This past year provided an opportunity for greater focus on transforming processes that drive quality patient care for nurses across our full continuum of services. To that end, HealthEast has identified three priorities that benefit patients by leveraging our system’s strengths:

> Value-based improvement, or what we call front line improvement.

> Creating an effective accountable care organization that seeks to manage the care of patients to promote the right care at the right time from home care to inpatient care to clinic visits.

> A new enterprise-wide health record (Epic), supporting our strategic initiative of clinical integration. Epic will improve the flow of patient information across our continuum of services and enhance patients’ access to their own health information.

Nursing leadership at HealthEast has been restructured to better serve our patients through this continuum of care. Deb Hurd, vice president of acute care nursing, is leading nursing for the three acute care hospitals. Linda Barnhart, patient care executive, oversees nursing at Bethesda Hospital and Community Services. Community Services includes Home Care, Hospice & Palliative Care, Faith Community Nursing, Transition Coaches, Medical Care for Seniors, and Community Care Management/Minnesota Senior Health Options. Eric Nelson, operations executive, provides nursing leadership for our outpatient and clinic areas within HealthEast.

The daily huddles at Bethesda Hospital, described on page 4, are a good example of work toward front line improvements. Staff nurses have worked closely with leaders, providers, and other team members to make significant improvements in patient care such as reducing skin breakdown and patient falls. As systems and practice norms are evaluated, areas for improving standard work processes are emerging. Results are impressive: Bethesda’s pressure ulcer incidence rate was 5.71 percent this past September and was down to 2.04 percent in March.

The new structure for acute care services will maximize the continuity of care we provide with a goal of reducing variation for acute care services. Our new electronic health record plays a key role in moving us toward standardization of care the patients can count on.
Without question and whenever possible, patients and families want services and care that is provided in their homes or convenient to their homes. That’s the goal of our outpatient and community services. Nurses in those areas are gratified to be able to deliver the personalized home and community care our patients deserve.

HealthEast is more adept at looking at its services from the eyes of our patient. One important example is the patient who is participating on our HealthEast Accountable Care Organization board. That input and feedback is invaluable to us as an organization and helps us to shape care that matters to patients.

Take a look at the patient story on page 10. It is a great example of understanding how HealthEast nurses help our patients navigate through many transitions and from being readmitted unnecessarily.

Thank you for taking the time to learn about our 2012 highlights.

Mary Pynn, RN, MS, NEA-BC
Vice President and Chief Nursing Quality Officer
In the busy-ness of activities to make lives better for patients, nurses don’t spend a lot of time thinking about organizational structures or governance processes where they work.

“But organizations that can create an optimal work infrastructure are generally more flexible, responsive and support collaboration among disciplines or functions,” said Deb Hurd, RN, vice president of HealthEast acute care nursing. “In turn, a better framework influences a positive culture of the organization.”

For HealthEast, 2012 was a year of significant change and one that provided the opportunity for restructuring nursing in the acute care hospitals. Since October, work on a new nursing organizational structure has been focused on encouraging staff and leaders to develop to their fullest capacity – and for all nurses to make decisions about care practices that improve patient care.

The HealthEast nursing organization is now structured around service lines and not specific sites – allowing for greater consistency in the care that patients receive wherever it is provided.

Deb Hurd oversees nursing practice in the new acute care structure. Group directors with system responsibilities include:

> Maureen Beaverson – Obstetrics, emergency services and trauma service lines
> Cindy Bultena – Patient care excellence (clinical excellence, integrative services, patient experience, clinical nurse specialists and nursing governance structure)
> Joe Clubb – Administrator for mental health and addiction care
> Susan Karnitz – Patient care efficiency (staffing, care management, operations center, float pools and nursing supervisors)
> Jaci Krech – Medical/surgical care and orthopaedics service lines
> Sue Miller – Critical care and telemetry service lines
> Joni Gutknecht – Surgical services service lines

The above individuals co-lead the Service Line/Nurse Practice Shared Leadership Council (NPSLC) for acute care services. Unit councils support decentralized decision-making and give nurses the authority to make faster improvements. Unit councils report and coordinate their work with NPSLC.
Unit councils are the functional heart of acute care nursing practice at HealthEast. Most units have a council; those that don't are formalizing one. “The unit council’s purpose is to create and drive plans toward excellent practice that patients value and appreciate,” said Hurd.

HealthEast Acute Care Hospitals
St. John’s Hospital in Maplewood
Licensed beds: 184
Nurses: Approximately 615

St. Joseph’s Hospital in St. Paul
Licensed beds: 401
Nurses: Approximately 625

Woodwinds Health Campus
Licensed beds: 86
Nurses: Approximately 320
The “Visual Control Room” on the main level of Bethesda Hospital began filling with unit charge nurses, other nurse leaders and directors or managers of departments. It was 12:30 p.m. and time for the twice daily “huddle” – a chance to talk about indicators of quality care for Bethesda’s patients, all who need long-term acute care services.

On the walls are charts and graphs, in paper and on white boards. Jackie Backes, administrative nursing supervisor, starts immediately by pointing to the first chart about caregiver hand washing and reminding the group that care professionals “need to make hand washing and sanitizing more obvious to patients” – so that they don’t have to ask.

Without using names, only room or bed location, the next chart looks at patients with hospital acquired pressure ulcers or those at risk for them. “Any changes needed to this information?” Backes asks the group. “Do patients need to be added and can any be taken off the list?” The charge nurses check the status of the patient with the pressure ulcer on the unit prior to coming to the meeting ensuring standard work action plans to heal and prevent further pressure ulcers are in place.

“The daily huddles started with nursing initiatives to reduce pressure ulcers, a problem that is especially confounding in long-term acute care settings,” said Linda Barnhart, RN, MAL, patient care executive at Bethesda Hospital. “Huddles – even for only 10 - 15 minutes – give us a chance to push everything else aside for a time and key in on issues that can hinder excellent patient care.”

Every hospital must report to the State of Minnesota Department of Health harmful events such as falls with significant injury or advanced stages of pressure ulcers. Backes points to the reportable event chart and announces that there have been no patient harm events at Bethesda for more than three months. A cheer goes up.

Long-term acute care services: Huddles keep the focus on patients

Participants “huddle” at Bethesda twice each day.
Above the charts are plasma screens with Horizon Enterprise Visibility information, or HEV, a real-time view of patient room status. The monitors display the units’ floor plans with icons that indicate the status of a room or patient. Backes lets the group know that there are available beds to accommodate new admissions.

“Huddle participants go back to their departments and then ensure the information we discussed is shared with nurses and staff on the unit and in the department,” said Barnhart. “We have found that the use of the huddles helps with implementing changes, bringing issues to the forefront and in engaging the team of individuals who are closest to the patient care work. The front line staff then generate and own ideas related to process improvement. Our staff understands the best way we can improve process. It’s easy to get absorbed in day-to-day problems that take the attention away from nursing work that contributes to patients’ quality of care. Huddles help bring the focus back to the patients.”

Bethesda Hospital
Bethesda Hospital is a long-term acute care facility (LTACH) serving more than 9,000 patients last year and employing about 225 nurses. The average length of stay is 25 to 28 days. Primary services include inpatient care and services for respiratory, complex medical, brain injury, and medical behavioral. Other services include Capistrant Center for Parkinson’s Disease and Movement Disorders, Alzheimer’s and memory loss care, brain injury/concussion clinic, psychotherapy, physical medicine, nutrition and neuropsychology.
Nurses play a critical role in community health services, where the main goal is to keep patients independent and functioning well outside of a hospital.

HealthEast Hospice Care was the first hospice program in Minnesota. Offering care and support for people facing a life-limiting illness, hospice services are available in private homes, assisted living facilities, other care centers or in a residential hospice facility. Nurses and other experienced hospice professionals provide the foundation for care and support that patients and their families receive and appreciate.

Located on four acres in a wooded area of Oakdale, Pillars Hospice Home is a residential hospice home with eight private suites and 24-hour nursing care. Because of their special training, nurses can manage even the most complex medical needs of patients on the journey to the end of their lives.

Those requiring care in their home count on experienced nurses of HealthEast Home Care. Based on an individual plan of care, patients receive nursing visits, infusion therapy, wound care, perinatal services, rehabilitation or any of a host of other care services in a patient’s home or facility. “At HealthEast Home Care, our nurses encourage empowerment so our patients have control over their care,” said Curt Klass, RN, BSN, PHN, case manager. “Nurses collaborate with health professionals in many disciplines to assure optimum health for patients who want to remain in their homes.”

Through HealthEast Medical Care for Seniors, registered nurses, geriatric nurse practitioners and physicians provide care to patients in nursing homes, assisted living facilities and transitional care units. The services, including diagnosis, monitoring and treatment of illnesses, eliminate the need for patients to travel to a primary care clinic.

Experienced nurses blend health care with faith ministry to provide services to individuals through the HealthEast Faith Community Nurse Network. Nurses wear many hats as part of the network; health educator, personal health counselor, referral expert and support group developer are just a few of the many roles the nurses serve in order to provide care in churches, community centers and senior care facilities.

The HealthEast Passport Program is enhancing the quality of life for those who are at least 50 years of age. Members in the program appreciate their own space in downtown St. Paul to socialize and embrace community projects. They receive a helpful newsletter, community excursions and various classes. Nurses from the HealthEast Faith Community Nurse Network are involved with the Passport program so that members can discuss health concerns and be connected to appropriate services.
Minnesota Senior Health Options (MSHO) is a federal and state program funding and providing community and care management services to persons who are 65 years old and older and enrolled in Medicare and Medical Assistance. “Care managers provide health risk assessments that identify health and safety risks and assist them to access health care services and develop and manage their individualized plans of care. The purpose of this program is to allow seniors to remain living safely in the community with the support needed to maintain their independence and quality of life,” said Michele Krumhardt, RN, CCM.

Susan Ryan, RN, cares for patients in their homes.
As a nurse navigator for the still-new HealthEast Spine Center, Brandi Jones, RN, sees patients who have movement-limiting pain, are often not working because of back or neck problems and maybe haven’t slept well for weeks or months.

When a patient calls the center to make an appointment, there’s immediate relief when the intake process begins on the telephone. An intake specialist gathers everything needed for a physician to review information electronically and determine next steps.

Jones calls the patient with the doctor’s recommendation and provides education about the various options. She schedules the appointment and then meets them when they arrive.

“Our goal is to make every in-person appointment as worthwhile as possible so that patients don’t spend their energy coming in for something that could be taken care of by phone,” said Jones, who has been with HealthEast for a year. Her 10 years of nursing have been focused on orthopaedic and spine care.

Jones knows that patients with back or neck pain get a lot of information and can be easily overwhelmed. “I tell them: ‘I’m here to make sure everything goes well for you,’” she explained.

A growing field in outpatient care, nurse navigators help patients through the ever-complicated medical system. HealthEast’s navigators help patients make decisions, assist with appointment scheduling or tests, offer tips on coping with pain or problems and provide emotional support.

“Care navigation is about reducing barriers to getting medical help for patients,” said Eric Nelson, HealthEast operations executive for outpatient services. “Navigators break down the silos of care. They are a friendly voice on the line that patients can call for any questions or problems that arise.”
HealthEast Spine Center services are integrated, but located in many clinics or facilities. Navigators sometimes make arrangements for a patient’s ride to the doctor’s office or treatment location.

Nelson says nurse navigator work is different from other nursing work. “It engages the heart,” he said, adding that good assessment and critical thinking skills are essential.

Brandi Jones agrees. “There’s a lot of job satisfaction in creating a personal relationship with these patients who are so eager to feel better,” she said. “This is the most gratifying nursing job I’ve ever had.”

**HealthEast Clinics and Outpatient Services include:**
- HealthEast Pain Center
- HealthEast Midway Surgery Center
- HealthEast Vascular Center
- HealthEast Sleep Care
- HealthEast Optimum Rehabilitation
- HealthEast Spine Center
- HealthEast Mental Health and Addiction Care
- HealthEast Ways to Wellness
- HealthEast Clinics – with 14 locations
Lorraine Levi: “I wanted to stay in my home”  
Eighty-year-old Lorraine Levi of Inver Grove Heights has been a long-time patient at HealthEast Downtown Clinic.

In early September 2011, she saw her physician, Dr. Alec Dunkel, at the clinic and was diagnosed with pneumonia - a condition that recurs for her with some frequency. She received a prescription for antibiotics and completed the course of treatment, but within two days, she woke up early in the morning with shortness of breath. Within an hour, her husband Bob was dialing 911.

Medical professionals with HealthEast Transportation provided care and a ride to the St. Joseph’s Hospital emergency department where she was stabilized and transferred to Unit 4100 with acute respiratory distress from the pneumonia. For one day, critical care nurses carefully monitored her respiratory status until she was stable and able to move to Unit 4000. On this unit, nurses taught her about the need for ongoing oxygen at home, what to look for to catch pneumonia in its earliest stages and what types of activity will increase her strength.

Once Lorraine was discharged to go home, HealthEast Home Care aides visited her three times a week and helped with bathing and other activities of daily living. A physical therapist and an occupational therapist treated her in her home twice a week. A registered nurse visited once a week to address any safety concerns and to assess Lorraine’s respiratory and nutrition status.

Two times during the five months that home care nurses cared for Lorraine, they determined that she could be developing pneumonia again based on shortness of breath, low grade fever and sputum changes. Consulting with her physician about more antibiotics, the nurses were able to head off problems and keep Lorraine in her home.

“I’m appreciative of all the nurses who cared for me at St. Joseph’s and with HealthEast Home Care,” said Lorraine. “They worked hard to help me get back home and remain there. I received good care at the hospital but I did not want to go back. I wanted to stay in my home.”

Providing care where it is needed  
Lorraine Levi, HealthEast patient
2012 Nursing Recognition

Nurses as leaders in 2012

Joan Bartholomew, RN, BA, CIC
Woodwinds Health Campus, Infection Control
Secretary, Board of Directors, APIC MN

Cindy Bultena, RN, MSN
Acute Care
School of Nursing Foundation Board, University of Minnesota
President’s Advisory Board, Inver Hills Community College

Carol Busman, RN, CNS-BC
St. John’s Hospital, Nursing Administration
Education Committee Member, Minnesota AWHON Section

Kathleen A. Geier, RN, BS, CPHIMS
HealthEast Care System, Quality Measurement and Reporting
Member of QIO Steering Committee, Stratis Health

Patti Keefer, RN, MA, NE-BC
HealthEast Care System, Nursing Practice
Member of March of Dimes Nurse of the Year Committee, March of Dimes

Sue Mickelson, RN, BSN, CIC
Bethesda Hospital, Infection Prevention and Control
News and Views Editor, Professional Organization Newsletter
APIC, Minnesota (Association for Professionals in Infection Control and Epidemiology

Sue Miller, RN, MS, CENP
St. Joseph’s Hospital, Nursing Administration
Leader of the Year, HealthEast, St. Joseph’s Hospital

Joan Somes, RN, BSN, MSN, PhD, CEN, CPEN
St. Joseph’s Hospital, Emergency Department
President of Emergency Care Instructing
Secretary of Minnesota Emergency Nurses Association
On the Board of Directors for the National ENA Geriatric and on the GENE course revision team

Nursing certification obtained in 2012

American Nurses Credentialing Center
Registered Nurse – Certified RN-C Medical-Surgical Nurse

Denise Dufour, RN
Woodwinds Health Campus, Med-Surg Certified for 16 years

Joy Nelson, RN
St. Joseph’s Hospital Initial Certification
RN-C Gerontological Nurse

Joan Somes, RN, MSN, PhD, CEN, CPEN
St. Joseph’s Hospital, Emergency Department
Certified for 7 years

Registered Nurse Board Certified
RN-BC Gerontological Nurse

Carla McQuain, RN, RN-BC
Bethesda Hospital, 6W, Respiratory Care
Certified for 5 years

Adelwisa C. Pilien, RN, RN-BC, BSN
Bethesda Hospital, 2-South
Certified for 3 years

RN-BC Psychiatric and Mental Health Nurse

Renee Berthiaume, RN, RN-BC, B.S.
St. Joseph’s Hospital, Addiction and Mental Health Clinic
Certified for 20 years

Clinical Nurse Specialist
ACNS-BC Adult Health CNS

Ann McLaughlin, RN, CNS
St. Joseph’s Hospital, Hospice
Certified for 7 years

Nicole Sarauer, RN, MSN, CNS, ONC
HealthEast Care Systems, JN P4, SJ 3500, WW 3S and 3E
Initial Certification

Pam Schmidt, RN, CNS
Bethesda Hospital, Nursing Administration
Certified for 5-1/2 years
Other
AONE Executive Nursing Practice

Sue Miller, RN, MS, CENP
St. Joseph’s Hospital, Nursing Administration
Initial Certification

Aromatherapy Certification ACP

Jamie St. Michel, RN, MA, ACP
Woodwinds Health Campus, Heart and Lung
Initial Certification

American Association of Critical Care Nurses
CCRN Adult, Ped, Neonatal Critical Care Nurses

Jackie Durand, RN, CCRN
St. Joseph’s Hospital, Med-Surg – Orthopedics
Certified for 5 years

Janice Hornby, RN, CCRN
Bethesda Hospital, Clinical Education
Certified for 3 years

Lillian Wright, RN, BSN, CCRN
St. John’s Hospital, SAU/PACU
Initial Certification

DONA International Doula Trainer
CD Certified Doula Trainer

Linda Komarek, RN, CD, CHTCP
St. John’s Hospital, Obstetrics
Certified for 3 years

Board of Certification for Emergency Nursing
CEN Certified Emergency Nurse

Missy Lu, RN, CEN
St. John’s Hospital, Emergency Department
Initial certification
Lori Lynn Nelsen, RN, ANS, CEN
Bethesda Hospital, Nursing Administration
Certified for 2 years

Kris Prokopec, RN, CEN
St. John’s Hospital, Emergency Department
Initial certification

Joan Somes, RN, BSN, MSN, PhD, CEN, CPEN
St. Joseph’s Hospital, Emergency Department
Certified for 30 years

Barb Stellrecht, RN, CEN
St. John’s Hospital, Emergency Department
Initial certification

CPEN Certified Pediatric Emergency Nurse

Joan Somes, RN, BSN, MSN, PhD, CEN, CPEN
St. Joseph’s Hospital, Emergency Department
Certified for 20 years

Healing Touch International, Inc.
CHTCP Healing Touch Certified Practitioner

Denise Wills, RN, BAN, CHTCP, HNB-BC
Woodwinds Health Campus, Integrative Services
Certified for 1 year

Linda Komarek, RN, CD, CHTCP
St. John’s Hospital, Obstetrics
Certified for 6 years

Holistic Nurses Association, American
HNC Holistic Nurse Certified

Kate Murphy, RN, HNC
Woodwinds Health Campus, Float Pool
Initial Certification

Gaymarie Neuman, RN, BSN, HNB-BC
Woodwinds Health Campus, TELE/ICU
Initial Certification

Regina Weber, RN, HN-BC
Woodwinds Health Campus, Ortho
Initial Certification

Gloria Wilkie, RN, HNC
Woodwinds Health Campus, 3N
Initial Certification

National Board for Certification of Hospice & Palliative Nurses
CHPN Certified Hospice & Palliative Nurse

Ingrid Cresencio, RN, CHPN
Bethesda Hospital, 2-South
Initial Certification

Denise Wills, RN, BAN, CHTP, HNB-BC
Woodwinds Health Campus, Integrative Services
Initial Certification

Infusion Nurse Certification Corporation
CRNI Certified Registered Nurse Infusion

Lori Callahan, RN, CRNI
Woodwinds Health Campus, Infusion Center
Certified for 13 years
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<td>Cheryl Moore</td>
<td>CMSRN</td>
<td>Certified Medical Surgical RN</td>
<td>Woodwinds Health Campus, Educator, 2 North</td>
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<td>Jackie Durand</td>
<td>CNRN</td>
<td>Certified Neuroscience RN</td>
<td>St. Joseph’s Hospital, Med-Surg-Orthopedics</td>
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<td>Phoebe Worthington</td>
<td>RNC</td>
<td>Inpatient Obstetric Nursing</td>
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<td>Jane Persoon</td>
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<td>Diane Johnson</td>
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<td>Sheila Petersen</td>
<td>OCN</td>
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<td>Dawn Schultz</td>
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<td>Maria Wood</td>
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<td>Landy Sandquist</td>
<td>BSN, CBCN</td>
<td>Breast Care Nurse</td>
<td>HealthEast Care Systems, JN P4, SJ 3500, WW 3S and 3E</td>
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<td>Anna Groess</td>
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<td>JoAnne Dubiel</td>
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<td>Judy Johnson, RN, BSN, CAPA, PhN</td>
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<td>St. John’s Hospital Surgery</td>
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<td>Sherma Climaco, RN, BSN, CNOR</td>
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<td>Susan Corcoran, RN, CNOR</td>
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<tr>
<td>Sandy Oakes, RN, CNOR</td>
<td>St. John’s Hospital, Surgery</td>
<td>Certified for 16 years</td>
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<tr>
<td>Kathleen Stender, RN, CNOR</td>
<td>St. John’s Hospital, Surgery</td>
<td>Certified for 16 years</td>
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<tr>
<td>Yadessa D. Tola, RN, CNOR</td>
<td>Woodwinds Health Campus, OR</td>
<td>Certified for 2 years</td>
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Healthcare Information and Management Systems
CPHIMS Certified
Kathy Geier, RN, BS, CPHIMS
HealthEast Care System, Director of Quality Management and Reporting Certified for 1 year

CWOCN Certified Wound Ostomy Continence Nurse
Scott Church, RN, Clinical WOC Nurse Specialist
Acute Care and Bethesda Certified for 6 years

Nursing degrees received in 2012
Caroline Abiaziem, RN, MSN
Bethesda Hospital, 2 South MSN, Organizational Leadership, Bethel University

Julie Akason, RN, MSN
St. Joseph’s Hospital, PCU 3500-Orthopedics MSN, Nursing Education, St. Catherine University

Danielle Bandholz, RN, BSN
St. Joseph’s Hospital, PCU 4000 BSN, Bethel University

Brian R. Buchner, DNP, RN, ACNP-BC
Woodwinds Health Campus, Hospital Service DNP, University of Minnesota

Lisa Christensen, RN, MSN
HealthEast Care System, Information Services – Informatics MSN, Nursing Informatics, Walden University

Delissa DeShaw, RN, BSN
St. John’s Hospital, P1 BSN, Bethel University

Lydia Falade, RN, MSN, MHA
Bethesda Hospital, 2 South MSN, Healthcare Informatics and Healthcare Administration, University of Phoenix

Maureen Gorshe, RN, BSN
Midway Clinic, Heart Care BSN, Bethel College

Melanie Gullixson, RN, BSN
St. Joseph’s Hospital, Emergency Department BSN, Western Governor’s University

Judy Johnson, RN, BSN, CAPA, PHN
Woodwinds Health Campus, SAU/PACU BSN, University of Phoenix

Nana Kuffour, RN, BSN
Bethesda Hospital, 4 South BSN, Bethel University

Gladys Moncojeh Mann, RN, BSN
Bethesda Hospital, 2-South BSN, Bethel University

Jennifer Myers, RN, MSN
Woodwinds Health Campus, Float Pool MSN, Nursing Education, University of Phoenix-Arizona

Tammy Neiman, RN, MSN
St. Joseph’s Hospital, PCU 3500 MSN, Nurse Educator, Minnesota State University, Mankato

Dana I Nelson, RN, BSN
Woodwinds Health Campus, MCC/Special Care Nursery BSN, Bethel University
Michelle Olson, RN, BSN, CNOR  
Woodwinds Health Campus, OR  
BSN, Thomas Edison State College

Nicole Sarauer, RN, MSN, CNS, ONC  
HealthEast Care System, Orthopedic Units: JN P4, SJ 3500, WW, 3S & 3E  
MSN-Adult Health Clinical Nurse Specialist, College of St. Scholastica

Laura Schmidt, RN, BSN  
St. Joseph’s Hospital, 4700  
BSN, Metropolitan State University

Lara Stilp, RN, BSN, PhN  
St. Joseph’s Hospital, Hospice Home Care  
BSN, Metropolitan State University

Nursing awards received in 2012

Cindy Bultena, RN, MSN  
Acute Care  
Certification of Completion  
Foundations of Servant Leadership  
September, 2012

Jan Carlson, RN, MSN  
St. John’s Hospital, Surgery  
Minnesota Hospital Association, Time Out Champion Award  
June, 2012

Lori Cocchiarella, RN  
St. John’s Hospital, P1  
Nurse Excellence Award winner

Nana Kuffour, RN, BSN  
Bethesda Hospital, 4 South  
Honor Society of Nursing-Sigma Theta Tau International  
November, 2011

Andrea Mandt, RN  
HealthEast, Float Pool  
Shining Star Award  
April, 2012

Christine Massie, RN  
St. John’s Hospital, SAU/PACU  
Minnesota Hospital Association, Good Catch for Patient Safety Award  
May, 2012

Joy Nelson, RN  
St. Joseph’s Hospital  
Nurse Excellence Award winner  
May, 2012

Dawn Schwantes, LPN  
Bethesda Hospital, Brain Injury Services  
Nurse Excellence Award Winner

Sandy Oakes, RN  
St. John’s Hospital, Surgery  
Shining Star Award  
May, 2012

Connie Westrom, RN  
Woodwinds Health Campus, Infusion Care  
Nurse Excellence Award Winner

Nurses who’ve authored published information in 2012

Tammy Ducklow, RN, BHS, BCEN  
St. John’s Hospital, Emergency Department  
Benefit of BP Measurement in Pediatric ED Patients  
Deb Hurd, RN, MS, NEA
HealthEast Acute Care, Nursing Administration

Chapter entitled, “Real-Time, Right Care” co-authored by Deb Hurd and Brian Patty. Entitled Innovation with Information Technologies in Healthcare The chapter is about the use of the Quality Monitor technology in assisting nurses in meeting VAP quality outcomes.

Valerie Lincoln, PhD, RN, AHN-BC
Woodwinds Health Campus, Integrative Services


Karen Poor, RN, MN, CEN, CCNS
HealthEast Care System, Emergency Department


Mary Pynn, RN, MS, NEA-BC
HealthEast Care System, Corporate

Are Nurses Dealing with Quality Bundle Overload? Nursing 2012 Critical Care, March, 2012

Joan Somes, RN, MSN, PhD, CEN, CPEN
St. Joseph’s Hospital, Emergency Department

Every other month there is an article related to the assessment and care of older adults. Topics have included: blood thinners, disaster planning related to the older adult (2 issues), sexually transmitted infections, do not resuscitate question/scenario, and serotonin syndrome causes, managing pain in demented patients. Editor and Author of Geriatric Section of the Journal of Emergency Nursing, 2012

Nurses presenting health information in 2012

Brian R. Buchner, DNP, RN, ACNP-BC
Woodwinds Health Campus, Hospital Services

Contract and Salary Negotiations, NP Negotiations St. Catherine’s University, MN, March, 2012 and September, 2012

Carol Busman, RN, CNS-BC
St. John’s Hospital, Nursing Administration

Collaboration Counts in Reducing OB Hemorrhage, poster presentation 2012 AWHONN Minnesota Section Conference held in Minneapolis, March 1, 2012

Kathleen A. Geier, RN, BS, CPHIMS
HealthEast Care System, Quality Measurement and Reporting

CMS Measures and Opportunities for Improvement Stratis Health, July, 2012
Melanie Gullixson, RN, BSN  
St. Joseph’s Hospital, Emergency Department  
Use of Telestroke in a Metropolitan Stroke Code Process  

Sacha Kelly, RN, MS, APRN, ACNS-BC, AOCNS  
St. John’s Hospital, Nursing Administration  
Do we really have to look under there?, poster presentation  
HealthEast’s Journey to reduce pressure ulcers related to medical devices  
Minnesota Alliance for Patient Safety Conference, October, 2012

Andrew Kirscher, RN  
Woodwinds Health Campus, ER  
The Appropriate Dwell Time for Peripheral Intravenous Catheters  
University of Minnesota, December 1, 2012

Carol Lauer, MSN, RN, PHN  
HealthEast Care System, Clinical Education  
Transforming Workplace Behaviors & Workplace Culture  
Park Nicollet Institute, St. Louis Park, MN, April 26, 2012  
Improving CPR Quality  
National Webinar, HeartCode/AHA, July 26, 2012

Valerie Lincoln, PhD, RN, AHN-BC  
Woodwinds Health Campus, Integrative Services  
Co-Director of Holistic Health and Healing Institute  
University of Minnesota for Nursing and Center for Spirituality and Healing, June, 2012  
Impact of Patient Perception of Pain with Healing Touch and Harp Therapy  
Healing Touch International Conference, October, 2012  
Co-Investigator of IRB Approved, Colonial Registry: Registry for Healing Arts Therapy – on-going  
Healing Presence  
Gunderson Lutheran, LaCrosse, WI, September, 2012

Karen McConville, RN  
St. Joseph’s Hospital, Clinical Education  
Collaboration Counts in Reducing OB Hemorrhage, poster presentation  
2012 AWHONN Minnesota Section Conference held in Minneapolis, March 1, 2012

Tammy Neiman, RN, MSN  
St. Joseph’s Hospital, PCU 3500  
Nursing Students’ Attitudes Toward End of Life Care  
Mu Lambda Research Forum, North Mankato, MN, September 28, 2012
Mary Pynn, MS, NEA-BC
HealthEast Corporate

Transforming Workplace Behaviors and Workplace Culture
Park Nicollet Institute, St. Louis Park, MN, State-wide

Transforming Workplace Behavior
Healthcare Summit, April 26, 2012

Amy Quarberg, RN, MA
St. John’s Hospital, Nursing Administration

Practical Tips to Decrease Stress and Increase Joy
St. John’s Hospital, Self Care and Stress Management, May 7, 8 & 10, 2012
Chateau at Medicine Lake, Self Care and Stress Management, May 8, 2012
(ONS Metro Local Chapter Meeting)

Joan Somes, RN, BSN, MSN, PhD, CEN, CPEN
St. Joseph’s Hospital, Emergency Department

Is Beer a Clear Liquid – Health Literacy
Zumbro Valley ENA, April, 2012

Cardiac Arrest – not just V fib anymore
Zumbro Valley ENA, April, 2012

Fine Tuning Stroke Assessment
Minnesota Stroke Conference, May, 2012

Grandma’s Don’t Bounce
WITC EMS Conference – Wisconsin, May, 2012

Toxic or Therapeutic
Mercy Hospital, September, 2012

75 at 75 Geriatric Motor Vehicle Crashes
GTC ENA, October, 2012

Geriatric Trauma in Car Crashes
Toward Zero Death Conference, October, 2012
Jamie St. Michel, RN, MA, ACP
Woodwinds Health Campus, Heart and Lung
Aromatherapy: Clinical Use of Essential Oils
State Clinical Lab Synposium, Mystic Lake Casino, Prior Lake, April 26, 2012

Denise Wills, RN, BAN, CHTP, HNB-BC
Woodwinds Health Campus, Integrative Services
Enhancing and Advancing our Holistic Model
Woodwinds, Holistic Practice, October-November, 2012
Healing Presence
Optimal health and well-being

For more information on additional HealthEast services:

healtheast.org   |   651-326-CARE (2273)