System Nursing Annual Report 2019
Dear Nursing Colleagues, Patients, Families and Community Members,

I am pleased to share with you the 2019 St. Luke’s Nursing Annual Report, which reflects examples of outstanding accomplishments of St. Luke’s Health System nurses over the past year. Here are a few highlights.

St. Luke’s nurses are constantly finding new ways to close gaps to ensure safe environments or improve experiences for their patients. St. Luke’s Nampa staff continued to refine a unique family-care suite care model in the neonatal intensive care unit (NICU), which keeps the mother and newborn together in a suite to promote the “ultimate” healing environment. Air St. Luke’s nurse, Victor Quon, BSN, MBA, RN, CFRN, developed a plan to create and implement a safer staffing model that consisted of dedicated teams where staff were assigned to transport teams based on rigorous, validated competencies. This has led to improved team performance, engagement, and morale; positive feedback from various internal and external stakeholders; and several teammates qualifying for professional promotions.

Additionally, our nursing staff have a keen eye for ensuring quality and patient safety. St. Luke’s hospice clinical manager, Kendra Tietz, MSN, RN, identified gaps with the use of outside pharmacy vendors and was able to co-lead, with our pharmacy team, an improvement effort that resulted in an internal solution for all Treasure Valley and McCall hospice patients. St. Luke’s Wood River Emergency Department (ED) developed a “Speak Up” campaign, which improved the process of medication preparation and administration. This included developing specific education for staff members and tools that enhance the engagement of patient and family members in their specific care. Finally, the St. Luke’s Magic Valley Canyon View team implemented the utilization of an ICARE Hourly Rounding Tool, which enhanced the nurses’ assessment of any changes in a patient’s mental state.

Sometimes it is the simple, yet innovative ideas that extend that caring touch. Like our St. Luke’s Elmore ED nurse, Wendy Vandenburg, BSN, RN, who cleverly diverted children’s attention with stuffed animals while they were in the ED. The tactic worked so well, she was able to secure funding to continue the program with children who visit the ED in the future. Similarly, our St. Luke’s Magic Valley ED staff were able to keep the holiday spirit alive by providing gifts to a mother who presented to the ED with her two daughters alongside on Christmas Eve.

In addition to so many successes and improvements over the past year, our nurses have grown through shared governance care council participation and other professional development opportunities, such as the Professional Advancement through High-Performance and Skills program (PATHS). Through PATHS, Molly Gill, BSN, RN, created a program in St. Luke’s Wood River that ensures no patient will die alone, while Megan Planck, BSN, RN, OCN, created a program for St. Luke’s Cancer Institute to better prepare caregivers who manage Blood and Marrow Transplant patients upon discharge. Finally, Jen Smith, BSN, RN, of St. Luke’s Nampa, developed an interdisciplinary team rounding program in the telemetry unit to improve communication and planning, which decreases health care costs for the patient.

I am humbled and honored to serve such an extraordinary nursing and interdisciplinary team. Thank you for your unwavering commitment to serve our patients and communities.

Sincerely,

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

HEALTH SYSTEM NURSING STRATEGIC PLAN 2019-2020

Culture

Strengthen nursing leadership capability
• Assess development needs
• Involvement in professional nursing organizations
• Advance nurses into St. Luke’s succession program

Strengthen our relationship-based care (RBC) culture
• Incorporate RBC into our communications
• Celebrate RBC moments of excellence
• Embed RBC in nursing programs (orientation, recognition)

Promote professional development pathways
• Implement local shared governance within system structure
• Increase % of BSN prepared nurses
• Increase % of certified nurses
• Magnet redesignation for Treasure Valley
• Prepare/sustain for Magnet designation

Care Experience

Perfect leader rounding
• Implement a leader rounding playbook

Deliver excellent transition of care experience
• Align practices with transition of care strategies

Stewardship

Improve effectiveness by reducing turnover
• Enhance local staff recognition activities
• Implement resiliency program for nurses
• Implement standardized orientation processes
• Execute preceptor roles and responsibilities
• Include clinical nurses in strategies to retain nurses

Excel at financial stewardship
• Implement multi-year capital clinical equipment plan
• Improve documentation practices
• Align with system staffing guidelines
• Integration of system float pool into staffing plans

Quality, Safety & Outcomes

Excel in patient safety and quality
• Develop a patient education strategy and program
• Strengthen performance of nursing best practices
• Execute system policies and procedures

PROFESSIONAL PRACTICE MODEL

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ST. LUKE’S HEALTH SYSTEM
NURSING EXECUTIVE LEADERSHIP

Alicia Young, MSN, MBA, RN
Ambulatory CNO*

Jill Howell, BSN, RN
Jerome Associate CNO

Rene Pallotti, MSN, MBA, RN, NEA-BC
Meridian COO/CNO*

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

Teresa Hall, BSN, MHA, RN, CEN, NEA-BC
Boise Interim CNO*

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

Joan Agee, DNP, RN, CNOR
Nampa COO/CNO

Lisa Melchiorre, BSN, MBA, RN, NEA-BC
Elmore COO/CNO

Amber Green, MSN, RN
McCall COO/CNO

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

*Magnet site leader
Transformational Leadership

Nursing and Patient Care Center of Excellence Leads Systemwide Hospital Acquired Pressure Injury (HAPI) Prevalence Survey

In 2019, St. Luke’s Nursing and Patient Care Center of Excellence coordinated and executed the first systemwide hospital acquired pressure injury (HAPI) prevalence survey. Held quarterly, the three-day survey led by nurses helps identify pressure injury prevalence by examining a selection of hospitalized patients. Findings from the survey allow St. Luke’s to benchmark at the national level, and more importantly, allows clinicians to engage in continuous performance improvement to influence patient outcomes. Specially selected nurse surveyors who participate in the study also serve as champions for pressure injury reduction for their respective units and are eligible to receive Continuing Nursing Education credits for completing specialized training.

Prior to 2019, only Boise, Meridian, Magic Valley and Nampa hospitals participated in the HAPI survey. Recognizing that focus on nursing sensitive quality indicators such as HAPI rates should be systemwide, St. Luke’s leadership committed to including all St. Luke’s hospitals in the survey. In this spirit, Center of Excellence leaders, including Dr. Teresa Stanfill, DNP, RN, NEA-BC, RNC-OB; Erica Yager, MSN, RN, NEA-BC; Anna Quon, BSN, MBA HM, RN; and Kandace Turner, BSN, RN, NE-BC, RNC-MNN, designed, planned, implemented and sustained execution of the survey across the health system. In May 2019, St. Luke’s Jerome and St. Luke’s Wood River executed their first survey, and in September 2019 the first systemwide survey occurred when St. Luke’s Elmore and St. Luke’s McCall participated.

The new systemwide process required rigorous planning, thoughtful use of resources, streamlined communication cascades, partnership with the Clinical Support Units and Wound Care teams, development of standardized training and tracking tools, enhanced patient data security and governance, and use of targeted surveyor recruitment and retention strategies.

Study results are now shared with unit managers and directors, senior nurse leaders, chief nursing officers and members of the Magnet Community of Practice and Nursing Community of Practice. In addition, a new HAPI dashboard and playbook are in development to assist leaders in measuring performance and identifying opportunities. In 2020, Turner and Quon will be completing a comprehensive evidence review to identify best practices in recognizing and documenting pressure injuries, further highlighting the commitment to provide the highest quality care to the patients St. Luke’s serves.


On the cover: Magic Valley nurse Carrie Costa, BSN, RN performs a pressure injury examination for the HAPI prevalence survey.
Transformational Leadership

The HAPI prevalence survey is only possible because a dedicated group of nurses committed to learning and participating in the process, coordinated and supported by the Nursing and Patient Care Center of Excellence. From left to right: Julie Belin, BSN, RN, CMSRN; Kaela Stromberg, ADN, RN; Elsa McLeod, BSN, RN; Curt Willis, BSN, RN; Chelsea Morris, BSN, RN; Anna Quon, BSN, MBA HM, RN; Kathy Sparks, ADN, RN; Carrie Costa, BSN, RN; Kelsie Hopkins, AND, RN; Amy Smith, BSN, RN, CMSRN; Alicia Stokes, BSN, RN; and Kandace Turner, BSN, RN; and Kandace Turner, BSN, RN, NE-BC, RNC-MNN.

St. Luke’s Elmore Adoption of HAPI Survey Process Teaches Nurses Additional Skills

Chrissy Mason, BSN, RN; Katrina Southworth, BSN, RN; and Rebekkah Nichols, ADN, RN, are supporting St. Luke’s Elmore as skin care nurses by completing the HAPI survey training. St. Luke’s Elmore recognized a need for wound and skin care for their patients, and the HAPI training is just a starting point for these nurses. Leaders are supporting additional training that will continue over the next two years, proving the nurses the skills and knowledge to become certified in wound and skin care.

“I am excited about all the positive changes that have been made at Elmore, especially regarding wound care,” Southworth said. “In the past few years, we have obtained a tablet for photographing wounds as well as received training on staging and documenting wounds. I was asked to be a part of the HAPI Survey here at Elmore and received training through our national vendor. I was also asked if I would be interested in becoming wound care certified. I am excited to begin the learning pathway to achieve this goal. I believe there is a great need and look forward the serving our community.”

Nampa RNs Celeste Benedict, BSN, RN (left) and Mallory Lemieux, BSN, RN after participating in a pressure injury survey.
Transformational Leadership

Magnet Conference 2019 – Caring for Self and Colleagues through Shared Learning Experience

St. Luke’s attendees at the Magnet Awards and Celebration session, celebrating nursing excellence and Magnet organizations that were designated or re-designated during the past year.

The annual Magnet conference was held October 10-12 in Orlando, Florida. St. Luke’s Health System was able to send 21 nurses in preparation for the Treasure Valley’s (Boise and Meridian hospitals and ambulatory) drive for a 5th Magnet designation and to guide other sites across the system on their Magnet journey. The conference featured dynamic keynote speakers including American Nurses Association (ANA) President Ernest Grant, PhD, RN, FAAN, who announced the exciting news that in honor of the 200th anniversary of the birth of Florence Nightingale, the World Health Assembly officially designated 2020 “Year of the Nurse and Midwife.”

The conference featured selected poster presentations for attendees to learn about innovative programs and approaches to nursing and health care, including two posters from St. Luke’s. Diana Meyer, DNP, RN, NEA-BC, FAEN and Laura Tivis, PhD, CRRP, from St. Luke’s Nursing and Patient Care Center of Excellence, were selected to present a poster celebrating the creation and ongoing success of the Center, which was originally known as the Center for Nursing Excellence. Denise Camacho, MSN, MAOL, RN and Christiana Sipe, MSN, RN, NEA-BC presented a poster about St. Luke’s new graduate nurse residency program’s successful incorporation of a flipped classroom approach.

Members of the Nursing and Patient Care Center of Excellence, from left to right: Teresa Stanfill, DNP, RN, NEA-BC, RNC-OB; Julie Swanson, MN, RN, NEA-BC; Diana Meyer, DNP, RN, NEA-BC, FAEN; Laura Tivis, PhD, CRRP; Kristin Moore, MPH; and Robyn Beall, MSN, RN, NE-BC, with the poster Drs. Meyer and Tivis presented.

Christiana Sipe, MSN, RN, NEA-BC (left) and Denise Camacho, MSN, MAOL, RN (center, in red) talk with conference attendees during their poster session.

Throughout the three days, more than 80 concurrent sessions were offered. Session topics were divided into the key components of the Magnet model: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovations, and Improvements. The combined Magnet conference experience with keynote speakers, poster presentation and concurrent sessions provided the opportunity for the St. Luke’s team to learn how other Magnet facilities from all over the world are elevating nursing practice and celebrating excellent outcomes.
Structural Empowerment

Air St. Luke’s Implements Enhanced Staffing Model – Guides Team to Improved Performance

The profession of a flight nurse is notably riskier than most traditional nursing roles, mainly due to environmental and situational factors. At Air St. Luke’s, safety is at the forefront of operations. Although it’s impossible to eliminate all risks, Air St. Luke’s nursing staff consistently recognize safety issues for both patients and staff. A strong focus on these issues helps ensure the team comes home to their families at the end of the day.

In Spring 2019, Victor Quon, BSN, MBA, RN, CFRN, began exploring safety concerns related to the team’s staffing model. After collecting information and feedback from staff, leadership, emergency medical services (EMS) colleagues, and other internal and external stakeholders, Quon developed a plan to create and implement a safer staffing model. The model centers on the concept of dedicated teams where staff are assigned to transport teams based on rigorous, validated competencies. By systematically evaluating the various strengths, knowledge and technical skills of individual staff, a collaborative interdisciplinary group makes recommendations on team assignments matched to skill level. Objective data and documented feedback ensure that bias and subjectivity are virtually eliminated.

Since implementation, positive outcomes include improved team performance, engagement and morale, positive feedback from various internal and external stakeholders, and several teammates qualifying for in-line promotions. The team’s response times are faster, on-scene times are shorter and call volumes have dramatically increased.

Elmore Emergency Department Provides Healing Environment for Pediatric Patients

St. Luke’s Elmore emergency department (ED) nurse Wendy Vandenburgh, BSN, RN, identified a need for the pediatric population. Children come to the ED in a time of crisis. It’s an unfamiliar place that can be scary for children and their parents. This fear can lead to ineffective coping, which may manifest as crying, screaming, defiance, combativeness, tantrums or aggression. To mitigate these behaviors, Vandenburgh thought diversion techniques may be helpful to calm the child, parents and situation. The nursing staff has always tried talking calmly, lowering lighting and asking parents for assistance; however, there was often still a gap in getting the child to be calm for further assessment or a procedure.

Vandenburgh tried using stuffed animals and small handheld toys to distract the child and secondarily build trust. She has had great success, and it is now the standard for each child to get a toy when coming to the ED. Vandenburgh was able to secure a grant to help fund the toys. All health care providers can recall caring for a child who was completely overwhelmed by the ED experience. These toys allow children to fidget and focus on something else. After a few minutes, a child is calm, smiling and playing with the toy, giving staff a window of opportunity to provide necessary care. De-escalating the situation with diversion tactics has greatly improved the care and experience for Elmore’s tiniest patients.
Structural Empowerment

Clockwise from left: Jenni Richardson, CNA; Lacey Johnson, BSN, RN; Maggie Howell, ADN, RN; Lisa Alford, BSN, RN; Kristi Martinez, BSN, RN, Assistant Nurse Manager; and Mary Branscombe, BSN, RN (on gurney), learning how to apply a pelvic binder.

Meridian Emergency Department Collaboration Leads to Level IV Trauma Designation

St. Luke’s Meridian achieved a Level IV Time Sensitive Emergency Trauma Designation by improving the overall trauma care experience in the emergency department (ED). Becoming a Trauma Center means following stringent criteria and being equipped to provide advanced trauma life support. The Meridian ED nurses have gone above and beyond to make sure the community is getting the best care possible.

From the beginning, nursing collaborated to identify a critical room and determined what supplies/equipment would be needed to provide immediate care. Nursing also worked with ancillary departments to decide where items would be located and how the area would be prepared to ensure team readiness. Nursing adopted and implemented new documentation for trauma within the electronic health record, which is unique because many facilities still document on paper due to the fast-paced care of traumas. Trauma triage guidelines were also created in order to better identify who may require this trauma team approach.

All emergency nurses completed Trauma Nursing Core Course (TNCC), a nationally recognized two-day class certification through the Emergency Nurses Association. It teaches a systematic and efficient way to assess and care for trauma patients. Nurses are required to maintain this four-year certification moving forward. They also attended multiple scheduled department trauma classes that emphasized the importance of readiness along with surprise mock scenarios.

“Having the trauma certification class alone has made a big difference in my nursing career,” Meridian ED nurse Crystal Davis, BSN, RN, said. “I have seen such an improvement since the beginning of this process. With everyone on the same page, we are even better at what we do.”
Structural Empowerment

Nampa Medical/Surgical Unit Teaches Nursing Students on Designated Education Unit

Northwest Nazarene University (NNU) and St. Luke’s Nampa collaborated to create a Designated Education Unit (DEU) in 2018. The purpose of the DEU is to create continuity and consistency for both preceptors and students and to improve the quality of the learning environment. Utilizing the University of Portland’s DEU Model and features from NNU’s current clinical model, Nampa nursing leadership including Kayla Ingram, BSN, RN, NE-BC, Manager of Med/Surg, Transportation and Volunteers; Joan Agee, DNP, RN, CNOR, FACHE, CNO/ COO; and Lauren Boyd, BSN, RN, NPD-BC, CMSRN, Clinical Educator, collaborated with NNU to create a unique DEU model.

Upon initiation, the DEU pilot began with a cohort of senior nursing students. Selected by leadership and functioning under the guidance of clinical educator Boyd; preceptors Rachel Hilderbrand, BSN, RN, CMSRN; Lynette Hyde, BSN, RN; and Kate Kircher, BSN, RN, CMSRN, received adjunct faculty training to support their understanding of student needs and increase knowledge of program expectations. The responsibilities of the preceptor were similar to an adjunct clinical instructor.

The pilot was a tremendous success, gauged by preceptor and faculty feedback, student experience and recruitment. Students stated “You have all been so wonderful. Thank you for all of the education. This has truly prepared me for my nursing start.” Based on the success of the pilot, the DEU was expanded to seniors and juniors in the fall of 2019. This required adjunct training for additional preceptors (Ben Bockelman, BSN, RN; Jennifer Hainer, BSN, RN; Claudia Ramirez, BSN, RN; Regan Kiehne, ADN, RN; and Cory Hoover, BSN, RN) and doubled the number of students.

Because of the demonstrated partnership with NNU and success of the DEU, St. Luke’s received NNU’s highest honor—the Eugene Emerson Award. The award recognizes and honors individuals and organizations that are committed to partnering together to create a strong unity for the community.

Cy Gearhard, MN, RN, NEA-BC, St. Luke’s Vice President, Patient Care Services/System Chief Nursing Officer, and Joan Agee, St. Luke’s Nampa COO/CNO receive the Eugene Emerson Award in September 2019.

Nampa DEU preceptors with the Eugene Emerson Award, from left to right: Lynette Hyde, BSN, RN; Ben Bockelman, BSN, RN; Rachel Hilderbrand, BSN, RN, CMSRN; Jennifer Hainer, BSN, RN; Regan Kiehne, ADN, RN; and Lauren Boyd, BSN, RN, NPD-BC, CMSRN.
Structural Empowerment

Magic Valley Emergency Department Provides Healing Experience for Family on Christmas

On Christmas Eve 2019, a young mother presented to St. Luke’s Magic Valley Emergency Department (ED) with a chronic abdominal issue. She had her two daughters with her. The girls tried hard to stay out of the way while the ED staff quickly worked to care for their mother. As the ED team ruled out an emergency condition, the visit transitioned into a long wait of processing and determining the best disposition for the mother.

Mary “Murri” Locascio, Certified Nursing Assistant, attempted to engage the girls and provide them with juices and distractions. While waiting on the determination of their mother’s condition and rounding on the patient, the younger of the children was overheard by Christina Bates, BSN, RN, saying “I hope we’re home on time so Santa won’t forget us.” The older sister replied, “It really doesn’t matter.”

Bates and her husband volunteer for the East End Providers of Kimberly, Idaho, a nonprofit organization that works year-round to provide families in need with clothing, food boxes and toys. They decided to try to organize something to brighten the girls’ spirits. Elizabeth Spence, ADN, RN, overheard the idea. Her mother works with another nonprofit, Toys for Tots. At that point, the magic of the Christmas season took effect.

As the family was being discharged home, they walked past a desk topped with an avalanche of goodies. They were in shock as staff told them they could have the gifts. The girls carefully looked over the collection and each selected a coat. They had not arrived with coats despite the frozen night air. They tried to leave with only the coats. As Bates and Spence continued to explain that they didn’t have to choose just one, but that all the gifts were for them, the girls became overwhelmed with joy! New socks, underwear, clothing and toys were soon scooped up in excited arms.

Locascio used the opportunity to foster a relationship with Toys for Tots, and working together arranged for repeated donations to the ED. Along with St. Luke’s Magic Valley Foundation funds the ED raises annually for a Toy Treasure Chest, Locascio now restocks the chest regularly, so there are always toys and games available throughout the year for children visiting the ED.
Patients arriving at St. Luke’s Meridian with a blocked cerebral artery can now have the clot removed by skilled physicians in a state-of-the-art interventional suite. The suite, which opened October 1, 2019, includes a neurointerventional biplane that allows physicians to remove blood clots without surgery.

St. Luke’s Meridian has the busiest emergency department in Idaho and is set in a community that expects to grow by 17% in the next five years. Building an interventional program at the Meridian hospital was a response to the community’s need and a logical next step in improving stroke care in Southwest Idaho. The expansion also aligns with St. Luke’s goal to “keep patients closer to home.” The expansion is the result of a unique collaboration between Interventional Cardiology’s Nate Green, MD and Neurointervention’s John Perl, MD.

Key nursing leaders also supported the effort, including Telemetry Director of Nursing and Patient Care Deb Rio, MSN, RN, CCRN-K, NEA-BC; ICU Manager of Nursing and Patient Care Susie Blake, BSN, RN; and Telemetry Manager of Nursing and Patient Care Charlotte Vorhies, BSN, RN. Early on, nursing leaders worked with the Stroke Program Manager and the project team to identify potential risks. There was a strong effort to understand the current state and how the addition of the biplane would change room availability, staffing availability and workflow. The combined work at Boise and Meridian with nursing leadership, nursing staff, imaging leadership and interventional radiology technicians (IR techs) highlighted a variety of risks that were mitigated by building an action plan.

In anticipation of the opening, Meridian nurses participated in educational events and simulation training, tested workflows and expanded their knowledge. Select nursing and IR tech staff were taken through these simulations where they were able to ask questions and provide feedback. The input from staff helped define the final workflow. Medical imaging nurses say they’re excited to assist in this lifesaving intervention, and ICU and telemetry nurses stand ready to provide post-procedure care.
Structural Empowerment

St. Luke’s Children’s Hospital Leads the Way with Idaho’s First Pediatric Trauma Program

In April 2019, St. Luke’s Children’s Hospital in Boise opened its doors to Idaho’s only Pediatric Trauma Program. Prior to this, Idaho only had adult trauma centers, resulting in emergency pediatric trauma care being provided in adult-focused trauma centers. After the initial stabilization and resuscitation phase of care, pediatric patients would be transferred to a children’s hospital for definitive care. With St. Luke’s Children’s Hospital accepting pediatric trauma patients through the emergency department (ED), injured children no longer must undergo transfer to a second facility and can receive the definitive care they need by teams of highly trained pediatric specialists.

Although the staff have always cared for trauma patients, either through the front door of the ED or as an inpatient transfer, additional focused and extensive trauma education and training was provided to all members of the Pediatric Trauma Team to ensure evidence-based best practice was utilized to treat this patient population. Nurses completed more than 3,500 hours of didactic readings, skills training and simulations specific to pediatric trauma. The focus of the simulations was “worst case possible” trauma scenarios, and were completed collaboratively with all members of the trauma team: Air St. Luke’s, pediatric trauma surgeons, pediatric neurosurgeons, ED physicians, pediatric intensive care physicians, nurses, pharmacists, respiratory therapists, child life specialists and spiritual care providers. All this training prepared the St. Luke’s Children’s Hospital Pediatric Trauma Team to provide the best care possible for critically injured pediatric trauma patients.

Care for a pediatric trauma patient expands across many departments. Nurses from the ED, OR and PICU respond to the trauma bay to provide care for the acutely injured child and facilitate a smooth process for admission. Relationships among the departments have been strengthened to provide comprehensive care and improved patient outcomes and experiences across the continuum of care.

Since April, St. Luke’s Children’s Hospital has treated some of the most critically injured pediatric trauma patients, but with enhanced standardized training and care from dedicated staff, the outcomes have been optimized for this vulnerable population.
Exemplary Professional Practice

**St. Luke’s Critical Access Hospitals Teach Nurses Expanded Skills to Care for Obstetrical Patients**

It is crucial in St. Luke’s critical access hospitals that teams are prepared to provide specialized care for obstetrical (OB) patients, especially during low volume/high risk OB emergencies. St. Luke’s Jerome and St. Luke’s McCall implemented focused training for nurses and staff to grow their skills to provide the best care possible for OB patients in their own community. The training was made possible through collaboration with St. Luke’s tertiary hospitals and system support.


In Fall 2018, the decision was made to begin supporting St. Luke’s Jerome with educators from St. Luke’s Magic Valley who focused on specialty areas. The first area to begin the journey was labor and delivery (L&D) and postpartum with support from Jessica Biggs, MSN, RN, C-EFM, Clinical Educator.

The staff’s passion, commitment and flexibility during this process facilitated changes that will impact patients well into the future. Jerome’s leadership made the commitment to provide two L&D trained staff each shift. Initially this seemed a lofty goal, but with continued perseverance and creativity, it’s being achieved, in large part because of the collaboration between leadership from Jerome and Magic Valley to provide comprehensive training and competency validation in L&D and postpartum care.

During 2019, 30% of the Jerome staff received focused training in L&D and postpartum/newborn care. As a result of the training and the addition of L&D nurses to each shift, staff are experiencing an increase in confidence and support and are proud to be able to care for patients in their own community.

**St. Luke’s McCall Focused Teaching on High-Risk Obstetrical Emergencies**

Due to the remoteness and distance to tertiary care, McCall physicians are diligent in referring known high-risk OB patients to Maternal Fetal Medicine. Despite this commitment, there are unforeseen or unpreventable circumstances in which the McCall team is tasked with recognizing emergencies and delivering the necessary interventions in a timely manner to ensure quality patient outcomes. There have been great strides in OB emergency readiness over the past few years, and much of this is attributed to the collaboration that occurred within the original system Women’s Service Line and, most recently, the population health model.

Multiple initiatives and population health collaborations helped the team in McCall prepare for low volume/high risk OB emergencies including education modules, simulations and training opportunities for employees in sister hospitals. Additionally, St. Luke’s McCall has benefited from the added support and collaboration of the Virtual Perinatal Mentoring Program. Both onboarding and experienced McCall nurses and respiratory therapists have recently participated in rotations in both the NICU and L&D unit in Boise. This has provided exposure to high-risk situations and the ability to sharpen infrequently used assessment and clinical skills, ensuring the McCall team is ready when their patients need them most.
Exemplary Professional Practice

Nurses Gain Leadership Skills and Engage in Meaningful Work Through PATHS

Professional Advancement Through High-performance and Skill (PATHS), St. Luke’s professional development program, continues to promote empowerment and engagement in nurses. Participants are achieving both their professional and project goals. Several participants have returned to school to advance their degree, some have obtained certification in their practice area and others have received promotions into leadership positions. In 2019, we celebrated the success of moving a project to system implementation, bringing the positive outcomes to even more patients. Over the course of the year, 10 participants were awarded a bonus of up to $5,000 for the effort, quality and outcomes of their completed project.

Three nurses currently participating in the program include Molly Gill, BSN, RN; Megan Planck, BSN, RN, OCN; and Jen Smith, BSN, RN.

No One Dies Alone is being led by Molly Gill, BSN, RN, from the Emergency Department at St. Luke’s Wood River. Gill recognized a need to support patients, families and staff during the end of life. With the endorsement and support of her leader, she undertook a search for evidence to identify a way to make this transition a better experience for all involved and discovered the No One Dies Alone program. In Gill’s words, “One of an end-of-life patient’s and their family’s biggest fears is the patient dying alone. The No One Dies Alone program and variations of this program give patients, families and nurses the peace of mind that someone will be with the patient when they take their last breath.” Gill has secured funds from St. Luke’s Wood River Foundation and support from the hospital’s volunteer department to implement the program at St. Luke’s Wood River. She is currently leading this effort, which involves organizing the volunteers and providing them with the structured training designed by the No One Dies Alone program. Gill plans to report out on her project outcome measures in April 2020.

Megan Planck, BSN, RN, OCN discusses discharge plans with a caregiver.

Caregiver Involvement in the Adult Blood and Marrow Transplant (BMT) Discharge Process is being led by Megan Planck, BSN, RN, OCN, from the BMT and Hematologic Malignancies Program at St. Luke’s Cancer Institute in Boise. The goal for this project is to better prepare the caregivers who are managing the complex needs of BMT patients upon discharge from the hospital. Planck recognized a need to better prepare caregivers in fulfilling their role because she was witnessing the challenges they were facing in caring for the patient and managing their complex medication needs at home. She collaborated with a team of clinical leaders, social workers and staff to address this concern.
Exemplary Professional Practice

Upon completing a thorough search for evidence on the best ways in which to prepare caregivers, she identified the need for formal instruction. Planck worked with her colleagues to implement a class for caregivers of BMT patients. She shares this about her experience in PATHS: “When I first started my project, I was surprised by how much was required before being able to implement. Following the steps set out in PATHS and doing things in order has really shown to be positive for my project. It allowed me to change my initial idea and instead implement change in a way that is supported by evidence and will be more beneficial for our patients.”

inspired to expand her project to multiple units at the Nampa hospital. She is leading this project by engaging a large group of stakeholders including physicians, nurses, case managers and others in collaborating to round on all patients using a specific process. Smith conducted a thorough search of evidence to identify the key components of a successful bedside rounding process. She then worked to draw together the best recommendations to design a process that is a good fit for Nampa. When asked why she wanted to expand her PATHS project to additional units, Smith stated, “Patient-centered rounding allows for the patient and their family to have input into the care plan. When the entire team rounds with the patient, it prevents miscommunication and allows for the team to come up with a plan that the patient agrees on, which in turn decreases health care costs.” Smith is currently implementing this project and looks forward to measuring improvements over the next several months.

Jen Smith, BSN, RN, participates in interdisciplinary patient rounds on the Nampa Telemetry unit.

Patient-Centered Interdisciplinary Team Rounding is being led by Jen Smith, BSN, RN, from the Telemetry Unit at St. Luke’s Nampa. When the medical team rounds together, patients on the Telemetry unit experience improved outcomes and nurses experience improved satisfaction. Smith discovered this when she completed a PATHS project in her home unit and was
Exemplary Professional Practice

Boise 7 East Collaboration Improves Patient Outcomes Through Prevention of C. diff

BMC 7E Rate of Hospital Onset Clostridioides difficile (C. diff) per 10,000 Patient Days

At the end of 2018, St. Luke’s Boise 7 East had an increase in the rate of hospital onset (HO) Clostridioides difficile (C. diff). Boise 7 East C. diff champion April Adamson, BSN, RN, supported by manager Liz Jorgensen, MSN, RN, completed a deep-dive investigation to determine a possible root cause for each HO C. diff case. Through collaboration with the unit-based Care Council and infection preventionist Jessi Bond, MPH, CIC, MLS(ASCP), CPH, several opportunities for improvement were identified including unit cleanliness, use of personal protective equipment (PPE) and testing patients within the appropriate timeframe.

Working with Environmental Services, a section of rooms that was identified as a potential source for cross contamination underwent an intense cleaning. In unit staff meetings, information on C. diff transmission and prevention was reviewed for all clinicians. Staff were given the opportunity to practice donning and doffing PPE during meetings and one-on-one coaching sessions. Additionally, the unit focused on education to clinical nurses on C. diff testing criteria. A “C. diff Testing Station” was developed for staff to procure supplies, review stool sample expectations and review inclusions/exclusions for testing. Adamson also recommended an enhancement to ensure a screening question on patient status regarding diarrheal stools was built into the electronic health record admission navigator. These interventions resulted in more knowledgeable clinicians and appropriate testing, which allowed for the timely differentiation of community acquired and HO C. diff. This collaborative effort on Boise 7 East improved safety for staff and patients by decreasing HO C. diff cases by 80%.
Exemplary Professional Practice

St. Luke’s Clinic – Lifestyle Medicine Meridian Interdisciplinary Team Serve as Sentry by Improving Fall Prevention Practices

Jana Feldman, BSN, RN, BC-NPD, CCRP, St. Luke’s Clinic – Lifestyle Medicine Clinical Educator, had the opportunity to collaborate with leadership to identify staff education and competencies for 2019. A review of the reports submitted through MIDAS (software St. Luke’s uses to report and track management of safety and patient relations events) showed the clinic had an increase in falls compared to the previous year. Based on the data, it was decided to focus on fall prevention as a competency and determine education needs. Feldman pulled together a team of experts to assess current practice, determine evidenced-base practice and agree on strategies to deploy. The team consisted of Feldman; Kameron Barnett, Occupational Therapist and content expert; Jennifer Wilson, Physical Therapist; Preston Martin, Physical Therapist; and Josh Baker, Manager.

At the time of assessment, practices consisted of a basic assessment on intake, including fall history, timed get-up-and-go, gait evaluation and exercise testing. After reviewing the current recommendations and practice, the team decided to incorporate the Centers for Disease Control and Prevention (CDC) recommendations called STEADI tools for older adult fall prevention. The STEADI questionnaire and patient education from the CDC was implemented to include a more detailed assessment of fall risk on intake, as well as patient education and involvement when developing an individualized fall prevention plan. The team also determined a detailed reassessment was warranted and developed a process to incorporate fall risk assessments every 30 days.

The team deployed education to all Lifestyle Medicine clinics, followed by staff competency evaluation, and documentation review every six months. As a result of the collaborative interdisciplinary team approach, there was a 27% fall reduction at the Meridian clinic.
Exemplary Professional Practice

Wood River Emergency Department “Speak Up” Campaign to Improve Medication Safety

St. Luke’s Wood River Emergency Department (ED) recognized an opportunity to improve medication safety. Sheridan Jones, BSN, RN, OCN, applied for and was selected to participate in a Professional Advancement Through High-performance and Skill (PATHS) project to address medication safety, a multifaceted process that involves many players, including nursing staff, patients, physicians and others.

The ED can be a busy place, with nurses caring for multiple patients and administering several medications throughout a shift. Given the busy nature of the ED, interruptions are common and can impact the safety of patients, especially during the medication preparation and administration process. During the exploratory phase of this project, which included an extensive literature search, Jones found a significant number of interruptions, an inconsistent nursing medication administration process, and a lack of patient participation during medication procedures, all of which warranted further investigation and the need for a process improvement to ensure safe, quality, patient-centered care.

The interventions the Wood River ED has implemented to improve this process and create a safer culture are three-fold. First, education was provided to all staff members, including nurses, physicians and ancillary staff, on the medication preparation and administration process. The need to mitigate interruptions that can contribute to medication errors, including near misses and good catches, was discussed. Second, a tool for nurses to use during the medication preparation and administration process, the “hold please” tool, was implemented to allow the nurse to be mindful and present during this process. Third, the “Speak Up” campaign tool was introduced as an additional layer to actively engage ED staff members, patients and family members to participate in their care. The Speak Up campaign openly invites patients and family members to ask questions and speak up during their visits in the ED.

Through education and implementing these interventions, Jones and the Wood River ED team hope to prevent medication errors, empower nurses during the medication preparation and administration processes, expand staff’s mindfulness at the bedside, increase staff awareness on the impacts of interrupting this process, create a blame-free culture, and engage patients and family members to be active participants in their care.
New Knowledge, Innovations and Improvements

St. Luke’s Magic Valley Canyon View Implements Healing, Patient-Centered Care Model

A practice change was implemented on the inpatient unit at St. Luke’s Canyon View Behavioral Health Services to improve the culture of safety and patient satisfaction. The Recovery Model for Milieu Management (RMMM) project began in October 2019. The RMMM is an evidence-based practice model for patient-centered delivery of care. This guideline directs the process of care into the recovery model, including multiple principles that emphasize hope with a strong belief that people with mental illness can regain a meaningful life, despite persistent symptoms.

Within this framework, the nurse-patient interactions utilize an “ICARE” hourly rounding tool, which is essential to patient-centered care in the psychiatric inpatient milieu management. This ICARE tool helps the nurse always be aware of the patient’s mental state for their individual safety and the safety of others.

The ICARE hourly rounding tool includes:

- **Introductions** – Nurses build rapport with their patients at the beginning of the shift.
- **Caring attributes** – Nurse/patient-centered interactions and compassion are the focus.
- **Assessment** – Done throughout the shift for thoughts of self-harm and depression, for increased engagement with patients and to give them a sense of the safe and stable environment they’re in.
- **Reassurance** – Contributes to a positive patient relationship and improved patient outcome.
- **Environment** – Nurses are mindful of the environment during each rounding interval to ensure it’s safe and patient needs are being met.

It is imperative for nurses to be present in the environment to implement a proactive plan for treatment and behavioral management of patients, rather than being reactive to the environment of care. With this in mind, workstations on wheels (WOWs) were implemented to embed nurses in the milieu, increasing visibility and presence of staff, meeting the essential goal for RMMM. In addition, the WOWs enhance the efficiency of nursing staff, providing a mobile work surface that allows for point of care services. Implementation of the new model has increased the interaction between nurses and patients, improving relationship building and enhancing patient-centered care.

*Kelly Ford, ADN, RN, using the new WOW on the unit.*
New Knowledge, Innovations and Improvements

St. Luke’s Library – Partners in Evidence-Based Practice

The St. Luke’s library is making rapid progress toward realizing their vision of meeting St. Luke’s information needs proactively, creating streamlined experiences for and building strong relationships with users. The library’s goal is to partner with nurses and all staff to increase evidence-based practice at St. Luke’s. In 2019, the library did this by:

- Performing 527 in-depth, librarian-mediated literature searches.
- Delivering 6,208 full-text articles.
- Providing platforms for staff to find the evidence they need—in 2019 alone, there were 80,238 searches and 59,584 full-text downloads at St. Luke’s.

That’s a lot of published evidence being reviewed!

Regular use of information to define practice and support patient care decisions is clearly the norm at St. Luke’s. In 2019, St. Luke’s library laid the groundwork for new initiatives by launching several user-focused platforms, which will allow for continued improvements in 2020. New projects will include:

- Support for online journal clubs.
- An evidence-table repository developed in partnership with the Nursing and Patient Care Center of Excellence.
- Piloting the feasibility of an embedded librarian in a project team.

“Thank you so much for the incredible turnaround time on our literature review requests! Excellent demonstration of the core value of excellence, and the results you produced were spot on! The project team was able to have a much more robust dialogue today as we were able to reference evidence-based best practices. Thank you, thank you, thank you!”

– St. Luke’s staff feedback after receiving their librarian-mediated literature search results

The library’s resources and services are continually expanding to meet St. Luke’s information needs, and the librarians look forward to continuing to partner with staff on these and future projects.
New Knowledge, Innovations and Improvements

St. Luke’s Nampa Creates a Healing Environment with Unique Family Care Suite Model

Amanda Erickson, BSN, RNC-MNN, and Amber Weber, MSN-Ed, BSN, RNC-NIC, RN-BC, had the opportunity to showcase St. Luke’s Nampa’s unique Family Care Suite (FCS) Model at a conference in Atlanta, Georgia, in June 2019. The labor and delivery, recovery and postpartum unit includes seven family care suites, which are maternal postpartum couplet rooms with an embedded neonatal intensive care unit (NICU) area within the same room.

The unit has been very successful. The model was evaluated by obtaining metrics comparing length of stay for NICU patients cared for within the FCS model versus national data and data within the system. Data from patient experience measurements, performance analytics, and comments collected from nurse leader rounding reflecting on family-centered and developmentally supportive care were also used to demonstrate the impact. Identified successes included removing the physical barriers of family separation, supporting parents to be the primary caregiver within a multidisciplinary team, promoting holistic and nurturing care, and improving nurse and family satisfaction.

NICUs are increasingly adopting family-centered care models through NICU single patient rooms, couplet care, and family care suites. Presenting this poster at the Association of Women’s Health Obstetric and Neonatal Nurses (AWHONN) conference provided a platform to highlight St. Luke’s Nampa’s progressive approach to care, engage in thoughtful conversations, and share learned successes and areas of opportunities to care for both postpartum mother and NICU patient together. This unique model of care is supporting a positive nursing culture and improving patient and family satisfaction in St. Luke’s Nampa’s Family Birth Center.

Amber Weber, MSN-Ed, BSN, RNC-NIC, RN-BC, and Amanda Erickson, BSN, RNC-MNN, present at the AWHONN conference in Atlanta, Georgia.

There are also eight single patient rooms for NICU patients within the unit. The goal in this new model of care is to improve patient and nurse satisfaction by keeping the mother and newborn together with a family-centered care emphasis, whether a healthy newborn or a newborn admitted to NICU.
New Knowledge, Innovations and Improvements

Treasure Valley and McCall Hospice Collaborate with Pharmacy to Improve Patient Care

St. Luke’s Hospice Clinical Manager Kendra Tietz, MSN, RN, identified safety and quality deficits with use of outside pharmacy vendors preparing and delivering medications to hospice patients. In alignment with Strategy 2020 and system goals, Tietz worked closely with St. Luke’s Home Care and Hospice leaders and pharmacy leaders for a cost-to-benefits analysis, which demonstrated the benefit of bringing hospice pharmacy services in-house.

A project manager was assigned, and the team started to develop an internal pharmacy solution specific for all hospice patients in the Treasure Valley and McCall. Key stakeholders worked closely and intensely together for many months. The work required an electronic health record build, workflow solidification between the hospice/pharmacy departments, and significant training to the hospice staff. A go-live date was set for October 2019, when all hospice patients would be migrated from the outside pharmacy vendor to the internal St. Luke’s pharmacy.

There were many challenges encountered throughout the project, including a sudden unplanned absence of the lead hospice nurse stakeholder that required Nicole Hawk, BSN, RN, Hospice Quality Nurse, and Belinda Troxell, BSN, RN, Hospice Supervisor, to refocus priorities to this project the week before go-live. Together with pharmacy, hospice providers, Home Care and Hospice leadership and nursing, the team persisted toward the goal and successfully managed the transition of more than 100 patients to St. Luke’s internal pharmacy. The change in workflow from external pharmacy vendors to a single internal pharmacy improved both the quality and safety for hospice patients. The collaborative effort decreased drug costs and improved medication safety with more efficient and accurate medication reconciliation.

Improved Workflows Increase Efficiency and Nurse Satisfaction in St. Luke’s Transfer Center

St. Luke’s Transfer Center (TC) is a system department whose purpose is to connect providers for consults, transfers, admissions and placement of patients to the appropriate care area. When St. Luke’s went live with an electronic health record (EHR) in 2016, there was no TC module and the health system had to quickly develop a homegrown version that met operational needs. Most of 2017 was focused on creating documentation standards that accurately described the work done in the TC, which also provided qualitative feedback to the staff. Once documentation standards became more hardwired, Katy Alexander, MSN, RN, NE-BC, Nurse Manager of the TC, and her leadership team were able to work even closer with TC staff to reduce options for documenting TC actions for each call.

The number of documentation tabs was reduced by 31%, going from 13 down to 9. This reduction allowed staff to be more efficient, handle more calls, and most importantly, realize department expectations and documentation standards as clinicians and as a team.

Additional benefits of this work were clear in early spring of 2019, when the TC collaborated with the EHR team to build a fully integrated TC module. The new module went live in June 2019 and leveraged lessons learned with the homegrown version. Staff participated to develop and embrace documentation standards and suggested operational tweaks. Each improvement minimized staff’s requirement to memorize what goes where when documenting the patient care story. Visual warnings and hard stops were appreciated, resulting in met operational best practices, documentation standards and improved staff satisfaction. Real-time accurate charting improved the TC’s reputation as a highly reliable department, as the TC describes the patient’s story from point A to point B.
Empirical Outcomes

Patient Satisfaction (HCAHPS) Data

Inpatient Adult Units - CY 2019
Nurses Overall Top Box %

Inpatient Pediatric Units - CY 2019
Nurses Overall Top Box %

Neonatal Intensive Care Units - CY 2019
Nurses Overall Top Box %

Rehabilitation Units - CY 2019
Nurses Overall Top Box %

Emergency Departments - CY 2019
Nurses Overall Top Box %

Outpatient Surgery - CY 2019
Nurses Overall Top Box %

Home Care - CY 2019
Overall Rating of Agency Top Box %

Hospice - CY 2019
Overall Rating of Agency Top Box %

Data as of 3/30/2020 for discharges from 1/1/2019 to 12/31/2019.

*4-time Magnet-designated location.
Empirical Outcomes

System Ambulatory Clinics by Specialty - CY 2019
Nurse/Assistant Overall Top Box %

Nursing Sensitive Clinical Indicators
A score that is less than the database mean indicates the St. Luke’s hospital is performing better than the national average of reporting hospitals.

Injury Falls per 1,000 Patient Days - CY 2019

*4-time Magnet-designated location.
Hospital Acquired Pressure Injury (HAPI) Stage 2 and Above - CY 2019

Central Line Associated Blood Stream Infections (CLABSI) per 1,000 Patient Days - CY 2019

Catheter Associated Urinary Tract Infections (CAUTI) per 1,000 Catheter Days - CY 2019

*4-time Magnet-designated location.
Outstanding Achievements

Nursing Research and EBP Fellowship Projects, Publications, and Presentations

2019-2020 Nursing Research and Evidence-Based Practice Fellows
Luann Fife, BSN, RN-BC and Sherri Carlson BSN, RN-BC, mentored by Marty Downey, PhD, RN, AHN-BC, CHTP/L
Sepsis: Identify the most effective staff education strategies to improve sepsis mortality rates in hospitalized adult patients
Kayla Luke, BSN, RN and Kim Popa BSN, RN, mentored by Cara Gallegos, PhD, RN
Stress, Experiences, and Unmet Needs of Parent(s) Whose Child Has Attempted Suicide
Julie Olson, BSN, RN, CWOCN, mentored by Anna Rostock, BSN, MBA, RN, CPN, NE-BC
Identifying the Best Practice for Structuring a Medical Support Group for Osteomy Patients
Amy Stuckenholz, BSN, RN and Michelle Hancock, BSN, RN, mentored by Susan Tavernier, PhD, APRN-CNS, ACNP
Caregiver Perceived Barriers to Notifying Oncologist at Onset of Fever Greater Than 101°F Among On-Treatment Pediatric Oncology Patients

Senior Fellows
Blair Eby, BSN, RN, mentored by Kim Martz, PhD, RN
Delirium: Identifying the Most Effective Way to Improve Nurses’ Assessment and Management

2019 Publications
Jenny Alderden, PhD, APRN, CCRN, CCNS

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

Kofi Bonnie, DNP, MSC, RPN, RN

Julya Miner, DNP, RN, RNC-OB, C-EMF, CPHQ, NEA-BC

2019 Presentations
Joan Agee, DNP, RN, CNOR, FACHE
Closing salutation. Presentation at the ANA Idaho LEAP Conference, November 2019, Boise, ID.

Rick Bassett, MSN, RN, APRN, ACNS-BC, CCRN
The CNS role in systemizing and standardizing timely and effective ICU rehabilitation efforts. Podium presentation at the National Association of Clinical Nurse Specialists Annual Conference, March 2019, Orlando, FL.


National technology consensus project. Podium presentation at National POLST Paradigm Plenary Assembly Meeting, May 2019, Austin, TX.

Systemization of a sepsis program – It’s about the journey, not the destination! Pacific Northwest Sepsis Conference, June 2019, Seattle, WA.

Claire Beck, MN, RN, RNC-OB, NPD-BC
Parinatal nursing course. Poster presented at AWHONN Conference, June 2019, Atlanta, GA.

Dia Byrne, MSN, RN, ACNS-BC, OCN
Care coordination in outpatient oncology primary nursing. Podium presentation at National Association of Clinical Nurse Specialists (NACNS), March 2019, Orlando, FL.

Denise Camacho, MSN, MAOL, RN and Christiana Sipe, MSN, RN
Flipped classroom transforms nurses residency program. Poster presentation at ANCC Magnet Conference, October 2019, Orlando, FL.

Amanda Erickson, BSN, RNC-MNN
Surviving or thriving? How to create a joyful workplace and flourish. Poster presentation at NANN Conference, October 2019, Savannah, GA.

Amanda Erickson, BSN, RNC-MNN and Amber Weber, MSN-Ed, RNC-NIC, RN-BC
Beter together in Nampa, Idaho: A family-care suite model. Poster presented at AWHONN Conference, June 2019, Atlanta, GA.

Tricia Funkhouser, BSN, RN
Enhancing motivational interviewing techniques to increase exercise engagement in the prediabetic population. Poster presented at the Nurse Practitioners of Idaho annual fall conference, October 2019, Boise, ID.

Jennifer Graham, MSN, RN, AGCNS-BC
Sepsis in oncology: BMT vs. Med/Onco, is there a difference? Pacific Northwest Sepsis Conference, June 2019, Seattle, WA.

Dori A. Healey, MSN, RN, MBA-HA, CPPS
Creating a just culture in the workplace. Podium presentation at the ANA Idaho LEAP Conference, November 2019, Boise, ID.

Healthy nation starts with healthy nurses – My journey to a healthier me. Presentation at the ANA Idaho LEAP Conference, November 2019, Boise, ID.

Debbie K. Ketchum, BSN, MAOM, RNC-MNN, C-EMF and Carrie Anstrand, BSN, MA, RN, LCCE, IBCLC
Birthing an app: Breaking educational boundaries. Poster presentation at AWHONN National Convention, June 2019, Atlanta, GA.

Debbie K. Ketchum, BSN, MAOM, RNC-MNN, C-EMF and Katherine Kerner, BSN, RNC-OB
Building a system wide collaborative policy process: Turning the “they!” into “we!” Poster presentation at AWHONN National Convention, June 2019, Atlanta, GA.

Wallace “Max” Maxwell, MSN, RN, CPPS
Education of contaminated sharps injuries through implementation of a structured investigatory process. Poster presented at the ANA Idaho LEAP Conference, November 2019, Boise, ID.

Jullya Miner, DNP, RN, RNC-OB, C-EMF, CPHQ, NEA-BC
Perinatal safety innovation: E-learning links to outcomes. Poster presentation at AWHONN National Convention, June 2019, Atlanta, GA.

Jullya Miner, DNP, RN, RNC-OB, C-EMF, CPHQ, NEA-BC and Shelly Jensen, MHA, BSN, RN, NEA-BC
Rock a bye baby: Newborn fall/drop prevention. Presentation at AWHONN National Convention, June 2019, Atlanta, GA.

Diana Meyer, DNP, RN, NEA-BC, FAEN and Laura Tvis, PhD, CCRP
A center for nursing excellence: Innovation for exemplary tomorrows. Poster presentation at ANCC Magnet Conference, October 2019, Orlando, FL.

Nichole Santarone, BSN, RNC-NIC
Developmental care: The tiny details. Poster presented at the ANA Idaho LEAP Conference, November 2019, Boise, ID.

Jessica Sloan, MSN, RN
Bone cement conversion – Creating a plan that sticks. Podium presentation at HealthTrust University Conference, August 2019, Nashville, TN.

Carrie Sue Sweet, DNP, APRN-CNS, RNC-OB, ACNS-BC
Three strategies to increase your influence as a nursing leader on LinkedIn. Presentation at the ANA Idaho LEAP Conference, November 2019, Boise, ID.
Ruth Trettter, BSN, RN-BC
Examining knowledge, confidence and stress in telephone triage nurses. Poster presented at the ANA Idaho LEAP Conference, November 2019, Boise, ID.

Kaylyn Winwood, DNP-FNP
Palliative care referrals in the oncology population. Poster presented at the Center to Advance Palliative Care Conference, November 2019, Atlanta, GA.

2019 Awards & Congratulations

Air St. Luke’s Maternal Child Transport Team was recognized with a Neonatal/Pediatric Award of Excellence by the Association of Air Medical Services (AAMS).

Jody Acheson, BSN, MPH, RN, Nursing Manager, Mountain States Tumor Institute Hematologic Malignancies; Joyce Alexander, BSN, RN, Patient Educator, Nampa; Cheryl L. Gardner, ADN, RN, Surgical Services; Jerome Marisa Lunghefer, BSN, RN, CPEN, Program Manager, Pediatric Trauma; and Patty O’Neill, MSN, RN, CNOR, CEN, CNP, NPD-BC, SANIE-A, Clinical Educator, Boise Emergency Department, were recipients of the 2019 President’s Awards from St. Luke’s Health System.

Joan Agee, DNP, RN, CNOR, PACE, Nampa COO/CNO, served as President-elect of Nurse Leaders of Idaho and was the recipient of the Professional Achievement Award for the College of Nursing at Idaho State University.

Julia Miner, DNP, RN, RNC-OB, C-CEFM, CPHQ, NA-B, was recognized as a 2019 AWHONN Emerging Leader by the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN); selected as a 2019 Worldwide Leader in Healthcare by the International Nurses Association; and received the 2019 Sigma Theta Tau Doctorate of Nursing Practice Award from the Delta chapter of Sigma Theta Tau International Nursing Honor Society.

Brittany McFarland, BSN, RN, CEN, Wood River Emergency Department, and Donna Wright, RN, Wood River Mother/Baby Unit, were recipients of the 2019 Carl A. Gray Memorial Award for Nursing Excellence from St. Luke’s Wood River Foundation.

Angela Brady, BSN, RN, CEN, NE-BC, was selected as a 2019 Tribute to Women and Industry (TWIN) Honoree by the Women’s and Children’s Alliance (WCA).

Honorees Recognized during the 2019 Idaho Nurses Recognition Dinner from Nurse Leaders of Idaho

Alyssa Abel
Troy Albright
Melissa Berry
Jason Blomquist
Lauren Boyd
Allison Burns
Lori A. Butters
Thea Campbell
Meghan Cordova
Nancy Crothers
Laura Franz
Rina Giudicelli
Teresa Hall
Claire Hanson
Madison Hellrich
Teresa Holbrook
Jenny Hopkins
Carmen Leahu
Marcia Martoon
Faith May
Brittany McFarland
Patty O’Neill
Megan Painter
Lynda Peel
Robin Schmidt
Jamey Slaydon
Teresa Stanfill
Alayna Swafford
Carrie Sue Sweet
Jaco Taylor
Ashley Wadsworth

2019 Registered Nurse Scholarship and Conference Funds Recipients

Bledsoe Scholarship
Conra Hunter

ER Nursing Endowment Scholarship
Brandi Burgoyne

Gilbertson Scholarship
Loey Berg

Magic Valley & Jerome Nursing Scholarship
Michelle Daniel

Nursing Scholarship
Millie Askew
Amarissa Gilbert
Nadine Eaton

Return to Learn Scholarship
Taylor Baird
Ryleigh Glasscock
Jessica Shitara

Rural Connections Scholarship
Wendy Vanderburgh
Lynn Wade

Leadership Scholarship
Jody Acheson
Kristen Anderson
Claire Beck
Julie Swanson

Wright Scholarship
Katie Ferguson

St. Luke’s Foundation Nursing Funds (Brown Funds, Nursing Education, Sharon Lee)

In 2019, a total of $48,665 was awarded through the Funds for Nurses Program.

Rosemarie Baxter
Claire Beck*
Brenda Berger
Carrie Bohanan
Shelley Bonnes
Carl Braun
Manda Clark
Bethany Coleman
Shelby Darland
Jeremy Delmore
Kimberly Dillon
Kate Drake
Rachel Elledge
Amanda Erickson*
Luann Fife
Jessica Garner
Kelsey Givens
Kelly Graff
Jennifer Graham*
Brett Gustafson
Angela Harris
Jennifer Hippe
Luna Hodges
Teresa Holbrook
Carly Jivulekas

*Presenter at conference attended with funds.

2019 DAISY AWARD RECIPIENTS

The DAISY Award is an international program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses every day.

Jessica Aguirre – Magic Valley Cardiopulmonary Unit
Joyce Alexander – Nampa Patient Educator
Taylor Baird – Nampa Medical/Surgical
Amie Clark – Boise Medical/Surgical 6E
Lindsay Cronister – Nampa Medical/Surgical
John Davlin – Nampa Medical/Surgical
Alex Friedman – Meridian Emergency Department
Tenisha Gallegos – Boise Pediatrics
Carly Lange – Boise MICU
Nancy Crothers – Magic Valley Cardiopulmonary Unit
Kayla Mescher – Boise Pediatrics
Rachel C. Olson – Meridian Telemetry
Tommy Rushoton – Boise Hospice
Kim Pou – Nampa Telemetry

2019 SUNSHINE AWARD RECIPIENT

The Sunshine Award was created by St. Luke’s to recognize clinical excellence by a non-nursing colleague and is a companion program to the DAISY Awards.

Julie Reed, CNA, Nampa Medical/Surgical
Outstanding Achievements

2019 SYSTEM NURSING EXCELLENCE AWARDS

EXEMPLARY PROFESSIONAL PRACTICE

Community
Jenny Carr, BSN, RN
Orthopedic Surgery Nurse, Boise

Hospital
Lauren Boyd, BSN, RN, CMSRN, RN-BC
Med/Surg & Telemetry Clinical Educator, Nampa

Licensed Practical Nurse
Patricia A. Burley, LPN
MSTI Center for Pancreatic and Liver Disease LPN, Boise

STRUCTURAL EMPOWERMENT

Alaina Gardner, BSN, RN-BC
Med/Surg 2E, 5E & 6E Assistant Nurse Manager, Boise

Robin Schmidt, MSN, RN-IP
Surgical & General Medical Manager of Nursing/Patient Care, Magic Valley

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Jerri Woodworth, BSN, RNC-OB
Maternal Fetal Medicine Nurse, Boise

Ruth Tretter, BSN, RN-BC
Connect Nurse, St. Luke’s Connect

TRANSFORMATIONAL LEADERSHIP

New Leader
Allison Burns, BSN, RN
Clinical Educator, Clinical Learning and Student Services, Wood River

Emily Smith, BSN, RN, CPEN
Emergency Department Nurse, Boise

Experienced Leader
Thea Campbell, BSN, MBA HA, RN, PCCN, NEA-BC
Manager of Nursing/Patient Care, McCall

Julie Swanson, MN, RN, NEA-BC
PATHS Program Manager, System
On behalf of our patients, their families and our community, thank you for the heroic work you do every day. And no more so than through these past few months as you worked tirelessly to push back against COVID-19. What you have done is extraordinary, and we are all deeply indebted to you.

At all times, pandemic or not, in sad times and in times of joy, St. Luke’s nurses are the compassionate faces and the caring hands of our organization. Nurses on the St. Luke’s team represent all of us, in every interaction, in our clinics, at the bedside and through our virtual care programs. Your dedication and commitment to serving, helping and treating vulnerable members of our communities, day in and day out, makes all the difference.

I would also like to thank St. Luke’s Health System Chief Nursing Officer Cy Gearhard for her leadership and support of our nursing staff. In her career with St. Luke’s of nearly 40 years, Cy has been a vocal and powerful advocate for both patients and nurses—and really, our entire team. She began her career as a registered nurse, became a clinical nurse specialist and then assumed the role of director of the coronary care/cardiac observation unit. She has also served as administrator of St. Luke’s Heart and Vascular Services, where she provided oversight for St. Luke’s heart programs, and then as chief nursing officer and vice president of patient care services for St. Luke’s West Region before assuming her system CNO responsibilities.

Over many years, she and her team have built a culture of nursing excellence that we can all take pride in. They are the driving force behind our repeated Magnet designation and many initiatives to ensure that we hire, coach, promote and retain the very best of the best.

This annual report provides a look into the progress and achievements you all have had a hand in over the past year, but the numbers and statistics don’t begin to tell the story of the innumerable acts of kindness and generosity that I hear about frequently, and only begin to describe the amazing skill, talent, leadership and hard work of our nurses at this unforgettable point in our history.

I want you to know that you are a crucial part of St. Luke’s and the lives of the patients you serve so wonderfully every day. With this report, St. Luke’s has a chance to celebrate all of you. I would like to add my personal thanks, admiration and respect for each of you.

For all that you do, thank you.

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**DANA GULBRANSON DISTINGUISHED NURSE**

**High Acuity Team (HAT), Treasure Valley Home Care**

**Nancy L. Bloom, BSN, RN, PCCN**
3 Telemetry Assistant Nurse Manager, Boise

**William S. Schappert, BSN, RN, CHPN**
(pictured); Laura Zane, BSN, RN; and Pamela S. Garner, MSN, RN, Case Manager Nurses

**RN GROUP RECOGNITION**

**Not pictured:** Winner for Exemplary Professional Practice – Community: **Lori A. Butters, ADN, RN, Jerome Family Medicine Nurse, Jerome; Winner for Exemplary Professional Practice – Hospital: **Brittany McFarland, BSN, RN, CEN, Emergency Department Nurse, Wood River.