Nursing Annual Report
2015
West Region

St Luke’s

Boise • Meridian • MSTI
Treasure Valley Clinics
Dear Nursing Colleagues, Patients, Families, and Community Members:

I am happy to present St. Luke’s West Region Nursing Annual Report. I am always impressed by the dedication of our professional nurses to provide the highest level of quality and compassion to our patients. I believe you will find the 2015 report enthusiastically represents St. Luke’s Nursing excellence.

Several key highlights in 2015 include achieving our 4th Magnet designation, initiating the development and build process for myStLuke’s—our System-wide electronic health record—and our re-commitment to become a highly reliable healthcare organization (HRO).

In August 2015, St. Luke’s Treasure Valley was awarded our 4th Magnet designation by the American Nurses Credentialing Center (ANCC). Only 8% of hospitals worldwide are Magnet hospitals. We are in elite company. The Magnet designation translates to patient care excellence and lower overall mortality rates. Magnet organizations meet rigorous quality standards and have structures in place to support nurses to practice at the highest level. The appraisers who performed our site visit were very complimentary of our interdisciplinary collaboration and nurse-led programs. I want to personally recognize and thank our entire interdisciplinary team for their participation in our journey through this important redesignation.

Over the past 12 months, there has been a significant effort to develop our myStLuke’s integrated electronic health record. To date, more than 380 standing order sets and hundreds of clinical workflows have been created, signifying standardization of practice across the Health System. This spring, the content build will be tested and modified, followed by extensive training in anticipation for the System GO LIVE October 1, 2016. Based on the level of commitment, planning, and System-wide participation, I’m confident our implementation will be successful and meet expected deliverables by consolidating our patients’ information into one medical record.

As St. Luke’s strives to become an HRO in the care we provide to our patients, we recognize the need to strengthen our safety culture. Healthcare is very different from a manufacturing process. Huge variability in patients and circumstances requires us to adapt to new processes quickly and stay abreast of rapidly changing clinical information. This environment requires highly trained professionals who must use expert judgment in dynamic settings. St. Luke’s safety culture is the product of individual and group values, attitudes, competencies, and patterns of behavior that determine our commitment to health and safety programs. Our positive safety culture is characterized by communications focused on mutual trust, by shared perceptions of the importance of safety, and by the confidence in the efficacy of preventive measures.

Thank you for your personal commitment to keep our patients safe.

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, BSN, RN
Nursing Executive Site Leader
St. Luke’s Meridian

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

Cy Gearhard, MN, RN
West Region Vice President of Patient Care Services and Chief Nursing Officer

Strategic Objectives

Transform the Clinical Care Model

- Align Nursing and Patient Care Services Across St. Luke’s Health System – West Region
  - Established a clear, inclusive, and effective shared governance structure in the Treasure Valley facilities.
  - Implemented nursing supervisor role in Treasure Valley to develop and empower nursing leaders.

- Expand Patient Centeredness
  - Threaded relationship-based care throughout exceptional employee and patient experiences.

- Eliminate Waste
  - The myStLuke’s Clinician Workgroup completed 93% of workflow and content standardization, which represented best practices for the Epic electronic health record.
  - Secured approval and budget to implement the Elsevier/Mosby web-based procedural resource and clinical key for nurses System-wide; implementation planning is underway to maximize benefit of the procedure resource tool.

- Become a National Quality Leader
  - St. Luke’s Treasure Valley facilities were awarded their 4th consecutive Magnet designation by the American Nurses Credentialing Center
  - In the summer months, the St. Luke’s McCall Emergency Department overall patient satisfaction score exceeded the 90th percentile, with extraordinary 99th percentile rankings in June and August.

See Shared Governance, page 6
See Access to Nursing Leadership, page 4
See International Care, page 8; Pay It Forward, page 10; Boise Home Care, page 18
See Epic Journey, page 21
See Magnet, page 5
See McCall Emergency, page 15
Nurses Have Convenient Access to Leadership

Leadership accessibility is a key component in driving nursing engagement, which results in exceptional patient experiences and outcomes. In the past year, the Treasure Valley Nursing Leadership structure transitioned to a local provincial model with the addition of associate chief nursing officer (ACNO) roles at each facility and a newly defined nursing supervisor role at the department level. This model was developed with front line staff input to provide nursing staff with 24/7 access to nursing leadership.

As local leaders, the ACNOs, in partnership with the site administrators, are responsible for the operations of each campus. Rene Pallotti, MSN, MBA (Meridian ACNO) and Christine Ludlum, DHA, MSN, RN (Boise ACNO) are committed to rounding and being visible and accessible to staff. An open policy exists for staff engagement, feedback, and input on bedside needs. The nursing supervisor role gives staff access to their unit leader on days and nights. This new role also develops new leaders; provides visibility and consistent communication, feedback, and support within nursing practice; promotes advocacy for nursing; and facilitates an understanding of the bedside work. As St. Luke’s continues to evolve as a highly reliable organization to consistently improve quality and safety for patients and staff, these new roles support the organization to achieve the highest standards of patient care.

Rene Pallotti, MSN, MBA, BSN, RN, ACNO-Meridian; Li Caudill, BSN, RN, Boise 9 East Nurse; and Chris Ludlum, DHA, MSN, ACNO-Boise (left to right).

As shown by the graph, the annual Treasure Valley goal of increasing certifications by 1% per year was exceeded.
A cast of thousands was involved in writing and validating the Magnet document and preparing the organization for a June 2015 site visit. Magnet Ambassadors spent 10 months learning about Magnet and preparing strategies to ensure the organization was ready for the site visit. Robyn Beall, MSN, RN, NE-BC, Magnet Program Director, conducted Magnet Intensives for more than 200 leaders and educators.

St. Luke’s resident Magnet appraisers, Judy Jones, MSN, RN, NEA-BC and Teresa Stanfill, DNP, RN, RNC-OB, led the organization in mock interviews to prepare staff for interactions during the upcoming site visit. In June St. Luke’s hosted a three-and-a-half-day site visit. Magnet Ambassadors escorted three Magnet appraisers to more than 20 meetings with staff and 19 separate meals. St. Luke’s was officially recognized for achieving its fourth designation at the ANCC National Magnet Conference in Atlanta, Georgia in October. A representative group of 27 registered nurses participated for St. Luke’s and brought back information to share with colleagues.

Onward to number five!
St. Luke’s Rehabilitation Hospital Implements Shared Governance Committee

St. Luke’s Rehabilitation Hospital implemented a Shared Governance Committee this summer. Under the leadership of Robert Stapley, CRRN, RAC-CT, the committee is comprised of representatives from education, infection control, nursing, therapies, clinical assistive personnel, administration, and quality. The committee meets monthly to share information and review the work being completed via teamwork boards.

Robert Stapley, RN, CRRN, RAC-CT, Rehab Hospital Minimum Data Set Coordinator
St. Luke’s Supports Nursing Leadership Certification

Nursing leadership certification enables nurse leaders to validate their knowledge as they carry out their demanding and complex leadership responsibilities. Following a survey to determine interest in leadership certification and identify barriers at the Treasure Valley hospitals, several focus groups were held with nursing leaders to develop a plan to support achievement of leadership certification. As a result, the Center for Nursing Excellence, under the umbrella of the Operation Innovation program, now partners with the American Nurses Credentialing Center (ANCC) to provide high-quality educational preparation for nurse leaders seeking professional certification in leadership.

Program participants Katy Alexander, BSN, RN, RNC-OB, Boise Administrative Supervisor and Kim Williamson, BSN, RN, Boise MICU Nursing Supervisor, said: “To have mentors and leaders who guide and provide a network of peers to reassure us that we are not alone on the path to leadership certification is amazing. That is why St. Luke’s is a Magnet organization. St. Luke’s invests in nursing leaders so they have greater influence to provide exceptional, safe, quality care to our patients.”

Nursing Peer Review Expands

Nursing Peer Review (NPR) is practiced in the West Region as an important part of professional nursing practice. In 2015, NPR expanded into the Nampa Emergency Department and will soon be implemented in the Boise Rehab Hospital. An exciting NPR enhancement is the creation of a tool (“dashboard”) that gives an accurate snapshot of the current status of nursing peer review cases. Presentation of the data in the dashboard format allows users to drill down to year, quarter, and month, and then sort by campus, unit, etc. This provides a fabulous opportunity to partner for exceptional outcomes. The dashboard can be accessed through eds.slhs.org. Click on “Reports & Dashboards,” then “Center for Nursing Excellence.”
Nurses Provide Care Internationally

The reach of St. Luke’s nurses extends around the world. In 2015, St. Luke’s nurses provided medical care to impoverished and ill patients in Haiti, Guatemala, Honduras, Philippines, Nepal, and other countries.

Every other summer, Shannon Vaughn, NP-C, CVNP-BC, Nurse Practitioner at St. Luke’s Clinic – Idaho Cardiology Associates in Meridian, and David Bishop, MHS, BS, Administrator St. Luke’s Heart, co-lead a biannual summer medical mission to Honduras. Their team members provide primary care, including gynecological, pediatric, infectious disease, wound care, diabetes, and hypertension management. They also distribute vitamins and parasite medication. Their efforts are always met with overwhelming gratitude from the Honduran people.

“\textit{I am proud to be one of many in the family of nurses, providers, and staff at St. Luke’s who extend their love and services around the world.}”

– Shannon Vaughn, NP-C, CVNP-BC

Nampa Nurse Leads Osteoporosis Support Program

Greta Leonard, RN, CBDT, Certified Bone Density Technologist and registered nurse, leads the Snake River Osteoporosis Support Group in Nampa. This community outreach program was started in 1997 by the Idaho Osteoporosis Center, then part of Saltzer Medical Group. In 2014, St. Luke’s assumed co-sponsorship of the program with the National Osteoporosis Foundation. Ms. Leonard and her colleagues are dedicated to providing exceptional care for patients living with osteoporosis. In this interdisciplinary initiative, Ms. Leonard works closely with Daranee Berg, PT; Deanna Kinsman, PT; and Jennifer Ousley-Trevett, PT, all physical therapists with St. Luke’s Rehabilitation in Nampa.

The osteoporosis support group conducts six classes each year at the Nampa Senior Center. Expert speakers present on topics relating to osteoporosis, such as living with osteoporosis, exercising safely, maintaining good posture, getting enough calcium and vitamin D, medical treatments available for osteoporosis, and learning balance and fall prevention skills. The classes draw a large group of patients from Nampa and outlying areas.

Greta Leonard, RN, CBDT, Nampa Certified Bone Density Technologist
St. Luke’s Elmore Nurses Volunteer at Country Music Festival

The first Mountain Home Country Music Festival was held July 2015 in the high desert north of Mountain Home, and was a huge success. Nurses from St. Luke’s Elmore played a key role in making it a memorable event. To help keep the 14,000 concert-goers safe during the three-day festival, event organizers arranged to have a medical tent on site. The medical team was staffed with nurses, EMTs, paramedics, physician assistants, and other volunteers from St. Luke’s Elmore and other agencies and organizations in the area.

St. Luke’s Elmore nurses who volunteered at the event included Nancie Brininger, MSN, RN, IBCLC; Anna Hissong, MSN, RN-BC; Marianne Svendsen, RN; Robin Hess, LPN; and Rebekkah Payne, RN. The medical crew worked long hours and saw many concert attendees with cuts, scrapes, blisters, sunburns, dehydration, and other ailments. Although a few people were transported for additional care, the majority were treated on site, thanks to the compassion and expertise of these skilled medical professionals.

![Community volunteers including Elmore Nurses Marianne Svendsen, RN (fifth from left) and Nancie Brininger, MSN, RN, IBCLC (fourth from right).](image)

### 2015 Registered Nurse Scholarship Winners

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<tr>
<th>Scholarship</th>
<th>Winner 1</th>
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<td><strong>Nursing Scholarship</strong></td>
<td>Peter Larson, BSN, RN, EMT-P, CFRN</td>
<td>Erika Livingstone, BSN, RN</td>
<td>Mari Beth Stein, BSN, RN-BC, ONC</td>
<td>Danielle Larson, BSN, RN, CMSRN</td>
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<td><strong>Leadership Scholarship</strong></td>
<td>Katy Alexander, BSN, RN</td>
<td>Paula Lewis, BSN, MBA, RN, RN-C</td>
<td>Kristy Schmidt, BSN, RN</td>
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Clinical Nurse Specialists Provide Clinical Expertise

Clinical nurse specialists (CNSs) are master’s or doctorate prepared nurses dedicated to specific service lines. They serve as expert consultants, provide direct care, share expertise on policies and procedures, and guide evidence-based care. To develop the CNS role, St. Luke’s has deployed an innovative program called the CNS in Residence Program. Kelly Graff, BSN, RN is the newest CNS resident and supports St. Luke’s Children’s Hospital.

**Kelly Graff, BSN, RN**
CNS Resident for the Children’s Hospital

Meridian Surgical Services Nurses “Pay it Forward”

The Meridian Peri Anesthesia Nursing Sunshine Committee has found innovative ways to develop and maintain high staff morale. In the summer of 2015, committee members Conra Hunter, RN, Pre Admission Testing; Trudi Dobson, RN, Recovery Room; Kara Nadeau, BSN, RN, Recovery Room; and Kristina Welborn, BSN, RN, Recovery Room, implemented a peer-to-peer recognition program called “Pay it Forward.” They created a special Pay it Forward dollar bill, designed with a large sun drawn on the bill’s face. Staff attach a Pay it Forward dollar to a note, card, or gift to let someone know that he or she is appreciated. The recipient then takes the dollar and pays it forward to someone else. Staff use this successful program in clever ways, including attaching bills to coffee, offering a colleague extra break time, and even taking someone’s call shift. The goal of the project is to show appreciation to coworkers and inspire all disciplines in the Meridian Surgical Services workplace and beyond to “pay it forward.”

**Meridian Surgical Services Nurses Kara Nadeau, BSN, RN; Conra Hunter, RN; Kristina Welborn, BSN, RN; and Trudi Dobson, RN (left to right).**
Exemplary Professional Practice

**HCAHPS Nursing Sensitive Questions**

**WEST REGION**

- Nurse Courtesy and Respect: 87.9, 88.6, 88.1
- Nurses Listen: 75.8, 75.9, 75.7
- Nurses Explain: 75.6, 76.9, 77
- Nurse Response to Call Light: 63.2, 65.2, 62.7

**2013** | **2014** | **Jan-June 2015**
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**TREASURE VALLEY - BOISE**

- Nurse Courtesy and Respect: 88.8, 88.4, 88.3
- Nurses Listen: 76.1, 76, 76
- Nurses Explain: 74.5, 77.9, 78.6
- Nurse Response to Call Light: 71.4, 70.4, 61.8

**2013** | **2014** | **Jan-June 2015**
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**TREASURE VALLEY - MERIDIAN**

- Nurse Courtesy and Respect: 84.4, 87, 86.8
- Nurses Listen: 72.4, 72.8, 75.2
- Nurses Explain: 73.8, 74.7, 74.6
- Nurse Response to Call Light: 58.6, 60.6, 69.5

**2013** | **2014** | **Jan-June 2015**
---|---|---

**TREASURE VALLEY - McCALL**

- Nurse Courtesy and Respect: 94.4, 97.5, 94.2
- Nurses Listen: 84.9, 85.8, 82.2
- Nurses Explain: 79.3, 81.3, 83.1
- Nurse Response to Call Light: 86.9, 82.7, 92.6

**2013** | **2014** | **Jan-June 2015**
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2015 West Region Patient Experience/Service Excellence Highlights

Boise and Meridian Patient Experience Tactics

**Nurse Leader Rounding**
- Nursing supervisors were provided with training techniques on how to effectively conduct nurse leader rounding and how to best communicate with patients and families regarding their hospital experience.

**Bedside Shift Report (BSR)**
- BSR observation process and report dashboard were created and launched.

**Hourly Rounding**
- Hourly rounding observation process and report dashboard were created and launched.

**Discharge Phone Calls (DPC)**
- DPC workgroup was formed to analyze current workflows and processes to determine how to best streamline efficiency in order to reach more patients.

**Site Level Patient Experience Teams Initiated**
- Boise and Meridian site-specific patient experience teams were created. Team participants include site ACNO, manager of patient experience, senior directors, nursing directors, and interdisciplinary department managers. Teams focus on driving compliance for evidence-based practices and working together to remove barriers that impact the patient and family experience.

HCAHPS Nursing Sensitive Questions ELMORE

Nursing Sensitive Indicators (CY15 Jan-June)
Meridian 6 Nurses Reduce Clostridium Difficile (C. diff) Rate

Nurses on Meridian’s 6th Floor often participate in initiatives to improve patient care. In spring 2015, they recognized a higher than normal C. diff rate within their patient population. An assessment revealed significant variability in donning and doffing of personal protective equipment, terminal room cleans, supply stocking in patient rooms, and communication of isolation status. Nurse champions Lauren Boyd, BSN, RN, CMSRN; Mary Barlow, BSN, RN; Amanda Luttrell, BSN, RN; and Kaylee Wilkes, BSN, RN, CMSRN collaborated with their colleagues to conduct extensive staff education on proper donning and doffing and communicating the correct isolation status in Epic. They also worked with Environmental Services personnel on terminal room cleans and created a new process for stocking patient rooms, based on staff feedback regarding actual product use.

The unit’s goal was to decrease the incidence of C. diff cases to less than 6.30% per 10,000 patient days. In the first three months following the interventions, the number of C. diff cases on Meridian 6 was reduced to zero, validating the effectiveness of the interventions employed by the Meridian 6th Floor nurses.

St. Luke’s Rehabilitation Hospital Nurses Implement Fall Reduction Strategies

At St. Luke’s Rehabilitation Hospital, approximately 86% of patients return to their home setting following their admission—a source of immense pride for the hospital staff.

A major factor in patients’ successful transition to home is fall prevention during hospitalization. In January 2015, the rehabilitation hospital implemented St. Luke’s patient fall prevention bundle, emphasizing a safety plan. Staff members Don Watson, BSN, RN, Staff Nurse, and Lori Hatcher, PT, Physical Therapist, created a series of “Call Don’t Fall” videos to help staff learn how to safely lower their patients to the floor or a wheelchair. These efforts resulted in a reduction from 12.5 falls/1,000 patient days to 5.2 falls/1,000 patient days. Julie Carr, MSN, RN, Unit Based Educator; Falls Champion Mirdihan Hasanovic, CNA; and other members of the Fall Prevention Team ensure every patient watches the videos and receives a fall prevention brochure upon arrival. During their hospital stay, patients have one-on-one time with a nursing supervisor to discuss any questions related to falls. Go, team Rehab!
Exemplary Professional Practice

Nampa Emergency Department Uses Creative Approaches for Staff Education

The Nampa Emergency Department recently developed “8 Minutes for Patient Safety and Education” discussions, based on staff input and participation. Presented by staff nurse Megan Cochran, BSN, RN, a former wildland firefighter for the U.S. Forest Service, the discussions are based on a “6 Minutes for Safety” format currently used in the wildland firefighting community to analyze safety considerations and lessons learned in fatality fires.

The 8 Minutes for Patient Safety and Education discussions are now performed daily during nursing staff shift change reports as a daily commitment to continued nursing education. These discussions are used to briefly review important safety and education topics such as protocol and procedure changes, new equipment instruction, disease process reviews, medication reviews, and quality improvement information.

April Maher, Unit Clerk; Steven Hinkle, RN, Nursing Supervisor; and Megan Cochran, BSN, RN, Staff Nurse, Nampa Emergency Department (left to right).

Family-Centered Maternity Care Keeps Mothers and Babies Together

Mothers and babies belong together. In St. Luke’s mother/baby units in the Treasure Valley, newborn babies stay with their mothers in the mother’s room throughout the hospital stay unless medically contraindicated. Offered in 2015 as part of the hospital’s family-centered care philosophy, rooming-in helps mothers learn how to care for their newborns, and provides personalized care and many other benefits for both mothers and babies. Mother/baby nurses have been actively engaged in implementing this model of care and are continually focused on enhancing the mother’s hospital experience.

“Keeping families together is our goal and our model of care.”
– Stephanie Sanders, BSN, RN

Stephanie Sanders, BSN, RN, Boise 8 East (right), with patient.
Exemplary Professional Practice

McCall Emergency Department Team Excels in Patient Satisfaction

Summer is a busy time for the nurses, physicians, and interdisciplinary team in the Emergency Department at St. Luke’s McCall. In the summer months of 2015, with volumes nearly double those of spring and fall, the overall patient satisfaction score for the department exceeded the 90th percentile, with extraordinary 99th percentile rankings in June and August. Mary Scott, RN, McCall Emergency Department nurse, credits investments in nurse staffing, physician staffing, equipment, and unit coordinator support for the department’s ability to provide efficient, high quality patient care. Seeking and receiving emergency care are often stressful and anxiety-provoking experiences for patients and families; McCall Emergency Department’s patient satisfaction scores are especially noteworthy.

“When the team has the resources in equipment and personnel they need, they’re able to focus on caring for the patients and families in emergency situations.”

– Mary Scott, RN

McCall Nurses’ Discharge Process Initiative Has Positive Impact

In 2015, nurses at St. Luke’s McCall Medical Center initiated several tactics to improve discharge readiness for patients. Each morning, nurses hold a discharge planning meeting, in which they discuss each patient, including the daily plan of care, social concerns, and discharge preparation. Nurses, physicians, physical therapists, speech therapists, pharmacists, CAPs, social workers, utilization review staff, and unit coordinators all participate in interdisciplinary rounds, where the clinical nurse assigned to each patient leads the team conference.

A second tactic, led by Nikki Anderson, BSN, RN, CMSRN, Inpatient Manager of Medical-Surgical, is standardized discharge documentation, which is especially important for orthopedic patients. Finally, re-education on the medication teaching guide motivated an increase in its use to clarify medication for patients being discharged.

As a result of these tactics, patient satisfaction related to readiness for discharge significantly increased. St. Luke’s McCall’s overall rating for discharge readiness for January through July, 2015 was in the 99th percentile for critical access hospitals.
Teamwork boards are used in patient care areas throughout the organization as an effective tool for staff-initiated improvement. In the Boise Cardiac Observation Unit (COU), Paige Calhoun, MN, RN, Nursing Supervisor; Katie Ferguson, Staff RN; and Susan Lahart, Staff RN, recognized the need to review workflows and identify improvement opportunities, sharing information with physician offices and the areas they serve. In May 2015 the three nurses attended a Lean class, where they learned to recognize and remove wasteful activities that don’t add value. The class proved to be a perfect springboard for implementing a COU teamwork board.

Ms. Calhoun and her colleagues designed their teamwork board to portray a full history of the problem-solving steps used to resolve each staff-identified problem. In the first five months, 26 problems were resolved, including missed post-procedural checks and maintenance of blinds in patient rooms. Successes are prominently recorded in the “Our Wins” binder, which is reviewed quarterly to ensure ongoing effectiveness. Issues on the teamwork board are reviewed and potential solutions are discussed at the unit’s weekly huddles. By embracing the use of Lean principles and engaging in the work represented on the teamwork board, Boise COU staff are able to make changes in their work environment.

Boise PACU Nurse Organizes Perinatal Loss Program

Surgical Services on the Boise campus used their teamwork board to identify the need for a perinatal bereavement coordinator in the peri-op areas. Following discussion of this issue in a teamwork board huddle in the Boise PACU, Misty Whipple, BSN, RN readily volunteered to organize perinatal loss resources within the Surgical Services departments. In this role, she led the revision of documentation forms and presented an in-service to educate staff on effective interaction with perinatal loss patients and their families. She also created a perinatal loss packet for parents that contains bereavement information, a tiny knitted baby hat and blanket homemade by a local church group, and home care instructions. In addition, Ms. Whipple makes follow-up phone calls to connect with each patient/family who suffers a perinatal loss. Passionate about ensuring compassionate care for perinatal loss patients and their families throughout the community, Ms. Whipple also facilitates Share of Idaho, a bereavement support group for families who experience loss of a child through miscarriage, stillbirth, or early infant death.
Exemplary Professional Practice

Boise 6 East Creates “Red Light, Green Light” Board for Optimal Patient Care

To help nursing supervisors be aware of the ongoing activity on the floor, Boise 6 East Nursing Supervisor John McRae, BSN, MPH, BS presented an idea for a nursing status pilot to Interim Senior Director of Med/Surg, Joanna Phillips, BSN, RN; Jessica Emory, MSN/Ed, MHA, RN, Director of Boise 6 East; and nursing supervisors Mike O’Connor, RN and Erica Yager, MSN, RN, CBN. As a result of discussion by this group, 6 East implemented the Red Light, Green Light pilot. This pilot mirrored a similar program conducted at other hospitals in which the charge nurse (or nursing supervisor) rounds on the staff every two hours and asks each person their “color”: green, yellow, or red.

- **Green**: I may be busy but I am on task.
- **Yellow**: I am currently about an hour behind in my tasks.
- **Red**: I am drowning and in need of help.

Since the program’s inception several months ago, the new process has become elemental within the unit’s culture. Nursing supervisors and relief charge nurses both use the board, and staff frequently update it. Based on pilot data showing the busy times of day, staff/patient ratios are adjusted to provide optimal patient care.

Nurse Navigator Positions Added to Ambulatory Women’s Services

Professional ambulatory care nursing is a multifaceted specialty encompassing independent and collaborative practice. St. Luke’s continually assesses and adapts clinical care models and staffing to care for increasingly complex patients. To adjust to this ever-changing population and bridge the gap from ambulatory to inpatient care, Women’s Services implemented new nurse navigator positions and pilot programs. Under the direction of Dixie Weber, MS, RNC-NICU, Women’s Services Administrator, and Debbie Ketchum, BSN, MAOM, RNC, EFM-C, Senior Director of OB Programs, two nurse navigators were introduced in the Woman’s Clinic: Katherine Kerner, BSN, RNC-OB, Women’s Services OB Family Medicine Nurse Navigator, and Cindy Koster, BSN, RN, High-Risk Pregnancy Nurse Navigator.

The Woman’s Clinic is now in the execution phase of an increased staffing pilot program, under the guidance of Alicia Young, MSN, RN, Senior Director, and Kadie Randel, BSN, RNC-OB, Care Coordination Manager. This collaborative pilot for advanced practice providers (APPs) employs a high functioning RN-MA (registered nurse-medical assistant) 1:6 ratio team. The RN collaborates closely with both the advanced practice nurses and the MAs. The predicted outcome is higher provider, patient, and staff satisfaction.
Connors consistently demonstrates role model behaviors and ICARE values (integrity, compassion, accountability, respect, and excellence) for her colleagues in her clinic, while helping patients navigate the healthcare system safely and effectively.

Exemplary Professional Practice

Boise Home Care Helps Patients Manage Illness at Home

A few days after her wedding, Christine Spence, BA, Operations Improvement Project Manager, arrived home from work to find her new father-in-law, visiting from Mozambique, critically ill with a full blown systemic infection that resulted in gall bladder surgery and a 10-day hospital stay.

The St. Luke’s Home Care team provided the lifeline the family needed to care for Ms. Spence’s father-in-law at home. His primary nurses, Kelly Ponder, BSN, RN, CMSRN and Ellie Thrall, BSN, RN, OCN earned the family’s confidence by consistently providing answers and resources for any problems that arose.

“Our experience reinforces how important follow-up care is with patients, especially like my father-in-law. Without it, he may have ended up back in the hospital,” stated Ms. Spence. Instead, he regained his health and returned home to Mozambique—grateful for the expertise, professionalism, and extraordinary support of the St. Luke’s Home Care team. St. Luke’s Home Care and Hospice staff support more than 2,500 patients and families every year, providing highly skilled care, expertise, and resources to enable patients to cope with serious illness while staying at home.

Urology Nurses Team Up to Care for Patients

The 2010 Institute of Medicine (IOM) report, The Future of Nursing: Leading Change, Advancing Health, presents a recommendation to expand opportunities for nurses to lead and diffuse collaborative improvement efforts. St. Luke’s Urology Division takes this to heart and has put structures in place to support professional growth, optimize employee health record (myStLuke’s) workflows to increase efficiency, implement performance improvement initiatives, and improve the patient experience.

Nancy Connors, BSN, RN, was one of the first RNs to take on an RN-required role in the Urology division. The RN-required role was developed as part of a team-based model to help ensure all staff work at their highest possible level. Ms. Connors has been at the forefront of developing the structure and functions for the new role, which include performing assessments on high acuity urology patients, making follow-up calls to patients to prevent readmissions, and serving as an advocate for Mountain States Urology patients in Boise. She specifically works in a team approach with Kara Taggart, MD, a medical assistant, and a licensed practical nurse to optimize the provision of high quality patient care. Ms.

Connors consistently demonstrates role model behaviors and ICARE values (integrity, compassion, accountability, respect, and excellence) for her colleagues in her clinic, while helping patients navigate the healthcare system safely and effectively.
Exemplary Professional Practice

Tobacco Cessation Clinic Shines in First Year of Operation

Athena Evans-Campbell, RN, TTS (right) and patient Steve Yokom in the tobacco cessation clinic.

Athena Evans-Campbell, RN, TTS is a Mayo Clinic-certified Tobacco Treatment Specialist practicing at the St. Luke’s outpatient Tobacco Cessation Clinic in Meridian. Ms. Evans-Campbell and her team members, including two additional RNs and a social worker—also Mayo Clinic-certified—help patients quit using tobacco for life. Focusing on the complexity of this multi-dimensional addiction, they promote best “life quit” success, empowering clients to conquer all facets of addiction—physiological, emotional, and behavioral.

Ms. Evans-Campbell and her fellow tobacco cessation specialists use multi-medication therapy, intensive counseling, and close follow-up to help patients successfully quit using tobacco. Program goals include engaging in intensive one-on-one counseling with the same provider, identifying triggers and developing an action plan, developing an individualized medication approach to suppress symptoms and cravings, and teaching proper medication use. With the expertise and dedication of Ms. Evans-Campbell and her colleagues, the clinic enrolled 220 patients in its first year of operation (September 1, 2014-August 31, 2015) and recorded 81 confirmed quits.

Meridian Telemetry Implements Purposeful Hourly Rounding

Don’t just “drive by”…STOP and check the 4Ps (pain, potty, position, and possessions). In this spirit, Meridian Telemetry implemented purposeful hourly rounding to improve the unit’s HCAHPS patient satisfaction scores and reduce patient falls on the unit to zero. The unit’s shared governance team established a committee to develop a unit-based approach for improvement. This committee, comprised of Josh Bates, BSN, RN; Amanda Bendawald, RN; Susie Christensen, BSN, RN, CMSRN; and JuDee Zollinger, BSN, RN, was led by Tiffany Brackus, BSN, RN, PCCN.

Meridian Telemetry Nurses Tiffany Brackus, BSN, RN, PCCN; JuDee Zollinger, BSN, RN; Josh Bates, BSN, RN; and Susie Christensen, BSN, RN, Unit Based Educator (left to right).

Committee members developed an educational poster featuring “Pepe Le Pee.” Staff were educated on the importance of purposeful hourly rounding and the 4Ps, including creating a quiet environment and helping to reduce each patient’s risk for falling. As a result of these initiatives, Meridian Telemetry’s overall average for patient satisfaction in 2015 was 72.8%, exceeding their unit goal by 2.4%.
New Knowledge, Innovations, and Improvements

Boise Structural Heart Program Provides Local Care for TAVR Patients

Transcatheter aortic valve replacement (TAVR) is a procedure for patients with severe symptomatic aortic stenosis (narrowing of the aortic valve opening) who are not candidates for traditional surgical aortic valve replacement due to prohibitive operating risk. Paige Deitzel, BSN, RN, Structural Heart Coordinator, oversees the Boise Valve Center Clinic to care for these patients. Under her guidance, St. Luke’s interdisciplinary TAVR program has achieved impressive length of stay outcomes. The TAVR program has a length of stay of 3.5 days, compared to the national average of 4.7 days.

Additional highlights of the Structural Heart Program (through September 2015):
- 422 patients screened in the Valve Center Clinic
- 94 successful TAVR procedures
- Zero in-hospital strokes or deaths

Paige Deitzel, BSN, RN, Structural Heart Coordinator, St. Luke’s Clinic – Idaho Cardiology Associates, Boise

In March 2015, the MitraClip percutaneous procedure was added to the Structural Heart Program to treat patients with severe, symptomatic mitral regurgitation. St. Luke’s Boise is now the only hospital in Idaho performing the MitraClip procedure and one of only two hospitals in Idaho with TAVR capabilities. With the Valve Center Clinic, patients no longer have to travel out of state to receive the care they need.

MSTI Boise Apheresis Team is Unique in Idaho

Apheresis procedures play an important part in the treatment of patients with blood cancers. When the apheresis process was transferred from the medical technologists to nursing in 2013, Jody Acheson, BSN, MPH, RN, BMT/Heme Program Manager, and Leslie Singelyn, BSN, RN, Lead Apheresis Nurse, developed a new apheresis technique and instrumentation; Ms. Singelyn and two additional RNs, Shannon Durkee, BSN, RN and Anita Hensley, BSN, RN, were trained extensively on this new procedure.

In September 2015, the apheresis program expanded its services to include extracorporeal photopheresis (ECP) and therapeutic plasma exchanges (TPE) for hematology patients. On October 1, 2015, the apheresis program expanded again, to offer hematopoietic collections (HPC) for pediatric patients. These services were urgently needed for St. Luke’s patients unable to travel to Salt Lake City or Seattle for the procedures. Currently, St. Luke’s Boise Medical Center is the only hospital in Idaho providing stem cell collections, extracorporeal photopheresis, and emergent white blood cell depletions for newly diagnosed leukemia patients.

Boise Apheresis team members Shannon Durkee, BSN, RN; Jody Acheson, BSN, MPH, RN, Manager; Anita Hensley, BSN, RN; Leslie Singelyn, BSN, RN (left to right).
New Knowledge, Innovations, and Improvements

The Epic Journey Begins

This was the year work began to build, enhance, and grow system-wide workflows and clinical content in support of myStLuke’s, St. Luke’s electronic health record. As this adventure began, interdisciplinary team members were recruited for a clinician workgroup consisting of clinical nurses, providers, pharmacists, respiratory therapists, and PT/OT and speech therapists from all sites. This workgroup took on the charge of designing, validating, and later, testing the content and workflows.

Since group members began meeting in April 2015, they have successfully reached consensus on one standard practice or workflow for each patient care situation, with just a few rational exceptions. With the build of myStLuke’s well underway, this dedicated group of individuals will assist with the implementation of myStLuke’s by serving as super users, supporting classroom training, and providing at-the-elbow support during go-live.

2015 Awards

Medicare is expanding Hospice coverage in a revolutionary pilot program called the Medicare “Care Choices” Model Program, and St. Luke’s Boise Hospice has been chosen to participate. Of more than 6,000 U.S. hospices, St. Luke’s was the only Idaho hospice selected, based largely on evidence of excellent care to patients and extraordinary collaboration with referral sources throughout St. Luke’s Health System. The five-year initiative begins January 2016.

St. Luke’s Boise was named a 2015 Qualis Health Idaho Quality Award Winner for the Project Zero/Joint Replacement Program project, submitted by Jerrie Hammons, BSN, RN; Rebecca Humphreys, RN; Mindy Jennings, MHA; and Betty Lipple, RN.

Renée Watson, MSN, RN, Director of Clinical Integration, was named a 2015 TWIN (Tribute to Women and Industry) honoree by the Women’s and Children’s Alliance (WCA).

Christy Haines, RT(R)(CT), BSN, CRN, Certified Radiology Nurse, was selected for the third year as a member of the Item Writing Committee for the Radiology Nursing Certification Exam with the Radiology Nursing Certification Board, working with the Centers for Nursing Education and Testing.
2015-16 Nursing Research and EBP Fellows

Debbie Larson, MSN, RN; Marty Downey PhD, RN, AHN-BC, CHTP, CNE (Boise State University mentor)
Improving Emergency Response Competencies for Acute Care Hospital Staff

Rebecca Lorentzen, BSN, RN; Jamie Sullivan, BSN, RNC-NIC; Cara Gallegos PhD, RN (Boise State University mentor)
Barriers to Pain Management in the NICU

Ginger Lyons, BA, MS, RN, IBCLC; Joyce Schleis, BSN, RN, IBCLC; Jane Grassley, PhD, RN, IBCLC (Boise State University mentor)
Increased Exclusive Breastfeeding Rates for Healthy Newborns Prior to Hospital Discharge

Lisa Mayerhofer, MS, RN, CRNI; Susan Tavernier, PhD, APRN-CNS, AOCN (Idaho State University mentor)
Use of Tools for Early Recognition of Sepsis in Non-Critical Care Units

Stephanie Neid, PhD, BSN, RN; Elizabeth Thurmond, BSN, RN, CMSRN; Jayne Josephsen, EdD, RN, CHPN (Boise State University mentor)
What is the Best Practice for Obtaining Palliative Care Referrals in the Meridian ICU?

2015 Publications

Joan Anderson, BSN, RN, CAPA, CHTP

Betsy Ayers, BSN, RN, IBCLC; Jane Grassley, PhD, RN, IBCLC

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


Kathleen Clifford, MSN, RN, FNP-BC, AOCNP, ACHPN

Deb Compton, MSN, RN, CCRN

Jessica Garner, MSN, RN-BC, ACNS-BC, APRN

Jane Grassley, PhD, RN, IBCLC

Jerrie Hammons, BSN, RN; Melissa Clapp, BSN, RN, CNOR

Meredith Hotchkiss, MN, RN

Chris Ludlum, DHA, MS

Diana Meyer, DNP, RN, BSNRN, CEN, CNEA, ACNP

Cheryl Moir, RN, CHPN; Judith Perry, MSN, RN, NP, ACHPN, FNP-BC, APHN-BC; Laura Tivis, PhD, CCRN

Linda Penwarden, MN, RN, AOCN

Yunchuan Zhao, MSN, RN

2015 Presentations


Rick Bassett, MSN, RN, APRN, ACNS-BC, CCRN
• Ethics in Nursing: Making the Best Decisions. Boise Public Schools: Health Occupations, 2015, Boise, ID
• Ethics and Advanced Planning. St. Luke’s Palliative Care/Hospice and Homecare Seminar, April 2015, Twin Falls, ID
• End of Life – Advanced Care Planning, August 2015, VHA National Patient Safety Webinar
• Research Ethics and the Role of the IRB. St. Luke’s Research Lunch and Learn Series, February 2015, Boise, ID
• POLST Programs: Engaging Healthcare – Finding Leaders and Champions. 2015 National POLST Paradigm Meeting, February 2015, Newport Beach, CA
• POLST Programs: Building and Sustaining your Coalition. 2015 National POLST Paradigm Meeting, Feb 2015, Newport Beach, CA

Cindi Bennett, BSN, RN, IBCLC; Donna Swirczynski, MSN, RN, PCNS-BC, ACCNS-P, APRN
Education for NICU Nurses on Discharge and Lactation Technologies for Late Preterm Infant Mother Breastfeeding Dyad. VA Nursing Research Day, May 15, 2015, Boise, ID

Audrey Bowers, RN; Linda Vick, BSN, RN; Janet Lawler, BSN, RN; Patricia Sands, BSN, RN; Carla Burt, BSN, RN; Heather MacFarlane, BSN, RN
2015 Annual PACU/Endo/MI Conference, April 4, 2015, Boise, ID

Jennifer Burke, RN – Hyperthermia
Lisa Hill, BSN, RN – Varicocele Coiling
Lori Lowery, BSN, RN, CAPA – Pseudocholinesterase Deficiency
Dana Lulich, BSN, RN and Laura Partin, BSN, RN – Removal of Food Bolus
Deb Ragsdale, RN, CPAN – Hemophilia
Diane Ross, BSN, RN – Interventional Radiology Drain Care
Susan Schabacker, BSN, RN – Noise in the Peri-op Setting
Jennifer Wolfe, RN – Eosinophilic Esophagitis

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Susan Schabacker, BSN, RN
– Noise in the Peri-op Setting

Jennifer Wolfe, RN
– Eosinophilic Esophagitis

Diana Byrne, MSN, RN, ACNS-BC, OCN

Sharon Chow, MSN, RN
Pediatric Trauma: An Unexpected Journey. Western Pediatric Trauma Conference, July 2015, Park City, UT

Hotchkiss, Meredith, MN, RN
Association for the Healthcare Environment Exchange 2015 Annual Conference, September 22-25, 2015, Grapevine, TX:
• A Comprehensive Approach to C. difficile Infections: One Hospital’s Success Story
• Wading Through the Evidence: How to Avoid Being Hooked, Lined, and Sunk
• Improving Clinical and Environmental Services Relationships to Achieve Outcomes

Joby Hyman, BSN, RN
Education and Staffing the Hybrid OR, OR Today Live Surgical Conference, August 31, 2015, Las Vegas, NV

Diana Meyer, DNP, RN, CCNRN, CEN, NEA-BC, FAEN
The Evidence-based Practice Piece, 6th Annual VA Nursing Research Day, May 15, 2015, Boise, ID

Yunchuan Zhao, MSN, RN
Nurses’ Perceptions of Patient Needs during Hospital Discharge. Midwest Nursing Research Society 39th Annual Research Conference Midwest Nursing Research Society, April 18, 2015, Indianapolis, IN

Relationships Among Substance Use, Multiple Sexual Partners, and Condomless Sex: Gender Difference in U.S. Adolescents in High School. Midwest Nursing Research Society 39th Annual Research Conference, Midwest Nursing Research Society, April 18, 2015, Indianapolis, IN

Julya Miner, BSN, RN, RNC-OB, C-EFM, CPHQ
Boise Quality and Patient Safety

Julya is also the 2015 winner of the Dana Gulbranson Spirit of Nursing Award.
Marci Lindstrom, BSN, RN, Boise 5 East Nurse and Daisy Award Winner

On the front cover:

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