Nursing Annual Report
2022
In 2022, St. Luke’s and its teams moved from a pandemic response back to a more familiar focus on patient care with record volumes. As patient volume increased, so did our teams’ acuity as they stepped up to ensure that patients received needed care.

We have made strides as an organization in both retention and recruitment of nurses. Our nursing workforce is an organizational priority. We have adapted many of our practices based on feedback from our nurses and we will continue to do so.

It’s been exciting to engage with our newly formed system Shared Governance Care Council. Its members bring diverse perspectives from many areas within the enterprise, and they provide processes and structures to facilitate best practices and better overall patient care.

Through transformational leadership in 2022, we have seen remarkable innovations to improve safety, support professional development and improve patient experience. We continued to strive for structural empowerment by improving patient fall rates; helping leaders with change management, best practices and fostering engagement; and giving our staff a voice in optimizing workflow. I look forward to further progress as an organization committed to a unified voice in the decisions that affect our staff and the care they deliver.

Some of the distinctions I experience as a St. Luke’s nurse are a commitment to evidence-based practice, a dedication to our patients and a collaborative approach to patient care. I am impressed by the history of nursing at St. Luke’s as well as the opportunity to innovate and redesign a sustainable care-delivery model for the future. St. Luke’s is fortunate to have such high-quality nursing teams throughout our enterprise who are grounded in both their practice and willingness to innovate.

On safety, quality and excellence, we will not compromise. I think you will find the same in this 2022 annual report. I know we will continue to elevate ourselves and each other through new knowledge, innovation and exemplary professional practice.

For 2023, we are committed to narrowing our focus and driving outcomes. We will continue to focus on many of the same nurse-sensitive indicator opportunities identified in 2022. We are growing in our competency with agility and rapid cycle change, and we will innovate together.

A key area of specific focus for us is belonging, and we will embrace one another as colleagues as we listen and learn together. Every voice matters. Let’s go deep this year, together!

With respect for the work you do,

Elizabeth Steger, MSN, RN, NEA-BC, FACHE
Senior Vice President, Clinical Practice Integration/Chief Nurse Executive

On cover: St. Luke’s Rehabilitation Hospital in Boise is the first in the system to pilot MyChart Bedside.
### System Demographics

#### Employee Counts

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**New-Hire Count**

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<tr>
<th>Location</th>
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<th>RNs – New Graduates</th>
<th>NPs</th>
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</table>

*Five-time Magnet-designated locations.

Transformational Leadership

St. Luke’s Nursing Executive Leadership

Elizabeth Steger, MSN, RN, NEA-BC, FACHE
Senior Vice President, Clinical Practice Integration/Chief Nurse Executive

Rhonda Dixon, BSN, MBA, RN, NE-BC
Vice President, Patient Care/Magnet Chief Nursing Officer*

Alicia Young, MSN, MBA, RN
Ambulatory Chief Nursing Officer*

Teresa Hall, BSN, MHA, RN, CEN, NEA-BC
Boise Chief Nursing Officer*

Lisa Melchiorre, BSN, MS, RN, NEA-BC
Elmore Chief Operating Officer/Chief Nursing Officer

Shelly Jensen, BSN, MHA, RN, NEA-BC
Inpatient Rehabilitation Services Chief Operating Officer/Chief Nursing Officer*

Arlen Blaylock, BSN, MBA, NEA-BC
Magic Valley Chief Operating Officer/Chief Nursing Officer

Amber Green, MSN, RN
McCall Chief Operating Officer/Chief Nursing Officer

Brie Sandow, MSN, RN, NEA-BC
Meridian Chief Operating Officer/Chief Nursing Officer*

Misty Robertson, DNP, RN, FACHE
Nampa Chief Operating Officer/Chief Nursing Officer

Almita Nunnelee, BSN, RN
Wood River Chief Operating Officer/Chief Nursing Officer

Angela Brady, BSN, MHL, RN, NE-BC
Wood River Associate Chief Nursing Officer

*Five-time Magnet-designated locations.
**Nursing Strategic Goals 2021-2022**

**Culture**

Ensure Clinical Nurse Development Opportunities
- Utilize Nursing and Patient Care Center of Excellence, Talent Development, and Clinical Learning and Student Services

Ensure Nurse Leader Development Opportunities
- Utilize Nursing and Patient Care Center of Excellence, Talent Development, and Clinical Learning and Student Services

**Quality, Safety and Outcomes**

Enhance and Optimize Culture of Safety
- Falls intervention
- Barcode medication administration
- CAUTI bundle
- CLABSI daily line necessity
- Pressure injury bundle
- SSI bundle

Improve Patient Outcomes
- Falls intervention
- Barcode medication administration
- CAUTI bundle
- CLABSI daily line necessity
- Pressure injury bundle
- SSI bundle

Align Nursing Practice
- Diabetes care
- Hypertension control
- Depression screening
- Childhood immunization

**Care Experience**

Enhance Care Across the Continuum
- Patient perception of care
- Convenient and available access
- Experienced cost of care

**Stewardship**

Maximize Workforce Utilization
- Utilize total worker health for healthy workforce
- Compliance with sepsis bundle and Care Pathway
- Post discharge connection

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Care Experience Champions Lead Team in Improving Patient Experience

The Emergency Department at the Boise hospital was struggling with patient experience scores. In early 2022, the ED leadership team reviewed patient comments to identify themes. It was immediately noted that three nurses were consistently called out for great care.

After speaking with these individuals, it was clear the three nurses shared similar behaviors and attributes that impacted patients’ perception of care. To help others develop these unique strengths, the nurses agreed to be the unit’s Care Experience Champions.

The leadership team changed the new employee orientation in the ED to include an observation day with one of the champions. During this day, new employees were taught about the importance of AIDET® (Acknowledge, Introduce, Duration, Explanation and Thank You) and narrating care so they could better understand each process step when interacting with patients.

To reinforce the positive changes, patient experience comments were posted monthly so staff could see the feedback in real time. While two of the three original champions have moved to other departments, the positivity of the program has inspired two more nurses to put on their Champion shoes.

From left to right: Dave Broden, BSN, RN, CPEN, CEN, CMSRN; Allison Slamkowski, BSN, RN, CCRN; Elly McGill, BSN, RN, CEN, CFRN; and Tammy Hill, BSN, RN, are committed to the patient care experience.
Boise NICU and Children’s Hospital Implement Family Commitment to Safety

Unfortunately, health care workplace violence continues to trend upward. Having a child in the hospital is stressful, and the tension can increase the risk of family members or visitors becoming volatile and disruptive. In 2022, the Boise NICU Care Council decided to create a proactive approach to addressing potentially disruptive family behaviors.

The Council wanted to develop a written document that staff could use to establish behavior expectations with families at the beginning of patients’ hospital stays. The Council’s additional goal was to empower staff to not tolerate abusive and disruptive behaviors by families and visitors, thus improving patient care and staff safety. The NICU Care Council partnered with social work, leadership, bedside nursing and legal to develop the Family Commitment to Safety Agreement. This document is now used not only in the NICU but throughout St. Luke’s Children’s Hospital, both inpatient and ambulatory.

Innovative Hiring Supports Flexibility for Professional Development and Staffing

Meridian’s fifth and sixth floors implemented a shared-staffing strategy. This decision arose from a discussion among interested leaders and administrators about ways to meet staffing needs in the face of the considerable hiring challenges brought on by the COVID-19 pandemic.

All new hires to the Meridian medical-surgical unit are receiving comprehensive cross-training to both floors. The first cohort recently completed their full orientation and are now working independently to support all unit needs. This approach is better for staff because it allows them to learn all facets of the medical-surgical unit, increasing their satisfaction with professional growth and development opportunities.

With the community’s capacity challenges, this also allows for more flexibility in patient flow and placement. It ensures all medical-surgical patients will receive the highest level of care from all nurses.
Transformational Leadership

Magic Valley Medical-Surgical Unit Embraces Technology, Improves Engagement

Manager Jenny Hopkins, BSN, RN, CMSRN, and Director Amy Bradley, BSN, RN, NE-BC, were early adopters of Microsoft Teams® technology and had experience using it with other units prior to the rollout on the medical-surgical unit. The Teams platform was introduced to the unit during COVID as a necessary way to communicate—quickly and accurately—the rapid changes that were transpiring for all staff members at the same time.

Teams usage has become indispensable to the unit. It is used for handoff reports between health unit coordinators, allowing for full transparency to the work. With input from clinical staff, Hopkins created separate channels for quality and safety, connecting with leadership and staff recognition. The chat feature is used for multidisciplinary team collaboration, equipment management, and as a real-time vehicle for polling staff and sending out quick surveys. Education sessions are now recorded, ensuring all team members have access to the information.

The platform is also used for case studies, inviting staff to provide insight and share expertise. The unit has exceptional nursing engagement performance around feeling involved in decision making, leadership accessibility and working collaboratively as a team.
St. Luke’s Elmore Long-Term Care Improves Patient Experience With Indoor Garden

St. Luke’s Elmore Long-Term Care’s leadership team was awarded a grant to support their work with Eldergrow Therapeutic Horticulture Garden Program (eldergrow.org) for three years. In October 2022, residents were introduced to the new indoor garden. The therapeutic horticulture space offers residents a connection to nature that supports meaningful engagement through evidence-based therapeutic horticulture classes.

The garden includes fragrant and colorful plants that support sensory stimulation. Residents also engage in interactive education and garden maintenance through the program. Recent studies show impressive benefits from this therapy, including improvements in motor skills, sleep, mood and self-esteem, while also reducing falls, agitation and risk factors for dementia. This garden will provide incredible benefits for the residents and their families.
Structural Empowerment

Leaders Reinvigorate Shared Governance in McCall

The new hospital in McCall—or, as staff call it, “the expansion,” since parts of the old hospital will still be in service—has occupied much of the time and energy for McCall in the last few years. As the end of the build and preparation for the move comes into view, nurse leaders Deb Rio, MSN, RN, NEA-BC, CCRN-K, and Krystle Grothjan, BSN, RN, knew it was time to reinvigorate shared governance in McCall.

In fall 2022, leaders redesigned the Care Council to include three units: the Emergency Department, the medical-surgical unit and Obstetrics. McCall’s clinical nurse representatives to the system Shared Governance Care Council, Donna Bush, BSN, RN, and Shelly Garriott, BSN, RN, have become active members of McCall’s Care Council along with Rickey Hyman, BSN, RN. The first project for the McCall Care Council is to facilitate staff input on where supplies and equipment should go in the hospital expansion’s new patient and storage rooms to optimize workflow.

The group has created a successful strategy using a hybrid Microsoft Teams and in-person format, and they look forward to working toward additional goals.
Nampa Initiatives Aim To Improve Patient Fall Rates

Nampa’s medical-surgical unit recognized they were experiencing more patient falls than desired. Nurse Manager Amanda Stewart, BSN, RN, CMSRN, reviewed falls data and current processes with the assistant nurse managers to see where unit practices had drifted regarding fall prevention. They brainstormed ideas on what processes could potentially be add or changed that would help.

The leadership group brought the concern and ideas to their Care Council, including the medical-surgical unit’s clinical educator Lauren Boyd, BSN, RN, CMSRN, and asked for their help and input. Care Council members who had been in other hospitals recommended a simple solution that would be beneficial to try out: signs on ceiling tiles above patient beds with the phrase “Call, Don’t Fall.”

In collaboration with Betty Lipple, MSN, RN, ONC, LSSGB, and the quality team, the ceiling tile signs were ordered and installed in all patient rooms on the medical-surgical unit in October 2022. This is the first thing patients see when they wake up; it serves as a reminder to call before getting up. The red indicator on the ceiling tile signs correlates with their red call light button. The goal is to help patients who are confused, forgetful or delirious remember to call for help.

In addition to the signs on the ceiling tiles, Boyd, along with Nampa’s telemetry clinical educator Julia Fredrick, BSN, RN, put together an incredible falls bootcamp. The bootcamp was for all medical-surgical unit RNs and CNAs as well as all telemetry CNAs. The bootcamp included education and scenario practice on fall risk assessment, Egress Test use, mock fall station/lift equipment operation, bariatric bed utilization and fall hazard/mobilization.

There were many lightbulb moments during the training and, overall, the bootcamp was very well-received. This education, now a yearly requirement to ensure patient safety around fall prevention, will sit at the forefront of what the team does every day with every patient.
Structural Empowerment

System Shared Governance Elevates Professional Practice Decision-Making

System Shared Governance Summit Reenergizes Care Councils

2022 was a year of reinvigoration for shared governance at St. Luke’s. The system Shared Governance Summit was held on July 25, 2022, at St. Luke’s Plaza. Over 100 Care Council chairs, mentors and members from across the system attended.

A planning committee designed the day based on feedback received from Care Councils and system leaders. Great speakers presented on how attendees can meet the outcomes established for the summit on topics such as change management, Magnet culture, best practices and fostering engagement. The summit also provided resources to support Care Councils as they engage in their activities. There were fantastic table topics at lunch where attendees connected with other leaders and discussed topics important to them. Afternoon breakout sessions were designed to target individual learning needs. Attendees also had time to socialize, relax and learn about the new system shared governance structure.

Summit Participants Respond Positively

“I’m just grateful for the opportunity to be here and learn and get reenergized about Care Council.”

“The summit gave me information that I hadn’t known as well as good insights on how to approach co-workers to engage them in the Care Council.”

“I liked the breakout sessions; I wish we had more time for them and time to meet with other Care Councils and hear what they have been doing.”

New Image Reflects Shared Governance’s Purpose

The new image selected to reflect shared governance’s purpose was introduced at the Summit. Its design aligns with the St. Luke’s care model.

• The shape is a circle: this is a safe space to collaborate, discuss and innovate. The size of the circle may be a unit, site or the system.
• There are many colors and some of them blend into new ones: shared governance is inclusive with all practice areas involved and engaged. Each practice area stands out on its own but may also blend with others when needed.
• The images are linked: Care Councils are in this together. All Care Councils are working toward system goals: providing a better work environment, better patient outcomes and service to our community.

Julie Swanson, DNP, RN, NEA-BC, and Rhonda Dixon, BSN, MBA, RN, NE-BC, vice president, patient care/Magnet CNO, kick off the System Shared Governance Summit.
System Shared Governance Care Council Supports the Voices of Area Care Councils

System shared governance is designed to support the flow of Care Council work between the unit, site and system. It is a space to gather, exchange ideas and find solutions. Topics may come to the system council and go out to the unit or site council for insight, or they may come up to the system council for recognition, adoption or review. One of the first topics this group tackled was the nursing engagement survey.

There are 20 system Shared Governance Care Council seats filled by two Care Council members from each site or area. The members applied, and each site’s or area’s chief nursing officer selected the members to serve.

St. Luke’s has an over 30-year history of shared governance, and the journey continues. As our environment changes, and as we recognize what is working well or not working well, we will adapt. We will call on our inner chameleons—our ability to change and adapt—to respond to the needs of our Care Councils.
Structural Empowerment

Elmore Nurses Build New Skillset Through Wound Treatment Associate Program

St. Luke’s developed a Wound Treatment Associate Program, sponsored by the Wound, Ostomy, and Continence Nurses Society™. The purpose of the program is to empower wound, ostomy and continence specialty nurses. Its other equally vital goal is to improve patient outcomes by strengthening the wound care team with a flexible education program that is applicable to all health care settings.

The first cohort of six participants successfully completed training in September 2022. They are now working on precepting and the board certification exam.

St. Luke’s Elmore’s two participants are Katrina Southworth, BSN, RN, and Beki Nichols, BSN, RN, assistant nurse manager in this program. They are completing the program according to plan and already making an impact on patient outcomes. With their oversight, Elmore has improved skin assessments on admission, skin-care management of inpatient and long-term care populations, and management of patients with wound-care needs.

Importantly, having two nurses complete the training also allows Elmore to accept residents who would have been declined in the past.
**Exemplary Professional Practice**

**Delirium Education in Wood River Decreases Employee Injury**

The most-frequent cause for employee injury on Wood River’s medical-surgical unit results from acutely agitated and delirious patients striking or hurting staff in other ways. Assistant Nurse Manager Jennifer Rablin, BSN, RN, attributed this to staff not using the Richmond Agitation-Sedation Scale/Confusion Assessment Method delirium severity scale scoring tools to identify delirium. They were also not acting to safeguard themselves and their teams to prevent injury.

Through the incident report system, leaders discovered that employees were being struck or injured by delirious patients at a high rate in every department in Wood River; the problem was not isolated. Rablin, along with her leader, Angela Brady, BSN, MHL, RN, NE-BC, and Quality Manager Alecia Gorringe, BSN, MHI, RN, CPHQ, took this issue on as a performance improvement project.

Their priorities were to educate staff on the use of the RASS/CAM tool to identify delirious patients as well as to support the personal safety of individual employees, the safety of the team (situational awareness) and environmental safety. This was accomplished through staff meetings, skills labs, formal education created through a partnership with Clinical Learning and Student Services, and one-to-one discussions. Huddles for all RASS/CAM-positive patients were initiated to inform the staff to use safety awareness when interacting with the patient.

Wood River has experienced a marked decrease in employee injury since implementation of this delirium project.

**Collaborative Approach Improves Proning Technique in Intensive Care**

Moving respiratory patients into a prone position (aka “proning”) has become a mainstay of care in intensive care units. Often these patients are immobile due to multiple lines, tubes and drains. The previous method of manually lifting patients to reposition could take up to 10 staff members and 30 minutes. It also required a lot of PPE and was risky for both patients and staff. St. Luke’s Meridian’s ICU knew there had to be a better way.

Clinical educator Edy Price, BSN, RN, CCRN, and Nurse Director Cari Shuart, MSN, RN, CEN, worked with Dan Babcock from Safe Patient Handling to evaluate methods to prone patients using mechanical lifts. St. Luke’s process was improved by using a multi-strap lifting device (instead of a lift sheet) for better visualization of the patient and a friction-reducing sheet, which requires less effort and further reduces the risk of injury.

A team of ICU staff and clinical educators, including Price, Sandi Attebery, BSN, RN, and Mitchell Friday, CNA, developed a method that only requires three staff members and takes less time than previous methods. An online module that includes a how-to video, test and skill validation has been implemented systemwide.

Using this new method reduces risk of injury to staff, provides better comfort for patients, requires less resources—and is accomplished in a shorter amount of time.
Pilot Program for COPD Patients Reduces Readmissions

Linda Gould, DNP, APRN, FNP-BC, recently completed her doctoral project. The purpose was to apply risk stratification tools to identify higher-risk patients, then prioritize complex, time-consuming interventions and resources.

Patients hospitalized with chronic obstructive pulmonary disease were risk-stratified using the PEARL, a tool designed to gauge patients’ risk for readmission or death. Moderate high-risk patients were referred to specialty nurse practitioners who used real-time interventions and motivational interviewing during intense weekly visits over 30 days. These visits targeted self-management, patient-specific risks and resources.

The result of the project—using risk stratification with patient-specific tertiary preventive care to communicate resource allocation—was that no patients were readmitted or died during the pilot. This project also provided recommendations for expansion throughout the health care facility, processes for other chronic health conditions, budgets, policies for value-based care and ideas for further research.

Gould shared her doctoral project work at the annual Nurse Practitioners of Idaho Conference and at Boise State’s University Graduate Student Showcase. She received a Graduate College Scholar Dean’s Award in the spring 2022 for her work with COPD. During her participation in the Nursing and Patient Care Center of Excellence’s writing workshop, Gould also drafted a manuscript, which is under review for potential publication in the Journal of Advanced Nursing.
**New Technology Saves Lives in Jerome**

The clinical staff in Jerome was able to expand the code stroke process to include diagnosis and treatment of patients with acute stroke in early 2022. Prior to this, patients were evaluated and transported to a higher level of care for time-sensitive emergency treatment.

Jerome’s purchase of a new computerized tomography (CT) machine and innovative software using artificial intelligence technology has allowed patients to receive more accurate and timely diagnoses using the code stroke imaging pathway. Staff prepared for the advanced care with multidisciplinary team training and drills on stroke emergencies, which were critical to managing the new process and technology.

A recent case involving a patient presenting to Jerome’s Emergency Department with severe stroke symptoms demonstrates the efficacy of the new process and training. The patient was unable to communicate, yet the team acted swiftly, recognizing the patient’s critical status. The code stroke imaging pathway identified that the patient suffered a catastrophic stroke that converted into a hemorrhagic stroke.

The team promptly transferred the patient to St. Luke’s Boise for neurosurgical treatment. Thanks to quick action and use of the stroke pathway by the team, the patient survived and is working toward recovery.

**PATHS Project Improves Code Blue Team Process and Boosts Lead’s Confidence**

St. Luke’s created its professional development program, Professional Advancement Through High-Performance and Skill (PATHS), to empower and engage clinicians. This is true for crisis nurse Jennifer O’Hara, BSN, RN, CCRN, who identified a problem impacting her work in the Boise hospital.

O’Hara engaged in designing, improving and innovating nursing clinical practice with her project, “The Role of RN Team Lead in Code Blues.” The goal of the project was to improve the performance of code blue teams.

Jennifer identified an opportunity in how team members were trained to lead a code and challenges to gaining performance feedback. She searched for evidence and found that simulations, which are one of her favorite ways to learn, are among the most effective ways to train code blue teams.

Working with leaders from various departments, she implemented training and performance tracking. This work led to improvements in team dynamics and increased confidence for nurses fulfilling the team lead role.

“PATHS gave me a way to make changes to policy and practice as a bedside RN,” O’Hara said. “In order to be a high reliability organization, every member must speak up for patient safety and believe that they will be heard. I will continue to advocate for changes that improve patient safety and will encourage other RNs to do the same.”
New Knowledge, Innovations and Improvements

**Home Health Team Leads Research on Nurse Practitioner-Led Care Models**

Aimee LeGoffe, BSN, RN, area manager of St. Luke’s Home Health and Hospice in the Treasure Valley, and Kim Mills, MS, PT, manager, enrolled in the 2021-2022 Nursing Research Fellowship to explore the effect of a nurse practitioner-led home health model on inpatient hospitalization days.

In 2019, Home Health and Hospice introduced NPs into the home health care team. This was a shift from a traditional interdisciplinary team model to an NP-integrated team model for managing patient care needs. LeGoffe and Mills reviewed the literature, which indicated a gap in exploring NP-integrated home health delivery models.

They designed a retrospective chart review research study to analyze hospitalization data, before and after NP-integration, for older adults receiving home health services in the Treasure Valley area. A strong collaboration with the digital and analytics team and mentorship from Anna Quon, MBA HM, BSN, RN, AMB-BC, NEA-BC, supported LeGoffe and Mills in completing their study.

LeGoffe and Mills also participated in a St. Luke’s writing workshop to develop a manuscript, and the results of their study were disseminated via a poster presentation at the annual Nursing Research Fellowship Celebration. Most impressively, these leaders displayed an unwavering commitment to their professional development and to ensuring St. Luke’s continues to offer innovative services for patients.

Aimee LeGoffe, BSN, RN, and Kim Mills, MS, PT, celebrate with mentor Anna Quon, MBA HM, BSN, RN, AMB-BC, NEA-BC, during the Nursing Research Fellowship Celebration.

**New Workflow in Ambulatory Addresses Staff and Patient Concerns**

The COVID-19 pandemic forced teams throughout the system to swiftly reexamine how they deliver care to the communities we serve. Health care organizations are continuing to face the residual impacts of the pandemic—staffing shortages, increased demand on resources, and emotional and mental health strain felt by health care workers and patients, just to name a few.

In early 2022, St. Luke’s Ambulatory’s centralized clinical resource team kicked off a pilot program to support front-line clinicians, who continue to face these impacts: the in-basket resource team. It is an innovative approach to workflow, leveraging virtual technologies to both support Idaho’s growing population, who may experience fragmented care, and address some of the stressors on front-line workers.

The team started with Klista Hameed, MSN, RN, AMB-BC, with St. Luke’s Clinic – Payette Lakes Family Medicine in McCall, and Betty Movius, BSN, RN, with St. Luke’s Clinic – Family Medicine in Hailey. The goal was to tackle all the in-basket work—such as ordering prescription refills, reviewing lab results and answering patient messages—at both of these locations so patient-facing teams could have more one-on-one time with their patients.

The project also created a coordinated, timely response process for patient inquiries, which offers an improved patient experience. The pilot is being adopted around the system.
Identifying Provider Perceptions of Perinatal Mental Health Care Access: A Nursing Research Fellowship Study About Facilitators and Barriers

Dana McKee, MSN, RNC-MNN, PMH-C, a nurse on Boise's mother-baby unit, entered the Nursing Research Fellowship Program with an idea: to conduct a research study about perinatal mental health.

Through her research, McKee found that, “Perinatal mood and anxiety disorders (PMAD) are the most common pregnancy-related complication and are one of the leading causes of morbidity and mortality of perinatal individuals, costing approximately $31,000 per untreated dyad in the first five years postpartum.”

With the guidance of the fellowship program and her mentor, Kim Martz, PhD, RN, McKee aimed to identify providers’ perceptions of facilitators and barriers to mental health care access for women in the perinatal period and, more globally, to identify facilitators and barriers across geographical and practice settings.

Through a survey to obstetrical providers, McKee learned providers want education about PMAD and greater access to mental health resources. Other findings included the perceived need for patient, family and public education to decrease stigmas surrounding mental health care and to enhance understanding.

“McKee is a natural-born, curious researcher and mentoring her was so enjoyable,” Martz said.

McKee recently completed her MSN in psychiatric mental health and is working toward certification and licensure as a psychiatric mental health nurse practitioner.
New Knowledge, Innovations and Improvements

Boise Rehabilitation Hospital Pilots MyChart Bedside, Improves Patient Satisfaction

St. Luke’s Rehabilitation Hospital in Boise was a trial site for MyChart Bedside, leading the way to bringing health records to the patient’s fingertips. MyChart Bedside allows patients in the hospital, and their approved family members, to view, in real time, information on their vital signs, laboratory results, medical procedures and medications.

Nursing staff at the hospital were the first in the system to use the new technology. To prepare for the pilot, nursing staff learned about the program through online education, in-person staff meetings and day-of staff huddles.

On admission, bedside nurses use a laminated handout to introduce MyChart Bedside to patients. They help patients download the app and use it to view their information on the care they’re receiving. Team members promote the use of MyChart Bedside through encouraging language and by reiterating the amazing benefits of the technology.

The most profound effect noted by clinicians is that families are able to stay connected to and informed about the care being provided to their loved ones. Patients have also expressed appreciation for the ability to keep track of each day’s activities while at rehab, and to know what is coming next, from upcoming medications to therapy appointments.

Informal patient and family feedback was validated by the Boise rehabilitation hospital’s improved patient experience scores since the pilot began and through sustained use of MyChart Bedside.
Empirical Outcomes

Patient Satisfaction Data – Calendar Year 2022


Scores above the national benchmark for patient satisfaction data indicate the St. Luke’s area is performing better than the national average for reporting hospitals.

*Five-time Magnet designated location.
Patient Satisfaction Data – Calendar Year 2022

Empirical Outcomes

Home Care

Recommend This Agency

- Boise*
- Magic Valley
- McCall
- Wood River

Top Box %
National Benchmark, All-Database

81.0
87.3
81.7
92.9

Hospice

Recommend This Hospice Care

- Boise*
- Magic Valley
- McCall

Top Box %
National Benchmark, All-Database

90.2
84.6
80.0

Inpatient Adult Units

Nurses Overall

- Boise*
- Elmore
- Jerome
- Magic Valley
- McCall
- Meridian*
- Nampa
- Wood River

Top Box %
National Benchmark, All-Database

80.6
79.9
63.6
71.3
78.4
75.1
77.4
85.4

Inpatient Pediatric Units

Nurses Overall

- Boise*
- Magic Valley

Top Box %
National Benchmark, All-Database

75.0
53.3

Inpatient Rehabilitation Units

Nurses Overall

- Boise*
- Magic Valley

Top Box %
National Benchmark, All-Database

84.1
91.2

Neonatal Intensive Care Units

Nurses Overall

- Boise*
- Magic Valley
- Meridian*
- Nampa

Top Box %
National Benchmark, All-Database

79.5
71.3
85.7
70.4


Scores above the national benchmark for patient satisfaction data indicate the St. Luke’s area is performing better than the national average for reporting hospitals.

*Five-time Magnet designated location.
**Nursing Sensitive Clinical Indicators – Calendar Year 2022**

### Injury Falls

**Per 1,000 Patient Days**

- **Boise**:
  - Jan-March: 0.87
  - April-June: 0.68
  - July-Sept: 0.39

- **Magic Valley**:
  - Jan-March: 0.93
  - April-June: 0.96
  - July-Sept: 0.44

- **Meridian**: 1.45
  - Jan-March: 0.96
  - April-June: 0.65
  - July-Sept: 0.68

- **Nampa**:
  - Jan-March: 0.56
  - April-June: 1.14

### Hospital Aquired Pressure Injury (HAPI)

#### Stage 2 and Above

**Elmore**: 0

**Jerome**: 1.40

**McCall**: 2.16

**Wood River**: 0

#### Jan-March: 0 0 0 0

#### April-June: 0 0 2.44 0

#### July-Sept: 0 0 0 0

#### Database Mean General Hospitals

**Boise**: 2.26

**Magic Valley**: 0.98

**Meridian**: 1.79

**Nampa**: 0

**Stage 2 and Above**

#### Jan-March: 0 0 0 0

#### April-June: 0 0 3.41 1.80

#### July-Sept: 1.52 0 0 0

#### Database Mean Critical Access Hospitals

#### Jan-March: 0 0 0 0

#### April-June: 0 0 5.19 1.52

#### July-Sept: 0 0 0 0

#### Database Mean Critical Access Hospitals

**NOTE**: No HAPI data available for Elmore for July to Sept. 2022 or for McCall for Jan. to March 2022 because patient(s) declined to be surveyed or there were no patients eligible for survey.


Scores below the national benchmark for nursing sensitive clinical indicators indicate the St. Luke’s area is performing better than the national average of reporting hospitals.

*Five-time Magnet designated location.*
Nursing Sensitive Clinical Indicators – Calendar Year 2022

Central Line Associated Blood Stream Infections (CLABSI)

Per 1,000 Patient Days

Boise* 0.63 0.46 0.45 0 0.85 0 0 0 0 0
Magic Valley 0.46 0.45 0 0.85 0 0 0 0 0 0
Meridian* 0 0 0 0 0 0 0 0 0 0
Nampa 0 0 0 0 0 0 0 0 0 0

Jan-March  Blue
April-June  Turquoise
July-Sept  Light Blue
Database Mean General Hospitals  Orange

Central Line Associated Blood Stream Infections (CLABSI)

Per 1,000 Patient Days

Boise* 0 0 0 0 0 0 0 0 0 0
Magic Valley 0 0 0 0 0 0 0 0 0 0
Meridian* 0 0 0 0 0 0 0 0 0 0
Nampa 0 0 0 0 0 0 0 0 0 0

Jan-March  Blue
April-June  Turquoise
July-Sept  Light Blue
Database Mean Critical Access Hospitals  Orange

Catheter Associated Urinary Tract Infections (CAUTI)

Per 1,000 Catheter Days

Boise*
1.07
1.01
2.13
0
0.46

Magic Valley
0.79
0.75
1.90
2.43
0.71

Meridian*
0.45
0.79
1.90
2.43
0.71

Nampa
0
0
0
0
0

Jan-March  Blue
April-June  Turquoise
July-Sept  Light Blue
Database Mean General Hospitals  Orange

Catheter Associated Urinary Tract Infections (CAUTI)

Per 1,000 Catheter Days

Elmore
0
0
0
0
0

Jerome
0
0
0
0
9.71

McCall
0
0
0
0
0

Wood River
0
0
0
0
0

Jan-March  Blue
April-June  Turquoise
July-Sept  Light Blue
Database Mean Critical Access Hospitals  Orange

Scores below the national benchmark for nursing sensitive clinical indicators indicate the St. Luke’s area is performing better than the national average of reporting hospitals.

*Five-time Magnet designated location.
Outstanding Achievements

**Nurse Scientist Apprenticeship**

Elena Jacobs, BSN, RN, mentored by Lucy Zhao, PhD, MPAff, RN (July 2022-July 2023)
Nursing Perceptions and Practices in Caring for Hospitalized Adult Patients With Delirium

Kayla Luke, BSN, RN, PMGT-BC, mentored by Lucy Zhao PhD, MPAff, RN (Feb. 2021-Feb. 2022)
Pilot Chart Review Study of Impact of Nursing Interventions on Discharge Disposition in Patients With Postoperative Delirium
Postoperative Delirium Risk Factors and Clinical Outcomes in Older Adult Patients with a Hip Fracture Surgery

Anna Quon, MBA HM, BSN, RN, AMB-BC, NEA-BC, mentored by Lucy Zhao, PhD, MPAff, RN (Nov. 2021-Nov. 2022)
Nursing Perceptions and Practices in Caring for Hospitalized Adult Patients With Delirium
Pilot Chart Review Study of Impact of Nursing Interventions on Discharge Disposition in Patients With Postoperative Delirium

**Nursing Research Senior Fellows**

Monica Bachman and Teresa Holbrook, mentored by Anna Rostock, MBA, BSN, RN, NE-BC, and Marty Downey, MSN, PhD, RN, AHN-BC, CHTP/I
Rapid Cycle Deliberate Practice Increases Skill Acquisition When Compared to Traditional Simulation

Kendra Bellomy, MSN, RN, RNC-OB, C-EFM, mentored by Hillary Swann-Thomsen, PhD, and Anna Quon, MBA HM, BSN, RN, AMB-BC, NEA-BC
Understanding Self-Reported Maternal Birth Trauma

Liz Clabaugh MN, RN, NPD-BC, and Christiana Sipe, MSN, RN, mentored by Julie Swanson, DNP, RN, NEA-BC
Reflective Practice for New Graduate Nurses: The Impact of Reflective Journaling and Discussion in the First Year

Jennifer Graham, MSN, APRN-CNS, AGCNS-BC, mentored by Andi Foley, DNP, RN, APRN-CNS, EMT, CEN, FAEN
Safe Blood-Pressure Measurement in Thrombocytopenic Oncology Patients

**Brittany Kelly, BSN, RN-BC, mentored by Cara Gallegos, PhD, RN, EBP-C**
Building Resilience in the Critical Care Nurse: The Influence of Self-Care and Resilient Coping on Moral Distress

Megan Nelson, MSN, RN, RNC-OB, mentored by Jane Grassley, PhD, RN, IBCLC
Prenatal Oral Health Screening: Assessing Implementation in a St. Luke’s Clinic

**Nursing Research Fellows**

Kendra Bellomy, MSN, RN, RNC-OB, C-EFM, and Carley Welch, MSN, RN, C-EFM, mentored by Claire Beck, DNP, RN, RNC-OB, NPD-BC, and Laura J. Tivis, PhD, CCRP
Sterile Water Injections as an Effective Method to Treat Lower Back Pain in Labor

Elena Jacobs, BSN, RN, mentored by Susan Tavernier, PhD, APRN-CNS, AOCN
Adult Oncology Patient’s Ability to Fever: An Inpatient Retrospective Study on Leukemia and Lymphoma Patients

Jill Keely, BSN, RN, C-EFM, and Kendra Bellomy, MSN, RN, RNC-OB, C-EFM, mentored by Hillary Swann-Thomsen, PhD, and Anna Quon, MBA HM, BSN, RN, AMB-BC, NEA-BC
Understanding Self-Reported Maternal Birth Trauma

Aimee LeGoffe, BS, RN, and Kim Mills, MSPT, mentored by Anna Quon, MBA HM, BSN, RN, AMB-BC, NEA-BC
Impact of Adult Home Health Patient Hospitalization Days When Integrating a Nurse Practitioner

Dana McKee, BSN, RNC-MNN, PMH-C, mentored by Kim Martz, PhD, RN
Perinatal Mental Health Care Access: Identifying Provider Perceptions of Facilitators and Barriers

**2022 Publications**

Danielle Boespflug, MSN, RN, NPD-BC, MEDSURG-BC, SCRN
Outstanding Achievements

K. LuAnn Cook, DNP, ANP-BC

K. LuAnn Cook, DNP, ANP-BC, and Laura Tivis, PhD, CCRP, LSSGB

Maggie Gaynor, BSN, RN, and Farral Helmandollar-Siegeler, MSN, RN

Kayla Luke, BSN, RN, PMGT-BC; Kim Popa, BSN, RN; and Cara Gallegos, PhD, RN

Michaelyn Muggli, MSN, RN, NPD-BC, CCRN-K, CHSE, and Tammye Erdmann, MEd, BSN, BSCT, RN, CHSE

Anna Quon, MBA HM, BSN, RN, AMB-BC, NEA-BC

Anna Quon, MBA HM, BSN, RN, AMB-BC, NEA-BC; Wendy Vanderburgh, MSN, RN, NREMT-P, FP-C; and Andi Foley, DNP, RN, APRN-CNS, EMT, ACCNS-AG, CEN, TCRN, FAEN

Hillary Swann-Thomsen, PhD

Lucy Zhao, PhD, MPAff, RN


2022 Presentations

Robyn Beall, MSN, RN, NE-BC, and Kristin Moore, MPH

Dani Boespflug, MSN, RN, NPD-BC, MEDSURG-BC, SCRN
Turning Your “Snoozeletters” Into Newsletters: Using Technology to Increase Learner Engagement. Poster presentation at the Association for Nursing Professional Development Type Annual Convention, March 22-25, 2022. San Antonio, Texas.

Debbie K. Ketchum, DNP, MAOM, RN, NEA-BC, RNC-MNN, C-EFM

Deploying an Evidence Based Validated Postpartum Depression Screening Tool in the Ambulatory Setting. Poster presentation at the 2022 AWHONN Conference, June 2022. Denver, Colo.

Julya Miner, DNP, RN, CPHRM, CPHQ, NEA-BC, LSSBB, RNC-OB, C-EFM


Anna Quon, MBA HM, BSN, RN, AMB-BC, NEA-BC; Sara Loree, MLS, AHIP; and Lindsay Zamara, MLIS

Anna Quon, MBA HM, BSN, RN, AMB-BC, NEA-BC, and Andi Foley, DNP, RN, APRN-CNS, EMT, CEN, FAEN

Teresa Stanfill, DNP, RN, NEA-BC, RNC-OB, and Robyn Beall, MSN, RN, NE-BC
Team Nursing: A Collaborative Approach to Care Delivery – This is NOT your Grandmother’s Team Nursing! Podium presentation at Nurse Leaders of Idaho, Nov. 1, 2022. Boise, Idaho.


Lucy Zhao, PhD, MPAff, RN

Lucy Zhao, PhD, MPAff, RN; Kayla Luke, BSN, RN, PMGT-BC; and Laura Tivis, PhD, CCRP, LSSGB

2022 Awards and Congratulations
Kim Martz, PhD, RN, was recognized as Mentor of the Year for the St. Luke’s Nursing Research & EBP Fellowship.

Anna Quon, MBA HM, BSN, RN, AMB-BC, NEA-BC: Received a three-year, full-tuition scholarship from Rush University in Chicago, Illinois, upon acceptance to their PhD in nursing program.

Elected to the board of directors as secretary for the American Nurses Association – Idaho.

Julie Swanson, DNP, RN, NEA-BC, was recognized as Mentor of the Year for the St. Luke’s Nursing Research & EBP Fellowship.

2022 Registered Nurse Scholarship and Conference Funds Recipients

BSU Return to Learn Scholarship
Aisha Nanthanong

Cristler Memorial Endowment Scholarship
Lucia Rubi

Leadership Scholarship
Debbie Ketchum  Jen Sullivan
Dolly Power  Virginia Wade
Courtney Sant

Magic Valley and Jerome Nursing Scholarship
Hallie Stokes

Magic Valley and Jerome Nursing Clinical Scholarship
Karen Fiscus

Nursing Scholarship
Isabelle Corson  Jody Hughes
Kathleen Gregston  Kim Perez

Rural Connections Scholarship
McKayla Chavez  Camerin Saleen
Shere McCarty
Outstanding Achievements

Top Shelf Scholarship
Marketa Friel
Amber Marsh
Brigette M. McCoy
Ashley McCuistion

Thompson Nursing Endowment Scholarship
Tiffany Jones

Funds for Nurses: Supporting Professional Advancement Opportunities for Nurses
Suzanne Adams
Betsy Ayers
Molly Babendure
Stacy Bakker
Dani Boespflug
Lauren Boyd
Emily Brown
Dia Byrne
Mallory Campbell
Karen Caywood
Elsa Cervantes
Shandra Clevenger
Sarah Dillon
Brooke Dyal
David Eclaircy
Tera Eskelsen
Andi Esslinger
Stacy Evans
Andi Foley
Julia Fredrick
Jessica Garner
Jennifer Graham

2022 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.

Alissa Allen, BSN, RN, CPHON – Boise Children’s Pediatric Clinical Oncology
Sara Barnard, BSN, RN – Boise Medical-Surgical 4S
Hannah Neukom, BSN, RN – Nampa Telemetry
Sydni Elliot, BSN, RN, CPN – Boise (Parkcenter) Children’s Pediatrics
Shana Flores, RN – Nampa Chemotherapy Infusion
Thaona Garber, BSN, RN – McCall Wound Care
McKaela Hadjes, BSN, RN – Boise NICU
Ann Mecham, BSN, RN, OCN – Magic Valley Radiation Oncology
Kelly Their, BSN, RN – Boise Medical-Surgical 5E
Viktoriya Vorozhko, RN – Boise Mother-Baby
Liz Watson, BSN, RN – McCall Women’s Services
Kassie Wilson, BSN, RN – Boise Mother-Baby

2022 Sunshine Award Recipients
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 Award.

Brianna Bjoralt, CNA – Nampa Telemetry
Ellen Keaster, Cook – Food and Nutrition Elmore
LeAnn Mora, LCSW – Meridian Lifestyle Medicine
Danielle Robinson, CNA – Boise Rehabilitation
Christy Roland, CMA – Fruitland Family Medicine
Ray Schmitz, Supervisor – Boise Imaging Services
Dora Semple, EVS/Laundry Technician – Boise
Oscar Arechiga Suarez, CNA – Nampa Telemetry

Top Shelf Scholarship Recipients
Marketa Friel
Amber Marsh
Brigette M. McCoy
Ashley McCuistion

Thompson Nursing Endowment Scholarship Recipient
Tiffany Jones

Funds for Nurses: Supporting Professional Advancement Opportunities for Nurses Recipients
Suzanne Adams
Betsy Ayers
Molly Babendure
Stacy Bakker
Dani Boespflug
Lauren Boyd
Emily Brown
Dia Byrne
Mallory Campbell
Karen Caywood
Elsa Cervantes
Shandra Clevenger
Sarah Dillon
Brooke Dyal
David Eclaircy
Tera Eskelsen
Andi Esslinger
Stacy Evans
Andi Foley
Julia Fredrick
Jessica Garner
Jennifer Graham
Outstanding Achievements

2022 System Nursing Excellence Awards Winners

Transformational Leadership

**New Leader**

Cindy Blakely, BSN, RN-BC, CMSRN
Cardiac Procedures, Nurse – Magic Valley

Dagny Bogaard, BSN, RN, OCN
Cancer Institute, Nurse-Manager – Magic Valley

**Experienced Leader**

Debbie Larson, MSN, RN, NE-BC
Intensive Care Unit and Telemetry, Nurse-Director – Nampa

**Experienced Leader**

Dana Gulbranson
Distinguished Nurse

**New Knowledge, Innovations and Improvements**

Celeste Benedict, BSN, RN, CCRN
Intensive Care Unit, Nurse – Nampa

Calley Crawford, BSN, RNC-OB, C-EFM, NPD-BC
Women’s Services, Clinical Educator – Nampa

Teresa Stanfill, DNP, RN, NEA-BC, RNC-OB
Nursing and Patient Care Center of Excellence, Senior Director – System
Outstanding Achievements

2022 System Nursing Excellence Awards Winners

Exemplary Professional Practice

Ambulatory

Nick Sandmeyer, ADN, BS, RN, CPHON
Children’s Cancer Institute, Nurse Navigator – Boise

APRN

Rick Bassett, MSN, RN, APRN, ACNS-BC, CCRN, FCNS
Adult Critical Care, Clinical Nurse Specialist – System

APRN

Anna McCreath, NP
Heart Failure Clinic, Nurse Practitioner – Meridian

Hospital

Betsy Ayers, BSN, RN, IBCLC
Women’s Services, Lactation Consultant – Nampa

LPN

Margaret Nunez, LPN
Long-Term Care, Resident Services Advocate – Elmore
RN Group

Interprofessional Group

**CSU Clinical Redeployment Team**

*Left to right:* Kimberly Popa, BSN, RN, NPD-BC, clinical educator; Troy Allbright, MSN, RN, NE-BC, assistant nurse manager; Anna Rostock, BSN, MBA, RN, NE-BC, manager; Amy Bradley, BSN, RN, NE-BC, manager

*Not pictured:* Megan Boston, BSN, RN, clinical educator; Kacey Martinez, BSN, RN, CPN, assistant nurse manager; Noel Morin, BSN, RN, assistant nurse manager; Shannon Wilson, BSN, RN, assistant nurse manager; Nora McDaniel, MSN, RN, assistant nurse manager; Janet Andree, MSN, RN, ACNS-BC, NE-BC, manager

**Pediatric COVID-19 Vaccine Events Planning Team**

*Back row, left to right:* Brian Dotter, PharmD, MBA, DPLA, pharmacy senior director; Cullen Anderson, BSN, RN, nurse manager; Kadie S. Randel, BSN, RN, nurse manager; Stephanie Fisher, pharmacy buyer; Karen Palmer, immunization program coordinator; Heather Evans, pharmacy business manager

*Front row, left to right:* Caroline Davis, BSN, RN, CPN, care coordination manager; Kammi Hopstad, immunization program coordinator; Brandee Tenley, BSN, MPH, RN, clinical informaticist

*Not pictured:* Adam Vardaman, patient financial management senior director
Liz Watson, BSN, RN, St. Luke’s McCall Women’s Services, receives a DAISY award for her outstanding care of a patient.