Building Excellence

2010 NURSING ANNUAL REPORT

HealthEast Care System
There is a Profound Honor in Being a Nurse

At times when people are often their most vulnerable, patients—and their families—entrust nurses with their care. The presence of a nurse in so many lives is played out in many ways.

Nurses help bring about recovery that puts quality and patient safety at the forefront of their work. Nurses educate, explain and collaborate with their patients. Nurses share laughter, tears, hopes and dreams.

Nurses are a crucial part of what makes HealthEast Care System special. And in recent years, what makes us special has been fostered by our journey to nursing excellence. That journey was part of our Magnet process. Although we have not advanced to a survey by Magnet appraisers yet, much of our Magnet work has tremendous relevance for nurses.

At HealthEast, we aim high. The drive and momentum we’ve gained through the Magnet process will continue. Our nursing excellence journey continues, taking us to new heights made possible because of our relentless pursuit of excellence.

Our Magnet/Nursing Excellence work has provided many positive outcomes. We continue to see dramatic improvements in our nursing-sensitive indicators such as prevention of falls and pressure ulcers. Our work is felt by patients, who report in increasing numbers that their HealthEast experience is a positive one. The journey has created meaningful platforms for better collaboration and discussion at unit councils, Nursing Grand Rounds, journal clubs, hospital and system practice councils and our Nursing Shared Leadership Councils.

This year’s annual report draws out just a few of the remarkable strides that have nursing at their core. You’ll meet colleagues whose innovation is bringing down the falls rate—and keeping patients safer. Fellow nurses who are instrumental in launching care management will give you a glimpse inside their work. Evidence-based practice will take on even greater importance in the future of health care; this annual report shows it in action at HealthEast. Meet your nursing colleagues who helped us better serve injured patients with their vital contributions to our Level III trauma designation.

They represent us, everyone who is a part of HealthEast Nursing. I hope you find this Nursing Annual Report a tribute to you, the nurses of HealthEast.

Mary F. Pynn, RN, MS, NEA-BC
Vice President and Chief Nursing Officer
Jeanette Schwartz, RNC, MA, is quick to point out that while she’s been cited as a one of Minnesota’s finest nurse advocates for women, it took nursing teamwork to reach the point where Maternity Care at Woodwinds Health Campus has earned both state and national kudos.

The clinical director of Maternity Care at Woodwinds, Schwartz was recognized in November as the Minnesota March of Dimes 2010 Nurse of the Year in the women’s health category.

“What makes HealthEast special for nurses is what it makes possible for nurses,” Schwartz says. “We’re given the opportunity to innovate and influence the kind of care we give.”

Schwartz has a long history of leadership in organizations that focus on bettering care for women and babies. She is the immediate past president of the International Childbirth Education Association and past chair of the Minnesota section of the Association of Women’s Health, Obstetrics and Neonatal Nursing.

St. Joseph’s Patient Care Executive Helen Strike, RN, BScN, MHA, also was nominated for an award in the leadership category.

“This inaugural event marks just the beginning of a time when we can recognize and honor Minnesota nurses who have positively impacted the lives of many and improved the systems of health care delivery so others could benefit as well,” said committee chair Karen Brill, Vice President of Nursing and Patient Services at Gillette Children’s Specialty Care.

“A passion for patient- and family-centered care has been a hallmark of Schwartz’s career. From its inception, Woodwinds set about to create a mother-friendly environment. Thanks to collaboration with her colleagues at the other hospitals, HealthEast is the East Metro leader in offering labor-delivery-recovery postpartum model of care. Couplet care, bringing mothers and babies into the same room, and integrative therapies are standard at HealthEast Maternity Care. Its strong certified nurse midwife program also makes HealthEast stand out.

“The Nurse of the Year Awards event in Minnesota raised $60,000 for the mission of the March of Dimes: to improve the health of babies by preventing birth defects, premature birth and infant mortality.
NURSING PLAYS CRITICAL ROLE IN REDUCING FALLS

On a sunny afternoon not long ago at Bethesda Hospital, patients are gathered for a game of bingo – one designed especially to help their memories.

Suddenly, a patient lurches forward in her wheelchair; simultaneously, the alarm on a strap around her hips sounds. Staff quickly draw the patient back into an upward position. Safety is restored and bingo continues.

Similar scenarios play out regularly at Bethesda, where the concentrated efforts of staff throughout the hospital are contributing to the steady decline in patient falls. The multidisciplinary team devoted to preventing falls relies heavily on the expertise and input of Bethesda nurses.

Among them is Eva Acquoi, RN, BSN, who works in the 5S Complex Medical/Respiratory unit. She’s achieved a reputation throughout Bethesda as a keen advocate for patient safety through preventing falls.

“You have to know what to look for. What time of day was it? What were the precipitating factors? Did shift change play a role?” Acquoi observes.

Patient falls are among the most persistent and troublesome issues in health care. The long-term acute care setting has distinctive challenges. Patients with both temporary and long-term cognitive impairments often don’t realize they lack the strength to stand. They’re hospitalized considerably longer. They may be treated with drugs that impact balance.

The consensus of patient safety experts, though, is that falls should never happen. When Minnesota crafted definitions for its landmark adverse health events reporting law, it drew upon safety standards established by the National Quality Forum. The result: falls resulting in serious injury are publicly reported every year.

So how to eliminate falls?

It starts with substantial organizational commitment to bringing down falls rates. At Bethesda, Janet Lotegeluaki, MSN, RN, ACNS-BC, a clinical nurse specialist, focuses considerable time and effort on coordinating efforts to reduce falls. And it’s working.

The rate of falls at Bethesda has steadily declined from 9.16 per 1,000 patient days in fiscal year 2007 to 5.7 in fiscal year 2010. The goal for this year is to decrease falls even further to 4.55.

“It’s very intentional and it requires the problem-solving perspective of bedside nurses and other professionals on the falls committee. They develop staff awareness about issues and take data back to the units,” Lotegeluaki says.

A wide range of equipment is analyzed to determine how well it would help prevent falls. In recent years, Bethesda has invested in “high-low” beds that adjust patients’ elevation off the floor. Seatbelt alarms, such as the one
that instantly alerted staff during the bingo game, and alarms that detect potentially dangerous shifts in a patient’s weight on their beds are among other technology that Bethesda uses.

“As an organization, we have had a true commitment to reducing falls and you can see that in the amount of equipment that has been purchased to support our goals,” Lotegeluaki says.

Moreover, the expertise accumulated by nurses and other colleagues who care for patients serves as valuable building blocks. In addition to their bedside experience, they scrutinize journal articles regularly, searching for lessons that can be applied at Bethesda. Nurses and their colleagues on the falls committee analyze the factors leading up to falls, searching for common threads that help them identify preventive tools.

Among the lessons to emerge was that considerable effort was needed to get at one of the most worrisome trends: repeated falls. Among the efforts nurses and colleagues devised is an immediate huddle after a fall to analyze the factors leading up to it and assess the likelihood of it happening again.

Since post-fall huddles were initiated at Bethesda, the number of falls that were repeated has dropped from 40 to 24 percent between November 2008 and October 2010.

Staff also have had the opportunity to weigh in on what has and hasn’t worked. In 2009, the committee decided to have patients deemed likeliest to fall wear yellow t-shirts. What seemed like a worthy endeavor proved somewhat impractical for patients with tracheotomies or extensive tubing; the yellow t-shirt project has been redesigned for use with more appropriate patients.

“That’s important in patient safety. You have to try options and sometimes you learn that some work better than others,” Lotegeluaki says.

Bethesda Medical Director Rahul Koranne, MD, credits nurses for the significant gains Bethesda has made.

“The nurses are closest to the patients and they have a real enthusiasm for the work we’re doing to prevent falls and it shows in our numbers, which keep getting better and better,” Koranne notes.

For Acquoi, who became immersed in falls prevention during her BSN studies, the opportunity to build a safer environment for patients is worth the extra effort.

“As a nurse, I know you have to always keep your eyes on a patient. What we’re doing at Bethesda helps create a whole framework of support for the patient,” she says. “It’s not easy to eliminate falls, but we can make it.”
W hen ill or injured patients first encounter a nurse in any of HealthEast’s three emergency departments, they know that they’re in skillful hands.

What may be less apparent in the moment is that nurses are at the forefront of quality-driven transformations in emergency care that helped earn a crucial success: designation as Level III trauma centers at all three hospitals.

The validation followed intense work to ensure that HealthEast’s emergency departments are prepared for all types of cases, setting the stage to treat certain injuries within the hospitals and preparing more severely injured patients, usually those with multiple-system traumas, for transfer to Level I facilities. The Level III status became final in March 2010, when the Minnesota Department of Health validated HealthEast’s trauma status after site surveys in the preceding months.

The effort coincides with the state’s establishment of a formalized trauma system based on getting patients into the right hospital for their injuries. To ensure that hospitals meet standards established by the Minnesota Statewide Trauma System, the survey scrutinized HealthEast on a vast array of criteria—staff education, physician coverage and activation procedures, to name just a few.

Nurses were critical to preparations that readied HealthEast for review of its ability to earn the trauma designation. For Denise Gilbert, RN, who began her career as a paramedic, bringing the pieces together seemed a daunting task at first.

“But it soon became very evident that moving forward for a Level III trauma center designation would be a wonderful thing for all three HealthEast hospitals,” says Gilbertson, who works in the St. John’s Emergency department. The ability to bring together resources and “tap into them more fluidly” was key to the success, she adds.

New protocols were developed and instituted. The development of a trauma alert code that lets staff know what to expect with an injured patient was a pivotal milestone.

“The alert code puts everybody on the same page. When the patient comes in through the ambulance bay, we have all the resources at our fingertips—nursing resources, physician resources, surgery resources,” Gilbert says. “Everyone knows their role. The orchestration is wonderful. There’s no question about whether the patient is a trauma patient – everyone knows what we must prepare for.”

That’s precisely the scenario envisioned when HealthEast set out to prepare itself for trauma designation. The ability to create...
a seamless system that begins with the alert—and continues through every area that provides diagnosis and treatment, including surgery—is one of the key factors in achieving the state’s designation as a Level III trauma center.

“Most trauma cases are appropriately managed by Level III facilities. But to earn the designation, we had to evaluate and develop our processes for traumatically injured patients,” says Elaine Stevens, RN, System Director of Trauma Care. “We could not have done it without support from our Emergency departments, our Surgery departments, Radiology and every department that touches an injured patient. So many of those factors are nursing-driven and it’s a testimony to nurses at HealthEast that we were able to successfully document that we are, indeed, appropriately designated as Level III trauma.”

For Eric Fitzjarrald, RN, that department-by-department coordination underscores the value of the trauma designation at HealthEast and what it means for patients.

“This has brought about a real improvement,” says Fitzjarrald, who began his career as a military medic before becoming a nurse. “Everybody is on their feet and ready to roll. It’s working.”

About 1,000 patients a year have come to each of HealthEast’s three short-term acute care hospitals with traumatic injuries. Already, the volumes are increasing, Stevens says, as crucial partners in the emergency medical transportation community recognize HealthEast locations as the right place for patients.

“For our teams of professionals, as well as our community counterparts, there’s a strong level of reliability associated with pulling an ambulance into the bays at St. Joseph’s, St. John’s and Woodwinds,” says Dave McGowan, HealthEast Medical Transportation Director of Operations and Quality Assurance. “And one of the main reasons that confidence exists is because we know that there are exceptional nurses waiting for the injured patient.”

“The orchestration is wonderful. There’s no question about whether the patient is a trauma patient – everyone knows what we must prepare for.”

Denise Gilbert, RN
The goal couldn’t be clearer and the cause couldn’t be more thoroughly embraced: keep the surgical patient healthier by reducing urinary tract infections.

But how? And how do nurses and their colleagues know what methods work to deliver optimum outcomes?

Evidence-based practice (EBP) is one of the answers. At HealthEast, a dedicated group of nurses are at varying stages of the process, an effort that is building a culture of inquiry within the organization geared toward helping achieve the best patient outcomes.

For Claudia LaLiberte, RN, BSN, the effort is underway. A surgical nurse at St. John’s, LaLiberte is examining the literature to pinpoint best practices related to urinary catheter insertion and management to reduce hospital-acquired infections.

Presenting to her peers recently, LaLiberte noted her findings so far indicate the obstacles may lie partially in the slightest variations in sterile insertion technique or further work on nurses’ understanding why the urinary catheter needs to be removed in a timely manner to prevent infections.

“Sometimes, this seems like common sense. But it is worth revisiting,” she observes.

A vast array of resources are available to nurses engaged in EBP. Sometimes, sufficient research has been accumulated at a number of other organizations to establish a consensus about the best evidence to guide clinical decisions and practices. In other instances, PICOTs create clinical inquiry into a practice when no evidence is found to support or dispute a particular practice. PICOT stands for:

> P for patient population (or problem)
> I for intervention or issue of interest
> C for comparison
> O for outcome
> T for timing

“Nurses do this kind of care every day – we alter our interactions with patients based on the information that the care team, the patient and the family give us,” says Meghan LaVelle, MS, RN, ACNS-BC, CEN an emergency room nurse at Woodwinds Health Campus.

“Nurses are very good at identifying problems or questions that need to be addressed. The question is how to find more information about concerns or what to do with the information once it is found. Arriving at answers takes patience and diligence. If a base of evidence exists, it can lead to a pilot project.
to incorporate it,” says Beth Lavelle, PhD, RN, CEN, education and development specialist.

But literature may reveal conflicting assessments of best practices.

Or, nurses find that many of their peers nationwide have the same questions but there isn’t adequate data to support any single base

And at HealthEast, as elsewhere, sometimes the question isn’t about the patient but about the nurse and how to eliminate barriers to changes in practice.

That’s the focus of a PICOT question that Katja Andresen, RN, BAN, of the patient care unit 5000 at St. Joseph’s is pursuing.

“Growing bodies of evidence may indicate it’s time to rethink long-held assumptions about care and practice.”

of evidence. In that instance, research projects can be generated to answer or further add to the current evidence that may dispute or support the PICOT. If sufficient evidence can’t be found to answer the PICOT, then a research question or hypothesis can be generated to develop a research study or project.

Or, growing bodies of evidence may indicate it’s time to rethink long-held assumptions about care and practice. As Tracey Hammel, RN, BSN, CWOCN, delves deeper into questions about compression stockings, she is learning that they may not be the right thing for all patients. “Should we be using them at all? I think the answer is ‘yes.’ But it may be that after this EBP project is done, the circumstances should be reduced.”

“Evidence-based care is improved when nurses believe the practice will improve clinical care and outcomes,” Andresen notes. In 2010, more than 400 nurses were surveyed to ascertain the current state of EBP at HealthEast, including barriers. The information garnered helps serve as a springboard for planning and implementing EBP strategies.
Rachel Leake, RN, BSN, knew her patient wanted to go home, yet was fearful of leaving the security of St. Joseph’s Hospital as his life after surgery would be significantly different.

“He was self-conscious, overwhelmed, and anxious after his colectomy,” Leake says. “I spent an hour with him going over what to expect in the next few hours, shifts and days to ease his anxiety and to help him understand what benchmarks he needed to achieve to go home. I also helped him set personal goals for recovery, and this helped reinforce his dignity and regain control over his health.”

Her patient’s needs exemplify the increasing level of precision that will characterize the delivery of health care not only within HealthEast but across the nation in the years to come.

At HealthEast, the process of building a care management system to fit meet a new paradigm is a multi-year effort focused on “Right Care, Right Time, Right Place.” Its leaders are quick to point out that it requires—and will continue to require—a diligent, systematic approach that impacts nearly every department within HealthEast.

“It’s not like you are going to turn a switch and everything changes overnight,” says Susan Nelson, who facilitates the project. “But everything we’re doing is based on achieving the right goals—the care progression for the patient and the length of stay for the best clinical outcomes.”

Rachel Leake, RN, BAN
And, even though care management is in its early stage, the collaboration between staff nurses and HealthEast nurse care managers, and others on the care team, is already accomplishing its objectives.

Leake’s patient had a successful discharge at the time expected, thanks in large part to multidisciplinary work with him that spanned shifts. So did a recent patient of Molly Winkels, RN, on 2N at Woodwinds Health Campus. Her patient, too, needed to achieve certain goals—and had a family in frequent contact with Winkels to help bring their loved one home.

The ability to communicate a clear, concise plan of action instilled confidence in the family.

“I have a lot of conversation not only with patients and families but with my colleagues so that we can integrate actions throughout the shifts. This is teamwork at its best —the hospitalist helps so much, the pharmacist helps so much and nurses are the key players in knowing the plan for the day and helping accomplish it,” Winkels says. “Even though it is early in the new structure, we’re seeing great movement and being proactive.

Identifying, and removing, barriers.

“The staff nurse really knows things about the patient that others cannot because they are not exposed to the patient as much,” Nelson says.

The cross-shift teamwork takes on a variety of goals. The aim may be to get patients on their feet during the evening shift, rather than waiting until morning. It may be transitioning from intravenous to oral medications earlier than what was once customary.

Each component is geared toward a discharge that falls within the appropriate timeline. The risks of prolonged hospitalization beyond an anticipated length of stay are well documented in quality and patient safety literature.

Patients are at higher risk of skin breakdowns, falls and hospital-acquired infections, for instance.

Conversely, a good care management system sets the stage for discharge, which may include home care or other community care resources, Nelson notes.

“Nurses are the 24-hour presence. They know the patient. They know the barriers, the potential family issues. They have the clinical, boots-on-the-ground connection with patients that no one else has and that is what helps patients progress through the hospital safely,” she says. “They are the minute-by-minute patient advocate.”

“Nurses are the 24-hour presence. They know the patient. They are the minute-by-minute patient advocate.”
NURSING AS LEADERS IN 2010

Joan Bartholomew, RN, BA, CIC
Woodwinds Infection Control
Secretary
Association for Professionals in Infection Control & Epidemiology – Minnesota

Kathy Borchert, RN, MS, CWOCN, ACNS-BC
Bethesda Nursing Administration
Safe Skin Advisory Board
Minnesota Hospital Association
Workgroup Member & Clinical Document Reviewer
Institute for Clinical Systems Improvement

Cindy Bultena, RN, MSN
Woodwinds Administration
Membership/Network Coordinator
American Holistic Nurses Association

Carol Busman, RN, MS, CNS-BC, IBCLC
HealthEast Maternity Care Center
Newsletter Coordinator
Association of Women’s Health, Obstetrics and Neonatal Nursing

Wendy Costello, RNC, BSN
Bethesda Float Pool/SWAT
Volunteer Nurse
Anoka County Medical Reserves

Mary Cullen, RN, BSN
HealthEast Health Informatics
Treasurer
Sigma Theta Tau International – Chi, at-large chapter

Stella Essien, RN, MA
Bethesda Respiratory/Complex Medical Unit
Clinical Instructor
St. Paul College

Janine Frans, RN, MAN
St. Joseph’s Cardiac/Telemetry
Adjunct Clinical Nursing Instructor
Century College

Joni Gutknecht, RN, BSN, MS
St. John’s Surgical Services
Chapter President: Association of Perioperative Registered Nurses – Twin Cities
Past President: Association of Perioperative Registered Nurses – Twin Cities

Patti Keefer, RN, MA, NE-BC
HealthEast Nursing
Secretary
Minnesota Organization of Leaders in Nursing – District G

Jacqueline Krech, RN, BSN, MA
Woodwinds Administration
Nominations Committee
Minnesota Organization of Leaders in Nursing – District G

Beth LaVelle, RN, PhD, CEN
HealthEast Clinical Education
Co-Chair
Society of Critical Care Medicine – National Rapid Response Systems Task Force
Member
Society of Critical Care Medicine – National Fundamental Critical Care Support Committee
Reviewer
Critical Care Nurse
Circle of Excellence Review Panel
American Association of Critical Care Nurses

Amy Lewis, RN, MA, FNP-BC
St. Joseph’s Addiction Services
President
Minnesota Nurse Practitioners

Val Lincoln, RN, PhD, AHN-BC
Woodwinds Integrative Services
Co-Director
Holistic Health and Healing Institute
University of Minnesota, Center for Spirituality and Healing
Doctorate in Nursing Practice Mentor
University of Minnesota School of Nursing
Consultant
Use of Essential Oils with Pediatric Patients in the Emergency Department at Woodwinds
Co-Investigator
Acupuncture and Arthroplasty
Primary Investigator
Healing Arts Therapies Registry

Karen MacDonald, RN, MS, CPHQ
HealthEast Quality Institute
Secretary
Minnesota Organization of Leaders in Nursing
Juliet Mock, RN, MS, ACNS-BC
St. Joseph’s Cardiac/Telemetry and Cardiac & Medical-Surgical Intensive Care
Vice President
Sigma Theta Tau International – Zeta Chapter
Research Board Member
American Association of Heart Failure Nurses

Louise Nesdahl, RN, BSN, MAT
St. Joseph’s Cardiac & Medical-Surgical Intensive Care
Lead Faculty
Basic Faith Community Nursing
Faith Community Nurse Network – Greater Twin Cities

Geri Okoneski, RN, MS
Woodwinds Orthopedics
Inductee
Sigma Theta Tau

Mary Pynn, RN, MS, NEA-BC
HealthEast Chief Nursing Officer
Board Member
Health Care Resource Network of MidAmerican Financial Group

Maria Raines, RN, MSN, ACNS-BC
Woodwinds Nursing Administration
Co-Chair
Minnesota Board of Nursing APRN Coalition

Jeanette Schwartz, RNC, MA, LCCE, CD, PCD
Woodwinds Maternity Care Center
President
International Childbirth Education Association
Chair
Association of Women’s Health, Obstetrics, Neonatal Nursing

Joan Somes, RNC, BAN, MSN, PhD, CPEN, CEN, FAEN
St. Joseph’s Emergency Department
Fellow
Academy of Emergency Nurses
Immediate Past President
Emergency Nurses Association – MN State Council
Geriatric Emergency Nurses Education Course Revision Committee
Emergency Nurses Association – National
President & CEO
Emergency Care Instructing

Lynn Sontag, RN, MSN
HealthEast Care Connection
President-Elect
Minnesota Association of Occupational Health Nurses

Jennifer Whitwam, RN, BSN
Woodwinds Intensive Care/Telemetry
Inductee
Sigma Theta Tau

NURSING CERTIFICATION OBTAINED IN 2010

American Nurses Credentialing Center
Registered Nurse – Certified

RN-C Medical-Surgical Nurse
Wendy Costello, RN, BSN
Bethesda Float Pool/SWAT
Initial Certification

RN-C Perinatal Nurse
Mary Menter, RN
St. John’s Maternity Care Center
Certified for 14 years

Denise Richter, RN
Woodwinds Maternity Care Center
Initial Certification

RN-C Gerontological Nurse
Patricia Snyder, RN
Woodwinds Float Pool
Certified for 8 years

Joan Somes, RN, BAN, MSN, PhD, FAEN
St. Joseph’s Emergency Department
Certified for 6 years

RN-C Psychiatric and Mental Health Nurse
Betsy Anderson, RN, MPH
St. Joseph’s Inpatient Mental Health
Certified for 3 years

RN-BC Registered Nurse Board Certified

RN-BC Gerontological Nurse
Adelwisa Pilien, RN, BSN
Bethesda Medical/Behavioral
Initial Certification

RN-BC Medical-Surgical Nurse
Suzanne Snyder, RN, BSN
HealthEast WOC Services
Initial Certification

Heidi Winslow, RN
St. John’s Emergency Department
Initial Certification
Board of Certification for Emergency Nursing
CEN Certified Emergency Nurse
Paulette Groshens, RN, MA
Woodwinds Med-Surg/Orthopedics
Certified for 20 years

Karen Jansky-Koll, RN
St. John’s Emergency Department
Certified for 28 years

Beth LaVelle, RN, PhD
HealthEast Clinical Education
Certified for 30 years

Meghan LaVelle, RN, MS
Woodwinds Emergency Department
Certified for 2 years

Marilyn Marko, RN
St. John’s Emergency Department
Certified for 2 years

Joan Somes, RN, BAN, MSN, PhD, FAEN
St. Joseph’s Emergency Department
Certified for 35 years

Jill Sullivan, RN, BSN
St. John’s Emergency Department
Certified for 4 years

CPEN Certified Pediatric Emergency Nurse
Karen Jansky-Koll, RN
St. John’s Emergency Department
Initial Certification

Joan Somes, RN, BAN, MSN, PhD, FAEN
St. Joseph’s Emergency Department
Initial Certification

Jill Sullivan, RN, BSN
St. John’s Emergency Department
Initial Certification

American Association of Critical Care Nurses
CCRN Adult, Ped, Neonatal Critical Care Nurses
Janice Hornby RN, BSN
HealthEast Clinical Education
Initial Certification

CCRN Progressive Care Nurses
Linda Jones, RN
St. John’s Cardiac Telemetry
Certified for 3 years

DONA International Doula Trainer
CD Certified Doula Trainer
Jeanette Schwartz, RN, MA
Woodwinds Maternity Care Center
Certified for 14 years

PCD Postpartum Doula Trainer
Jeanette Schwartz, RN, MA
Woodwinds Maternity Care Center
Certified for 1 year
Kathleen Nockleby, RN, BSN  
St. Joseph’s Hospice Home Care  
Certified for 1 year

Certification Board Infection Control and Epidemiology  
CIC Certified Infection Control Nurse  
Joan Bartholomew, RN, BA  
Woodwinds Infection Control  
Certified for 14 years

Kathy Miller, RN, BAN  
St. John’s Infection Control  
Certified for 15 years

Infusion Nurse Certification Corporation  
CRNI Certified Registered Nurse Infusion  
Anthony Nwanokwale, RN  
Woodwinds Float Pool / SWAT  
Initial Certification

International Board of Lactation Consultant Examiner  
IBCLC International Board Certified Lactation Consultants  
Jill Branovsky, RN, BSN  
St. Joseph’s Maternity Care Center  
Certified for 10 years

Carol Busman, RN, MS, CNS-BC  
HealthEast Maternity Care Center  
Certified for 20 years

Jayne Peterson, RN  
St. John’s Hospital Perinatal  
HealthEast Home Care  
Certified for 15 years

Lamaze International  
LCCE Lamaze Certified Childbirth Educator  
Jeanette Schwartz, RN, MA  
Woodwinds Maternity Care Center  
Certified for 24 years

Medical-Surgical Nursing Certification Board  
CMSRN Certified Medical Surgical RN  
LaVonne Bjokne, RN  
Woodwinds Float Pool  
Certified for 5 years

American Association of Neuroscience  
CNRN Certified Neuroscience RN  
Lynette Pettit, RN  
St. Joseph’s Neurology Intensive Care  
Certified for 5 years

National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties  
RNC Inpatient Obstetric Nursing  
Jacquelyn DaBruzzi, RN  
HealthEast Float Pool – OB  
Certified for 1 year

Jane Jorgensen, RN  
Woodwinds Maternity Care Center  
Certified for 14 years

Shawn Meyer, RN, BSN  
St. Joseph’s Maternity Care Center  
Certified for 1 year

Janna Reynoso, RN, BSN  
St. Joseph’s / St. John’s Maternity Care Center  
Initial Certification

Jeanette Schwartz, RN, MA  
Woodwinds Maternity Care Center  
Certified for 18 years

RNC Maternal Newborn Nursing  
Denise Dufour, RN  
Woodwinds Medical-Surgical, Hospice, Pediatrics, Telemetry  
Certified for 14 years

Jane Jorgensen, RN  
Woodwinds Maternity Care Center  
Certified for 4 years

Shawn Meyer, RN, BSN  
St. Joseph’s Maternity Care Center  
Certified for 1 year

Dana Nelson, RN  
Woodwinds Maternity Care Center  
Certified for 3 years

RNC Low Risk Neonatal Nursing  
Patricia Medlicott, RN  
St. Joseph’s Maternity Care Center  
Certified for 1 year

Dana Nelson, RN  
Woodwinds Maternity Care Center  
Certified for 3 years

Denise Richter, RN  
Woodwinds Maternity Care Center  
Certified for 21 years

Oncology Nursing Certification Corporation  
OCN Oncology Certified Nurse  
Linda Bauer, RN  
St. John’s Cardiac Telemetry  
Initial Certification

Diane Johnson, RN  
St. Joseph’s Outpatient Oncology and Infusion  
Certified for 15 years

Dawn Schultz, RN, BSN  
St. Joseph’s Outpatient Oncology and Infusion  
Certified for 15 years
Teresa Troska, RN  
St. John’s Care Care – Infusion  
Initial Certification

Orthopaedic Nurses Certification Board  
ONC Orthopaedic Nurse Certification  
Mary Sonnek, RN, BSN  
St. John’s Medical-Surgical/Orthopedic & Respiratory  
Initial Certification

American Board of Perianesthesia Nursing  
CPAN Certified Perianesthesia Nurse  
Patti Bauer, RN  
Woodwinds Surgical Admit Unit/Post Anesthesia Care Unit  
Certified for 4 years

Krista Budde, RN  
St. John’s Surgical Admit Unit/Post Anesthesia Care Unit  
Initial Certification

Kristine Roberts, RN, BSN  
St. John’s Surgical Admit Unit/Post Anesthesia Care Unit  
Initial Certification

Jeanne Tschida, RN  
Woodwinds Surgical Admit Unit  
Initial Certification

Competency & Credentialing Institute Perioperative Nursing  
CNOR Certified Nurse OR  
Jill Carlson, RN, BSN, RNFA  
St. Joseph’s Bariatrics  
Certified for 15 years

Cecilia Gutierrez, RN  
St. John’s Surgical Services  
Initial Certification

Stephanie Larson, RN, BSN  
Woodwinds Surgical Services  
Initial Certification

Sandy Oakes, RN  
St. John’s Surgical Services  
Certified for 15 years

Jenny Rover, RN  
St. Joseph’s Surgical Services  
Certified for 15 years

Wound Ostomy Continence Nursing Certification Board  
COCN Certified Ostomy Care Nurse  
Scott Church, RN, BA, BSN  
HealthEast WOC Services  
Certified for 3 years

CWCN Certified Wound Care Nurse  
Scott Church, RN, BA, BSN  
HealthEast WOC Services  
Certified for 3 years

CWOCN Certified Wound, Ostomy, and Continence Nurse  
Kathy Borchert, RN, MS  
Bethesda Nursing Administration  
Certified for 20 years

Kym DeRocker, RN  
HealthEast Home Care  
Initial Certification

Terry Schultze, RN, BSN  
HealthEast WOC Services  
Initial Certification

CFCN Certified Foot Care Nurse  
Leah Gillette, RN, BSN  
HealthEast WOC Services  
Initial Certification

NURSING DEGREES RECEIVED IN 2010

Cassie Drake, RN, BSN  
Bethesda Respiratory/Complex Medical Unit  
BSN, Metropolitan State University

Stella Essien, RN, MA  
Bethesda Respiratory/Complex Medical Unit  
MA, Bethel University

Paulette Groshens, RN, MA  
Woodwinds Med-Surg/Orthopedics  
MA, St. Francis University

Joni Gutknecht, RN, MS  
St. John’s Surgical Services  
MS, St. Francis University

Darcy Jones, RN, MS  
Bethesda Medical/Behavioral Unit  
MS, University of Phoenix

Carol Lauer, RN, MS  
HealthEast Clinical Education  
MSN, Walden University

Meghan LaVelle, RN, MS  
Woodwinds Emergency Department  
MS, University of Minnesota
Kathleen Maher, RN, BSN, MA
Woodwinds Surgical Admit Unit/Post Anesthesia Care Unit
MA, St. Catherine’s University

Lisa McDew, RN, BSN
Woodwinds Surgical Admit Unit/Post Anesthesia Care Unit
BSN, Bethel University

Shawn Meyer, RN, BSN
St. Joseph’s Maternity Care Center
BSN, Minnesota State University Moorhead

David Ogato, RN, MA
St. Joseph’s Medical-Surgical/Bariatrics/Renal MA, University of Minnesota

Geri Okoneski, RN, MS
Woodwinds Orthopedics
MS, University of Phoenix

Jennifer Peterson, RN, BSN
St. Joseph’s Orthopedic/Spine/Medical-Surgical
BSN, Metropolitan State University

Jessica Schmitt, RN, BSN
St. Joseph’s Medical-Surgical/Bariatrics/Renal
BSN, Metropolitan State University

Lynn Sontag, RN, MSN
HealthEast Care Connection
MSN, Metropolitan State University

Kimberly Tabolich, RN, BSN
St. Joseph’s Neurology Intensive Care
BSN, Bethel University

Jennifer Whitwam, RN, BSN
Woodwinds Intensive Care/Telemetry
BSN, University of Wisconsin – Eau Claire

NURSING AWARDS RECEIVED IN 2010

Joan Bartholomew, RN, BA, CIC
Woodwinds Infection Control
Association for Professionals in Infection Control & Epidemiology
Poster Winner – Fall Conference

Nora McPherson, RN, GCNS-BC
St. John’s Geriatrics
Association for Professionals in Infection Control & Epidemiology
Poster Winner – Fall Conference

Kathy Miller, RN, BAN, CIC
St. John’s Infection Control
Association for Professionals in Infection Control & Epidemiology
Poster Winner – Fall Conference

Jeanette Schwartz, RNC, MA, LCCE, CD, PCD
Woodwinds Maternity Care Center
March of Dimes Organization
Nurse of the Year – Women’s Health

Joan Somes, RNC, BAN, MSN, PhD, CPEN, CEN, FAEN
St. Joseph’s Emergency Department
Minnesota Emergency Nurses Association
ENA State Achievement Award

Suzanne Zeller, RN
St. Joseph’s Maternity Care Center
St. Joseph’s Hospital Nurse Excellence Award Recipient

NURSING WHO’VE AUTHORED PUBLISHED INFORMATION IN 2010

Jennifer Barrett, RN
St. Joseph’s Emergency Department
Journal of Emergency Nursing (Co-Author)
Volume 36, Issue 5, Pages 486-488
Sudden Confusion and Agitation Causes to Investigate

Cindy Bultena, RN, MSN
Woodwinds Administration
Women as Healers: Voices of Vibrancy
Chapter Author
Three Angels on a T-Shirt
2010

Kathy Borchert, RN, MS, CWOCN, ACNS-BC
Bethesda Nursing Administration
Journal of Wound, Ostomy and Continence Nursing
(Co-Author)
September/ October, 2010
The Incontinence-Associated Dermatitis and Its Severity Instrument: Development and Validation

Meghan LaVelle, RN, MS, ACNS-BC, CEN
Woodwinds Emergency Department
Progression Transplantation
December, 2010
Newsletters and Adherence to a Weekly Home Spirometry Program After Lung Transplant

Sue Lizakowski, RN, BSN
St. John’s Intensive Care Unit
Elevating Frontline Critical Thinking: Best Nursing Practices for Overcoming Task-Focused Tunnel Vision
CNSs DELIVER THE ‘WIN-WIN’

The partnership between staff nurses and clinical nurse specialists brings care at HealthEast to a new dimension. Research shows that CNSs and staff nurses working together can improve pain management and patient satisfaction, while helping reduce complications, costs and length of stay.

Throughout HealthEast, 15 clinical nurse specialists describe their collaboration with staff nurses as “win-win.” Staff nurses provide the insight, breadth and depth to the patient experience, says Teresa Chmielewski, RN, MS, ACNS, AOCNS, a palliative care clinical nurse specialist.

In turn, CNSs are patient drivers of clinical practice change based on evidence and research.

“CNSs are the ‘silent impactors.’ We initiate change for the better, which can ultimately save patient lives, help families and save health care dollars and save money for the organizations where we work,” says Juliet Mock, MS, RN, ACNS-BC, a heart care clinical nurse specialist.
**NURSING PRESENTING HEALTH INFORMATION IN 2010**

**Joan Bartholomew, RN, BA, CIC**  
Woodwinds Infection Control  
Poster Presentation  
CA-UTI Project Poster  
Association for Professionals in Infection Control & Epidemiology – State Conference  
Bloomington, MN

Poster Presentation  
Urinary Catheters – Here Today/Gone Tomorrow  
Minnesota Alliance for Patient Safety Conference  
Brooklyn Center, MN

**Renee Berthiaume, RN, BS, BC**  
St. Joseph’s Mental Health & Addiction Services  
Singing the Blues  
White Bear Lake, MN

**Jill Branovsky, RN, BSN**  
St. Joseph’s Hospital Maternity Care Center  
Poster (Story Board) Presentation  
Perinatal Safety Collaborative  
Institute for Healthcare Improvement’s Perinatal Community  
Orlando, FL

**Brian Buchner, RN, MS, ACNP**  
Woodwinds Hospital Services  
Negotiating Practice Agreements, Contracts, and Salaries in Acute Care: Essentials for NPs  
American Academy of Nurse Practitioners – National Conference  
Phoenix, AZ

**Cindy Bultena, RN, MSN**  
Woodwinds Administration  
Creating a Culture that Supports Healing  
Holistic Health and Healing Institute  
Woodwinds Hospital  
Woodbury, MN

Minnesota Organization of Leaders in Nursing – Fall Conference  
Alexandria, MN

Redwood Falls Hospital – Nursing Leadership  
Redwood Falls, MN

**Carol Busman, RN, MS, CNS-BC, IBCLC**  
HealthEast Maternity Care Center  
Poster (Story Board) Presentation  
Perinatal Safety Collaborative  
Institute for Healthcare Improvement’s Perinatal Community  
Denver, CO & Orlando, FL

Eliminating Elective Inductions Prior to 39 Weeks  
Quality Improvement Seminar - Sponsored by: March of Dimes, Minnesota Department of Human Services & Minnesota Hospital Association  
St. Paul, MN

**Stella Essien, RN, MA**  
Bethesda Respiratory/Complex Medical Unit  
Poster Presentation  
Foreign-Educated Nursing Practice  
Bethel University – Nursing Research Symposium  
St. Paul, MN

**Leah Gillette, RN, BSN, CWOCN, CFCN**  
HealthEast WOC Services  
Pressure Ulcer Prevention & Basic Ostomy Care  
Inver Hills Community College  
Inver Grove Heights, MN

**Lisa Kjeseth, RN**  
St. John’s Maternity Care Center  
Poster (Story Board) Presentation  
Perinatal Safety Collaborative  
Institute for Healthcare Improvement’s Perinatal Community  
Orlando, FL

**Carol Lauer, RN, MSN**  
HealthEast Clinical Education  
Transition to Practice  
Thriving in Partnerships – Health Educators Conference  
Chaska, MN
Beth, LaVelle, RN, PhD, CEN  
HealthEast Clinical Education

Effective Rapid Response Teams: Strategies for Communication, Crisis Management & Outcome Measures
Physician Grand Rounds
HealthEast St. John’s Hospital
Maplewood, MN

Using People’s Plus Spectrum of Color to Support the Return to Work Program
HealthEast Occupational Health Nurses
St. Paul, MN

Reducing the Risk of Trauma Secondary to Use of Medical Adhesives
3M Pre-Session
Canadian Association of Wound Care
Calgary, Canada

Poster Presentation
Identifying Readiness for (and Barriers to) Evidence-Based Practice
Greater Twin Cities Area Chapter of the American Association of Critical-Care Nurses Fall Symposium
Minneapolis, MN

Evidence-Based Practice: Introduction & Finding the Evidence
Twin Cities Health Professionals Education Consortium Courses

Meghan LaVelle, RN, MS, ACNS-BC, CEN  
Woodwinds Emergency Department

Poster Presentation
Identifying Readiness for (and Barriers to) Evidence-Based Practice
Greater Twin Cities Area Chapter of the American Association of Critical-Care Nurses Fall Symposium
Minneapolis, MN

Staff Nurse Applications of Evidence-Based Practice
University of Minnesota
Minneapolis, MN

Val Lincoln, RN, PhD, AHN-BC  
Woodwinds Integrative Services

Watson Caring Science Theoretical Framework
HealthEast Nurse Executives

Innovative and Integrative Approaches to Care National Catholic Chaplains
St. Paul, MN

Healing Arts Therapies
University of Kentucky, MSN
Woodbury, MN

Essential Oil Clinical Trial: Use of Essential Oils with Pediatric Admissions to the Emergency Department at Woodwinds
National Child Life Conference
Phoenix, AZ

Optimal Healing Environment: Harp & Healing
Medtronic Organization

Mind-Mediated Healing
Medtronic Organization

Healing Arts Therapies & Orthopedic/Spine Outcomes
HealthEast Spine Conference

Karen MacDonald, RN, MS, CPHQ  
HealthEast Quality Institute

Human Factors and Safety in Nursing
HealthEast Nursing Grand Rounds

Leadership for Quality Safety and the Bottom Line
University of St. Thomas
St. Paul, MN

Quality and Patient Safety
Augsburg College
St. Paul, MN

Kathleen Maher, RN, BSN, MA  
Woodwinds Surgical Admit Unit/ Post Anesthesia Care Unit

Achieving Academic Success by Increasing Physical Activity and Healthy Eating
Minnesota Superintendents Association Annual Conference
Minnesota Educators Association Annual Conference
Brooklyn Park, MN

Kathy Miller, RN, BAN, CiC  
St. John’s Infection Control

Poster Presentation
CA-UTI Project Poster
Association for Professionals in Infection Control & Epidemiology – State Conference
Bloomington, MN

Poster Presentation
Urinary Catheters – Here Today/Gone Tomorrow
Minnesota Alliance for Patient Safety Conference
Brooklyn Center, MN
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<tr>
<td><strong>Nora McPherson, RN, GCNS-BC</strong></td>
<td>St. John's Geriatrics</td>
<td>CA-UTI Project Poster&lt;br&gt;Association for Professionals in Infection Control &amp; Epidemiology – State Conference&lt;br&gt;Bloomington, MN</td>
</tr>
<tr>
<td><strong>Juliet Mock, RN, MS, ACNS-BC</strong></td>
<td>St. Joseph's Cardiac/Telemetry &amp; Cardiac &amp; Medical-Surgical Intensive Care</td>
<td>Assessment of the Adult Patient: Cardiovascular Assessment&lt;br&gt;Twin Cities Health Professionals Education&lt;br&gt;Consortium Courses</td>
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<tr>
<td><strong>Louise Nesdahl, RN, BSN, MAT</strong></td>
<td>St. Joseph's Cardiac &amp; Medical-Surgical Intensive Care</td>
<td>Legal Aspects of Faith Community Nursing&lt;br&gt;Faith Community Nurse Network Quarterly Workshop&lt;br&gt;Minneapolis, MN</td>
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<tr>
<td><strong>Mary Pynn, RN, MS, NEA-BC</strong></td>
<td>HealthEast Chief Nursing Officer</td>
<td>Navigating through Challenging Times&lt;br&gt;VHA Upper Midwest CNO Hot Topic Webinar&lt;br&gt;St. Paul, MN</td>
</tr>
<tr>
<td><strong>Jeanette Schwartz, RNC, MA, LCCE, CD, PCD</strong></td>
<td>Woodwinds Maternity Care Center</td>
<td>Poster (Story Board) Presentation&lt;br&gt;Perinatal Safety Collaborative&lt;br&gt;Institute for Healthcare Improvement’s Perinatal Community&lt;br&gt;Orlando, FL</td>
</tr>
<tr>
<td><strong>Joan Somes, RNC, BAN, MSN, PhD, CPEN, CEN, FAEN</strong></td>
<td>St. Joseph’s Emergency Department</td>
<td>And the Beat Goes On...Heart Attacks and Cardiac Arrests&lt;br&gt;4th District Nurses&lt;br&gt;St. Paul, MN</td>
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- **80 Years, 80 Meds, 80 Buttons**<br>ENA Scientific Assembly<br>San Antonio, TX
- **Brain Cells are Dying! What Should we do?**<br>Duluth, MN
- **TACO vs. TRALI vs. Anaphylaxis – Transfusion Related Shortness of Breath**<br>Cornerstones in Emergency Nursing<br>Minneapolis, MN
- **CEN Review Course**<br>St. Scholastica<br>Duluth, MN
- **Trauma Nursing Core Courses**<br>Fairview Ridges Hospital<br>Burnsville, MN
- **Emergency Nurse Pediatric Courses**<br>Fairview Ridges Hospital<br>Burnsville, MN

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<td><strong>Gary Wax, RN, MPH</strong></td>
<td>Woodwinds Performance Improvement</td>
<td>Dynamics of Healthcare Data&lt;br&gt;St. Joseph's Hospital</td>
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CONTRIBUTORS TO THE 2010 NURSING ANNUAL REPORT

Editors
Patti Keefer, RN, MA, NE-BC, System Director of Nursing Practice
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Scott Bigalke, Senior Graphic Designer, Marketing and Communications

Photographer
Paul Sinkler, Sinkler Photography

Data Coordinator
Patti Mohrland, Administrative Secretary

Data included in this report was self-reported by HealthEast hospital nurses. Data for the 2011 annual report will be collected starting in the fall of 2011. Please watch for announcements.

Pictured on the cover: Katja Andresen, RN, BAN
HealthEast Nursing Purpose Statement:
HealthEast Nursing cares for patients and their families with compassion, clinical excellence and a commitment to quality. In our tradition of faith-based service, we provide holistic care in collaboration with our colleagues.

HealthEast Nursing Vision Promise:
HealthEast nurses advance a spirit of professional growth, nursing excellence and high quality patient care through a commitment to shared decision-making, innovation and continuous learning.

HealthEast Mission
Rooted in Judeo-Christian values, our mission is high quality, compassionate, cost-effective health care for the communities we serve.

HealthEast Vision
Creating the best health care experience through a passion for caring and service.

HealthEast Values
Life > Life is a gift to be valued highly.
Compassion > Caring attends to physical, emotional and spiritual dimensions of persons.
Respect > Each person is unique and deserving of respect.
Community > We exist to serve our community.

HealthEast Goal
We are the first choice for customers, physicians and employees.