



# Nursing Excellence Report 2022



Healthier, together.

# Welcome to the 5th Annual Nursing Excellence Report

Welcome to our annual report of Nursing and Patient Care Services Excellence at Union Hospital! I am both humbled and honored to work with the associates whose stories grace the pages of this report. Union Health has grown so much in the 2020-2021 timeframe. We have so much to brag about between these covers:

## TRANSFORMATIONAL LEADERSHIP

### "Best Practices for Warmer Babies"

*L&D and NICU staff improved baby temp on admission*

### "Growing Our Leaders"

*Learn about succession planning and growth*

## STRUCTURAL EMPOWERMENT

### Associate Excellence

*Celebrate new CSS PACE members and PACE RNs, Daisy and Sunshine award winners!*

### "The Impact of a Clothing Closet"

*Supporting ED patients in their times of need*

### "Moving the SSI Mark"

*Reducing patient harm - one surgery at a time*

## EXEMPLARY PROFESSIONAL PRACTICE

### "Improving Outcomes through Specialty Care Coordination"

*Navigating through orthopedic surgery*

### "Improving Hypertension with Interdisciplinary Support"

*Ambulatory patient success in hypertension management*

## NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

### "Completed Nursing Research"

*Union Health nurses contributing to nursing knowledge*

### "Transition Shock in Nurse Residency Participants"

*A new measure of a successful RN start*

I am incredibly proud of our team for ensuring quality patient care remained the focus amidst the chaos of the last few years. Your undeniable dedication to this organization and the patients it serves did not go unnoticed. This edition of the annual report serves as a scrapbook of your work, devotion and equity poured into Union Health during the toughest years ever recorded. Your work beyond the reach of COVID-19 and your continued efforts to provide quality care is nothing short of amazing.

As we look forward into our third year as a Magnet® designated organization, we move beyond some of the unknowns and into a season of growth – in our professions and our outcomes. The stories presented in these pages inspire us to be increasingly excellent year after year!

Thank you for making Union Health the best place to live out our mission of delivering compassionate health care of the highest quality!



Rhonda Smith, MSN, RN, NE-BC  
Vice President of Patient Care Services and Chief Nursing Officer

Front Cover: Union Hospital Clinton nurses, Cale Stewart, BSN, RN, CEN and Hillary Smith, BSN, RN, demonstrate the LUCAS 3 device.

# Transformational Leadership



## Nursing Mission

We exist to provide compassionate care of the highest quality.



## Nursing Vision

To be recognized for providing exceptional care.



## Nursing Philosophy

### We believe in:

- Providing patient centered care using a collaborative, multidisciplinary approach.
- Delivering compassionate, holistic care of the highest quality.
- Striving for excellence in patient outcomes through continuous performance improvement utilizing evidence based practice.
- Preserving and protecting the health, safety and rights of the patients and community we serve.
- Providing patients, families and community with understandable education to promote an optimal level of health and wellness.
- Promoting a culture that supports empowerment, trust, advocacy and accountability.
- Optimizing the use of technology through innovation to enhance patient care throughout the health care continuum.
- Maintaining a fiscally responsible environment through being trustworthy and accountable.

## Patient Care Services Strategic Plan for 2022

### Strategic Plan Supporting System Priorities

#### 1. Excellence in Quality and Safety - Reducing Harm

- Reduce the number of central line infections from prior year
- Reduce the number of patient falls with injuries from previous year
- Reduce the number of hospital - acquired pressure injuries
- Improve compliance with sepsis bundle – Clinton and Terre Haute
- Reduce the number of incidences of poor O2 management

#### 2. Excellence in Employee Engagement

- Employee participation in the engagement survey as distributed by Advisory Board
- For leaders: increasing the percentage of highly engaged associates from prior year, combining RNs with all other staff
- Provide a safe environment for staff

- Increase participation in Professional Advancement of Career Excellence (PACE) program
- Increase participation in Support Advancement program.

#### 3. Excellence in Education & Innovation

- Increase the number of RNs with bachelor's degrees from prior year
- Increase the number of RNs with professional certification from prior year
- Conduct a minimum of two nursing research projects

#### 4. Excellence in Patient Experience

- Achieve 50% overall Net Promoter score for Union Terre Haute
- Achieve 50% overall Net Promoter score for Union Clinton

#### 5. Excellence in Financial Stewardship

- Achieve operational budget at 2% margin



## Best Practices for Warmer Babies

*NICU team members developed processes to keep babies warmer for better outcomes.*

Newborns are more prone to develop hypothermia because they have decreased thermal insulation and subcutaneous fat. Newborn hypothermia is defined as a temperature below 36.5° C or 97.7° F. A newborn with hypothermia will present with poor feedings, weak cry and pale and cool skin. They may have trouble breathing and be sluggish. Progressive reduction in body temperature can lead

to adverse clinical effects and causes unnecessary stress on the newborn especially since newborn hypothermia can be preventable.

**The admission rate for newborn hypothermia for NICU babies in 2019 was 65%.** Our NICU team collaborated with labor room staff to implement changes that would help decrease hypothermia in our littlest

patients. Changes include a variety of measures including:

- Delivery room/OR suite temperature increased to 74° F
- Warmed supplies are used during delivery (including bath blanket/sterile towel)
- Hat placed on baby's head
- Proper use of radiant warmers to protect from heat loss
- Special measures are taken if a baby is born at <32 weeks gestation and/or requires transport to the NICU to preserve temperature

**Today, our hypothermia rate is at 41.2%. This reduction will save lives!**

*Above: NICU Hypothermia Kit.*

*Below: NICU team members*

*Front Row: Beth Couch, BSN, RN; Amy Purdy, ASN, RNC-NIC; Caitlin Kemp, NNP-BC Back Row: Kim Pinkston, ASN, RN; Joey Fuller, ASN, RN; Courtney House, ASN, RN; Dr. Gelke, Neonatologist*



## Growing Our Leaders

*Succession planning and growth for one NCM*

Succession planning, professional growth and development and engagement are key elements to the success of an organization. As a succession planning opportunity, **Jeanna Bumgardner, BSN, RNC-OB** Nursing Care Manager for Labor & Delivery, completed the Indiana Hospital Association (IHA) Management Institute. This was a partnership program between IHA and Indiana University School of Public and Environmental Affairs. The program was an online self-study that consisted of 10 courses and 47 virtual classes between March 2021 and September 2021. There were recorded lectures, self-assessments, videos, supplemental readings and discussion board posts. Each module consisted of a two-hour interactive session that involved small group discussion, Q&A, self-reflection and review of the study material.

The classes were organized and structured with course outlines, calendar events and open discussion. They taught Jeanna financial management, teambuilding, management insights and conflict resolution. Each week, Jeanna consistently shared the concepts she had learned in the courses with the



*Jeanna Bumgardner, BSN, RNC-OB, Nursing Care Manager for Labor & Delivery*

Maternal Child Services leadership team. Upon completion, Jeanna received a Health Care Manager Certificate. The course was valuable and is easily applied to the workplace.

It was a great opportunity for Jeanna to continue her education, participate in professional growth and improve job performance.

## Roaming Rhonda

**Ever wonder how to get in touch with your Chief Nursing Officer? Do you have an idea or suggestion to share with her?** Rhonda participates in Leader Rounding on Monday mornings and in monthly night shift rounding on the third Thursday of each month.

Can't make it to rounding, but still want to talk? She's also available by email at [resmith@uhhg.org](mailto:resmith@uhhg.org) or send her a text at **(812) 240-1420**.



Celinda Fulling, ASN, RN; Union Hospital Clothing Closet

## The Impact of a Clothing Closet

*Emergency Department staff work with many other departments to ensure patients in need of clothing and supplies are cared for when they leave our organization.*

Patients occasionally present to the emergency department after circumstances where their clothes become contaminated, torn or unwearable for many reasons. Nursing staff would need to provide clothing for discharge, either supplied by our laundry or the minimal donations tote that we had carried for many years but had significantly dwindled. **Celinda Fulling, ASN, RN** saw a need within the emergency department to increase the availability of clothing to patients and their families. Celinda organized donations to the ED Clothing Closet, first by reaching out to ED staff. Nursing staff delivered... literally... with clothing ranging from all sizes and for

all seasons, and includes shoes and undergarments!

Staff from other departments, such as inpatient floors and the surgery department, saw or heard about the clothes closet and have donated as well. Staff from the pharmacy department put together care bundles of common toiletries and hygiene items. Security staff donated blankets and clothes. The number of donations exceeded the singular tote that used to house the available items. More racks were purchased, as well as totes to organize the items.

The donations were initially targeted towards victims of sexual assault;

however, these donations have benefitted so many more people. Inpatient units have been able to utilize the closet as well. Over the winter, clothes were given to patients who were homeless and exposed to the elements. The ED treated a family who were the victims of a fire that destroyed their home and the ED staff was able to donate clothes from the ED Clothing Closet to supplement them until they were able to reestablish what they'd lost.

Celinda maintains the closet by cleaning and organizing the donations, which are now available to any patient in need.

## Moving the SSI Mark

*Interdisciplinary collaborative work to improve SSI across SS, OB and more.*

There is a focus in the health care setting on hospital acquired infections (HAIs), which includes Surgical Site Infections (SSIs). These HAIs are state reportable and impact reimbursement. In 2019, Union Health had 36 SSIs for the year. Staff, leaders and providers within the Surgical Services and Maternal-Child Services divisions were concerned about this patient outcome.

In early 2020, a multidisciplinary process improvement team was formed to evaluate the current practice and identify opportunities for improvement. This team was composed of staff from across Surgical Services and Maternal-Child Services including nurses, certified scrub techs (CST), sterile processing staff, along with surgeons, anesthesia providers, department leadership and representatives from environmental services and infection control.

The team met monthly and discussed areas of opportunity to impact SSI rates. Guidelines from the Association for the Advancement of Medical Instrumentation (AAMI) and the Association of periOperative Registered Nurses (AORN) were used to make evidence-based practice changes.

Many changes were implemented during the 18 months that followed including:

- **Mitzi Austin, BSN, RN, CNOR** researched and prepared a hemoglobin A1C policy that was approved by the process improvement team and implemented in February of 2021.
- **Ashley Givens, MSN, RN, CNOR, OR NCM** reached out to BD, one of the largest global medical technology

companies in the world. BD came on site and audited prepping practices across OR, OB areas and in the Cardiac Cath Lab. Findings from this audit identified strengths and opportunities related to the prepping process. Super users selected in these departments received special education in prepping techniques. **Megan Bates, BSN, RN, OR** and **Amy Vincent BSN, RN, RNCOV, CEFM, L&D** led staff education, audited cases for quality prepping and followed up with staff if issues were noted.

- The AORN guidelines for sterility were reinforced, including employees entering the room from the center core once the sterile table was opened in any surgical suite to decrease contamination risk.
- Pre-Anesthesia Clinic staff were educated about proper patient pre-operative preparation at home, including instructing patients to shower the night before and morning of a procedure with CHG.
- CHG wipes are effective for six hours according to literature. Clinical staff on all inpatient units were educated to perform a CHG bath on inpatients with a planned surgical procedure before going to OR instead of at 0600 that morning. This practice increases the efficacy of infection prevention.

- CSTs received reinforcement of sterile technique, setting up the back table, draping and properly doing point-of-use cleaning. Point-of-use cleaning involves starting the initial process of decontaminating instruments in the surgical suite by spraying them with bioenzymatic spray.



Ashley Givens, MSN, RN, CNOR  
Mitzi Austin, BSN, RN, CNOR

- SPD staff received reinforcement of the decontamination process of dirty instruments. A process of real-time notification of any contaminated instrument sets in the OR was initiated to help identify potential issues in a proactive fashion.
- SPD purchased a new decontamination sink and sonic machine to meet the current standards of practice set forth by the AAMI.
- With the dedication and level of engagement of this process improvement team, positive changes were implemented. Alignment of practices at Union Health to best practices detailed by AAMI and AORN have made a positive impact on the organization's SSI outcomes in the last three years. In 2020, 26 SSIs were realized and in 2021 only 10 SSIs occurred across the organization.

This significant reduction represents months of hard work to improve a serious patient outcome problem!

*Promoted Spring, 2020*



**Robin Kelley, BSN, RN, CLC**

is a clinical nurse in Labor & Delivery and a PACE RN3. She has been critical in initiatives around managing obstetric hemorrhage, including education and process improvements. She has provided in-services during the education blitz, updated policies and served on a variety of teams including VAT, Unit Council and Baby Friendly Committee. Robin has received numerous “thank yous” from patients and peers for her contributions to patient care!



**Pam Stevens, BSN, RN, PCCN**

is a clinical nurse on 2EA and a PACE RN3. Pam is an experienced Telemetry Nurse and ANCM for the unit. She serves on 2EA’s unit council, Magnet Council and serves as the Co-Chair of Professional Practice & Development. Pam worked with her team to reduce HAPI on 2EA through a performance improvement project around skin assessment and proper documentation.

*Promoted Fall, 2020*



**Mitzi Austin, BSN, RN, CST, CNOR**

is a clinical nurse and Team Leader for Cardiac Surgery. She is also a PACE RN2. Mitzi participates on multiple Shared Governance Councils and Co-Chairs the Evidence-Based Practice Council. She assisted in Final Time Out education for the unit and updated policies to match AORN practice guidelines. Mitzi led an EBP project in early 2020 to prepare staff for Local Anesthetic Systemic Toxicity (LAST) in the surgical patient population. **In Fall 2021, Mitzi was promoted to a PACE RN3!**



**Jennifer Williams, BSN, RN, CCRN**

is a clinical nurse in ICU and a PACE RN3. Jennifer serves as an ANCM for the unit and is on multiple unit committees, including Unit Council and Healthy Work Environment. She worked with a colleague to trial “Team Turning” to reduce HAPIs and foster teamwork in the unit. Jennifer co-led a project to collect food, toiletries, clothing and more for children and families at the 14th and Chestnut Community Center as the holidays approached.



**Alice Cheesman, BSN, RN, CMSRN**

is a clinical nurse on 4EA and a PACE RN3. Alice can frequently be found with an ISU DEU nursing student or precepting an onboarding employee. Alice served as an Ambassador during the November 2019 Magnet site visit for Union Hospital. She also regularly presents at the Charge Nurse Workshop to share her experience as a Charge Nurse for her unit.



**Marci Miller, BSN, RN, CMSRN**

is a Clinical Nurse on 2WD and a PACE RN3. Marci takes ownership of patient outcomes on her unit. She worked with her team to improve VTE prevention through proper SCD usage in late 2019. She serves on the Policy & Procedure Council and the Magnet Council. Marci often advocates for her patient population with a focus on best practices!



**Brittany Low, BSN, RN, CMSRN**

was a clinical nurse on 3EC Surgical-Oncology and a PACE RN3. Brittany worked with peers to educate across the hospital on glide sheets and patient repositioning as a member of the Skin Team. In late 2020’s she also served as a co-chair for her unit’s Healthy Work Environment Committee – bringing new processes for recognition to the department. Brittany is currently practicing in the UMG Oncology office.



**Jessica Truman, BSN, RN, CMSRN**

was a clinical nurse on 3EC Surgical-Oncology and a PACE RN3. She served on her unit’s Healthy Work Environment Committee and developed new recognition techniques with her peers. Jessica worked with new nurses to orient them to the unit. She also worked with RNs in PACU to develop PEG tube teaching for oncology patients with new tubes. Jessica is currently practicing in the UMG Oncology office.

### Promoted Spring, 2021



**Jennifer DeMoss, ASN, RN, AE-C**

is a clinical nurse at UMG Pulmonology and is a PACE RN2. Jennifer worked with a peer to improve the use of inhalers through a department-wide education project. She also partnered with a colleague to support COVID-19 treatment efforts through the development of both a COVID-19 swabbing and monoclonal antibody administration protocols.



**Caleb Ingle, BSN, RN, CCRN**

is a clinical nurse in ICU and is a PACE RN3. Caleb recognized the need for support and training in the care of patients on Intra-Aortic Balloon pumps as a low-volume, high-risk population. He serves as a mentor for new graduate nurses through the Peer Group program in Nurse Residency and precepts new nurses hired into ICU.



**Erica Milner, BSN, RN**

is a clinical nurse on Mother-Baby and a PACE RN2. In 2020, Erica co-led a Newborn Essentials Class in the community at the Crisis Pregnancy Center to prepare new parents. She served as the nurse champion for the implementation of postpartum depression screening and follow up plans to support positive maternal health outcomes.

### Promoted Fall, 2021



**Katherine Elia, BSN, RN, IBCLC**

is a clinical nurse in NICU and a PACE RN3. Katherine is a wealth of knowledge for breastfeeding moms and can be found sharing that knowledge through unit education, nursing student classes and as a Capstone student preceptor. Katherine is an active member of the Infant Feeding project as well as the infant abduction prevention team.



**Rachel Ingle, BSN, RN, AE-C**

is a clinical nurse at UMG Pulmonology and is a PACE RN3. Rachel supported her patient population with a peer while developing department-wide education on the use of inhalers and supported COVID-19 treatment plans through the development of protocols around testing and monoclonal antibody administration.



**Lisa Kaufman, MSN, RN, CCRN**

is a clinical nurse at UMG Cardiology and is a PACE RN4. Lisa serves as the Cardiology Team Lead and is a Patient Service Representative for the ZOLL LifeVest. She has numerous examples of improving patient care, including a process to allow patients with an ICD to undergo an MRI, improved post-procedure patient instructions and participation in a study around best practices with LifeVest utilization where she received national recognition for her leadership.



**Casey Hummell, BS, ASN, RN, IBCLC**

is a clinical nurse on Mother-Baby and a PACE RN2. Casey worked with peers to support the launch of the Milk Bank and assisted with grant writing to help fund the use of donor milk for families with financial limitations. Casey educated peers through a breastfeeding skill check during the blitz and through her membership on the Baby Friendly Committee.



**Alicia Jones, ASN, RN, AMB-BC**

is a clinical nurse at UMG Cardiology and a PACE RN2. Alicia conducted an improvement project to enhance staff knowledge about diabetes symptoms to better serve their patients. She also updated policies around AEDs and crash carts for UMG. Alicia serves as a Preceptor in her department.



**Natalie Rice, BSN, RN, RNC-MNN**  
is a clinical nurse on Mother-Baby and a PACE RN3. Natalie serves as an ANCM and Preceptor. She was actively involved in education and improvements for surgical site infections and obstetric hypertensive emergencies. Natalie also worked with peers to refine the Safe Sleep education for new parents to make it more user-friendly and relevant.



**Megan Swart, BSN, RN, RNC-NICC**  
is a clinical nurse in NICU and a PACE RN3. She serves as an ANCM and a Preceptor for Capstone students. She is a member of the Feeding Committee and Unit Council, as well as the infant abduction prevention team. Megan is an active member of the Neonatal Hypothermia team that implemented many changes to improve the outcome of NICU patients in 2020.

### 2021 & 2022 PACE RN Renewals:

- Kerrie Archer, BSN, RN, CCRN, ICU (PACE RN3)
- Donnica Barrett, ASN, RN, PCCN, 2EA (PACE RN2)
- Chelci Black, BSN, RN, RN-BC (PACE RN3)
- Stacy Black, BSN, RN, RNC-OB (PACE RN3)
- Hannah Boyd, BSN, RN, CEN, TCRN, ED (PACE RN3)
- Apryl Brown, BSN, RN, RN-BC, UHC (PACE RN3)
- Janet Crucitti, BSN, RN, CPN, Pediatrics (PACE RN3)
- Jessica Drake, BSN, RN, 2West (PACE RN2)  
(Currently NP in UMG Oncology)
- Spring Eyer, ASN, RN, CMSRN, Resource Center (PACE RN2)

- Michelle Gutish, MSN, RN, CCRN, NICU (PACE RN4)
- Rebekah Heyen, BSN, RN, RN-BC, Resource Center (PACE RN3)
- Jennifer Jaeger, BSN, RN, CCRN, NICU (PACE RN3)
- Melissa Lemmons, BSN, RN, IBCLC, Mother-Baby (PACE RN3)
- Colleen Maurer, BSN, RN, PCCN, SCRn, 2EB (PACE RN3)
- Jamie Poore, BSN, RN, ONC, 3EA (PACE RN3)
- Amy Purdy, ASN, RNC-NIC, NICU (PACE RN2)
- Megan Souder, BSN, RN, PCCN, SCRn, 2EB (PACE RN3)
- Amy Vincent, BSN, RN, RNC-OB, L&D (PACE RN3)
- Martina Voges, BSN, RN, CCRN, ICU (PACE RN3)
- Jenny Wright, ASN, RN, IBCLC, Mother-Baby (PACE RN2)

*Congratulations!*

## 2021 Clinical Support Services (CSS) PACE

The CSS PACE program launched in January 2021 to promote excellence and leadership in patient care for those in specific clinical roles.

### Promoted Winter, 2021



**Sara Biggs, CST**  
is a Surgical Technician in Labor & Delivery and is a CSS PACE level 3. Sara chairs the Clinical Support Services PACE Council, co-chairs the CSS Shared Governance Council and co-chairs the Clinical Value Analysis Team. She improved the Paternity Affidavit process for birth certificates at Union Hospital to ensure proper filling of this important record. Sara precepts new employees in L&D and assists with education needs in the Maternal Child Services departments.



**Marie Engeling, BS, MS, ATC**  
is an Athletic Trainer at UMG Bone & Joint and is a CSS PACE level 3. She co-chairs the UMG Surgical Specialty Committee, serves on the Customer Service Advocate team and is trained in de-escalation. Marie worked with her colleagues to develop a robust orientation program for new Bone & Joint employees. Marie became the Neuroscience Supervisor in early 2022.



**Etosha Page, AAS, CST**  
is a Surgical Technician in OR and is a CSS PACE level 3. She is frequently recognized by Surgical Tech students as providing a great clinical experience. Etosha developed and presented in-services for her department about sterile technique/contamination and general preparation for cases as the Surgical Technician.



**Evert Siebert, MS, ATC**  
is an Athletic Trainer at UMG Bone & Joint and is a CSS PACE level 3. He spends a great deal of his time serving as the Athletic Trainer at school sporting events throughout the Union Health service area. Evert worked with other members of his team to refine a robust orientation program for new Bone & Joint employees.

# Structural Empowerment

## PACE Promotions & Renewals



### **Alison Sokol, BS, MS, ATC**

is an Athletic Trainer at UMG Bone & Joint and is a CSS PACE level 3. She is a member of the UMG Nursing Policy Committee and co-chair of the UMG Surgical Specialty Council. Alison worked with her coworkers to develop a robust orientation program for new Bone & Joint employees. Alison is now the Surgery Scheduler at UMG Bone & Joint.



### **Michelle Switzer, ASN, LPN**

is an LPN at the UMG OBGYN and is a CSS PACE level 2. She is a member of the UMG Surgical Specialty Council. Michelle precepts new employees in her department and ensures they understand the workflow. She spends her time volunteering with her daughter through the Marshall Baptist Church Backpack Program. Michelle is pursuing her RN at Indiana State University.



### **Nichole Bonar, LPN**

is an LPN at UMG Bone & Joint and is a CSS PACE level 3. She volunteers with Vigo County 4-H and Katy's Kids. Nichole is the co-chair of the UMG Ambulatory Council. She was also an integral member of the Ortho Navigator and Level of Care projects at Bone & Joint. Nichole was part of the team that developed the Ortho On-Call process to support patients with concerns after hours.



### **Jennifer Compton, BS, ATC**

is an Athletic Trainer at UMG Bone & Joint and is a CSS PACE level 3. She has a variety of volunteer experiences including filling in for a school Athletic Trainer and a "casting clinic" with an outlying orthopedic clinic. Jennifer is a member of the UMG Surgery Council, UMG Ambulatory Council, and the Value Analysis Team. She co-developed the robust orientation program for Bone & Joint with her colleagues and trained Bone & Joint Screeners when that role came out.

## *Promoted Summer, 2021*



### **Kimberly Waggoner, AA, COA**

is an Ophthalmic Assistant at the UMG Eye Center and is a CSS PACE level 2. She spends extensive time volunteering with the Prairie Creek Lions Club supporting eyeglasses recycling, activities at Hoosier Prairie Elementary School and more. She worked with colleagues at the Eye Center to ensure safe cleaning practices in the waiting areas during COVID-19. Kimberly uses her extensive experience to onboard new employees to the Eye Center.



### **Christie Banister, CMA**

is a Medical Assistant in the UMG Pulmonology office and is a CSS PACE level 2. She served on Saint Mary-of-the-Woods College's Nursing Curriculum Committee from 2020-2021. Christie delivered an in-service to her team about mindfulness and stress reduction. During COVID-19, she was frequently found working extra shifts as a PCT at Union Hospital. Christie graduated from an RN program in Spring 2022.



### **Brenda McNabb, AS, COA**

is an Ophthalmic Assistant at the UMG Eye Center and is a CSS PACE level 2. She participates in volunteer work through her church. Brenda is a member of the UMG Ambulatory Council, as well as the UMG Surgical Specialty Council. In August 2021, Brenda started the pursuit of her dream when she was accepted into an RN program!



### **Danielle Scott, AAS, CST**

is a Surgical Technician in Labor & Delivery and is a CSS PACE level 2. She is the co-chair of the CSS Shared Governance Committee and a member of the CSS PACE Council. Danielle also serves in the Labor & Delivery Unit Council. She uses her previous experience as a PCT to precept and train new hires in her department.

## Growing Daisies

Union Hospital is proud of the care delivered by the nursing team. This pride stretches into recognition of jobs well done and care that is above and beyond expectations. In 2018, Union Hospital began awarding the DAISY award® for extraordinary nurses. The DAISY award® is a national platform to recognize excellence in nursing care. Four Registered Nurses (RN) were awarded this prestigious honor in both 2020 and 2021 after nominations from patients or colleagues and selected by a team of their peers of the Professional Practice and Development Council. Read their stories below:

### Jennifer Wright, RN



Jennifer Wright, RN April 2020

“My husband and I were in a breastfeeding class with Jenny when I started having severe contractions and pain. Jenny was concerned by what I was describing and took me upstairs because she felt I needed to be evaluated. Once in labor and delivery, I learned that I had severe preeclampsia. If Jenny had not trusted her gut to have me evaluated, the preeclampsia could have easily escalated to eclampsia and I could have started to experience seizures or more severe complications.

Because of Jenny’s gut feeling, the doctors uncovered my preeclampsia issue and induced me early for the sake of my life and my son’s life. When I was admitted, it was still a couple of days before they would induce me. During that time, Jenny continued to check in on us and even put together an abbreviated version of a childbirth class for us. She frequented my room to check on me, answered any questions and helped to prepare my husband and me for induction and what NICU would be like for our son. She brought us cake to try and lift our spirits and continued to go above and beyond to be there for us; a nervous and scared couple about to meet their first child.

After delivery, Jenny continued to be there. Overall, I spent a week in the hospital for preeclampsia/delivery and my son spent an additional 15 days in the NICU. Thank you for helping me through the most difficult month of my life and thank you so much for trusting your gut. Thank you for going above and beyond for us. We so appreciate you.”



“Ashley took the absolute best care of my grandpa while during his last stay at Union Hospital. She went above and beyond for not only him, but also our family. She held his hand and just sat with him when he asked, she was so thoughtful and considerate when we had to make difficult decisions in his care. She knew the right words when no one could find them. She got him cookies from the cafeteria when he was struggling to find something to eat and did everything in her power to make sure he was taken care of. She knew me and my family were traveling out of state and she made sure to stop after a 14-hour workday and get a Valentine for my 16-month-old son. We were blown away by her. We need more nurses like her. I am a nurse myself and I can only hope to provide the high-quality and compassionate care she gave my grandpa in his final days. He thought so much of her and so did we. She is a nurse we will never forget.”

### Ashley Stetter, RN



Ashley Stetter, RN May 2020

# Thank You



### Kaitlin Neyhart, RN



Kaitlin Neyhart, RN October 2020

“I was a first-time mom, scared to death to have my baby completely ripped from my body and taken directly to the NICU to be placed on a cooling blanket for potential seizure activity. I did not get to meet Kaitlin until the second night. My little one was on the cooling blanket, but I knew as soon as I met her she was going to be an amazing nurse to care for my little guy. Five days after giving birth, I was going back to surgery to have my gallbladder out and Kaitlin was R’s nurse on and off throughout his whole stay in the NICU. Every time I would call her in the middle of the night, she would be so reassuring, and I could tell that R was well taken care of. I would then come down to the NICU the next morning to find a “Get Well Soon” card made from R or a little reindeer made from his footprint. These were little things I thought I was going to miss out on making with my first-born child around Christmas time because he was in the NICU. When Kaitlin was taking care of my little guy, I always knew that he was paid attention to and loved like I would have loved on him if I was there 24/7.

I will truly never forget the way Kaitlin treated my little guy while I was not there to take care of him myself. For that, I want to thank her from one nurse to another.”

### Michelle Wheat, RN



Michelle Wheat, RN December 2020

“Recently, there was a patient in Ambulatory Surgery who was discharged after a very extensive OBGYN procedure. Michelle was the discharging nurse and she sent the patient home with an electronically printed prescription for pain medication from the physician. After leaving the facility with the prescription, the patient ran into many insurance payment obstacles related to the medication. Michelle spent a lot of time on the phone with the physician and the pharmacy trying to get the prescription for the patient lined out. After a denial from the lobby pharmacy, the patient had given up and gone home without any pain medication.

Michelle still worked to try and figure out how to get the medication for the patient. She ended up going to the lobby pharmacy and purchasing the medication out of her own pocket (with the patient’s permission), but the patient was unable to make it back to the hospital to pick the medication up. So, after she finished her shift, Michelle drove to the patient’s house and delivered the medication to her on her own personal time.

Not many nurses today would go the extra mile for someone like she did.”

### Kelly Hayden, RN



Kelly Hayden, RN December 2021

“My wife has delivered all three of our children at Union Hospital. We have had some great experiences with many staff during each of the respective deliveries. However, experiences have been vastly different from one occasion to the next, as stages of the pandemic have progressed and new rules have been implemented or disregarded. As my wife and I are heavily integrated in the medical field, we are not strangers to the frustrations associated with the pandemic and the almost disconnected and dismissive attitudes that are so prevalent in these environments. However, Kelly was the absolute exception during my wife’s care.

After speaking with numerous doctors and nurses about a specific issue she was experiencing that was as visually concerning as it was physically debilitating for my wife, we were offered no relief.

Kelly made it her mission to offer my wife relief. She checked on her numerous times, consulted with other nurses and even requested assistance from another unit. She offered a non-traditional solution to the problem and ensured that while she was here, my wife was truly comfortable.

Additionally, she offered insights into her own personal experience that not only eased my wife’s pain, but allowed her a window into her personal life that coupled her care with a human element not present in recent years. Her efforts are reminiscent of times gone past where medical facilities were sanctuaries for those seeking relief from their ailments.

I would love to see her win an award for her efforts and, at the very least, be notified of a frustrated husband’s appreciation for the lottery that was my wife landing in her capable hands.”

# Structural Empowerment

## Ryan White, RN



Ryan White, RN March 2021

“A patient’s rent became due while having an unexpected lengthy stay in the hospital. Unfortunately, the patient’s landlord has a zero tolerance policy concerning past due rent—translating to immediate eviction. Ryan White, RN, learned of the predicament his patient was in and called the landlord to explain the medical situation and ask for an extension. This, along with the level of care, empathy and urgency that White showed the patient consistently throughout his stay was above and beyond his expectations. White’s commitment and dedication to all under his care are truly amazing.”

“A patient was admitted to the Pediatric Unit after a suicide attempt. Her father writes, “She (Sabrina) treated her like a person, not just a patient. My daughter actually verbalized to me, ‘She’s so nice, she didn’t judge me. She made me feel better.’ She also told me, ‘Life is hard, but Sabrina helped me realize I want to get better and help others like she helped me.’ Thanks to this very special nurse. She is a rock star!”

## Spreading Sunshine

Union Hospital is proud to announce the Sunshine Award. This award was created by the Clinical Support Shared Governance Team to honor associates who model exceptional service to our patients and customers with compassionate and high-quality health care. The Sunshine Award recognizes exceptional support staff at the hospital, including patient care technicians and other vital team members.



## Jessica Hutson

“Jessica was recognized for the care she provided a pediatric patient. The juvenile had a history of psychiatric issues and turned violent prior to discharge. During the episode, Jessica remained calm and compassionate. She was able to comfort and calm the patient by watching movies and giving a tour of the hospital. This is just one example of the one-on-one care Jessica demonstrates for patients.”

## Sabrina Weir, RN



Sabrina Weir, RN June 2021

## Tracy Hawkins

“In September, a patient needed to be admitted to the Emergency Room. However, the patient was homeless with two dogs. The patient was worried that his dogs would be sent to a shelter and he would not be able to get them back. On her day off, Tracy Hawkins, ER Secretary, picked the dogs up and volunteered to keep the furry friends at her own home until the patient could be safely discharged. Knowing his dogs were being cared for, the patient agreed to be admitted and received proper treatment. Although Tracy doesn’t care for patients directly, she has a huge heart for both humans and animals. Tracy, thank you for going above and beyond the call of duty.”



## Barb Buck & Jill Riggle

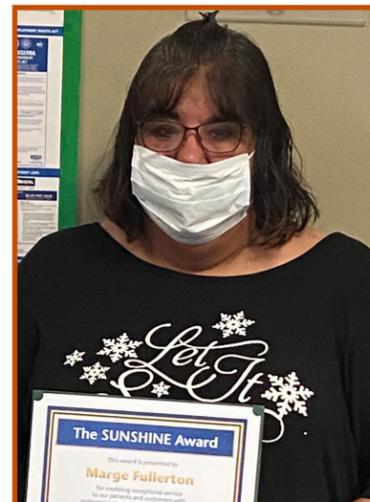


“In early February, a patient left the Eye Center following an appointment. He immediately came back saying his car had been stolen. He stated that he had left his keys, wallet and cell phone in the car. Barb Buck and Jill Riggle sprang into action. The ladies called the police and helped him get his credit cards canceled. They also kept calling his cell phone. Eventually, a manager of a local motel answered the cell phone and said a man dropped it off and left a car there. Authorities say the thief had already tried to use the man’s credit card at a local CVS, but it was declined. Because of that, CVS kept his ID which assisted police in his apprehension. Thanks to Barb and Jill’s quick actions, the patient was able to retrieve his car, cell phone and credit cards. These ladies went above and beyond to assist a patient.”

## Marge Fullerton

“A patient says he is alive today because of Marge Fullerton’s willingness to listen and put his needs first. The patient is on chronic pain meds for a terminal condition and often feels like he is treated like a drug addict. One day, he was at his lowest point; he had an appointment. The patient was in severe pain, anxious, very depressed, felt hopeless, and wanted to die.

He said Marge actually listened to him, picked up on his anxiety and agitation. She spoke to his doctor about it who then put him on some medication for anxiety. The patient stated that his pain was making him “a jerk” and that he was about to lose his parents, wife, and son over it.



He said the medication has helped calm him and “take the bitterness out of me”. He had his parents over for coffee, he’s being more kind to his wife and his son is returning messages and talking to him again.

He said, “she gave me hope for a less painful future... I was at the end. If not for her, I would not have seen another day. I can never thank her enough because she gave me more time with the people I love. And I will just say she is doing her job; well, I can tell you from experience more medical professionals only do their job and never really care for the patients. I cannot say enough good things about Marge, but I will say if I ever get back to where I was that day—I will talk to Marge before I would do anything stupid, as she puts the care in health care.”

## Jacki Tindall

“A married couple were recently admitted to the ICU, both positive for COVID-19. The husband was stable, however, the wife was slowly deteriorating. Eventually, the wife needed to be intubated. As the nurses were gathering all of the equipment needed to intubate her, Jacki realized that their patient was the wife of the gentleman next door. Jacki took it upon herself to make sure the couple could see each other. The husband was safely transferred to his wife’s room, via his bed and still on his Bi Pap Machine.

With both beds side-by-side, the couple held hands while exchanging words of encouragement. Holding hands, the couple talked about that week being their 33rd wedding anniversary!

Jacki is an outstanding Respiratory Therapist, role model, selfless, caring, and patient advocate who will stop at nothing for her patients and true love! Congratulations!”



# Exemplary Professional Practice

## Improving Outcome Through Specialty Care Coordination

*The Total Joint Coordinator and Orthopedic Navigator worked together to improve patient experiences and outcomes through care coordination and education.*

The development and implementation of the Orthopedic Service Line has allowed Union Health to intensify the collaboration between the ambulatory care setting to the inpatient setting. This work ensures patients receive quality care and the best possible outcome across the continuum of services.

**Robin Mullen, BSN, RN, ONC**, Total Joint Coordinator for the ONU Inpatient unit (3EA), along with **Tabetha Rodgers, BSN, RN, CMSRN**, Ortho Navigator for Bone and Joint Sports Medicine have collaborated to ensure that the patients are well-educated and have a seamless experience as they navigate from the outpatient setting to the surgical setting to the inpatient setting.

Tabatha began her role as the Ortho Navigator in January of 2021 with the task of being an advocate, educator and experience guide for the surgical patient and their family members through their orthopedic care continuum. She is responsible for patient education, scheduling and care transition.

Robin began her role as the Total Joint Coordinator in September of 2021 with the task of collaborating with

the facility program development and management, process improvement and outcomes development within the joint care program. She also maintains oversight of the ongoing pre-operative preparation for patients prior to surgery. Along with the Orthopedics Ambulatory Clinic Team, Physical Therapy and Occupational Therapy Team, OR and PACU Team, as well as the Pre-Admission Testing Team, Tabetha and Robin worked to create and deliver the education to patients prior to and after their surgical procedures in order to alleviate any anxiety. The education is comprehensive and covers all aspects of information from skin maintenance to infection control prevention, to the day of discharge.

The outcomes noted from this collaboration and teamwork have been amazing. Because of this work, patients in the Union Health total joint program have experienced fewer post-operative DVTs, fewer readmissions, noted increased customer satisfaction and seen an increase in discharges to home versus a facility after surgery. This work represents best-practices in ensuring patients and families have a great experience and a positive outcome during their joint replacement surgery.

*Above: Robin Mullen, BSN, RN, ONC and Tabetha Rodgers, BSN, RN, CMSRN*

*Below: Robin Mullen, BSN, RN, ONC and Tabetha Rodgers, BSN, RN, CMSRN instruct joint replacement patients on perioperative self-care.*



*Left to right: Lori Horrall, BSN, RN, TCM CCCTM, MSM; Lennie Wilson, BSN, RN, TCM, CCCTM; Ann Smith, MHL, RN, ACMA; Annie Shannon, MSN, RN; Dawn Jolliff, BSN, RN*

## Improving Hypertension with Interdisciplinary Support

The continual growth and maturation of the Outpatient Care Management team led by **Lennie Wilson, BSN, RN, TCM, CCCTM** has allowed Union Health to intensify patients collaborative plans of care. Their work ensures patients receive quality care and the best possible outcome with an interprofessional approach.

**Lori Horrall, BSN, RN, TCM, CCCTM, MSM**, Team Lead for the OP Care team, collaborated with **Dawn Jolliff, BSN, RN**, Director of Ambulatory Nursing, to improve uncontrolled hypertension for Union Health's ACO patients. This was a goal for 2021, and the ACO population with uncontrolled HTN dropped by more than 37%.

Lori worked with IT to get a monthly report of the patient population with uncontrolled hypertension. She then worked with the different members of the care team, including Patient Care Coordinators, RN Navigators, Pharmacists, Social Workers and Providers to engage these patients. Team members worked together to bring the patient in for a provider appointment, if needed, initiate care management services, provide patient education and ensure the patient had a blood pressure monitor at home.

Dawn developed a new policy and procedure for rechecking a patient's blood pressure during the provider visit if the initial result was high. Many patients

experience "white coat syndrome" and rechecking the blood pressure later in the office visit often showed a more accurate and lower result. She partnered with the education team and provided staff education on the new policy. A clinical competency was completed for all staff to ensure understanding of the appropriate way to monitor blood pressure and achieve accurate results.

The outcomes noted from this interprofessional collaboration have been amazing. Because of this work, a higher percent of patients in the Union Health ACO have controlled hypertension. This leads to improved health care outcomes, increased patient experience and lower health care costs.



Heather Miles, DNP, RN, CEN, TCRN

## Impact of Escalation Guidelines for Novice Nurse Management of Emergency Department (ED) Patients

While Heather Miles, DNP, RN, CEN, TCRN, ED Director, was in the role as ED Educator, she noticed that many new graduate nurses entering the ED were struggling with detecting early signs of deterioration, which can lead to poor patient outcomes. ED nurses provide care to acutely ill patients in an environment that is often chaotic, so looking for ways to improve patient care and decrease anxiety of the new nurses was very important.

Her objectives for this research project were to implement an escalation guideline of when to report abnormal signs and symptoms to a peer nurse or medical provider, provide peer resources and evaluate the effectiveness of these

interventions through nurse comfort in recognizing and reporting. Utilizing Benner's Novice-to-Expert framework, she developed the escalation guidelines of when to report abnormal findings and resources that support the nurse as well.

A pre-survey was used to determine comfort in reporting, followed by a "test-retest design to measure whether the escalation guidelines guided the nurses next actions in a set of scenarios", as well as a scale to rate self on comfort in escalation. While the outcomes showed "nurse-reported comfort improved in all categories when viewed as an aggregate, there was a lack of matching identifiers, test-retest statistical significance was unable to be determined".

Conclusions to this project found there is a need for increased support for the novice ED nurse to develop self-confidence in reporting abnormal findings, as well, further research is needed in the early warning system tools utilized by the ED.

Results were shared with the Evidence-Based Practice Council, as well as at Lambda Sigma chapter of Sigma Theta Tau, International Annual Nursing Research Day at Indiana State University.

*\*This research was completed as part of Heather's DNP program, where she served as Principal Investigator (PI).*



Jamie Readinger, DNP, RN, CCRN, teaches incoming nurses.

## Transition Shock in Nurse Residency Participants

When new graduate nurses enter the workforce, they undergo a series of major changes that can drastically impact early career satisfaction. Nurse Residency Programs have sought methods of support in knowledge, emotions and overall new graduate nurse health. However, many fall short of meeting the true transition-to-work needs of the new nurse.

The Clinical Education team sought to improve the existing Nurse Residency Program by ensuring the most important things remained top priority. As part of her DNP program, Jamie Readinger, DNP, RN, CCRN, led a quality improvement research project to ensure Union Health acute care RNs were well supported! This revision resulted in a unique and innovative approach.

The Nurse Residency was redesigned to include four major components:

- Main session topics vital to success such as gender and cultural considerations, quality improvement, financial stewardship, team communication and more.
- Breakout session topics tailored for unique needs of new graduates including domestic violence response, breastfeeding support, nursing in the news (hot topics in the media), wound vac class and many more.
- A Performance Improvement (PI) project is completed throughout the year-long residency program to guide a spirit of inquiry.

- Peer groups to provide coaching, mentoring and peer support. Peer groups are led by an experienced RN mentor and allow for small group discussion of successes, opportunities and emotional support.

Three cohorts of nurse residents start annually in April, September and November with the program requiring 10 sessions across 12 months. All nurse residents attend the main sessions, complete a PI project, select two breakout sessions each time and attend their assigned peer group. The redesigned program launched in September 2020 after a brief delay related to the pandemic.

Traditional Nurse Residency success is measured with the rate of first year RN turnover. The literature still supports this outdated outcome measure. At Union Health, The Nurse Residency Program success is measured by satisfaction surveys issued at the end of each session and the measure of transition shock at the beginning, middle and end of the program. Transition shock is a scale that measures 18 questions with Likert scale answers to assess six subfactors related to four concepts of change (Duchscher, 2009 and Kim et al., 2017):

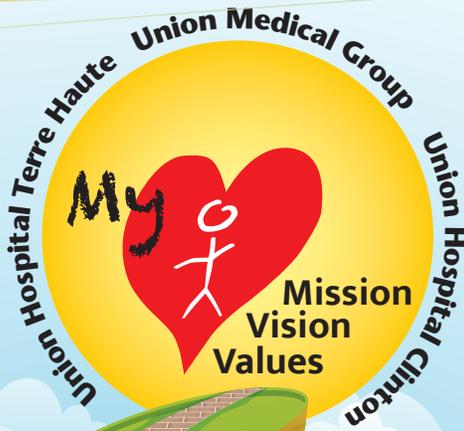
- Conflict between theory and practice (linked to the concept of knowledge);
- Overwhelming workload (linked to the concept of responsibilities);
- Loss of social support (linked to the concept of relationships);

- Shrinking relationships with coworkers (linked to the concept of relationships);
- Confusion of professional nursing values (linked to the concept of roles);
- Incongruity between work and personal life (not linked to a concept).

Evaluation of transition shock in Nurse Residents at Union Health have found positive improvements that are statistically significant in the concept of knowledge. The other concepts had non-significant improvement in initial data. Overall satisfaction of nurse residents remains high with program evaluation and most indicate they learned relevant concepts to prepare them for their role. Further value has been noted in peer groups providing relevant emotional support that extends well beyond the walls of the program.

Supporting success in new graduate RNs on the acute care side of the organization is a huge satisfier – for staff, managers and educators alike! This unique approach means a Union Health RN is set up for success throughout their nursing career.

Jamie presented this work in April 2022 at the 26th Annual Research, Evidence-Based Practice and Performance Improvement Conference sponsored by University of Southern Indiana. This work will be presented by Jamie and Courtney Chastain, MSN, RN, ACCNS-AG, CCRN-CMC-CSC, Clinical Educator at the October 2022 Annual ANCC Magnet® and Pathways® Conference in Philadelphia, Pennsylvania.



**UNION  
HEALTH**

Healthier, together.

## Our Future: Nursing at Union Health System

The nursing division at Union Health has experienced tremendous growth and change over the last few years. Through it all, the commitment to compassionate health care of the highest quality has been the primary focus.

Here are the opportunities on the horizon as we work and improve across Union Health:

- Pursuit of Magnet® designation and redesignation including Union Hospital, Union Hospital Clinton and Union Medical Group. Document submission is planned for February 2024;
- Increasing Advanced Practice Provider (APP) engagement and support throughout the system;
- Further development of Union Medical Group Ambulatory Shared Governance councils to improve care and practice;
- Continued support for RN certification across service lines;
- Streamlining clinical documentation in Cerner across nursing;
- Implementation of BioFire to match antibiotics to pathogens quickly, improving patient care and outcomes;
- Continued “grow your own” paths across the health system for CCMAs, CMA internships, nursing student externships, nurse apprentices and CNAs;
- Launch of an improved patient monitoring system on 4EC;
- Continued de-escalation training to improve workplace safety and patient outcomes;
- Implementation of sepsis screening and alert to improve timely care of patients who develop sepsis during hospitalization;
- Onboarding of Passport USA nurses to supplement staffing;