN, RN; Anna Rostock, BSN, RN, CPN; Cathy Deckys, MSN, RN, COHN-S
Emegenece Delirium in Children 18-72 Months
VA Research Day and ISU Research Day, May/March 2014, Boise, ID

Anne Koster, MSN, RN, FNP
Antibiotic Approaches and Reviews
Nurse Practitioners of Idaho Fall Conference, Sept. 2014, Boise, ID

Heather Roberts, BSN, RN; Marty Downey, PhD, RN, ANHN-BC; Alia Crandall, BSN
Nursing Student
A Randomized Trial of the Effects of Aromatherapy (AromaTabs”) on Anxiety and Nausea for Breast Cancer Patients Undergoing PORT Access in an Outpatient Setting
Western Institute of Nursing Annual Conference, April 2014, Seattle, WA; American Holistic Nurses Association, June 2014, Portland, OR

April Southwick, MSN, MPH, NP, RN
Travel Medicine and Immunizations for Healthy and Immunocompromised Adults
Nurse Practitioners of Idaho Fall Conference, Sept. 2014, Boise, ID

Honors and Awards
Shelby Darland, MSN, RN
NAHQ Luc R. Pelletier (International) Healthcare Quality Award

Christy Haines, RN, CRN
Selected as member of Item Writing Task Force with Center for Nursing Excellence and Testing (C-NET) (national). Test question writer for Certified Radiology Nursing Board exam 2013 and 2014

Jennifer Jonely, MSN, RNC-OB, CPLC
2015 Certified in Perinatal Loss Care (CPLC®) of the Year Award from the National Board for Certification of Hospice and Palliative Nurses

Darcy Koffer, BSN, RN, OCN
Worldwide Leader in Healthcare and Top Nurse in Idaho award from the International Nurses Association

2014 Registered Nurse Scholarship Winners

Nursing Scholarship
Darcie Koffer, BSN, RN, OCN
Sabrina McFarland, RN, CNOR
Julya Miner, BSN, RN, RNC-OB
Ashley Rood, BSN, RN
Allison Vander Lugt, BSN, RN, CMSRN

Leadership Scholarship
Erin Roth, BSN, RN, CMSRN, CHFN
Danika Severe, BS, RN, HACP
Teresa Stanfill, MSN, RN, RNC-OB

Gilbertson Scholarship
Lynda Peel, BSN, RN, CCRN-E
Kari Rhode, BSN, RN, RNC-OB
Amanda Stewart, RN

2014 Dana Gulbranson Spirit of Nursing Award Winner

Elizabeth Jorgensen, MSN, RN, CMSRN
Boise 7 East Telemetry
BCDC nurse Audrey Bowers, RN (right) with a patient. See story on page 18.