



# Healing Hands

**2014**  
NURSING  
Annual Report



Mission Health nurses' Healing Hands provide caring,  
compassion, dedication and expertise in achieving

## Our **BIG(GER)** Aim

to get each patient to their desired outcome, first without  
harm, also without waste and with an exceptional  
experience for every patient and family.

[mission-health.org/nursingreport](https://mission-health.org/nursingreport)

Check out this video to see Mission Health nurses in action and nurse leadership share their message about our nurses. With their healing hands, our nurses lead quality initiatives, deliver compassionate care and touch the lives of patients and their families across western North Carolina.

# MISSION HEALTH



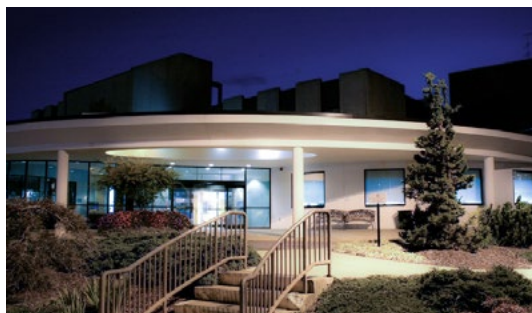
**MISSION HOSPITAL**  
ASHEVILLE, NORTH CAROLINA



**BLUE RIDGE REGIONAL HOSPITAL**  
SPRUCE PINE, NORTH CAROLINA



**MCDOWELL HOSPITAL**  
MARION, NORTH CAROLINA



**ANGEL MEDICAL CENTER**  
FRANKLIN, NORTH CAROLINA



**TRANSYLVANIA REGIONAL HOSPITAL**  
BREVARD, NORTH CAROLINA



**HIGHLANDS-CASHIERS HOSPITAL**  
HIGHLANDS, NORTH CAROLINA



**CAREPARTNERS**  
ASHEVILLE, NORTH CAROLINA

# Transformational Leadership



Dear Friends and Colleagues,

What an exciting year for Mission Health! Thank you to every nursing team member across the system for another year of outstanding commitment to quality and safety. Change was unrelenting this year as we worked toward new models of care and standards of nursing practice across the system. We continue as a national leader in safety and work hard as we steadily improve our clinical outcomes. The Mission leadership team and I thank you for your ongoing support for the BIG(GER) Aim!

We accomplished some major goals this year. Expansion of the Value Stream Mapping process in individual member hospitals and across the system led to productive partnerships for future growth. Our efforts included promoting patient and staff safety, common education and training for new nurses, a common CNA I + 4 program in our system and revisions to nursing documentation. The System Shared Decision Making Councils continued to make great progress and work together to improve continuity and practice.

The Mission Medical Associate practices have grown their RN presence to enhance the patient experience and to coordinate clinical practice in primary and specialty care clinics. With practices increasingly engaged in developing the medical home model, these nurses will play a critical role. We created new partnerships with Western Carolina University to support RN to BSN completions for nurses in our rural member hospitals. This year also brought new partners in nursing to the Mission Health Team. Care Partners, including Home Health, Hospice, Rehabilitation Hospital, along with other services, and Highlands-Cashiers Hospital together with Eckerd Living Center joined Mission.

It was an exciting year, and the future holds great promise for Mission Health nurses.

A handwritten signature in black ink that reads "Kathy Guyette". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

**Kathleen Culhane Guyette**, MSN, RN, NEA-BC

*Senior Vice President of Patient Care Services and President, Regional Member Hospitals  
Mission Health*

# HANDS ACROSS MISSION HEALTH

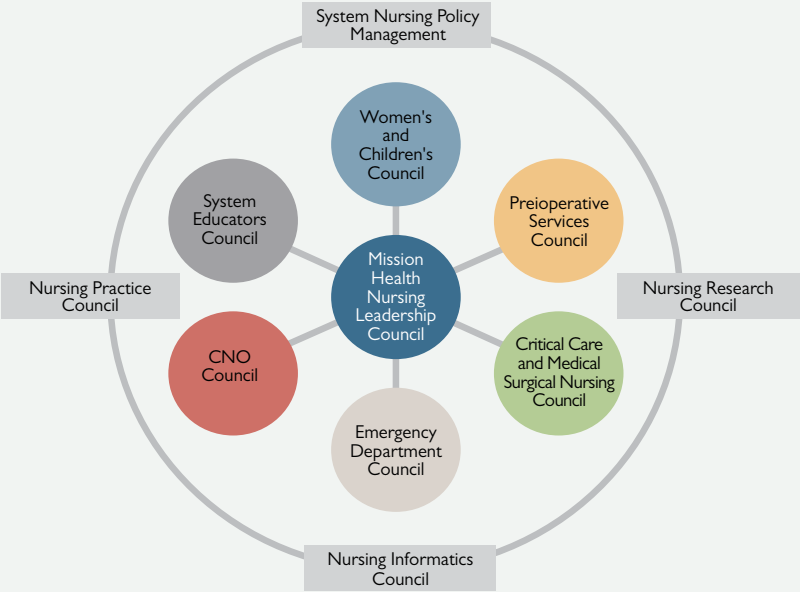
## System Nurse Leadership Retreat



Ninety nurse leaders from Mission Health hospitals participated in a System Nurse Leadership Retreat at the MAHEC Education Building in Asheville on September 3, 2014. Presenters included Donna Lake, PhD, RN, NEA-BC, and Kathy Gordon, storyteller who shared leader competencies for the complex organization and the power of storytelling and practicing the skills required to construct the leaders' own stories. Finally, Donna Havens, PhD, RN, FAAN, and Susan Wood, MA, shared Appreciative Inquiry (AI) processes and led the team in creating the first draft of a strategic plan for Mission Health Nursing Leadership. Evaluations of the sessions, presentations and faculty were outstanding.

### Mission Health Shared Decision-making Councils

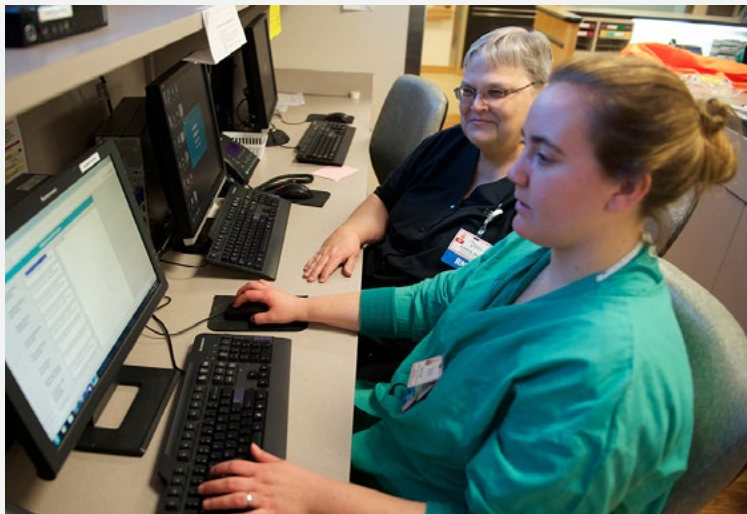
Mission Health's model for nursing shared decision making illustrates the collaborations between nursing departments and functions across Mission Health. Nurses focus on improving care delivery across western North Carolina. From education to computer systems, policies and care delivery functions, the collaborative model promotes quality of care and nursing growth and development for western North Carolina.



# Empowerment

## NEW ARRIVALS

## Obstetrical Charting and Monitoring

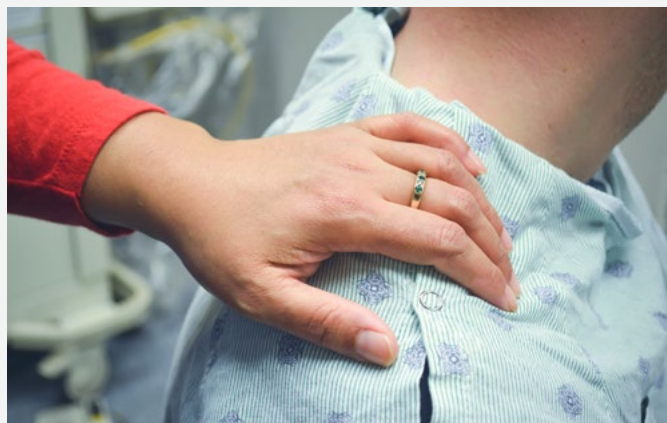


Through a collaborative team effort, the Mission Health Obstetrical (OB) Departments successfully delivered two new software applications on March 22, 2014. PowerChart Maternity™ and FetaLink™ enable the quality care of obstetrical and neonatal patients to be streamlined, consistent and collaborative across our nursing units. Pursuit of our BIG(GER) Aim is supported by the documentation process focused on the obstetrical and newborn patients and the maternal/fetal centralized monitoring system. The success of these new additions was bolstered by the

many hours of teamwork, cooperation, support and determination provided by senior leaders from each Mission Health facility, OB nurse managers, clinical nurse representatives and physician champions.

## CNA Skills Standardized

During early 2014, Mission Health member hospitals and Mission Hospital agreed on a standard set of skills for the CNA I + 4 programs. Mission Hospital shared with members previously structured classes and collaboratively developed content for a new skill. The NC Board of Nursing approved all programs. The four extra skills increase the expertise of the CNA I, who must complete board-approved training and competency validation for each task. The additional skills relate to urinary catheterization, oropharyngeal suctioning, and the set up and monitoring of oxygen therapy and intravenous fluids. Educators at member hospitals



have begun developing this program for their own teams. This is one part of an effort to standardize care delivery methods across the system. CNAs are critically important members of the nursing care team!

# Professional Practice

## ED Process Improvement

The Emergency Departments (ED) across Mission Health are committed to efficient, exceptional patient care with an excellent experience. To achieve this goal, the Value Stream Mapping (VSM) process was implemented in each ED, focusing on the process through the patient's eyes. Team members searched evidence-based practices and identified key projects to improve the experience. The projects focused on standardized triage education. The process enabled decreased door-to-doctor times, as well as rates of patients who left without being seen. Patient satisfaction is steadily increasing.

Staff and patient safety remains our top priority. Each ED has undergone a safety and risk assessment by a multidisciplinary team helping to identify the areas of greatest vulnerability. Extensive work addressing assaults and elopements was completed to create a safer work environment. Due to this work, assaults on staff and patient safety events have decreased.



## Sepsis Initiative Outcomes

**17%**  
reduction  
in mortality

Initiative launched in the Mission Hospital ED resulted in 17 percent reduction in mortality from severe sepsis and septic shock across Mission Health

HANDS THAT PROTECT

# Ebola Virus Preparedness



Early in the Ebola virus disease preparedness planning, the Mountain Area Trauma Regional Advisory Committee (MATRAC) partnered with regional public health facilities to provide train-the-trainer education in the use of personal protective equipment (PPE). MATRAC is a program of Mission Hospital's Trauma Services that is focused on disaster preparedness in the 18-county region of western North Carolina. Caring for a patient who has suspected or actual Ebola virus disease requires biological safety level C protection to reduce risk of infection.

All Mission Health hospitals participated in MATRAC's PPE education sessions. Multiple staff members, including physicians, nurses, emergency medical technicians, safety and other ancillary staff, learned to become trainers. Other personnel included Emergency Medical Services (EMS), public health, university health, community health, fire/rescue and law enforcement.

All Mission Health hospitals participated in MATRAC's PPE education sessions. Multiple staff

## MATRAC Training Outcomes

OVER SIX WEEKS...

**120** medical professionals taught

**50** different agencies or facilities represented

To meet a higher PPE standard than required by the Centers for Disease Control and Prevention and North Carolina Public Health offices and EMS





# New Knowledge, Innovations and Improvements

REACHING FOR EXCELLENCE

## Regional Research Conference Participation



**Seated (L to R):** Vallire Hooper, PhD, RN, CPAN, FAAN, Manager of Nursing Research, Mission Health; keynote speaker Patricia Quigley, PhD, MPH, ARNP, CRRN, FAAN, FAANP; keynote speaker Courtney Lyder, ND, ScD(Hon), FAAN; and Cheryl Postlewaite, MSN, RN, CWOCN, Mission Health Policy Specialist

**Standing (L to R):** Elizabeth Corbin, MSN, RNC, Geriatric Quality and Safety Coordinator, Mission Hospital; Kimberly Freeman RN, CDE, CIC, McDowell Hospital; Karen Cochran, MSN, RN, Nurse Educator, Mission Hospital; Cathy Retskin, MSN, RNC, Case Manager, Mission Hospital; Michele Woods, BSN, RN, BC-NE, McDowell Hospital; Evelyn Brow, RN, BS-HA, HRB-BC, Angel Medical Center; and Jennifer Burts, BSN, RNC-NIC, Staff Nurse, Neonatal Intensive Care Unit, Mission Hospital

**Not Pictured:** Tory Schmitz, MSN, RN, NEA-BC, Mission Health

**Eleven nurses across Mission Health attended the 3rd Annual Cone Health Nursing Research and Evidence-Based Practice Symposium on October 3, 2014, in Greensboro, North Carolina. Mission nurses presented two well-attended break-out sessions:**

- Elizabeth Corbin, MSN, RNC, Geriatric Quality and Safety Coordinator, Mission Hospital: “Geriatric Delirium Prevention: An Evidence-Based Dissemination Model”
- Cheryl Postlewaite, MSN, RN, CWOCN, Mission Health Policy Specialist: “Exploration of the Accuracy and Precision of the Scott Triggers Instrument in Predicting Postop Pressure Ulcer Development”

**Four additional Mission Health nurses presented posters, two of which claimed research awards among 35 poster submissions:**

- Cathy Retskin, MSN, RNC, Case Manager, Mission Hospital: “Inter-Observer Reliability of the Finnegan Neonatal Abstinence Scoring Tool in an Acute Care Setting”
- Jennifer Burts, BSN, RNC-NIC, Staff Nurse, Neonatal Intensive Care Unit (ICU), Mission Health: “Use of Professional Interpreters in Communication with Non-English Speaking Families in Neonatal ICU”
- Karen Cochran, MSN, RN, Nurse Educator, Mission Hospital: “A Measure of Fatigue among Nurses in Western NC” (3rd Place)
- Vallire Hooper, PhD, RN, CPAN, FAAN, Manager of Nursing Research, Mission Health: “Exploring the Incidence of Unplanned Perioperative Hypothermia in the Ambulatory Surgery Population” (1st Place)

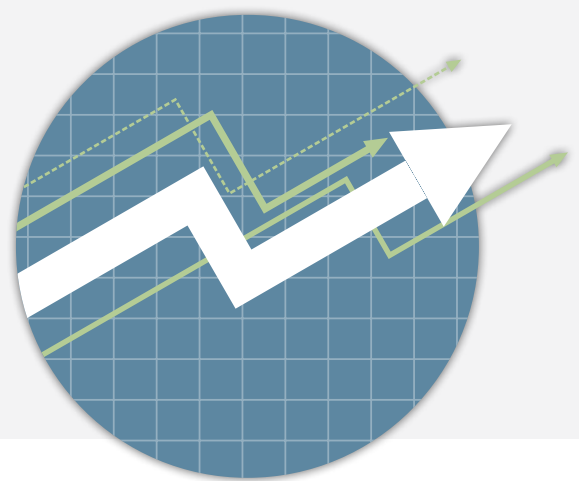
# Improved Heparin Practices

The DMAIC (define, measure, analyze, improve and control) Heparin multidisciplinary team was organized in 2012 to reduce heparin-related medication errors and decrease the number of heparin protocols. Confusion about heparin dosing weight was determined to be the primary cause of intravenous heparin errors.

The team worked to simplify and streamline the process for updating the medication order with the correct heparin dosing weight. With extensive help from pharmacy information technology, the team created functionality in the electronic medical record (EMR) that automatically calculates the heparin dosing weight. Pharmacy verifies the order and is prompted with a pop-up alert to update the weight in the order. This eliminates the nurses manually entering the dosing weight.

## Improved Heparin Practices Outcomes

- Reduced the number of heparin protocols from five to three
- Automated heparin dosing weight
- Updated heparin dosing weight in the order by pharmacy
- Standardized heparin product and concentration throughout Mission Health
- Changed to a commercially available product that resulted in better stability and an estimated cost savings of \$15,000 per year in supplies and labor
- Removed heparin from Pyxis override for enhanced patient safety
- Standardized times for partial thromboplastin time (PTT) monitoring
- Increased nursing satisfaction with the heparin process



# Transformational Leadership



Dear Colleagues,

I offer my sincere thanks to each of our nursing caregivers, as we continue to experience unprecedented change and new opportunities. During this past year, Mission Hospital nurses engaged in improving our care processes, implemented best practices and adopted new technologies to serve our patients and help reach our BIG(GER) Aim. This impressive interprofessional work was done to improve patient care and ensure a safe work environment for our patients and employees.

Nursing teams supported safe environments of care, as we confronted threats of Ebola by preparing for biological level C protection. This education prepared nurses to care for patients safely and efficiently in the context of such an infection. Through the Safety First Initiative, staff developed and implemented screenings that helped to identify patients at high risk of assaulting staff members. The success of these efforts reflects the dedication from the staff involved both with the education, planning and implementation.

As CNO, it is a pleasure to connect with nursing personnel. We are striving to hire the best and brightest talent and support their learning needs. Nurses are critical to our success as a healthcare organization and play a crucial role in healthcare as patient advocates and coordinators of care. I am grateful for your contributions to this agenda.

Nursing is one of the most trusted professions because we continue to focus on patient-centered care. In April, I was honored to have the city of Asheville proclaim May 6-12 as Nurses' Week. This recognition shows support for nursing services and the vital role that Mission nurses play in our community.

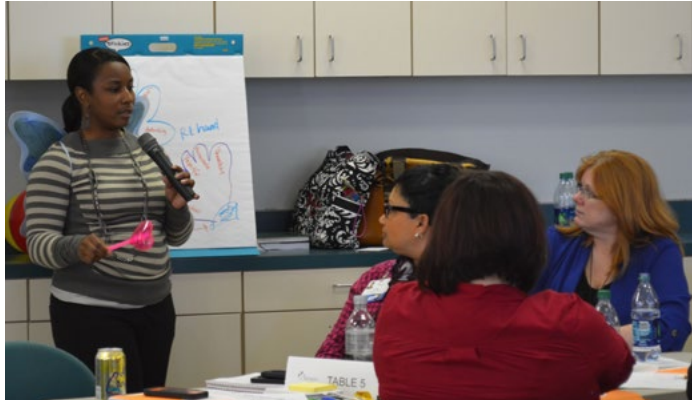
Each of you has helped get each patient to the desired outcome, first without harm, without waste, and with an exceptional experience. Without your support and healing hands, we would not be where we are today. It is a privilege to work with such great caregivers.

A handwritten signature in black ink that reads "Karen Olsen". The signature is written in a cursive, flowing style.

**Karen Olsen**, MBA, BSN, RN, NE-BC  
*Vice President and Chief Nursing Officer*

## GUIDING HANDS

# Nurse Leaders' Retreat



The 2014 Mission Hospital Nursing Leadership retreat took place at the North Carolina Arboretum in October. Speakers included Mission leaders Karen Olsen, MBA, BSN, RN, NE-BC; Chris Hyland, PhD; Todd Gothberg, MBA, Service Excellence; Bill Kinard, FAHP, CFRE, President, Mission Health Foundation; and Chris DeRienzo, MD, MPP, Chief Patient Safety Officer, Mission Health.

The retreat focused on the nurse-patient relationship and strengthening the focus on patient-centered care. Speakers provided insight on the importance of identifying and living your personal values, understanding patient expectations and working in alignment to achievement quality nursing care. This interactive retreat left nurse leaders feeling inspired and reenergized, ready to share the knowledge they gained with their teams.

“Thank you, Karen Olsen, for facilitating this important day. From the moment I walked in, I knew it was going to be a productive and inspiring day. I appreciate the humor that was built in throughout the day. The speakers were amazing. I gained a renewed appreciation for the work we do and feel I have more of the tools I need to be an effective leader and employee.”— J. Danielle Martin, MSN, RN

## Leadership Rounding

Led by Karen Olsen, MBA, BSN, RN, NE-BC, nurse leaders at Mission dedicate two hours, three days a week, to rounding on their units to check-in with clinical staff and patients. This protected time allows leaders to learn about the needs on their unit and visit with patients to determine how they can better serve them. All staff have the opportunity to become familiar with leadership and openly communicate any updates, suggestions or concerns. Leadership rounds allow nurse leaders to reconnect with the bedside and clinical staff.



“Leadership rounding is very satisfying to me. Sometimes it’s just talking about their shift and what is going on at that time. I answer questions, ask about morale, and query them on what’s working and what’s not. I assist with patient care at times and other times I help clarify false information staff have heard. The visibility has helped me to know staff better and show support. I typically wear a uniform on rounding days to show I am a nurse and willing to help. I use the time to teach about the quality boards, multidisciplinary rounding and bedside shift reporting. Rounding helps me connect with my staff.”  
—Rhonda Robinson MSN, RN-BC, ONC, CNML

# Empowerment

IN SAFE HANDS

## Biological Level C Preparedness



In 2014, as infectious disease threats increased worldwide and healthcare workers contracted the Ebola virus disease, Mission Hospital staff prepared for the possibility of highly infectious diseases in our community. An interdisciplinary team created training tools, developed competency assessments and implemented staff training for nurses, physicians and respiratory therapists.

Training demonstrated effective donning and doffing technique of the approved personal protective equipment (PPE) that fits the biological level C category to prevent risk of exposure. Training also helped to decrease clinical staff's anxiety and built a core team of clinicians prepared to assist if Mission Hospital admits a patient that meets such criteria. Training continues to be evaluated and modified as new evidence, standards and recommendations are reported by the Centers for Disease Control and Prevention.

Periodic drills assist team members in developing skills and confidence to safely deliver quality care. This initiative exercised caregivers' skills in open communication, flexibility and teamwork, all in an effort to provide excellent care.

## PRESENTERS AT National Conferences

Mission supports nurses in their dissemination of research findings to internal and external audiences. Nurses who share their research and projects with a larger nursing audience help advance the lifelong learning of others and promote professionalism in nursing. Nurses representing Mission Hospital attended several conferences in 2014 to share new knowledge and research. A few of those nurses are:

- Robin Jones, MSN, RN, CNRN—"Stroke Patient Management from the Nurse's Perspective," 4th Annual Upstate Stroke Symposium: A Comprehensive Review of Stroke Care," September 20, 2014, Greenville, South Carolina
- Harriet McGinnis, BSN, RN, CCRN, CSC-CMC—"Hemodynamics to Monitor Fluid Volume Status," Nurses Society's 41st Annual Convention and Industrial Exhibition, May 3-8, 2014, Phoenix, Arizona
- Rosemary Arviso-Green, MBA, BSN, RN, Margaret Galloway, BSN, RN, CEN, CPEN, and Joy Brooks, BSN, RN, CEN, CBIS—"Sepsis Screening: Improving Survival of Septic Patients through Early Identification," Emergency Nurses Association Annual Conference, October 9-11, 2014, Indianapolis, Indiana



(L-R) Joy Brooks, BSN, RN, CEN, CBIS; Harriet McGinnis, BSN, RN, CCRN, CSC-CMC; Rosemary Arviso-Green, MBA, BSN, RN; Robin Jones, MSN, RN, CNRN; and Margaret Galloway, BSN, RN, CEN, CPEN

## HANDS REACHING OUT

# Community Outreach

**Community Screenings** | Mission Health nurses are actively involved in improving health outcomes and expanding the infrastructure for monitoring and managing diseases in the community. Representing the Mission Stroke Program and Mission Heart Services, RNs and assistive personnel traveled throughout western North Carolina and served in health screenings. They provided complimentary lipid panels, blood pressures and body mass index (BMI) calculations. They offered one-on-one health education and taught participants how to recognize the signs and symptoms of heart attack and stroke. Volunteer nurses and staff counseled participants on their risk for heart disease and stroke and helped participants develop goals using motivational interviewing and SMART (specific, measurable, achievable, relevant and time-bound) goals.

**Habitat for Humanity** | Mission Hospital staff—Bill Flynn, RN, CDE, Diabetes Nurse Clinician; Joan Vassey, MSN, RN, Nurse Educator; Laurie Morgan, RRT, Respiratory Therapy; and J. Danielle Martin, MSN, RN, Evidence-based Nurse Practice Manager—volunteered to teach at the Habitat for Humanity homebuyers classes. They developed a lecture series covering diabetes, chronic obstructive pulmonary disease and asthma, heart disease and stroke. These topics were presented to offer preventative and wellness information to first-time homeowners. "Mission's outreach presentations are engaging, informative and well presented. Our families walk away with not only a better understanding of why good health is important, but a path to follow to achieve a healthy lifestyle."—Jeff Paul, Habitat for Humanity



**Christmas Wreaths on CVPC** | Nursing staff on the Cardiovascular Progressive Care Unit made Christmas wreaths for a silent auction and donated proceeds to the Rescue Mission where food and temporary housing is provided to community members in need. Visitors and staff members across the hospital toured the unit to view the wreaths hanging on every door of the unit. More than \$1,700 was raised and donated. "The auction is a great way to give back to the community."—Jess Campbell, RN

**Hands-Only CPR** | Staff assisted in schools to teach students Hands-Only CPR (cardiopulmonary resuscitation) and provided community CPR education. Staff also taught CPR to other groups, including parents in the foster/adopt process, Asheville City Schools bus drivers and assistants, parents in the Parent U Program, veterans living in the homeless Veterans Restoration Quarters, physical therapists and pharmacists.

## Hands-Only CPR Training Outcomes

**800+**  
students taught

More than 800 students taught from six schools and all Asheville City summer camps



## ALL HANDS ON DECK

# Nursing Shared Decision Making

Bedside nurses and nurse leader mentors comprise the hospital- and system-wide shared decision making councils. The councils provide a voice and involvement for nurses at the point of direct patient contact.

### **Nursing Governance Board (NGB)**

This central council afforded clinical nurse leaders' direct collaboration with the chief nurse leader. The group gave the NGB Nursing Excellence Award to nursing and non-nursing staff members throughout the year for their contributions. A number of council chairs attended a shared governance conference sponsored by the American Nurses Association in May.

### **Nursing Research Council (NRC)**

A total of nine research studies were presented to NRC and approved. The system-wide council used Web-Ex to facilitate meetings and had representation from schools of nursing across the region. NRC began using MissionPoint technology to share meeting materials and facilitate the review/approval process for all study proposals. During 2014, at least 34 research studies were in process or completed by nurses across Mission Health.

### **Nursing Administrative Council (NAC)**

Led by CNO Karen Olsen, MBA, BSN, NE-BC, this council facilitated communication among nursing staff throughout the hospital. Presenter topics included the management of high risk behavioral patients in the medical-surgical setting and Kronos® changes, throughput work, and staffing pool updates. Units' quality metrics, top strengths and opportunities, and best practices were shared. Oncology and Trauma Care Unit received special awards for their improvement in hospital-acquired delirium rates. Outstanding CNAs were honored with the Compassion iN Action award. Nurses advancing in the Clinical Ladder were recognized. Excellent nurses were celebrated in a separate DAISY Award ceremony.

### **Nursing Practice Council (NPC)**

Several of the issues and practice changes that were brought to the system-wide council included armband printing on units by nursing staff, pre-catheter order sets for subcutaneous heparin, e-cigarette education, nursing impact on length of stay, intravenous (IV) tubing labeling and IV-site rotation change. The council members reviewed clinical nursing practice and ensured the standards for clinical practice were consistently implemented in all areas where nursing care is delivered.



### **Nursing Night Council (NNC)**

The council organized two NNC fairs, one on each campus, St. Joseph and Memorial. These provided night nursing personnel access during their routine work hours to information tables and experts. Topics included the Clinical Ladder Program, higher education, wellness program, sleep center, integrative health, retirement planning and uniforms. CNO Karen Olsen and nursing managers and directors were present to talk with staff in the informal atmosphere. Human Resources and the wellness program staff members attended NNC meetings to address questions about the hiring process for new employees and details of the wellness program. On NNC's request, the wellness program made changes to office hours to better accommodate night staff. The council implemented the noise reduction clinical investigation, which is now monitored hospital-wide through a committee designated by Ronald A. Paulus, MD, President and Chief Executive Officer, Mission Health, and CNO Karen Olsen.

### **Nursing Informatics Council (NIC)**

This system-wide council evaluated over 200 nursing informatics change requests. The council approved changes that improve safety, workflow or the quality of documentation supporting the BIG(GER) Aim. Among the many changes, these proved to be a few of the most significant: travel communicable disease screening; history control design (a tool that shares patient history data across the continuum of care, including ambulatory practices); and documentation changes to align with the global Care Process Model efforts.

### **Nursing Professional Development Council (NPDC)**

The NPDC provides oversight for the Clinical Ladder Program, and in 2014, identified barriers to nurse participation in the current professional advancement program. The council evaluated a survey provided to clinical ladder nurses, invited project management experts to meetings, and organized a subcommittee that is working to revise the program to better fit the needs of nurses and reflect the nursing practice model. The council has continued efforts to provide advanced education for staff by organizing education fairs with 18 participating colleges and universities. Mission representatives from tuition reimbursement also provided resources and information to nurse that attended. The NPDC also helped to plan celebrations to recognize Mission's certified nurses with oasis stations and gifts. Two presentations were organized by the NPDC, "Enhancing Personal Leadership Impact" and "Nurses Transforming Nursing: Be a Part of the Cultural Shift."

### **Nursing Quality Council (NQC)**

The council participants helped identify and implement key quality improvement activities for nursing in conjunction with the nursing strategic plan. Presenters shared information on various quality initiatives, such as stroke care, Professional Research Consultants (PRC) and patient satisfaction, Joint Commission Core Measures and alarm fatigue. In 2014, NQC created the first annual Quality Nursing Unit Award. The winning unit was Trauma Care for the team's work on decreasing hospital-acquired delirium.



Trauma Care Unit staff members receiving the first annual Nursing Quality Award

# Professional Practice

## Multidisciplinary Rounds

Mission has been on the multidisciplinary rounds (MDR) journey for the last year and a half. The team is testing performing MDR at the bedside to enhance patient engagement, improve communication and advance the patient's care plan in a safe, efficient manner. The process promotes the patient and all caregivers being on the same page.

Bedside MDRs are focused on four key elements:

- Patient's/family's questions or concerns
- Quality and safety items, such as venous thromboembolism (VTE) prophylaxis, pain, urinary catheters and central IV lines
- Anticipated date of discharge, along with the discharge plan
- Partnering with patients on a plan and set of common goals



## COMPASSIONATE HANDS

## Behavioral Health



The National Alliance on Mental Illness (NAMI) support meetings were implemented on the Behavioral Health Inpatient Adult units in 2014. This large national grassroots mental health organization offers support and advocacy and is dedicated to building better lives for the millions of Americans affected by mental illness.

During 2014, staff education included extensive training on the CooperRiis Seven Domains of Recovery, as well as implementation of recovery-based language. Words that are recovery-friendly enhance culture changes through an awareness of language and address stigmas and biases. The Structured Outpatient Program workbook was updated to incorporate Mary Ellen Copeland's Wellness Recovery Action Plan (WRAP®), which involves listing the patient's personal resources and wellness tools. Resources are used to develop an action plan for specific situations.

The Psychiatric Evaluation Area implemented a Crisis Planning Tool to provide skills and tools to foster safety for patients after they leave the hospital. This includes assisting the patient to make a firm commitment to be safe, no matter what kind of distressing feelings, urges or events the patient is experiencing. Groups led by adjunctive therapists were also added. Art therapy, mental health clinician groups and behavioral health technician groups teach coping skills and offer support for patients working on their crisis planning tool.

# Length of Stay and Patient Outcomes

Mission Hospital caregivers use technology and processes to decrease patient length of stay and improve outcomes.

**Care Management Documentation** | To update and streamline processes, Care Management implemented a new Cerner® documentation tool on October 21, 2014. Case managers and social workers/discharge planners utilize the Discharge Care Management Summary page, as a hub for all discharge planning and medical necessity documentation. Physicians and nurses can view brief discharge updates. Care Management staff can make proposed orders for specific discharge needs. Referral packets for skilled facilities, Home Health and Durable Medical Equipment (DME) can also be uploaded and sent electronically via the system. Several RN Case Managers were actively involved with Cerner® all through the process, including becoming designated Super Users. This process promotes optimal patient care and treatment plus cost reductions through appropriate length of stay.

**Discharge Checklist** | In 2012, the discharge process was identified for focused improvement. A group of nurses and physicians developed a checklist on paper to be used by staff to make sure all elements for a safe discharge are in place prior to the patient leaving the building. The elements on the checklist were determined by nurses, patients and known risks. In 2014, the paper checklist became electronic thus enhancing the workflow.

**Mortality Committee** | This committee consists of physicians, nurses, unit managers, quality managers and quality/safety team members. Committee members review all deaths in the Medical-Surgical Intensive Care Unit and Coli ICU with the goal to review all in-house deaths. At present, a select group of the team reviews certain cases outside of the ICU setting. The twice-monthly meetings involve a team review of cases identified by a nurse or physician as having areas of opportunity. Select cases are then presented at the monthly Executive Mortality Committee meeting, where follow-up status is determined. A few cases are presented at the annual Mortality Conference. The goal is to have quarterly presentations for more learning opportunities.

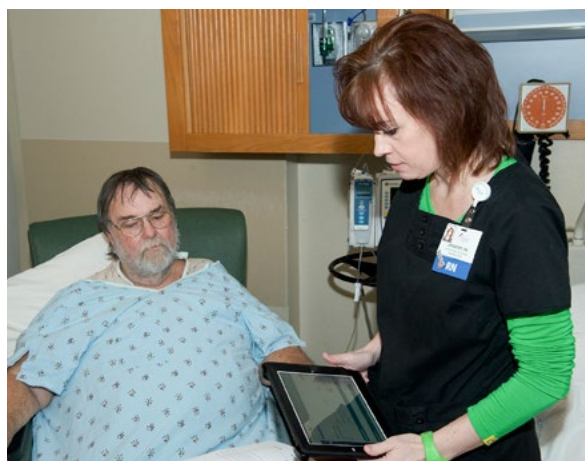
## Mortality Rate Outcomes

# 500

About 500 more people in western North Carolina returned to their communities due to Mission's focus on decreasing mortality



**Good to Go** | This audiovisual platform is another way to provide discharge instructions to patients and caregivers. The nurse or therapist gives discharge instructions while recording them using an electronic tablet device. The patient and/or caregiver receive instructions about accessing the information from home. The instructions may be heard on a phone or computer. Short video clips can also be recorded, for example, to demonstrate how to change an ostomy appliance or perform wound care.



## ABRAT Screenings

In May 2014, the Safe Environment for Patients and Staff Committee was formed to coordinate efforts and increase communication regarding multiple issues related to some patients' aggressive behavior. Safe environment concerns revolved around patients' verbal and physical aggression toward staff, elopement, leaving the Emergency Department without being seen, overdose patients leaving before psychiatric clearance, leaving against medical advice, influx of Behavioral Health patients with medical issues being admitted to medical-surgical units and patients with harmful objects in their possession.

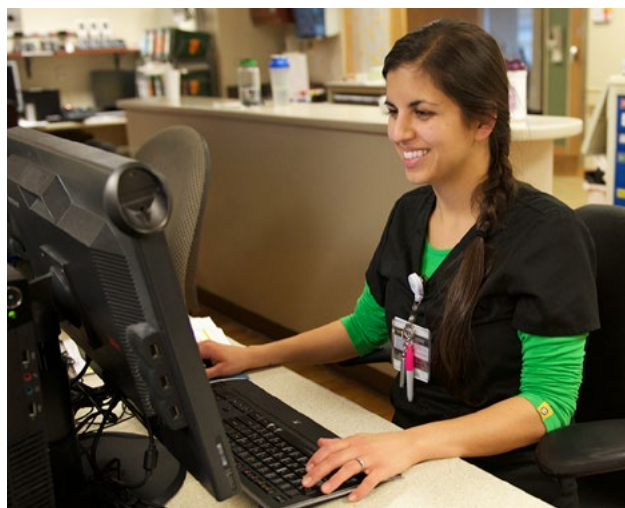
The committee consists of caregivers across Mission Health, including physicians, nurses, educators, managers, directors, case managers, discharge planners, and staff from security, accreditation, quality, information technology and performance improvement. The team developed the following measures to improve safety for patients, visitors and staff:

- Crisis Prevention Intervention (CPI) education was offered to managers and nursing unit supervisors on high risk units.
- De-Escalation 101 education became mandatory for nursing personnel on high risk units and optional for other interested caregivers.
- The Safety First/ABRAT initiative was developed to provide a proactive, preventative screening tool used to identify patients with behavioral safety issues on all units. The Aggressive Behavior Risk Assessment Tool (ABRAT) is completed each shift with the routine patient assessment. A positive screening result triggers an appropriate plan of care in the EMR. The results are visible during bedside report at each shift change. An alert is also generated on the patient's future admissions. This program also started at most Mission Health hospitals in November 2014, with implementation plans for all hospitals in 2015.

## Self-scheduling via Kronos®

Employee Self Scheduling (ESS) was implemented on the inpatient nursing units at Mission Hospital. Employees now enter their preferred schedule while at work or at home. In addition, nurses can enter requests for time off directly into Kronos®.

These features make the process for developing and balancing schedules easier for managers. When the schedule is posted, employees can log into Kronos® to view schedules for their home department. Plans are underway to begin posting open shifts in the very near future. Unfilled shifts will be visible in Kronos® to qualified staff, who may then request to work those shifts utilizing Kronos®.



HANDS THAT HEAL

## Integrative Health Care Nurses



The Cancer Program at Mission Hospital is accredited by the Commission on Cancer as well as a member of the Southeast Cancer Control Consortium, a program funded by the National Cancer Institute. Integrative care compliments the exceptional care we provide patients in this department. The specially trained Integrative Health nurses are baccalaureate-prepared board certified nurses and healing touch certified practitioners. Their evidence-based practices include guided imagery, healing touch, massage and aromatherapy. Patients receiving radiation

or chemotherapy are offered relaxation through any of these modalities. Therapy helps many patients get through their treatment. Integrative Health ministers to the whole patient—body, mind and spirit.

“Using my hands to help these patients through very difficult treatments is the most humbling and gratifying job I have had as an RN.”

—Linda Silwedel, BSN, RN, HNB-BC, HTCP

# New Knowledge, Innovations and Improvements

## LENDING A HAND

### Supporting Mobility and Delirium Prevention

Progressive mobility is an important delirium prevention measure for patients in intensive care units (ICUs), as well as those on floor units. Mission nurses recognize that critical illness substantially affects patients long after transfer from the ICU and work toward a seamless transition of supportive care for these patients through hospital discharge.

In January 2014, two mobility technicians began work in Coli ICU and Medical-Surgical ICU. They assisted with ambulating patients, even those on ventilators who meet certain medical criteria. The technicians also followed patients for 48 hours after their transfer to floor units on the St. Joseph Campus. In August 2014, the mobility tech extended services to patients on Pulmonary Medicine Step-down (PMSD) on a Monday-through-Friday basis. The techs follow a progressive mobility protocol developed by a Mission Hospital team with specifics outlined for patients in the ICUs and PMSD. Nurses and technicians collaborate to set daily mobility goals for each patient.

Mobility and delirium are discussed daily in multidisciplinary ICU rounds. Other steps were implemented to improve assessment of patients to help prevent delirium. A team of ICU nurses and educators developed an ICU-specific delirium individualized plan of care (IPOC), which automatically populates the EMR for all patients admitted to an adult ICU. Admission to ICU alone is a risk factor for developing delirium. Also, if a patient is CAM (Confusion Assessment Method) positive within 48 hours of transfer to a floor unit, they are on the risk list for initiation of the Nursing Delirium Screening Scale (NuDESC) assessment on transfer.

### Mobility and Delirium Prevention Outcomes

- Cultural shift to embracing early mobilization in ICUs
- Data analysis for delirium and length of stay is ongoing
- Great appreciation by nursing staff for mobility technicians support

**Walking Beads** | The I0 North Oncology shared decision-making unit council initiated the Walking Beads project to increase patient mobility. Early mobility decreases falls, delirium rates and respiratory nosocomial infection markers (NIMS).

The council took on the responsibility of crafting the beads, and nurses distribute them. The beads allowed patients to keep track of how far they walked on the unit and increased mobility. In May 2014, the unit received an award for their improvement in delirium rates within their patient population.



## LITTLE HANDS IN NEED

# Breast Milk Feedings Decrease NEC

Low birth weight babies born early are at significant risk for necrotizing enterocolitis (NEC), a condition that can be life threatening. To reduce the chances of these high risk neonates developing NEC, a multidisciplinary team in the Neonatal ICU implemented a specific plan.

Over the past four years, the team, including neonatologists, nurses, nutritionists and lactation consultants, collaborated to meet a goal of “exclusive breast milk feedings for the first 28 days of life for babies less than 1500 grams (about 3.307 pounds).” This goal, centered on evidence-based nutrition practices, has been associated with lessening each high risk baby’s chance of developing NEC.

To meet this goal, donor mother’s breast milk was purchased to use in conjunction with mother’s own milk. A human milk derived fortifier called Prolact was added along with colostrum for oral care. Early kangaroo care (babies lying chest to chest with their mothers) was encouraged. These initiatives supported the availability of breast milk, which contributed to reducing medical and surgical NEC. While these improvements meet Mission’s BIG(GER)Aim, the most exciting part is the significant improvement for each baby and the long-term effects on their overall health.





# ED Sepsis Initiative



Sepsis affects millions of people around the world and adversely impacts morbidity, mortality and cost of care and treatment. Nurses throughout Mission Health play a critical role in the early identification, evaluation and treatment of patients experiencing sepsis, severe sepsis or septic shock. In January 2013, a multidisciplinary Sepsis DMAIC team was formed. In July 2014, a Sepsis Clinical Nurse Specialist was added to this team to provide clinical nursing leadership and support to the essential colleagues of the sepsis team—the clinical nurses. Team facilitator Shannon Jaquess, Quality Improvement Advisor II, and physician lead Scott Ramming, MD, spearhead this important initiative.

Collaborative nursing partnerships were established in the Mission Hospital ED among clinical nurses and ED leadership. This increased

awareness of sepsis, emphasized the importance of nursing in the early recognition of sepsis and promoted compliance with the sepsis three-hour bundle. A multidisciplinary ED sepsis "super-user team" was formed and actively addresses process issues related to sepsis screening. These collaborative partnerships are being extended to include clinical nurses on nursing units where the St. John's alert system for sepsis is being piloted. The sepsis evaluation and treatment power plan was developed by a cross-functional group of Mission Hospital caregivers, including RNs, nurse educators, nursing quality managers, physicians and staff from informatics, pharmacy and performance improvement. The standardized plan incorporates best practice for early treatment of the septic patient, as established by the Society of Critical Care Medicine Surviving Sepsis Campaign.



## Sepsis Initiative Outcomes

**15%**  
reduction  
in mortality

15 percent reduction in mortality from severe sepsis and septic shock at Mission Hospital

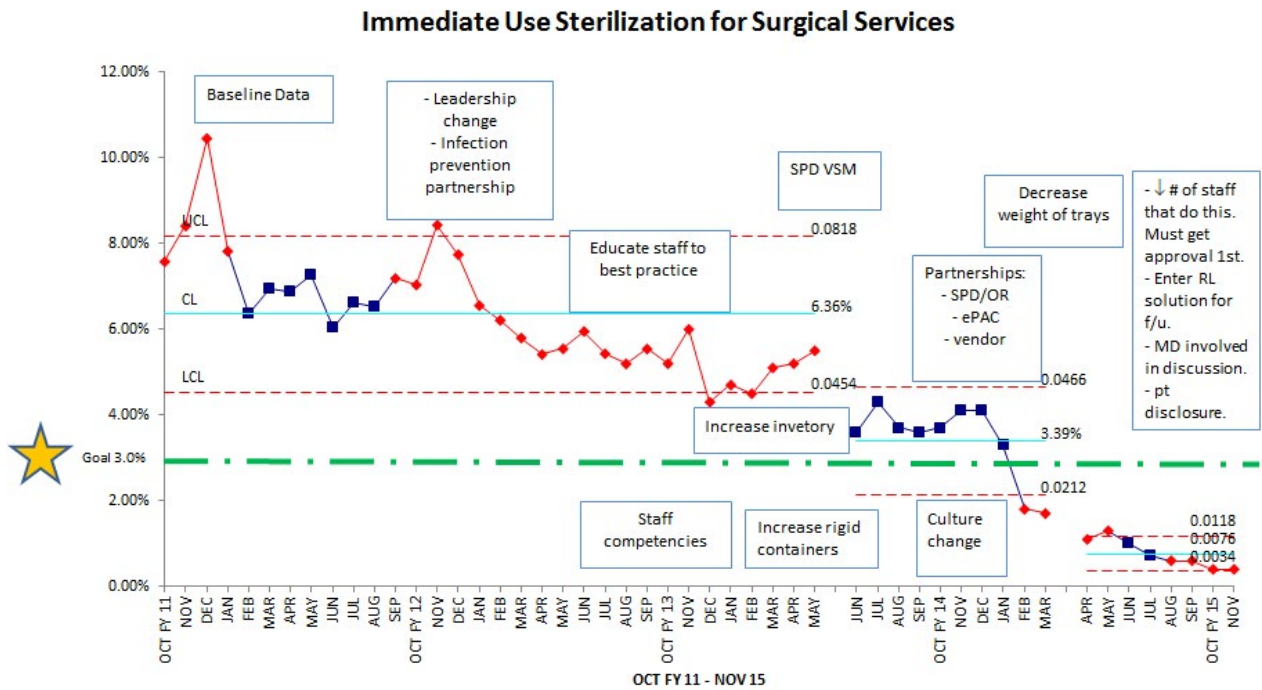
# Surgical Safety Improvements



Surgical services began an initiative in October 2011 to reduce immediate use steam sterilization (IUSS) of instruments. The goal addresses practices recommended by the Association of periOperative Registered Nurses (AORN) and the Association for the Advancement of Medical Instrumentation (AAMI) for cleaning, care and sterilization of surgical instruments to improve patient outcomes. Front-line staff members, leaders and physicians from the operating rooms, sterile processing department

(SPD), purchasing, materials management, infection prevention and clinical outcomes formed a work team. Performance improvement steps to reach our goal of zero are ongoing. This work took place in 44 operating rooms across six individual service lines.

The process outlined in the graph shows each phase from data collection/analysis to the current culture change of avoiding IUSS. Safety reports for all IUSS cycles continue to be investigated for improvement opportunities.



# Blue Ridge Regional Hospital



Dear Colleagues,

Those of you in nursing services here at Blue Ridge Regional Hospital experienced major changes this past year. There have been different administrators and patient care leaders. Staffing patterns, flex rules and patient volumes changed. A key construction project started that is changing how and where you work. There have been accreditation and regulatory visits. There have been changes every few weeks!

Change is what nursing professionals do. We change dressings, sheets, discharge dates and plans of care. We change central line dressings, IV tubing, medication patches and diapers. We change our shifts, our schedules, our units, our specialties and hospitals. We even change things in our personal lives, like our hair color, our last names, our diets and our opinions.

One thing has not changed—you show up, every shift, to take care of the people who trust you with their lives. You are compassionate and support one another. You are flexible and work as a team. You learn new skills and float to other units when help is needed. You have responded to changes with grace, resilience and dignity. You are anchors in this organization where much change occurred in a short period of time. You are honored and revered in your communities.

Please remember that you are among our greatest resources. You are the people who make change happen. You make our buildings a sanctuary of hope and safe care for our patients and their families. Your hard work, knowledge and opinions will take us far on our journey to always improve patient care and outcomes.

A handwritten signature in black ink that reads "Becky M. Carter".

**Becky Carter**, MSN, RN, FACHE  
*President and Chief Nursing Officer*

GENTLE HANDS

## Cross Functional Nursing Practice in Obstetrics



Blue Ridge Regional Hospital (BRRH) has a unique area, which combines a modern four-bed Labor Delivery Recovery Postpartum (LDRP) department with a comfortable five-bed outpatient/observation unit. The spacious LDRP rooms provide patient and family comfort. Necessary equipment is maintained at arm's reach for delivery and stabilization of both the mother and newborn. The outpatient unit serves patients of all ages and various diagnoses. This environment is unusual, because the same nurses provide care for patients in both units.

The Obstetrical/Outpatient/Observation unit is staffed entirely by registered nurses. Each nurse is educated to provide care to a variety of patients from obstetric and newborn patients to short-stay surgery and outpatients who require various infusions and injections. The clinical nurses' team approach ensures that every patient receives excellent patient and family centered care, regardless of their diagnosis or length of stay. This model not only fosters a higher number of birthing center trained nurses, it also provides more multiskilled nurses who care for patients across age groups and healthcare needs. These nursing

personnel also assist in other departments in times of low census in their own area, plus perform work related to supplies, policies, chart audits, patient charges, quality teams, reports and educational in-services.

# ED Patient Satisfaction Campaign

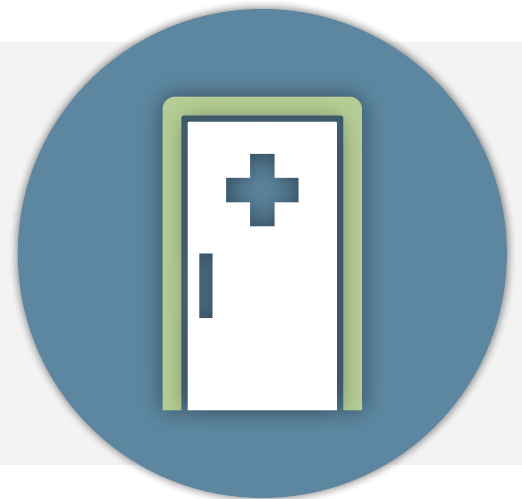
During 2014, ED staff focused on communication and improving patient satisfaction to facilitate optimal patient experiences and outcomes. They implemented white boards in each patient exam room to list the date plus the names of the physician and nurse caring for them. The pledge, “Our goal is to provide safe and excellent care,” was also listed. Scripting for staff members promoted the patients’ and families’ understanding of their caregivers. Name introductions, bedside hand off at shift change and comments of confidence about the nurse and physician assuming care were encouraged. Outlining the plan of care, including any labs or tests needed and wait times for results, gave patients an expected time to complete their ED visit.

## Other efforts to improve patient satisfaction included:

- Discharge instructions cover sheet redesign to say, “Our goal is to provide you with excellent care”
- Nurses’ explanation of patient comment cards as an important part of improving care
- Triage order set update
- All ED nurses and physicians’ attendance of an audio conference by Dr. Wayne Lee of Phoenix Physicians, “In Search of Patient Satisfaction”
- Triage First Program implementation with 100 percent of ED nurses trained
- Rapid triage method initiation, which reduced door-to-triage time by 50 percent from 15 minutes to seven minutes

## ED Patient Satisfaction Campaign Outcome

Reduced door-to-triage time



# McDowell Hospital



Dear Colleagues,

The McDowell Hospital nursing team continues to adapt to the many changes occurring in healthcare, and 2014 was no stranger to change. Staying focused on our BIG(GER) Aim remained front and center. Our nursing leaders actively collaborated with their colleagues across Mission Health, assuring that we implement and maintain best practice standards. McDowell Nursing also collaborated internally across disciplines to establish best practices. These efforts ensure that our patients receive the highest quality care.

McDowell nurses diligently worked to develop a culture of safety where all caregivers are comfortable identifying and reporting concerns. The nursing team also played a major role in improving care and safety for our behavioral health patients, as well as improving staff safety.

We continued to focus on professional growth by encouraging national certification and pursuit of advanced degrees. Several nurses were actively involved in community and statewide initiatives. The McDowell Birthing Center presented two posters at the North Carolina/South Carolina Perinatal Association on two best practices implemented at McDowell and was recognized for best poster and practice. Our Diabetes Nurse presented at the Family Medicine Education Consortium Conference in Arlington, Virginia, on our community efforts in diabetes prevention and care.

McDowell received three 5-star awards from Professional Research Consultants (PRC), scoring in the top 10 percent in the areas of discharge information, communication with physicians and communication about medications. In October 2014, McDowell was notified of recognition by The Joint Commission, as a top performer for the second year in a row in three quality measures – Heart Failure, Pneumonia, and Surgical Care.

Our Nursing Leadership team wears many hats and their focus remains quality and safety. I am very proud of the McDowell nursing team and their continued journey to grow professionally, as well as their passionate focus on improving the care of all patients entrusted to them.

A handwritten signature in black ink that reads "Kathy S Hefner". The signature is fluid and cursive, written in a professional style.

**Kathy S. Hefner**, MSN, RN, NE-BC  
*Chief Nursing Officer*

## HANDS PROMOTING WELLNESS

# Diabetes Collaboration with YMCA

McDowell Hospital and The Corpening Memorial YMCA in Marion, North Carolina, are partnering in an innovative community endeavor to improve the health and outcomes of individuals diagnosed with type 2 diabetes. “Taking Control of Type 2” is a year-long program targeting uninsured and underserved populations. It is a group-based intervention that incorporates an American Diabetes Association® (ADA) accredited program and YMCA personal lifestyle change.

This collaborative approach to chronic disease management has positively impacted the individuals served. At the end of 2014, the ninth class was under way with over 133 adults enrolled and participating. Another 29 were on a waiting list for 2015.

Kimberly Freeman, RN, CDE, CIC, McDowell Nurse Clinician, Diabetes Program and YMCA western North Carolina leaders Tim Blenco, Vice President of Operations, and Michael Hanlon, Diabetes Interventions Manager, presented to medical professionals in October 2014. They discussed the program process and results, and community collaboration at the Family Medicine Education Consortium in Arlington, Virginia.



### “Taking Control of Type 2” Program Outcomes

- Total weight loss—nearly 800 lbs
- Average BMI decrease—5.7 percent
- Blood pressure decrease—16 percent average
- Blood glucose A1C reduction—1.4 percent average after just 6 months
- Resting heart rates decrease—greater than 13 percent average
- Overall balance improvement—20 percent

# Momma Hotline

When a mother is discharged from the hospital after giving birth, she is often feeling anxious because she does not know what to expect. Based on evidence, the Momma Hotline was established to provide social support via a phone call to make the patient feel more comfortable and competent when dealing with a newborn. This serves to bridge the gap between discharge from the McDowell Birthing Center and the first physician's appointment for neonates and postpartum mothers. The Hotline expanded to include antepartum patients by providing a line of communication and support for patients who may have questions after hours.



**45%**  
DECREASE  
IN ED VISITS

## Momma Hotline Outcomes

45 percent decrease in emergency department visits for newborn, antepartum and postpartum patients, which equaled a savings of \$15,000 per month in hospital costs





# Angel Medical Center



Dear Colleagues,

Never have I experienced a year with such challenges and opportunities. The year began with a total information system conversion. We were blessed by the amazing team that surrounded Angel Medical Center (AMC) for the transition. We learned from their experience and relied on their support, as we built the system, created new work flows and trained for the implementation. This project was our first experience of a large scale, which highlighted the value of being part of a “system.” The relationships built during this project will continue to grow in value, as we implement other projects to support “system-ness.”

As the dust settled after go-live, we worked in earnest using this new documentation system to prepare for our Joint Commission survey. With the support of system resources and a great local team, we held a mock survey. Then we worked together to implement standardized processes and policies to support a successful survey. We established new processes with our Mission Health partners to maintain continuous readiness.

It has been a season of change and at times seemed uncomfortable and disruptive. Yet, I watched staff take excellent care of patients, work to improve processes and learn from patient safety events. As we continue to develop new relationships and gain expertise, we will appreciate the benefit of this expanded team, which supports a higher level of quality and support at the bedside.

Finally, I am so proud of the AMC nurses who completed their BSN and Master’s degrees and national specialty certifications this year. Their dedication to professional development is inspiring others to do the same. Our goals for 2015 are to, at least, triple the growth of professionally advanced nurses that we experienced this year. The coming year will bring more challenges, more celebrations and more opportunities. It is our privilege to be allowed to serve our patients and our duty to be the very best we can be. This is our commitment and our passion.

A handwritten signature in black ink that reads "Sheila Price". The signature is fluid and cursive.

**Sheila Price**, MS, RN, NEA-BC, FACHE  
*West Region Director of Patient Care Services*

# Cerner® Go-Live

The 2014 Cerner® conversion at AMC was vital to reaching our system goal of standardized processes and patient care. Now, when necessary to transfer patients from our facility to Mission Hospital for continued care, our Mission Health providers have the access and ability to view the patient encounter from AMC admission through their stay at Mission.

This practice will help in reducing duplications in orders, shorten patient stays and ultimately decrease waste with better outcomes. The system partners have worked tirelessly throughout the conversion process to promote best practices in documentation. Adopting these practices at a system level standardizes workflow.

We now also have the ability to collect meaningful data in the same way it is being collected throughout Mission Health. The analysis of this data helps drive process improvement. It can be used as an accurate performance measure compared to other facilities throughout the system. We utilized Cerner® reports to inform staff of needed improvements and have access to expert report writers, if further reporting is requested or desired for special projects.



## HANDS CREATING EXCELLENCE

# ICU EXCELLENT Care Project

During 2014, the nursing staff of the Angel Medical Center's Intensive Care Unit (ICU) continued an initiative previously implemented to improve patient satisfaction. The ICU EXCELLENT Care Project began after Director Denise Hoyle, RNC-OB, met with the staff members and discussed opportunities for improvement in overall quality of care, promptness in responding to call lights and nurses' communication with patients and family members.

Literally overnight, the staff created a plan, which includes the expectations of the patient and family plus compassionate and exceptional care through teamwork. They designed a flyer for each patient's room showing the acronym EXCELLENT intertwined in sentences of well-wishes, goals and dedications. When a patient is admitted to the ICU, staff talk with them and their family to ask what can be done to make their experience an exceptional one. Each staff member who cares for the patient signs the EXCELLENT flyer, which is mailed to the patient's home on discharge.

Significant improvements in the patients' and family members' satisfaction and experience resulted from the increased awareness and focus. Hoyle said, "This project helps us remember why we are here. The staff's individual ownership and team involvement makes the difference for our patients and families."



# Transylvania Regional Hospital



Dear Colleagues,

This year was a year of significant transition and accomplishment at Transylvania Regional Hospital (TRH). We became much more integrated with Mission Health and more heavily involved in collaboration to help achieve the BIG(GER) Aim. I want to thank each nurse practicing at TRH for your commitment to our patients and for delivering the outstanding personal care that our community expects.

In 2014, TRH was named one of the Top 20 Critical Access Hospitals (CAHs) in the United States. Our nurses contributed greatly to several key measures used in the selection process including quality, outcomes and patient perspectives.

For the fourth year in a row, TRH was named by The Joint Commission as one of the nation's top performers on key quality measures for pneumonia care and surgical care. In both areas, our clinical nurses and nursing leaders play key roles in keeping our patients safe. We are one of only 147 hospitals nationwide to receive this distinction four years in a row.

In 2014, our nursing staff led a DMAIC quality initiative in our Emergency Department (ED). Changes led to decreased wait times and improved patient experience. Our nurses also directed a value stream mapping project in the ED and our inpatient units. Increased patient throughput and reduced admission times from the ED to an inpatient bed resulted. This has improved patient safety and patient satisfaction.

In 2014, our nurses and physicians moved multidisciplinary rounds to the patient's bedside. This improved the patient's perception of care and directly involved the patient and their family members in their care. Finally, nurses led a concerted delirium education and outreach program to help family members and caregivers more quickly recognize the symptoms of hospital-acquired delirium. Our nurses and hospitalists are better equipped to recognize the early signs of delirium and begin timely interventions to improve patient outcomes.

I am very proud and humbled to be associated with such compassionate and caring colleagues. I look forward to an exciting 2015 where we will strengthen our nursing councils, establish even stronger relationships with our medical staff colleagues and make even greater improvements in the healthcare of our community.

A handwritten signature in black ink that reads "Catherine Landis".

**Catherine Landis, MN, RN**  
*President and Chief Nursing Officer*

## HANDS CHANGING PRACTICE

# Clinical Ladder Projects

Several nurses at TRH completed projects in their professional advancement to Clinical Ladder Level 3 that changed practice and enhanced patient and family care.

**Mary Lynn Tyler, RN, CEN**, is a nursing unit supervisor in the ED. As the TRH representative for the CARE (Community Awareness Recovery Effort) Coalition of Transylvania County, she worked to reduce prescription misuse and abuse related to high numbers of overdose. She suffered a personal family loss related to prescription drug overdose. She conveyed firsthand experience as a speaker at several CARE Coalition functions and events. With the insight of a registered nurse and mother, she established narcotic prescription guidelines for the ED. She facilitated the initiative to access and post TRH's ED patient information on the statewide controlled substance reporting database. This system enables care providers to track patient information, which could indicate prescription-seeking behavior at multiple facilities. She also helps assess ED patients on her shift who may have addiction issues.

**Jennifer McDevitt, RN, CMSRN**, is a full-time charge nurse in the Medical/Surgical Unit. She is enrolled in college to attain her BSN. She completed two projects for the Clinical Ladder advancement. She worked to implement the evidence-based use of chlorhexidine washes on her unit, as a preoperative infection prevention measure. She also taught two classes for Certified Nursing Assistants who wanted to learn four additional patient care skills to qualify as CNA I + 4. She commented that recognizing and empowering CNAs, essential members of the care team, is important.

**Suzanne (Sue) Farrell, BSN, RN, RAC-CT**, is the night charge nurse of the skilled nursing Transitional Care Unit (TCU). For her project, she taught CNAs on TCU better documentation skills to accurately show the assistance they provide to patients. She spent individual time with them and guided them on the job in charting their portion of patient care. Documentation is crucial for the unit to receive appropriate Medicare reimbursement based on Resource Utilization Guidelines (RUG) scores. After the documentation education, Farrell evaluated the projected increase in reimbursement based on the average number of patients. She discovered that an additional \$40,000 per year could be gained with more accurate documentation.



# Highlands-Cashiers Hospital



Dear Colleagues,

Highlands-Cashiers Hospital (HCH) began our journey with Mission Health in February 2014. Job No. 1 for us was to select a Director of Patient Care Services. We found a jewel in Kathy Crist, RN. She is a courageous champion for nursing excellence and patient-focused care. Her first challenge was to eliminate the high use of contract labor and establish a quality nursing workforce. Careful recruitment and selection promoted better patient experience and a sense of teamwork.

The next required element was developing policies and procedures to promote care processes reliability and professional behavior. Our PRC patient perception of quality scores show that this work is paying off with excellent patient care and a spirit of collaboration and teamwork with the medical staff. We experienced great system team support during our Joint Commission Survey and are now getting to know our regional partners. In the fall, we closed our surgical services and discovered how flexible and capable the surgical staff could be, as they moved into other positions. We developed an outpatient unit for improved services to our patients requiring infusions, injections, lab draws and other outpatient services. This collaboration of the staff in patient access and the laboratory is just one example of how HCH is focusing on the best possible patient experience.

Our greatest challenge is the extreme seasonality and accompanying census fluctuations caused by providing service in a resort area. I am sure that the HCH team will continue to partner with the medical staff and the system resources to find creative solutions to meet needs.

Nursing at HCH also includes the Eckerd Living Center (ELC). In the past, HCH and ELC lived very separate lives under the same roof. We challenged ourselves this year to break down the walls and work together more closely to develop common standards of performance, patient care and professional development.

We look forward in 2015 to continued nursing service growth through shared governance structure development, pursuit of specialty certifications, participation in system education opportunities and information systems integration. We are focused on improving our ability to serve our community. Highlands-Cashiers Hospital is small in size and huge in spirit. Great things are coming in 2015.

A handwritten signature in black ink that reads "Sheila Price". The signature is written in a cursive, flowing style.

**Sheila Price**, MS, RN, NEA-BC, FACHE  
West Region Director of Patient Care Services

## HAND-OFF

# Bedside Reporting and Daily Nursing Huddles

We are always searching for ways to improve patient care. We believe one of the most important factors in improving care for our patients is improving communication. Just as important is establishing an environment that fosters exchange of information and ideas.

Pre-shift huddles and bedside reports/rounding provide both opportunity and environment for key information related to our patients and hospital processes to be shared in a dedicated, two-way forum. Adding the patient's voice to the process allows them a role in their own care. Providing the patient direct involvement with the caregiver team gives them a way to voice their personal concerns and desires for treatments and outcomes. The patient room whiteboards are utilized in the process, which promotes the patient's better understanding of interdisciplinary caregivers.

Additionally, interdisciplinary rounds have begun with the goal of enhanced patient-doctor and clinician-doctor communication and a reduction in telephone exchanges. The expected outcome of face-to-face interactions is relationship building, improved communication and reduced errors.



# New Grad Cross-Orientation

In August 2014, Highlands-Cashiers Hospital (HCH) hired two new RN graduates and began a new approach for the Orientation/Preceptor program. In collaboration with Mission Health and Angel Medical Center (AMC) staff members, a new program was initiated. The objectives of the program were:

- To enhance the skills and knowledge of the new graduate to function safely and efficiently
- To promote professional development while the new graduate transitions from student to practitioner
- To provide a variety of experiences on the medical/surgical floors of both HCH and AMC, enabling more opportunities to prioritize and problem solve in providing care
- To cross train the nurses to both AMC and HCH, as a first step in the potential utilization of a float pool of nurses at either hospital to meet needs
- To familiarize them with the overall mission and vision of Mission Health

The new RN graduates alternated orientation at Mission Hospital, AMC and HCH. The successful venture helped establish positive relationships among the employees at the hospitals and may be the first step toward cross training and sharing of employees, if the need arises.





# CarePartners



Dear Colleagues,

After reviewing the outcomes of efforts put forth by CarePartners' nurses and staff, I feel particularly positive about the future. First off, I thank you for your commitment to the organization and to the patients we serve. I admire your resilience in preparing yourselves for new models of care so that CarePartners stands ready to serve our community and those in recovery, living with chronic illness and at the end of their lives.

I am awed by the exemplary accomplishments in 2014. All CarePartners' service lines became Joint Commission certified with the help of Mission Health staff. You exceeded expectations in welcoming change and working as a team with our new partners in the continuum of care. CarePartners Hospice achieved, for the second year in a row, the Hospice Honors award given nationally to the Top 100 hospices whose patient satisfaction scores consistently exceed top decile (greater than 90 percent) performance.

CarePartners Home Health designed and implemented an innovative care coordination model, which ensures patients receive timely, coordinated care. This fostered top decile performance in the community's likeliness to recommend CarePartners Home Health. Our inpatient rehabilitation program implemented a bedside rounding model called HELPS. This reduced falls and is being piloted as a way to increase patient and family satisfaction. CarePartners Adult Day program achieved national recognition from the National Association of Adult Day Services for their top performance related to overall quality of care. Additionally, our Private Duty Services provided over 10,000 hours of care monthly and remains a preferred provider throughout the healthcare community.

In 2015, we plan to begin the Clinical Ladder for nurses, open our Program of All-inclusive Care for the Elderly (PACE) and realize full integration of our outpatient programs. I look forward to working with each of you, as we achieve our mission of helping people live fully through life's journey.

A handwritten signature in black ink that reads "C. Adams".

**Cathleen Adams**, MBA, BSN, RN, CHPCA  
Chief Nursing Officer

# Hands for HELPS

Our goal with the development of the HELPS initiative was to provide outstanding customer service as well as improve staff efficiency. The pneumonic stands for:

## **H**uddle

## **E**very-hour rounding

## **L**ooking in on the patient within the first hour

## **P**otty-Possessions-Position-Pain Management

## **S**itters

The guidelines are a simple reminder of the many things we do every day. Grouping tasks together allows staff members to be more efficient, improve staff communication and provide a better experience for our patients. Monitoring the financial impact of sitters, as well as discussing events as a group, allows us to examine our current practice and find areas for improvement.



## Team Redesign

CarePartners Home Health has an average daily census of 1,400 patients and a long history of working in a centralized, or "silo," department system. We identified a need to develop a more resourceful and productive process for better case management of our patient population, improved work efficiency, decreased hand-offs and improved patient outcomes.

In 2014, we restructured our personnel by dividing them into six smaller, more manageable teams. Each team consists of a manager, team coordinator, scheduler and three nurses. We assigned field clinicians and patients to a specific team. This specialized format promotes early engagement and crucial communication of patient care with a more proactive approach to patient care. This process starts with the initial referral, then focuses on identified high risk patients for prevention of hospitalization. Resource management throughout care and providing a favorable discharge for patients, caregivers and providers are facilitated.

We are working toward a goal of team conferences to bring disciplines formally together. This will further advance our team concept and thinking outside the box to provide care and improve our outcomes for patients.

### Team Redesign Outcomes

- Primary nurse staff (the same nurse throughout a patient's home care) increased to 78 percent
- Timely initiation of care is at a record high of 99 percent
- Many patient outcomes, such as dyspnea, pain management and ambulation, have trended improvement

# 2014 Nursing Accolades



Mission Health nursing staff members are dedicated to life-long learning, higher education, professional development and community service. They focus on evidence-based practice and nursing research to enhance the patient and family experience and deliver high quality care.

Thank you, Mission Health nursing staff members, for your commitment and work in achieving Our BIG(GER) Aim: To get each patient to their desired outcome, first without harm, also without waste and with an exceptional experience for every patient and family.

Throughout the 2014 Accolades, the listed nursing staff members work at Mission Hospital, unless stated otherwise.

# Adjunct Faculty

**Alison McFarland**, BSN, RN, Neonatal Intensive Care Unit  
Clinical Nursing Instructor, Asheville-Buncombe Technical Community College (A-B Tech)

**Cynthia Wilson**, BSN, RN, Medical-Surgical and Intensive Care Unit, Blue Ridge Regional Hospital, Lab and  
Clinical Instructor, NUR 111 and NUR 213, Mayland Community College

**Lynda McMonigle**, MSN, RN, Medical-Surgical Unit, Angel Medical Center,  
Nursing Leadership and Healthcare Policy, Jacksonville (FL) University RN-BSN Online Program

**Monica Smith**, MSN, RN, Nursing Quality, Orthopedics Service Line  
Concepts of Geriatric Nursing, Accelerated BSN Program, Western Carolina University

**Rosemary Skinner**, MSN, RN, Medical-Surgical Unit, Angel Medical Center,  
Clinical Nursing Instructor (NUR 111, NUR 112, NUR 114), Southwestern Community College

**Tipton Dillingham**, BSN, RN, Maternal Fetal Monitoring Unit  
Clinical Nursing Instructor (Family Health Concepts NUR 113), A-B Tech

# Awards

## Compassion iN Action Awards

Certified Nursing Assistants (CNAs) are important members of the healthcare team in taking care of our patients and families. The Compassion iN Action (CNA) Award at Mission Hospital is given to CNAs honored for their outstanding dedication and service.



**Ashley Honeycutt**,  
CNA I, Trauma  
Care Unit



**Dalton Payne**,  
CNA I, Dual  
Skilled, 7th North  
General Surgery



**Edna Crowe**,  
CNA II, multi-  
skilled, Asheville  
Surgery Center



**Jessica Morgan**,  
CNA, multi-  
skilled, 9 North  
Progressive  
Care



**Joan Shelton**,  
CNA II,  
Orthopedics



**Kim Burnette**,  
CNA I, 6 North  
Pulmonary  
Medicine



**Kim Swingle,**  
CNA,  
Orthopedics



**Nellie Melton,**  
CNA II,  
Orthopedics



**Staci Williams,**  
CNA I, multi-  
skilled, Medical  
Cardiology  
Step-down 3  
West

## DAISY Awards

DAISY Award honorees are selected for their nursing excellence from among nominations by patients, family members, co-workers or physicians. This internationally recognized award praises the clinical skills, caring and compassion of nurses in the United States and 14 foreign countries.



**Amber Hyman,**  
RN, CPN, Pediatric  
OP Hematology/  
Oncology



**Andrea Faunce,**  
RN, Medical  
Cardiology  
Step-down



**Beth Durr,**  
RN, 7 North  
General Surgery



**Beverly Hinkle,**  
RN, Medical-  
Surgical Unit,  
TRH



**Bill Owens,**  
BSN, RN,  
CCRN, Rapid  
Response Team



**Brenda Fore,**  
MHA, BSN, RN,  
CLNC, Emergency  
Department (ED)  
Behavioral Health  
Unit



**Christina Miller,**  
RN, Surgery



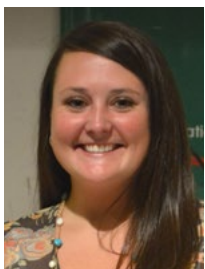
**Daren Hill,**  
RN, Pulmonary  
Medicine



**David Schneider,**  
RN, CEN, ED



**Donna Jackson,**  
BSN, RN,  
Trauma Care  
Unit



**Jennifer Wright,**  
RN, Oncology



**Jessica Dennison,**  
BA, RN, Trauma  
Care Unit



Karen Plumley,  
RN,  
Orthopedics



Kim Reik-Johnson,  
RNC-NIC,  
Neonatal ICU



Kirsty Sierra,  
RN, CCRN,  
Labor and  
Delivery



Kristen Haun,  
BSN, RN, PCCN,  
Pulmonary  
Medicine



Kyndall Danner,  
BSN, RN,  
CCRN, Cardiac  
ICU



Laury Pressley,  
RN, Emergency  
Department,  
Transylvania  
Regional Hospital



Lenny Dinardo,  
BSN, RN, PCCN,  
Staffing Pool



Lisa Marshall,  
RNC, Mother/  
Baby Unit



Loren Gibson,  
BSN, RN, Trauma  
Care Unit



Margie Dexter,  
RN, 7 North  
General Surgery



Meg Galloway,  
BSN, RN, CEN,  
CPEN, ED



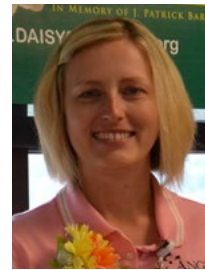
Robin Walsh,  
RN, LCCE, Labor  
and Delivery,  
McDowell  
Hospital



Savannah Williams,  
BSN, RN, PCCN, 9  
North Progressive  
Care



Susan Ramsey,  
RN, 7 North  
General Surgery



Suzanne Vanderpool,  
RN, Chemo Infusion  
Services, Angel  
Medical Center



Tammy Stingone,  
RN, Medical-  
Surgical Unit,  
Angel Medical  
Center

**Additional DAISY Award honorees are:**

Aleisha Silvers, RN, Labor and Delivery, Blue Ridge Regional Hospital  
Michelle Brown, RN, Invasive Cardiology

## Great 100 Awards



**Carlin Smith, MSN, RN, PCCN**  
Nursing Professional Development



**Cynthia Wilson, BSN, RN**  
Medical-Surgical and Cardiology Care Unit/Intensive Care Unit, Blue Ridge Regional Hospital



**Debra Caton, BSN, RN, ONC**  
Orthopedics



**Elizabeth Corbin, MSN, RNC**  
Center for Nursing Excellence



**Melanie Norman, MBA, BSN, RN**  
Quality and Safety, Mission Health

## Nursing Excellence Ambassador Awards

The Nursing Governance Board recognizes nurses and support staff throughout the year for their efforts in various aspects of nursing professional development and improved quality care and patient outcomes.

**Carey Estes, MSN, RN, Nursing Professional Development**

Recognized as a nursing excellence ambassador for her efforts and passion surrounding medication safety as we work to achieve the BIG(GER) Aim.

**Ginny Raviotta, MN, RN, NE-BC, Executive Director, Women's and Children's Services**

Recognized for her years of dedication and service, as a true leader of nursing excellence.

**Graham Skinner, Corey Locklear, Vilma Nolasco** of Laundry Services

Recognized for the support of their department during a snow storm in providing linens and supplies under tough circumstances to nursing staff that stayed overnight.

**Lisa Clark, MSN, RN, PCCN, Nursing Professional Development**

Recognized for her advocacy and support of Nursing Excellence by her contributions to advance nursing certifications and professional development as we strive toward the BIG(GER) Aim.

**Thresa Lukacena, Administrative Assistant, Center of Nursing Excellence**

Recognized for her support of all nursing councils and dissemination of nursing education funds.

# Certificate, Healthcare Innovation Management

Four nurses from Mission Hospital received a Certificate in Healthcare Innovation Management from the College of Business at Western Carolina University. They were among the 19 Mission Health staff members of the program's first cohort. Mission Health partnered with the university to offer the 21-month program, which provides credit toward bachelor's and master's degrees.

**Brandy Mills**, MSN, RN, Manager, Nursing Professional Development

**Mary Ellen Wright**, PhD, RN, APRN, CPNP, Nurse Researcher, Women's and Children's Health

**Maureen Winkenwerder**, RN, Women's Surgical Unit

**Megaan Lorenzen**, MSN, CGRN, RN, Director, Clinical Outcomes, Surgical Services

## Certifications New or Renewed

### **AGPCNP-BC—Adult-Gerontology Primary Care Nurse Practitioner-Board Certified**

**Suzanna Pollock**, MSN, AGPCNP, RN  
Intensive Care Unit, Angel Medical Center

### **ANP—Adult Nurse Practitioner**

**Jeanette Lamm**, MSN, ANP, RN  
Trauma Care Unit

### **CAPPA Certified Childbirth Educator (Childbirth and Postpartum Professional Association)**

**Jamie Pate**, BS, RN, CAPPA Childbirth Educator  
Labor and Delivery, Women Services, Blue Ridge Regional Hospital

### **CCM—Certified Case Manager**

**Doris Meadows**, BSN, RN, CCM, ACM  
Care Management

### **CCRC—Certified, Clinical, Research, Coordinator**

**Dianne Lancaster**, BSN, RN, OCN, CCRC, CPN  
Pediatric Hematology/Oncology

### **CCRN—Certified Critical Care RN**

**Deborah Bruner**, RN, CCRN, RNC-OB, IBCLC  
Women's Health Care Unit, Angel Medical Center

### **Janice Burgess**, BSN, RN, CCRN

Rapid Response Team

### **Laura Isidor**, BSN, RN, CCRN

Neurotrauma Intensive Care Unit

### **Michael Sipes**, RN, CCRN

Invasive Cardiology/Electrophysiology Lab

### **Nina Ponder**, BSN, CCRN, RN

Cardiac Intensive Care Unit

### **William Green**, BSN, RN, CCRN

Medical Cardiology Step-down Heart Failure Unit

### **CDE—Certified Diabetes Educator**

**Janice Hovey**, RN, Inpatient Diabetes Department



**CEN—Certified Emergency Nurse**

**Deborah Gleydura**, BSN, CEN, CPEN  
Emergency Department

**Denise Moerk**, RN, CEN

Emergency Department

**Jessica Black**, RN, CEN

Emergency Department

**Sonya Adams**, RN, CEN

Emergency Department, Angel Medical Center

**CENP—Certified in  
Executive Nursing Practice**

**Karen Grogan**, MHA, MSOM, BSN, OCN, CENP  
Nursing Administration

**CIC—Certified in Infection  
Prevention and Control**

**Cindy Barloga**, BSN, CCM, CIC, CPHM  
Care Management, Highlands-Cashiers Hospital

**Wendy Duncan**, BSN, RN, CIC

Infection Prevention, McDowell Hospital

**CMSRN—Certified Medical-Surgical RN**

**Crystal Montoya**, BSN, RN, CMSRN  
General Surgery

**Megan Spicer**, BSN, RN, CMSRN

Renal Medicine

**CNOR—Certified Nurse  
Operating Room**

**Robyn Banta**, BSN, CNOR

Surgery

**CPEN—Certified Pediatric  
Emergency Nurse**

**Amy Coull**, BSN, CEN, CPEN

Emergency Department

**Joy Brooks**, MSN, RN, CEN, CPEN

Nursing Professional Development

**CPHQ—Certified Professional  
in Healthcare Quality**

**Carol Peracchio**, BSN, RN, CPHQ  
Performance Improvement, Mission Health

**CPLC—Certified in Perinatal Loss Care**

**CJ Smart**, MSN, RNC-MNN, CPN, CPLC  
Coordinator, Women's and Children's Outreach

**CPN—Certified Pediatric Nurse**

**Cheryl Huntsman**, RN  
Inpatient Nursing, CarePartners

**Kecia Hursey**, BSN, RNC-OB, NCC, CPN

Women's Health Care Unit, Angel Medical Center

**Dianne Lancaster**, BSN, RN, OCN, CCRC, CPN

Pediatric Hematology/Oncology

**FNP-C—Family Nurse  
Practitioner, Certified**

**Cameron Tatone**, MSN, FNP-C, RN

Surgery

**IBCLC—International Board Certified  
Lactation Consultant**

**Deborah Bruner**, RN, CCRN, RNC-OB, IBCLC

Women's Health Care Unit, Angel Medical Center

**NEA-BC—Nurse Executive Advanced-Board  
Certified**

**Regina Phelps**, PhD, RN, NEA-BC

Executive Director, Nursing Education and Research,  
Mission Health

**OCN—Oncology Certified Nurse**

**Jocelyn Fearon**, RN, OCN

Outpatient Infusion

**PCCN—Progressive Care  
Certified Nurse**

**Beth MacEachern**, RN, PCCN  
Cardiovascular Progressive Care

**Dayton Jacques**, MSN, RN, PCCN  
Cardiovascular Progressive Care

**Felicia Cavanaugh**, RN, PCCN  
6 North Pulmonary Medicine

**Hannalie Lindsey**, RN, PCCN  
Cardiovascular Progressive Care

**Jamie Nguyen**, RN, PCCN  
Medical-Surgical Progressive Care and Pulmonary  
Medicine Care Unit/Step-down

**Julie McAleer**, BSN, RN, PCCN  
Heart Path Cardiac Rehabilitation

**Karen Diez**, BSN, RN, PCCN, CHFNP  
Medical Cardiology Step-down

**Lisa Clark**, MSN, RN, PCCN  
Asheville Surgery Center

**Maria Judith Duterte**, BSN, RN, PCCN  
9 North Progressive Care

**RN-BC—Nursing  
Informatics-Board Certified**

**Chandel Dundee**, MSN, RN-BC, CNOR  
Surgical Quality

**RN-BC—Nursing Professional  
Development-Board Certified**

**Ameran Tooley**, BSN, RN-BC  
Manager, Medical-Surgical and Intensive Care Units;  
Nurse Educator  
Transylvania Regional Hospital

**RNC-OB—RN Certified,  
Inpatient Obstetric Nursing**

**Deborah Bruner**, RN, CCRN, RNC-OB, IBCLC  
Women's Health Care Unit, Angel Medical Center

**RNC-MNN—RN Certified  
in Maternal Newborn Nursing**

**Amellia Gibby**, RN, RNC-MNN  
Mother/Baby Unit

**CJ Smart**, MSN, RNC-MNN, CPN, CPLC  
Coordinator, Women's and Children's Outreach

**Tiffanie Fuller**, RN, RNC-MNN, RNC-NIC  
Neonatal Intensive Care Unit

**RNC-NIC—RN Certified in Neonatal  
Intensive Care**

**Margaret Holmes**, BSN, RNC-NIC  
Neonatal Intensive Care Unit

**VA-BC—Vascular Access-Board Certified**

**Janet Adams**, RN, VA-BC  
Vascular Access and Tube Team

# Clinical Ladder

The Clinical Ladder Program recognizes highly experienced, non-supervisory, direct-care Registered Nurses (RN) who promote excellence in clinical nursing practice. The program is intended to facilitate career and professional development. Advancement in the program levels requires meeting certain criteria related to clinical practice impact, leadership and professionalism.

NURSE	UNIT	CLINICAL LADDER LEVEL
Alex Lyapin, BSN, RN, CCRN	Cardiology ICU	3
Amanda Williams, BSN, RN, OCN	Oncology	4
Amy Moore, MSN, RN, IBCLC	Mother/Baby	4
Ellen Minier, BSN, RN-BC	Copestone	3
Gina Hallstrom, BSN, RN, CMSRN	Spine/Orthopedics	4
Gretchen Howard, BSN, RN, CCRN	Staffing Pool	4
Heather Burleson, BSN, RN	Women's Services McDowell Hospital	3
James Woody, BSN, RN, PCCN	Medical Cardiology Step-down	4
Jennifer McDevitt, RN, CMSRN	Medical/Surgical Unit Transylvania Regional Hospital	3
Kecia Hursey, BSN, RNC-OB, NCC, CPN	Women's Health Care Unit Angel Medical Center	3
Kitty Ratzlaff, BSN, RN CGRN	Endoscopy	4
Laura Faircloth, BSN, RN PCCN	Medical/Surgical Progressive Care	4
Leah Silver, RN, PCCN	9 North Progressive Care	4
Linda O'Neil, BSN, RN, CCRN, CPAN	Asheville Surgery Center	4
Lou Hips, RN, HWNC-BC, HTCP	Heart Path	3
Maryjo Smith, BSN, RN, CCRN	Cath Lab Recovery	4
Mary Lynn Tyler, RN, CEN	Emergency Department Transylvania Regional Hospital	3
Maureen Winkenwerder, BSN, RN-BC	Women's Surgical	4
Michaellyn Pasztor, BSN, RN ONC	Orthopedics	4
Rachel Moynihan, RN, PCCN	Emergency Department	3
Robin Walsh, RN, LCCE	McDowell Hospital Birthing Center	3
Rosemary Skinner, MSN, RN	Medical-Surgical Unit Angel Medical Center	3
Shanti Volpe, BSN, RN, IBCLC	Lactation Consultant	4
Suzanne (Sue) Farrell, BSN, RN, RAC-CT	Transitional Care Unit (Transylvania Regional Hospital)	3
Suzanne Stepanek, BSN, RN, PCCN	Medical Cardiology Step-down	3
Winnie Ziegler, MSN, RN, CCRC	Heart Path	4

# Community Service

During 2014, Mission Health nursing staff participated in numerous local, regional and international community service initiatives, making a difference in the lives of others.

VOLUNTEER STAFF MEMEBER	VOLUNTEER ACTIVITIES
<b>Amber Hyman, RN, CPN</b> Outpatient Pediatric Orthopedics	<ul style="list-style-type: none"> <li>Served as cheer coach for Canton Youth Football Cheerleading and vacation Bible school teach at Calvary Road Baptist Church, Waynesville, N.C.</li> </ul>
<b>Carol Peracchio, BSN, RN, CPHQ</b> Performance Improvement Mission Health	<ul style="list-style-type: none"> <li>Participated as a choral singer with the Fletcher Community Chorus, performing weekly from September through May at nursing homes, assisted living facilities and civic events</li> </ul>
<b>Charlotte Lail, BSN, RN, OCN</b> Nurse Navigator, Cancer Services	<ul style="list-style-type: none"> <li>Served as camp counselor at Camp Bluebird, Flat Rock, N.C.</li> <li>Assisted in organizing and sponsoring the first Lung Cancer Vigil at the SECU Cancer Center in November to increase awareness of lung cancer and recognize those fighting lung cancer</li> </ul>
<b>Cheryl Bishop, MSN, RN, WHNP-BC</b> Labor and Delivery	<ul style="list-style-type: none"> <li>Volunteered at East Asheville Recreation Club disseminating club information to over 200 members throughout the year</li> <li>Volunteered at Brother Wolf Animal Rescue walking and fostering sheltered dogs</li> </ul>
<b>Cindy Barloga, BSN, RN, CCM, CIC, CPHM</b> Care Management Highlands-Cashiers Hospital	<ul style="list-style-type: none"> <li>Served with the Sky Valley Scaly Mountain Volunteer Fire and Rescue as EMS Lieutenant, Medical Officer and Relief Fund Secretary, Scaly Mountain, N.C.</li> </ul>
<b>Dana Blake, MSN, RN</b> My Care Plus at Biltmore Park Mission Medical Associates	<ul style="list-style-type: none"> <li>Participant in American Heart Association monthly teleconferences and attends the North Carolina (N.C.) State Lobby Day in Raleigh</li> </ul>
<b>Dianne Lancaster, BSN, RN, OCN, CCRC</b> Pediatric Hematology/Oncology	<ul style="list-style-type: none"> <li>Taught Nia movement classes to children attending Camp Merritime at Flat Rock, N.C.</li> </ul>
<b>Elizabeth Denning, BSN, RN, CMSRN</b> 7 North General Surgery	<ul style="list-style-type: none"> <li>Assisted with RiverLink waterway clean-up to remove trash, conserve wildlife and improve water quality</li> </ul>
<b>Evelyn Davidson, RN, HTCP, HNB-BC</b>	<ul style="list-style-type: none"> <li>Assisted elders of Madison County with house maintenance, elder advocacy, medication checks and weather preparedness checks</li> <li>Provided Healing Touch sessions to those in discomfort at work and in the community</li> <li>Assisted various homeless missions by collecting blankets and personal hygiene items</li> </ul>
<b>Janet Adams, RN, VA-BC</b> Vascular Access and Tube Team	<ul style="list-style-type: none"> <li>Volunteered sorting food at the Food for Fairview food pantry</li> </ul>

<p>Janet Magruder, BSN, RN, OCN, CBCN Nurse Clinician, Breast Program</p>	<ul style="list-style-type: none"> <li>Assisted monthly with registration, taking vital signs and overall functions of the Asheville program Ladies Night Out, which provides health screenings to qualified Buncombe County women.</li> <li>Spoke to women at the Haywood Congregational Church Women's Shelter in Asheville about early detection and screening of breast cancer</li> <li>Staffed early detection and screening for breast cancer exhibit at the LiveWell Expo, Agricultural Center, Asheville, N.C.</li> </ul>
<p>Jennifer Ledford, RN, PCCN Medical Cardiology Step-down 3 West</p>	<ul style="list-style-type: none"> <li>Volunteered weekly at the Canton Community Kitchen helping prepare and distribute meals to the homeless</li> </ul>
<p>Kathleen Usher, BS, RN, HNB-BC Integrative Health, Cancer Center</p>	<ul style="list-style-type: none"> <li>Provided Healing Touch to Camp Bluebird attendees, Flat Rock, N. C., in May and October</li> </ul>
<p>Kitty Ratzlaff, MA, BSN, RN, CGRN Endoscopy</p>	<ul style="list-style-type: none"> <li>Volunteered for a mission trip to Gimbi, Ethiopia, Africa; assisted in the emergency room and operating room at the local hospital</li> <li>Volunteered at Asheville's SonRise Community Outreach, feeding the homeless and hungry Saturday mornings</li> <li>Assisted at Western N.C. Rescue Mission in Asheville monthly and as needed during cold weather Code Purple evenings</li> </ul>
<p>Kristina Kinard, MSN, RN Staffing Pool</p>	<ul style="list-style-type: none"> <li>Volunteered at MANNNA Food Bank sorting and repackaging donated items</li> <li>Volunteered at Brother Wolf Animal Rescue assisting with animal care, feeding and play</li> </ul>
<p>Loren Gibson, BSN, RN Trauma Care Unit</p>	<ul style="list-style-type: none"> <li>Assisted with building houses for Habitat for Humanity in Johnson City, Tennessee</li> <li>Assisted monthly with childcare for Mommy Mondays, Asheville, N.C.</li> </ul>
<p>Megaan Lorenzen, MSN, CGRN, RN Director, Clinical Outcomes, Surgical Services</p>	<ul style="list-style-type: none"> <li>Provided an educational session about quality and safety in the surgical services division to the Mission Junior Volunteer class</li> </ul>
<p>Monica Smith, MSN, RN Nursing Quality, Orthopedics Service line</p>	<ul style="list-style-type: none"> <li>Served weekly as Ministry Leader of the Immaculate Conception Catholic Church Frassati Society</li> </ul>
<p>Nancy Holloway, MSHA, RN, OCN Outpatient Infusion, Angel Medical Center</p>	<ul style="list-style-type: none"> <li>Volunteered at the Relay for Life, Franklin, N.C.</li> </ul>
<p>Patricia Foster, BSN, RN, CNOR Surgery, Angel Medical Center</p>	<ul style="list-style-type: none"> <li>Volunteered at the Teddy Bear Clinic, introducing elementary students to the hospital</li> <li>Volunteered at the Macon County Fair, taking blood pressures and talking to community members about Angel Medical Center</li> </ul>

Rachael Swann, RN Risk Management	<ul style="list-style-type: none"> <li>Volunteered monthly in the Burnsville area assisting with home repairs, visiting the sick and delivering food</li> </ul>
Robin Villiard, MSN, RNC-OB Women's and Children's Unit Angel Medical Center	<ul style="list-style-type: none"> <li>Volunteered monthly as Assistant Troop Leader for the Girl Scouts' Peaks to Piedmont Council, Franklin, N.C.</li> </ul>
Robyn Banta, BSN, RN, CNOR Surgery	<ul style="list-style-type: none"> <li>Volunteered at Manna Food Bank packaging food for students and bagging apples</li> </ul>
Sharon Hill, CNA II, Telemetry Tech Cardiovascular Progressive Care	<ul style="list-style-type: none"> <li>Served as Parent/Teacher Liason at Dana Elementary School, helped at school as needed and attended county meetings to report back to parents any upcoming changes</li> <li>Served on the Parent Advisory Board for Henderson County Schools</li> </ul>
Sheila Radcliff, MSN, RN Facility re:DESIGN	<ul style="list-style-type: none"> <li>Led a medical clinic in Honduras during a medical mission trip</li> </ul>
Teresa Neill, MSN, RN Manager, Obstetrics, Outpatient, and Observation Unit Blue Ridge Regional Hospital	<ul style="list-style-type: none"> <li>Served as hospitality volunteer and teacher for children's church at First Baptist Church, Burnsville, North Carolina</li> </ul>

## Evidence-based Practice and Quality Projects

LEADER	PROJECT TOPIC	TEAM MEMBERS
Ameran Tooley, BSN, RN, CNPD Manager, Medical-Surgical Unit and Intensive Care Unit; Educator Transylvania Regional Hospital	Delirium Prevention Initiative	Cathy Lasater, RN
Athena Carver, BSN, RNC-NIC Nursing Professional Development	Vermont Oxford Network - Safety Homeroom	Neonatal Intensive Care Unit staff members
Carol Peracchio, BSN, RN, CPHQ, Performance Improvement, Mission Health	Pathway to Best Practice in Spirometry in the Ambulatory Setting	Amy Trees, RRT, CPFT, AE-C; Jeanne Poulin, RRT, CPFT, RCP
Chandel Dundee, MSN, RN-BC, CNOR, Surgical Quality	American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) Wound classification	Megaan Lorenzen, MSN, CGRN, RN

Cheryl Huntsman, RN Inpatient Nursing, CarePartners	HELPS Initiative (Huddle; Every-hour rounding; Looking in on the patient within the first hour; Potty-Possessions-Position- Pain Management; and Sitters)	Sabrina Lacerna, RN, CRRN; Robert Credeur, RN, CRRN
Heather Martin, MSN, RN Staffing Pool	Bar Code Medication Administration - System Process and Compliance Improvement  (Received Quality Team Award at Mission Health's third annual Service Excellence Achievement Awards Banquet, June 2014)	Amanda McDowell, Kim Anderson, Jade Cress, Judy Sturgill, Ginny Raviotta, Deanna McCraw, Carey Estes, Brenda Asplund, Pam Blevins, Sandra Nutbrown, Carolyn Foster, Mark Creasman, Karen Moseman, Angela Hundley
	Specimen Labeling Errors - PowerChart Specimen Collection	Rhonda Robinson, Danny Gualano, Scot Walker, Jr, Lynda Collar, Bev Nivens, Deanna McCraw, Benjamin Hayes, Benjamin White
Jennifer Ledford, RN, PCCN Medical Cardiology Step-down 3 West	Telemetry Expansion	Critical Care/Medical-Surgical Value Stream Mapping (VSM) Team
	Multidisciplinary Rounds Rollout	Critical Care/Medical-Surgical VSM Team
	Discharge Checklist	Critical Care/Medical-Surgical VSM Team
Megaan Lorenzen, MSN, CGRN, RN, Director, Clinical Outcomes, Surgical Services	Reduction in immediate use steam sterilization (IUSS) of instruments	Surgical Services staff members
	North Star Quality and Safety Team	Surgical Services division staff members
Robin Walsh, RN, LCCE McDowell Hospital Birthing Center	Obstetrics Pre-admission	Michele Woods, BSN, RN
Robyn Banta, BSN, RN, CNOR Surgery	Standardized Surgical Count Competency	Mary Hotko, Kelly Hunter, Mark Tipton, Ann Marie Treadadway
Sheila Radcliff, MSN, RN Facility re:DESIGN	Mission re:DESIGN Building Project	Mission re:DESIGN team

# Higher Nursing Education

## Attained Associate Degree in Nursing

**Andrea Torres**, RN  
Medical-Surgical Unit, McDowell Hospital

**Kathrynne Kiesow**, RN  
Medical-Surgical Unit, Angel Medical Center

**Kayleigh Chrisawn**, RN  
Emergency Department, Blue Ridge Regional Hospital

## Pursuing Associate Degree in Nursing

**Evelyn Davidson**, RN, HTCP, HNB-BC  
Neonatal Intensive Care Unit  
Dean's List  
National Society of Leadership and Success Inductee

**Sharon Hill**, CNA II, Telemetry Tech  
Cardiovascular Progressive Care

**Kala Williams**, CNA II  
Neonatal Intensive Care Unit

## Attained Bachelor's Degree in Nursing

**Angela Smith**, BSN, RN (Summa Cum Laude)  
Radiology Nursing

**Ashley Terry**, BSN, RN  
Coli Critical Care

**Cynthia Wallace**, BSN, RN  
Women's Surgical Unit

**Darlene Wright**, BSN, RN  
Neonatal Intensive Care Unit

**Deborah Gleydura**, BSN, RN, CEN, CPEN  
Manager, Emergency Department

**Denise Self**, BSN, RN  
Obstetrics, Blue Ridge Regional Hospital

**Donna Jhant**, BSN, RN  
Cardiac/Pulmonary Rehabilitation, McDowell Hospital

**Heather Burleson**, BSN, RN  
Women's Services, McDowell Hospital

**Jerry Wilson**, BSN, RN, PCCN  
Medical Cardiology Step-down Electrophysiology Unit

**Katerina Parchuk**, BSN, RN  
Cardiac Intensive Care Unit

**Katrina Cody**, BSN, RN, ONC  
Trauma Care Unit

**Kecia Hursey**, BSN, RNC-OB  
Women's Health Care Unit, Angel Medical Center

**Kimberly Davis**, BSN, RN, ONC  
Trauma Care Unit

**Lisa Chappell**, BSN, RN (Summa Cum Laude)  
Care Management, Transylvania Regional Hospital

**Megan Spicer**, BSN, RN, CMSRN  
Renal Medicine

**Ronda McKinney**, BSN, RN  
Medical Cardiology Step-down Heart Failure Unit

**Stephanie Morgan**, BSN, RN  
Same Day Surgery, Angel Medical Center

**Susan Jones**, BSN, RN, CCRN  
Coli Critical Care

**William Green**, BSN, RN, CCRN (President's List)  
Medical Cardiology Step-down Heart Failure Unit

**Wilma Keller**, BSN, RN  
Performance Improvement, Mission Health

## Pursuing Bachelor's Degree in Nursing

**Amanda Tweed**, RN  
Trauma Care Unit

**Amber Miller**, RN  
Emergency Department, Blue Ridge Regional Hospital

**Amir Mirheli**, CNA I  
Cardiac Intensive Care Unit

**Ashley Shepherd**, RN  
Medical-Surgical Unit, McDowell Hospital



**Bobbi Erdman, RN**  
Medical Surgical Progressive Care

**Gale Holm, RN, CEN**  
Emergency Department

**James Shaffer, RN**  
Clinical Decision and Observation Unit

**Jennifer Ledford, RN, PCCN**  
Medical Cardiology Step-down 3 West

**Joy Clifton, RN, ONC**  
Orthopedics

**Katelyn Grindstaff, RN**  
Obstetrics and Observation Unit, Blue Ridge Regional Hospital

**Linda Pitman, RN**  
Emergency Department, Blue Ridge Regional Hospital

**Meredith Montgomery, RN**  
Obstetrics-Observation Unit, Blue Ridge Regional Hospital

**Rachael Swann, RN**  
Risk Management

**Terry Ann Schaefer, BSW, RN, CWCN, CFCN**  
Medical-Surgical Unit, McDowell Hospital

**Attained Master's Degree in Nursing**  
**Crystal Letterman, MSN, RN, CMSRN**  
Manager, Spine/Orthopedics and Women's Surgical Unit

**Jeanette Lamm, MSN, ANP, RN**  
Trauma Care Unit

**Joy Brooks, MSN, RN, CEN**  
Nursing Professional Development

**Lisa Potter, MSN, RN**  
Care Management

**Monica Smith, MSN, RN**  
Nursing Quality, Orthopedics Service Line

**Morgan Barrett, MSN, RN, CHFN, CNML, PCCN**  
Manager, Medical Cardiology Step-down

**Rosemary Skinner, MSN, RN**  
Medical-Surgical Unit, Angel Medical Center

**Suzanna Pollock, MSN, AGPCNP, RN**  
Intensive Care Unit, Angel Medical Center

**Teresa Neill, MSN, RN**  
Manager, Obstetrics, Outpatient, and Observation Unit  
Blue Ridge Regional Hospital

**Attained Master's Degree in Public Health**  
**Margaret Holmes, BSN, RNC-NIC**  
Neonatal Intensive Care Unit

**Pursuing Master's Degree in Nursing**  
**Athena Carver, BSN, RNC-NIC**  
Nursing Professional Development

**Chandel Dundee, BSN, CNOR, RN-BC**  
Surgical Quality

**Charlotte Lail, BSN, RN, OCN**  
Nurse Navigator, Cancer Services

**Cheryl Huntsman, RN**  
Inpatient Nursing, CarePartners

**Deborah Taylor, MHA, BSN, RN**  
Staffing Pool

**Michelle Long, BSN, RN**  
Medical-Surgical and Cardiology Care Unit,  
Blue Ridge Regional Hospital

**Summer Hettinger, BSN, CCRN**  
Coli Critical Care

**Wendy Duncan, RN**  
Infection Prevention, McDowell Hospital

**Attained Doctorate Degree in Nursing**  
**Mary Ellen Wright, PhD, RN, APRN, CPNP**  
Nurse Researcher, Women's and Children's Health

**Pursuing Doctorate in Nursing**  
**Cathy Retskin, MSN, RN, ACM**  
Care Management

**Cheryl S. Postlewaite MSN, RN, CWOCN**  
Policy Specialist, Mission Health Nursing Education and Research

**Ellen Minier, BSN, RN-BC**  
Copestone PEA

**Rebekah Smith, BSN, RN**  
Wound Care, Blue Ridge Regional Hospital

# Nursing Research Projects

**Anna Plummer-Roberts**, BSN, RN, Student RN Anesthetist

- Will Low Cost Interventions Improve Intraoperative Anesthesia Hand Hygiene?

**Ashley Fortner**, BSN, RN, OCN, Nursing Professional Development

- Oncology Nurses' Knowledge about Palliative Care Using the Palliative Care Knowledge Test

**Carlin Smith**, MSN, RN, PCCN, Nursing Professional Development

- Correlation of Visual DNR Band to Rates of Code Initiation

**Cathy Hebert**, MSN, RN, GCNS-BC, Nursing Professional Development

- Resource Nurse Renewal Survey

**CJ Smart**, MSN, RNC-MNN, CPN, CPLC, Coordinator, Women's and Children's Outreach

- A Case Study of Perinatal Loss Using a Trans-disciplinary Approach

**Crystal O'Dell**, BSN, RN

- Residual Smoke

**Brandee Gil**, BSN, RN, Emergency Department

- The Power of Four: Exposing the Generation Culture Approach to Electronic Documentation in the Emergency Department

**Cora Small**, BSN, RN, CCRN, Manager, Nursing Quality, Critical Care Services

- Use of Mobility Technician in the Intensive Care Unit and Follow-up in Transition Unit

**Dana Jones**, BSN, RN, Manager, Nursing Quality, Heart Services

- Early Oral Pain Medications and Its Effect on Length of Stay

**Danielle Martin**, MSN, RN, Manager, Evidence-based Nurse Practice

- The Stroke Outreach Project: Raising Stroke Awareness through Outreach Events: A Study on Knowledge Retention Following Community Stroke Screenings

**Darren Coleman**, BSN, RN, OCN, Manager, Oncology

- Exploring Compliance with Evidence-based Guidelines in the Prevention of Central Line Blood Stream Infections on Inpatient Oncology

**Heather Fox**, RN, Medical-Surgical Intensive Care Unit

- Investigating Health Policy and Clinical Outcomes: COPD and Pulmonary Navigation Investigators

**Heather Martin**, MSN, RN, Staffing Pool

- Specimen Labeling Errors: A Retrospective Study

**Ian Hewer**, CRNA, MH, MS

- Central Line Complications: Is There a Difference between Providers?

**Jan Bailey**, MSN, RN, OCNS-C, Nursing Professional Development

- The Incidence of POUR and CAUTI in Non-catheterized and Catheterized Total Joint Patients

**Joan Vassey**, MSN, RN, PCCN, Nursing Professional Development

- Measuring Job Stress in Progressive Care Units and Assessing Nurses' Intent to Leave

**Joy Brooks**, BSN, RN, CEN, CBIS, Nursing Professional Development

- What Is the Relationship of Emergency Department Boarding to the Development of Hospital Acquired Delirium?

**Karen Cochran**, MSN, RN, Nursing Professional Development

- The Impact of Nurse Fatigue on Patient Outcomes
- A Measure of Perceived Fatigue among Nurses in Western North Carolina

**Mary Ellen Wright**, PhD, RN, APRN, CPNP, Nurse Researcher, Women's and Children's Health

- Survey of Mothers Use and Preferences for Childbirth Education and Parenting Information
- Mother in Opioid Rehabilitation Experience in Perinatal Care: A Qualitative Study
- The Relationships among Horizontal Violence, Healthy Work Environments, and Cultures of Safety in Women's and Children's Services
- Focus Groups of Help Seeking by Adult Survivors of Domestic and/or Sexual Violence

**Mary Lou Adams**, BSN, CCRN, CSC, Nursing Professional Development

- Timing of CBG Measurement and Meal Time Insulin Dose

**Rebekah Smith**, BSN, RN, Wound Care, Blue Ridge Regional Hospital

- An Inter-Rater Reliability Study of Braden Scale

**Sarah Maloy**, CNA, Medical-Surgical Intensive Care Unit (ICU)

- A Descriptive Study on the Occurrence Rates of CLABSIs Pre and Post Chlorhexidine Gluconate Bathing Implementation in Adult ICUs

**Stephanie Whitaker**, MSN, RN, CEN, Director, Emergency Department

- Emergency Department Optimization: Increasing Safety and Throughput for Behavioral Health Patients

**Tonja Schroder**, MSN, RN, CPN, Coordinator, Simulation Lab, Mission Health

- Increasing Use of Smart Pump Technology through a Re-education Program for Pediatric Nurses in a Regional Tertiary Care Hospital

# Professional Leadership

**Ameran Tooley**, BSN, CNPD

Manager, Medical-Surgical Unit/Intensive Care Unit and Educator

Transylvania Regional Hospital

RN to BSN Rural Education and Support (RN-BRES) Scholarship Program Advisory Board, board member

**April Messer**, MSN, RN, CCRN

ACA Research department

Chair, Nursing Practice Council

**Carrie Edgison**, MSN, MHA, CCRN, NE-BC

Executive Director, Nursing Operations and Critical Care

North Carolina Great 100, Selections Committee chair

**Cheryl S. Postlewaite**, MSN, RN, CWOCN

Policy Specialist, Mission Health Nursing Education and Research

Chair, Nursing Research Council

**CJ Smart**, MSN, RNC-MNN, CPN, CPLC

Coordinator, Women's and Children's Outreach

Western North Carolina Chapter Co-coordinator, North Carolina Association of Women's Health, Obstetric and Neonatal Nurses

Expert Content Reviewer, Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

Continuing Nursing Education Product and Program Review-Perinatal Loss

**Cheryl Bishop**, MSN, RN, WHNP-BC, Labor and Delivery

Dr. Arthur Ollendorff; Martha Hill, RN, Maternal Fetal Medical Unit; and Mary Cascio, RN, Manager, Labor and Delivery

Perinatal Quality Collaborative of North Carolina, Conservative Management of Preeclampsia Initiative Team Members

**Janet Magruder**, BSN, OCN, CBCN

Breast Program

Attained Chemotherapy Biotherapy Certificate, Oncology Nursing Society and Oncology Nursing Certification Corporation

**Jennifer Kaylor**, BSN, RN, CWON

Wound, Ostomy, Continence Nurse

North Carolina Board of Nursing, elected board member

**Julie McAleer**, BSN, RN, PCCN

Heart Path Cardiac Rehabilitation

Chair, Clinical Council

**Hannalie Lindsey**, RN

Clinical Nurse, Cardiovascular Progressive Care

Chair, Nursing Night Council

**Heather Burleson**, BSN, RN  
Women's Services, McDowell Hospital  
Perinatal Quality Collaborative of North Carolina, Conservative Management of Preeclampsia (CMOP)  
Initiative Team Member

**Karen Grogan**, MHA, MSOM, BSN, OCN, CENP  
Nursing Administration  
North Carolina Advisory Committee on Cancer Coordination and Control, Subcommittee co-chair  
North Carolina Great 100, Nominations Scorer

**Kathleen McGowan**, RN, CNRN  
Clinical Nurse, Neurotrauma Intensive Care Unit  
Chair, Nursing Quality Council

**Lucille Beard**, BSN, RN, CMSRN  
Clinical Nurse, General Surgery  
Chair, Nursing Professional Development Council

**Megaan Lorenzen**, MSN, CGRN, RN  
Director, Clinical Outcomes, Surgical Services  
Attained Surgical Clinical Reviewer Certification for the American College of Surgeons National Quality  
Surgical Improvement Program

**Melissa Rogers McCall**, BSN, RN, ACM  
Medical Cardiology Step-down 3 West  
North Carolina Nurses Association Mountain Region, Associate Regional Director

**Michael Sipes**, RN, CCRN  
Invasive Cardiology/Electrophysiology Lab  
South Atlantic Society of Electrophysiology Allied Professionals, Board Member

**Patricia (Trish) Heatherley**, BSN, RN  
Senior Nursing Informatics Specialist, Clinical Informatics  
Chair, Nursing Informatics Council

## Publications and Presentations

**Athena Carver**, BSN, RNC-NIC, Nursing Professional Development

- Poster Presentation—Neonatal Intensive Care Unit Safety Initiatives. Vermont Oxford Network Spring Meeting, March 1, 2014, Portland, OR
- Poster Presentation—Improving the Culture of Safety. Vermont Oxford Network Annual Meeting, October 1, 2014, Chicago, IL

**Cathy Retskin**, DNP, RN, Care Management

- Poster Presentation—Inter-Observer Reliability of Finnegan Scoring in an Acute Care Facility. Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), June 1, 2014, Orlando, FL and Cone Health Research Symposium, October 1, 2014, Greensboro, NC

**Cheryl Postlewaite**, MSN, RN, CWOCN, Mission Health Policy Specialist

- Podium Presentation—Exploration of the Accuracy and Precision of the Scott Triggers Instrument in Predicting Postop Pressure Ulcer Development. Cone Health Nursing Research and Evidence-Based Practice Symposium, October 3, 2014, Greensboro, North Carolina

**CJ Smart**, MSN, RNC-MNN, CPN, CPLC, Coordinator, Women's and Children's Outreach Journal

- Journal Article—The Healer Within. *Journal of Art and Aesthetics in Nursing and Health Science*. May 2014
- Poster Presentation—Expecting the Unexpected: A Trans-disciplinary Model for Family Centered Perinatal Palliative Care. Hospice and Palliative Nurses Association (HPNA) Consortium, March 1, 2014, San Diego, CA

**Ellen Ferguson**, BSN RN, PCCN, 7 North General Surgery, Discharge Process Team

- Poster Presentation—Enhancing Patient Safety through Better Heparin Practices. Mission Hospital Quality Day, November 20, 2014, Asheville, NC

**Elizabeth Corbin**, MSN, RNC, Geriatric Quality and Safety Coordinator

- Podium Presentation—Geriatric Delirium Prevention: An Evidence-Based Dissemination Model, Cone Health Nursing Research and Evidence-Based Practice Symposium, October 3, 2014, Greensboro, North Carolina

**Harriet McGinnis**, BSN, RN, CCRN, CSC-CMC, Cardiovascular Intensive Care Unit

- Poster Presentation—Hemodynamics to Monitor Fluid Volume Status. Nurses Society's 41st Annual Convention and Industrial Exhibition, May 3-8, 2014, Phoenix, Arizona

**J. Danielle Martin**, MSN, RN, Manager of Evidence Based Practice

- Journal Article--Martin, J. D. (2014). Interventions That Promote Stroke Awareness: A Literature Review. *Journal of Community Health Nursing*, 31(1), 20-33. doi:10.1080/07370016.2014.868732
- Poster Presentation--Martin, J.D. (2014) Community Stroke Awareness: Building a SMART Model. The 6th Biennial Stroke Conference: "The Spectrum of Stroke Care--A Team-based Approach." Asheville, North Carolina

**Jennifer Burts**, BSN, RNC-NIC, Staff Nurse, Neonatal Intensive Care Unit

- Poster Presentation "Use of Professional Interpreters in Communication with Non-English Speaking Families in Neonatal ICU" Cone Health Nursing Research and Evidence-Based Practice Symposium, October 3, 2014, Greensboro, North Carolina

**Joy Brooks**, MSN, RN, CEN, Nursing Professional Development

- Poster Presentation: Minutes Matter: A Team Approach to Reducing "DTN" Time In Acute Stroke. Emergency Nurses Association Annual Conference, October 9-11, 2014, Indianapolis, Indiana

**Karen Cochran**, MSN, RN, Nurse Educator

- Poster Presentation—A Measure of Fatigue among Nurses in Western NC. Cone Health Nursing Research and Evidence-Based Practice Symposium, October 3, 2014, Greensboro, North Carolina (3rd Place Award)

**Kitty Ratzlaff**, MA, BSN, RN, CGRN, Endoscopy

- Podium Presentation—Esophageal Atresia: A Case Study. Society of Gastroenterology Nurses and Associates (SGNA) National Convention, May 1, 2014, Nashville, TN

**Mary Ellen Wright**, PhD, RN, APRN, CPNP, Nurse Researcher, Women's and Children's Health

- Podium Presentations:
  - Cultural Context in General and Medical Neglect, co-presenter with John E. Wright, MD. American Professional Society on the Abuse of Children (APSAC) Conference, June, 2014, New Orleans
  - Neonatal Abstinence Syndrome, co-presenter with Nicole Barrett, MSN, APRN, NNP-BC. Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) NC Section Conference, March 28, 2014, Concord, NC

- **Poster Presentations:**

- Resource Nurse Project, co-presenter with Cathy Hebert, MSN, RN, GCNS-BC; Julie Bell, DNP, RN, and Denise Anthes, ThD, MBA, RN, HHB-BC, HTCP. NICHE (Nurses Improving Care to Health System Elders) Conference, April 6-8, 2014, San Diego, CA
- A Trans-disciplinary Approach to Perinatal Loss, co-Presenter with CJ Smart, MSN, RNC-MNN, CPN, CPLC. American Hospice and Palliative Care Assembly, March 12-15, 2014, San Diego, CA
- Neonatal Abstinence Syndrome: Our Journey 2009-2014. Vermont Oxford Network Annual Quality Congress, October 2014, Chicago, IL

**Robin Jones**, MSN, RN, CNRN, Coordinator, Stroke Program

- Poster Presentation—Stroke Patient Management from the Nurse’s Perspective. 4th Annual Upstate Stroke Symposium: A Comprehensive Review of Stroke Care, September 20, 2014, Greenville, South Carolina

**Robin Walsh**, RN, LCCE, McDowell Hospital Birthing Center

- Poster Presentation: Obstetrics Preadmission. Annual Perinatal Partnership Conference, September 28-30, 2014, Myrtle Beach, South Carolina

**Rosemary Arviso-Green**, MBA, BSN, RN, Manager, Emergency Department; **Margaret Galloway**, BSN, RN, CEN, CPEN, and **Joy Brooks**, BSN, RN, CEN, CBIS, both of Nursing Professional Development

- Poster Presentation—Sepsis Screening: Improving Survival of Septic Patients through Early Identification. Emergency Nurses Association Annual Conference, October 9-11, 2014, Indianapolis, Indiana

**Vallire Hooper**, PhD, RN, CPAN, FAAN, Manager, Nursing Research, Mission Health

- **Journal Articles:**

- Gan, T. J., Diemunsch, P., Habib, A. S., Kovac, A., Kranke, P., Meyer, T. A., . . . Hooper, V.D, Tramer, M. R. (2014). Consensus guidelines for the management of postoperative nausea and vomiting. *Anesthesia and Analgesia*, 118(1), 85-113. doi: 10.1213/ane.0000000000000002
- Bourgault, A. M., Heath, J., Hooper, V., Sole, M. L., Waller, J. L., & Nesmith, E. G. (2014).
- Factors influencing critical care nurses' adoption of the AACN practice alert on verification of feeding tube placement. *American Journal of Critical Care*, 23(2), 134-144. doi: 10.4037/ajcc2014558
- Odom-Forren, J., Hooper, V., Moser, D. K., Hall, L. A., Lennie, T. A., Holtman, J., . . . Apfel, C. C. (2014). Postdischarge nausea and vomiting: management strategies and outcomes over 7 days. *Journal of PeriAnesthesia Nursing*, 29(4), 275-284. doi: 10.1016/j.jopan.2013.12.007
- Odom-Forren, J., Rayens, M. K., Gokun, Y., Jalota, L., Radke, O., Hooper, V., . . . Apfel, C. C. (2014). The Relationship of Pain and Nausea in Postoperative Patients for One Week after Ambulatory Surgery. *The Clinical Journal of Pain*. doi: 10.1097/ajp.0000000000000170

- **Podium Presentations:**

- Hooper, V.D., Denslow, S. (2014). An Exploration of the Incidence of Unplanned Perioperative Hypothermia (UPH) and Surgical Site Infection (SSI) in the Ambulatory Surgical Patient. American Society of PeriAnesthesia Nurses (ASPAN) 2014 National Conference. Las Vegas, NV
- Hooper, V. (2014). The IOM Report on the Future of Nursing: Implications for Academics and Practice. Keynote Address: 2014 Student Research Day. University of Arkansas Medical Sciences, School of Nursing, Little Rock, AK
- Hooper, V. (2014). Measuring Quality Outcomes (Webinar). Nurse.com. Gannett Education
- **Poster Presentations:**
- Hooper, V.D., Denslow, S. (2014). An Exploration of the Incidence of Unplanned Perioperative Hypothermia (UPH) and Surgical Site Infection (SSI) in the Ambulatory Surgical Patient. CANS 2014 State of the Science Congress on Nursing Research. Washington, DC.
- Hooper, V.D., Denslow, S. (2014). An Exploration of the Incidence of Unplanned Perioperative Hypothermia (UPH) and Surgical Site Infection (SSI) in the Ambulatory Surgical Patient. ASPAN 2014 National Conference. Las Vegas, NV
- Hooper, V.D., Denslow, S. (2014). An Exploration of the Incidence of Unplanned Perioperative Hypothermia (UPH) and Surgical Site Infection (SSI) in the Ambulatory Surgical Patient. AORN Annual Surgical Expo. Chicago, IL
- Hooper, V.D., Denslow, S. (2014). An Exploration of the Incidence of Unplanned Perioperative Hypothermia (UPH) and Surgical Site Infection (SSI) in the Ambulatory Surgical Patient. Moses Cone Annual Research Conference. Greensboro, NC (First place award)

# Resource Nurses

Mission Health Nurse Resource programs offer specific education related to various patient populations and aspects of nursing care. Evidence-based practice information enhances nurses' knowledge and promotes high quality patient- and family-centered care. Interested nurses may gain the designation of Resource Nurse by completing required course work in their selected area of geriatrics, pediatrics, diabetes, perinatal loss, wounds, heart failure or holistic care. These nurses become a resource for their co-workers, further disseminating important nursing care elements.

## **Geriatric Resource Nurse**

**Adam King**, BSN, RN  
Coli Critical Care

**Ashley Shepherd**, RN  
Medical – Surgical Unit, McDowell Hospital

**Barbara Sawyer**, RN, CCRN, CEPN  
Air Medical

**Bobbi Erdman**, RN  
Medical-Surgical Progressive Care

**Laeesha Swepson**, RN  
Intensive Care Unit, McDowell Hospital

**Loren Gibson**, BSN, RN  
Trauma Care Unit

**Rosemary Skiner**, MSN, RN  
Medical-Surgical Unit, Angel Medical Center

## **Heart Failure Resource Nurse**

**Julie McAleer**, BSN, PCCN  
Heart Path Cardiac Rehabilitation, Mission Health

## **Holistic Resource Nurse**

**Evelyn Davidson**, RN, HTCP, HNB-BC  
Neonatal Intensive Care Unit

**Dana Villalal**, BSN, RN, IBCLC  
Mother-Baby Unit

## **Pediatric Resource Nurse**

**Jessica Black**, RN  
Emergency Department



# Sigma Theta Tau International Honor Society Inductees

**Ashley Pennington-Tripp**, BSN, RN  
Women's Health Care Unit, Angel Medical Center

**Charlotte Lail**, BSN, RN, OCN  
Nurse Navigator, Cancer Services

**Crystal Letterman**, MSN, RN, CMSRN  
Spine/Orthopedics and Women's Surgical Unit

**Darla Latham**, MSN, RN  
Surgery

**Deborah Gleydura**, BSN, RN, CEN, CPEN  
Emergency Department

**Heather Burleson**, BSN, RN  
Women's Services, McDowell Hospital

**Joy Brooks**, MSN, RN, CEN  
Nursing Professional Development

**Lisa Chappell**, BSN, RN  
Care Management, Transylvania Regional Hospital

**Mary Elizabeth Armstrong**, BSN, RN  
9 North Progressive Care

**Nichole Reece**, BSN, RN  
Pediatrics

**Stephanie Morgan**, BSN RN  
Same Day Surgery, Angel Medical Center

**Summer Hettinger**, BSN, RN, CCRN  
Coli Critical Care

**Tipton Dillingham**, BSN, RN  
Maternal Fetal Monitoring Unit

**Wilma Keller**, BSN, RN  
Performance Improvement, Mission Health

## Editor

Cherry Odom, BSN, RN-BC, Nursing Communication Specialist, Mission Health Nursing Education and Research; cherry.odom@msj.org (828) 213-5696

## Editorial Assistants

J. Danielle Martin, MSN, RN, Evidence-based Nurse Practice Manager, Mission Hospital

Regina L. Phelps, PhD, RN-BC, NEA-BC, Executive Director, Mission Health Nursing Education and Research

# About Mission Health

Mission Health, based in Asheville, North Carolina, is the state's sixth-largest health system and the region's only not-for-profit, independent community hospital system governed and managed exclusively in western North Carolina. Mission Health has been recognized as one of the nation's Top 15 Health Systems 2012-2014 by Truven Health Analytics, formerly Thomson Reuters. Mission Health is the only medium-sized health system to receive this recognition three years in a row, and the only health system in North Carolina to achieve that distinction.

Mission Health, which traces its roots in the region back to 1885, operates six hospitals, numerous outpatient and surgery centers, post-acute care provider CarePartners, long-term acute care provider Asheville Specialty Hospital and the region's only dedicated Level II trauma center. Its medical staff consists of more than 1,000 physicians and is certified in more than 50 medical specialties and sub-specialties. Mission Health has seven Centers of Excellence: Cancer, Heart, Mission Children's Hospital, Neurosciences, Orthopedics, Trauma and Women's Health. Mission Hospital, located in Asheville, is the system's flagship hospital and is licensed for 795 beds. It is the regional referral center for tertiary and quaternary care. It also includes Mission Children's Hospital – the region's only children's hospital. Other Mission Health member hospitals include Angel Medical Center in Franklin, Blue Ridge Regional Hospital in Spruce Pine, Highlands-Cashiers Hospital in Highlands, McDowell Hospital in Marion and Transylvania Regional Hospital in Brevard. With approximately 10,600 employees and 2,000 volunteers, Mission Health is dedicated to improving the health and wellness of the people of western North Carolina. For more information, please visit [mission-health.org](http://mission-health.org) or [@MissionHealthNC](https://twitter.com/MissionHealthNC).



*Mission Health has been named one of the nation's Top 15 Health Systems by Truven Health Analytics for the third year in a row.*

