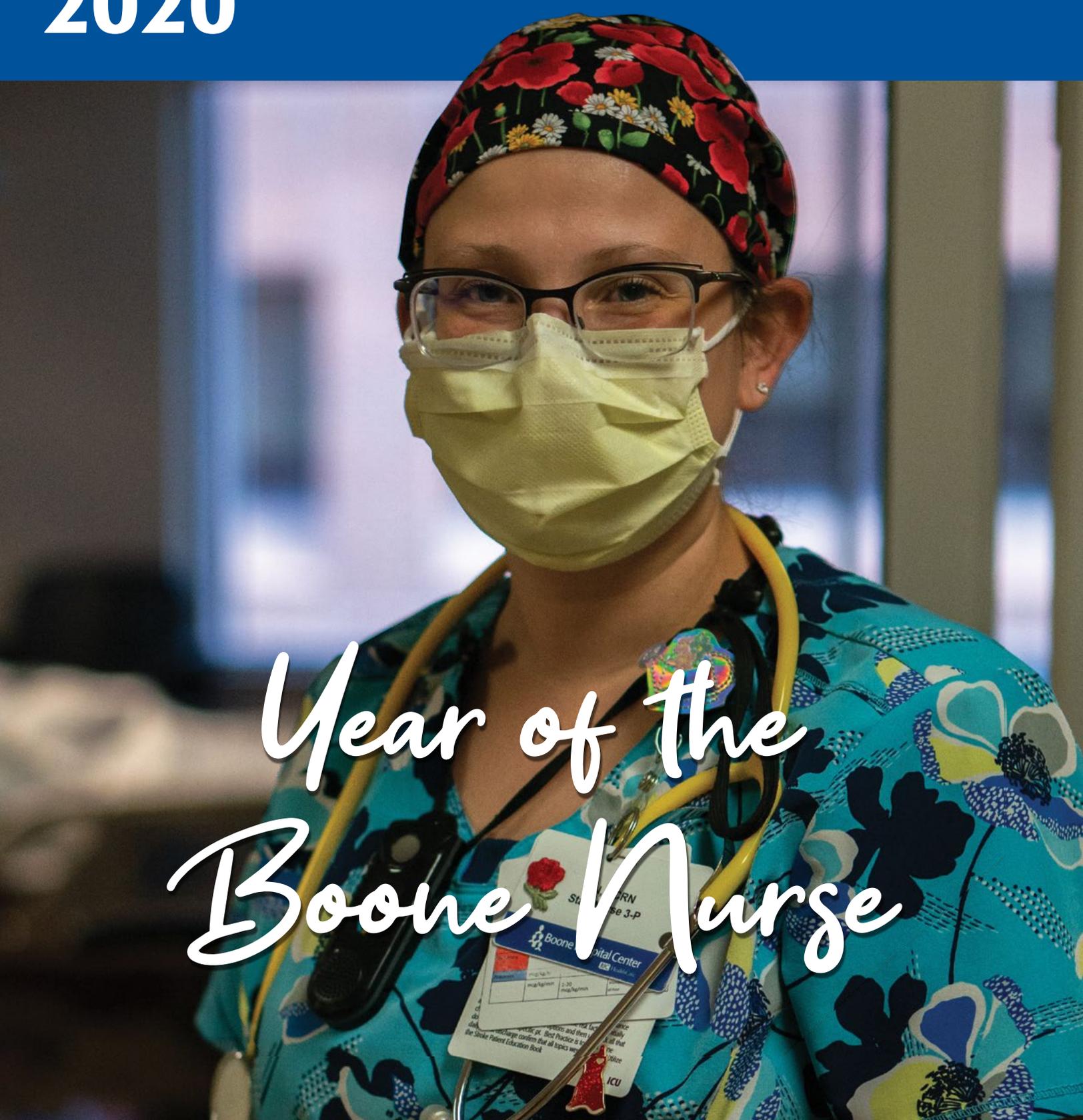


Boone Health
Nursing Services Annual Report
2020

*Year of the
Boone Nurse*





Boone Health Patient Care Services Vision

We are committed to the consistent delivery of excellent patient care which encourages the patient and loved ones to be an integral part of the care team.

Year of the Boone Nurse

2020 Nursing Care Services Annual Report

Boone Health Executive Team

Troy Greer, FACHE
CEO, Boone Health

Monica Smith, MSN, RN, NE-BC, FACHE
Chief Nursing Officer
Chief Operating Officer

Robin Blount, MD
Chief Medical Officer

Michelle Zvanut
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Boone Health's mission is to improve the health
of the people and communities we serve.

1600 E. Broadway, Columbia, MO 65201
www.boone.health

Front cover: Carmen Colvin, BSN, RN, CCRN; Intensive Care Unit

Inside cover: Michelle Gay, MSN, AG-ACNP-BC, vaccinates Octavia McQuitty, Lead Environmental Services Tech.

Back cover: A "Heroes Work Here" sign was displayed outside Boone Hospital Center's main entrance during 2020.

Introduction from Monica Smith, MSN, RN, NE-BC, FACHE

As Boone Hospital Center prepared for 2020, which the American Nursing Association had declared the Year of the Nurse, our focus was on excellence, leadership and innovation. While we had not anticipated that the COVID-19 pandemic would affect and consume much of our activities, it did not distract from the priorities in our 2020 nursing annual plan or, more importantly, to our high standards for safe, quality, patient-centered care. Following the ANA's slogan, our commitment to excel, lead and innovate as nurses was reflected in the countless ways we adapted, on an organizational, departmental and individual level, to the challenges and opportunities of 2020.

Excel

When a global healthcare crisis hit home in mid-Missouri, maintaining our high standards, striving for the best possible patient outcomes, and retaining experienced staff capable of meeting our patients' needs became even more critical.

Our 2020 nursing annual plan specifically focused on retention and nursing quality. New and ongoing efforts to attract and keep talented caregivers at Boone have resulted in significant improvement in our Adjusted Voluntary Turnover rates.

When it comes to improving nursing quality, our key areas were communication – including hand-offs, bedside report and PEP rounds – and reduction of falls. Significant strategies and initiatives were deployed to provide the right tools and standard work.

Lead

At Boone Health, everyone has the potential to be a leader, and the pandemic called for leadership in every part of the organization. Our Boone nurses answered the call, adapting to an onslaught of rapid changes, caring for patients during times of high census, and keeping themselves resilient and prepared to care for patients.

I'll name just a few examples of how our Boone patient care services team stepped up to the challenges of COVID-19:

- Our Infection Prevention and Employee Health teams did an excellent job of educating our staff about the novel coronavirus starting in late 2019 and throughout all of 2020. As a result of these departments' efforts, Boone Hospital Center had zero reported cases



Monica Smith, MSN, RN, NE-BC, FACHE
Chief Nursing Officer & Chief Operating Officer

of patient-to-employee, employee-to-patient, or employee-to-employee COVID-19 transmission.

- When our numbers of COVID inpatients began to rise in September 2020, we opened a Medical Specialties annex on our 3 South unit to serve as a COVID annex. This allowed us to better ensure other patient populations remained protected.
- Department experts organized and led cross-training for crisis staffing.
- Ways to conserve PPE were explored, including sterilizing our limited supply of N95 masks and preparing intubation kits to prevent waste. Essential supply kits were also prepared for the care for COVID patients to allowed caregivers to maximize time spent in the patient's room.
- To limit how often they left and entered COVID patients' rooms, our nurses ICU innovated by using dry-erase markers to write what they needed on the glass bay doors. Coworkers who served as runners could then bring nurses the necessary items.
- A resource nurse was designated to support nurses assigned to COVID-positive patients. Information was also readily available on COVID patient care units and disseminated in employee newsletters dedicated to our COVID-19 response.

- When the pandemic required visitor restrictions, including the temporary implementation of a no-visitor policy, our staff did not overlook our patients' need for family support. Our Women's & Children's Health nurses set up Zoom meetings to allow family members to meet new Boone babies and even helped a COVID-positive mom look over her baby in our NICU.

This brief list inevitably omits many incredible efforts and innovations by our Boone Team, but it highlights our commitment to providing safe and high-quality care.

Innovate

In nursing, we don't say "Because we've always done it that way!" As professional nurses, it is our responsibility to build upon the knowledge of nursing. Boone nurses use evidence-based practice, or EBP, to answer burning questions and explore new opportunities to improve patient care. Our Nurse Residency Program graduates are required to conduct an EBP project, instilling a commitment to uphold this responsibility early in their careers. Shared-Decision Making and Clinical Research also help our nurses work together to discover new best practices in nursing.

The Year of the Boone Nurse

2020 was also notable as the last year of our lease with BJC HealthCare. During the year, we began making significant strides towards our next phase, starting in April 2021, as an independent health care organization. This exciting change, which will include the implementation of a new Electronic Medical Records system, will give our organization and nurses more flexibility to care for our community.

Our success as an independent health care organization will be on our employees' commitment to clinical and professional excellence, leadership and innovation – and it's this commitment that has made our community believe in Boone. No matter what 2020 brought, our nursing team did not lose their focus on a high standard of patient-focus care and an excellent patient experience. 2020 was truly the year of the Boone nurse!

A handwritten signature in black ink that reads "Monica Smith".

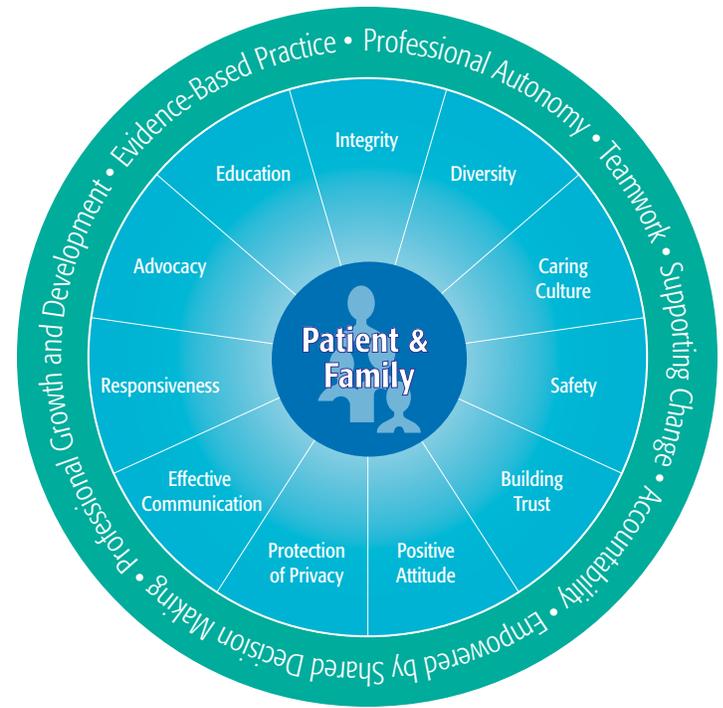
A Model for Patient-Centered Care

Boone Hospital Center's Professional Practice Model (*above*) is a schematic description of how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care to the patients we serve. Boone Hospital's current Professional Practice Model was developed by the Professional Development Core Council and approved by Coordinating Council in 2018.

Because the patient and family are at the center of all our care and practice decisions, they are also at the center of the Model. The hospital's Spoonheads logo is also at the center of the Model and represents the Boone family.

Surrounding the patient and family, the next ring contains all the characteristics that make Boone Hospital nurses effective. In addition to the Standards of Excellence, responsibilities central to nursing practice include educating patients, advocating, communicating effectively, and more.

The outermost ring reflects the environment at Boone Hospital Center which enables and empowers our nurses to practice effectively, such as Shared Decision Making, our focus on teamwork, and the research and Evidence-Based Practice that keep our profession current and lead to improved outcomes for our patients.



YEAR OF THE NURSE

2020

EXCEL • LEAD • INNOVATE

ANA  ENTERPRISE

2020: Year of The Nurse

In 2019, the World Health Assembly, the governing body of the WHO, designated 2020 as the Year of the Nurse and Midwife to advance nurses' vital position in transforming health care around the world. The designation was also made in honor of the 200th anniversary of Florence Nightingale's birth.

The Year of the Nurse designation was also promoted by the ANA Enterprise – which includes The American Nurses Association (ANA), the American Nurses Credentialing Center (ANCC) and the American Nurses Foundation (The Foundation) – as part of its efforts to elevate the profession and ensure nurses are leading efforts to improve health and health care.

As the largest group of health care professionals in the U.S. and members of the most trusted profession, nurses engage in a wide range of roles and specialties, practice in all health care settings and assume new roles to meet the ever-growing demand for health care services. The Year of the Nurse offers a platform to recognize all nurses as they excel, lead, and innovate wherever they practice. The ANA hopes this focus on nursing will raise the visibility of the nursing profession in policy dialogue and spur expanded investment in education, practice, and research, as well as increase the number of nurses who serve in leadership positions.

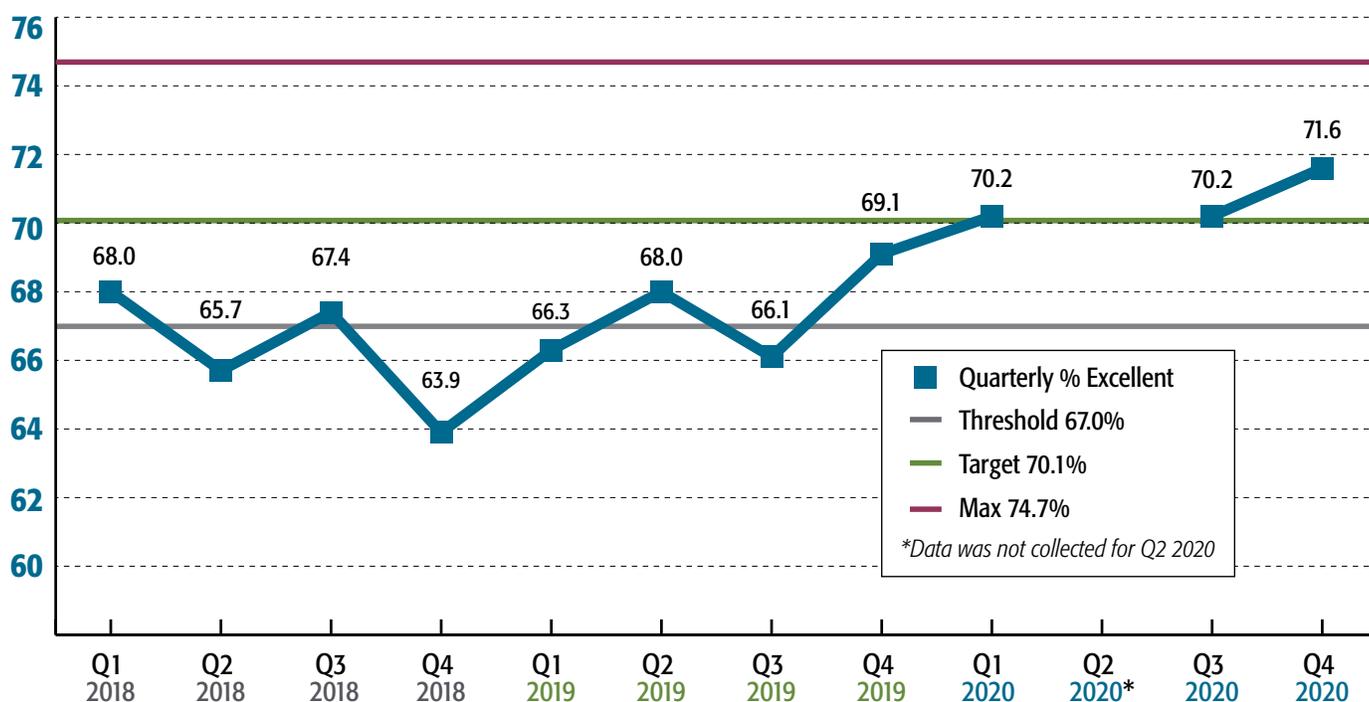
The important role nurses play in saving lives and protecting communities around the world became extremely evident in the wake of the global coronavirus pandemic. In late 2020, the WHO and ANA Enterprise both announced plans to extend the Year of the Nurse into 2021.

Patient Satisfaction

At Boone Hospital Center, we all take care of patients. Every employee is expected to make providing each patient with an excellent experience their priority. Despite the challenges of 2020, we never lost focus on providing a high standard of patient-centered care. We appreciate our patient care and support teams for their dedication to giving our patients excellent care.

Patient satisfaction data was collected and analyzed by Professional Research Council, or PRC, a third-party company. Our target for 2020 was 70.1% overall quality of care. Despite considerable challenges, Boone Hospital Center met or exceeded this target for the year, placing us above the 75th percentile Excellent nationally. Due to our response to the coronavirus pandemic, this information was not collected for Q2 2020.

Patient Satisfaction: Overall *Rating of Excellent quality care by patients*



Mission Moment

Below is letter written by the family member of a patient who received care during our COVID no-visitor restrictions. Additional patient compliments can be found throughout the 2020 Nursing Service Annual Report.

I would like to compliment and thank the nursing staff in the ICU and Med Specialties unit for the care my Mom received while she was a patient at Boone Hospital Center. As none of her children were able to be there in person to be with her or interact with the staff and physicians, I found it to be difficult and was extremely emotional at times. The nursing staff on both units took my calls (multiple times per day), answered every question that I asked, and interacted with Mom when we could not be there. I received the updates I needed to properly relay information to my siblings regarding our mother's condition because they answered every question I had every time.

Dr. Buatsi made multiple calls to me, explaining the treatment plan for Mom, where she was at, any progress or lack of progress, and answering the multiple questions I had. He was understanding, patient, and kind as we worked through some very difficult decisions my siblings and I had to make for Mom. He understood it was vital we have information on her progress and updates, good or bad.

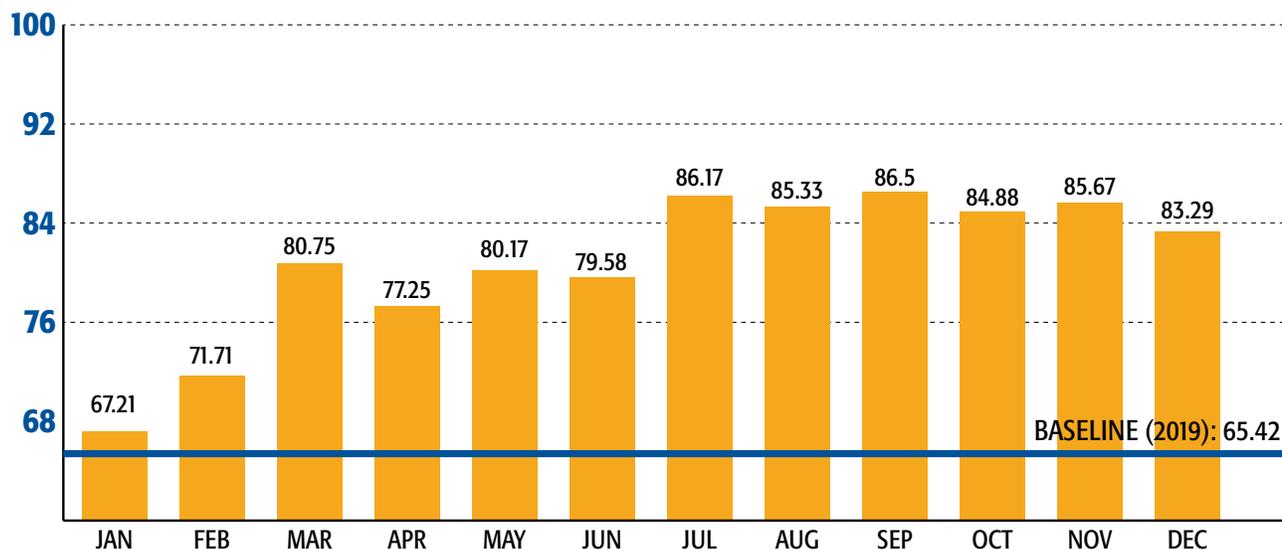
I would also like to compliment Melissa Koga, Hospice NP, who talked me through some of the decisions and options we had for Mom during and after hospitalization. Her understanding of the situation, along with her vast knowledge, made a huge difference in decisions we needed to make and provided needed information as we navigated a journey that is difficult at the best of times and made much more difficult by the COVID-19 crisis.

Because we could not be with Mom during this hospitalization, we had to rely on the staff for all information we received – good or bad – complicated by the fact that Mom is basically non-verbal. They were all exceedingly gracious. Paula, a night nurse on 4C, called me Thursday morning to tell me Mom was much more alert and had ate and drank that morning. The call came as she was winding up her shift – she knew it was important for us to know. It made a huge difference for us to know that we had turned a very small corner. From the bottom of our hearts – thank you to everyone involved in her care!

2020 Clinical Excellence Scorecard

2020 challenged us in ways we never imagined possible, but through it all, we never lost sight of the goal – delivering exceptional care and service to patients in our community. Our 2020 Clinical Excellence Scorecard had many areas to celebrate. Readmission reduction measures maintained maximum points for the entire year. Catheter-associated

urinary tract infections (CAUTIs) improved to align with the best hospitals across the nation. Patient Safety Indicators (PSIs) – the risks associated with every procedure that we try to avoid – were rare this year. The small steps our nurses take in every patient interaction are what set Boone Hospital Center apart!



Falls with Injury Reduction Initiative

Marlene Lyon, BSN, RN, Director Surgical Services, Lead for Falls with Injury Committee

Falls that occur in the hospital setting are a significant concern for the patient’s safety in addition to legal and clinical issues. As the patient population grows older, patients are more prone to fall and have the potential for more severe consequences.

Patients who have serious injuries related to falls increase their length of stay on average 6-12 days with an increase of cost to the hospital on average \$13,316 (2014 data from National Institute of Health). Boone Hospital Center has participated in several fall programs throughout the last 10 years. The overall progress on falls with injuries has shown some improvement but is still not within acceptable ranges.

Year	Falls with Injury	Falls per 1000 Patient Days
2020	47	0.74
2019	44	0.61
2018	55	0.8
2017	60	0.91
2016	73	0.76

Over the past few years, Boone has had several programs for falls including the PEPS (Pain, Elimination, Positioning, Safety) launch in 2015; charge nurse champions pilot; other programs in 2016 and 2017; and weekly fall reviews by the quality team in 2018-2019 to see why falls were occurring and what measures were taken to reduce the risk of falls. The main contributing factors for falls identified during these reviews were the patient’s need to toilet, alarms not working or not placed correctly, and staff being unable to respond quickly to an alarm.

Patient Name: _____ **Date:** _____

Increased risk of harm if you fall

YOUR FALL RISKS (Check all that apply)

- History of Falls
- Walking Aid
- IV Pole
- Medication Side Effects
- May Forget or Choose Not to Call
- Unsteady Walk

FALL INTERVENTIONS (Circle selection based on color)

Walking Aids

Toileting Schedule: Every _____ Hours

Assistance Out of Bed

TIPS posters were placed in patient rooms to communicate fall risks and interventions to patients, families and care team members.

The Falls with Injury Committee has led the effort of combining the PEPS program with rounding with the TIPS program to decrease the number of falls with injury. The PEPS program is models after a Studer Group Program which is endorsed by the Missouri Hospital Association. The TIPS program is recommended by the Anthem group as a preferred program to reduce falls by involving the patient, their family and nursing/support staff in a personalized plan to decrease the risk of a fall. This plan also includes an evaluation of chair alarms available on each unit.

On October 5, 2020, the PEPS program was again launched with auditing, staff feedback, accountability forms, monthly audits, daily sheets and now included both inpatient and ancillary/ambulatory areas.

Improved Retention of Nurses and PCTs

Despite the significant challenges that the COVID-19 pandemic brought to the forefront, in 2020, Boone Hospital Center remained committed to the intentional work and progress necessary to support departmental staffing at Boone Hospital Center.

Adjusted voluntary turnover rate (AVT) is a metric that tells us how well we are retaining our staff. The AVT rate reflects employees who voluntarily terminate employment from our organization, excluding retirements and deaths.

In 2020, we ended with an AVT rate of 13% for employees with a Staff RN job code in all departments and 29.3% for employees in PCT, SNT, Sitter or Other Support job codes in Nursing departments. These rates are significantly improved from previous years.

The success and progress we have made in retaining our talented employees does not happen without significant effort and commitment to our organization's strategic goals and mission. Our tremendously improved results are the outcome of multiple initiatives and activities that have occurred over the years.

Boone Hospital Center is not alone in being affected by the national nursing shortage. Since 2017, our nursing annual strategic plan has made retention the key priority initiative. We have also fully developed and implemented a Shared Decision-Making model.

In 2019, we commissioned a Workload Task Force, with the goal to have the right number of the right people with the right resources at needed to safely and efficiently provide services at all times to every patient. This goal required us to commit to innovative and creative solutions to address the demand for nurses and other healthcare professionals. The Workload Task Force continued to implement initiatives in 2020.

Based on feedback from frontline nursing staff, the Task Force approved and added new positions, including Patient Care Techs in the ICU and new Resource/STAT Registered Nurse positions.

Resource/STAT RNs support, mentor and provide clinical support to other nurses, particularly on the night shift. These experienced nurses respond to STAT situations, assist with problem-solving, provide additional

nursing care when needed, and are available for consultation and to answer questions.

Efforts were put in place to recruit new graduate and experienced nurses to Boone. In addition to hiring an additional nurse recruiter and increasing our marketing budget for publicizing open positions, we increased our pay scale for new graduate nurses and our Flex RN program rate, which allowed us to recruit and hire both new and experienced nurses to the Boone Team. A compression adjustment was also done for all staff nurses, and minimum pay increases were made for all PCT and support roles. Keeping competitive with salaries contributes to nursing satisfaction as well as recruitment and retention.

We developed an Early Bird Program to give nurses in core clinical departments the opportunity to pick up extra shifts at an increased rate, rather than immediately assigning these shifts external agency nurses. At the same time, having the ability to supplement our nursing team is important during peak census or volume fluctuations. In 2020, the addition of a local agency partner to bring in additional support on both a per diem and contracted basis further supported the goals of our annual plan.

Our pilot Commitment Incentive Program allows a RN, LPN or Respiratory Therapist to work a certain number of additional 12-hour shifts for a 6-week time frame through a contracted agreement. During its first year, Boone Health staff committed to pick up approximately over 200 twelve-hour shifts, and the results are positive. Before the program's inception, on average we filled 60% of open shifts for RNs and LPNs. In the program's first two weeks, we were able to fill 77% of shifts, and that number later rose to 86% of available shifts.

Additional staffing initiatives included:

- PCT FTEs added to support ICU
- Weekend Only Workforce (WOW) program for RNs, PCTs and additional roles and departments
- Seasonal Bonus for critical shifts from late October 2020 through the end of the year
- Departmental retention strategies led by department management

- Improved pay structure for the Flex RN program

In response to the pandemic, when retention became more critical, we implemented COVID-19 related initiatives including:

- Consistent and transparent communications throughout the hospital's pandemic response
- New staffing model to support care for COVID-19 patients
- Reduced RN-to-patient ratio for COVID-19 patients
- Increased long-term agency contracts during high COVID-19 census
- Student nurse technician program to support PCT role
- Support for staff during stressful periods

In 2020, Boone Hospital Center also continued or introduced new and programs and roles to support our staffing needs, including

- Nurse Externship program introduced in Winter 2020
- Nurse Residency Program to improve support of and retention of graduate nurses
- Patient care tech training program to increase PCT pool (*see page 12*)
- Flex PCT role
- International nurse long-term contract program
- Agency support during high census time periods
- Staff recognition
- Recognition of certified nurses (*see page 14*)
- Annual Professional Excellence in Nursing Awards (*see page 18*)
- DAISY Recognition program for RNs and RN teams (*see page 16*)

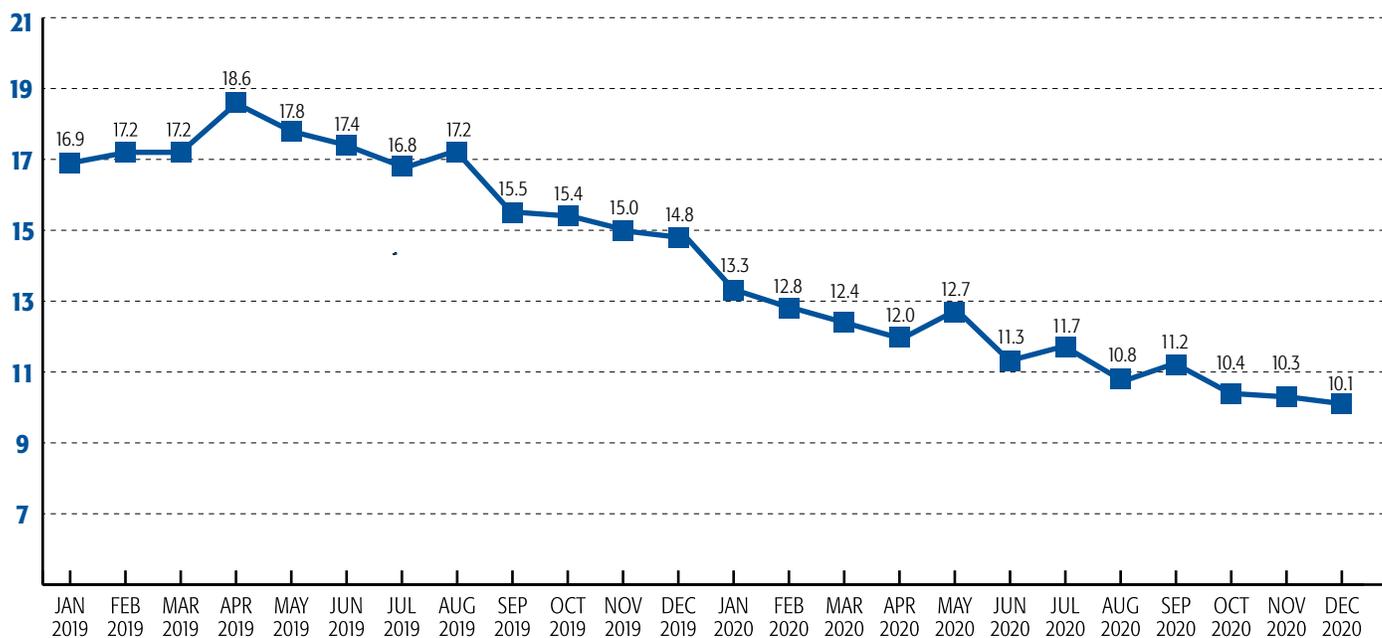
- BEE Recognition program for PCTs and support staff
- Patient Satisfaction department challenges

Our partnership with Stephens College to start a new BSN program also provides development and support to employees interested in seeking a bachelor's degree in nursing and offers a vision to improve recruitment. Stephens College pre-nursing and nursing students have the opportunity to work as Patient Care Techs at Boone Hospital Center as part of their

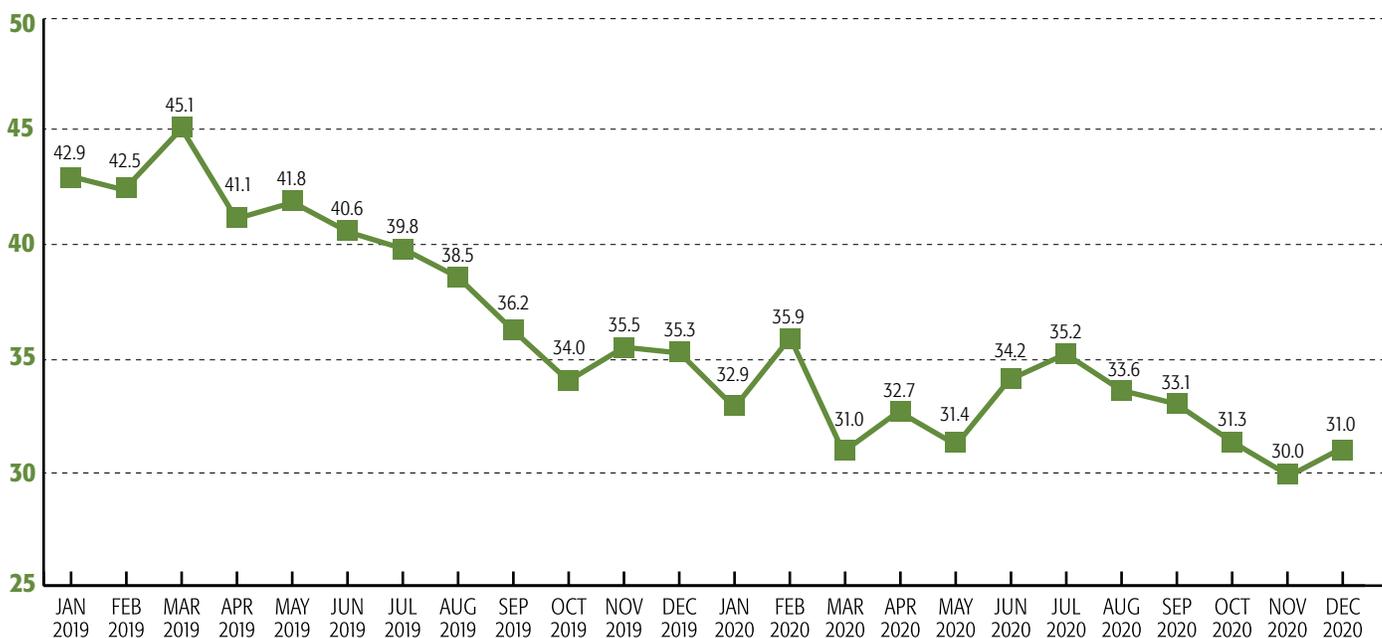
education (*see page 11*).

Retention of our nurses and clinical support workers is critical for Boone Health's success. Maintaining a strong team of outstanding health care professionals will ensure excellent patient outcomes and experiences. Boone Health relies on people who dedicate themselves to improving the health of the people and communities that we serve, and our leadership is committed to making Boone an incredible place to work and receive healthcare.

RN Adjusted Voluntary Turnover, Overall



PCT Adjusted Voluntary Turnover, Overall



Patient Story: My Boone Baby

by *Madison Loethen*

I think every mother has the first time seeing their baby imprinted in their brain. You stare at this beautiful little baby laying on your chest, in awe that you somehow grew a human inside of you. I remember feeling so exhausted but also so in awe of my little girl.

Nine months earlier, I was in awe then, too. My husband Kyle and I had been talking about having a baby. I had even made an appointment with my obstetrician, Jennifer Roelands, MD, from Women's Health Associates (WHA) to talk about having a baby. She said I seemed healthy and to go for it whenever we were ready.

About two months later, around 7 a.m., I was staring at one of those early results pregnancy tests trying to decide if there was actually really a second line or not. It was a full six days before my missed period, so I was testing ridiculously early. I took a second test and saw a second faint line again, and that's when I knew I was pregnant. I felt excited, nervous and in shock. I told my husband when he woke up and then I promptly had to leave to go to work, so he had to let it soak in without me. But we talked later in the day, and he was excited, nervous and in shock too. That day I called and made an appointment with Dr. Roelands.

When I was about six weeks along, I had my first prenatal appointment and talked to the doctor about the extreme nausea I was already having. She gave me a prescription for something to help and, thank goodness, because I ended up having extreme morning sickness for all nine months.

After that first appointment, I had my labs done at the Boone Hospital Lab in Broadway Medical Plaza 2, which is in the building connecting to WHA. It was super nice to just walk right over after my appointment and get the labs done without having to wait at all.

The next week, I had my first ultrasound, and it was so special to see our tiny baby wiggling around. I always looked forward to my appointments at WHA. The ultrasounds were so special and Dr. Roelands always listened very nicely while I listed out every ache and pain.

During my third trimester, Kyle and I decided to take the Prepared Childbirth Class through the Boone Family Birthplace. We did one of the Childbirth in a Day classes, which combined all four prepared childbirth sessions on the same



Reese Renee Loethen (center) is welcomed into the world by mother Madison (foreground), Dr. Jennifer Roelands and Boone Family Birthplace nurses.

day. We received lots of helpful information about what to expect and tips on how to prepare for the birth. The nurse who taught the class answered all of our questions and gave the group a tour of Boone Family Birthplace's birthing and postpartum rooms.

When I was about 37 weeks along, it first looked like the baby may come early. I was pretty far dilated and effaced, but she hung in there, and I scheduled an induction for my due date.

When I came in to be induced, I was actually already having contractions five minutes apart on my own. I came in at 5 p.m. and gave birth at 9:36 a.m. the next day, so I had a long night with not much sleep. Through it all, the doctors and nurses were great about explaining to me what was going on and what needed to be done.

When our little Reese Renee arrived, we were instantly in love! I was also so tired I felt like I had been hit by a bus. Thank goodness for the sweet postpartum nurses who took such good care of us. I was visited several times by the lactation consultants on staff and found them incredibly helpful in navigating breastfeeding.

Reese had high jaundice levels while she was at the hospital, and we followed up with our pediatrician, John Wilson, MD at COMO Cubs. We had to bring her in to get blood drawn a couple of times to watch her levels, but thankfully, the jaundice went away on its own, and we didn't have to use a light blanket.

Reese and I have been going together to the monthly Bringing Up Boone Babies meetings. These meetings are a support group for parents of Boone babies. At the meetings, I can ask the lactation consultant who leads the meeting questions, and I talk to the other moms there about our babies – our favorite topic!

There's also always a baby scale at the meetings, which is super helpful. I weigh Reese before and after I breastfeed her and then I know how much milk she is getting.

Reese is now five months old as I'm writing this – and we can't imagine our life without her. We are so grateful to all of the wonderful medical professionals who have helped us in our Boone baby journey!

Partners in Caring: Boone Hospital & Stephens College

Early one morning, Stephens College President Dianne Lynch met with Boone Hospital President Jim Sinek, a meeting which bore fruition to an exciting idea.

In 2018, the hospital and college partnered to offer a Master of Physician Studies degree program, and the program was met with great success. Upon taking the Physician Assistant National Certifying Examination, the first two graduating classes passed with a 100% first-time pass rate.

The PA program wasn't the only topic of discussion between Dianne and Jim that morning. The Baby Boomer generation is aging to the point where both retirement and an elevated need for health care will be felt not only in mid-Missouri, but nationally as well.

A strong workforce of registered nurses, or RNs, is a defining need in providing the elevated level of patient care that Boone Hospital Center is known for. With the fresh success of the PA program on their minds, the conversation turned to how both the college and hospital could continue to address the education of future students through nursing.

With approval from the Higher Learning Commission, Stephens College and Boone Hospital will soon be able to offer a Bachelor of Science in Nursing degree. Both have come together as 50/50 partners, sharing in the risk and reward of the program, including all revenue from tuition and costs of staffing.

"We have a joint partnership that is unique, exciting and creative and is a model for this kind of collaborative partnership between higher education and community organizations that will produce the workforce that our community needs," says Dianne.

The program is held for three semesters a year, with a cohort capped at 48 students to start. The students will graduate in less than four years and gain experience working nontraditional days and hours, including weekends and evenings.

Stephens and Boone Hospital are currently developing a simulation lab and two classrooms at the hospital for the hands-on aspect of the program. Registered nurses will act as adjunct instructors, and students will get an in-depth look into patient care.

What's a nurse beyond the didactic understanding of clinical medicine? Jim hopes to provide students with the clinical and emotional experience of a hospital, so that they may be better prepared upon graduation. The program will offer students an intricate level of experience as a patient care tech.

"Around 35-40% of new nurses within their first year of getting out of school are actually leaving the first setting they work in, or leaving the profession of nursing. We believe that the curriculum we're developing will enhance that," Jim explains. "If they are already engaged, they understand what they are getting into and will be more successful and will feel more supported."

Jim says there's no shortage of students wanting to go into nursing. Many applicants are turned away due to a shortage of available seats in nursing schools in close proximity to Columbia.



Stephens College President Dianne Lynch, PhD, with Boone Hospital Center CEO Jim Sinek at the January 2020 announcement of the college's new BSN program

"About 45% of the nursing population is close to retirement," adds Monica Smith, Vice President of Patient Care Services and Ancillary Operations and Chief Nursing Officer. This poses a new challenge for students hoping to receive education.

"You need enough faculty to provide education for the students, so that limits the number of student programs that can accept. That's where we believe this partnership is so important." Both Monica and Jim hope that over time the program will be able to increase the number of seats in the program.

The pair also hopes the program will act as a bridge from RN to BSN. A BSN program is traditionally a four-year program, but with Stephens, students will get the nontraditional path of a three-to three-and-a-half-year program.

"At Boone, we like to support our ADNs to become BSNs as it's an opportunity for additional didactic training. Part of our Magnet status is to try to facilitate and support and encourage our nurses to continue their education," says Jim.

Starting a nursing school is a bold venture, yet both Stephens and Boone Hospital have high expectations for the program.

Patient Care Tech Training Program



Patient Care Tech Delsha Sledge, Orthopaedic Specialties

In 2016, Alivia Forck had been working at Boone Hospital Center as a housekeeper on the Orthopaedic Specialties Unit when a charge nurse encouraged her to apply for the hospital's Patient Care Tech training program.

"I thought I wanted a nursing career, but I wanted to climb the ladder slowly," Alivia says. The program, which provides paid training required to be a patient care tech, or PCT, appealed to her as an opportunity to start her career in patient care at Boone Hospital.

"There are several ways to be a PCT. You can go to CNA school and get a license. You can go to nursing school and once you've finished your fundamentals class, you can work as a PCT. Or, you can complete a hospital-based training program," explains Velvet Meers, MSN, RN-BC, a nurse and program instructor.

PCTs help patients with their basic needs; checking vital signs, assisting with eating, dressing, bathing, grooming and helping them walk. Hospitals face a shortage of qualified patient care techs, which in turn affects nurses.

"PCTs are the nurse's eyes and ears because they spend the most time with a patient," Velvet says. "Really, they are the foundation of patient care for the hospital. When a nurse has an excellent PCT working with them, it makes the day so much smoother."

Boone Hospital currently offers three to four PCT trainee programs each year, which are

open to current and prospective employees. Group sizes vary – the largest cohort included 14 trainees. The program attracts high school grads to people with degrees in other fields.

The 6-week program begins with hands-on classroom education. In the hospital's skills lab, PCT trainees practice CPR on manikins or take their classmates' blood pressure. Classroom training is followed by a clinical practicum on a unit. Trainees are supervised by an experienced PCT and registered nurse. During their practicum, the trainees meet with instructors at the end of each day to discuss their experiences and ask questions. Clinical educators from the program also round units to check in on everyone.

"We want them to be successful, and we're invested in them," Velvet explains. "It's important they know someone has their back while they're learning."

Alivia says she definitely felt supported: "I was very scared at first, but everyone was so awesome at explaining and answering my questions. The instructors were very kind and patient. Even when we were in our clinicals, they checked on us every day to make sure we felt comfortable."

"Everyone is timid at first," Velvet says. "But, as they learn more, I enjoy watching trainees build the confidence necessary to be a competent PCT."

"At first, I was nervous about taking blood pressures – what if I were to hurt someone?" recalls PCT Delsha Sledge. She says that fear quickly evaporated, thanks to her instructors and preceptors. She also enjoyed being able to learn the job on-site at Boone Hospital.

Delsha's role as a unit secretary for Orthopaedic Specialties piqued her interest in a medical career. Like Alivia, Delsha thought the PCT trainee program would be a good start and completed it in 2018. She's currently in nursing school and says that her education and experience as a PCT helps with her classes. Alivia is also taking classes in preparation to earn a nursing degree.

"We've had many PCTs become nurses," Velvet says. "We had a PCT on Oncology who decided they wanted to learn to be a telemetry tech. Boone's all about growing their employees."

Even as trainees, PCT program participants are also paid employees. Velvet says, "From day one, they're learning our policies and our culture. This is a great way not to just start a health care career but to become part of the Boone Family and our high standards of patient care. We want them to be committed to quality care."

Both Alivia and Delsha enjoy their current jobs as PCTs and encourage others interested in caring for patients at Boone Hospital to apply for upcoming PCT trainee programs.

"I was very happy I did it. I think everyone should be a PCT before they become a nurse!" Alivia says.

Delsha adds that not only has the program helped her with her career path, becoming a PCT has also been personally enriching. She says, "I'm more compassionate towards people now."

Velvet enjoys hearing from PCTs who've completed the program. She says, "It's exciting to see them grow and enjoy the satisfaction of helping someone else. It confirms that they made the right decision to come into health care."

The PCT trainee program doesn't just benefit its participants – with more trained PCTs on Boone Hospital Center's staff, nurses and other clinicians have more support and, most importantly, patients benefit from their care.

Nurse Residency Program

Boone Hospital Center's Nurse Residency program is an evidence-based transition to practice program for new graduate nurses. The 12-month program focuses on three critical areas: Professional Role, Leadership and Patient Outcomes. Nurse residency is not nursing orientation, but it helps build on and complements nursing orientation in areas related to nurse-sensitive indicators and patient safety.

Research has shown that new grad nurses come into the profession very excited with high expectations. At the 6-month mark, new grads experience the lowest point of their career, suffering from high stress and low job satisfaction. Fortunately, this does level out at the one-year mark,

but some nurses choose to leave the nursing profession during their first year. It is extremely important for nurses to receive support and guidance to help strengthen their commitment to the profession.

Data gathered from the Vizient™ Casey-Fink and Progression Survey reveal that new grad nurses at Boone Hospital feel supported by leadership and their team members. Compared to other nurse residents, Boone nurse residents are thriving at or above benchmark in areas of Support and Professional Satisfaction. Boone nurse residents show increased confidence in areas of Organizing/Prioritizing and Autonomy/Advocacy.

2020 Nurse Residency Cohorts



Cohort 5

(L to R) Jim Sinek, Velvet Meers, MSN, RN-BC; Rayni Fisher, ADN, RN; Morgan Beasley, BSN, RN; Lisa Hagen BSN, RN; Susan Baldwin, BSN, RN; Caley Baumgartner, ADN, RN; Cindy Pollock, ADN, RN; Kayla Scrogin, ADN, RN; Nicolette Mander, BSN, RN; Erika Goellner, ADN, RN; Amy Schneider, BSN, RN; Alexander Yates, BSN, RN; Jessica Carver, ADN, RN; Manny Nana Amoako, BSN, RN; Annaliese Moore BSN, RN; Haley Reks, BSN, RN; Monica Smith, MSN, RN, NE-BC, FACHE



Cohort 6

(L to R) Back Row: Deanne Davis, BSN, RN; Lili Adams, ADN, RN; Sara Elliott, BSN, RN; Erica Rideout, BSN, RN; Toby Toman, ADN, RN; Matt Romine, ADN, RN; Eric Pectol, ADN, RN; Theo Kurre, BSN, RN; Mitch McAfee, BSN, RN; **Front Row:** Monica Smith, MSN, RN, NE-NB, FACHE; Grace Volkman, ADN, RN; Tia Whitney, ADN, RN; Nicole Wehner, ADN, RN; Sarah Beeler BSN, RN; Mackenzie Vanderfelt, BSN, RN; Hannah Skaggs, ADN, RN; Mark Bayliss, ADN, RN; Corlin Clark, BSN, RN; Velvet Meers, MSN, RN-BC



Certified Nurses

Learning does not stop with the attainment of a nurse licensure. Achievement of certification demonstrates a nurse's professional commitment to provide the most accurate, safe and advanced care for their patients.

Certification demonstrates a nurse's commitment to quality patient care, and provides many benefits, including validation of knowledge and competence, marketability, salary increases, recognition and increased job satisfaction. Certification also benefits our patients and organization. Nurse certification has a direct correlation to reduced fall rates, reduced adverse patient events, increased patient satisfaction, and increased retention. Boone Hospital Center provides nurses with direct

support to obtain certification, including reimbursement for exam and recertification fees, and opportunities to attend conferences and earn CEUs.

Every year on March 19, Certified Nurses Day honors nurses worldwide who contribute to better patient outcomes by earning national board certification in their specialty. Boone's certified nurses were recognized with a full-page ad in the *Columbia Daily Tribune* and a sign board in the hospital lobby listing all certified nurses.

Above: Steveny Grieve, MSN, APRN, AGACNP-BC (left) and Torin Brenner, BSN, RN, RNFA, CNOR (right)

2020 Certified Nurses

Stephen Adkins
Deidre Anderson
Abigail Anton
Jennifer Baggett
Jesilda Baguio
Janette Ballard
Terry Ballard
Anne Balsley
Stacie Barker
Jonathan Barnes
Sherri Barnes
Trudy Barnes
Maria Bickell
Emily Bishop
Susan Blanchard
Debra Blazis
Leah Blochberger
Tammy Brandes
Torin Brenner
Megan Brown
Jen Burnett
Lori Burns
Carma Bushnell
Jessica Caszatt

Mary Christie
Jenni Clair
Jessica Clardy
Denise Clark
Deb Clifford
Carmen Colvin
Renae Crow
Amanda Cundiff
Theresa Curtis
Miranda Daniels
Luci Dinsdale
Stephanie Doman
Faith Ann Donnell
Elizabeth Eidson
Lydia Franta
Melissa Freese
Jennifer Furrer
Jesse Godec
Rebecca Goff
Ashley Green
Steveny Grieve
Diane Haas
Daniel Hartgrove
Kendyl Heberlein

Lugine Hein
George Henstorf
Johnny Hoover
Erin Howser
Lori Humphrey
Rachel Jennings
Marla Jones
Karma Joos
Kelly Kaiser
Megan Kaneaster
Janet Kelly
Christine Koehler
Samantha Kreitz
Carla Kuhlmann
Stacey Lindsey
Jean Macher Japko
Ashley Makowski
Shanna Marshall
Pamela Martin
Kristen Maxey
Lauren McDonald
Velvet Meers
Lisa Mefrakis
Claudia Miller

Gail Miller
Christine Mills
Dawn Morrow
Sonya Mosher
Cassandra Mueller
Nicole Myers
Laura Noren
Emily Nusbaum
Pamela Offield
Lisa Ortbals
Marla Owen
Jenny Pace
Meghan Pagel
Tara Phillips
Donna Pond
Stephanie Powell
Deanna Powers
Zoe Prevette
Rachel Robison
Karen Ross
Marilyn Schatz
Susan Scheer
Amanda Schmidt
Laura Schneider

Kathleen Scott
Jennifer Self
Lucy Shaffer
Jaspal Shah
Donna Simpson
LeAn Smith
Monica Smith
Samantha Strobbe
Robin Sybolt
Margaret Taylor
Brandy Templeton
Addison Watson
Thersa Wells
Doreen West
Paulette Wetter
Cynthia Wharton
Rebecca Whipple
Stephanie Whitbey
Melodie Wigger
Lori Wilburn
Brenda Wilson
April Womack
Patricia Zadel

Celebrating Lifelong Learning

Constant changes and innovations in health care require all nurses and other health care professionals to be lifelong learners. In 2020, we shared and celebrated our nurses' educational accomplishments and certifications in our monthly *Clinical Practice Update* newsletter.

Degrees

Karen Ashrafzadeh, BSN, RN
 Sarah Floyd, BSN, RN
 Shanna Marshall, MSN, MBA, APRN, FNP-BC
 Misty Ogunnaike, BSN, RN
 George Osebreh, BSN, RN
 Rebeka Pyatt, ADN, RN
 Laura Schneider, MSN, RN, CEN
 Cindy Sees, BSN, RN
 Cheryl Stallo, MSN, APRN, FNP-BC
 Heidi Woods, BSN, RN
 Nicky Zimmerman, ADN, RN

Certifications

Torin Brenner, BSN, RN, RNFA, CNOR
 Delanie Brown, ADN, RN, RNC-OB
 Jennie Collins, ADN, RN, CAPA
 Julia Crane, BSN, RN, CCRN
 Lori Humphreys, BSN, RN, CGRN
 Pearl Lariosa, BSN, RN, CMSRN
 Shanna Marshall, MSN, MBA, APRN, FNP-BC
 Velvet Meers, MSN, RN-BC, NPD-BC
 Sonya Mosher, ADN, RN, CNOR
 Jennifer Pace, BSN, RN, CNOR
 Cheryl Stallo, MSN, APRN, FNP-BC
 Melodie Wigger, BSN, RN, C-ELBW
 Emily Winkelman, BSN, RN, ASPAN



Professional Nurse Development Program

Our Professional Nurse Development Program (PNDP) promotes the clinical nurse's lifelong pursuit of knowledge and expertise to provide high-quality nursing care and give clinical nurses opportunities for professional growth and advancement.

The PNDP is based on the work of Dr. Patricia Benner. Benner's five levels of skill acquisition are recognized: novice, advanced beginner, competent, proficient, and expert. The criteria become progressively more complex and demanding as one's expertise level increases. Each level (1-P through 5-P) requires a defined amount of experience and knowledge.

Evidence of the nurse's performance is demonstrated through exemplars – written illustrations of the nurse's professional practice. These exemplars represent the nurse's contribution to patients' and families' welfare and reflect the nurse's clinical knowledge and leadership.

As part of the evaluation of the nurse's professional development, Benner's seven domains indicate their competence. Competencies within each domain are evaluated as met or not met and demonstrate that knowledge and clinical application for each level is present.

Promotions to 3-P

Jessica Black
 Cecilia Boessen
 Bryce Boudreau
 Samantha Brunkhorst
 Michelle Caldwell
 Lacey Clark
 Carmen Colvin
 Julia Crane
 Miranda Daniels
 Jerri Davis
 Carol Duncan
 Lauren Gosney
 Danielle Hawkins
 Johnny Hoover
 Jeremy Jorden
 Sarah Reeves
 Patricia Urban

Promotions to 4-P

Chelsea Beck
 Sadie Brimer
 Daniel Church
 Brittany Davenport
 Stephanie Doman
 Christina Faup
 Jesse Godec
 Daniel Hartgrove
 Fay Putnam

Promotions to 5-P

Ethel Baguio
 Terry Ballard
 Renae Crow
 Tammy Doerhoff
 Melodie Wigger

3-P Recertifications

Deidre Anderson
 Mary Christie
 Allison Drysdale
 Robin Gwinner
 Janet Kelly
 Jessica Kern
 Garvin Line
 Brandee Long
 Randa McEuen
 Judy McGhee
 Courtney Murphy
 Jennifer Pace
 Laura Parman
 Marilyn Schatz
 Gail Schultz
 Tina Umstadd
 Tina Walsh

4-P Recertifications

Annette Blanchard
 Heidi Burris
 Rebecca Kinkhorst
 Stephanie Mayfield
 Crystal Peterson
 Thersa Wells

5-P Recertifications

Sharon Acra
 Nancy Beck
 Lori Burns
 Erin Howser
 Teresa McCurdy
 Lisa Mefrakis
 Marla Owen
 Molly Prenger
 Rachel Robison
 LeAn Smith
 Dawn Wetrich
 Lori Wilburn
 Jill Wolf

DAISY Award for Extraordinary Nurses

In 2018, Boone Hospital Center implemented the DAISY Award program for nurse recognition. The DAISY Award is a nationwide program that rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses every day.

The DAISY Foundation was established in 2000 by the family of J. Patrick Barnes who died of complications of an auto-immune disease at the age of 33. DAISY is an acronym for diseases attacking the immune system.

During Pat's eight-week hospitalization, his family was awestruck by the care and compassion his nurses provided, not only to Pat but to everyone in his family. They created a foundation in Pat's memory to recognize extraordinary nurses everywhere who make an enormous difference in people's lives through every day.

Nurses who are selected for a DAISY Award personify a remarkable patient experience at Boone Hospital Center. Awardees consistently demonstrate excellence through their clinical expertise and



extraordinary compassionate care and they are recognized as outstanding role models in our nursing community. Patients and families can nominate an outstanding nurse for a DAISY award at ballot boxes located throughout the hospital or online through Boone Hospital Center's website.

Each DAISY Award honoree is recognized at a ceremony in their unit and receives a certificate, DAISY Award pin and hand-carved stone sculpture titled "A Healer's Touch." Additionally, everyone in the unit celebrates with a special treat. Recent DAISY nurses are displayed on banners placed on the honored nurse's unit and in the hospital's main lobby.



Jill Wolf, RN
Cardiology
February 2020

"Jill is an outstanding nurse. She saved my life and saved my husband's life. I'm so thankful that she stepped up. She was knowledgeable and kind and went out of the way to help both of us"



Becky Sherwood, BSN, RN
ICU
August 2020

"It was almost like having a trusted family member caring for my father. All of Rebecca's interactions with my father and me were accompanied by patience, compassion and caring."



Heather White, RN
Oncology/Neurology
April 2020

"I can tell you firsthand that Heather loves her job and her patients and treats the families as if they are her own. She was always around making sure my sister was comfortable and if we, as her family, needed anything."



Brandy Templeton, RN, RNC-OB
Float Pool/WCH
October 2020

"I truly believe I would not have had as successful as a birthing process if I did not have Brandy as my nurse. Sometimes all patients need is the reassurance from someone at their bedside to help them believe in themselves and she gave me that."



Sadie Brimer, RN
Surgical Specialties
June 2020

"Sadie was all that can be asked of a nurse and more. She is knowledgeable, competent, compassionate and, above all, kind. Her presence made a difference to my daughter, and I felt all would be well when she was working."



Marlene DeOrnellis, RN
Cardiology
December 2020

"The totality of what Marlene did made us feel so secure in the care she provided. She was professional, on target, and knowledgeable about every issue we raised. We were very fortunate to have her charged with my father's care."

Employee of the Month

In an organization with over 1,700 employees, being selected as Boone Hospital Center's Employee of the Month is no minor accomplishment. Employees are nominated by their coworkers, patients or families. A panel of peers reviews all nominations and selects an employee who has exceeded our Standards of Excellence. For their outstanding performance and their dedication to patients, their team and their profession, four nurses were recognized as Employees of the Month in 2020.



Becky Nolke, RN
PASS/Recovery Room
February 2020



Heidi Woods, BSN, RN, CNOR
Operating Room
July 2020



Emily Wood, RN
Labor & Delivery
August 2020



Annie Sweet, RN
Intensive Care Unit
November 2020



Leader of the Year 2020

Marlene Lyon, BSN, RN

Director, Surgical Services (2016-2020)

Executive Director, Patient Care Services (2021-present)

While Boone Hospital Center's 2020 annual employee Service Awards dinner was unfortunately canceled due to COVID-19, the recognition of our employees for their years of service and outstanding work was not.

At a socially distanced ceremony held in May, our 2019 Leader of the Year, Marlene Lyon, BSN, RN, then the Director of Surgical Services, was announced and presented with a gold name badge and a special gift. The ceremony was caught on video and shared with Boone employees by e-mail.

Marlene was recognized for the positive impact her leadership has had on the hospital's Surgery department, along with her work ethic, focus on patient safety, and strong relationships with Boone employees and surgeons. "Marlene's passion for patient care puts her above the rest," says Monica Smith, Chief Nursing Officer. Marlene joined Boone Hospital Center in 2016.

Celebrating Nursing

Boone Health traditionally celebrates Nurses' Week every May, but with priorities focused on managing the COVID-19 pandemic, including the need for social distancing and other infection prevention measures, the celebration was observed during the week of September 21.

The 2020 Nurses' Week Celebration looked and felt different from previous years' occasions, but what was not different were our sincere thanks and appreciation for our nurses. In September 2020, Chief Nursing Officer Monica Smith recorded a message of gratitude and support for Boone nurses before recognizing our certified nurses, PNDP nurses, DAISY Award nurses, nurse residents and the winners of our 2020 Professional Excellence in Nursing Awards.

The Professional Excellence in Nursing Awards gives Boone employees an opportunity to nominate nurses and partners in caring for their excellent work, positive spirit, and commitment to the nursing profession and includes awards for individual nurses and nursing teams plus a Partners in Caring award for PCTs and other support staff.

Awards were presented in socially distanced ceremonies on each winner's unit, and a video announcing the Professional Excellence in Nursing Awards winners was shared online with all Boone Hospital Center employees.

2020 Professional Excellence in Nursing Award Winners

Partner in Caring

Daniel Gracia • Cath Lab
Rita Hammontree • ICU
Cyndi Hendrix • Cardiology

Year One Wonder

Caley Baumgartner • ICU
Eric Pectol • Surgical Specialties

Excellence in Nursing Education

Lori Burns • ED
Velvet Meers • Training & Development

Nursing Spirit Award

Kelli Herbold • Medical Specialties
Emily Wood • Labor & Delivery

Beyond Boone Award

Sharon Acra • ICU

Transformational Leader Award

Liz Eikel • Admissions

Excellence in Professional Nursing

Jerri Davis • Cath Lab
Marilyn Schatz • PACU
Melissa Miller • Surgical Services

Innovation in Nursing Award

Jill Speake • Orthopedic Specialties

Innovative Nursing Team Award

Brandee Kendrick and the Orthopedic Specialties Team

Team DAISY Award

Missy Barroso and the OR Team



The OR Team accepts the Team DAISY Award.



Marilyn Schatz, RN, PACU, receives the Excellence in Professional Nursing Award from Chief Nursing Officer Monica Smith.

2020 Professional Excellence in Nursing Awards Nominees



Boone Hospital Center

2020

Nursing Excellence Celebration

Year One Wonder Award

Caley Baumgartner
Mary Rose Gonzalez
Theo Kurre
Nicolette Mander
Annaliese Moore
Hannah Skaggs
Eric Pectol

Nursing Spirit Award

Connie Brix
Lindsey Friedrich
Heather Hatfield
Kelli Herbold
Rachel Jennings
Amanda Landrum
Jean Macher-Japko
Andrea Primus
Kelsey Rasa
Ashley Sessler
Brandon Walsh
Chanda Wood
Emily Wood

Transformational Leader Award

Beth Eidson
Liz Eikel
Galina Rasputina-Simmons
Michele Sprague

Excellence in Nursing Education Award

Monica Barton
Cecilia Boessen
Lori Burns
Jennipher Burris
Michelle Caldwell
Sheila Galliher
Jesse Godec
Jeremy Jordan
Christine Koehler
Velvet Meers
Cassie Mueller
Marla Owen

Beyond Boone Award

Sharon Acra
Denise Stern

Excellence in Professional Nursing Award

Jerri Davis
Amanda Landrum
Danyelle Libbert
Melissa Miller
Denean Mullis
Martin Parks
Marilyn Schatz
Mika Schrimpf
Beata Sowa
Ashley Sessler
Emily Wood

Innovation in Nursing Award

Jill Speake
Cassie Rhea

Innovative Nursing Team Award

Brandee Kendrick & Orthopedic Specialties
Leslie Duckworth & Quality and Safety

DAISY Team Award

Missy Barroso & OR
Andrea Fansler & ICU
Kelli Herbold & Medical Specialties

Partner in Caring Award

Lily Adams
Shannon Bocktime-Johnson
Connie Brix
Paige Burns
Isaac Dodson
Alivia Forck
Daniel Gracia
Rita Hammontree
Cyndi Hendrix
Bailey Jungmann
Britni Kraus
Philip Kulpinski
David Leeth
Peter Nash
Lindy Schmidt
Brenda Singleton
Chimene Watts

Team Response: Protecting Patients During the COVID-19 Pandemic

by Jessica Park

In 1918, an influenza pandemic affected nearly a third of the world's population and left few communities unaffected, including Boone County, Missouri. This pandemic also changed approaches to public health. Where infectious disease was once viewed as an individual problem, the emerging science of epidemiology considered infectious disease to be a social issue. Preventing disease became as important as treating the sick.

The lessons of the 1918 pandemic were foremost in the minds of Boone County leaders when they built the county's first community hospital, which opened its doors in December 1921.

Nearly a century later, in the face of a new global pandemic, Boone Hospital Center stood prepared to fulfill its mission to protect the health of the people and the communities it serves. The hospital's response to novel coronavirus, or COVID-19, would challenge Boone Hospital employees and physicians to step up in new ways to curb the spread of the virus and to be ready to treat anyone who needed advanced care.

For Infection Prevention Coordinator Cassie Mueller, MSN, CIC, CNL, stepping up started early. She says, "COVID-19 has taken priority in our daily work since the end of January. We were trying to learn everything about the epidemiology of the virus, how it was being primarily spread, how to protect employees and patients and how to prepare to safely care for COVID-19 patients."

Hospitals often have vulnerable populations, including patients who have chronic illnesses, patients recovering from surgery, patients who take immunosuppressant medications, elder patients, children and infants. Starting in January, the Infection Prevention team participated in daily calls with BJC HealthCare in Saint Louis to monitor the spread and plan the hospital's response. Boone Hospital Center also worked with local partners, including the University Hospital, the Truman VA Hospital, and the Columbia/Boone County Department of Health to monitor cases, develop guidelines, and provide support.

A serious concern was that a large influx of COVID-19 patients, known as a surge, could strain resources – including beds, supplies and clinical staff – and limit access to critical care for the extremely ill, including patients

who need a ventilator to help them breathe. A surge uses more medical supplies and personal protective equipment, or PPE, like gloves and surgical masks. More nurses and techs would need to be available, and a surge in one unit could strain another's ability to care for patients.

As the first COVID-19 cases appeared in Missouri, taking action was critical. On Monday, March 16, the hospital expanded its COVID-19 Incident Command Center. Incident command centers are opened to respond to an emergency situation, such as a power outage or extreme weather conditions. Led by the Incident Commander, the Command Center leads efforts and collaboration between different departments to fully assess and address an emergency. For weeks, Infection Prevention had participated in a virtual incident command center with BJC HealthCare, but as each hospital prepared to receive COVID patients, the response would require support from more areas.

"I have participated in many simulations, but preparing during a real crisis has tapped every ounce of training, experience, leadership skill and energy that I'd never imagined I had," says Monica Smith, MSN, RN, NE-BC, FACHE. In addition to being Boone Hospital's Chief Nursing Officer and Vice-President of Patient Care Services, Monica served as our lead COVID-19 Incident Commander.

"As incident commander, I became a sponge for information," Monica continues. "I quickly identified our priorities and delegated activities appropriately, including timeframes for completion. Our incident command center has been successful due to the teamwork, cooperation, and execution of key priorities. There were times early on where large changes in our systems had to be made and at a rapid pace. We learned to evolve, make changes, and pivot to each new challenge."

To help employees keep up with these changes, Incident Command started a daily housewide newsletter with updates about the hospital's COVID-19 response. In addition to new patient care guidelines and instructions, these e-mails included patient compliments and profiles of Boone teammates who shared how COVID-19 had impacted their roles.

The week of March 16, 2020 would be a long one as employees adjusted to many drastic changes, but Monica was encouraging. In a staff message on Friday, March 20, she wrote,

"We will be successful at defeating this virus while keeping our Boone teammates safe and providing excellent care to our patients. We must all remember that we are a team that pulls together during the good and the bad times. Each one of you is capable of what will be asked of you, and you will have the full support of the Boone Team."

Flattening the Curve

While there is still more to learn about COVID-19, epidemiologists do know it's spread primarily by close contact with infected people. Like the flu, people infected with COVID-19 can spread the virus to others before they feel sick – including to people at higher risk of severe illness or death. Some people who get the flu or COVID-19 may have no symptoms but can still spread it to others.

Unlike the flu, COVID-19 had been previously unidentified. This meant there were no vaccines and no herd immunity – an effect that occurs when enough people in a community have immunity to a virus, either from vaccination or exposure, that the spread is slowed, and others are indirectly protected.

You may have heard the phrase "flatten the curve" used to describe the desired outcomes of stay-at-home or shelter-in-place measures. Such measures help reduce the spread of COVID-19 so that fewer people at a time are sick, which makes it easier for hospitals to treat the seriously ill.

For many people, flattening the curve meant working from home, but most patient care jobs can't be done remotely. With safety as our #1 priority, it was important to ensure patients were safe and as few health care professionals as possible became sick while caring for patients. To follow social distancing guidelines, meetings and events were postponed, canceled, or moved online. Dining areas and waiting rooms were closed.

Visitor restrictions, while understandably difficult for patients, their families and our caregivers, became necessary to limit the number of people entering the hospital. To further limit visitors and to conserve resources for a possible patient surge, the decision was made to reschedule certain procedures and tests. It was a large, difficult task, but with the cooperation of our medical staff and Admissions teams, not an impossible one.

"I was honestly like, 'Let's do this,'" says Hannah Loesing, a Patient Access Rep in the



Infection Prevention Coordinator Cassie Mueller, MSN, CIC, CNL, visited units to provide support and answer questions about caring for COVID-positive patients and patients under investigation for COVID.

Centralized Scheduling department. “We have a responsibility to adapt to change and do our part to help. I was more than happy to do whatever was asked of me.”

Centralized Scheduling worked diligently to help patients reschedule weeks of testing and imaging appointments in 19 different departments. Over 1,000 tests and procedures had to be rescheduled. Hannah says, “Rescheduling eased stress on the departments and allowed them to hold their resources for any COVID-19 cases that came into the hospital. I feel that our department did an awesome job at educating patients so that they understood.”

Another key measure to reduce the spread of COVID-19 in the hospital was to screen everyone who entered, including employees, visitors, patients, physicians and vendors. Starting in late March, designated entrances were set up. Staff screeners equipped with thermometers asked everyone about common COVID-19 symptoms and their risk of exposure before doing an on-the-spot temperature check.

Hannah Loesing was among these screeners. When Centralized Scheduling became temporarily quiet, she joined other Boone staff in the hospital’s labor pool to step in where help was needed. She says, “I just come into work with the understanding that each day is different. You have to be able to adapt quickly

and continue to serve our community the best way we can.”

Testing more people for COVID-19 was also a priority. On Wednesday, March 18, the bright blue BHC Mobile Health Unit, which usually hits the road each spring to bring free health care screenings to mid-Missouri, was transformed into a mobile testing site that allowed people with a physician’s order to be tested without leaving their car. Between mid-March and late June, Boone Hospital conducted over 5,000 mobile tests.

A Safe Environment

“What additional supplies do we need to have available and stocked to take care of our patients and staff?” was the first thought Shelly Berg, Supervisor of Distribution and Linen Services, had as the hospital prepared to respond to COVID-19. Already, there were nationwide shortages of PPE and cleaning products. In addition to monitoring and maintaining levels of critical supplies, such as gloves, surgical masks, hand sanitizers, disinfecting wipes, N95 respirators, swabs for COVID-19 testing and parts for ventilators, Shelly researched additional resources and approved alternatives in case they ran out anything. Distribution also took in donated supplies from local organizations and generous citizens.

Conserving PPE became everyone’s responsibility. Infection Prevention rounded to departments to answer questions and make sure staff understood the requirements, which were based on CDC recommendations. While wearing a full suite of PPE all the time might sound like a good idea, depending on how a disease is transmitted, extra PPE offers no additional protection and uses up supplies necessary to safely care for other patients. Cassie Mueller notes that Boone Hospital’s PPE strategies have been effective at protecting patients and staff; and Boone teammates have overwhelmingly agreed that they had a good supply of PPE.

“When I first heard of all the changes that were being made to prepare us for COVID-19, I knew that I would be able to handle whatever came my way,” says Lead Environmental Services Tech Jessica Parker. “Ensuring the patient’s environment is clean can make all the difference in their stay.”

Infection prevention not only guides Boone Hospital’s patient care practices, it also affects the hospital building itself. The 2011 opening of our south tower allowed more Boone patients to stay in private rooms – a move intended not solely for comfort but for infection prevention.

Proactively preventing the spread of COVID-19 required the hospital’s Support Services team to act quickly.

“I knew right away I would have a lot of unique requests coming in and that I would have to be flexible,” says Plant Operations Coordinator William Moore. In less than two weeks, his team set up over 70 additional negative pressure rooms.

Hospitals use negative pressure rooms for patients with infectious diseases that can be passed by droplets. Air from outside flows into the patient’s room whenever the door is opened, keeping airborne particles contained in the room. The air inside the negative pressure room then vents outside the building, to keep others in the hospital safe.

“We continually monitor our air handling equipment to ensure that everyone in our buildings is receiving as much clean, fresh air as possible. We have been able to test and develop procedures for operating our HVAC systems in unique ways, enabling us to temporarily convert typically positive procedure and operating rooms to negative pressure in the event a COVID-positive patient needs a procedure or operation,” William explains.

Plant Operations also helped set up the mobile testing site and installed sneeze shields in the cafeteria, café and pharmacy.

William is quick to credit his coworkers. He says, “I’ve leaned heavily on this bunch. They’ve accomplished everything that has been asked of them and more. From checking and rechecking negative pressure rooms to filling up the heaters with fuel in the drive-through testing area, they have risen to the occasion, made quality suggestions and done a wonderful job keeping everyone safe and comfortable.”

Putting Patients First

During Boone Hospital’s COVID-19 response, patients remained at the center of Boone Hospital’s decisions. This priority was abundantly evident when, in April, the hospital had its first COVID-positive inpatient.

“I didn’t feel worried, I felt prepared,” says Sammi Casteel, RN, a staff nurse on the Cardiology unit, who helped admit the patient. She was later complimented for her calm demeanor and positive attitude, but Sammi didn’t find it hard to stay calm and positive.

“When I arrived to take care of the patient, I was impressed with the support that was immediately available,” Sammi says. “Velvet Meers from Training and Development, Monica

Smith, and House Supervisor Addison Watson all came by to make sure Amanda – the other nurse who was with me – and I felt as ready and comfortable as possible! Monica even helped set up the room for me. They all made sure PPE and education was available.”

“When I heard we were admitting our first COVID-positive inpatient, my first thought was ‘I need to be there.’ I immediately came in to support the team,” Monica says about the experience. “The nursing staff showed me that we were highly prepared, and their confidence was calming and appreciated.”

Monica was calmed, but not surprised. She says, “We had the opportunity to prepare for these patients well in advance. We learned from hospitals across the nation that cared for a lot of positive patients. We learned from our local experts in infection prevention. We learned from our partners at BJC. We learned from the CDC. With all of our learning, we made solid plans to prepare for PPE, staffing, screening and visitor management, to create a safe environment for our teammates and patients.”

House Supervisor, Addison Watson, MSN, RN, CCRN, CEN, EMT-P, agrees: “A positive COVID result provides clarity, but we know how to protect ourselves and what exactly needs to be treated. Boone has been very responsive and supportive throughout this event.”

House Supervisors are registered nurses who lead and support all other hospital nurses. When the Incident Command Center is closed, House Supervisors help staff with COVID-19 issues or questions.

Addison’s experience both as an Emergency Department nurse and an EMT have helped him remain calm and support others during unpredictable situations. He says, “Our knowledge of the virus continues to develop rapidly and therefore our organization must adapt just as quickly. Like any change, the initial implementation is challenging. However, as we’ve developed a better understanding of the virus and its transmission, things are running smoother. The entire BHC staff has rallied together to adapt and overcome.”

Rallying together to care for COVID-19 patients is a must. ICU nurse Erica Rideout, BSN, RN, says, “It is nearly impossible to care for a COVID-positive patient single-handedly. It takes an entire team working together to provide optimal care for the patient, even with only one person in the room. COVID-positive patients can deteriorate rapidly, so continuous monitoring is essential.”

Negative pressure rooms work best when the door is opened infrequently, so being prepared with supplies and medications before entering a patient’s room helps. Erica also found it useful to write messages to fellow nurses on the sliding glass door of the ICU room, to reduce how many times she had to leave and re-enter.

“From the time that I wanted to be a nurse, I knew I’d be responsible for the care of sick individuals and patients who need me to care for them. But in the big picture, it’s the same as any other day. It is a sick patient and they need our care to get them better,” says Sadie Brimer, BSN, RN. Sadie works on Surgical Specialties, but when her home unit was temporarily closed after elective surgeries were postponed, she began caring for suspected and COVID-positive patients.

“Yes, the isolation gear is hot and irritating, and a mask makes it difficult to hold a conversation,” Sadie says. “But when I was able to just sit and talk to my patient, it brought me back to why I’m a nurse.”

Respiratory Therapist Jeanna Sanders, RRT, says, “I know it sounds like a cliché, but I was just doing my job. I had the right PPE and felt very confident and prepared. We have such a strong team of therapists, nurses and physicians. We all work so well together; we look out for each other as well as our patients.”

When reflecting on what’s changed, Float Nurse Brandon Walsh, BSN, RN says, “I’ve been sporting a beard for the last 3 years, that had to go.” Because certain facial hairstyles can cause an N95 respirator to fit improperly, many male employees in patient care areas chose to shave to conserve PPE for staff who can’t wear an N95.

Beard aside, Brandon remains focused on his patients’ wellbeing. He says, “Being a patient in the hospital can be very isolating. I try to make my time at the bedside count.”

While visitor restrictions have decreased the risk of spreading COVID-19, they’ve also presented challenges for patients and staff. Employees on patient care units recognize that isolation precautions, while necessary to prevent infection, can be difficult for patients, especially when no familiar faces are present.

“Empathy and caring are so important for the patient and their families at this time. I have been able to care for several patients during their isolation and afterwards. Reassuring them that they are not alone is so important,” says Float Nurse Randa McEuen, BSN, RN.

“COVID-19 has redefined how we communicate with patients and families because of the restrictions. It has greatly impacted and increased the need for advocacy on behalf of the patient and their families,” says Emergency Department Nurse Jesse Godec, RN.

Social Worker Megan Widmer, MSW says, “I’ve made a lot of phone calls to family members to involve them in the discharge planning process. I have had to have some difficult conversations over the phone that usually would take place face-to-face. I try to keep open communication with our patients’ caregivers and give them a chance to vent their frustrations with missing their loved ones and not being able to physically be present for them.”

Megan says a flexible mindset has helped her adapt to rapid changes. She adds, “Understanding that all these changes are not necessarily permanent has been helpful to get through stressful situations.”

One common refrain among Boone Hospital nurses, therapists, and technicians who’ve cared for COVID-positive patients is that they have the same needs and feelings as any other patient.

“I do what I was trained to do and what I enjoy doing, which is providing care to this patient to the best of my ability, just as I did for every patient in the ICU before COVID-19,” says Acute Care Nurse Practitioner Michelle Gay, MSN, APRN, AGACNP-BC.

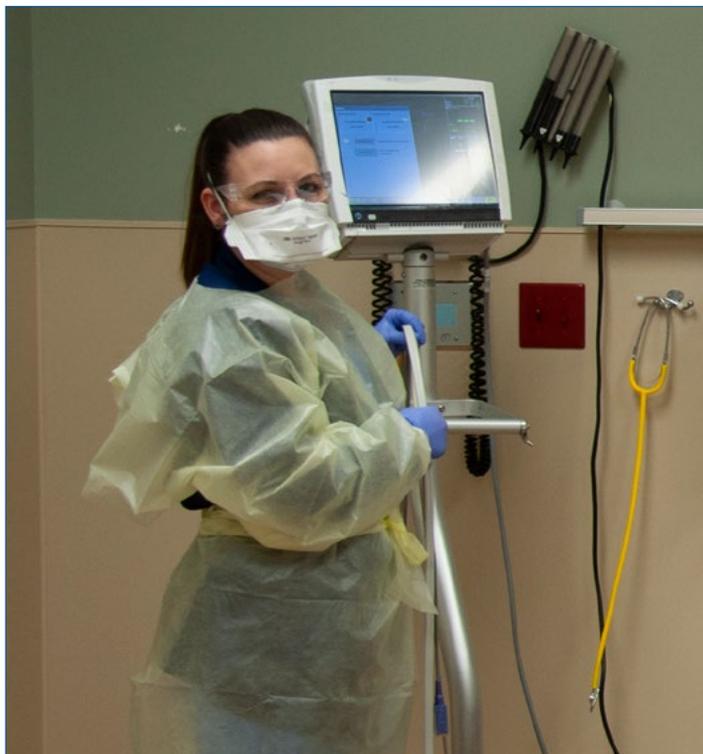
“As a nurse, my job is to care for a patient regardless of their diagnosis. I always make sure the proper safety precautions are in place for my safety and theirs, just like any other patient,” says Randa.

Remembering this important point helped Sammi stay calm while she helped admit her first COVID-positive patient. She says, “They’re a patient just like any other!”

Community Support

When mid-Missouri is hit by a crisis, Boone Hospital Center often provides support and supplies. This time, as health care workers prepared to care for COVID-19 patients, mid-Missouri came together to help Boone.

In March, 8-year-old Adam Mohamad donated \$45 of loose change that he’d been saving to help support Boone Hospital Center nurses. Due to the visitor restrictions, he had to wait outside for Boone Hospital Foundation’s Executive Director Barb Danuser to collect his donation. Adam’s single act of kindness



and generosity sparked an online fundraising challenge that has raised almost \$13,000 for the Foundation.

“Fairly quickly our wonderful community began asking how they could help, so my role changed into the Donation Coordinator. For the first few weeks, pretty much all of my time was devoted to managing calls and emails from people and businesses who wanted to donate food, masks, hand sanitizer, face shields, and more,” says Yvonne Gibson.

As a coordinator for both the Foundation and the hospital’s Support Services department, Yvonne is no stranger to juggling responsibilities. She also arranged internal deliveries of donated meals from local restaurants, including 3,900 staff meals provided by Veterans United, and gifts to Boone staff, including 1,800 colorful fused glass hearts, handmade by Midway Mercantile Co. (See a list of community donors on page 29).

Boone Hospital Center has given donated cloth masks to patients, visitors and employees who don’t work directly with patients, to help everyone follow universal masking requirements while conserving our supply of surgical masks.

Boone Hospital also helped solicit community donations when one critical supply ran low: blood.

“Since the American Red Cross supports hospitals all over the country, people may not understand that our blood supply here, locally, decreases when other blood drives across the nation do not occur,” explains

Lab Tech Peggy Martin.

Boone Hospital Center hosts several Red Cross blood drives a year in its conference center, but with social distancing requirements and visitor restrictions in place, Red Cross needed space to hold a large drive that was open to the public. Boone collaborated with its neighbor, Stephens College, to promote and host a community blood drive on the Stephens campus that lasted several days in April and collected 132 units of blood.

“The Boone team always comes together, and this is no different,” Peggy says.

A Mission Fulfilled

There is much that Dr. Frank Nifong and his colleagues could not have envisioned for the future of Boone County Hospital back in 1921, but they knew their community’s health would depend on a quality community hospital. While

mid-Missouri hospitals didn’t see a surge of COVID-19 patients in spring 2020 – thanks in part to proactive measures to reduce the spread – they provided testing and care for many affected people from across the region.

Cassie Mueller says, “Community members can be certain that there are many people working behind the scenes to ensure Boone Hospital is doing everything possible to protect those that we serve.”

In a short time, Boone Hospital Center’s processes, procedures and responsibilities had significantly changed. These changes could not have been accomplished without the expertise, teamwork and positive attitudes of nearly 1,800 individuals.

“I knew I was about to witness a life-changing event that was going to affect every single one of us, and that I’d see the absolute best in people I’d already considered the best,” says Security Officer Mark Moses. “And that’s exactly how I saw it play out, a smooth-running machine with care, compassion and cheerful personalities everywhere I look. In every single department, it was an attitude or mood that you could feel wherever you went. It’s the reason I came to work here.”

Megan Widmer, who had helped answer calls in the Incident Command Center says, “It was amazing to see our leadership hard at work handling multiple situations and scenarios in a calm but decisive manner. I realize more than ever that leadership has the wellbeing of our patients and staff at heart.”

Monica says, “I have learned that the Boone Team can handle anything that we’re faced with. We continue to be resilient, face challenges directly, and provide excellent, high quality care. We have amazing teammates who have exemplified the Boone Touch and strengthened our community’s belief in Boone.”

Mission Moment

I just wanted someone to know how fabulous Sheila, a nurse in the ICU, has been. She has been a tremendous help for both me and my husband, who was a patient. She has taken time to talk with me to keep me informed, and even though my husband was confused, Sheila took the time to communicate with him so that he knew that I had been calling and checking on him. She even put the phone next to his ear so I could talk to him for a minute. Even though he is not the best right now with his mind, it meant a lot to him, and I am thankful that she did that. Sheila has been amazing, she has answered my questions and has gone above and beyond for us both. She is a wonderful nurse who makes a world of difference.

Teammate Spotlights

As Boone Hospital Center ramped up its COVID-19 response, rapid changes were necessary to prepare to care for COVID patients and increased infection prevention. To keep employees apprised of these changes, the Incident Command Center prepared and sent daily COVID-19 newsletters while the ICC was open.

One section in this newsletter, Teammate Spotlight, gave clinical and support staff the opportunity to share their experiences with preparing for the potential impact of the coronavirus, caring for COVID-positive patients, and maintaining resilience.

Here are some sample responses from House Supervisor Addison Watson, MSN, RN, CCRN, CEN, EMT-P.

How have the preparations for coronavirus impacted your role as a House Supervisor?

Initially, the preparations efforts were quite cumbersome, time consuming, and mentally exhausting. As the organization has developed a better understanding of the virus and its transmission, things are running smoother. Like any change, the initial implementation is challenging.

Virtual Visits

When visitors were restricted as part of the hospital's COVID-19 response, our nurses quickly found ways to ensure that patients could still enjoy the benefits of family support. Some nurses arranged to have family gather outside the building, below a patient's room, to hold up Get Well signs. Our Women's & Children's Health nurses set up Zoom meetings to allow family members to meet new Boone babies and even helped a COVID-positive mom watch over her baby in our NICU.

The Boone Hospital Foundation also donated funds for the hospital to purchase a large iPad to help connect patients with loved ones who were unable to enter the hospital. Working with Boone Health Customer Relations, Chaplain Richard Sullivan helped physicians and staff arrange virtual visits for patients.

Blood Drives

In April 2020, shelter in place requirements and social distancing were having an adverse impact on blood donations. To replenish the region's blood supply, Boone Hospital Center joined forces with the American Red Cross and Stephens College.

With classes not in session, Stephens opened the Kimball Ballroom, in Lela Raney Wood Hall, to hold community drives with adequate space for social distancing and to limit visitors to the hospital. Boone Hospital also hosted internal drives for staff and physicians on-site in the conference center.

Altogether, 144 people donated 132 units of blood, potentially saving 396 lives.

Right: William Moore, Lead Maintenance Mechanic, donates at a summer 2020 American Red Cross employee blood drive at Boone Hospital Center.

How have House Supervisors worked together to prepare for the impact of coronavirus at Boone Hospital?

The House Supervisors' office prepared by clarifying and disseminating information. Our knowledge of the virus continues to develop rapidly and therefore our organization must adapt just as quickly.

What was your first thought when you learned that a patient you were caring for was COVID-positive?

My first thought was "Keep everyone safe and care for the patient." The complexity and chaos that we experience in these situations are all created by those of us involved. The mission is simple and always the same, stay safe, and provide excellent care. It's important we disseminate the information and calm any ensuing fears. We have the necessary PPE. Boone has very clear guidelines for PPE when caring for PUI and COVID patients. BHC staff are following these guidelines. A positive COVID result only provides clarity. We know how to protect ourselves and now we know what exactly needs to be treated.

How have you been supported to care for COVID-positive patients?

Boone has been very responsive and supportive throughout this event. Communication has been timely, relevant, and transparent.

Mission Moments

I would like to send a huge THANK YOU to the 4 Central staff for taking such great care of my mother in law week of April 2, 2020. I am an employee of Boone Medical Group and seeing the extra kindness and extra love they showed my mother in law was exceptional! She had her 80th birthday while in the hospital and her nurse Kelley met me to get her gift from the family, she took a picture of her in her birthday hat and texted it to me. She was in constant contact with me with any changes and updates. I just want you to know how much my family and I appreciate everything you did for her.



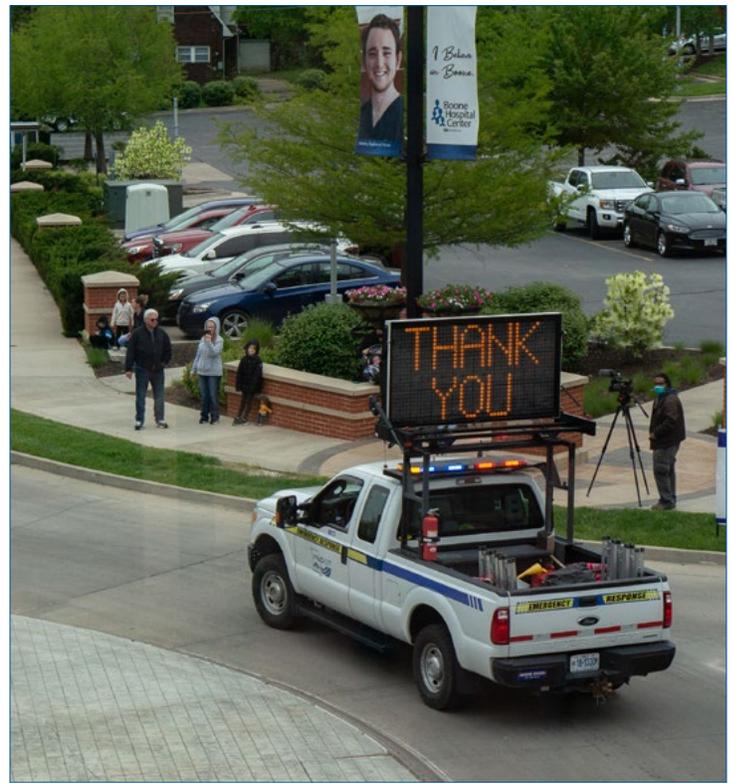
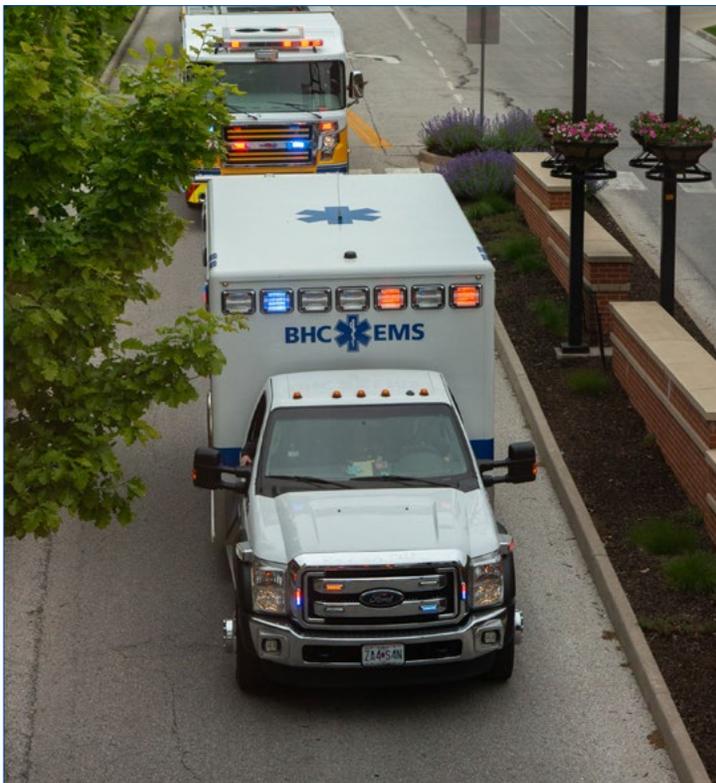


First Responders Parade

On Tuesday, May 12, 2021, Boone County and other local first responders showed their appreciation for hospital employees and medical staff providers with a parade circling the local hospitals during Hospital Week. Employees and community members watched the celebration while practicing social distancing.

Participating first responders included Columbia Police Department, Boone Hospital EMS, MU Police Department, MU Health Care EMS, Missouri State Highway Patrol, Southern Boone Fire District, Hallsville Police Department, Columbia Fire Department, Boone County Joint Communications, Boone County Fire Protection District, Sturgeon Police Department and MoDOT.

Above: Chief Nursing Officer Monica Smith and Chief Medical Officer Robin Blount, MD, show their support.





November 2020: Increased Hospitalizations

In fall 2020, COVID-19 cases were on the rise mid-Missouri. New cases increased steadily since August with a significant spike in October, when the positivity rate for the state of Missouri was 17.4%, while counties in our service area saw rates of 20% or higher.

Boone Hospital Center saw a significant rise in hospitalizations. By November, the 20-bed COVID+ annex that had opened in September had filled, requiring overflow to other areas. A third or more of our ICU patients were COVID+ patients. Because these patients are very ill and require significant resources, include a longer length of stay in the ICU and in the hospital, our ICU, Stepdown Unit and Medical/Surgical beds frequently met or surpassed maximum capacity. Additionally, the hospital regularly had 35 to 40 employees out each day due to illness or exposure. Meanwhile, all hospitals in mid-Missouri and across the entire state of Missouri were seeing similar increases in hospitalizations, ICU cases and COVID-related staffing issues.

In response to the surge, the Incident Command Center, which had been functioning virtually, reopened its physical location in the hospital's Conference Center on November 11.

On November 12, the Surgical Specialties unit moved from 5 South to 4 Central to open a larger 32-bed dedicated Medical Specialties unit to allow us to better accommodate the growing number of COVID+ patients. Patients on the 3 South annex were moved into this new unit, while Medical Specialties patients who were not COVID+ were assigned to other inpatient care units following our standard patient placement guidelines.

Unlike in the spring, the Incident Command Center decided to continue with scheduled elective procedures. The ICC and surgical operations reviewed dashboards, data and surgical schedules to assess our capacity based on available supplies, space and staff.

The ICC also reviewed the need for modifications to our current visitor policy and temporarily returned to a no-visitor policy – with exceptions for patients who met certain criteria, including end of life – in response to the number of new and acute COVID-19 cases in our service area.

Above: Respiratory Therapist Ashton Whisenand, CRT with John Boyer, MD treat a patient in the Boone Hospital Center ICU.

Letter from a Boone Nurse

by Amy Mason, RN, ICU/Stepdown

In this letter, Boone Health ICU and Stepdown nurse, Amy Mason, RN articulately shares the intensity, compassion, empathy and sheer sense of what she and all Boone nurses were living and breathing in 2020. In this profound, touching and impactful letter, Amy reminds us all of the power of nursing and our ability to provide comfort, care, compassion and touch despite a pandemic affecting our entire world.

This letter was shared in the November 2020 Clinical Practice Update with an introductory message by CNO Monica Smith, who wrote "We must all dig deep to continue to weather the storm and to show up for those we serve. Thank you, Amy, for putting the reality of this storm into words so that we can all appreciate the incredible impact that nurses make in every patient's life. It leaves me speechless and forever humbled to know what our Boone nurses endure and provide."

Dig deep. Last night when I'm getting hit and cussed at by a patient, I look at the clock and it's 5:30. Take the kind of deep breath that goes all the way to your toes.

I see the exhaustion on my other nurse friends' faces as they leave with me, later and later, at the end of our shift. I can tell they've been caring for COVID patients because their hair is wet with sweat from their caps and their faces are creased from their N95 masks. I wish I could hug them like I used to. It's hard to comfort people with 6 feet between you.

I pull up Facebook and read how COVID is a conspiracy and will go away after the election or how my friends and family believe wearing a mask is taking away their rights. I don't have it in me to argue anymore. I used to find peer-reviewed articles as rebuttals, but tonight I'm tired.

I lie in my bed with my feet and heart aching, thinking about the lady who just went on comfort care last week. The decision was made over a computer screen. She came in with COVID and spent several weeks in the hospital fighting alone, sharing her fears and tears with nurses behind masks and face shields. She mostly couldn't hear them over the roar of the negative pressure vents. She will most likely die alone, though the rules are a little less strict for palliative care patients.

It isn't like when my Gigi passed away – surrounded by all her kids, grandkids and great-grandkids. This lady might have two people

in her room donned in full isolation gear. I think about how much my Gigi would've hated living during this time. She loved hugging people so much.

I think of a friend's daughter – the same age as my own daughter – who is fighting for her life as I type this. Throw out the arguments about age and comorbidities – she is a young, vibrant girl fighting for life on a ventilator and ECMO, and her mother and a whole hospital full of people who love her mother pray for that girl to live every day. I think of my own six kids and how I can't imagine what her momma heart is going through right now.

I think of my husband, who works from before the sun comes up until sometimes nearly sunup the next morning. I literally must force him to sleep a few hours a day. He feels so strongly that he is called to this line of work that he can't say no when he gets yet another call, even if it means missing sleep and meals. Every time we purchase PPE for our business the price has nearly doubled from the time before. Selfishly I just want him home and fear that he will get sick.

I think of the frail lady who, when I stood her from the recliner to put her back in bed, laid her head on my shoulder and said, "Can I just stand here a minute?"

I said, "Are you dizzy or lightheaded? We can sit back down."

She said, "No, honey, it just feels good to be hugged."

I said, "Sure. We can stand here as long as you want."

It really did feel good to be hugged – she was right. Living in a nursing home with no visits from family since March, who knows when the last time she had physical touch that wasn't clinical? I remember how many times people have argued that because I argue to protect people that I don't think about people's mental health or how elderly people in nursing homes are affected.

I see it every day. I live it. My heart breaks for these patients and families. I go out of my way for these patients and families in ways you will never know or see.



I think of the kids who are struggling to find their way in this new normal. My own 16-year-old son who hates school is begging me to go back to school. Parents are struggling to decide what is best and trying to figure out how to make it all work – myself included.

I think of nurses who are tired. There is no other word. Tired. I can see it on their faces. Tired of being asked to take that extra patient, more acute patients, extra shifts, more responsibility, to come in early, to stay late. Nursing used to be the most trusted profession. We were called heroes, now we are questioned and abused. Nurses are bullied by patients, by families, by physicians, by hospital administrations, by the public. Tired.

I'm not talking about my hospital. I've been blessed with a supportive team. I wouldn't want to work anywhere else during these hard times in nursing. Our physicians and administration have done a great job, but in general these are hard times for nurses everywhere.

I close Facebook because I don't have the energy to dig any deeper. I was told last week I lived in a bubble. This bubble is what is happening in every hospital across the nation. Ask any nurse in any hospital, in any city, in any state. They are tired. COVID is exhausting an already stressed nursing shortage. I wish you could work one shift with me – I promise you would change your views!

Response Timeline

March 16

Incident Command Center opens

March 17

One-visitor policy implemented

March 18

Drive-through COVID testing site opens

March 23

No-visitor policy implemented and elective procedures suspended

March 24

Staff and provider entry screening begins

May 4

Elective procedures resume

May 5

Universal masking begins

June 15

In response to declining rates, one-visitor policy is resumed

June 29

Incident Command Center transitions to virtual

July 20

Visitor sign-in process implemented to reinforce one-visitor policy

September 22

As we see more COVID-positive inpatients, a COVID cohort is opened in rooms on 3 South

November 11

In response to a surge in inpatient rates, the Incident Command Center reopens

November 16

No-visitor policy resumes

November 23

Surge documentation implemented

November 30

Staff redeployment and just-in-time training begins

December 17

Boone Hospital Center administers the first round of Pfizer COVID-19 vaccines to staff and providers

Our Community Gives Back

When the community is hit by a crisis, Boone Hospital Center works with local emergency management to provide support and supplies. But when the pandemic changed everything, businesses and individuals in mid-Missouri immediately asked Boone Hospital Center what they could do to support our response and thank our employees for being on the frontline, ready to care for our community. Thanks to our community members' generosity and concern, we have received many donations of food, supplies, homemade face masks and more.

Boone Hospital Center appreciates everyone who opened their hearts when we had to temporarily close our doors. Thank you for believing in Boone!

Accuvein

Anthem Church

Appletree Quilting

Band of Brothers Catholic Men's Group

CenterPointe Hospital of Columbia

Chick-Fil-A

Columbia Honda

Columbia Insurance Group

Columbia Landcare

Columbia Orthopaedic Group

Columbia Public Schools

Country Financial – Andreyra Jensen

Cover Yo Mouth

Crafts for Care

Crescent Electric Supply Company

Culver's of Columbia

Cynergy Health

Dearborn Denim

Dickey's Barbecue Pit and Catering

DODO Case

Downes Insurance Agency

Drury Inn & Suites

Flat Branch Pub & Brewing

Forum Christian Church

Girl Scouts of the Missouri Heartland

Global First Responder

Harbor Freight

Hospice Compassus

Hot Box Cookies

Imhoff Construction Services

Insomnia Cookies

Iron Gate Real Estate

Jersey Mike's Subs

Joe Machens Dealerships

Johnson & Johnson

Kelley Klean The Restoration Team

Kilgore's Medical Pharmacy

Landmark Bank

Las Margaritas Downtown

Love Coffee

Lowe's Home Improvement

Meals for Healthcare Heroes (Columbia Rotary
South & Interact Rock Bridge High School)

Midway Mercantile Co

Millers Professional Imaging

Missouri Employers Mutual

New Bloomfield Band & Music Boosters

Open Heart Baptist Church

Panera Bread

PCE: Professional Contractors & Engineers

PepsiCo

Pizza Tree

Reinhardt Construction Company

Rejoice Columbia's Free Will Baptist Church

Salvation Army

Septagon Construction Co Inc.

Shelter Mutual Insurance Company

Smoothie King

Songbird Station

STEP Program

Stephens College

TaleMed

Texas Roadhouse

Tropical Smoothie Café

UMB Bank

United Way

Valley Hope

Veterans United Home Loans

Yard Love Columbia

Turning the Corner: Vaccination Begins

At 7 a.m. on Thursday, December 17, 2020, Boone Hospital Center began administering the first round of COVID-19 vaccines. Our very first recipients included Board of Trustees Chair and previous Chief Medical Officer Dr. Jerry Kennett, hospitalist Wei Le, MD and ICU nurse Sharon Acra, as well as nurses and frontline staff from Environmental Services, Food Services, Therapy and other areas.

Chief Nursing Officer Monica Smith sent this message to all Boone Hospital employees, thanking them for their hard work during a challenging year and encouraging them to remain optimistic about changes in 2021.

From its first hour, I have been impressed by the efficiency of our vaccination process. The atmosphere was busy but hopeful. Getting a well-oiled machine up and running in about a week is no small accomplishment and your success reflects the excellent planning, hard work, and amazing teamwork everyone has put in.

I want to thank everyone involved for pulling this together so quickly. Our Chief Medical Officer Dr. Robin Blount and CEO Troy Greer were instrumental in working with the state to secure our first round of vaccine supplies. Kyndal Riffie has organized and led the distribution process, working closely with pharmacy director Stephanie Lumley-Hemme, Dr. Michael Szewczyk, and Boone Employee Health. I also want to thank everyone who has staffed the vaccine clinic –administering vaccines, scheduling appointments for second doses, and assisting our employees and providers with the process.

Seeing our caregivers receive the vaccine made me feel like Christmas had arrived early. After the patient surges that have impacted hospitals across our state and nation, I can't think of a better gift for our health care workers, our patients and our community – the gift of hope. As more people receive the vaccine, we will truly see the tide turn in the new year.



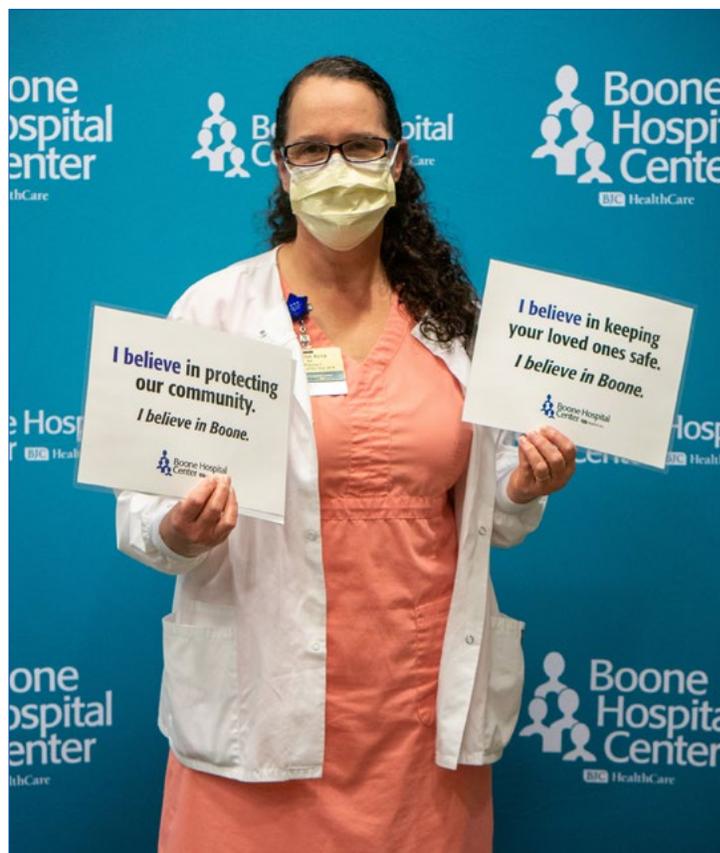
Jerry Kennett, MD, receives the first dose of the Pfizer vaccine, administered by Boone Health Chief Medical Officer Robin Blount, MD.

While the vaccine is not mandatory, I encourage you to inform yourself about the vaccine's efficacy and safety and to share the facts with other. Our community not only comes to us when they need health care, they trust us and look to us for guidance. Our employees' safety is our first priority, and health care experts at Boone, at BJC HealthCare, and around the world have expressed confidence that the vaccine we are offering is safe and effective.

At the same time, remember that while the vaccine is here, we'll need to be a little patient while we continue to give vaccinations and build herd immunity in our community. Remember to practice social distancing, wear your mask when around others, avoid crowds, stay home if you have symptoms, and wash your hands! (Proper hand hygiene will ALWAYS remain essential to infection prevention.)

Finally, 2020 has been a challenging year for everyone, but you have all done an exceptional job at adapting to many rapid changes and keeping our patients and their families at the center of everything we do. Please take a moment to remember that the sign outside our main entrance stating "Heroes Work Here" is about YOU, that you are a hero, and that your efforts make a difference. Thank you for making me believe in Boone more than ever before.

While our holiday celebrations may look different this year, I wish you all a season of joy, hope and love. Have a merry Christmas and happy New Year!



Sharon Acra, BSN, RN, CCRN shares why she received the COVID vaccine.

Evidence-Based Practice

Evidence-Based Practice (EBP) provides Boone Health nurses with the opportunity to expand their roles and transform nursing. As care providers, we want to ensure that we deliver the best quality care to our patients. Nurses who have burning questions about their current practice and wish to explore possibilities of making a practice change can initiate projects through their Unit Practice Councils. Boone Hospital Center's nurse residency program cohorts learn early in their nursing career about the importance of EBP by completing and presenting an Evidence-Based Practice project during the program.



Don't Fail to do the Scale: NIHSS Process Improvement Initiative

Susan Baldwin, BSN, RN, Caley Baumgartner, ADN, RN, Morgan Beasley, ADN, RN, Rayni Fisher, ADN, RN, Lisa Hagen, BSN, RN & Kayla Scrogin, ADN, RN



Cohort 5 nurse residents identified a lack of availability of NIHSS (National Institute Health Stroke Scale) certified nurses on medical surgical floors.

Purpose

- Promote patient safety
- Increase patient and staff satisfaction
- More consistently meet the requirements of a Level 1 Stroke Center
- Improve Medicare reimbursement
- Increase number of NIHSS certified nurses hospital wide
- Complete NIHSS more consistently and in a timely manner

Significance of the Issue

- Boone Hospital Center is below the internal goal of the 75% average for discharge NIHSS completion.
- Standard of care would be to complete NIHSS 100% of the time.
- At Level I Stroke Centers, the NIHSS is required per standards of:
 - The Joint Commission
 - The American Heart Association (Get with the Guidelines)
 - State of Missouri (Time Critical Diagnosis)
 - Centers for Medicare & Medicaid Services (Core Measures):
 - At baseline/prior to treatment
 - In pre-op holding
 - 2 hours post tPA
 - 24 hours post tPA
 - At transfer
 - At discharge
 - With change in patient status



Situation

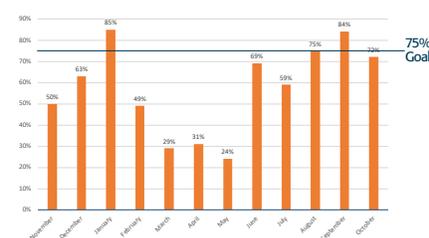
- 501 patients with primary diagnosis of stroke in 2018
- 9 in-house code strokes in 2018
- Current process for in house NIHSS performed upon transfer/ discharge unsatisfactory
- Training through APEX Innovations Hemispheres Package; payment is based on number of patient beds (no fees when more nurses take the modules)
- Lack of compensation deters medical surgical nurses from becoming certified.

Background

The NIHSS scale - an assessment tool that measures stroke-related neurological deficits. It is used to evaluate acuity, determine treatment, and predict outcomes.

- Takes 5-8 minutes to perform
- Comparison between admission and discharge NIHSS can be used to indicate quality of care for the entire acute stroke hospitalization (Dobbs, 2015)
- Medicare reimbursement:
- Contributes to mortality performance rankings affecting reimbursement (Fonarow, 2014)
- Missing data has substantial effects on the accuracy of hospital mortality (Thompson, 2018).
- Large primary stroke centers (>300 caseloads) did better recording NIHSS; BHC is at 40% compared to the 70% national average (Reeves, 2015).

Discharge NIHSS Completion: 11/18-10/19



Assessment

- Barriers to completing NIHSS on units other than ICU, SDU, ED, & Neuro/Onc.
- Lack of NIHSS certified nurses; stigma of being certified at BHC.
 - Education and time requirements
 - Workload; patient-nurse ratio
 - Budget constraints
 - Staff unaware of shortage of stroke certified nurses and non-compliance. NIHSS upon discharge is important for reimbursement requirements and is the most commonly missed.

Recommendation

To improve NIHSS compliance and maximize reimbursement, each unit should have an NIHSS certified nurse or champion for each shift.

This would include annual training to keep NIHSS information up to date, keep nurses competent, maintain confidence, and promote patient safety.

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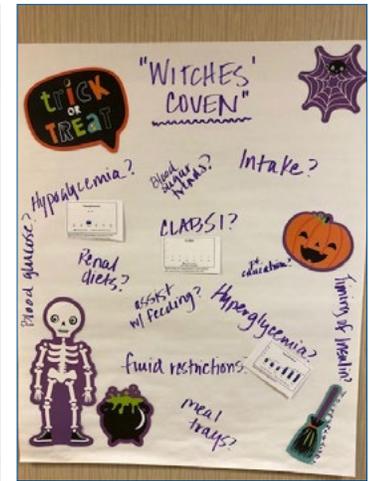
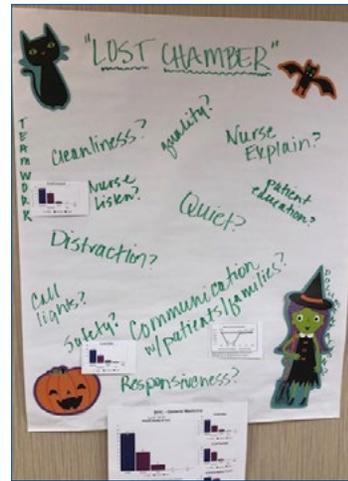
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Acknowledgements: Dan Hartgrove, RN and Pam Martin, MS, NP-BC, ANP-BC

NIHSS Scale

Surgical Specialties nurse Kayla Scrogin, ADN, RN, graduated from the Nurse Residency Program in January 2020. At the ceremony, Kayla and fellow nurse residents in her cohort presented their EBP project on the use of the National Institute of Health Stroke Scale. This group also included nurse residents Susan Baldwin, BSN, RN; Caley Baumgartner, AND, RN; Morgan Beasley, ADN, RN; Rayn Fisher, ADN, RN; Lisa Hagen, BSN, RN and advisors Dan Hartgrove, RN and Pam Martin, MS, NP-BC, ANP-BC.

In their EBP project, the group identified a need for more NIHSS certified nurses on Boone Hospital Center's medical-surgical floors and was not currently meeting its goal rate of 75% for discharge NIHSS completion, which is required to maintain the hospitals Level I Stroke Center status. Kayla presented the project poster at the 13th Evidence-Based Practice on the Frontline conference on September 17, 2020.



The Spirit of Inquiry

Evidence based practice is the foundation to our processes, policies and procedures. As medicine and nursing practice evolve, it is critical that we make sure our processes, policies and procedures keep up with the latest evidence.

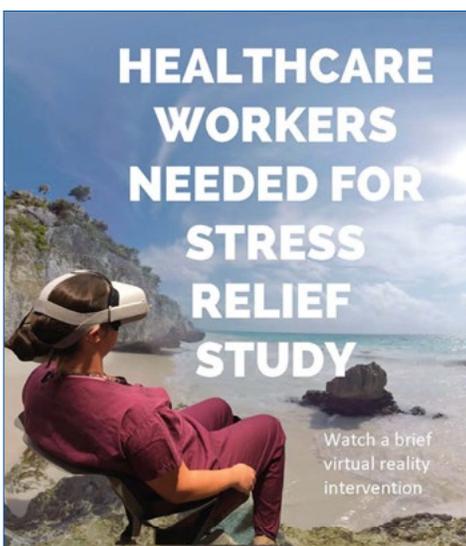
When Medical Specialties manager, Deanna Powers, BSN, RN, NE-BC, attended the 13th Evidence-Based Practice at the Frontline Conference at the University of Missouri's Sinclair School of Nursing in September 2020, she found a creative way to re-ignite the spirit of inquiry, a vital step in the EBP process, by hosting a Spirit of Inquiry Haunted House Tour on the Medical Specialties unit in October 2020.

Upon entering the unit, nurses obtained a ticket to tour the haunted house with a teammate and brainstorm ways to make the haunted rooms less scary. The tour included a Lost Chamber, Witches Coven, Vampire's Parlor and Potion Cellar.

At each stop, staff had the opportunity to review unit level data, brainstorm current practices, think about opportunities for improvement and, most importantly, ask "Why?" Why are scores high or low? Why do we do a certain process? Why don't we do it another way? After



completing the haunted house tour, nurses turned in their ticket with at least one question they thought of on the tour in exchange for a prize. The questions were collected and reviewed at the November 2021 Medical Specialties Unit Practice Council meeting.



Healium VR Study

In 2020, Boone Hospital Center's Clinical Research team invited nurses and other clinical staff to participate in a research study on the potential benefits of virtual reality for stress management. Employees were invited to take part in the study, which compared the effects of virtual reality relaxation sessions using a Healium VR headset versus standard guided audio meditation.

Our goal is to determine if virtual reality could be a valuable tool to support our nursing staff and to ease stress and pain for our patients. The last participants completed the study in early 2021, and we are interested in seeing the results and continuing our professional responsibility to expand knowledge in nursing.

Vascular Access Device Skills Fair

In honor of IV Nurse Day, the staff of Boone Hospital's Infusion and Treatment Center sponsored the second annual Vascular Access Device Skills Fair on January 24, 2020. Held in the hospital's Conference Center and featuring practice labs and educational displays, the Skills Fair was attended by 75 dedicated Boone Hospital employees from 21 different hospital departments.

The theme for the 2020 Vascular Access Device Skills Fair, "Committed to Care," was a true reflection of the Boone Touch. Our vascular access specialists are not only dedicated to providing the most appropriate vascular access device for each of our patients, they enjoy sharing their expertise, knowledge and passion for excellence with their fellow Boone nurses.

Left: Nurses were able to practice vascular access techniques with support from ITC nurses.



Pink ID Alert Bands: What You Need to Know



What is with all the PINK?

Pink alert bands are becoming standard for Alert ID bands to prevent the following on a restricted limb.

- Lab draws
- Blood pressures
- IV sticks

Restricted Limbs

- Limb is to have surgery or part of the sterile field
- Limb is injured
- Limb has had an axillary lymph node dissection
- Limb has lymphedema
- Limb with fistula or graft
- Limb has PICC or Midline
- Physician recommendation

- The hospital will provide bright pink arm bands upon admission to patients who have a restricted limb. The pink alert band will be labeled with LIMB ALERT. This band will be removed upon discharge.
- PINK alert bands will be placed by the admitting nurse.

- Bands will be kept in each department with patient population. If a band is soiled or needs to be removed it can be replaced from the department supply. Bands will originate in distribution.
- Bands are adjustable to the size of the limb.

- Pink signs will be printed and hung for the patients. They will say limb restriction and which limb is restricted.

By using the PINK limb alert system we hope to prevent

Infection
Needle sticks from lab draw and IV catheters increase the risk of infections if performed on a patient's limb that is a surgery site. Surgeries involving implants have been cancelled in the past because of this, leading to upset patients, doctors, and a loss of revenue for the hospital.

Lymphedema
IVs or BP's in arms with lymphedema, axillary dissection, or groin dissection may cause a patient to have lymphedema or make lymphedema worse. IV/LAB sticks also increase infection or cellulitis risk.

Fistulas and grafts
BP, IVs, and lab draws on an arm can cause injury or blood clots to fistula or grafts for dialysis patients, which may lead to an unplanned surgical procedure.

Pain or discomfort with injuries or fractures
BP, IVs, and lab draws are terribly uncomfortable for patients with injured or fractured limbs.

Housewide implementation: February 2020



Pink Bands for Limb Restrictions

In September 2019, the Operating Room and ITC started a pilot study to implement the use of pink limb restriction ID bands. The system was intended to prevent infections, new or worsened lymphedema, injuries, pain or discomfort in patients with restricted limbs.

During the trial, patients with restricted limb due to surgery, injury, lymphedema, PICCs, fistulas, grafts or other conditions had a bright pink LIMB ALERT arm band placed by the admitting nurse. Pink signs were also hung for patients to indicate which limb is restricted.

The trial was successful, with no reported incidents of lab draws, blood pressures or IV sticks in restricted arms. The Coordinating Council approved this process for housewide implementation on February 17, 2020.



193 Years of Nursing Experience

In December 2020, a group of amazing nurses from our GI Lab, Radiology and ITC departments retired, with a combined total of 193 years of nursing experience. They were given plaques with photos of what Boone Hospital Center looked like when they started in the 1970s and what it looks like today. We thank them for their years of service and for giving our patients the best care.

From left to right Mary Tribble, RN, GI Lab, 42 years; Jan Kelly, RN, GI Lab, 42 years; Janice "J.P." Asbury, RN, Radiology/ITC, RN 39 years; Cindy Sees, BSN, RN, GI Lab, 35 years; Kathy Reller, RN, GI Lab, 35 years

Boone Hospital Center Ranked in Top 10 For Customer Loyalty

Boone Hospital Center was named to the third-annual NRC Health Top 100 Consumer Loyalty list, the first and only loyalty-based hospital rankings that recognize the top U.S. healthcare organizations for earning exceptional loyalty ratings from their patient populations.

Boone Hospital's ranking was based on results from NRC Health's Market Insights survey, the largest database of healthcare consumer responses in the country. From April 2019 to March 2020, NRC Health surveyed more than 310,000 households in the contiguous U.S. to measure consumer engagement with community healthcare brands. The winning organizations on the 2020 Consumer Loyalty list achieved remarkably high scores on NRC Health's Loyalty Index, a composite of seven different critical aspects of consumer loyalty, including Access, Engagement, Experience, and Net Promoter Score.

"Boone Hospital and the other hospitals recognized in this year's Consumer Loyalty Awards are at the forefront of delivering



patient-centric care, which is more important than ever in this new normal in healthcare," says Helen Hrdy, Chief Growth Officer at NRC Health. "We are proud to recognize these industry-leading organizations and the commitments they hold to their patients and improving the complete care journey now and moving forward."

For nearly four decades, NRC Health has helped healthcare organizations illuminate and improve the moments that matter most to patients, residents, physicians, nurses and staff.

"Boone Hospital Center's dedication to its patients and community is proven through this recognition and the countless other national awards and rankings that Boone achieves. That dedication has driven our patient care results to be among the best in the country. Providing our patients and Mid-Missouri excellent care has always been our mission. It is an honor that our patients and communities continue to believe in Boone," says Jim Sinek, Boone Hospital Center president.



Forbes Best-in-State Employers

In August 2020, Boone Hospital Center was named to Forbes list of America's Best-in-State Employers.

Forbes and Statista selected America's Best-In-State Employers based on an independent survey of more than 80,000 U.S. employees working for companies employing at least 500 people in their U.S. operations. The surveys were administered using a series of online panels and provide a representative sample of the U.S. workforce.

"Boone Hospital Center has served the mid-Missouri community for 99 years, and the employees are the heart and soul of our organization. Boone's over 1,600 teammates live a culture of excellence. We are thrilled to learn that Boone Hospital has been named to Forbes list of America's Best-in-State Employers. This is a tribute to everyone who works here," says Michelle Zvanut, Boone Hospital Vice President of Human Resources.

Above: Emily Wood, BSN, RN

Mission Moments

I gave birth to my first baby on April 1, 2020 at Boone Hospital Center. Chanda, in Labor and Delivery was my nurse before my C-section and during my recovery. She was absolutely incredible – explaining what was going on and always available to answer questions or try to make me comfortable. I was not expecting a C-section, and she made the entire process so much more manageable and less overwhelming. I felt like my baby and I were receiving the very best care with Chanda around. I will always remember her and because of her, I will recommend Boone Hospital to all my pregnant loved ones. Nurses are amazing, but especially Chanda!

I feared that I had broken a rib. I went to your Emergency Department and it was absolutely wonderful! The staff were so kind and explained everything to me. I have suffered some recent strokes, and it sometimes takes me longer to understand everything being said, but they were very thorough and took their time with me. The radiology tech was great, too! He was really funny and did a great job of telling me what was going on and taking care of me. I even enjoyed my time in the waiting room! I was really scared before going in because I live alone and did not know what was going to happen, but I felt really well cared for during my visit. You all rock!

5 Stars from Centers for Medicaid & Medicare Services

In 2020, Boone Hospital Center was named a 5 star hospital by the Centers for Medicare & Medicaid Services (CMS) through its Hospital Compare website. Boone was the only hospital in the mid-Missouri area to receive this top ranking.

The CMS Hospital Compare website rates hospitals from 1 to 5 stars. The more stars, the better a hospital performed on the available quality measures. CMS looked at more than 57 quality care measures, including patient experience and patient safety, to rank the hospitals.

The overall hospital rating shows how well each hospital performed, on average, compared to other hospitals in the U.S. The most common overall hospital rating is 3 stars.

US News & World Report

For the sixth year in a row, Boone Hospital Center was the top-ranked hospital in mid-Missouri by *U.S. News & World Report*. It also ranked #4 in the state of Missouri, up one position from last year.

Boone Hospital Center was rated High Performing in orthopedics and seven procedures or conditions: aortic valve surgery, chronic obstructive pulmonary disease (COPD), colon cancer surgery, heart bypass surgery, heart failure treatment, hip replacement surgery, and knee replacement surgery.

American Heart Association

Boone Hospital has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award, Target: Stroke Elite Honor Roll Award, Mission: Lifeline® Gold Plus Receiving Quality Achievement Award, and the Mission: Lifeline® NSTEMI Gold Quality Achievement Award.

The Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award recognizes the hospital's commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

Boone Hospital additionally received the Association's Target: Stroke Elite Honor Roll Award. To qualify for this recognition, hospitals must meet quality measures developed to reduce the time between the patient's arrival at the hospital and treatment with the clot-buster tissue plasminogen activator, or tPA, the only drug approved by the U.S. Food and Drug Administration to treat ischemic stroke.



For the 2020-21 ratings, U.S. News evaluated more than 4,500 medical centers nationwide in 10 procedures and conditions. Fewer than a third of all hospitals received any high-performing rating, and only 37 earned this rating in all 10 Procedures and Conditions. The state and metro-area rankings recognize hospitals that received high-performing ratings across multiple areas of care. The U.S. News Best Hospitals methodologies in most areas of care are based largely on objective measures such as risk-adjusted survival and discharge-to-home rates, volume, and quality of nursing, among other care-related indicators.

“Boone Hospital Stroke Program’s mission is to provide the highest standard of care for stroke patients throughout central Missouri. This recognition from the American Heart Association for the second year in a row speaks to the dedication of our staff to achieve this goal. I could not be more proud of the collaborative efforts from this multidisciplinary team in order to improve our patients’ outcomes, and it is nice that they have earned this recognition for their hard work,” says Boone Hospital Center Stroke Program Coordinator, Chris Benne, BSN, RN, CEN.

Boone Hospital received the Mission: Lifeline® Gold Plus Receiving Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer severe heart attacks.

Boone Hospital also received the Mission: Lifeline® NSTEMI Gold Quality Achievement. It earned the award by meeting specific criteria and standards of performance for the quick and appropriate treatment of NSTEMI heart attack patients by providing emergency procedures to re-establish blood flow to blocked arteries when needed.

2021: Boone Goes Independent

In August 2019, after evaluating options for partnerships with various organizations, the Boone Hospital Center Board of Trustees made the decision to focus on operating Boone Hospital Center as locally controlled, independent community hospital. In this process, Boone Health was formed as an umbrella organization with an 11-member board that would manage Boone Hospital Center, Boone Home Care and Hospice, and Boone Medical Group as well as the relationships with private practice clinics and affiliated hospitals.



Boone Hospital Center has been part of BJC HealthCare for over 30 years. In September 2018, the Trustees and BJC mutually agreed that BJC's lease of Boone Hospital Center would come to a conclusion, with an initial agreement for Boone Hospital Center's full transition from the BJC system on January 1, 2021.

Due to the impact of the Coronavirus pandemic, which required the full attention of both Boone Hospital and BJC HealthCare staff, the

transition date was adjusted by three months to April 1, 2021.

Separating a hospital from a health care system after more than three decades will be a monumental task. 32 years ago, when Boone

County Hospital joined Christian Hospital, which would later become BJC HealthCare, the hospital used one computer system for patient registration and accounting. Radiology images were printed on film and patient medical records were on paper and stored in a large room with an elaborate filing and retrieval process.

Boone nurses are playing a critical role in this transition, including the update of over 150 software applications plus training on a new electronic health record system, all while remaining a fully functioning hospital during a pandemic. But even with all this new activity, providing a high standard of patient-centered care remains our nursing staff's priority.

Introducing Boone Health CEO Troy Greer

On Monday, August 31, 2020 Troy Greer started his first day as Chief Executive Officer for the Boone Health System. Troy will be responsible for leading Boone Health in meeting the health care needs in the system's 26-county service area. He will also lead transition planning for the new independent Boone Hospital Center, while Jim Sinek will continue to serve as president and lead the hospital's day-to-day operations until his retirement at the end of the year.

Prior to joining the Boone team, Troy served as the CEO of Lovelace Medical Center in Albuquerque, New Mexico, a 318-bed, two-hospital campus which includes the Heart Hospital of New Mexico at Lovelace Medical Center.

"We are excited to have someone of Troy Greer's stature and accomplishments lead us as we embark upon our mission as an independent community hospital system," said Dr. Jerry Kennett, Chairman of the Boone Hospital Board of Trustees, in an announcement released in July.

The Trustees led a deliberate selection process that initially attracted nearly 200 qualified applicants. After reviewing the detailed biographies of 11 applicants and conducting follow-up phone interviews with eight individuals, Troy was one of three final candidates to visit Columbia to meet with the Trustees, medical staff, hospital leadership and employees, and community members.

"The opportunity to be part of such an exciting transition spurred my initial interest," Troy says. "As I learned more about the incredible teamwork, quality, and service it proved to be an opportunity I could not pass up. I believe in Boone!"

Troy says his first priority is "to work on establishing relationships and acclimating to the Boone community. It is an honor to be a part of an organization with so many accolades and I want to listen to those who have worked diligently to make Boone a success. It is crucial we protect the culture of exceptional quality, service and dedication to our community and fellow team members."



Troy was born in South Ruislip, U.K., where his father was stationed with the U.S. Army, but calls Huntsville, Ala. his hometown. He received his Bachelor of Science in Health Care Management from the University of Alabama, then went on to earn both an MBA and a Master of Science in Health Administration at the University of Alabama at Birmingham.

He and Mandy, his wife of 25 years, have two adult children. 22-year-old Caldwell is currently completing his Army basic training at Fort Benning, Ga. and 21-year-old Victoria is a senior at the University of Alabama.

Troy says he especially looks forward to "bringing together the many voices who have been a part of Boone to shape our future together. This is truly a unique experience for a new beginning – even after 100 years of service to mid-Missouri!"



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