

Boone Health
Nursing Services Annual Report
2021

100 Years of Healing

1921 to 2021

 BooneHealth





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.

2021 Boone Health Executive Team

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CEO, Boone Health

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

Chief Nursing Officer

Chief Operating Officer

Robin Blount, MD

Chief Medical Officer

Chad Pew, FACHE

Sr. Vice President, Provider Services

Michelle Zvanut

Chief Human Resources Officer

Kenyon Woodward

Chief Information Officer

Annual Report Editorial Staff

Andrea Fansler, BSN, RN, CCRN-K

Professional Practice Manager

Jessica Park

Communications Consultant II



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

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Front cover: Nurse Eleanor Keely served as Boone County Hospital's first administrator from 1921 to 1942 (*see page 5*)

Inside cover: Boone County Hospital circa 1960. The original 1921 hospital building was expanded with the Nifong Wing in 1954 and a patient tower in 1959.

Back cover: Boone Hospital Center's south tower is updated with new Boone Health signage in 2021.

2021: A Century of Healing, A Year of Resilience

by Monica Smith, MSN, RN, NE-BC, FACHE

Several times I day, I pass a photo in the lobby of our hospital's first administrator, Eleanor Keely, RN. Nurse Keely was instrumental in founding Boone County Hospital. Without her determined leadership, particularly during the Great Depression, we might not have celebrated 100 years of serving our community in December 2021. From Day 1, Boone nurses have led the way.

2021 was a demanding year for all nurses. Around the world, they faced multiple obstacles from the ongoing COVID-19 pandemic, both at the bedside and beyond. In addition to surges in the number of COVID inpatients, nurses have had to adapt to changes in PPE availability, supply chain issues, staffing shortages, and dissatisfied patients and family members, while continuing to provide care for all patients. The continued demands of the pandemic prompted the American Nurses Association and World Health Organization to carry over their 2020 theme, "Year of the Nurse," for a second year.

At Boone, 2021 presented further challenges as we transitioned away from BJC HealthCare to become an independent healthcare organization. For over a year, we readied over 1,700 employees and 300 medical providers for the hard work necessary for this big step forward,



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

including migrating to our new electronic health record (EHR) system, Meditech, and 140 other systems, including payroll and human resources. There was not a single Boone employee who wasn't impacted by the transition. Boone Health became independent on April 1, 2021, a day we'd nicknamed "The Big Bang."

Patient-centered care is why our Board of Trustees made the decision, after reviewing other

partnership and lease options, for Boone Hospital Center to become an independent organization. In addition to providing oversight for Boone Hospital, the Trustees added Boone Home Care and Hospice and Boone Medical Group to the network. The network was named Boone Health to reflect the expanded services of this new entity.

We knew the transition wouldn't be easy – significant change rarely is. We recognized that there would be challenges and frustrations at first. We didn't know the exact obstacles we'd encounter, but we did know that we had the right team to meet these obstacles head-on and to continue doing what we've always done – put our patients and families at the center of everything we do.

I am grateful that our culture at Boone encourages our nursing professionals to share their concerns, identify issues, propose ideas, and trial innovative ways to provide an even higher standard of patient care. For example, when Boone nurses shared their voices about the new EHR, a weekly Meditech Nursing Optimization committee was born. This team of 30 nurses and leaders partnered with our IT team to drive improvements. The participation from nursing, leadership, and IT has been remarkable and

“One thing I know for certain... no matter what comes, Boone nurses will continue to lead the way.”

many changes and improvements have been implemented.

In multiple industries across the United States, 2021 was a difficult year for staff retention. The pandemic exacerbated an existing national nursing shortage as nurses left their jobs or quit the nursing profession. In addition to developing new recruitment strategies, we have focused on retention initiatives, including a series of programs to support our nursing staff (see page 28). Our nurses' well-being is critical for our success as an independent healthcare organization.

Fortunately, we are also seeing a new generation of nurses emerge. In 2021, our neighbor Stephens College started classes for their first cohort of nursing students. Boone Health is a partner in Stephens' nursing program, providing opportunities for on-site, hands-on training.

Our Nurse Residency Program has helped graduate nurses launch their careers in 2020 and 2021. Even during a pandemic, their enthusiasm, spirit, and interest in incorporating evidence-based practice (EBP) has been inspiring.

Nobody enters nursing because they think it'll be an easy job. People become nurses because they want a challenging and rewarding career.

Seeing patients recover, supporting an anxious spouse or grieving family, helping parents of a NICU patient learn how to care for their baby, or advocating for a patient are why our nurses weather the storms.

It's important not to let our nurses forget the difference they make for our patients and families. We must recognize their professionalism, innovation, compassion, and resilience, especially in challenging times.

Since 1921, Boone County Hospital has weathered many storms. 2021 wasn't the only year we faced obstacles or massive change, and I imagine it won't be the last. One thing I know for certain, though – no matter what comes, Boone nurses will continue to lead the way.

Thank you for all you do to make Boone Health a great place to work and to receive healthcare.



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



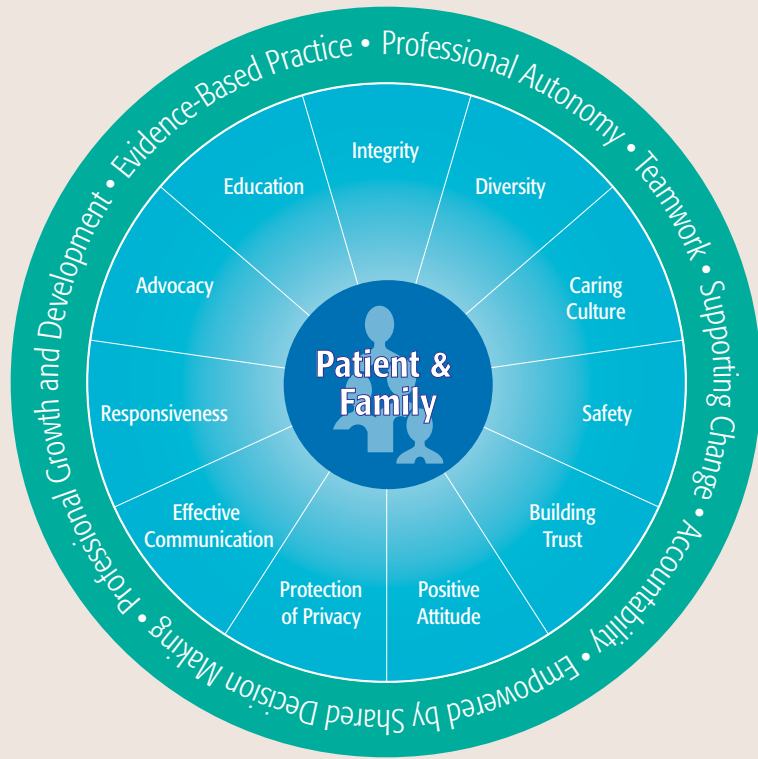
Built by Nurses

Lou Eleanor Keely, Boone County Hospital's First Administrator

On July 12, 1921, a registered nurse named Lou Eleanor Keely began a long and close relationship with Boone County Hospital. Nurse Keely had served with the American Red Cross stationed in Limoges, France during World War I, and was no stranger to emergency medicine and the importance of hospitals. After the war, Keely returned to Sedalia, Mo. where she spent two years organizing rural nursing throughout the state.

Keely first came to Columbia simply to assist the county board of trustees with completing and furnishing the new hospital and hiring the hospital's first staff, but within a few months, the five board members unanimously elected her to be the first superintendent of Boone County Hospital. Her starting salary was \$2,000 per year, plus room, board and laundry. Keely lived on the hospital grounds in the Tandy House.

Until her retirement in 1942, Nurse Keely helped shape Boone County Hospital to meet the needs of a growing community. She also guided the hospital through the financial troubles of the Great Depression and made many difficult but necessary decisions to ensure Boone County had access to quality, local hospital-based care.



Professional Practice Model

Boone Health's Professional Practice Model is a schematic description of how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care to the patients we serve. Our current Professional Practice Model was developed by the Professional Development Core Council and approved by Coordinating Council in 2018. Every year, the model is reviewed to ensure it remains an accurate representation of how patient care is supported

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

Patient Compliments

As a long-time Boone patient, I wanted to share thanks with and recognize your very professional staff, both clinical and non-clinical. I recall back in the 1960s when Boone County Hospital was a "little" hospital compared to your present-day facility. I've had quite the history of experiences that brought me to Boone to walk your halls, including some emergencies. Over the decades of care received at Boone that I have received in my near 90 years, I cannot recall one negative experience. I am truly confident that all Boone staff are wonderful.

Boone has very professional, courteous and exceptional RN staff. Congratulations to all and to the ICU nurses for a job well done. They are excellent and professional.

I went to Boone Hospital Center for a cough and breathing problems. All the nurses and staff in the Emergency Department were very professional. Although I spent 5 hours at the hospital, I am grateful they would not release me before they had determined my problem. You should be very proud of them!

I wanted to give a heartfelt thanks to the Boone crew! From check in with Admissions to every department along the way for my procedure, the professionalism, empathy and warmth were so appreciated! When one goes in for any procedure the level of angst can increase exponentially. Thanks to these pros, my gratitude and sense of well-being were at peak level.

All the nurses were outstanding in my care. I was afraid and they helped calm me with their compassion and care. I don't remember their names, but they all took good care of me!

The nurses on the surgery unit were there when I needed them. The nurse on day shift and the nurse on night shift and the nurse that helped us with discharge were all so nice and professional. Thanks for the great care. Boone is a wonderful place to receive care!

For more patient compliments about Boone Health nurses, see our 2021 DAISY Award Winners on pages 10 & 11.

Promoting Safety, Preventing Falls

Marlene Lyon, BSN, RN, Executive Director of Patient Care Services

As a hospital, we must be committed to consistently providing the safest care for our patients. We can do this effectively by recognizing areas that need improvement, collaborating on solutions, and evaluating processes regularly for development. One area that needs our attention is patient falls. We know that one of the primary reasons for patient injury are falls, which typically occur when a patient gets out of bed, or ambulates to and from the restroom.

The tools we have in place for fall prevention include Hourly PEPS Rounding, Fall TIPS Prevention Tools, and Fall Champions.













Boone Health's Standards of Excellence focus on providing the best care possible for our patients; knowing and implementing these tools for the prevention of falls is an expectation for the care of patients. While it may be difficult to eliminate all falls, we must reduce the number of falls with injury. Our goal for 2021 was to reduce falls with injury by 20%.

Pain, Elimination, Positioning, Safety (PEPS) Rounds

Each hour in the inpatient areas, staff complete patient rounding: nurses at even hours and patient care technician on odd hours. Based on their area, ambulatory or clinic settings provide this care at different times, in either 15-, 30-, or 60-minute increments. Pain, restroom needs, patient positioning, and safety should be assessed during each rounding event.

Staff in all areas of the hospital are expected to evaluate Pain, Elimination, Positioning and Safety needs of all patients. No departments are excluded. Staff must recognize when patients are at risk or fall prone and create a care plan accordingly.

If a patient is alert and oriented but is non-compliant with their ambulation plan after education and coaching provided by staff, a bed/chair alarm should be placed on the patient.

Patient Name: _____		Date: _____	
<input type="checkbox"/> Increased risk of harm if you fall  YOUR FALL RISKS (Check all that apply)		FALL INTERVENTIONS (Circle selection based on color)	
<input type="checkbox"/> History of Falls	<input type="checkbox"/> Walking Aid	<input type="checkbox"/> IV Pole	<input type="checkbox"/> Medication Side Effects
<input type="checkbox"/> May Forget or Choose Not to Call	<input type="checkbox"/> Unsteady Walk	Walking Aids  Crutches  Cane  Walker  Gait Belt	
Toileting Schedule: Every _____ Hours  Bed Pan  Assist to Commode  Assist to Bathroom		Assistance Out of Bed  Bed/Chair Alarm On  Bed Rest  1 Person  2 People	

Fall Prevention TIPS Toolkit

Fall TIPS sheets (*above*) are made available in every patient room. Fall Risks are reviewed with each patient and their family, then notated on the sheet for access by the entire care team. The data from Fall Prevention TIPS sheets is shared during shift reports or patient handoff to oncoming staff.

Fall Prevention Champions

Each department develops a designated Fall Champion who takes ownership of maintaining the fall prevention program while collaborating with managers and staff. They are engaged with the care team and committed to patient safety. Champions will be successful in carrying out the process of the fall prevention program with an easy-to-follow procedure.

On the Horizon

Patient Care Services continues to work closely to provide education and tools for staff to ensure patient safety. Monthly Fall Prevention Meetings are held to gather feedback from staff and leadership and will adjust and improve fall prevention workflows, communication, teamwork, and care customization for each patient.

Clinical Resource Nurses

In 2021, Clinical Resource Nurses, or STAT nurses, supported patient care at Boone Hospital. All patient care staff are encouraged to reach out for assistance from these nurses and to take advantage of this resource when they round on the patient care areas or contacting the Clinical Resource Nurse on duty using Vocera.

What do Clinical Resource Nurses do?

Nearly everything! These energetic, experienced, and supportive nurses respond to needs throughout the hospital and support the bedside nurses and other members of the team by responding with House Supervisor to RRT and Code Situations, plus:

- Providing a second set of eyes or hands for complex patient situations
- Transporting patients who need a nurse present to a floor, imaging, or higher level of care
- Facilitating patient movement to support throughput (i.e., ED to inpatient)

Clinical Resource Nurses are also available to help with:

- IV Access
- Initiating blood transfusions
- NG or Feeding tube placement/Bridle
- Foley catheter placement
- Wound care or assessment
- Wound vacs when wound RN is unavailable
- Giving STAT/Now medications
- Assisting with an admission
- Education or policy reinforcement
- Many other skills

Our Clinical Resource Nurses work on overlapping shifts to provide double coverage. This is especially helpful to assist newer night shift nurses with starting their shift on the right foot. We tell our nurses that there is never a time that they shouldn't call for a Clinical Resource Nurse!

Recognition

2021 Nursing Awards

On May 5, 2021, Boone Health held its Nurses Week Virtual Celebration. In a Teams session open to all Boone staff, Monica Smith, MSN, RN, NE-BC, FACHE, Chief Nursing Officer and Chief Operating Officer, recognized PNDP nurses, certified nurses, nurse residency program graduates, DAISY Award winners, and announced the winners of our 2021 Professional Excellence in Nursing Awards, or PENA.

Nominated by their fellow Boone teammates, our PENA nominees embody the teamwork, spirit and valuable contributions by individual nurses and nursing teams that make Boone Health an excellent place to work and to receive healthcare.



2021 Nurses Week Celebration



our mission to improve the health of the people and communities we serve.

Erin Howser, BSN, RN, OCN,
Infusion & Treatment Center

Innovation in Nursing Award

This award is for an individual registered nurse who has led an innovative project, process or program to improve a patient's care, process, project or patient outcomes.

Terry Ballard, BSN, RN, CRNI
Infusion & Treatment Center

DAISY Nurse Leader Award

The DAISY (Diseases Attacking the Immune System) Award is an international recognition program that honors the skillful, compassionate care nurses provide every day. This award recognizes a nurse leader who serves as a role model and cultivates a culture of compassion and exemplary practice.

Michele Sprague, MSN, RN, Oncology/Neurology

Partner in Caring Award

This award recognizes three care team members other than registered nurses whose contributions and positive attitudes help our nursing staff provide excellent patient care.

Szu Chao, PCT, Surgical Specialties
David Forte, Unit Secretary, Medical Specialties
Kim Oliver, Social Worker, Emergency Dept.

Year One Wonder Award

This award recognizes two graduate nurses who show promise as exceptional members of the Boone Health nursing staff.

Mulija Caldarevic, BSN, RN, GI Lab
Jessica Fleshman, BSN, RN, Emergency Dept.

Nursing Spirit Award

This award recognizes two registered nurses who consistently demonstrate outstanding spirit and a positive attitude towards the practice of nursing.

Carma Bushnell, RN, RN-BC, Wound Care
Denise McLaren, RN, Pain Clinic

Transformational Leader in Nursing Award

This award recognizes a Boone Health director, manager or supervisor who leads by example and is a champion for change and innovation.

Natalie Bayer, BSN, RN, Pain Clinic

Excellence in Nursing Education Award

This award recognizes two registered nurses who excel in teaching, mentoring or precepting skills in a clinical or classroom environment.

Cecilia Boessen, RN, Medical Specialties
Zoe Prevette, BSN, RN, CWOCN, Wound Care

Beyond Boone Award

This award recognizes a registered nurse who is actively involved outside the hospital in unpaid community service activity. Volunteering reflects and supports

2021 Award Nominees

Excellence in Professional Nursing Award

Our most prestigious nursing award, the Excellence in Professional Nursing Award recognizes three registered nurses who excel in the overall art and practice of nursing.

Jessica Abercrombie, BSN, RN, Medical Specialties
Renae Crow, BSN, RN, VA-BC, Infusion and Treatment Center
Nicole Wehner, RN, Neurology and Oncology

Innovation in Nursing Team Award

This award honors a nurse-led team that has implemented a new project, process or program that improved a patient's care or a process, contributed to excellent patient outcomes or improved quality outcomes.

Employee Health Team

DAISY Team Award

The DAISY Team Award recognizes the collaboration by a nurse-led team of two or more people that identifies and meets a patient's or patient family's needs by going above and beyond the traditional role of nursing.

GI Lab Team



Partner in Caring

Szu Chao
David Forte
Taylor Gaines
David Nzabanita
Kim Oliver
Dionna Pegg
Matt Stitt

Year One Wonder

Mulija Caldarevic
Jessica Fleshman
Brandy Hentschel
Paige Ragar

Excellence in Nursing Education

Cecilia Boessen
Mel Close
Renae Crow
Lewis Daniel
Jesse Godec
Regan Muri
Zoe Prevette
Karen Vaughan

Nursing Spirit

Jessica Black
Carma Bushnell
Sara Elliott
Phyllis Golden
Robin Gwinner
Veronica Huckfeldt
Grace Karsten
Randa McEuen
Denise McLaren
Regan Muri
Misty Ogunnaike
Shelly Rice
Dana Sherard

Innovation in Nursing

Terry Ballard
Lisa Mefrakis

Nursing Leadership

Natalie Bayer
Renae Crow
Lindsay Divins
Beth Eidson
Amanda Holland
Shanna Marshall
Randa McEuen
Denean Mullis
Andrea Primus
Karen Ross
Michele Sprague

Excellence in Professional Nursing

Jessica Abercrombie
Anna Benson
Annette Blanchard
Bryce Boudreau
Jessica Carter
Renae Crow
Lewis Daniel
Stephanie Doman
Jeremy Jordan
Randa McEuen
Michelle Schiltz
Karen Vaughan
Addison Watson
Nicole Wehner

Innovation in Nursing Team

Employee Health Team

Infusion & Treatment Center and Interventional Radiology Team

DAISY Team Award

Emergency Department
GI Lab
ICU
Labor & Delivery
Medical Specialties
Operating Room Team
RN Float 2 Team

At Left: ICU nurses Robin Sypolt, BSN, RN, CCRN, ICU (left) with Lorin Lee, BSN, RN (right)

Recognition



DAISY Award for Extraordinary Nurses

Since 2018, Boone Health has participated in the DAISY Award program for nurse recognition. This nationwide program 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. During Pat's eight-week hospitalization, his family was awestruck by the care and compassion his nurses provided to Pat and everyone in his family. In memory of J. Patrick Barnes, the DAISY Award allows patients, families and others to honor extraordinary nurses. Nurses can be nominated online or at ballot boxes placed around the hospital.

Boone Health nurses who are selected for a DAISY Award personify a remarkable patient experience. Awardees consistently demonstrate excellence through clinical expertise and compassionate care, and they are recognized as outstanding role models in our nursing community. Each DAISY Award honoree is recognized at a ceremony in their unit and receives a certificate, DAISY Award pin, a hand-carved stone sculpture titled "A Healer's Touch," and a special treat to share with their unit. Recent DAISY nurses are displayed on the honored nurse's unit and in the hospital's main lobby.



February 2021

Laura Schneider, MSN, RN, CEN

Emergency Department

My mom was brought in by ambulance in extreme back pain and nausea from a reaction to pain meds. Laura was attentive, caring, reassuring and kind to my mom and to me. As we sat in our room a sweet song came from outside, "You get a line and I'll get a pole, honey - you get a line and I'll get pole, babe..." That was a song my dad and I sang together when I was little girl. I had never heard anyone else sing that song. My dad died 6 years ago and, in that moment of uncertainty, I was reminded that I was not alone. He was with us and we were in capable hands. I asked Laura if she knew who was singing in the hallway - and she said, "Oh, that was me!" I told her how much I appreciated her singing and that song in particular.



April 2021

Chelsea Beck, BSN, RN

Neonatal ICU

Being told my husband and I would soon be having a 34-week-old preemie was a scary moment in the birth story of our son. Although we had many great nurses during his stay in the intensive care nursery, Chelsea made the entire experience less scary. Immediately I felt like our son was being cared for by family. The moment I was most thankful for with Chelsea was the evening I was discharged from the hospital, but my son had to stay in the NICU. She wanted me to come in and tell him good night and that I would see him tomorrow while receiving a big hug from her. Having such a talented and caring nurse as Chelsea taking care of our son made leaving the hospital more comforting.



June 2021

Stacye Klenke, RN, CCRN

ICU

Stacye consistently kept me informed of everything I was given, what doctors were doing and what they were saying. I had no idea how close to death I was, but Stacye is an integral reason why I am still here. Stacye held my hand and cried with me. It was because of her experience, intelligence, and willingness to advocate for me that I am here. I am beyond grateful that she was my nurse for 3 days in a row and she is etched into my heart.

Stacye is the reason Boone is Boone. Thank you, Stacye - from the bottom of my heart and my family's heart, we are grateful for you and we love you!

Celebrating Lifelong Learning

Constant changes and innovations in health care require all nurses and other health care professionals to be lifelong learners. In 2021, we shared and celebrated our nurses' educational accomplishments and certifications in our monthly *Clinical Practice Update* newsletter.



August 2021

Tyson Cason, BSN, RN

Recovery Room

No matter the type of surgery one is facing, anxiety and discomfort dominate the pre-op process. However, Tyson came in with a smile on his face, words of comfort in his voice and a positivity that immediately made me feel comfortable and reassured that all would go well. Despite the fact he had many other patients, I felt like his special patient! He was professional. He was knowledgeable. He was interested. He was uplifting. He loves his job! He answered my questions, no matter how mundane they sounded. The icing on the cake was when I received a call from him the morning after my outpatient surgery. He wanted to know how I was doing. Once again, he reassured me that I was going to be okay! I want to personally thank him for his service, his dedication, his knowledge and his ability to help people.



October 2021

Lacey Clark, RN

Surgical Specialties

Lacey showed exceptional kindness to me as I recovered from my surgery. She listened to me when I shared the symptoms I was feeling and communicated this information effectively and efficiently to my surgeon. During a time when I was vulnerable Lacey took the care and time to carefully explain things to me. Lacey's knowledge and expertise were obvious and gave me a great deal of confidence. She took initiative to seek out information and answers. She truly was an angel for me on a very difficult day.

My overall care by all staff and nurses at Boone was excellent and even within this excellence Lacey stood out as extraordinary.



December 2021

Michelle Crowe, BSN, RN, IBCLC

Labor & Delivery

My story starts in June 2018 with the birth of my first baby. Michelle was my nurse when I arrived at Boone. To keep it short, Michelle was the perfect nurse for me. She was confident, compassionate and empowering! As a first-time mom, I had the best experience, and I attribute much of that to Michelle! Fast forward to June 2020. I was scheduled to be induced with my second baby. I had a lot of anxiety about being induced, and I told my husband I hoped and prayed that I would have Michelle as my nurse again. After they checked me in, I waited in the room for the nurse and saw Michelle walk around the corner! She had come to start my IV before her shift ended. I truly just cannot go on enough about how great Michelle was for both of my births.

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

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

Emily Reinkemeyer, BSN, RN, ASPAN

Cheryl Stallo, MSN, APRN, FNP-BC

Melodie Wigger, BSN, RN, C-ELBW

2020 Employee and Leader of the Year

Boone Health announced its 2020 Employee of the Year and Leader of the Year at our Service Awards ceremony on Friday, December 3, 2021.

2020 Employee of the Year

Emily Wood, ADN, RN
Staff Nurse, Women's & Children's Health



Emily was recognized for her attentiveness to her patients, positive attitude, attention to detail, and support for her coworkers. Many of Emily's colleagues have called her a role model and inspiration, including one nurse who said, "I call her style of nursing 'The Emily Way.'" Emily was also Boone Health's first recipient of the DAISY Award for Nursing in 2018.

2020 Leader of the Year

Drew Wilkinson
Director of Laboratory, Ambulance & Emergency Services

Drew was recognized for demonstrating leadership in challenging situations, including setting up a COVID drive-through testing site, and for supporting our patients and communities by expanding our outpatient laboratory services to new locations and areas. He is known for his commitment to teamwork and willingness to help others and take on new responsibilities.



Employees of the Month

In an organization with over 1,800 employees, being selected as Boone Health'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, seven Boone nurses were recognized as Employees of the Month in 2021.



January 2021
Brandon Walsh, BSN, RN
Float Pool



February 2021
Meagan Fansler, BSN, RN
Pulmonary Clinic



March 2021
Danyelle Libbert, BSN, RN
ICU



April 2021
Beata Sowa, RN
Cardiac Cath Lab



July 2021
Ty Dille, BSN, RN
Surgical Services



August 2021
Torin Brenner, BSN, RNFA, CNOR
Operating Room



December 2021
Stephanie Mayfield, BSN, RN
Surgical Specialties



CELEBRATE CERTIFIED NURSES MARCH 19

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 Health 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, from left to right: Certified Nurses Bryce Boudreau, BSN, RN, CCRN; Jennie Collins, RN, CAPA; April Womack, RN, CNN

2021 Certified Nurses

Abigail Anton	Heidi Hoffman	Melodie Wigger
Addison Watson	Heidi Woods	Michelle Gay
Alisha Peters	Jamie Markway	Monica Smith
Amanda Cundiff	Jean Macher Japko	Nicole Myers
Amy Bierk	Jennie Collins	Nina Chute
Andrea Fansler	Jennifer Baggett	Paige Kreitz
Anne Balsley	Jennifer Burnett	Pam Evans-Smith
April Womack	Jennifer Pace	Pamela Martin
Ashley Green	Jennifer Self	Pamela Offield
Ashley Makowski	Jerri Davis	Pearl Lariosa
Beth Eidson	Ethel Baguio	Rachel Robison
Betty Cook	Jesse Godec	Rachel Selby
Brandy Templeton	Jessica Caszatt	Rebecca Goff
Brenda Wilson	Jessica Clardy	Rebecca Whipple
Bryce Boudreau	Jonathon Barnes	Rebekah Bail
Carla Kuhlmann	Julia Crane	Regan Muri
Carma Bushnell	Karen Ross	Renae Crow
Carmen Colvin	Kari Gaskell	Robin Bell
Cassandra Mueller	Kari Jansing	Robin Sypolt
Cheryl Stallo	Karma Joos	Shanna Marshall
Chris Benne	Kendyl Heberlein	Sherri Barnes
Christa Sieben	Kristen Maxey	Sonya Mosher
Christine Koehler	Laura Schneider	Stacey Lindsey
Christine Mills	Leah Hanks	Stacie Barker
Clifton Satterfield	Lisa Byrd	Stacye Klenke
Consolata Uzzi	Lisa Corser	Stephanie Doman
Daniel Hartgrove	Lisa Mefrakis	Stephanie Powell
Deanna Powers	Lisa Orbals	Stephanie Whitbey
Deb Clifford	Liza Williams	Stephen Adkins
Debra Blazis	Lori Burns	Steveny Grieve
Deidre Anderson	Lori Humphrey	Susan Blanchard
Delanie Brown	Lori Wilburn	Susan Scheer
Delora Smith	Luci Dinsdale	Tammy Brandes
Donna Simpson	Lugine Hein	Tara Phillips
Elizabeth Crowe	Maria Bickell	Terry Ballard
Emily Bishop	Marilyn Schatz	Theodore Kurre
Emily Nusbaum	Marla Jones	Theresa Curtis
Emily Reinkemeyer	Marla Owen	Thersa Wells
Emmanuel Nana Amoako	Mary Christie	Torin Brenner
Erin Howser	Matthew Nusbaum	Trent Hoover
Evan Woodward	Megan Kaneaster	Trudy Barnes
Gail Miller	Meghan Pagel	Zoe Prevette
Heather White	Melissa Koga	

Professional Development

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.

Recertifications

3-P Recertifications

Ashley Green
Leah Hanks
Veronica Huckfeldt
Brittany Macormic
Caroline McDougal
Annie Metzner
Andrew Tappana
Brandy Templeton

4-P Recertifications

Amanda Cundiff

5-P Recertifications

Julie Miles

Promotions

3-P Promotions

Ty Dille
Grace Elfrink
Melissa Miller
Valerie Priest

4-P Promotions

Julia Crane
Allison Drysdale
Lauren Gosney
Jeremy Jorden
Randa McEuen
Regan Muri
Heidi Woods

5-P Promotions

Carla Kuhlmann



Certified for 30 Years

In 2021, Karen Ross, BSN, RN, CCRN, Boone Hospital Director of ICU, Stepdown and Respiratory Therapy, was honored and nationally recognized from the American Association of Critical Care Nurses, or AACN, for having consistently maintained CCRN certification for 30 years.

CCRN certification is one of the most advanced professional credentials that can be achieved by an acute or critical care nurse. Certification not only reflects a nurse's clinical skills, specialized knowledge and experience, it's been proven to result in better patient outcomes.

Congratulations, Karen – and thank you for your commitment to the nursing profession and your patients!



Above: Phyliss Golden, RN, Admissions and Infusion & Treatment Center Nurse, has been with Boone for over 40 years.

2021 National Magnet Conference

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

In October 2019, Boone Hospital Center received Magnet designation for the fourth consecutive time since 2005. The Magnet Recognition program recognizes the exceptional nursing care which produces excellent patient outcomes in an organization.

Normally, we would have taken a group of nurses to accept and celebrate our re-designation at the 2020 National Magnet Conference. Due to the pandemic, the conference was canceled, and the celebration was delayed until 2021.

On November 11, 2021, we were honored to take a group of nurses and leadership to the National Magnet Conference in Atlanta, Georgia. The two-day conference was held both in-person and virtually. We were able to proudly hold up the Boone Health banner as we walked across the stage to celebrate our 4th designation.

Three nurses were chosen to attend the conference due to their excellence as a DAISY award winner, certified nurse, or Excellence in Professional Nursing award winner. The following participated in this extraordinary opportunity: Melissa Miller RN, Staff Nurse 3-P, Operating Room (Magnet Champion and Excellence in Professional Nursing Award 2020), Delanie Brown RN, Staff Nurse 3, Maternal Child Health (Certified Nurse), and Pearl Lariosa, BSN, RN, CMSRN, Staff Nurse 3, Surgical Specialties (Certified Nurse). These nurses represent Boone Health and demonstrate



From left to right: Monica Smith, MSN, RN, NE-BC, FACHE; Michele Sprague, BSN, RN, Marlene Lyon, BSN, RN, Delanie Brown, RN, Melissa Miller, RN, Andrea Fansler, BSN, RN, CCRN-K, Pearl Lariosa, BSN, RN, CMSRN

that their achievements afforded them the opportunity to attend a national conference and to seek additional lifelong learning opportunities.

A common theme I hear from our nurses who attend this conference is "It's nice to see that Boone is already doing many of these things!" One of my greatest takeaways from attending the Magnet conference is that Boone is ahead of many organizations as we continue to implement and change our practice based on evidence to achieve excellence.

Another takeaway from the conference emerged when I met with other CNOs around the country – healthcare is in crisis from coast to coast. We discussed innovative ways to manage the nursing shortage and agency staffing. I was proud to share many of the programs and initiatives we are doing at Boone to support our teams. We are not alone in the challenges we face; however, I am confident that those challenges will be overcome due to our culture of excellence and support from the Boone family.

While our celebration for our 4th Magnet designation may have been delayed, our focus on excellent nursing care and patient outcomes has remained constant and future-focused due to our incredible and best nursing staff.

Professional Development

Boone Foundation Supports Nursing Development

Boone Health nurses are an instrumental part of this hospital, and the Foundation is proud to support advanced nursing education. Nursing education scholarships and funding for certification fees are investments that literally touch thousands of patients and make Boone Health an excellent place to receive health care.

Scholarships

Thanks to our generous community donors, the Boone Hospital Foundation has been able to support nurses and other employees seeking to progress in their career through lifelong education. In 2021, this included two scholarships offered exclusively to Boone employees.

The Mary Lu and Dr. Lenard Politte, MD endowed scholarship is awarded to an outstanding Boone Health employee from any department who wants to further their education in healthcare. Patient Care Technician Alivia Forck received the \$1,800 scholarship in 2021.

The Guy Eastman Brown II and Ellen Tarshis Brown Education Scholarship was newly established in June 2021. This scholarship is endowed and permanently restricted for Boone Health employees who want to pursue a degree in nursing or other hospital services. This scholarship is prioritized for Boone Health employees who can show proof of need for financial assistance, preferably a military veteran. In 2021, Natalie Collins was awarded the \$2,000 scholarship.

Certifications

Boone Health continually sets goals to increase the certification rate among our nurses. Certification promotes professional growth and ultimately leads to better patient outcomes. Research shows that having a larger share of nurses with bachelor's degrees and certifications improves patient safety and satisfaction. Certified nurses demonstrate they have the knowledge, skills, and abilities to provide high quality care to patients and improve clinical care.

In 2021, Boone Hospital Foundation proudly funded nurses from various departments to help them achieve certification in their specialty area:

- Nurses Certification Preparation Course supporting 25 caregivers to become certified in their specialty area.
- Oncology Nursing Society Bundles were provided for eight nurses to study Cancer Basics, Cancer Biology and Fundamentals of Chemotherapy Biotherapy Administration through the Oncology Nursing Society. Once the bundle was completed, the nurses were able to earn their ONS Provider Card and were permitted to administer chemotherapy.



Boone Hospital Foundation sponsors Guy and Ellen Brown congratulate 2021 Brown Education Scholarship recipient Natalie Collins (*center*)

- Maintenance Therapy Webinar Series for four members of the Boone Home Care & Hospice department to expand departmental knowledge pertaining to the increase of patient physical therapy and occupational therapy outcomes.
- International Lactation Consultant Association Conference was attended by two individuals from Maternal and Child Health to stay up to date with current, evidence-based knowledge to continue to provide excellent care and education to our patients.
- Lee Silverman Voice Treatment (LSVT) Certification was acquired by an Occupational Therapist and funded by the Foundation. This certification provides a practitioner with the tools to teach individuals with Parkinson's Disease to manage symptoms and increase functional independence.

Empowered by Testing

by Madison Loethen

As Jennifer Frerking, busy mom of a 3-year-old, attended her annual check-up at Women's Health Associates, she was considering taking a leap. Every year at her appointments with OB/GYN Stephanie Womack, MD, Jennifer was told to visit Boone Health's High Risk Breast Clinic. Jennifer's mother is a breast cancer survivor, which she knew put her at much higher risk, but now she had another person's wellbeing on her mind.

She says, "I had thought about getting genetic testing before, but I don't think I would have actually done it if it wasn't for my daughter. Becoming a parent makes you think about things differently — I realized I wasn't invincible and should go ahead and do this."

At her first appointment at the High Risk Breast Clinic, Jennifer met with Boone Medical Group Surgery nurse practitioner Tiffany Carmichael, APRN, who explained genetic testing to her.

"Tiffany talked to me about my risks and suggested the genetic blood test. I decided that was something I wanted to do, and I got the test through Missouri Cancer Associates," says Jennifer.

Tiffany explains that if you have a strong family history of breast cancer or other characteristics of cancer within your family, having a genetic mutation can increase your risk of developing cancer. Genetic testing is an excellent option to know your risk.

"Knowing this information gives you the ability to increase your screening for breast cancer or take preventative options such as prophylactic surgery, where you remove one or both breasts to lower your risk of cancer. If you qualify and you're ready to move forward with genetic testing, it's as easy as a blood draw in the office. Once that's complete, it usually takes somewhere between seven to 14 days to get your results," says Tiffany.

At Missouri Cancer Associates, Jennifer met with nurse practitioner Gloria Drouin, APRN, MSN, for her genetic test. Missouri Cancer Associates uses a program developed by Invitae, a clinical genetic testing company, that helps providers determine which genetic test is ideal for screening cancer risks in each patient.



Jennifer Frerking with her daughter in 2020

"I use a software that Invitae provides to develop the patient's family pedigree. Based on this pedigree, I determined which panel test would be best suited for Jennifer based on her family history of cancer," says Gloria.

When Jennifer received her results the week after her blood draw, she was initially relieved.

"The results said I didn't show a mutation for an increased risk of breast cancer, but it did show a mutation that can present a higher risk of colorectal cancer. When I got the results, I remember just feeling glad it didn't say a higher breast cancer risk because that was my primary concern with my family history," Jennifer says.

Shortly after receiving her results, Jennifer received a call from Tiffany at the High Risk Breast Clinic. Tiffany explained there is some evidence supporting a correlation between her mutation and a predisposition to breast cancer. The evidence, however, is preliminary and insufficient to make a determination regarding these relationships.

"That was stressful to hear, but I'm so glad she followed up with me. We scheduled an appointment to talk about my options, which include immediate and increased screenings and even preventative surgery — that's something I find scary to think about, but they explained it to me in a very reassuring way," says Jennifer.

"Genetic testing can be scary, but it can also be empowering," says Tiffany. "If you think you have a genetic mutation risk, have the conversation. Know what all your options are, then decide how you want to move forward."

For now, Jennifer's plan is to get frequent early mammograms and MRIs, and in a few years, start regular colonoscopies. She says she's incredibly grateful for the knowledge she gained from having genetic testing and would recommend it to anyone with a family history.

"The whole experience was very eye-opening. I have proactive options to consider now, and I probably wouldn't have started the early screenings otherwise," says Jennifer.

Room to Breathe

by Madison Loethen

Howie Ambrus loves to sing. His big, belting voice often took center stage as he sang the National Anthem at Mizzou sporting events. But Howie's passion for singing was threatened when he was diagnosed with sarcoidosis.

Sarcoidosis is a disease that causes inflammation and organ failure. It can occur in any part of the body. In Howie's case, his lungs were affected. He found himself short of breath and his health quickly deteriorating.

"Both my lungs were failing, so I needed a double lung transplant," he says.

To qualify for a transplant, Howie had to get into the best shape he could. Weight loss was a critical part of this plan, but Howie found it to be a scary thought, since exercise was difficult because of his failing lungs.

"That's when I first started going to Boone Pulmonary Rehab. I was able to work out while they watched me and made sure I was okay. I probably wouldn't have had the confidence to work out otherwise," says Howie.

Howie's team of nurses and exercise physiologists monitored him carefully and helped him get physically stronger.

"In order to get on the transplant list, Howie had to be able to meet certain criteria and demonstrate that he had the required degree of physical capability and support," explains Brenda Wilson, a nurse with Boone Pulmonary Rehab. "Howie worked very hard to meet the goals he needed to accomplish."

Howie successfully lost weight. After three and a half years on the transplant list, he underwent a double lung transplant at Barnes-Jewish Hospital in St. Louis. The recovery was difficult, which



Howie Ambrus exercises at Boone Pulmonary Rehab in 2020

he had expected, but when Howie left St. Louis, he had comfort knowing he would be back in the care of Boone Pulmonary Rehab.

"Starting to exercise again with the Boone Pulmonary Rehab team gave me so much peace of mind," says Howie.

Pulmonary rehab staff members monitor Howie's vitals while he performs cardiovascular and muscle strengthening exercises designed to help him meet his personal goals. Howie's determination and commitment also contribute to his recovery.

"Howie has done the exercise. He's done the rehab. And he's going for it! He has definitely gotten a lot stronger, and his muscle increases help his body use oxygen better," notes Hunter Blume, exercise physiologist.

"Since Howie got the transplant, he's like a new man. He's 10 years younger, and he is able to enjoy things at home with his wife and his daughter that had really slowed down before the transplant," says Brenda.

Howie continues his treatment plan with Boone Pulmonary Rehab, which he calls his "safe haven" because he knows he's able to safely push himself towards his goals while being monitored.

Howie is starting to sing again. At Pulmonary Rehab, he can often be heard singing while walking around the track and exercising.

Howie says he is looking forward to being able to sing at games again, and he knows with the help of Boone Pulmonary Rehab, he'll get there.

A Cape for a Supermom

By Madison Loethen

When Dawn and Rodney Milford began preparing for marriage, one of their major discussions was children — a conversation which came as a surprise to some family members, since they were both in their late 40s. When they married, Dawn was 46 and Rodney was 49.

"I already had two grown children, Kirstie and Parker, but Rodney did not have any kids, and he really wanted to have children of his own. We talked about what we wanted to do with this next chapter of our lives, and we decided that was having children," says Dawn.

Dawn and Rodney saw Gilbert Wilshire, MD, a reproductive endocrinologist at Missouri Fertility, to discuss getting pregnant. They decided in vitro fertilization was the best option for them, and Dawn became pregnant on their first IVF try.

"We were so excited and happy," says Rodney.

During her pregnancy, Dawn was under the care of Sarah Bernard, MD, FACOG, of Women's Health Associates, and high-risk physician Mark Grant, MD, of Women's Wellness Center. She says, "I couldn't have asked for better care."

At 48 years old, Dawn gave birth their daughter Emily in 2019. Dawn and Rodney cherished their time with Emily and were both very grateful to have jobs that allowed them to spend time at home.

"We both just love the baby phase," says Dawn.

Not even a year later, the Milfords discovered they were expecting again. Little Lillie was born in October 2020. Lillie was born four weeks early and, after her birth,



Dawn Milford with newborn daughter Lillie in October 2020

had drops in her blood sugar levels and temperature regulation issues that were of concern to the Boone Family Birthplace staff. Caregivers from the NICU, Boone's neonatal intensive care unit, made regular visits to Dawn's room to check on Lillie, including nurse Julie Brown.

"I became close to Lillie's NICU nurse Julie," Dawn says. "I joked with her I deserved a red cape for having two babies in two years at my age. And then a little bit later, Julie walked in with a cape!"

Dawn was unaware that, earlier that day, Julie had met Troy Greer, Boone Health's new CEO. During this encounter, Troy was dressed as Superman while delivering treats to the super heroic hospital staff for Halloween. When Julie told Troy about Dawn's remark, Troy removed his red cape and handed it to Julie so she could give it to Dawn.

"The Milfords' story is very heartwarming. I thought it would be a nice touch to let her have the cape she deserved," says Troy.

"I told Dawn that the new CEO of Boone Hospital was dressed as Superman for Halloween and wanted her to have his cape because she was the real superwoman. She was thrilled. This experience was very fun and exciting," says Julie.

Dawn and Rodney say they will always remember the sweet gesture and will tell their girls about it when they're older. They say life is busy with two under 2, but they wouldn't have it any other way.

Nurse Residency Program

Boone Health'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.

In our 2021 Annual Nursing Report, we are pleased to present some of the Evidence-Based Practice projects from our nurse residents from Cohorts 7 and 8.

2021 Nurse Residency Cohorts



Cohort 7 • Graduated March 3, 2021

This extremely resilient group of nurse residents started their careers almost simultaneously with the pandemic and have continued to adapt gracefully to the changes as they arise.

From left to right: Back row: Karissa Bryant, Nurse Residency Coordinator; Stacy Minze; McKenzie Stuart; Rachel Batsell; Paige Rost; Lauren Young; Pam Martin, Clinical Educator; Monica Smith, CNO/COO; Brandy Hentschel; Claire Magee



Cohort 8 • Graduated July 15, 2021

This group of 18 nurses began their professional careers mid-pandemic and persisted through the associated challenges and changes while navigating their first year as nurses. We are beyond proud of their dedication!

From left to right: Back row: Karissa Bryant (NR Coordinator), Taylor Abel, Kayla Rife, Nicky Zimmermann, Mariana Lowrey, Brian Campbell, Larissa Harlow, Rylee Rackers, Mulija Caldarevic, Misty Ogunnaik; Front row: Megan Shaneberger, Rebecca Wilson, Veronica Franklin, Rebecca Pyatt, Karyssa Giboney, LaTisha Micetich, Briana Winn, Heidi Gundy; **Not pictured:** Evie Miles

Discharge Practices in Heart Failure Patients

Beth Finnell, ADN, RN; Mariana Lowrey, ADN, RN; Rylee Rackers, ADN, RN



Clinical (PICO) Question

In heart failure inpatients, how does having a discharge liaison complete their discharge compared to a floor nurse completing their discharge affect readmission rates within six months of their hospital admission?

Clinical Problem

Increased readmission rate for previously discharged patients with a diagnosis of heart failure.

Project Goal

To determine if the creation of a discharge liaison for heart failure patients would decrease the overall readmission rate.

Reason for Project

As nurses we would like to improve the quality of life of our patient population and want to ensure that they receive the proper discharge information to be able to manage their condition and prevent the readmission rate for heart failure patients.

Evidence Supporting Intervention

Through literature research that was conducted by our group with the help of the medical librarian and our research mentor we have reviewed twelve articles.

Outcomes	Tabanejad (2014)	Awoke (2019)	Cui (2019)	Rice (2017)	Hesselink (2014)	Koelling (2005)	Albert (2014)	Albert (2016)	Wyer (2015)	Scott (2010)	Di Palo (2017)	Lambrinou (2011)
Readmission	↓	No Impact	↓	↓	NA	↓	NA	↓	No Impact	↓	↓	↓
Cost to Patient	NA	NA	NA	↓	NA	↓	NA	↓	NA	NA	NA	NA
Education	↑	↑	↑	↑	NA	↑	NA	↑	NA	↑	↑	NA
Quality of Life	↑	NA	↑	↑	NA	↑	NA	↑	NA	NA	NA	NA
Mortality					NA	↓	NA					

Levels of Evidence Synthesis

	Tabanejad (2014)	Awoke (2019)	Cui (2019)	Rice (2017)	Hesselink (2014)	Koelling (2005)	Albert (2014)	Albert (2016)	Wyer (2015)	Scott (2010)	Di Palo (2017)	Lambrinou (2011)
Level I: Systematic review or meta-analysis	X			X	X			X		X		X
Level II: Randomized controlled trial			X	X					X			
Level III: Controlled trial without randomization		X										
Level IV: Case-control or cohort study		X							X			
Level V: Systematic review of qualitative or descriptive studies												
Level VI: Qualitative or descriptive study (includes evidence implementation projects)											X	
Level VII: Expert opinion or consensus							X					

Evidence Based Practice Recommendations

1. Describe what life at home will be like, ensure lifestyle changes are followed
2. Review medications and compliance with schedule
3. Highlight warning signs and problems to watch for
4. Explain test results and implications
5. Make follow-up appointments and ensure one week follow up over the phone or in person

Evaluation

A discharge liaison would have the time and resources to properly educate patients at the time of discharge and could follow up with patients appropriately to improve the readmission rates for patients with congestive heart failure.

Acknowledgements

- ▶ Karissa Bryant, MSN, RN
- ▶ Jenn Bronson, BSN, RN
- ▶ Leslie Duckworth, MBA-HCA, BSN, RN
- ▶ Patrick Finney, Medical Librarian

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Evidence-Based Practice

Pain Reduction Utilizing Guided Imagery

Megan Shaneberger, ADN, RN; Taylor Abel, ADN, RN; Evie Miles, ADN, RN; Kayla Rife, BSN, RN

Clinical (PICO) Question

In hospitalized patients, how does guided imagery, compared to pharmacologic pain relief measures, affect patient satisfaction, report of pain or vital signs during the hospital stay?

Clinical Problem

- ▶ Reliance on pharmacological interventions to relieve pain
- ▶ Patient and nurse satisfaction decreased due to uncontrolled pain
- ▶ Alternative and complimentary therapies not readily available
- ▶ Vital sign values impacted
- ▶ Increased drug tolerance and opioid side effects
- ▶ Subjective nature of pain
- ▶ Current Care channel program is not effective

Reason for Project

- ▶ Pharmacological interventions often only method of pain control used
- ▶ Guided imagery is an inexpensive nonpharmacological method of pain relief
- ▶ Not many alternative or complimentary therapies available at the bedside
- ▶ Not feasible for patient care staff to conduct guided imagery

Evidence Supporting Intervention

Coelho et al. (2018)

- ▶ Vitals signs evaluated over 2 guided imagery sessions included; heart rate, respiratory rate, pain score, and comfort score.
- ▶ 100% of patients evaluated were found to have a decreased heart rate.
- ▶ 96% of patients evaluated were found to have a decreased respiratory rate.
- ▶ 100% of patients reported a significant decrease in pain score.
- ▶ 100% of patients reported an increase in comfort.

Paolis et al. (2019)

- ▶ 32.6% of the group tested reported feeling no pain following the intervention.
- ▶ The NRS pain score fell from 4.11 to 2.28 in group A and from 4.51 to 3.96 in group B patients
- ▶ Group A, reported a 44.5% reduction, and group B, reported a 25.2% reduction in overall pain scores.
- ▶ Approximately 65% of group A patients reported an improvement in pain following the intervention, and 39.13% of these achieved a reduction in the pain level of less than or equal to 3.



- ▶ In group B, approximately 45% of patients reported pain relief and 20% of these achieved a reduction in the pain level of less than or equal to 3.

Carpenter et al. (2016)

- ▶ Opioid use was lowered over a 4-day period in intervention group vs control group (36.7 mg vs 84.76 mg).
- ▶ Length of stay was lowered in intervention group vs control group (9.29 days vs 14.83 days)
- ▶ Jacobson relaxation technique resulted in increased comfort and decreased analgesic use ($p=0.05$)
- ▶ Guided imagery mp3 had significant reduction of pain on POD1 ($p=0.001$)
- ▶ Pain levels reduced in significant amounts after intervention ($p<0.001$)
- ▶ Pain levels lowered pre-op and POD1 ($p<0.05$)

Hadjibalassi et al. (2017)

- ▶ Of the 6 studies that addressed pain levels, 3 reported statistically significantly lower pain intensity and 3 non-statistically significant trends for lower pain.
- ▶ Changes in vital signs were addressed by two groups. Kshet-try et al. employed a randomized controlled design. There were no noticeable trends in the data, except for a statistically significant decrease in pre-test systolic blood pressure on the day number two.
- ▶ Evidence suggests favorable effects of GI in decreasing pain intensity, anxiety levels as well as length of stay, at least in patients with cardiovascular diagnoses.

Felix et al. (2019)

- ▶ A qualitative systemic review of 8 different studies.
- ▶ Significant decrease in pain was reported by post-op patients in the majority of the studies reviewed that utilized guided imagery techniques.
- ▶ One study reviewed, found that patient pain scores did not significantly decrease with only music and nature videos.

Evidence Based Practice Recommends

Boone Hospital should upgrade the current CARE channel subscription to include guided imagery to reduce pain, improve vital signs, decrease need for opioids and increase comfort of our patients

Evaluation

- ▶ Pain score
- ▶ Vital signs
- ▶ Patient and nurse satisfaction surveys
- ▶ Monitor use/inventory of opioids and other pain medications

Acknowledgements

We would like to thank Pam Martin for her support and guidance through our research journey. We would also like to thank Karissa Bryant, MSN,RN for her support and determination in getting us to our graduation from the nurse residency program.

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Oral Care for Stroke Patients

Lauren Young, BSN, RN; Rachel Batsell, ADN, RN; Brandy Hentschel, ADN, RN

Clinical (PICO) Question

In non-ventilated stroke patients, how does implementing a scheduled oral care regimen, compared with no regimen protocol, affect the risk of pneumonia for those who are hospitalized?

Clinical Problem

- ▶ As many as one-half of the patients post-stroke have impaired swallowing mechanisms and a high risk of aspiration
- ▶ Poor oral hygiene results in increased pathogen colonization in the oral cavity
- ▶ Poor oral hygiene is an important risk factor for the development of pneumonia
- ▶ Non-Ventilator hospital-acquired pneumonia (NV-HAP) is associated with increased patient morbidity, mortality, length of stay and transfer to Intensive Care Unit
- ▶ Lack of staff knowledge and time causes oral care to be overlooked

DC Qtr.	Aspiration Pneumonia (CVA pts)
2019-1	2
2019-2	3
2019-3	2
2019-4	4
2020-1	2
2020-2	6
2020-3	5
2020-4	1

Project Goal

- ▶ Decrease the incidence of aspiration pneumonia in stroke patients by implementing the use of an oral hygiene kit protocol
- ▶ Increase awareness to nurses and patient care techs on NV-HAP
- ▶ Implement education on how to perform correct oral hygiene
- ▶ Maximize reimbursement for patient care services by avoiding hospital acquired pneumonia



Reason for Project

- ▶ About 780,000 strokes in the U.S. each year
- ▶ No standard protocol for oral care in stroke patients
- ▶ Address lack of knowledge on the importance of oral hygiene in preventing NV-HAP
- ▶ Decrease incidence of pneumonia in stroke patients, as it causes the highest attributable mortality of all medical complications in this patient population

Evidence Supporting Intervention

- ▶ 2/3 of nurses were reporting oral hygiene being performed, only 1/3 of them were performing it
- ▶ Systematic oral hygiene protocols are associated with decreased odds of hospital acquired pneumonia
- ▶ Using an oral hygiene kit increased compliance with oral care by more than 4 times (20% versus 82%)
- ▶ When a simple oral hygiene protocol was implemented on 89 inpatient rehab stroke patients, none of the participants developed pneumonia
- ▶ When implementing an intensified oral hygiene regimen, x-ray verified pneumonia was found in 4 out of 58 (7%) stroke patients compared to 16 out of 58 in the control
- ▶ Inexpensive measure to implement with “promising effectiveness”

Implementation

- ▶ Multidisciplinary approach (Speech therapy, Stroke coordinator, Nurses, PCTs, etc.)
- ▶ Keep oral care kits in all patient rooms for convenience

- ▶ Create training modules for all staff members (intervention applicable to many patient populations)
- ▶ Poster education in break rooms
- ▶ Flowsheet documentation for oral care
- ▶ Create and discuss systematic time frame to give oral care

Evidence Based Practice Recommends

- ▶ Staff education
- ▶ Oral hygiene protocol for all stroke patients
- ▶ Multidisciplinary approach

Acknowledgements

- ▶ Velvet Meers, MSN, RN-BC, NPD-BC
- ▶ Karissa Bryant, MSN, RN
- ▶ Jenna Hourchi, MSN, RN

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Evidence-Based Practice

The Nurse's Role in Palliative Care

Claire Magee BSN, RN; Stacy Minze ADN, RN; McKenzie Stuart ADN, RN; Project Mentor Pam Martin MSN, NPD-BC, ANP-BC

Hospice vs Palliative Care

- ▶ Hospice care focuses on a person's last 6 months of life or less. Curative treatment is stopped at this point and goals focus on symptom management. Routine medications may be continued.
- ▶ Palliative care focuses on symptom management with or without pursuing curative treatment. Palliative care can be for terminal or non-terminal conditions (e.g., stroke, MI, CHF, diabetes, dementia).

Requesting a Palliative Care Consult

- ▶ A physician order is required to initiate palliative care measures
- ▶ The nurse should contact the primary physician to request a Palliative Care Team consult if patient could meet criteria, family request, or per nurse's judgement.
- ▶ Consult should be placed into the EHR, similar to consulting another team within the hospital.

Boone Hospital Center Policies

Policies are available for:

- ▶ Fentanyl, Propofol, Ketamine, and Midazolam administration
- ▶ Supportive Care
- ▶ Sedation and Analgesia in Dying Patients
- ▶ Hospice Care



Symptom Management

- ▶ Pain management (GI tract is best as patients usually will not go home with IV medications)
 - Examples include Roxanol, Fentanyl (IV or transdermal), Dilaudid
- ▶ Anxiety reduction
 - Lorazepam PO/IV/SL
 - Versed IV/PCA
- ▶ Respiratory care
 - Repositioning with head of bed elevated
 - Oxygen or fan for comfort
 - Opioids reduce air-hunger/sensation of dyspnea
 - Breathing treatments may be continued or used as needed
- ▶ Secretions
 - Atropine drops SL/IV
 - Glycopyrrolate
 - Scopolamine patch (can be applied prior to terminal extubation)
 - Oral suctioning
- ▶ GI care
 - Nutritional wasting is coming at the end of life
 - Patients may have no desire to eat except infrequently and may not feel hungry; discuss this with family as it can be distressing
 - Focus on comfort feedings when the patient requests
 - Monitor for nausea, vomiting, diarrhea, and constipation with each patient
- ▶ Neurologic
 - Fatigue: consolidate care and limit excessive activity
 - Monitor for depression or anxiety

Questions From Family

Who can be treated with palliative care?

Any patient who suffers from symptoms or stress from a serious illness.

Where can my loved one receive palliative care?

Palliative care is found in all areas of the healthcare spectrum. This can include management by a PCP all the way to the ICU.



How do we know it isn't "too soon" to think about hospice?

Hospice is designed for patients who have an expected life expectancy of less than 6 months. Often patients are placed on hospice care within days to weeks of death. These patients may have benefited from hospice services months earlier.

What if my family member gets better after we chose hospice?

Hospice care can always be rescinded, and aggressive measures may be reinstated at any time.

Discussions with Patients

- ▶ What is important to you?
- ▶ What gets you through each day?
- ▶ What would you like your care to encompass at the end of life?
- ▶ Where would you like to be when you can no longer care for yourself?
- ▶ What are your priorities?
- ▶ Do you have an advance directive or a DPOA who will honor your wishes?

Supporting Evidence

- ▶ In the ANA March 13, 2017 White Paper five areas of palliative care focus for competency were identified: practice, administration, education, policy, and research.
- ▶ In their 2017 systematic review, Pesut and Greig found a positive correlation between palliative education for nurses and nurses' knowledge, confidence, and attitudes.

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Self-Care for Nurses

Nicky Zimmermann, ADN, RN; Misty Ogunnaike, ADN, RN; Heidi Gundy, BSN, RN; Mulija Caldarevic, BSN, RN; Briana Winn, BSN, RN

Clinical (PICO) Question

Does implementation of mindfulness-based interventions versus no intervention reduce perceived stress in nursing staff?

Clinical Problem

- ▶ Nursing staff work in chronically high stress environments
- ▶ Healthcare organizations must incur the cost of chronically high stress work environments, which correlate with high turnover rates
- ▶ Research shows that institutions with more dissatisfied nurses yield lower patient satisfaction scores

Project Goal

- ▶ Educate clinical staff at Boone on Mindfulness Based Stress Reduction (MBSR) techniques
- ▶ Equip them to train their minds on how to better respond to and cope with everyday stressors (both in and outside of work)
- ▶ Retain staff by decreasing perceived levels of stress

Reason for Project

- ▶ To promote self care activities for nurses
- ▶ Evidence pointed largely toward mindfulness-based interventions

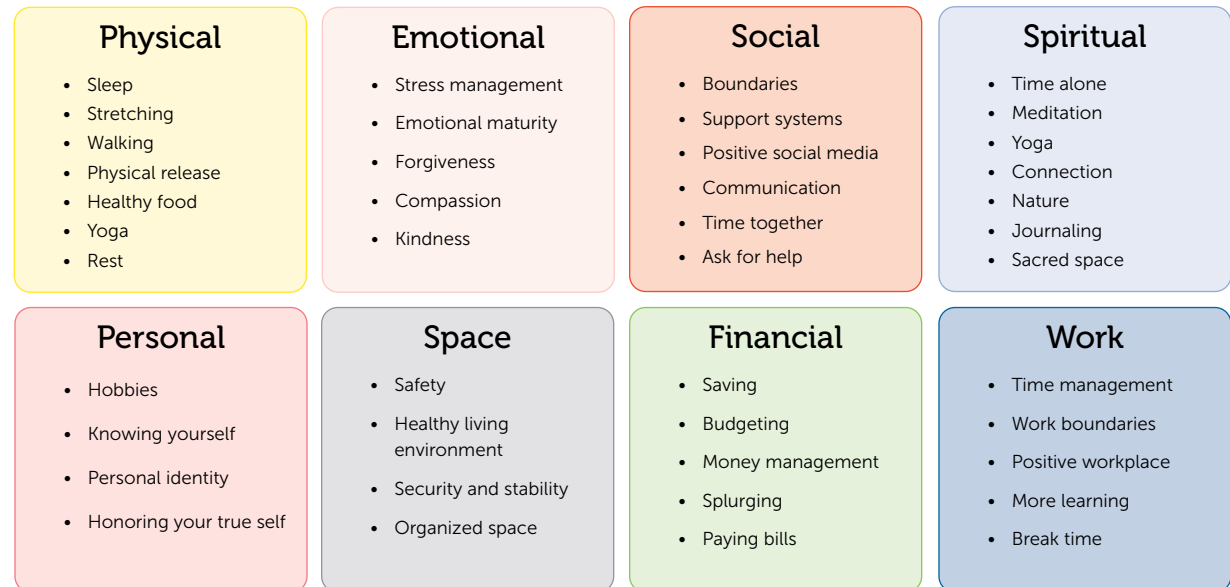
Evidence Supporting Intervention

- ▶ There is a definite need for addressing anxiety and stress in nursing personnel
- ▶ Mindfulness-based interventions (MBI) effectively reduce anxiety and stress in both clinical and non-clinical populations
- ▶ MBIs are associated with changes in brain structure and function; may impact parasympathetic nervous system's tone
- ▶ Work engagement and resiliency increase significantly in intervention groups
- ▶ Abbreviated MBSR interventions were found to be equally effective as traditional 8-week programs
- ▶ MBSR interventions are feasible with various format options; cost-effective
- ▶ MBIs are well-accepted; cost effective

Example of Mindfulness Based Interventions/ Stress Reduction Techniques

- ▶ Yoga
- ▶ Meditation
- ▶ Relaxation exercises
- ▶ Breathing exercises
- ▶ Sensory intervention

Types of Self-Care



Acknowledgements

- ▶ Velvet Meers, MSN, RN, NPD-BC
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- ▶ 50 BHC Nurses who took our survey
- ▶ Patrick Finney, Medical Librarian

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Nurse Extern Program



In 2021, nurse externs returned to Boone Hospital Center. Ten nursing students participated in the 8-week Summer Nurse Extern program. Each nurse extern spent 216 hours working alongside nurse preceptors in an area of focus. The areas of focus included Medical Specialties, Surgical/Orthopedics, Oncology/Neurology, Cardiology, and Maternal Child Health.

Above (L to R) Back row: Andrea Fansler, Professional Practice Manager; Raquel Kausler; Megan Ferguson; Abby Hinshaw; Ashley Snyder; Halie Moeller; Paige Beckerman; Karissa Bryant, Nurse Educator and Residency Coordinator; Front row: Grace Schollmeyer; Madeline Stewart; Bria Dexter; Maddison Markland



In December 2021, six nursing students participated in our 4-week Winter Nurse Extern Program. Each nurse extern spent 108 hours working alongside nurse preceptors in an area of focus. The areas of focus included Medical Specialties, Surgical/Orthopedics, Oncology/Neurology, Cardiology, and Maternal Child Health.

Above (L to R) Back row: Deanna Powers, Clinical Educator, RaeAnn Leist, Katie Blevins, Ellie Monk. Front row: Emily McBride, Kenzie Schulte. Not pictured: Georgia Cable

Ask a Nurse Resident

Megan Shaneberger, ADN, RN
Oncology/Neurology (Cohort 8)

Why did you choose to become a nurse?

It has been a long journey. I wanted to be a veterinarian first, but realized that was not what I wanted. Nursing was where I thought I could help people. Back in high school when I still wanted to become a veterinarian, while recruiting for a club, a father walked up to me, interested to know more about the club for his daughter. Then he thanked me and said, "You know one day you would make a great nurse. You just have that kind of presence." I laughed it off at the time because I was determined to be a vet, but that memory reminds me life is not always what you want it to be. Sometimes you are destined for other things. I am proud to be a nurse!

What is your favorite thing about working at Boone?

The support and comradery between myself and my co-workers. We all support and help one another. I like that if I am unsure of something that someone is always willing to help or reassure me.

How has the nurse residency program helped support you during your first year?

It was a way for me to learn more skills that I may have been



uncomfortable performing while being watched by a patient. It was also great support for that first year when you really need it.

Do you recall a favorite part or session of nurse residency?

One of my favorite classes was when got to talk with the wound team and had to put on our own wound vac system. That is something you would almost never get to see or do on the floor with patients. It was great information and also a fun time.

What advice would you give to the next cohort of new graduate nurses?

Don't give up even when things seem like they are too much or you're stressed beyond belief. Remember there are always others there to help you along the way.

Any fun facts to share about yourself?

I used to be a veterinary technician for 3 years prior to coming to nursing. I am a type 1 diabetic and am always willing to teach people who want to learn more about the disease. I failed my NCLEX the first time (which was devastating – no doubt about that) but I am still a nurse and a test does not define what kind of nurse you will be. I have three dogs and four cats as well.



The Spirit of Giving

On November 23, caregivers from our Neurology/Oncology, Surgical Specialties, Medical Specialties and Orthopedic Specialties units donated a combined 675 pounds of food to The Food Bank for Central & Northeast Missouri. This photo doesn't capture all of it! Thank you for supporting our community!

Red Carpet Clinicals

A Columbia College nursing student shared her appreciation for Boone Hospital float nurse Randa McEuen, BSN, RN with her professor:

The nurse I was telling you about in class is Randa McEuen. She is fantastic! She let us hang a few different meds and even saved them for us to do when we got back from lunch. She allowed us to get practice drawing up insulin, we dressed a wound, did blood sugars, showed a student the bladder scanner, she made calls to GI to get permission for us to go to a colonoscopy of one of her patients, allowed us to saline lock IVs and do all the scanning for passing meds. I know there were other things too, but she made the day so full and productive I can't think of everything. She created opportunities for us and even asked other nurses if they had anything we could be apart of to make our day better. We were even late getting back to the instructor at the end of the day because we were so busy. It was amazing because of the effort that Randa put forth for us!

Monica Smith shared this comment in the January 2021 *Clinical Practice Update*, adding, "Randa, you are simply amazing! You probably would say that you were just doing your job, but I beg to differ – you made an incredible difference in these students' clinical experience. We call this red carpet clinicals. The attention and support you provide is a clear example of why new nurses choose to come to Boone. We have the opportunity to make a difference every day. We can make a difference for our patients, teammates and nursing school colleagues. I encourage you all to put the extra in extraordinary!"



Randa McEuen, BSN, RN



Healium VR Study

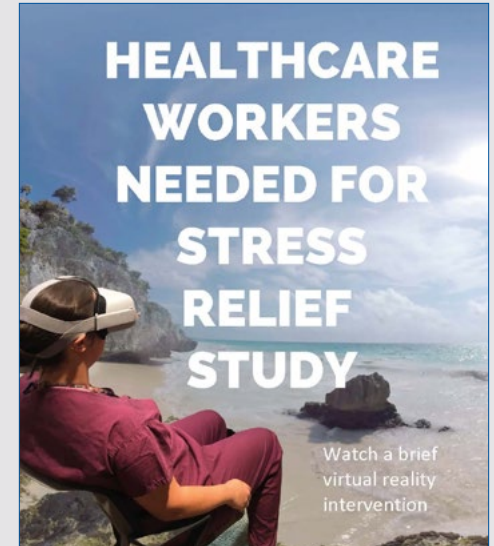
Michele Sprague, MSN, RN; Ty Dille, BSN, RN, and Mihaela Popescu, MS, disseminated the results of Boone Hospital's Virtual Reality for Anxiety Reduction in Healthcare Workers study during the Missouri Organization of Nurse Leaders meeting on July 15, 2021.

Starting 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. The study compared the effects of virtual reality relaxation sessions using a Healium VR headset versus standard guided audio meditation.

The goal was to determine if virtual reality could be a valuable tool to support nursing staff and to ease stress and pain for patients. The last participants completed the study in early 2021.

Highlights from the study results:

- Both meditation experiences seem to help decrease feelings of anger, depression and tension.
- The Virtual Reality (VR) experience seems to have a deeper and different effect on relaxation compared to audio-guided meditation, without inducing tiredness and sleepiness. The results are consistent with other VR (Healium) research showing most people feeling relaxed and alert after a VR experience.
- The results suggest that using VR technology for short relaxation sessions could improve alertness and diminish fatigue in health workers during stressful working hours.



At Left: Boone Health's 2021 Training & Development Team. (L to R) Elizabeth Haskamp, Administrative Coordinator; Deanna Powers, BSN, RN, NE-BC, Clinical Education Supervisor; Julie Coy, MSN, RN, Clinical Educator; Karissa Bryant, MSN, RN, Clinical Educator; Randy Fry, EMT-P, Staff Educator; Susan Lambert, MSN, RN, Clinical Educator; Andrea Fansler, BSN, RN, CCRN-K, Professional Practice & Training and Development Manager

Supporting Caregivers

Nursing Support

In summer 2021, hospitals across the state and nation saw a surge of inpatients due to the spreading Delta variant of the COVID-19 virus. To sustain our response to the pandemic while continuing to provide care for patients on all other units, new programs were established to support our clinical teams. Although there were difficult decisions given finite resources, the intent was to provide support in different ways throughout the hospital. Within months, we saw a significant response to all programs and realized positive results.

The **COVID-Care program** impacted areas that consistently provided 24/7 direct bedside care for COVID patients over the course of the pandemic. It was projected 50% of eligible teammates would use this program – we saw 64% participation overall.

The **Appreciation Bonus** program was established to support all RNs, LPNs, patient care techs (PCT) and respiratory therapists who picked up additional eligible bonus shifts. This program was developed to minimize critical staffing shortages and to decrease workload. Between August 25 and September 11, 2021, the bonus program filled 103 12-hour RN shifts, 8 12-hour LPN shifts, and 35 12-hour PCT shifts that would have otherwise gone unfilled and created critical staffing situations. We were able to accept 40% more patients compared to the previous 3 weeks before the program was implemented. During the three-week program period, there were no critical staffing situations.

The **Resource Program** was implemented on September 7, 2021. Teams of clinical and non-clinical employees were deployed as turn teams, IV teams, runners, sitters and other bedside support roles. This program benefitted both participants and the staff who received additional support.

Non-clinical teammates reported feeling a sense of pride, value, and appreciation in being able to assist the clinical teams. They also reported an increased sense of teamwork and being part of the core business of exceptional patient care. On the flip side, our clinicians voiced sincere appreciation to staff who gave their time to help care for patients.

The Resource program is the epitome of the Boone culture – one of teamwork, family, and pride. We all take care of patients, and this offered a non-traditional way for anyone at Boone Health to contribute.



The Resource Program was also intended to improve quality care. Turn teams can reduce the risk of hospital acquired pressure ulcers (HAPU). The IV team and additional support from the ITC team could reduce central line associated bacteremia infections (CLABSI). Bathing teams can help reduce catheter associated urinary tract infections (CAUTI).

Chief Nursing Officer Monica Smith wrote in late September 2021, “We can learn from the challenges of the pandemic on how we can use innovation and new delivery of care programs to impact our future. We are committed to making Boone an incredible place to work and receive healthcare. We thank our Boone Health employees for their support and for the outstanding care they provided in challenging times.”

Protecting Our Community

When the first COVID-19 vaccine shipments arrived in December 2020, Boone Hospital Center set up clinics for our staff and providers, but we didn't stop there.

We began working with Columbia/Boone County Public Health & Human Services to reach out to and vaccinate local health care providers who otherwise would not have access to the vaccine. This included private practice physicians and their staff, along with anyone else in our area who fell in the 1A tier group.

"Even if they don't work directly at a hospital, they are still frontline workers and they see patients every day. We wanted to do what we could to protect them," says Chief Medical Officer Robin Blount, MD.

At the time, Boone Hospital's affiliate hospitals — Samaritan Hospital in Macon, and Pershing Health System, in Brookfield — had not received allocations of the COVID-19 vaccine, so in January 2021, our staff went to these communities and provided vaccines to staff.



"Many rural community hospitals did not have access to the COVID-19 vaccine. Doses that we were told would be available for rural facilities had not been provided by the state and no date was given as to when they would be available," says Pershing Health System CEO Phil Hamilton, MA, RN.

"Boone provided their own staff and gave vaccines to nearly 100 of our employees at a clinic on January 6, 2021. This effort by Boone expedited the protection that our health care workers need to continue to provide care to the communities we serve. Essentially, this clinic saved lives among our staff and within the general population of our service area. We are most grateful to Boone Hospital Center for being more than a friend in this pandemic situation."

As more vaccine doses became available, Boone Hospital Center held public vaccination clinics at the Columbia Mall, working with the Columbia/Boone County health department to schedule eligible individuals.

Above: Brenda Wilson, BSN, RN, Community Health Nurse, vaccinates Samaritan Hospital CEO Jill Williams; **Far left:** Amy Bierk, BSN, RN, Wound Clinic Manager with Pershing Health System CEO Phil Hamilton, MA, RN and a Pershing Hospital nurse practitioner; **Near left:** A Boone Health employee scans vaccine recipients arriving for their appointments at the temporary clinic in the Columbia Mall.

Transition to Independence

A New Boone

By Hannah Kueck

The process for Boone Hospital Center to become independent was a project in the works for five years, but the end result was well worth the wait.

After a 32-year long lease with BJC HealthCare, the hospital had several options to explore to see what was right for the community. They could extend the lease with BJC, or explore an opportunity to work with MU Health that could create a relationship to help both parties, which they explored for about eight months. But in the end, it was all about what the community wanted and needed. And the community wanted the community hospital to remain just that — a community hospital. So, after some more exploring, the journey to become independent began. “Because of our low costs and high-quality ratings in the region, our consulting firm told us that they thought we could make it as an independent institution,” says Jerry Kennett, MD, Board of Trustees chair.

In the process of transitioning to independence, the Board of Trustees, made up of Dr. Kennett, Randy Morrow, Jan Beckett, Greg Steinhoff, and Bob McDavid, felt it was important to add other members of the community with different areas of expertise to the governing board. Dr. Kennett explains, “The process [the board] is going through is that the trustees are leasing the hospital with the approval of the county commissioners to a new 501(c)3 entity.” This new entity is Boone Health, and it incorporates more than just the hospital. It incorporates the hospital’s physician platform, home health and hospice, and overtime, and the trustees hope to add entities to this list.

Meet the New Boone Health

“We’ve added expertise in the areas of education, health care, finance, business, insurance, and human resources,” Dr. Kennett says. “We’re thrilled with the individuals who have been willing to give their time and expertise to be on the governing board of the hospital.” Going forward, Boone Health will be the governing body, but will allow CEO Troy Greer and his team to be the managing and operational directors of the hospital.

After pulling together a list of community members the board felt would be great additions, the governing board of five grew to a board of 11 with the latest additions of Barry Orscheln, Gary W. Thompson, Stacye Smith, Dianne M. Lynch, PhD, Charles P. Bondurant, MD, FABNS, FACS and Judy Starr.

William “Barry” Orscheln

Barry Orscheln is the chairman and CEO of Orscheln Industries, a privately owned, third generation business. In 1972, Barry graduated from Central Methodist University with degrees in business administration and economics. After he obtained his degrees,



Barry Orscheln

he worked for Liberty Mutual Insurance Company for five years before returning to the family business. In 1977, Barry returned to Moberly to manage his family’s insurance business. Around this time, he started Third Century, a small ticket leasing company that became one of the largest small ticket leasing companies in the country.

In 1985, Barry sold his company to Chase Manhattan Bank and returned to Orscheln as Chief Financial Officer. In 1990, he was named Chairman and Chief Executive Officer of Orscheln Industries, a position he still holds today.

Gary W. Thompson, MBA

Gary Thompson has always made it a priority to be active in the community. Currently serving as the President and Chief Executive Officer of Columbia Insurance Group, Gary has a passion for learning. He earned his Bachelor of Science degree from MU and his MBA with an emphasis in risk management and insurance from Walden University, and he has earned several designations for his professional career, such as certified insurance counselor and associate in information technology. On top of his passion for learning, Gary has a passion for volunteering around the community, including service as campaign chair, director, and board



Gary W. Thompson, MBA

president of the Heart of Missouri United Way and director and board chair of Job Point. When Gary isn’t working or volunteering, he and his wife Julie enjoy spending time with their children and eight grandchildren, who enrich and challenge them every day.

Stacye Smith

A Columbia native, Stacye Smith graduated from Rock Bridge High School and moved on to obtain her Bachelor of Arts degree in business administration from Stephens College. In 1987, Stacye joined the team at Shelter Insurance Companies, holding positions in the areas of underwriting, training, and human resources. Currently, Stacye holds



Stacye Smith

the position of director of inclusion and engagement. In this role, Stayce is responsible for diversity and inclusion, employee and community engagement, and employee communications. Stayce has a passion for the community and has served on the board of the Boys and Girls Clubs of Columbia, Columbia African American Association, and Heart of Missouri CASA.

Dianne M. Lynch, PhD

Dr. Dianne Lynch has been serving as the 24th president of Stephens College since 2009, and under her leadership, the college has seen impressive growth, national honors, and recognition. In 2020, the college launched a new Bachelor of Science in nursing program, a joint venture with Boone Hospital Center, and graduated its third class of physician assistant students in December 2020. Lynch holds a bachelor’s and master’s degree in mass communication and feminist history and a PhD in art history and communications from McGill University in Montreal. Lynch looks forward to her position on the new Boone Health Board.



Dianne M. Lynch, PhD

She says, “It’s my privilege and honor to serve as a community member of the new Boone Health Board. I applaud the Boone Trustees for recognizing that Boone Health will benefit from an open door and communication pipeline between the hospital and the communities it serves, and that’s the role of the community board members. We’re at the table to share our insights across business and nonprofit sectors — including education! — and to represent the perspectives of our friends and colleagues in the larger community. It’s a strong and inclusive governance foundation upon which to build Boone Health’s future.”

Charles P. Bondurant, MD, FABNS, FACS

For 26 years, Dr. Charles Bondurant has been a member of the Boone medical staff and serves as a courtesy provider at University Hospital and Rusk Rehabilitation. Dr. Bondurant works to offer advanced neurological procedures in a comfortable, small clinic setting at Mid-Missouri Neurosurgery. Dr. Bondurant got his medical degree from the University of Oklahoma and completed his residency in neurological surgery at the University of Missouri. He is also a member of several professional organizations, including the American Medical Association, Congress of Neurological Surgeons, and the Boone County Medical Society.



Charles P. Bondurant, MD

Judy Starr

For over 30 years, Judy Starr has held the position of executive vice president and chief financial officer for the Central Bank of Boone County. In 1983, Judy obtained her Bachelor of Science degree in accounting from Lincoln University, and in 2007, Judy returned to school to receive her professional master of banking from Sheshunoff School of Executive Management. For the past eight years, Judy has held the position of treasurer for the Food Bank for Central and Northeast Missouri. She has also served as the budget and finance committee co-chair for the Columbia Chamber of Commerce.



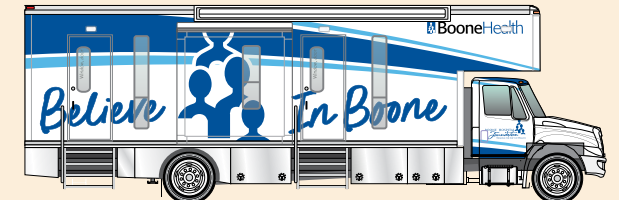
Judy Starr



April 1, 2021: The Big Bang

The lead-up to our first day as an independent healthcare organization required considerable work. This included migrating to a new electronic health record (EHR) system, Meditech, along with 140 other systems and platforms; transitioning our human resource systems and benefits providers; negotiating managed care contracts; building a completely new supply chain; entering over 25,000 patient appointments into our new EHR; establishing departments and services that had been centralized in St. Louis; issuing new security badges to nearly 2,000 employees, providers and contractors; and changing our name and logo on everything from building signs to business cards – just to name a few!

For two weeks, a call center was also set up in the hospital conference center to assist Meditech users after the platform went live. No doubt, transition was definitely a team effort!



A New Look for the Mobile Health Unit

Boone Health’s Mobile Health Unit received a fresh update with a new design. Purchased by the Board of Directors and the Boone Hospital Foundation in 2011, our Mobile Health Unit lets Boone healthcare professionals bring free heart health and skin cancer screenings to communities across our 26-county service area.

Awards & Designations

2021 Awards and Designations



ACC Transcatheter Valve Certification

The American College of Cardiology, or ACC, recognized Boone Health for its demonstrated expertise and commitment in treating patients for transcatheter valve repair and replacement procedures. Boone Hospital Center was awarded transcatheter valve certification in January 2021, making it the only hospital in Missouri to achieve this recognition.

Transcatheter aortic valve replacement, also called TAVR, is a minimally invasive procedure to treat aortic valve stenosis. TAVR may be an option for patients who would be at risk for complications from open-heart surgery. Boone Hospital Center first began offering TAVR in 2017.

The ACC's Transcatheter Valve Certification uses an external review and certification process, using established national clinical databases to monitor patient safety and outcomes during and after TAVR procedures. The review includes evaluation of the hospital's ability to meet standards for multidisciplinary teams, formalized training, shared decision-making and registry performance.

Hospitals that achieve transcatheter valve certification learn best practices in evidence-based medicine to support patient-centered decision making and can track key performance metrics to better identify opportunities for improvement.

The ACC offers U.S. and international hospitals access to a comprehensive suite of cardiac accreditation services designed to improve patient outcomes and hospital financial performance for all aspects of cardiac care.

American Heart Association Awards

Boone Health received the **American Heart Association's Get With The Guidelines Stroke Gold Plus Stroke Quality Achievement Award** for their commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines.

Each year, program participants apply for the award recognition by demonstrating how their organization has committed to providing quality care for stroke patients. In addition to following treatment guidelines, participants provide education to patients to help them manage their health and rehabilitation once at home.



Boone Health = received the **Association's Target: StrokeSM Honor Roll Elite 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.

Boone Hospital also 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.

Last but not least, we received the **Mission: Lifeline NSTEMI Gold Quality Achievement**. Boone Health 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.

Bariatric Program Accreditation

Boone Health's Bariatric Program was accredited as a designation level center by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program. The MBSAQIP Standards, Optimal Resources for Metabolic and Bariatric Surgery, ensure that metabolic and bariatric patients receive multidisciplinary medical care, which improves patient outcomes and long-term success. MBSAQIP-accredited centers offer preoperative and postoperative care designed specifically for patients with obesity.



To earn MBSAQIP accreditation, Boone Health Bariatrics met essential criteria for staffing, training, facility infrastructure, and patient care pathways, ensuring proper support for patients with obesity.

Cardiovascular & Pulmonary Rehab Certification

Boone Health achieved certification for our Cardiovascular and Pulmonary Rehabilitation program by the American Association of Cardiovascular and Pulmonary Rehabilitation. This

Awards & Designations

certification is a recognition of our commitment to improving our patients' quality of life by enhancing standards of care.

AACVPR-certified programs are leaders in the cardiovascular and pulmonary rehabilitation field. They offer the most advanced practices available and have proven track records of high quality patient care. AACVPR program certification is valid for three years.

Healthgrades Top 100 Cardiac Care Programs

Healthgrades recognized Boone Hospital Center as having one of the top 100 cardiac care programs in the nation as part of its Specialty Excellence Awards™. The hospitals in the top 100 ranking demonstrate excellent clinical outcomes for heart bypass surgery, coronary interventional procedures, heart attack treatment, heart failure treatment and heart valve surgery.



Influenza Vaccination Honor Roll

Boone Health was among 1,153 organizations added to the Immunization Action Coalition's (IAC) Influenza Vaccination Honor Roll. The honor roll recognizes hospitals, health care facilities, and government entities that have taken a stand for

patient safety by mandating influenza vaccinations within their organization or institution.

To be included on this honor roll, each organization must require influenza vaccination for employees and must include serious measures to prevent transmission of influenza from unvaccinated workers to patients.

Mandatory influenza vaccinations for healthcare employees have been supported by multiple leading medical organizations, including the American Nursing Association.

Breast Center of Excellence

Boone Health was accredited with the Breast Center of Excellence by the American College of Radiology. This designation requires a facility to be accredited in multiple areas of breast cancer diagnostics, including mammography, stereo biopsy, breast ultrasound and breast MRI.

The rigorous application process for accreditation evaluates a hospital's equipment, procedures, patient safety, image quality, and the experience and education of the department's technologists and radiologists. Hospitals must meet or exceed the ACR's standards and reapply for accreditation every 3 years.

No. 1 Hospital In Mid-Missouri For Sixth Year

For the sixth year in a row, Boone Hospital Center was ranked the No. 1 hospital in Mid-Missouri by U.S. News & World Report. It also ranked No. 7 in the state of Missouri.

The 2021-2022 U.S. News Best Hospitals ranked hospitals in the U.S. in 15 adult specialties, as well as by state, metro, and regional areas for their work in 17 more widely performed procedures and conditions. Of the nearly 5,000 hospitals analyzed and 30,000 physicians surveyed, only 175 hospitals ranked in at least one of the specialties.

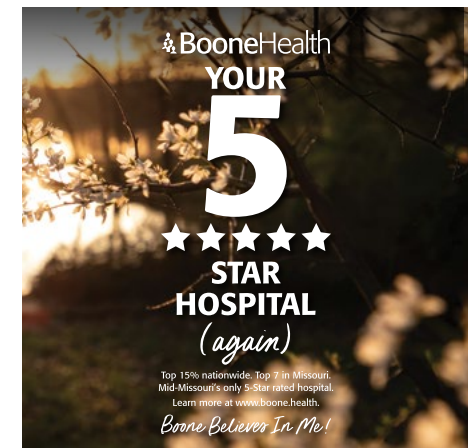
Boone Hospital Center was rated high performing in the specialty of orthopedics and in the following procedures and conditions: heart failure, heart bypass surgery, heart attack, colon cancer surgery, kidney failure, stroke, knee replacement, hip replacement, and chronic obstructive pulmonary disease.

Centers for Medicare & Medicaid Services

In 2021, Boone Hospital Center was again rated 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.



A Century of Caring

By Jessica Park

On May 30, 1920, construction crews broke ground on what would become Boone County Hospital. The April 19, 1920 *Columbia Daily Tribune* had reported, "It will be the hospital of all the people. And to it, from every section of the county, they may come, regardless of race, sex, religion, or color." While much has changed in the last century, our commitment to the people of mid-Missouri remains strong. Here are just a few highlights from the last 100 years of Boone!

December 10, 1921

Boone County Hospital hosts a grand opening with refreshments and live music. On Dec. 14, Ella Hickam is the first patient admitted to the 40-bed hospital. The next day, Drs. Frank Nifong and Andrew McAlester jointly perform the hospital's first surgery — a hernia repair — in the new operating bay.



December 24, 1921

Fannie and William Etheridge welcome David, their third son and the first-ever Boone Baby.

1930s

Boone County Hospital weathers both the Depression and a tuberculosis epidemic.



1953

The Pink Ladies of Boone County Hospital Auxiliary form the hospital's first volunteer services program.

1954

The hospital opens a new wing named after Dr. Frank Nifong.

1959

Boone County Hospital's capacity expands from 82 to 257 beds with the addition of the hospital's first patient tower.

1964

Boone County Hospital treats its 100,000th patient.

1967

Boone County Hospital begins its own ambulance service.

1973

The hospital enters the computer age, modernizing its billing and records departments.

1976

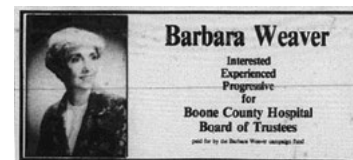
The community is invited to an open house to see Boone County Hospital's latest renovations, including the completion of the central patient tower.

1980

The Board of Trustees renames Boone County Hospital to Boone Hospital Center to reflect the hospital's growth and expanding service area.

1981

Barbara Weaver, once a Boone County Hospital nurse, is the first woman elected to the Boone Board of Trustees. She served as a trustee for over 30 years until her retirement in 2015.



For its 60th anniversary, the hospital unveils a 22-foot-tall aluminum sculpture of Boone Hospital Center's new logo, affectionately called the Spoonheads, created by artist Kathy Montie. The Spoonheads moved to the South tower in 2011.

1982

The first life flight helicopter touches down on Boone's new landing pad.

1990

Boone goes 100% smoke-free.

1993

Boone Hospital Center starts its first lease with Christian Health Services. In 1993, Christian Health Services merges with Barnes Hospital and Jewish Hospital in St. Louis to form BJC HealthCare.

1996

The hospital's 75th anniversary is commemorated by "Nexus," a sculpture by Larry Young, enhancing a newly expanded campus that includes the Broadway Medical Plaza buildings.



A Century of Caring

1996

Our Level III Neonatal Intensive Care Unit provides specialized care for Boone babies born before 35 weeks.



2005

Boone Hospital Center earns its first Magnet® designation from the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program® – the highest honor a hospital can receive for nursing. BHC earns Magnet designation again in 2009, 2014 and 2019.

2006

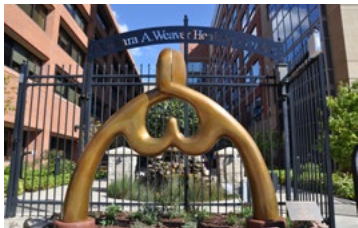
BHC's 80,000-square-foot Outpatient Services tower adds room for more diagnostic screenings and minimally invasive procedures.

2011

The hospital's new eight-story patient bed tower provides private rooms for more patients. Opening celebrations include a public event that gives community members a chance to tour their hospital.



Boone takes health screenings on the road with the launch of its Mobile Health Unit.



2012

A new Healing Garden provides a calm environment for patients, visitors and employees. The garden includes bricks and pavers honoring donations from the community, medical staff, employees and patient families. In 2016, the garden is dedicated to Barbara Weaver.

2016

Nifong Medical Plaza offers more convenient access to primary care, imaging and lab services, and physical therapy to the growing community in south Columbia.

August 2019

The Trustees announce their decision to transition Boone Hospital Center to an independent community hospital in 2021.



October 2019

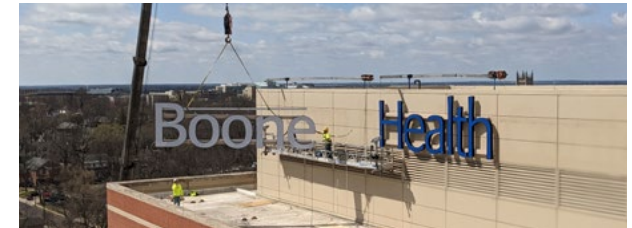
Boone Hospital attains Magnet recognition for a fourth consecutive time.

January 2020

Boone Hospital Center and Stephens College announce the joint development of a nursing school program.

April 1, 2021

After 30 years with BJC HealthCare, Boone Hospital Center becomes Boone Health, an independent healthcare organization.



December 10, 2021

Boone Health celebrates 100 years of healing with a socially distanced anniversary party. Employees received commemorative lapel pins, T-shirts and steel tumblers – and birthday cake!



BooneHealth

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

