System Demographics

BSN & Above Percentage – All RNs

<table>
<thead>
<tr>
<th>Location</th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boise/Meridian*</td>
<td>70.9%</td>
<td>80.4%</td>
</tr>
<tr>
<td>Elmore</td>
<td>32.6%</td>
<td>46.8%</td>
</tr>
<tr>
<td>Jerome</td>
<td>28.9%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Magic Valley</td>
<td>40.6%</td>
<td>46.4%</td>
</tr>
<tr>
<td>McCall</td>
<td>29.1%</td>
<td>70.0%</td>
</tr>
<tr>
<td>Nampa</td>
<td>63.3%</td>
<td>77.6%</td>
</tr>
<tr>
<td>Wood River</td>
<td>53.5%</td>
<td>62.2%</td>
</tr>
</tbody>
</table>

GOAL: 80% BSN by 2020

Institute of Medicine 2010 Report on the Future of Nursing recommended increased proportion of BSN prepared nurses to 80% by 2020.

New Hires – FY 2017

241 New Grad RNs onboarded throughout the System!

Employee Counts – FY 2017

<table>
<thead>
<tr>
<th>Location</th>
<th>Total RNs</th>
<th>Total Employees</th>
<th>Total NPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boise/Meridian*</td>
<td>2,527</td>
<td>2,179</td>
<td>46</td>
</tr>
<tr>
<td>Elmore</td>
<td>46</td>
<td>262</td>
<td>38</td>
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<tr>
<td>Jerome</td>
<td>635</td>
<td>53</td>
<td>4</td>
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<tr>
<td>Magic Valley</td>
<td>44</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>McCall</td>
<td>149</td>
<td>259</td>
<td>8</td>
</tr>
<tr>
<td>Nampa</td>
<td>110</td>
<td>498</td>
<td>3</td>
</tr>
<tr>
<td>Wood River</td>
<td>9</td>
<td>442</td>
<td>10</td>
</tr>
<tr>
<td>Health System Total</td>
<td>14,239</td>
<td>3,575</td>
<td>312</td>
</tr>
</tbody>
</table>

*4-time Magnet-designated hospitals.
Dear Nursing Colleagues, Patients, Families and Community Members,

I am pleased to present to you the 2017 St. Luke’s Health System Nursing Annual Report. This system-wide publication reflects the talents and contributions of our extraordinary nurses across the many communities and settings in which we deliver care.

It was a remarkable year for our health system in that we successfully completed our first year of implementing, stabilizing and optimizing myStLuke’s. Further optimization of the electronic health record is lifelong work, but the first year is a critical milestone. I want to personally thank each and every one of you for your dedication and personal commitment to provide input on how this patient care tool can be improved to promote the highest level of safety and quality outcomes for our patients.

In addition to the ongoing myStLuke’s work, our commitment to the professional development of our clinical professionals was evident by the implementation of our system PATHS program (Professional Advancement Through High-Performance and Skill). Our first cohort of participants completed 12 exemplary projects highlighted in this report. Cohort 2 and 3 projects have been approved and represent future improvement initiatives for the acute, ambulatory and post-acute settings.

Finally, as we have concluded 2017 and move forward into 2018, delivering exceptional quality and patient safety outcomes is always at the heart of the work we do. Our patients put their lives in our hands every day. They expect us to provide compassionate, standardized, evidence-based care with the best results. I am proud of the work across all sites on improvements and the future work to achieve highly reliable results.

St. Luke’s recently was recognized for achieving the Watson Top 15 Health Systems award—our fifth consecutive year! (This was formerly called the Truven Top 15 Health Systems award.) We could not have received this recognition without our tremendous nursing professionals delivering the highest level of care every day. Thank you for your commitment to nursing and to the people and communities we serve.

Sincerely,

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

St. Luke’s Health System Nursing Executive Leadership
Leading the Way into 2018

Barbara Hocking, BSN, EdD, MPA, RN, CENP, FACHE, CPHQ, CNOR
Boise CNO

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

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

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

Joan Agee, DNP, RN, CNOR
Nampa CNO

Lisa Melchiorre, BSN, MBA, RN, NEA-BC, CNOR
Elmore CNO

Amber Green, MSN, RN
McCall CNO

Jill Howell, RN
Jerome CNO

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

*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.
SLHS Nursing & Patient Care Services

Strategy 2020 Initiative Highlights

Culture / Engagement

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

- Job architecture / special pay programs
- PATHS program progression & participation system-wide
- DAISY recognition & leader recognition tool kit – all sites
- NDNQI RN Engagement Survey system work
- Relationship-based care model integration
- System BSN attainment policy
- Certification support / professional manuscript writing workshops / nursing scholarships

- Nursing Leadership Development Program system-wide
- Nursing leadership succession plan
- SLHS Nurse Residency Program accreditation / SLHS simulation accreditation
- System Shared Governance structure
- System Magnet gap analysis and multi-year action plan

Quality & Patient Safety

Create highly reliable clinical systems to drive an engaged workforce focused on flawless, evidence-based and safe patient-centered care.

- System Just Culture model and proposal for multi-year implementation (plan, policy, training)
- Standardize hand-off program across system
- Reconcile inconsistent policies and practices across sites
- Enhance System Interdisciplinary Practice Council (SIPO) structure
- Deploy practice standardization tool kits – develop auditing processes for compliance

- Best practice implementation, employee injury, patient falls with injuries and medication safety
- TeamSTEPP’s deployment plan for SLHS
- Key clinical capital plan for nursing / patient care services across system (beds, patient lifts, monitors, clinical mobile devices, wheelchairs, etc.)

Patient Experience / Engagement

Create loyal patients through exceptional patient experience and patient engagement.

- Align patient experience surveys – implementing ambulatory and ED survey
- Best practice patient experience initiatives across system (leadership rounding, hourly rounding, end of shift report)

- Patient experience structure and strategic plan
- Patient education operational structure and strategic plan

Stewardship

Ensure financial sustainability by meeting our stewardship targets in order to reinvest into our mission.

- Productivity and workforce management tool
- System specialty float pool
- Strategy for medical assistant role in ambulatory setting

- System RN workforce management plan (new graduate, experienced RNs, Advanced Practice)
- Nursing workload acuity tool assessment and deployment plan
Celebrating our Professional Practice Model: Relationship-Based Care

Relationship-Based Care (RBC), our professional practice model at St. Luke's Health System (SLHS), helps align caring and healing processes to meet the needs of patients and their families. RBC has been an instrumental guide in both care delivery and demonstrating our culture. RBC enhances relationships both personally with patients, families and caregivers as well as professionally with colleagues and ancillary teams. The RBC concepts most familiar to staff may be care of self, care of colleagues and care of patient and family. This model, however, includes much more.

RBC has six essential elements: leadership, teamwork, professional nursing practice, patient care delivery, resource-driven practice and outcomes measurement. These elements are crucial to all areas of discipline within health care and tie directly back to St. Luke’s Strategy 2020 – putting the patient at the center of our care. We are the preferred providers in our communities because we deliver coordinated, affordable and accessible care through:

- **Leadership** – Giving strength and power to all who practice within their discipline; coaching, encouraging and mentoring all team members to exemplify caring and healing in their language, actions and professional practice delivery.
- **Teamwork** – Building teams that work collaboratively together across all disciplines, strengthening best practice and driving exceptional patient outcomes.
- **Patient Care Delivery** – Maintaining a culture of safety and professionalism in all we do, recognizing better has no limit.
- **Resource-Driven Practice** – Focusing on exceptional patient outcomes, we promote evidence-based practice in our care delivery.

- **Outcomes Measurement** – Monitoring patient outcomes data benchmarked by national vendors and internally if a national benchmark is not available; better has no limit.
- **Professional Nursing Practice** – Demonstrating a team-based approach in caring practices that embody unique clinical knowledge and understanding of the human condition through six behavioral roles:
  - **Leader** – Advocate for patients/families; provide supervision/leadership to care team members; initiate changes to improve quality of care.
  - **Teacher** – Teach patients/families how to safely care for themselves within the health care setting and upon discharge.
  - **Collaborator** – Work with each team member to ensure they receive and provide important information and coordinate the plan of care.
  - **Healer** – Ensure patients/families receive physical, emotional and spiritual care based on assessment of their needs.
  - **Guide** – Ensure patients/families understand what to expect and are informed enough to make decisions about their care.
  - **Sentry** – Continuously assess, monitor and intervene for the patient to prevent complications, promote healing and optimize safe outcomes.

Relationship-Based Care helps transform work environments into cultures where personal responsibility and accountability prevail, healthy relationships flourish, and gratitude is openly expressed.

This year’s System Nursing Annual Report is dedicated to highlighting and celebrating how our nurses demonstrate the six professional nursing practice roles—leader, teacher, collaborator, healer, guide and sentry—through their daily practice.
St. Luke’s Longstanding History Supporting ANA Idaho

American Nurses Association (ANA) Idaho is a professional organization for all RNs in Idaho. It was originally founded in 1909 as the Idaho State Association of Graduate Nurses. Miss Lillian Long, Superintendent of St. Luke’s Hospital School of Nursing and Director of Nursing, served as the organization’s first president. Fast-forward to the present, and St. Luke’s Health System (SLHS) nurses continue to lead and guide the profession by holding positions on the Board of Directors and through membership in ANA Idaho. Currently, three SLHS nurses hold Board positions: Brienne Sandow, MSN, RN, NEA-BC, RNC-OB, Senior Director, Staffing/Scheduling, is Vice President/President-elect; Anna Rostock, BSN, RN, CPN, Clinical Support Unit Nursing Supervisor, is Secretary; and Traci Gluch, BSN, RN, CCRN, Surgical Intensive Care Unit Nursing Supervisor, is Treasurer. In addition to the work of these dedicated RNs, SLHS supported ANA Idaho by hosting their Annual Conference in November 2017. The conference was open to RNs throughout Idaho, with SLHS nurses representing inpatient, surgical services, outpatient, MSTI and more, in attendance.

St. Luke’s Nampa Chief Nursing Officer President-Elect of Nurse Leaders of Idaho

Nurse Leaders of Idaho (NLI) is a non-profit, professional membership organization established for the promotion of common business interests of nurse leaders in Idaho including nursing education, practice and workplace conditions. The organization provides a leadership course twice a year and an annual leadership/academic (LEAP) conference. In addition to educational opportunities, nurse leaders and educators throughout Idaho who are nominated by their peers for their excellence are recognized at the LEAP conference dinner event. This past year, there were several St. Luke’s Health System nurse leaders recognized (see Outstanding Achievements section of this report for SLHS winners).

Moving forward, President-elect of NLI, Joan Agee, DNP, RN, CNOR, Nampa CNO, aims to keep the focus on the core mission of NLI and work toward ensuring a quality nursing workforce in Idaho. Dr. Agee identified fostering the partnership between academia and clinical nursing practice to work toward the goal of an 80% BSN prepared workforce by 2020 and identifying strategies to increase the number of specialty prepared nurses in perioperative, critical care and obstetrical services, as key opportunities for NLI.

Joan Agee, DNP, RN, CNOR, Nampa CNO and President-elect of NLI (second from right) celebrating Certified Nurses Day.
Transformational Leadership

St. Luke’s Elmore Implements 24/7 House Nursing Supervisor to Serve as Sentry to Patients and Staff

St. Luke’s Elmore responded to bedside nurses’ request for support by implementing a 24/7 nursing supervisor role. The need for additional support was driven by a relatively novice nursing staff supplemented with nursing travelers. Nursing leadership was committed to meeting the needs of their nursing staff and community by providing the “right nurse at the right time.” St. Luke’s Elmore achieved this with nursing supervisors. The supervisors cover the “house” and are cross-trained to at least two specialties in order to support staff in direct patient care when needed. The bedside staff have been thrilled with the change, as stated by Al Donaldson, RN, Emergency Department: “The nursing supervisors help cover immediate needs that cannot always be planned for. They pitch in whenever and wherever we need the help.” The nursing supervisor role benefits patients and staff alike as they help expedite patient flow, especially transfers to a higher level of care, while providing feedback and excellent mentoring to the bedside staff.

St. Luke’s Nurses in the Role of Leader to Students: Imparting Knowledge and Assisting with Skill Acquisition

Student Services surveys all students, faculty and St. Luke’s Health System educators to gain insight on the student experience and to ensure continual improvement. In the spring of 2017, 235 people were surveyed, and 197 responded.

Student experiences were incredibly positive according to the results, with almost all respondents indicating that they felt welcomed, were encouraged to actively participate in care of patients, and that St. Luke’s was their preferred employer when they graduate. One student commented: “St. Luke’s employees seemed far more genuine, satisfied with their careers and work atmosphere, and eager to help student nurses than my previous student experiences at other facilities in the Valley…thank you!”

Faculty respondents overwhelmingly reported (over 97%) having good collaboration with the unit leaders and educators in the areas they take students, and they felt welcomed and comfortable asking questions. Results of the survey were shared with unit leaders and educators to acknowledge the excellent work and collaboration with St. Luke’s local educational partners.
A Nursing Leader’s Account on Opening a New Facility – St. Luke’s Nampa

As the Chief Nursing Officer, I was given the ideal opportunity to serve in a leadership role at the new Nampa medical center with Ed Castledine, Site Administrator, and Dr. Michaela Schulte, Medical Staff President. Together, we led a diverse team of nurses, providers and others who shared our vision to open the 87-bed, full-service hospital in Nampa.

With more than 400 employees, over half of them nurses, there was always a focus on safety and comfort for our patients and their families. Working with a strong group of nurse leaders who are specialists in their fields was key to a successful opening of the hospital on an expedited schedule. There was tremendous support from nurse leaders across St. Luke’s Health System who helped our team by providing education and guidance on policies and procedures. I have never felt as supported or welcomed as I was by St. Luke’s Health System! Achieving a successful Joint Commission accreditation just four weeks after accepting our first patient on October 30, and subsequently obtaining our CMS approval, made the whole experience one I will always cherish.

– Joan Agee, DNP, RN, CNOR, Nampa CNO

Jerome Staff as Healers for Self and Colleagues, Rally for Break Room Remodel

When Kat Dow, BSN, RN, Director of Nursing/Patient Care Services, Jerome OB/Med-Surg/ED/Swing, asked her nursing staff how she could help them, among their list of requests was a new break room. The break room in Jerome consisted of three bar stools and lockers, which did not provide a functional space for the staff of 60-plus RNs and other disciplines. Lacking a budget for a remodel in 2017, the staff did not want to wait for the next budget cycle. Instead, they rallied to raise money to establish a fund through St. Luke’s Jerome Foundation. Jody Bruffett, LPN, Process Improvement Coordinator, worked closely with Ms. Dow and St. Luke’s contractors to design the new space. The 1950s-style carpet and flowered wallpaper was replaced with a new floor and fresh coat of paint. The room was reconfigured to allow for a table with space for 10 to sit and enjoy lunch, while three additional staff relax in new recliners. The change created a space for camaraderie and bonding by providing a safe, private area for staff to talk about their day. Staff are now planning to use foundation funds to create a day room for their patients.
Structural Empowerment

Ambulatory Shared Nursing Leadership Council
System Collaborators Facilitating Improvement

In April 2017, the Ambulatory Shared Nursing Leadership Council (ASNLC) was launched. The council, designed by Alicia Young, MSN, MBA, RN, Ambulatory CNO, St. Luke’s Clinics, was developed to ensure evidence-based care standards across the ambulatory health system. The goal of ASNLC is to facilitate continuous improvement toward zero harm, a culture of best practice and patient safety through the five principles of highly reliable organizations: preoccupation with failure, reluctance to simplify interpretations, sensitivity to operations, commitment to resilience and deference to expertise. This commitment requires a strong nursing leadership council representing a variety of sites, disciplines and representatives from outpatient and ambulatory venues.

The council uses multidisciplinary workgroups led by RNs to address priority issues. Current workgroups include:

- System Ambulatory Medication Management Workgroup
- System Ambulatory Protocol Workgroup
- System Ambulatory Scope of Practice Workgroup
- System Ambulatory Education & Competency Workgroup
- System Infection Prevention Workgroup
- System Environment of Care Workgroup
- System Ambulatory Workforce Management Workgroup

Alicia Young, MSN, MBA, RN, Ambulatory CNO, St. Luke’s Clinics, presenting during a council meeting.

Magic Valley Home Care and Hospice Collaborate with Community Partner to Assist Families in Need

A $2,000 grant sponsored by Deseret Industries enabled St. Luke’s Magic Valley nurses to change the lives of patients and their families in 2017. Daret Lamm, ADN, RN, Home Care/Hospice Coordinator, was caring for a pediatric patient when he noticed the family had very little furniture in their house. The family used all their resources to keep their son comfortable. When Mr. Lamm discovered that the dedicated parents were sleeping on the floor in sleeping bags, he worked with Travis Stickler, BSN, RN, CHPN, Hospice Supervisor, to purchase a mattress and box springs for the parents using the grant money at the local Deseret Industries. The parents, unaware of Mr. Lamm’s “care plan” outside of the home, were surprised and overcome with gratitude when they received the gift.

The grant also allowed for a washing machine to be purchased for a family in need who recently immigrated to the area. Home Care nurses were honored to teach the family how to use the new machine. These stories are just a sample of how community collaborations make a difference for patients and families. St. Luke’s Magic Valley Home Care and Hospice nurses’ use of the grant funds so generously provided by Deseret Industries benefited eight patients and families in 2017.

Daret Lamm, ADN, RN, getting ready for his next home care visit.
Nurse Navigator Role Guides Adolescents and Young Adults with Cancer

Adolescents and young adults (AYA) experience unique barriers to care during their cancer treatment, from diagnosis through survivorship. They undergo physical, social and emotional transitions, and are asked to make life-impacting decisions including choices surrounding fertility and treatment adherence. The AYA nurse navigator program was designed and is staffed by Marni Allen, NP, Nurse Practitioner, St. Luke’s Mountain States Tumor Institute (MSTI) Pediatric Clinic, who identified these unique, unmet needs of this population both during and after cancer treatment.

The AYA nurse navigator role has improved coordination and continuity of patient care and offered increased access to fertility preservation. Patients have experienced improved transitions across the spectrum of care including: establishing primary care following treatment, bridging care to rehabilitation programs and increasing survivorship referrals to include four of the top five AYA diagnoses.

Based on the success of the initial work, St. Luke’s Health System is performing a comprehensive needs assessment to determine future program expansion. It is anticipated that an expansion of services will include older AYAs and encompass additional cancer diagnoses.

Boise ICU Early Adopter of Healing Program for Staff

Erin Roth, MSN, RN, CMSRN, Senior Director of Nursing/Patient Care, Heart Service Line, was an early adopter in the Treasure Valley for Re-Igniting the Spirit of Caring (RSC). RSC, a three-day seminar of activities to help reinvigorate staff and prevent burnout, focuses on caring for self, strengthening relationships with co-workers and reconnecting with the core purpose of the staff’s work. In 2017, an interdisciplinary group of over 300 critical care team members in Boise, including over 150 RNs, participated in the RSC seminars. Ms. Roth administered the Maslach Burnout Inventory (MBI-HSS), a validated tool used to measure burnout, before and after staff attended RSC.

Results from the assessment indicated a slight increase in personal accomplishment scores and a slight decrease in emotional exhaustion scores after participating in the RSC event.

While the improvements in the MBI-HSS scores are promising, changing the culture in critical care units continues. A steering committee was formed to help address culture concerns, and changes have already been implemented. For example, the units were experiencing an increased number of deaths, and due to high patient volumes, staff did not have time to break after a death to reflect or acknowledge the moment. Recognizing how taxing this was, reflection rounds were implemented. During the reflection, a physician reviews the clinical aspects of the death, then a chaplain leads staff in reflection on the emotional impact.

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Structural Empowerment

*Individualized Education Improves Outcomes and Decreases Cost*

*Nurses as Collaborators*

Maternal morbidity and mortality continue to rise in the U.S., due in part to preventable contributing factors such as delays in diagnosis or treatment and failure to recognize patients at risk. At St. Luke’s, Julya Miner, BSN, RN, RNC-OB, C-EFM, CPHQ, partnering with Claire Beck, MN, BSN, RN, RNC-OB, and Alecia Gorrige, BSN, MHE, RN, CHSE, spearheaded a team including clinical nurses, clinical educators, nursing leaders and providers from across the Health System to determine how to address rising maternal events and emergencies. The solution was to implement a system-wide, innovative educational intervention program to identify and address learning gaps for managing obstetrical (OB) emergencies.

The educational program includes implementation of GNOSIS, a new e-learning platform. Instead of requiring completion of all modules as was done in the past, GNOSIS creates individualized learning paths based on proficiency scores. Simulations based on practice area gaps noted in team proficiency scores and instructor-led courses are then blended with the e-learning modules to improve proficiency.

This program has proved successful with significant improvement between initial scores and reassessments. Clinically, massive transfusion rates have decreased by more than half. Finally, the use of a data-driven, rightsizing training led to an estimated savings of $18,427 through a reduction in mandatory education time.

*St. Luke’s Idaho Pulmonary Associates Serves as Guide to the Community*

Linda Gould, MSN, FNP (left), leading a Better Breathers Club discussion.

St. Luke’s Idaho Pulmonary Associates (SLIPA) kicked off a quality initiative in 2017 to improve the quality of life for people in the community affected by lung disease. The American Lung Association (ALA) presented an opportunity to SLIPA for a collaboration that perfectly aligned with SLIPA’s quality initiative. The ALA requested St. Luke’s support a chapter of the Better Breathers Club® (BBC) in the Boise/Meridian area. The BBC is a free support group that provides individuals with lung disease and their primary support person an opportunity to receive education and emotional support from both professionals and each other.

SLIPA was eager to strengthen their relationship with ALA and to provide this resource to the community, so a dedicated team from SLIPA started a local chapter of the BBC in Meridian. Linda Gould, MSN, FNP, who has a background in and passion for community health, volunteered to become a certified BBC facilitator.

Future goals for the BBC are to have a member become a certified facilitator to help lead the group and have Ms. Gould step back in a more consultative role. SLIPA also hopes to bring a BBC to Magic Valley in 2018.
Inpatient Oncology Vital Sign Standardization Leads to Healing Environment

Standards of care for inpatients can lead to restless nights for patients. On Boise 4 South, routine vital sign times were not aligned with schedules for medication administration, resulting in nurses having to wake patients every two hours from 10 p.m. until 6 a.m. Interrupting patients’ sleep caused a stressful situation for staff and patients alike, so a proposal to change standard vital sign times was brought to Boise 4 South’s Inpatient Practice Committee.

The committee decided vital sign times should be moved two hours to allow for patient care to be grouped, decreasing interruptions for the patient. The proposed vital sign time change was presented to oncology providers and the Affinity Council and accepted by all.

The change in vital sign times has allowed for more time at shift change to help answer call lights, more time in the morning to assist patients with meals and showers, and overall there has been an improvement in the flow of the day. In addition, patient satisfaction has increased as their sleep is only interrupted every four hours during the night for vital signs and other care.

McCall Nurses as Healers
Finding Reward and Purpose Two Feet at a Time

“In my 40-plus years of nursing, I have found providing care at St. Luke’s McCall’s foot care clinics to be as rewarding and meaningful as any position I’ve fulfilled,” says Janet Jeffery, MSN, RN. “I adore the patients, their life stories, and their determination to stay on their feet.” Ms. Jeffery is one of three RNs who treat 120 patients monthly at foot clinics in McCall, New Meadows, Council and Riggins.

While called a foot clinic, it is a whole-person, general wellness check-up. In addition to clipping, cleaning and massaging feet, providers look for sores below the knee, check blood pressure, blood sugars and breathing, and ask about medications. “We see exceptional people and we extend their mobility,” Ms. Jeffery explains. “If a senior’s feet are painful or diseased, they move less which leads to quality of life issues and other chronic conditions.” Nearly every clinic day, Ms. Jeffery observes a condition needing immediate medical attention and she makes sure the patient schedules a next-day physician appointment.

In addition to meeting medical needs, the clinics provide a social experience as the senior patients chat with the RNs and other patients about life and community events.
New Professional Development Program Launched Throughout the System: Professional Advancement Through High-Performance and Skill (PATHS)

St. Luke’s Health System launched a new professional development program, Professional Advancement Through High-Performance and Skill (PATHS), in February 2017. The PATHS program is evidence-based and was designed with input from clinical leaders and staff representing each site across the system. In addition to the clinical leaders and staff who participated in the multi-year development work, feedback on the program concepts was obtained from 400 clinical employees via a survey process.

About PATHS
The purpose of PATHS is to foster professional development, empower and engage clinicians in making improvements, and to support financial stewardship. The program provides eligible clinical staff in hospital and ambulatory settings from across the Health System the opportunity to engage in the work of designing, improving and innovating clinical practice. It also allows for staff to participate in activities and projects that impact more patients and other professionals than is possible one patient encounter at a time.

PATHS consists of three pathways aimed at improving patient outcomes: clinical practice/process improvement, resource management and patient activation. Interested staff with projects aligning to these pathways may submit a proposal to become a PATHS cohort participant during two application periods during the year.

Review Committee
The PATHS program, led by Program Manager Julie Swanson, MN, RN, is supported by a Review Committee made up of leaders from across the system. Their role is first to approve projects that have been endorsed by the participant’s leader, and second to determine financial award payout at the completion of the project. Rubrics that assess scope, quality, effort and outcomes are utilized to evaluate and score projects at each point.

“In the past year, I was fortunate to represent McCall on the PATHS Review Committee. During that time, I have seen the growth and development of two local nurses as they own and expand their practices. In addition to the positive changes here in McCall, I have had the honor to review projects from all over the system. We have talented employees in this organization, and an exceptional, visionary leader in Julie Swanson [PATHS Program Manager] to guide them in these projects to ensure our patients receive the best possible care.”

– Michelle Harris, BSN, RN, CNOR, NE-BC, Director of Perioperative Services, McCall, and Member of PATHS Review Committee

PATHS participant Brian Golden, BSN, RN, with his leader Tera Eskelsen, BSN, RN, CMSRN, NICHE.
“As soon as I heard about the PATHS program I knew it would be something I would be interested in. One of my passions in nursing is problem solving and improving processes. I also love serving as an advocate for not only patients but also my colleagues. PATHS allows a literal “pathway” for me to accomplish my goals in a supportive environment. The opportunity for growth in improving access to lactation space for working moms has recently been presented to the Chief Nursing Officer Council and I’m excited to be a part of the initiative in helping St. Luke’s become a leader in our community in advocating for the needs of working mothers and their children.”

– Caroline Davis, BSN, RN, PATHS Cohort 2 Participant

The First Cohorts

In May 2017, the Review Committee approved 21 projects for the first PATHS cohort. Projects from all three pathways were submitted by nurses and clinical staff from across the Health System. Samantha Blackburn, RN, St. Luke’s McCall Post-Operative Care (cover photo and pictured below), led a project titled Standardizing Discharge Instructions for Surgical Services. It showed positive outcomes in ensuring patients have the

Benefits of PATHS

PATHS participants are rewarded both professionally and financially for their work. They develop or gain new skills in patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety or informatics. Their time spent working on their project is paid by PATHS, and participants are eligible to receive a bonus reward based on the quality, effort and outcomes of their completed project.

The PATHS Oversight Committee is excited for the future of the PATHS program. Outcomes are being monitored to determine when and how the program will expand to include projects larger in scope that will have a broader impact on the organization.

For more information about PATHS, please email pathsquestions@sihs.org.
Exemplary Professional Practice

**Critical Access Hospitals Collaborate to Improve ED Communication Metrics**

The regulatory metric Emergency Department Transfer Communication (EDTC) monitors the effectiveness of emergency nurses and physicians communication with the receiving facility when transferring patients. The EDCT measure is complex, spanning 27 individual required charting elements over seven dimensions that must be completed within 60 minutes of the patient being transferred from the facility to achieve “perfect care” status. As SLHS transitioned to myStLuke’s, an electronic health record, physicians and nurses were on a steep learning curve to complete required documentation, and chart abstractors were finding it difficult to find the documentation in the new program. With the support of a rural health grant, System Quality Shared Services and the St. Luke’s critical access hospitals’ (CAH) emergency department (ED) nurse leads Angela Brady, BSN, RN, CEN, Wood River; Kat Dow, BSN, RN, Jerome; Jackie Hurzeler, BSN, RN, CMSRN, McCall; and Tiffany Mederios, BSN, RN, Elmore, successfully carried out a performance improvement project that took them from a baseline of 43% to 100% perfect documentation across the four CAHs. The project included creating myStLuke’s reports and workflow screens for transfer documentation and providing education to ED staff and chart abstractors about the new process.

As of December 2017, the four CAHs have maintained 100% EDTC perfect care for eight months. This equates to approximately 12,960 opportunities for documentation that were completed accurately within the 60-minute time allowance.

**RN’s in the Role of Sentry**

**Boise Obstetrics Rapid Response Team Intervenes in OB Emergencies**

Boise obstetric (OB) units, including labor and delivery (L&D), OB operating rooms and mother/baby, participate in biweekly debriefs to discuss patient cases that were unique or emergent. Carol Forsberg, BSN, MBA, RN, Senior Director of Nursing/Patient Care, Boise Women’s and Children’s Services, noticed a recurring theme at the debriefs: Staff were unsure what their responsibilities were during emergent situations because they did not have clearly defined roles. Through collaboration with physician stakeholders, nurse leaders and bedside nursing staff, an OB Rapid Response team was created. The team utilized recommendations from the Institute for Healthcare Improvement and the American College of Obstetricians and Gynecologists to develop a protocol and process for the OB Rapid Response Team. Roles were defined using code zones which are assigned to staff as they respond to an emergent situation.

The OB Rapid Response Team went live in the summer of 2017. The service is currently offered in L&D, antepartum, mother/baby and 2 East women’s med/surg, with a goal to expand house-wide to allow response to the emergency department, ICU and waiting areas.
Hero’s Farewell and Welcome
St. Luke’s Nurses and Staff Stand Sentry During Walk of Respect

What started in Meridian as a way to honor patients and their loved ones who made the difficult decision to give the gift of life through organ donation has now been embraced throughout the Health System. The Walk of Respect, a tribute where St. Luke’s employees reverently line the hallway when an organ donor is being transported from the intensive care unit to the operating room, was started by Deb Compton, MSN, RN, CCRN, NEA-BC, in Meridian in 2016. During a presentation during a Quarterly Leadership Council (QLC) meeting in 2017, Curt Egbert, ADN, RN, Director Nursing/Patient Care, ICU, was inspired to implement the Walk of Respect in Magic Valley. Soon after the meeting, before a formal process could be established,

Magic Valley had a donation. Mr. Egbert went into action and was able to gather staff for a Walk of Respect. The first attempt experienced some hiccups; however, Magic Valley now has a refined process. Learning of this during QLC was timely as Magic Valley had six donations in 2017, nearly double their average in years past. In Boise, there are plans in place for future Walks of Respect to be conducted as they are in Meridian and Magic Valley, by making an overhead announcement to allow for staff and visitors throughout the hospital to participate.

Family and friends of those who gave the ultimate gift of life are appreciative of the demonstration of respect and compassion from staff. During a particularly moving Walk of Respect in Magic Valley, the wife of a donor was overheard telling her two young children, “This is your father’s hero welcome into heaven.” For these families and loved ones, the Walk of Respect leaves a lasting impression and hopefully provides a moment of peace among the grief. Not only is it a valued process for loved ones, it also provides comfort and a moment for the patient’s care team to reflect on their own feelings.

Nursing Sensitive Clinical Indicators
An aggregate score that is less than the database mean indicates the SLHS hospital is performing better than the national average of reporting hospitals.

![Nursing Sensitive Indicators CY’17 Jan-Sept](image)

*4-time Magnet-designated hospitals.
Air St. Luke’s Goes Camping
Healers Provide Care in the Sawtooth Mountains

In July 2017, Air St. Luke’s was dispatched to a call around 1 a.m. for an injured backpacker near Atlanta, Idaho. Erin Preston, BSN, RN, CCRN; Rick West, EMT-P; and Dave Guzzetti, Pilot, flew into the Sawtooth Mountains only knowing someone needed help. Flying in, they spotted a light from the ground indicating they had reached their location. They landed and hiked across half a mile of rough, mountainous terrain to find the patient, who was injured when one of the trees supporting her hammock gave way and fell on her. After determining her injuries were not life-threatening and she was stable, the team decided it was best to stay with the patient until daylight, both for safety of transport and to allow for additional help to arrive to move her to the helicopter. Through the night, Ms. Preston stayed in the tent with the patient, relying on good old-fashioned patient assessment and monitoring, including manual blood pressure cuff, palpation of pulse and interview.

Shortly before sunrise, four volunteers from the Atlanta Quick Response Unit arrived to help move the patient. At sunrise the team prepared the patient for the move and proceeded down the half-mile, uneven mountain path to the aircraft. The patient was then flown to tertiary care in Boise.

Ever Watchful in Role of Sentry, Jerome Creates “Surprise Lil’ Guest” Kit

St. Luke’s Jerome, experienced in providing exceptional care to full-term laboring moms and newborns, has a policy as a critical access hospital (CAH) to send all high-risk pregnancies and deliveries of babies under 37 weeks gestation to Twin Falls. However, things do not always go according to plan. In February 2017, a pregnant patient presented to Jerome at 25 weeks gestation and in preterm labor. Air St. Luke’s was engaged and en route, but the patient delivered before they arrived. Though the site lacked supplies typically required for a micro-preemie infant, they successfully stabilized the infant for transport to the Boise NICU.

During a debrief led by Kat Dow, BSN, RN, Director of Nursing/Patient Care Services, OB/Med-Surg/ED/Swing, immediately after the event, staff discussed the need for specialty supplies should they have a similar occurrence in the future. Through efforts coordinated in part by Amy Goodrich, BSN, RN, and Vibeke Thomson, BSN, RN, a “Surprise Lil’ Guest” kit was created for preterm infants. Now, obstetrics and the operating room have a bag of supplies, from thermal hats to airway kits, to help care for these tiny patients. Boise and Magic Valley’s NICUs and Air St. Luke’s donated some of the kit’s supplies and continue to support by switching out products when they are close to expiring.
**Meridian Bedside Nurse Guides Staff and Patients in Transforming Congestive Heart Failure Care**

When Paris McAdam, BSN, RN, became the Meridian Med/Surg 6 Congestive Heart Failure (CHF) Champion in 2017, she transformed the role into an opportunity to investigate the causes of possible communication breakdowns between nurses and patients with CHF. Ms. McAdam identified three specific challenges for ensuring this patient population was receiving exceptional, patient-centered care. She saw opportunities for improvement in: 1) identifying patients to be included in this population, 2) engaging the patients in their own care while hospitalized, and 3) making sure patients had enough knowledge to monitor and care for themselves after discharge.

For each opportunity, Ms. McAdam identified potential solutions including having patients participate in their care through the implementation of standing daily weights and filling out their own fluid restriction logs, and ensuring the patient receives CHF education and resources that can be reviewed with staff throughout the hospital stay. The unit began implementing changes based on the identified solutions in December 2017. Ms. McAdam is partnering with stakeholders across St. Luke’s with the goal to implement changes throughout the system.

**Collaboration and “Out-of-the-Box” Thinking During a Unique Challenge Leads to Excellent Patient-Centered Care in Magic Valley**

In the summer of 2017, Magic Valley’s Inpatient Rehabilitation Unit (IRU) accepted a transfer of an out-of-state patient with a traumatic brain injury (TBI) so the patient could receive care closer to their home in central Idaho. The situation took a unique turn when, upon arrival, it was discovered the patient rated at a lower level than expected on a scale measuring cognitive functioning after a TBI.

Led by Maggie Gaynor, BSN, RN, CRRN, Director of Nursing/Patient Care, IRU, and the medical team, senior nursing leaders were engaged to activate an “out-of-the-box” solution to provide the expert care needed in a safe manner. After an Ethics Committee Meeting to vet possible options, it was decided that the unused Medical Behavior Unit would be the best place to care for the patient. Staff from all over the hospital came together to open the unit and make it a comfortable and therapeutic option for care. The teamwork demonstrated was phenomenal and included members of the ICU, Administrative Supervisor staff, Dietary, Laundry, Pharmacy and especially the Unit Support Team who backfilled staff on the IRU to allow for a 2:1 staffing ratio for this special situation. This arrangement lasted more than three weeks and ultimately led to the patient regaining the necessary functions to not only return to the IRU but to be discharged to home a few weeks later.

*Nancy Keefe, RN, Unit Support Team, helps backfill staff on the IRU.*

*Jamie Kallis, BSN, RN, Meridian Med/Surg 6, takes a patient’s daily weight.*
Exemplary Professional Practice

Clinical Learning in the Role of Sentry
Watching Over and Protecting Staff and Patients Prior to Nampa Opening

Simulating what may be considered routine care in a new environment with new equipment is a critical step in opening any new patient care area. Simulations help determine critical issues with the use of equipment and allow for identification of areas where additional education and practice may be necessary.

For four days in October 2017, Clinical Learning and Student Services led 47 complex simulations with 280 staff. Simulations were targeted at testing processes in the new Nampa facility to help prepare for opening day.

The simulations tested 1,073 events in a variety of patient care processes in every patient care area in Nampa. Staff were able to successfully complete 554 events with the remaining events requiring follow-up. To resolve these follow-up areas, items were assigned to clinical units, departments including Building Services, Construction, myStLuke’s and Supply Chain, and to vendors such as Hill-Rom and Voalte. Thanks to the collaboration and assistance from everyone involved, all critical events were resolved before the opening.

System Newborn Fall/Drop Prevention Provides Sentry Tools for Nurses

A newborn fall/drop is traumatic for parents and patient care team members. Care teams committed to protecting the safety of the most vulnerable patients came together from across SLHS. A taskforce led by Julya Miner, BSN, RN, RNC-OB, C-EFM, CPHQ, Perinatal Safety Program Manager and comprised of bedside RNs, educators, perinatal and neonatal clinical nurse specialists, nursing directors and administrators, along with pediatric providers from multiple sites within the Health System collaborated to develop a safety bundle. The bundle, based on literature review, event analysis and causal mapping, includes patient and staff education, intentional safety rounding, use of a feeding support pillow, and post-fall/drop response algorithm. The Magic Valley team, led by Shelly Jensen, BSN, MHA, NEA-BC, Senior Director of Nursing/Patient Care, Magic Valley, piloted many interventions before they were included in the bundle rolled out to the system. Since the initiation of this focused improvement work, Magic Valley realized 499 days without a newborn fall/drop. System-wide, an overall reduction in newborn fall/drop events was achieved with only three events in FY17, compared to five events in FY16. St. Luke’s perinatal care teams remain committed to supporting the safety of the most vulnerable patients.
compromised patient population. Working proactively to ensure the best patient outcomes, RNs on the 6E unit-based council collaborated with respiratory therapy to streamline communication and set up an innovative process. A dedicated RT phone number was put in place for 6E staff to call when a bariatric surgery patient arrives to the unit. This has resulted in decreased patient wait times for CPAP or BiPAP set-up, decreasing the risk for a respiratory complication.

**Boise 6 East Interprofessional Collaboration with Respiratory Therapy for Bariatric Patients**

Boise 6 East (6E) averages 20 bariatric surgery patients each week. Approximately 50% of the patients have a diagnosis of obstructive sleep apnea (OSA) and require the use of continuous positive airway pressure machines (CPAPs) or bilevel positive airway pressure (BiPAP) machines. Delay in setting up CPAP or BiPAP post-operatively can place patients at risk for respiratory compromise and potential transfer to a higher level of care. Transferring results in increased health care costs, decreased patient outcomes and decreased patient satisfaction.

Respiratory therapists (RTs) assist with machine set up and testing for bariatric patients on 6E; however, RT scheduling did not allow for 6E to have a dedicated RT, at times causing a delay in care to an already

**System Launches New Reference Tool for Nursing**

**Sentry**

Recognizing the need for an online, evidence-based procedural resource as a method for helping standardize practice across the Health System, St. Luke’s launched Elsevier Clinical Skills in April 2017. In preparation for the launch, nursing leaders, clinical nurse specialists, content experts and others compared content in hundreds of existing St. Luke’s policies to Clinical Skills. This work allowed for policies that were procedural-based to be retired. In addition, policies were edited to remove the clinical information now housed in Elsevier Clinical Skills, maintaining only true policy content. As of December 2017, 305 polices were retired and SLHS-specific content was added to 345 Clinical Skills. The work to streamline policy, protocol and skill content continues today.

A System Clinical Skills Oversight Committee, comprised of clinical nurse specialists and other stakeholders, was formed for the ongoing maintenance of Elsevier Clinical Skills. At a minimum, Elsevier reviews and updates Clinical Skills content annually. The SLHS Clinical Skills Oversight Committee meets monthly to review the updates from Elsevier to ensure changes in practice are communicated and implemented in a timely manner, when necessary. Thanks to the work of all involved with the launch and ongoing maintenance, clinical staff now have an always up-to-date resource to help deliver excellent patient care.
Exemplary Professional Practice

Patient Satisfaction (HCAHPS) Data

HCAHPS Nursing Sensitive Questions
Boise / Meridian

HCAHPS Nursing Sensitive Questions
Elmore

HCAHPS Nursing Sensitive Questions
Jerome

HCAHPS Nursing Sensitive Questions
Magic Valley

HCAHPS Nursing Sensitive Questions
McCall

HCAHPS Nursing Sensitive Questions
Wood River


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

System Nursing Research Council Promotes Traveling Poster Show Teaching About Research and Evidence-Based Practice

With the goal of expanding system-wide knowledge of St. Luke’s nursing research programs and related opportunities, the System Nursing Research Council (SNRC) developed a traveling poster show highlighting research, evidence-based practice (EBP) and quality improvement initiatives, and displayed it throughout the Health System. With the help of nurse educators and other partners, the show was placed on display over late spring and summer in 2017 at seven SLHS sites from Nampa to Wood River. More than 100 employees viewed the posters and completed a short quiz to receive continuing education contact hours. Several partnership posters were also part of the show to emphasize the importance of interdisciplinary collaboration. Opportunities, including the Nursing Research and EBP Fellowship program, the Operation Innovation: Writing Workshop, and membership on the SNRC were also highlighted. Consistent with project goals, more than 95% of attendees reported they had increased understanding of research activities around the system and its importance as related to their work caring for patients. Further, 100% reported they could use content from the poster show in their work and more than 90% said their interest in research activities and opportunities had increased after attending the show. Plans are underway for the 2018 show with goals of expanding it to more locations for even greater participation.

Vascular Access Team (VAT) Serves as Sentry in Boise and Meridian

A new service was launched in April 2017 at the Boise and Meridian hospitals to provide the opportunity for patients to have a peripherally-inserted central catheter (PICC) at the bedside. The VAT, a team consisting of RNs specifically hired and trained for the role, is the initial expert consultation for adult inpatients requiring a PICC and determination if placement can occur at the bedside. The VAT also places midlines and performs dressing changes for all VAT line placements, including dressing changes on patients who have been transferred to St. Luke’s Inpatient Rehabilitation.

Since the team placed their first line in April 2017, improvements have been measured in wait time from order to insertion and reduction in imaging costs to patients.

Anecdotally, staff and patients express gratitude for the decreased wait times and that the service is provided where they are. While operating seven days a week, the VAT hopes to expand staffing to cover after-hours needs, and to purchase a second device to prevent delays when two or more PICCS are ordered in a day.
New Knowledge, Innovations and Improvements

Classes for Pregnant Inmates
Caring through Collaboration

To provide better care for pregnant inmates and their newborns, St. Luke’s Boise’s women’s service line and the local correctional facility formed a stakeholder group to better understand the roles of the partners. Stakeholders analyzed the current care processes, policies and protocols to identify challenges and opportunities for improvement. Alignment tactics included comprehensive education to the Health System and the correctional facility, which covered sensitivity training, care approach strategies and obstetrical triage. It was recognized that pregnant inmates had limited knowledge of birth processes and anxiety related to birth, postpartum care and plan of care for the newborn, resulting in increased visits to the correctional health clinic and unnecessary transports to labor and delivery for labor checks. This initiated the launch of birth and parenting classes taught by women’s service RNs to pregnant inmates to empower them by building a strong parenting foundation and knowledge to prepare for labor and delivery.

Providing an infrastructure to support care during a stressful time in a woman’s life translated to a positive environment for pregnant inmates to gain understanding of prenatal changes in their bodies, maintain dignity during childbirth and allow time to be with infants in the hospital setting.

Boise Inpatient Rehabilitation Brown Bag Lecture Series
Nurses as Teachers

Tamra Geryk, BSN, MS, CHES, CHC, a Boise Inpatient Rehabilitation Unit RN, attended a conference in the spring of 2017 to learn about a cutting-edge model for improving health of patients and staff. The conference was an intensive training combining the functional medicine model, clinical nutrition and integrative nurse coaching to promote healthy lifestyle change for patients.

Giving back to her colleagues, Ms. Geryk was featured at the December 2017 Rehabilitation Brown Bag Lecture Series. She introduced the new paradigm in health promotion and disease prevention focused on identifying the root cause of illness, restoring balance and optimizing body system function. She reviewed functional medicine’s guiding principles, the seven common pathways of disease, and nutrition as the core modality within functional medicine practice. The presentation was received extraordinarily well with more than 30 engaged staff in attendance. Attendees were invited to participate in a month-long Institute for Functional Medicine dietary protocol to eliminate inflammatory foods to address underlying causes of symptoms. The information was so well received that 18 of the 32 in attendance opted to participate in the new protocol. The group asked many questions which Ms. Geryk answered until the lunch hour was over, prompting a request for a second presentation to be scheduled in 2018.
Outstanding Achievements

2017 Awards & Congratulations

Jody Acheson, BSN, MPH, RN, OCN, BMTCN, MSTI Boise’s BMT/Hematologic Malignancies Program Manager, received the 2017 Aspiring Leader Award from Nurse Leaders of Idaho.

Joan Agee, DNP, RN, CNOR, St. Luke’s Nampa CNO, received the Award of Excellence in Patient Care from the Idaho Hospital Association.

Bonnie Hollenbeck, MSN, MHA, RN, FACHE, VP Post-Acute Care, was selected as a 2017 Tribute to Women and Industry (TWIN) Honoree by the Women’s and Children’s Alliance.

Jill Howell, RN, St. Luke’s Jerome CNO, received the 2017 Lifetime Achievement Award from the Jerome Chamber of Commerce.

Debra Ketchum, BSN, MAOM, RN, RNC-MNN, C-EFM, Senior Director of Perinatal Programs, was recognized as a 2017 AWHONN Emerging Leader by the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN).

Valerie Leonard, MSN, RN, NEA-BC, Senior Director, Nursing/Patient Care, Magic Valley Medical, Surgical, CPU, OUIV, Admin Sups, received the 2017 Outstanding Leader Award from Nurse Leaders of Idaho.

Mary E. Nielsen, BSN, RN, JD, Cystic Fibrosis Nurse Coordinator at St Luke’s Cystic Fibrosis Center of Idaho, was selected by the Cystic Fibrosis Foundation to serve as a Nurse Coordinator Mentor to a nurse from UC Davis Cystic Fibrosis Center in Sacramento, CA.

Dawn Swick, BSN, RN, CCRN, Nursing Supervisor, Meridian ICU, received the 2017 Leader in Care Transitions Award from Nurse Leaders of Idaho.


Melissa Ward, MSN, RN, Program Manager for the Unique Families Program, received the “Changing Diapers, Changing Lives” Award from SLHS Women’s Service Line and the Idaho Diaper Bank.

Dixie Weber, MS, RN, Women’s Services Administrator, received a 2017 Congressional Coalition on Adoption Institute (CCAI) Angels in Adoption honorarium from Members of Congress & Congressional Coalition on Adoption Institute.

Gretchen Blackman, BSN, RN, PICU Nurse, Boise; Meghan Cardoza, BSN, RN, OCN, Nursing Supervisor, Interim Director of 4S, Medical/Surgical Oncology, Boise; Teresa Hall, BSN, MHA, RN, CEN, NEA-BC, Senior Director of Nursing/Patient Care, Nampa; Trish Heath, BSN, RN, CIC, Emergency Management Coordinator/Accreditation Specialist, Magic Valley; Jean Richardson, ADN, RN, Crisis Nurse, Clinical Support, Boise; and Shelly Warmack, MSN, RN, CEN, Nursing Manager, Emergency Department and Trauma Program Manager, Wood River, were recipients of the 2017 President’s Award from St. Luke’s Health System.

St. Luke’s Boise and St. Luke’s Meridian were each recognized with a 2017 Hope Award from the Pacific Northwest Transplant Bank.

St. Luke’s Health System received the 2017 IBOLC Care Award from the International Board of Lactation Consultant Examiners® and the International Lactation Consultant Association®.

St. Luke’s Milk Donation Center was recognized as 2017 Collection Center of the Year – Idaho during the 2017 Golden Milk Gala presented by Mountain West Mothers’ Milk Bank in Salt Lake City, UT.

2017 Registered Nurse Scholarship Recipients

Brown Funds
Kristen Anderson, BSN, RN, OCN
Christine Aragon, BSN, RN, RNC-NIC
Cindi Bennett, RN, MN, IBCLC
Rachel Elledge, BSN, RN
Heidi Hamlin, BSN, RN
Kaitlyn Johnson, BSN, RN, CMSN
Holly Lammer, BSN, RNC-OB, C-EFM
Jessica Nyce, BSN, RN
Amber Schwerr, ADN, RN
Ruth Trettler, BSN, RN
Vicki Wohlers, BSN, RN, RNC-NIC

Gilbertson Scholarship
Katie Ferguson, ADN, RN
Suzanne McReynolds, BSN, RN
Ashley Rose, BSN, RN, CMSRN

Leadership Scholarship
Kristi Alverson, ADN, RN
Marisa Lunghofer, BSN, RN, CPEN
Traci McGregor, BSN, RN, CEN, BC-NE

Magic Valley & Jerome Nursing Scholarship
Jessica Biggs, MSN, RN, RNC-EFM
Misty Ludlow, ADN, RN
Eric Miller, BSN, RN
Christiana Sipe, BSN, RN
Sandra Torrero, ADN, RN
Chanel Ward, RN

Margaret Fogg Scholarship presented by the St. Luke’s McCall Auxiliary
Debbie Nalder, MS, RN, CPAN

Nursing Scholarship
Megan Kitterman, BSN, RN
Gayle Matsumuro, BSN, RN
Jessica McQueary, BSN, RN
Sarah Sparks, NP-C

St. Luke’s Wood River Foundation Staff Education Scholarship
Shelly Abell, BSN, RN
Joan Anderson, RN
Katie Craig, ADN, RN
Jayne Elgee, MSN, RN
Kathleen Gouley, RN
Laurie Mallea, BSN, RN, CPAN, CHTP
Cara Nissen, MSN, RN, CJCJP
Mindy Smith, BSN, RN

Wright Scholarship
Debbie Mathouchan, ADN, RN
Outstanding Achievements

2017 System Nursing Excellence Award Winners

**Transformational Leadership**

**Dana Gulbranson**
**Spirit of Nursing**
**Outstanding Leader**

**Marsha Cantrell**, BSN, RN, ONC
Nursing Director, 5

**Kathleen Dow**, BSN, RN, CNOR, RNFA
Director, Nursing/Patient Care, MS/OB/Swing, Jerome

**Trish Heath**, BSN, RN, CIC
Emergency Management Coordinator/Accreditation Specialist, Magic Valley

**Becca Humphreys**, MSN, MBA, RN, ONC
Director, Ortho-Neuro Service Line, Boise

**Maggie Rogan**, BSN, RN, CMSRN
CSU, Boise, Meridian, all MSTI & ED sites

**Exemplary Professional Practice**

**Community**

**Jennifer Skyer**, BSN, RN, RN-BC
MSTI Radiation Oncology, Nampa & Boise

**Hospital**

**Jerilyn Briten**, ADN, RCIS
Cardiac Cath Lab, Boise

**LPN**

**Tara Carter**, LPN, Peri-Anesthesia, Magic Valley

**New Knowledge, Innovations & Improvements**

**Community**

**Hospital**

**LPN**

**Kate Olson**, BSN, RN, CPN, CPHON
Pediatrics, Boise

**2017 DAISY Award Recipients**

**Denise Barnes**, ADN, RN, OCN, Mountain States Tumor Institute (MSTI), Meridian

**Angina O’Connor**, BSN, RN, Operating Room Circulator, Boise

**Aimee Brooks**, NP, St. Luke’s Idaho Pulmonary Associates, Meridian

**Eric Gardiner**, BSN, RN, Neonatal Intensive Care Unit, Boise

**Beau Lee**, RN, 6 East, Boise

**Phoebe Uricchio**, BSN, RN, Labor and Delivery, Boise
Nursing Research & EBP Fellowship Projects, Publications and Presentations

2017-18 Nursing Research and EBP Fellows

Carissa Amick, BSH, RN and Ashlee Dean, BSN, RN; Mentored by Anna Rostock, BSN, RN
  Improving Staff Engagement through Authentic, Transformational Leadership Techniques

Darian Apollo, BSN, RN, CCRN; Ashleigh Conner, BSN, RN, CMSRN; and Jessica Emery, MSN/Ed, MHA, MBA, RN, NE-A, BC; Mentored by Susan Tavener, PhD, APMRN-CNS, AONC
  Enhancing Patient Safety through a Standardized Handover Process

Angie Bixby, BSN, RN, CEN; Meghan Caraballo, BSN, RN; and Traci McGregor, BSN, RN, CEN, BC-NE; Mentored by Cara Gallegos, PhD, RN
  Care of Mental Health Patients in the Emergency Department

Joy Erman, BSN, MS, RN, LPC; Mentored by Marty Downey, PhD, RN, AHN-BC, CHTP, CNE
  Guided Imagery: A Tool to Reduce Surgical Anxiety and Pain

Beth Hirst, MSN, RN, RNC-NIC, NEA-BC; Mentored by Kim Martz, PhD, RN
  Examining the Successes and Challenges of the Clinical Nurse Leader Role in Inpatient Nursing Units

Ryoko Pentecost, MN, RN, CCRC and Kristy Schmidt, MN, RN; Mentored by Jane Grassley, PhD, RN, IBCLC
  Screening for Substance Use during Pregnancy: Paracoidal Provider Barriers

Senior Fellows

Kristen Anderson, BSN, RN, OCN; Mentored by Marty Downey, MSN, PhD, RN, AHN-BC, CHTP, CNE
  Foot Reflexology and its Effect on Nausea and Pain for Adult Oncology Inpatients: Attacking Side Effects First

Katherine Callanan, PT, MS, GCS, CEEAA and Julie Carr, MSN, RN; Mentored by Julie Swanson, MN, OCN-NIC
  Staying Active after Stroke

2017 Publications

Joan Agee, DNP, RN, CNOR

Jenny Akderden, PhD, APMRN, CCRN, CCNS

Cindl F. Bennett, MN, RN, IBCLC and Jane S. Grassley, PhD, RN, IBCLC
Bridging the gap between hospital and home for breastfeeding late preterm infants. Paper presentation at the 2017 AWHONN Convention, June 24-28, 2017, New Orleans, LA.

Denise M. Carnacho, MSN, RN, MAOL
Building synergy with a “flipped” nurse residency. Poster presentation at the Creative Healthcare Management: International Relationship-Based Care Symposium, June 20-22, 2017, Minneapolis, MN.

Stacy Evans, MSN, RN, CMSRN, and Julie Swanson, MN, RN
Transforming clinicians into nurse professional development practitioners. Podium presentation at the Association for Nursing Professional Development Annual Convention, July 18-21, 2017, New Orleans, LA.

Debbie K. Ketchum, BSN, MAOM, RN, RNC-MNN, C-EMF and Jullya L. Miner, BSN, RN, RNC-OB, C-EMF, CPHQ

Cindy L. Koster, RN, BSN
High risk pregnancy nurse navigator – Filling the gaps. Poster presentation at the 2017 AWHONN Convention, June 24-28, 2017, New Orleans, LA.

Holly A. Lammer, BSN, RNC-OB, C-EMF
The creation of a successful mindfulness-based perinatal program. Poster presentation at the 2017 AWHONN Convention, June 24-28, 2017, New Orleans, LA.

Holly Lammer, BSN, RNC-OB, C-EMF and Kimberly Froehlich, MSN, RN
Integrative therapies in the inpatient hospital setting. Poster presentation at the 2017 AWHONN Convention, June 24-28, 2017, New Orleans, LA.

Lisa Mayerhofer, MSN, RN and Susan S. Tavernier, PhD, APRN-CNS, AOCN
Blood storage duration as a predictor of well-being and fatigue. Poster presentation at the Oncology Nursing Society 42nd Annual Congress, May 4-7, 2017, Denver, CO.

Mary E. Nielsen, BSN, RN, JD
Successful integration of complementary therapies. Session moderator at the National Cystic Fibrosis Conference, November 2-4, 2017, Indianapolis, IN.

Karen Patterson Stevens, MSN, RN, CEN
From “you’ve got mail” to iHealthsigns: Faculty relevancy in a 140 character world. Podium presentation at the 2017 AACN Research Leadership Network (RLN) Conference, January 19-20, 2017, Coronado, CA.

Dawn Swick, BSN, RN, CCRN
Best practices for obtaining palliative care referrals in the ICU. Poster presentation at the Western Institute of Nursing’s 50th Annual Communicating Nursing Research Conference, April 19-22, 2017, Denver, CO.
Utilizing simulations and TeamSTEPPS methodology, the Pediatric Intensive Care Unit (PICU) staff collaborated to eliminate gaps in the admission process of complex and critical patients. Key PICU staff, including RNs and respiratory therapists, worked together to identify team roles and tasks critical to the admission process. When each role had a name and all specific tasks to the role assigned, cue cards using different colors of paper were printed, laminated and collated. Using the role and task cue cards, the admission process was fine-tuned with practice through simulation. The final process was approved by the unit-based council and PICU intensivist.