Celebrating Nurses Week 2018

2017 Nursing Annual Report

UPMC Pinnacle
Hanover
Collaboration, Commitment, and Change!

This year we are honored to become partners in the UPMC Pinnacle family of healthcare providers. This significant relationship joins together an outstanding team of clinicians focused on bringing additional comprehensive services to our patients and staff.

We do not get better by chance. We get better by change ... and this year has certainly been exceptional.

Our Evidence-Based Practice (EBP) Council continues to drive excellence in patient care. Once again, the council’s work ensures care at the bedside is based on current, theory-based and data-driven research. During the 2017 regional EBP Symposium, six of our research posters were accepted for presentation. Additionally, the Maternity Department study was awarded first place by the panel of judges.

This year a new change was introduced, providing a more robust methodology to examine and implement process improvements. The KATA process was embraced by each Shared Governance Council and is used as the standardized performance improvement tool. Several of the council’s most notable accomplishments are highlighted in this year’s annual report.

The Clinical Advancement Program continues to expand with 40+ nurses advancing on the ladder. I am extremely proud to share that the number of our nurses with advanced degrees has topped 53%. Another 21% have attained certification in their specialty.

Our first ANCC / Vizient Nurse Residency Program successfully launched in October 2017 with 17 participants. A second cohort is scheduled to begin in April 2018.

Finally, the Nurse Executive Council worked diligently to update the Nursing Strategic Plan (2018 - 2021) to closely align with that of our new partners at UPMC Pinnacle. A significant and noteworthy highlight includes our plan to embark on the Journey to attain Magnet status.

As I reflect on the tremendous change and growth that has occurred over this past year, I remain in awe of the tenacity of spirit, the dedication to excellence and the care and compassion that you afford each other and our patients. UPMC Pinnacle Hanover nurses represent to our community all that I believe is outstanding in nursing!

Nurses, you are my inspiration, my pride and my joy! Congratulations on an exceptional 2017.

“We cannot become what we want to be by remaining what we are.” (Max De Pree)
Nursing Mission, Vision and Values

Mission:
The Division of Nursing is committed to creating a caring and healing environment that promotes health and restores well-being.

Vision:
Through the practice of advocacy, autonomy and evidence-based care, each nurse ensures an optimal experience for those entrusted to our care.

Values:
W - Working together.
We work with others to promote and encourage each individual’s contribution toward achieving optimal and realistic goals.

E - Excellence.
We promote innovation in practice through shared decision-making and evidence-based practice.

C - Compassion.
We practice our profession with loving kindness and empathy towards others.

A - Advocacy.
We advocate for the individual’s right to self-determination, self-expression, confidentiality and dignity.

R - Respect.
We treat our patients, families and colleagues with dignity and respect, valuing their unique differences.

E - Engagement.
We participate in all aspects of the healing environment to achieve quality outcomes for the patients we serve.
Quality Recognition and Awards

In addition to the information provided in this annual report, the organization realized the following significant accomplishments in 2017:

- CAP Certification of Accreditation
- Joint Commission Advanced Primary Stroke Center Certification 2017
- Get with the Guidelines Stroke Gold Plus Quality Achievement Award 2017
- The Centers for Medicare and Medicaid (CMS) Value Based Purchasing Achievement Score FY2018 30.88333, achieving 1.84% above CMS reimbursement
- Highmark Quality Blue Program Achievement
- Maternity Department – Highmark Blue Distinction
- Highmark Blue Distinction Knee and Hip Replacements
- ACR Computed Tomography Accreditations
- 2017 Mission Lifeline Bronze Award by AHA
- 2018 Cigna Centers of Excellence for Hospitals
- Maternity Keystone First
- Wound Care Center – Robert A Warriner III Center of Excellence Award
- 2017 AHA Mission: Lifeline Bronze NSTEMI Award
UPMC Pinnacle Hanover is focused on patient safety and falls reduction. We have utilized a combination of technology, processes and people to positively impact the safety of our patients.

Our “Do No Harm” multidisciplinary team collaborates to share safety improvement ideas, brainstorm patient safety issues and communicate the outcomes with their departments.

Central Line-Associated Bloodstream Infections (CLABSI): Adoption of the central line bundle for both insertion and maintenance is the standard practice for infection prevention. The Infection Prevention Supervisor coordinated the implementation of a chlorhexidine impregnated disk for use on all central lines to decrease bacterial colonization of the central line insertion site. The Standardized Infection Ratio (SIR) goal in 2017 was 0.50. The 2017 the Standardized Infection Ratio (SIR) was 0.0.

Catheter Associated Urinary Tract Infections: Use of indwelling urinary catheters can lead to complications, most commonly catheter-associated urinary tract infections (CAUTIs). Duration of catheterization is the major risk factor. These infections can result in sepsis, prolonged hospitalization, additional hospital costs, and mortality. Continued use of a foley requires a daily physician documented reason. Recommendations are made to discontinue indwelling urinary catheters in patients who did not meet the criteria. Days of use of a urinary catheter and rates of catheter-associated urinary tract infections are tracked for improvement opportunities. Goal for 2017 = Achieve a Standardized Infection Rate (SIR) of ≤ 1.0; in 2017 SIR =0.93.

Falls: In 2017, the Do No Harm Team had an additional focus on a multidisciplinary team approach using grass roots staff, which included non-nursing personnel such as rehabilitation staff and environmental services personnel. The number of falls with serious or moderate harm was greatly reduced, but the overall number of falls was not reduced. The 2017 goal fall rate was 2.7/1000 patient days. The goal was to reduce the overall fall rate to <= 2.7/1000 patient days; In 2017 the reported rate is 3.45/1000 patient days.
**Shared Governance Council Accomplishments**

**Surgical Services**
*By Diane L. Gabriel, BSN, RN, CNOR, CLNC*

**COUNT BOARDS**
The OR placed visible count boards within each OR suite. Previously, counts between the Circulator and Scrub were performed and placed on a paper count sheet. This did not allow the scrub to visually see the count and to be able to confirm their counts throughout the case. Although counts are performed as part of protocol throughout different points during the procedure, it is a great patient safety measure for visualization. Each board is placed where all parties in the OR suite can see the count during the procedure. The boards were made by a staff member with items that the OR already had on hand.

**WARMING PODS**
The OR purchased warming pods for two bags of IV fluids that are housed by anesthesia within each OR suite. According to what kind of procedure is being performed, Anesthesia requires that the patient receives multiple bags of IV fluid. Previously, the IV fluid was kept in a warmer outside of each individual OR suite. (IV fluid being warm helps to keep the patient’s temperature regulated during a surgical procedure) Before the IV warming pod, the circulator would be required to leave the OR suite to retrieve the fluid for anesthesia. This was noted as an infection control issue due to disruption of air flow within the OR suite, which is potential for contributing to an increase in surgical site infections.

**Same Day Surgery**
*By Wendy Grant, BSN, RN*

The Perianesthesia nursing team have been very busy over the last year. They have been working hard at establishing their committee’s and focusing on the needs of the departments.

- We have developed a Perianesthesia Nursing Orientation Course to assist with orienting new staff and cross training the current staff to both Preop and PACU. The course includes time spent with other departments that work closely with the perianesthesia team. There will be classroom and study activities developed to assist with what the perianesthesia nurse will learn at the bedside. Our ultimate goal will be increasing the flexibility of staffing and unity within the team.

- The SDS staff are studying how surgical patients arrive in SDS when coming from the ED and/or hospital units. During their research they found that the hospital had three separate policies in place for preparing a patient for surgery. The SDS staff reviewed each policy. The new combined policy was approved and loaded into docushare. Education will be completed with the clinical educators of each department in the hospital to help their staff understand the specific needs of a surgical patient.

**GEU**
*By Christa Apgar, BSN, RN*

After several months of meetings and trials, the GEU staff transitioned from Meditech to ORM in March 2017. All staff of the department added and changed in their roles to adapt to the new demands of the system. Changes ranged from the flow of the admission process, the addition of a second nurse in each procedure room and how the room is turned over in between cases to billing and ordering our supplies. Our Unit Council groups continued re-evaluating and making changes as new issues arose while we were getting used to our new roles. This was a major endeavor for our department and was the highest priority for many months in 2017.

GEU patients do not have many complications from their procedures but the one that does occur more often is abdominal pain and bloating from the air used to inflate the colon. A suggestion was made by one of the GI physicians was to use carbon dioxide in place of regular air, which is used in other endoscopy suites. Our manager worked to make this happen in our hospital. The Unit Council worked to train all staff in the setup and how to use and dismantle the CO2 canisters for our procedures. We began using the carbon dioxide in November 2017. The results have been very positive and we have seen decline of patient complaint of post procedure pain.
Shared Governance Council Accomplishments

E4 Unit
By April Brietenback, BSN, RN

In 2017 our E4 Unit Council had many accomplishments including boosting the understanding of Shared Governance on the unit. Taking the Pickle Pledge and Florence Prescription, gaining charge pay for our charge nurses, revamping the fall huddle process and initiating a new staff holiday schedule rotation.

In addition, Council worked closely with the “Do No Harm Team” to increase our Hand Washing Scores from the mid-30% range to consistently be above 60%. To make things interesting Council had badges and pins made for staff to wear, we had a Hand Hygiene Sherriff to act as police to encourage better hand hygiene. Signs were hung outside of each patient room, education was given to each visitor and patient and staff was rewarded for good hand hygiene behavior.

Perhaps the biggest accomplishment thus far on E4 has been our ongoing KATA project to improve the Intake & Output process led by Unit Council. We started this initiative in March of 2017 and quickly realized the I&O process had multiple components that needed to be addressed. Since the start of the I&O KATA, we have achieved:
• Real time I&O documentation using the computer, eliminating the pink slip
• Use of two meal carts to better serve our patient population

IMPROVING MEDICATION SIDE EFFECTS EDUCATION

We developed a PDSA to help improve our medication side effects education. First, we wanted nurses to understand the importance of why patients need to understand their side effects. We discussed ways of educating patients and developed ways to remind nurses to do so. We asked each patient about their learning style, wrote that on the white board, and used that method throughout their stay. Our scores for this category on HCAHPS went from 46.5% (Feb 16 - Jan17) to 52.7% (Feb 17-Jan18).

M4 Unit
By Brandi Topper, BSN, RN

MOBILITY PROGRAM

Our unit council was able to help develop a Mobility Program to get our patients up and moving. Each level has guidelines on how often a patient should be out of bed in the chair and also ambulating. We hang a star outside the patient’s room with a number on it stating the patient’s level. These range from level 1 (immobile) to level 5 (independent). We provided education on documenting ADLs and developed a laminated reference sheet to keep at each computer. We are going to continue to audit and check for compliance. We have not yet been able to look at data to see if our mobility program has shown a decline in number of hospital acquired infections, falls or decrease in patient days. What we do know, is that we see patients up and moving more than before.

STAFF RETENTION

We are continuing our staffing retention initiative as this is always important. We continue to have our employee of the month program where people nominate their peers. We also have the “Pay it Forward with Flo”. Flo the frog, has been going on lots of adventures including to ocean city, hiking, London, Haiti or even just spending time with family. We put together a scrap book with pictures to share her experiences. We encourage staff to pass Flo on to another staff member to recognize them for their hard work.
Shared Governance Council Accomplishments

Maternity
By Amanda Lawrence, DNP, AGCNS, BC, RNC,OB,C EFM

The Maternity staff identified an opportunity to improve the care they provide to mothers experiencing a postpartum hemorrhage (PPH). A PPH Protocol was created to provide a standard procedure for providers and nurses to quantify blood loss, appropriately stage hemorrhage, and institute interventions to achieve homeostasis. Order sets were developed to mirror the interventions in the protocol based on the appropriate hemorrhage stage. A PPH cart was created to include supplies that would be needed during the course of a hemorrhage. In the event of an OB hemorrhage, the goal is for providers and staff to use these tools to effectively manage the hemorrhage.

Heart and Vascular Unit
By Jane Ashworth, BSN, RN

HVU has an active KATA project based on patient satisfaction. The overall challenge is to have a ranking of greater than or equal to 70%. Since starting the project, the average rank for the past three months is 98%. Improvements include:

• The staff has increased the number of surveys sent back.
• Patients receive consistent information from their office visit in HMG Cardiology to what the HVU RNs tell them the day before they come in for their procedure.
• Physicians visit the patient a couple hours after the procedure to discuss the findings instead of immediately after the procedure because of the effects Versed has on short term memory.
• A coffee pot and cell phone charging station were added to the waiting room to enhance the waiting experience of the patient’s family.

Cardiac Catheterization Lab
By Jane Ashworth, BSN, RN

The Cath Lab has had two KATA projects go into monitoring status – Supply Efficiency and Charging Mistakes. Supply efficiency is reported on monthly with an average decrease in supply waste of 27% over six months. The average decrease of expired supplies is 30% over six months. The other KATA in monitoring phase is charging mistakes made by staff. The goal was to be at or below five per month. The average for the last six months is four.

In 2017, Amanda Lawrence completed her Doctor of Nursing Practice (DNP) project, titled “Implementation of skin-to-skin contact in the operating room after cesarean section with term newborns to improve breastfeeding and facilitate vital sign stability.” This project has been disseminated in multiple scholarly arenas. Amanda is currently working on publishing a manuscript displaying her work.
Shared Governance Council Accomplishments

**ICU**

*By Diana Proescher, MA, BSN, RN*

**ORAL CARE**

ICU medical record reviews demonstrated inconsistency in nursing clinical practice related to the performance of twice daily oral care on non-intubated patients and the performance of every four hours oral care on ventilated patients. Compliance with oral care documentation was also inconsistent. The staff utilized the KATA process to improve compliance with performing oral care and documentation to reach their goal of 100%. Random audits are completed to validate continued compliance.

**ABCDE BUNDLE**

This has been a multiple step KATA project that started in 2017 and has been ongoing. ABCDE stands for “Awakening and Breathing Coordination”, “Delirium Management” and “Early Mobility” in the ventilated ICU patient. Using the KATA process, the focus was on each individual section of the ABCDE bundle. Processes were changed and staff education was provided to ensure consistency in patient care and documentation into the patient’s daily plan of care. Each piece of the bundle has become a standard of care and practice for every ventilated patient. The process continues with a primary focus on the letter D (Delirium Management) with hopeful completion by early summer.

**PCU**

*By Diana Proescher, MA, BSN, RN*

The Progressive Care Unit Council members have met monthly during the past year with the primary goal of improving overall quality of patient care and satisfaction. The team developed a standardized process for all admissions to the unit. This included having each patient room stocked with specific equipment including safety devices and chair alarms. In an effort to promote teambuilding and provide education, the unit held two “Chat & Chew” sessions which were very successful. The primary KATA projects were targeted at improving hand hygiene and reducing patient falls. Finally, the PCU team worked diligently throughout the year with many fund raising projects for the American Heart Walk. The team raised > $1800.00 and was the highest fund raising team within the hospital.

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In summer 2016, after a high census winter where the average length of stay for an admitted patient in the Emergency Department was 463 minutes, the ED established a nine bed “Overflow Unit.” Staffed Monday through Friday, the unit houses patients who require observation status or further work up. The average length of stay for an admitted patient in the ED is now 295 minutes (2017). The hospital averaged 100 boarding patients a month in 2016 and in 2017 we average 70 month. Our left without medical screenings went from 2.5% in 2016 to 2.2% in 2017.

The unit nurses were educated on observation status and provided inpatient care with an emergency department mindset. Hourly documentation was completed so that at any time staff knew what the next step was for their patient to be discharged or admitted. This work by the staff led to observation patients having a length of stay of 33.6 hours in 2016 to 26 hours in 2017. The plan is to remodel and relocate the unit closer to the ED. The staff has been shown blue prints and are continuously drawing out diagrams and making their needs known in the early planning stages of the process.

Success with the Overflow Unit (now called TCU) in conjunction with the implementation of a hospital-wide surge plan has spurred the ED team to apply for a 2017 Nightingale Award.

Nurse Residency Program

FIRST NURSE RESIDENCY COHORT QUARTERLY UPDATE

Nurse Residency Program at UPMC Pinnacle Hanover
Diana Proescher, MA, BSN, RN, Nurse Residency Program Director

Congratulations to our first Nurse Residency Program cohort completing their 5th meeting!

TYME meeting has been both filled with a great deal of learning as well as opportunities to network with each other and the ED staff. Each member of the cohort has developed a personal plan to help ensure that they take care of themselves as they continue to develop the skills necessary for being successful as a nurse.

They have experienced a one hour yoga session which is both educational as well as relaxing. Another session provided the opportunity to learn about evidence-based care and practice utilizing what they learned in a simulation model.

In preparation for completion of their EBP project, the Nurse Residency residents received education on nursing research and evidence-based practice, how to develop an EBP question, and how to research the literature in order to determine best practice. Each of the 3 groups on the left have developed their EBP question and plan to complete their research.

During the 4th class, the nurse residents received an enlightening presentation on cultural diversity. The information will help them to identify culturally diverse situations and give them insight in how to better manage those situations. They also learned techniques to guide them in providing care to patients at the end of their life. Information was shared on accessing the Ethics Committee and other available resources within the hospital.

The 5th class in January focused on patient care coordination and included didactic and simulation components. The cohort will also present their findings in a poster presentation at a local conference this spring.

A second cohort of new nurses will start the Nurse Residency Program in April, 2018.

March, 2018
2017 Evidence-Based Projects

Delirium: An Under-Recognized Preventable Condition

**Does the use of a standardized delirium assessment tool in hospitalized adults facilitate early diagnosis of delirium, promote individualized nursing interventions, influence patient outcomes, and reduce costs in patients who are at risk for delirium?**

Positive Practice Environment: Effects on Nurse Retention and Satisfaction

**Does a positive nursing practice environment influence nurse retention and job satisfaction in nurses who provide direct patient care in the hospital setting?**

A Team Approach to Managing Chronic Wound Pain in the Acute Care Setting

**Does instituting alternative nursing interventions to manage pain influence overall well-being and reduce the use of opioids in hospitalized adults who have chronic wound pain?**

Nurse-Physician Collaboration in the Acute Care Setting

**Does the absence of positive nurse-physician collaboration influence quality of patient care and adverse patient outcomes in the acute care setting?**

Surgical Site Infections: A Preventable Occurrence in the Operating Room Setting

**For patients who are having a surgical procedure, does the limitation of traffic in and out of the Operating Room decrease the incidence of surgical site infections compared to non-limitation of surgical traffic?**

Using Quick Response (QR) Codes to Deliver Drug Information to Maternity Patients

**In Maternity, for patients who are also millennials, does the use of a Quick Response (QR) code to deliver medication information improve patient understanding with their medication teaching?**
Educational Recognition

Cardiac Diagnostic
Degree: Jennifer Fischer, BSN
Kathy Miller, MHA, BSN

Cardiac Rehab
Degree: Lisa Roth, BSN
Victoria Stauffer, BSN
Laura Wagner, BSN

Certification:
Vicki Geiger, CCRP
Lisa Roth, CCRP
Care Management
Degree: Jill Baird, BSN
eroxanne Batterden, MS, BSN
Jaimie Call, BSN
Andrea Hutton, BSN
Denise Pittman, BSN
Ann Small, BSN
Laura Strutski, BSN
Sara Thurman, BSN

Certification:
Jill Baird, CCM
Jaimie Call, CNOR
Sharon Eckert, CCM
Denise Pittman, PHRN
Laura Strutski, RN-BC
Ann Small, RN-BC, CV-C

Cath Lab
Degree: Jane Ashworth, BSN
James Haxel, BSN
Kathleen Quinn, BSN
Abigail Wittbeccker, BSN

Certification:
Kathleen Quinn, CCRN

Central Sterile Supply
Degree: Dawn Olson, BSN

Certification:
Dawn Olson, CNOR and CR CST

E4
Degree: Lori Anderson, BSN
Briona Blouse, BSN
April Brierenback, BSN
Joanne Campbell, BSN
Amanda Darrow, BSN
April Kalthof, BSN

Emergency Department
Degree: Melanie Kennedy, BSN
Gary Laabs, BSN
Jody Little, BSN
Cindy McCoy, BSN
Wendy Schott, BSN
Jennifer Shimkons, MSN, BSN
Maria Smiering, BSN
Cathy Torgeson, BSN
Abby Trippe, BSN
Kristen Wiman, BSN

Certification:
Jennifer Shimkons, nurse leader cert

Education Services
Degree: Jeanine Alb, MSN, BSN
Sandy Okum, MEd, BSN
Michelle Smith, BSN
Martha Yost, BSN

Certification:
Sandy Okum, CDE
Martha Yost, CDE

Emergency Department
Degree: Rebecca Bange, MA, BSN
Ashley Bawer, BSN
Maggie Ciabu, BSN
Natalie Cross, BSN
Sierra Dell, BSN
Lori Dietz, BSN
Lisa Doico, BSN
Patti Hess, BSN
Bobbi Jo Hoague, BSN
Kara Lindstrom, BSN, MSN
Lisa Little, BSN
Christa Littleton, BS
Melissa Mahone, BSN
Stacey McQuay, BA, BSN
Melinda Mercado, BSN
Erin Meyer, BSN
Julie Mosebrook, BSN
Karen Myers, BSN
Kay Parrish, BSN
David Pittman, MBA, BSN
Katherin Postell, BSN
Alyssa Reichart, BSN
Tara Slagle, MSN, BSN
Mary Sweeney, MSN, BSN
Cheryl Tull, BSN
Patti Webb, BSN

ICU
Degree: Tekela Bivins, BSN
Robert Bosley, BSN
Claire Boyd, BSN
Daniel Calder, BSN, MS
Lynd Dallas, BSN, MS
Angela Eguzoua, BSN
Yvette Gagne, BSN
Emily Grau, BSN
Suzannekandis Harvey, BSN
Christa Jacoby, BSN
Tammy McKenzie, BSN
Shannon Myers, BA
Rose O’Brien, BSN, MSN, CRNP
Stephanie Prindible-Moss, BS
Diana Proesch, MA, CRNP
Jennifer Schugam, BS
Kevin Snyder, BSN

Maternity
Degree: Jill Altland, LPN seeking RN
Ali Arendt, BSN, MS
Alisa Dick, BSN
Annette Eltz, BSN
Meghan Gildow, BSN
Lynelle Hess, BSN
Carol Hopkins, BSN
Holly Hopkins, BSN
Amy Hursh, BSN
Amanda Lawrence, BSN, MS, DNP
Sarah Main, BSN
Becky Marshall, BSN
Vicki Masemer, BSN
Katie Miller, BSN
Sherry Miller, BSN
Dawn Osterling, MSN, BSN

PACU
Degree: Wendy Grant, BSN

PACU
Degree: Adrienne Trancher, BSN
Judy VanCamp, BSN
Margaret Wasielczyk, BSN
Penny Wisner, BSN
Kristin Zinger, BSN

Certification:
Rose Aumen, ATRN, CSRN

Same Day Surgery
Degree: Crystal Diehl, BSN
Christina Funkhouse, BSN
Heidi Patschke, BSN, MSN

Certification:
Kim Donaldson, CAPA
Maryann Horn, CPAN
Sharon Roth, CAPA

Superintendents and Float
Degree: Emily Berlin, BSN
Sandy Butala, BSN
Toni College, BSN
Colleen Duer, BSN
David Huggins, BSN
TaraDShay Johnson, BSN
Betty Klunk, MSN, BSN
Terri Ring, BSN, MSN
Robyn Shiflett, BSN
Jonathan Smith, BSN
Bonita Westhafer, BSN

Certification:
Toni College, RNC, CPAN
Daniele Mosteller, Emergency Mgt
Clarissa Eller, WTA

SurgiCenter
Degree: Alissa Hull, BSN
Carly Muntz, BSN
Nicole Wampler, BSN
Sarah Wagner, BSN
Lisa Wright, BSN

Wound Care
Degree: Sharon Brady, BSN
Katyln Brummet, BSN
Daniele Roche, BSN

Certification:
Angela Ahrens, WCC (LPN)
Ashley Walsh, WTA
Zhaor Brady, CWOCN
Sonya Naylor, WCC
Clinical Advancement Program

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Professional Development

- **Number of RN Certifications**
  - Apr-14: 34
  - Apr-15: 38
  - Apr-16: 58
  - Apr-17: 63
  - Apr-18: 76

- **Number of RN Advanced Degrees**
  - Apr-11: 114
  - Apr-12: 129
  - Apr-13: 118
  - Apr-14: 117
  - Apr-15: 120
  - Apr-16: 168
  - Apr-17: 170
  - Apr-18: 187
The following Nurses were recognized as finalists for Exemplars in 2017.

**2017 Nurse Exemplar**

**Danielle M. Roche, RN, BSN, WTA**

Danielle has grown into a very caring, patient-focused nurse. Recognized by her peers for her calm demeanor, she has been instrumental in transition from nursing school to the "real world." Danielle began her professional nursing career as a "pay it forward" idea using a stuffed green frog named "Flo." Staff take Flo on vacation, home to visit, on trips, etc., and take pictures with Flo to share their experiences. Danielle was first to take Flo on the national parks as the first installment of the Flo scrapbook!

In summary, Danielle has achieved significant ability in being able to remain calm during stressful situations and able to develop a team approach to managing wounds. She has mentored nursing staff to attend. In my view, Danielle is an exemplar of what a go-getter should be. She sets the bar high for all new graduates and is a leader.

Submitted by: Diana Proescher, MHA, BSN, RN, Director of Nursing, ICU/PCU/Education Services

**Amy Worley, RN, BSN, CNIV**

Amy accepted the challenge of obtaining her certification in wound care and successfully completed the Wound Treatment Associate (WTA) certification. As you can see, Amy is a go-getter. She sets the bar high for all new graduates and is a leader.

Amy has had the privilege of traveling every other summer with her family. Also, Amy has been involved in a community volunteer program that has served within the hospital and annually provides the staff with a "vanishing point" syringes as a patient and staff safety initiative to save costs related to injury. Amy is always looking for ways to get the job done in the most cost-effective and efficient way possible. She recommended the use of a shared insulin vial for regular insulin use and made sure to ensure that the insulin was stored appropriately to save costs related to waste.

In her spare time, Amy has taken the responsibility for staff education. As a new registered nurse, she understands the needs of her peers and is committed to providing quality care to the patients. Amy has been a nurse for a mere 12 years, with the Hanover Hospital ED is lucky to have her working for them.

"Earlier this year I was in the Emergency Department as a patient. Amy was my daughter’s nurse, she checked in on her. She listened to my concerns, was patient and compassionate. She made me feel welcome. Friendly and kind, thoughtful. She was very professional and made us comfortable while we waited for an opening. We knew she would do everything to get us admitted and handling every part of the process. She is honest and always conducts herself with the utmost professionalism. According to Sharon Brady, "Amy was exceptional for a newly minted nurse and really goes above and beyond with Amy."

Submitted by: Dave Pitman, Director of Emergency Department

**Bobbi Jo Hogue, RN, CNIII**

Bobbi Jo is a very passionate nurse who lives the motto "We are here to serve others." These are the words of Steve Ernst, Clinical Educator for ICU, "Bobbi Jo is a nurse that I am proud to work with. She demonstrates her passion and dedication, even during stressful times in her life. This is what makes her an exemplar of what a nurse should be."

Bobbi Jo is a very well respected by her peers and others. She extends kindness and compassion to all she encounters. She is honest and always conducts herself with the utmost professionalism. According to Steve Ernst, "Bobbi Jo is a nurse that I am proud to work with. She demonstrates her passion and dedication, even during stressful times in her life. This is what makes her an exemplar of what a nurse should be."

Bobbi Jo has been a nurse for 20 years. She was originally started in pediatrics and worked in the Emergency Department. Bobbi Jo has been involved in many projects such as:

- Most notably is her personal commitment to the IV Start & Stop Time Initiative that Bobbie Jo received a Focus Award for. According to Steve Ernst, "Bobbi Jo is a nurse that I am proud to work with. She demonstrates her passion and dedication, even during stressful times in her life. This is what makes her an exemplar of what a nurse should be."

Submitted by: Amy Worley, RN, BSN, CNIV

**2017 Nurse Exemplar**

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Submitted by: Dave Pitman, Director of Emergency Department
2017 Daisy Award Winners

Katie Miller  
March 2017

Ashley Welsh  
June 2017

Chris Ribot  
September 2017

Kirsten Schaub  
December 2017