Dear Nursing Colleagues, Patients, Families and Community Members,

It is my privilege to present to you St. Luke's Health System's first nursing annual report. Although nursing reports have been published separately at different sites and settings in the past, this is our first annual signature publication highlighting the collective contributions of our talented professional nurses across the Health System. Now more than ever, nursing's role and influence is critical to the success of our organization, today and into the future.

As I reflect on the accomplishments of 2016, certainly the systematic GO LIVE of our electronic health record, myStLuke's, is at the top of the list. I could not have been more inspired by the work of our nurses and our interdisciplinary partners for the several years of preparation prior to GO LIVE and executing on a successful “GO LIVE” October 1, 2016. Over the past six months, our teams have been completing the difficult work of stabilizing components of the health care record that have not been performing to the level required. This work has been prioritized based on feedback from our clinicians across the system based on the risk to quality and patient safety. Input from department, facility and system shared governance councils, safety huddles, clinical informatics and clinical nurse specialist resources and system affinity teams have been vital to our progression. Following the stabilization work, we will move into the lifelong journey of optimization. Again, we will rely on getting input from our nurses who are using myStLuke's every day, to understand how we can innovate and to deliver the highest level of care with the greatest level of patient engagement possible.

The implementation of myStLuke's was required to comprehensively care for patient populations at risk—population health. Previously, data was fragmented and unorganized. The single electronic health care record will not only be a documentation tool, but will provide a source of data for analyzing our effectiveness in achieving the best clinical outcomes at the lowest cost. The benefits of managing these high-risk patient populations effectively will be invaluable to the communities we serve. Nursing will be instrumental in current and newly developed roles to achieve these outcomes. To name a few, nursing will further influence precision in safe patient hand-offs, managing care transitions, performance improvement, medication safety, patient activation and patient advocacy across care settings. The need for advanced practice nurses will continue to escalate in all settings. It’s an exciting time to be a professional nurse at St. Luke’s. In this turbulent environment our fundamental mission is unchanged in providing superior, evidence-based, compassionate care for our patients and their families.

Thank you again for your devotion to the nursing profession and our unified commitment to patient care excellence.

Sincerely,

Cynthia (Cy) Gearhard, MN, RN, NEA-BC
Vice President, Patient Care Services/System Chief Nursing Officer
St. Luke’s Health System
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.

The ANCC Magnet® designation includes the Boise and Meridian hospitals, Ambulatory Surgery Centers and Clinics. Cy Gearhard is the CNO of record with ANCC for the Magnet-designated sites.

Transformational Leadership

St. Luke’s Health System
Nursing Executive Site Leaders

Cy Gearhard, MN, RN, NEA-BC
System CNO* and VP of Patient Care Services

Christine Ludlum, DHA, MSN, RN
Boise CNO

Lisa Sanford, MSN, RN, NEA-BC
Elmore CNO

Jill Howell, RN
Jerome CNO

Arlen Blaylock, BSN, MBA, NEA-BC
Magic Valley CNO

Cindy Mosier, MSN, RN, NEA-BC
McGar CNO

Rene Pallotti, MSN, MBA, RN, NEA-BC
Meridian CNO

Misty Thomas, MSN, RN
Nampa CNO

Carmen Jacobsen, BSN, MPH, RN, NEA-BC
Wood River CNO

System and Nursing & Patient Care Goals

Activating standardized tools and processes to implement myStLuke’s system-wide by October 1, 2016

• Support the implementation of a fully integrated electronic health record across the system that will enhance patient safety, patient experience, staff engagement and create efficient work processes

Driving a culture that supports our employees, providers and partners to be exceptional in their roles at St. Luke’s

• Create an invigorated, energized RN workforce that finds enrichment/growth in their professional work
• Clinical leaders will create meaningful development opportunities for patient care staff which will result in excellent patient outcomes
• Develop a 20-year workforce plan that forecasts future nursing manpower needs across all settings to care for our communities

Delivering exceptional quality, safety and service for the communities we serve

• Create a comprehensive program with our community partners to ensure there is appropriate access and delivery of exceptional care for behavioral and mental health patients in all settings
• Harness data management and enhance use of technology to generate useful information to drive improvements in the patient experience and outcomes and minimize irrational variances due to lack of system standards
• Create highly reliable clinical systems to drive an engaged workforce focused on flawless, evidence-based, patient-centered care
• Create a highly reliable medication delivery system which improves patient safety, outcomes and experiences
• Create safe and seamless transitions for patients across all care settings

Ensuring financial sustainability by meeting our stewardship targets in order to reinvest into our mission
System Demographics – 2016

Percentages of ASN, BSN and Above

- Boise/Meridian: 29% (ASN), 71% (BSN and Above)
- Elmore: 33% (ASN), 67% (BSN and Above)
- Jerome: 29% (ASN), 71% (BSN and Above)
- Magic Valley: 41% (ASN), 59% (BSN and Above)
- McCall: 29% (ASN), 71% (BSN and Above)
- Nampa: 37% (ASN), 63% (BSN and Above)
- Wood River: 47% (ASN), 53% (BSN and Above)

Hospital beds throughout SLHS licensed for use: 918

RN Turnover Rates

- Boise/Meridian: 11.8% (ASN), 35.2% (BSN and Above)
- Elmore: 12.7%
- Jerome: 11.8%
- Magic Valley: 4.4%
- McCall: 4.5%
- Nampa: 7.0%
- Wood River: 7.0%

FY16 Hires

- Registered Nurses: 664
  - Boise/Meridian*: 447
  - Elmore: 11
  - Jerome: 20
  - Magic Valley: 150
  - McCall: 13
  - Nampa: 8
  - Wood River: 15
- Nurse Practitioners: 143
  - Boise/Meridian*: 1
  - Elmore: 2
  - Jerome: 2
  - Magic Valley: 22
  - McCall: 0
  - Nampa: 112
  - Wood River: 4

New grad RN hires not included in total

4-time Magnet-designated hospitals.
System Leadership Leading by Example with Certification

Specialty certification is important for all leaders and valuable to St. Luke’s Health System (SLHS). In a survey deployed to leaders across the Treasure Valley, 40% of respondents did not hold any type of professional certification. Many leaders (50%) reported the desire to obtain certification but identified concerns and barriers such as cost, lack of resources, lack of support and uncertainty about which exam to take. Of all survey respondents, 80% indicated a leadership certification would be most beneficial.

Dr. Teresa Stanfill, DNP, RN, NEA-BC, RNC-OB, Director of Professional Nursing Practice, Center for Nursing Excellence, identified which barriers could be mitigated (lack of resources, cost, uncertainty which exam is best, etc.) to assist leaders in earning certification. Working with the American Nurses Credentialing Center (ANCC), Dr. Stanfill coordinated a system-wide, two-day review course in March 2016 for the Nurse Executive/Nurse Executive Advanced certification exam. The review course was attended by 48 nursing leaders with all sites represented.

Leadership Participation in Success Pays Certification Program

With the support of Dr. Diana Meyer, DNP, RN, NEA-BC, CCRN-K, FAEN, Senior Director, Center for Nursing Excellence, and System CNO/VP of Patient Care Services, Cy Gearhard, MN, RN, NEA-BC, a contract was established with ANCC to pilot the Success Pays program. This innovative program allowed leaders to take the certification exam at a reduced rate and offered an opportunity to retest (if needed) at no additional cost. In addition, a partnership with Human Resources provided leaders assistance with accessing St. Luke’s certification prepayment program to ensure no out-of-pocket costs.

The program was well utilized and has demonstrated great returns. As of December 2016, 30 of 44 leaders still involved with the program have successfully completed their leadership certification exam, and others are in various stages of application, awaiting confirmation or awaiting a test date. Congratulations to our leadership team for role-modeling the importance of professional certification!
Structural Empowerment

Nursing Gets a New Communication Tool: “News on the Ninth”

Changes in healthcare delivery are frequent, based on the introduction of new products, emerging evidence, technology updates and other influences. Keeping nurses up to date on changes that could impact how they care for patients is a priority at St. Luke’s. A team of nurses developed a process to disseminate information to all nurses across the system. The outcome was a new system-wide communication tool called “News on the Ninth.” News on the Ninth (NOTN) is an electronic newsletter released on the ninth day of every month.

Whenever a change is planned that may impact nursing processes, the change information is sent to the NOTN team. The team, consisting of nurses and other patient care staff from around the system, helps determine the correct time to implement the change, making sure there is never too much change happening at once.

Project Manager Kristin Moore, MPH (left), and Janet Buck, DNP, RN, NEA-BC, Director, Professional Nursing Practice, are responsible for coordinating and executing NOTN each month.

After the timeline is decided, the change and related information are published in NOTN. Nurses know that on the ninth of the month, they can check NOTN to see what changes are coming and have access to additional information for implementations they want to know more about. NOTN gives nurses the information they need to do what they do best: care for our patients.

The monthly publication “News on the Ninth” communicates changes impacting nursing practice.

Mended Little Hearts of Idaho

Julie Du Bois, ADN, RN, has been writing a newsletter to assist the adult heart group Mended Hearts of Boise for a couple of years. The group supports patients from both St. Luke’s and Saint Alphonsus who have experienced cardiac events/syndromes. In 2008, Ms. Du Bois established a pediatric heart group called Courageous Hearts of Idaho. Through her connections to Mended Hearts, she was able to assess all the resources they had available as a national chapter. With this knowledge, she decided to move forward with making Courageous Hearts of Idaho a national chapter of Mended Little Hearts, the pediatric program of Mended Hearts, Inc., a national and community-based non-profit organization. The charter was completed in November, and Idaho now has its first official chapter called Mended Little Hearts of Idaho. The first meeting is scheduled and events are being planned, including events with the Jayden Deluca Foundation, of which Ms. Du Bois serves as a board member.

Julie Du Bois, ADN, RN, Nurse Navigator, Pediatric Cardiology, Boise
Supporting Certification

Evidence supports that registered nurses who have obtained a professional certification improve the quality of care for patients in the inpatient setting. Deb Compton, MSN, RN, CCRN, NEA-BC, Sandi Putzier, BSN, RN, and Susie Christensen, MSN, RN, CMSRN, worked collaboratively with the local chapter of the American Academy of Critical Care Nurses (AACN) and a team from Saint Alphonsus to create a review course for the Critical Care Nursing (CCRN) and Progressive Care Nursing (PCCN) certifications. The group collaborated to define successful outcomes, outline course content, familiarize instructors with content and teaching materials, and set up a support network for instructors.

The course was comprised of modules addressing the components of each specific body system. After each proctored review, nurses were responsible to complete self-directed learning as needed. An evaluation survey of the course was designed to address each presenter and related topic. Results were disseminated to each presenter to enhance curriculum as needed. The CCRN/PCCN review course was open to all RNs interested in furthering their education and improving patient care. To date, two St. Luke’s RNs have reported successful achievement of either the CCRN or PCCN certification, with additional RNs testing in January 2017.

Magic Valley Hosts Re-Igniting the Spirit of Caring Sessions

Relationship-Based Care, the professional practice model for St. Luke’s Health System, is the foundational practice of care of self, care of colleagues, and care of patients and families. To refresh the practice, Magic Valley nursing leadership supported Re-Igniting the Spirit of Caring (RSC), a program designed by Creative Health Care Management. This three-day seminar brings caregivers from varying disciplines together to step outside their busy, complex and intense work environment to reflect, learn and grow together as a cohesive team.

In 2016, St. Luke’s Magic Valley hosted eight sessions of RSC. As a result, approximately 220 individuals from more than 50 St. Luke’s departments, clinics and divisions have participated, and sessions are scheduled to continue throughout 2017. As a true investment in healthcare teams, RSC pays dividends in terms of improved collaboration, staff engagement and patient care—reigniting the caring practice of relationship-based care throughout the system. Believing in the benefits of the program, SLHS nursing leadership provided resources to support certification and training of four new facilitators to aide in supporting additional RSC seminars.
Elmore TeamSTEPPS Transformation Team

Led by the Interdisciplinary TeamSTEPPS Transformation Team, comprised of members from all disciplines including 14 RNs, all staff at St. Luke’s Elmore have signed and embraced the St. Luke’s Elmore Commitment to Coworkers. Focusing on the cultivation of positive relationships with every interaction, the staff have implemented a daily series of complex tracer simulations which include multiple departments and quarterly in situ simulations. In addition, TeamSTEPPS tools and concepts have been added to all simulations and education. The SBAR tool was adopted as the standard communication tool within the facility, and is the preferred communication by medical staff. To demonstrate their new knowledge, all staff participated in an SBAR poster contest, which was won by the Emergency Department. Elmore nursing staff is leading the way in the effort to standardize processes across the system. The team piloted the new system-standardized onboarding process and is now using the onboarding process in all nursing areas, including with assistive personnel.

Hospice Nurse Advocates for Patients Locally and Nationally

Belinda Troxell, BSN, RN, CHPN, was accepted to sit on a Centers for Medicare & Medicaid (CMS) national committee for Hospice Quality. The primary purpose of the committee is to provide CMS with regular feedback from the provider community on quality measures, patient assessment tools and the Hospice Compare website development. CMS will use this information to improve provider experience, data collection and data quality. She was nominated by Senior Director of Hospice and Homecare, Bonnie Hollenbeck, MSN, MHA, RN, FACHE, who knew Ms. Troxell’s unique skills would bring a valuable perspective to the committee’s work.

Ms. Troxell has a long-standing commitment to hospice patients, both as a clinician and through the great work she has done to improve the quality of hospice care provided at SLHS. Since 2011, she has worked with interdisciplinary care councils throughout the system. She played an integral role in the electronic medical record build project where she was able to include quality measures into the design of the patient care documentation. As the new chair for the System Affinity Council for Homecare and Hospice, and as a CMS committee member, Ms. Troxell will continue to advocate for patients throughout the system and nationally.
An EPIC Onboarding Experience during myStLuke’s Go Live

Clinical Learning Services created a 10-day onboarding/orientation program for new nursing clinical hires to provide a positive experience during myStLuke’s Go Live. Organizations often initiate hiring freezes during implementation of electronic health records, but the onboarding program alleviated this constraint.

Objectives of the Go Live onboarding program were for learners to develop professional practice skills and hone clinical judgment through experiential education strategies such as unfolding case studies, role playing, gaming, simulation and debriefing. The interactive experience culminated in three days of complex simulations that provided learners the opportunity to apply information learned.

A total of 71 new system hires (55 registered nurses and 16 certified nursing assistants) participated in the Go Live onboarding program. Learners were engaged and enjoyed the learning experiences. Most felt the learning was challenging and debriefing added value. As a result of this learning experience, learners stated they recognized the importance of being a part of a well-structured team with clear roles and responsibilities. The opportunity to practice medication administration, proper restraint application and de-escalation techniques in simulated clinical patient care situations helped learners “identify ways to keep myself/my patients and others as safe as possible.” Based on feedback received from the learners, Clinical Learning Services considers this new and innovative learning experience a success, one that would not have been possible without the support of directors and unit based educators throughout the system.

Nurses Katie Lammers, BSN, RN, Supervisor Nursing, Med/Surg; Amiee Goodrich, BSN, RN, Labor & Delivery RN; Vibecke Thompson, BSN, RN, Lead RN, Mother/Baby; and Angela Ewing, BSN, RN, Med/Surg RN come together to support the community (left to right).
Throughout 2016, nurses from across St. Luke’s Health System continued to participate in the work of preparing for One Record, One Go Live, One myStLuke’s. They participated in planning, testing, training, pre-implementation activities, Go Live support and stabilization for myStLuke’s enterprise electronic health record. They dedicated countless hours in preparing to transform health care for our patients and their families with the implementation of a single integrated electronic health record across SLHS.

**Clinician Workgroups**

Frontline staff came together regularly, representing their roles, specialties and colleagues as they participated in the myStLuke’s Clinician Workgroup (CWG). Nurses who participated in the CWG attended design sessions and were responsible for standardizing nursing practice that was translated into build and workflow decisions for myStLuke’s. Nurses reviewed the Epic foundation build with the myStLuke’s build team and their Epic counterparts. They evaluated the foundation build with evidence-based nursing practice and best practices found across SLHS.

CWG members also participated alongside providers and other clinicians in the review of clinical content for more than 400 standardized, evidence-based order sets facilitated by the clinical informatics specialists. After the clinical content was validated on paper, the order sets were built in myStLuke’s and additional review was completed of the electronic order set content and functionality. Clinical nurse specialists and clinical informatics specialists worked on the evaluation and standardization of over 60 clinical protocols in preparation for myStLuke’s.

**Nursing Super Users**

Close to 1,000 nurses volunteered to participate as super users across the system. They received their myStLuke’s training early and provided feedback to allow adjustments in curriculum before their colleagues began training. Super users participated in the training classroom as teaching assistants. This gave them additional opportunities to learn the system, support their colleagues and anticipate challenging workflows before Go Live. Super users worked with their leadership and colleagues to get all training completed and to engage staff in practice sessions prior to Go Live. Some super users, as well as other nurses, participated in workflow review sessions, workflow dress rehearsals and simulation exercises of high risk workflows. Super users continue to support their colleagues and St. Luke’s during stabilization as they evaluate concerns either as training related or a break in the system.
Clinical Informatics Specialists

Clinical informatics specialists support all clinical staff across the care continuum. Clinical informatics specialists coordinate and monitor the analysis, design, implementation, evaluation and maintenance of clinical informatics applications and projects across the system and within an assigned site or patient population. Clinical informaticists have supported information systems at SLHS as part of Integrated Health Technologies, Clinical Education and Mountain States Tumor Institute for many years. Their knowledge and expertise was leveraged throughout preparations for myStLuke’s across a multitude of roles and responsibilities.

One team of clinical informaticists was dedicated to the build of standardized evidenced-based order sets. Order sets are vital to the success of computerized provider order entry and providing standardized, evidence-based care. Epic’s recommendation was a minimum of 250 order sets at Go Live. The team successfully completed, in collaboration with providers, pharmacists, nurses and other clinicians, over 400 order sets.

Over the past year, clinical informaticists throughout the system have transferred into one Clinical Informatics Team under the leadership of Dr. Susan Armentrout, DNP, RN, APRN-CNP, CPHIMS, Director of Clinical Informatics, Center for Nursing Excellence. Since Go Live, the team has been monitoring informatics issues or problems for a site or population through participation in myStLuke’s stabilization, safety huddles, operational leadership meetings and system affinity councils. Clinical informaticists also engage with super users and unit and department leadership through regular rounding and participation in shared governance and performance improvement initiatives.

A Truly Collaborative Effort

Just prior to Go Live, super users, CWG members, clinical informatics specialists and clinical nurse specialists engaged in the planning and execution of activities in preparation for Go Live, including transferring appointments and other data into myStLuke’s. Another activity was the development of quality and safety hubs — specific hubs to monitor and problem solve when issues arose during Go Live and the weeks that followed.

Go Live: October 1, 2016 found all nurses trained and prepared to transform care at SLHS. Super users were scheduled on their units to support their colleagues. Clinical nurse specialists and clinical informatics specialists were joined by their pharmacy colleagues in quality and safety hubs in the command centers across St. Luke’s. Within an hour of the planned Go Live, myStLuke’s was in use at all sites.

Super users, clinical informatics specialists and clinical nurse specialists, as well as unit based educators, credentialed trainers and clinical application specialists (ambulatory), continue to partner in stabilization, making sure the system is functioning as designed, and the order sets and workflows support consistent superior care.
Collaboration between Nursing, Patient Assistance Team Provides Life-Changing Care

McCall’s Patient Assistance and Care Coordination program had an especially rewarding experience with a patient in 2016. “Matt” (name changed to protect privacy) was older, had no living relatives, and had health issues making basic tasks of living independently difficult for him, including remembering to take his medications and filling out applications.

Lindy Carr, Patient Access Navigator, has been working with Matt for a few years, helping him in a variety of ways. This past year, Ms. Carr was instrumental in assisting Matt, who had been homeless, with the paperwork to obtain his own apartment. With an outpouring of generosity from the McCall community, the apartment was furnished with everything Matt needed to be successful. After settling into his apartment, Dianne Robinson, RN, Care Coordinator, was scheduled to be present with Matt when a Medicaid nurse came to assess his need for homemaker services. While waiting for the Medicaid nurse to arrive, Ms. Robinson noticed that Matt started stumbling over his words, and then had a grand mal seizure. She called emergency medical services and Matt was taken to the hospital.

The seizure was caused by not taking his medication correctly, and after several days in the hospital with a regular medication routine, Matt was ready to go home. The Care Coordination Team worked with a local drug store to provide Matt with medi-sets to help him take his medication more consistently. Matt knows he has been the benefactor of this wonderful teamwork and during a recent follow-up visit he commented, “My doctor, well, he’s okay and I’m sure he knows what’s going on, but patient assistance, now that’s where it’s at. You girls are good for my constitution!”

Exemplary Professional Practice

Wood River LEANs into Eliminating Waste in Emergency Department

In a collaborative endeavor between nurses, management and physicians, Wood River’s Emergency Department (ED) implemented a LEAN project to decrease the number of supplies being stocked in the ED. Led by Brittany McFarland, BSN, RN, the goals for the project were to: eliminate waste by decreasing supply costs and time spent stocking and checking outdated supplies, improve safety, increase quality in stocking consistencies and improve interdepartmental morale.

The first stage of the project was to inventory, evaluate and organize the supplies in patient rooms using 5S methodology. A “core stocking” list with par levels for all materials was created with input from MDs, RNs, CAPs and management. In stage two, the replenishment cart was inventoried and materials were cross-referenced with the core stocking list for patient rooms. The cart was reconfigured to meet the needs of the department, and par levels for the replenishment cart were created.

The next step for this ongoing project will be to utilize the same methodologies to implement similar processes in the main supply room. The Wood River ED LEAN project has been a true collaboration, resulting in a well-organized department and decreased stocking variability. Additionally, the LEAN project led to a 2.8% decrease in general supply costs in 2016, even as the department experienced a 12% increase in patient volume.
Exemplary Professional Practice

Jerome “Growing Our Own” OB Circulating Staff through System Partnerships

Recruiting operating room (OR) staff is challenging nationally and across the system, especially at critical access hospitals. Following an increased OR diversion in November 2015, including obstetric (OB) diversion, it became apparent a new strategy was necessary for Jerome to maintain OB services. Jerome has approximately 150 births a year, 25 of which are C-sections, making availability of these services desirable by the community and physicians alike.

With the assistance of Dixie Weber, MS, RN, Administrator of Women’s Services, Claire Beck, MN, RN, RNC-OB, System Clinical Educator, and Jessica Biggs, BSN, RN, RNC-EFM, St. Luke’s Magic Valley Clinical Educator, Jerome began the journey of “growing our own” C-section circulating team in December 2015. Requirements, competencies and an education/training plan for the circulator role were developed. Education included perioperative classes at St. Luke’s Treasure Valley locations, hands-on experiences in both the Magic Valley and Treasure Valley, and simulations/orientation in the Jerome OR—all while completing various certification courses.

Five RNs have completed the education plan, three staff are in the process, and nursing leadership has a goal to orient all OB staff in circulation. Completing orientation has taken longer than projected, but with steadfast diligence and support from the St. Luke’s family, Jerome has circulator coverage to maintain C-section services, and OR services have not been on divert since March 2016.

Staying Active After Stroke Resource Guide Developed

Julie Carr, MSN, RN, and Katie Callanan, PT, MS, GCS, collaborated to develop a resource guide, “Staying Active After Stroke (SAAS),” to aide healthcare providers with referring patients to community resources. Stroke is the leading cause of disability in the United States, and many stroke survivors are at risk for deconditioning and falls after their stroke, predisposing them to additional health complications. To prevent these complications, the American Heart Association (AHA) recommends that stroke survivors get 60 minutes of cardiovascular exercise weekly in addition to general strengthening, flexibility and balance exercises.

Ms. Carr and Ms. Callanan surveyed therapists at St. Luke’s Rehabilitation Hospital and found that although many therapists were aware of the importance of encouraging physical activity for stroke survivors, they were not aware of the specific AHA recommendations. They were also unsure of the evidence-based community exercise classes offered locally. The SAAS, available in 2017, will help therapists and other healthcare professionals to easily select, customize and direct their patients to the most appropriate, evidence-based community exercise programs after they are discharged from inpatient or outpatient therapy. The SAAS was created from information gathered for an evidence-based practice project during the 2016 St. Luke’s Nursing Research and Evidence-Based Practice Fellowship under the mentorship of Julie Swanson, MN, RNC-NIC.
Meridian Patient Experience Team Boosts Scores and Morale

Meridian CNO Rene Pallotti, MSN, MBA, RN, NEA-BC, Patient Experience Manager Meredith McGowan, BSN, RN (first two on left), and other members of the Patient Experience Team present the Meridian Mother/Baby Unit with the Meridian Patient Experience Award for ending FY2016 with the facility’s highest HCAHPS scores.

Patient experience was front and center across the system this past year. Meridian gained momentum with this work by the strengthening of the Meridian Patient Experience Team. The team, led by Meridian CNO Rene Pallotti, MSN, MBA, RN, NEA-BC, and Patient Experience Manager Meredith McGowan, BSN, RN, consists of nursing directors, HCAHPS Physician Lead Dr. Margaret Nunley, interdisciplinary department managers and patient experience and performance improvement coordinators.

Focusing on improving patient satisfaction (HCAHPS) scores, the team had several accomplishments in 2016, including the launch of the Meridian Patient Experience Award and their contribution to myStLuke’s patient experience preparedness. Determined to ensure patient and family experiences were not negatively impacted during Go Live, the team provided recommendations on how staff could effectively communicate with patients during this time of transition to the myStLuke’s Communication Team, who in turn incorporated the recommendations into the system-wide Patient and Family Communication Toolkit. The Meridian Patient Experience Award was implemented to celebrate departments that are ensuring exceptional experiences. This award has been a hit and has improved staff morale tremendously as they feel their hard work and dedication are recognized. The culmination of staff dedication to patient experiences and the drive of the Meridian Patient Experience Team have resulted in Meridian surpassing all FY2016 HCAHPS targets.

Boise Mother/Baby Care Unit Focuses on Safety

To benefit the community, Boise’s Mother/Baby Unit (8E) implemented a new plan of care focused on building family units, which is best accomplished by initiating family bonding immediately after birth. Boise’s 8E adopted a family-centered model of care to achieve this goal. They strive to keep parents and infants with each other throughout their visit, which means babies spend their hospitalization primarily in the rooms with their mothers. The goal is for physicians and nurses to provide all infant care at the mother’s bedside. This establishes a trust relationship between the patient and the care team, and allows for a deeper level of education for families.

In 2016, 8E also focused on infant security. They became a locked unit to protect their precious population, and initiated new protocols to provide the opportunity to double-check infant identification with two staff members upon any transfer or separation, as well as at discharge. Boise’s 8E has been working on a multidisciplinary project to establish a security system throughout units that house children. In January 2017, the Boise campus will initiate the project and provide extra security for Mother/Baby, Labor and Delivery, NICU, PICU and Pediatrics. The safety of babies at SLHS is our top priority.
Canyon View Nursing Staff Recognized for Excellent Collaboration

In December 2016, the nursing staff at St. Luke’s Canyon View Behavioral Health Services in Twin Falls received the Community Partner Award from the Idaho Department of Health and Welfare, Behavioral Clinic – Region V. The Canyon View team, led by Bill Fulmer MSN, RN, Director of Nursing and Patient Care, was selected for the award based on outstanding communication and collaboration during complicated multidisciplinary patient interventions.

The Canyon View nursing staff supports Region V Behavioral Health in many areas. They coordinate involuntary hold processes and state hospital placements, and collaborate to find placement for other difficult-to-place patients in Region V. The coordination they provide takes expert collaboration and commitment. In addition, Canyon View nurses assist Region V with post-discharge care planning. This comprehensive approach includes outpatient appointments, formulation of safety plans and acquisition of medication and equipment. The Canyon View nursing staff excels at supporting the community.

Home Care: What a Difference Six Weeks Can Make

Nathan was an energetic, enthusiastic 17 year old with a passion for baseball when a life-threatening car accident changed his life. After almost a month at the University of Utah Medical Center, Nathan was finally able to return home. Within 24 hours, his St. Luke’s Home Care team arrived and the hard work to recovery began. Nathan had multiple internal injuries, extensive wounds that had become infected, and major orthopedic complications from fractures, dislocations and nerve injury. He was in a hospital bed initially and unable to perform basic maneuvers, which made meeting goals of getting out of bed, walking and getting into a vehicle seem impossible.

Home Care nurses Betsy Brunelle, BSN, RN, and Robert Acker, BSN, RN, worked diligently to get Nathan’s abrasions healed and his abdominal wounds closed. Through creative treatment from physical therapists Jill Steinmetz and Scott Vermeer, other goals were gradually being reached. The ultimate achievement was when Nathan was able to get into a car and travel to Utah for a physician appointment. Mom Jo Ann, a nurse at St. Luke’s, was in tears when Nathan was successfully discharged from Home Care. She raved about the life-changing care from St. Luke’s Home Care—from nursing to therapy—and how amazing everyone had been. She couldn’t believe how far her son had progressed in just six weeks.

Elmore’s Expanding OB Program

St. Luke’s Elmore has been working diligently to align their obstetric (OB) policies, procedures and nursing practices with the Treasure Valley’s program to ensure mothers and infants in their region receive the same high-quality care throughout St. Luke’s Health System. Nursing leadership conducted a workforce assessment which identified a need for additional registered nurses as well as more on-site training and leadership for current staff members’ professional development.

The assessment allowed for the recruitment of seven highly qualified RNs to join the team since July 2016. Current RNs participated in an on-site clinical skills day and continue to hone their competencies with monthly OB skills days. Another major accomplishment in Elmore was upgrading their fetal monitoring system to be consistent with other SLHS sites.

In preparation to expand the OB service line over the next two years, administration, physicians and nursing staff have worked closely with the System Perinatal Affinity Group to identify the strengths of the OB program and continued opportunities for improvement. Elmore is currently recruiting for experienced labor nurses for a dedicated Mother/Baby Unit set to open in Spring 2018. The unit will have two triage bays, two labor rooms, two postpartum rooms and a nursery.
Building a Highly Qualified Team for New Nampa Hospital

St. Luke’s Health System has made a commitment to bring care closer to home with the addition of a new hospital in Nampa. While the beautiful new building and state-of-the-art technology are critically important to providing care in Canyon County, SLHS recognizes that a healthcare organization is only as good as the people working within it. Leading the work of developing a nursing operations team is Chief Nursing Officer Misty Thomas, MSN, RN. Ms. Thomas’ excitement to build a world-class team for the Nampa facility is what attracted her to move from Texas to become part of SLHS. The 87-bed hospital will open with support from 330 full-time equivalents (FTEs). With a goal to provide the greatest level of patient experience, highly talented and motivated individuals who have compassion, a commitment to excellence and a desire to serve the local community will be selected to fill the FTEs. Ms. Thomas will collaborate with leaders/sites to ensure internal employee transfers will not compromise any SLHS facility. As construction of the building and the formation of the team advances, Ms. Thomas and the leaders at St. Luke’s Nampa look forward to improving the health of the community and having a positive impact on those they are fortunate enough to serve.

Exemplary Professional Practice

Boise’s BMT Program Expands to Pediatric Autologous Stem Cell Transplant

St. Luke’s Blood and Marrow Transplant (BMT) Program has performed more than 400 autologous stem cell transplants for adults since it started in 1993. In 2014, it was decided to begin offering pediatric stem cell transplants at St. Luke’s Boise. Under the lead of Dr. William Kreisle, BMT Program Medical Director, Dr. Nathan Meeker, Pediatric Oncologist, and Jody Acheson, BSN, MPH, RN, OCN®, BMTCN®, BMT Program Manager, a planning committee of more than 20 nurses and staff met for over a year to write policies and procedures, and to develop training for staff. Six nurses, Kelly Graff, BSN, RN, Monica Bachman, BSN, RN, CPON®, Kate Olson, BSN, RN, CPN®, CPHON®, Michelle Hancock, BSN, RN, CPN®, CPHON®, Leslie Singelyn, BSN, RN, and Kelly Hofstra, BSN, RN, OCN®, went to Children’s Hospital Colorado in Denver to observe their pediatric apheresis and stem cell transplant unit. These nurses returned as leads and experts for the Boise pediatric transplant program.

On May 23, 2016, the first pediatric autologous transplant was performed on a 10-month-old patient. The patient spent over six weeks in the hospital, being cared for by exceptional BMT-trained nurses. Currently, St. Luke’s Boise is the only hospital in Idaho providing pediatric autologous stem cell transplant. The patient’s family was extremely grateful for the care they received, and the ability to receive this service locally as opposed to having to spend three to six months in Salt Lake City or Seattle. The BMT Program will expand again in 2018 to offer adult allogeneic stem cell transplant, with a large team already meeting to plan for this new service line.

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Exemplary Professional Practice

HCAHPS Data

HCAHPS Nursing Sensitive Questions • SLHS

HCAHPS Nursing Sensitive Questions • Boise*

HCAHPS Nursing Sensitive Questions • Elmore

HCAHPS Nursing Sensitive Questions • Jerome

Exemplary Professional Practice

HCAHPS Data

HCAHPS Nursing Sensitive Questions • Magic Valley

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HCAHPS Nursing Sensitive Questions • McCall

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HCAHPS Nursing Sensitive Questions • Meridian*

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HCAHPS Nursing Sensitive Questions • Wood River

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Data from Press Ganey as of 02/08/2017 for discharges through 12/31/2016. CMS Applied.
HCAHPS survey questions from mailed surveys, excludes eSurvey. Total surveys (n) received 2014=5,271; 2015=5,662; 2016=7,242.

4-time Magnet-designated hospitals.
**Nursing Sensitive Indicators for CY16 January-September**

- **Boise/Meridian***
  - CAUTI: 1.05
  - CLABSI: .85
  - HAPI: 1.01
  - Falls: .57

- **Magic Valley**
  - CAUTI: 1.05
  - CLABSI: .85
  - HAPI: 1.24
  - Falls: .88

An aggregate score that is less than the database mean indicates the SLHS hospital is performing better than the national averages of reporting hospitals.

**Certification**

**Treasure Valley Organizational Goal for Certified Nurses 2012-2016**

- 2012: 37.6%
- 2013: 38.4%
- 2014: 41.0%
- 2015: 42.8%
- 2016: 40.5%

The Treasure Valley did not meet their target to increase certifications by 1% per year. Certification achievement will be an area of focus for 2017.

*4-time Magnet-designated hospitals.*
New Knowledge, Innovations and Improvements

Professional Development Leads to International Webinar for Lactation Consultants

St. Luke’s Center for Nursing Excellence provides nurses with various professional development opportunities and programs, including the System Nursing Research and Evidence-Based Practice Fellowship and Operation Innovation Writing Workshop. Participation in these programs helped Meridian-based Lactation Consultant Betsy Ayers, BSN, RNC, IBCLC, through conducting a research study in 2013 to publication in a national journal in 2015. This past year, Ms. Ayers, along with her Fellowship mentor Jane Grassley, PhD, RN, IBCLC, RLC, and colleague Kristen Koprowsk, BSN, RN, were asked to present a webinar for the International Lactation Consultant Association on their published research article that appeared in Clinical Lactation titled “Pilot Study of Breastfeeding Support on the Night Shift.”

The team designed a presentation which identified reasons for supplementation of the newborn, challenges for the night shift in maintaining exclusive breastfeeding and recommendations to improve exclusive breastfeeding during newborn hospitalization immediately following birth. In August 2016, the one-hour live webinar was attended by over 30 healthcare professionals, and it was recently selected to be one of 12 webinars that will be available for the next three years for continuing education credits for lactation consultants.

Meridian ICU Implements Early Palliative Care Referrals

Danielle Nicholas, BSN, RN, PCCN, and Dawn Swick, BSN, RN, CCRN, critical care nurses in the Meridian Intensive Care Unit (ICU), have spent countless hours caring for patients nearing the end of life. As sentries to these fragile patients, they are keenly aware of the need for transitional services, frequently well before orders are placed for palliative care (PC) referrals. As a result of this, they embarked on an evidence-based project around PC.

The overarching goal of the project was to increase the number of early PC referrals within the ICU. This goal would be realized by accomplishing the following objectives: 1) identification of the best tool to objectively assess the need for a PC referral, 2) implementation of the identified tool, 3) measurement of change in PC referral practices, and 4) hardwiring of the new process (i.e., use of the tool) in the Meridian ICU. During a three-month trial period, nurses completed the identified PC screening tool for intensivists’ patients and families, leading to some early PC referrals. Results of this project were positive, and the process was hard-wired in the Meridian ICU. During 2016, Ms. Nicholas and Ms. Swick participated as Senior Fellows, mentored by Kim Martz, PhD, RN, in the Nursing Research and Evidence-Based Practice Fellowship program.
Dr. Pate congratulates Andrea Beseris, BSN, RN, during her DAISY celebration.
Celebrating nurses is an integral part of nursing culture at St. Luke’s. In 2016, the Nursing Excellence Awards were open to all nurses throughout St. Luke’s Health System. Nominees were recognized and celebrated for the extraordinary care and service they provide their patients, community and others, as well as the contributions they make to the nursing profession. The award ceremony, held in May at the Riverside Hotel in Boise, was the largest to date with 28 nominees from across the system recognized. Winners were announced during the ceremony and presented with a plaque. Making the awards a system event was possible through the support of nursing leadership. The planning team looks forward to recognizing many more nurses and continuing the new tradition of the System Nursing Excellence Awards.

### 2016 Winners

<table>
<thead>
<tr>
<th>Transformational Leadership</th>
<th>Structural Empowerment</th>
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<tbody>
<tr>
<td><strong>Dana Gulbranson</strong>&lt;br&gt;Spirit of Nursing&lt;br&gt;Outstanding Leader</td>
<td><strong>Diana Meyer</strong>, DNP, RN, NEA-BC, FAEN&lt;br&gt;Center for Nursing Excellence, SLHS</td>
</tr>
<tr>
<td><strong>George Rojas</strong>, ADN, RN&lt;br&gt;Elmore Nursing Administration</td>
<td><strong>George Rojas</strong>, ADN, RN&lt;br&gt;Elmore Nursing Administration</td>
</tr>
<tr>
<td><strong>Janet Andree</strong>, MSN, RN, ACNS-BC, RNC-MMN&lt;br&gt;Clinical Support Unit, Boise</td>
<td><strong>Janet Andree</strong>, MSN, RN, ACNS-BC, RNC-MMN&lt;br&gt;Clinical Support Unit, Boise</td>
</tr>
<tr>
<td><strong>Maggie Gaynor</strong>, BSN, RN, CRRN&lt;br&gt;Magic Valley Gwen Neilsen Anderson Rehabilitation Center</td>
<td><strong>Maggie Gaynor</strong>, BSN, RN, CRRN&lt;br&gt;Magic Valley Gwen Neilsen Anderson Rehabilitation Center</td>
</tr>
<tr>
<td><strong>Cherie Shardlow</strong>, Dip, RN, CPAN&lt;br&gt;Wood River PACU</td>
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<td><strong>Vicki Wohlers</strong>, BSN, RN, RNC-NIC&lt;br&gt;Boise NICU</td>
<td><strong>Vicki Wohlers</strong>, BSN, RN, RNC-NIC&lt;br&gt;Boise NICU</td>
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### Exemplary Professional Practice

<table>
<thead>
<tr>
<th>Community</th>
<th>Advance Practice</th>
<th>Hospital</th>
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<th>Hospital</th>
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<tr>
<td><strong>Brittany Linn</strong>, NP-C, MSN, RN, AOCNP&lt;br&gt;MSTI, Nampa</td>
<td><strong>Kerri Tucker</strong>, NP, MSN, RN, WHNP-C&lt;br&gt;The Woman’s Clinic, Boise</td>
<td><strong>Wendy Harrington</strong>, ADN, RN&lt;br&gt;Elmore Medical/Surgical</td>
<td><strong>Mary Mkangara</strong>, BSN, RN, CCRN&lt;br&gt;Clinical Support Unit, Boise</td>
<td><strong>Laurie Williams</strong>, ADN, RN&lt;br&gt;Wood River Surgical Services</td>
</tr>
<tr>
<td><strong>Tami Treinen</strong>, BSN, RN, COHN&lt;br&gt;Employee Health and Safety Departments, SLHS</td>
<td><strong>Tami Treinen</strong>, BSN, RN, COHN&lt;br&gt;Employee Health and Safety Departments, SLHS</td>
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Nominees pause for a group photo during the 2016 Nursing Excellence Awards Ceremony.
Outstanding Achievements

Nursing Research Fellowship Projects, Publications and Presentations

2016-17 Nursing Research and EBP Fellows

Kristen Anderson, BSN, RN, OCN; Mentored by Marty Downey, MSN, PhD, RN, AHN-BC, CHTP, CNE

- Foot Reflexology Effects on Nausea and Pain for Adult Oncology Inpatients

Katherine Callanan, PT, MS, GCS, CEEAA, and Julie Carr, MSN, RN; Mentored by Julie Swanson, MN, RNC-NIC

- Staying Active After Stroke: A Community Resource Guide

Karen Caywood, MSN, RN; Mentored by Cara and Julie Carr, MSN, RN; Mentored by Julie

- Knowledge and Confidence in Caring for and Assessing Patients at Risk for Suicide

Christine Foy, BSN, RN, and Sara Palma, BSN, RN; Mentored by Anna Rostock, BSN, RN, Gallegos, PhD, RN

- What is the Best Way to Impact Nursing Knowledge and Confidence in Caring for and Assessing Patients at Risk for Suicide?


Diana Meyer, DNP, RN, CCRN, CEN, NEA-BC, FAEN; Laura Tivis, PhD, CCRP


Teresa Stanfill, DNP, RN, NEA-BC, RNC-OB


Karen Stevens, MSN, RN, CEN


Tory Zigmond, MSN, RN


2016 Presentations

Cindi Bennett, MN, RN, IBCLC

- Establishing a partnership between a hospital and WIC breastfeeding peer counselors. Presented at the Idaho Perinatal Nurse Leadership Summit Conference, October 20, 2016, Boise, ID.

Kara S. Garner, MSN, APRN, PNP-BC, RN-BC


Jennifer Jonely, MSN, RN, RNC-OB, CPLC

- The transformative process of parental decision making through loss: Providing guidance through relationship-based care. Preconference presentation by Jennifer Jonely and Emilie Lamberg-Jones, RN, BSW at the 20th Biennial International Perinatal Bereavement Conference, September 27, 2016, Phoenix, AZ.

Holly Lammer, BSN, RNC-OB, EFM

- Prenatal psychology & health: Our future depends on it! Presented at the 2016 Idaho Perinatal Project Winter Conference, February 18-19, 2016, Nampa, ID.

Amy Neglia, MSN, RN, ACNS-BC, CCRN-CMC, CCRN, FAEN; Cheryl Bice, BSN, RN, CCRN, CCRN, CNOR, NREMT


Dawn L. Powell, DNP, APRN, CPNP-PC, PMHS

- ADHD: Diagnosis and treatment. Presented at the Nurse Practitioners of Idaho Annual Fall Conference, October 14-15, 2016, Boise, ID.

Teresa Stanfill, DNP, RN, NEA-BC, RNC-OB

- Leading change: Leadership competencies for healthcare: I have to know what?! Podium presentation at the AWHONN National Conference, June 11-15, 2016, Grapevine, TX.

Michele Schwister, BSN, RN, CCRN

- Pediatric intensive care unit’s success in working a new model for competency assessment. Presented at AANCA National Teaching Institute, May 16-19, 2016, New Orleans, LA.

Laura Tivis, PhD, CCRP; Diana Meyer, DNP, RN, CCRN, CEN, NEA-BC, FAEN

- Release your inner author: A successful writing workshop for nurses. Presented at the Western Institute of Nursing Annual Communicating Nursing Research Conference, April 6-9, 2016, Anaheim, CA.

Tory Zigmond, MSN, RN; Jerrie Hammons, RN, CIC; Tracy Smith, RN, CNOR; Claudia Davis, RN, CNOR


Jennifer Jonely, MSN, RN, CCRN, FAEN; Jerrie Hammons, RN, CIC; Tracy Smith, RN, CNOR; Claudia Davis, RN, CNOR

St. Luke’s Nursing Leadership (left to right). Front row: Lisa Sanford, MSN, RN, NEA-BC, Elmore CNO; Rene Pallotti, MSN, MBA, RN, NEA-BC, Meridian CNO; Carmen Jacobsen, BSN, MPH, RN, NE-BC, Wood River CNO. Back row: Christine Ludlum, DHA, MSN, RN, Boise CNO; Cy Gearhard, MN, RN, NEA-BC, System CNO and VP of Patient Care Services; Misty Thomas, MSN, RN, Nampa CNO; Jill Howell, RN, Jerome CNO; Arlen Blaylock, BSN, MBA, NEA-BC, Magic Valley CNO. Not pictured: Cindy Mosier, MSN, RN, NEA-BC, McCall CNO.

For more information, check us out at: stlukesonline.org/careers