



Cultivating Nursing Excellence

Boone Health 2023
Annual Nursing Services Report



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.



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

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Inside front: Jesse Godec, BSN, RN, CFRN, CCEMT-P, Emergency Department Staff Educator, welcomes area high school students interested in nursing careers. See more on page 42.

Front and back cover: Inspired by our Cultivating Kindness trees (p. 24), this illustration includes words our patients and their families have used to describe Boone nurses in 2023. See more patient compliments on page 5 and throughout this annual report.

Introduction

The theme for our 2023 Nurses' Month activities was Cultivating Kindness. Kindness is just one of many qualities essential for a Boone Health nurse. Every day at Boone, we cultivate every aspect of nursing excellence.

Cultivating Patient-Centered Care

Patients and their families are at the heart of our professional practice model and everything we do. Every day our nurses go above and beyond, even helping an ICU patient fulfill his request to be baptized.

Cultivating Community Relationships

In 2023, we helped our nurses engage with Boone Health's mission to improve the health of the people and communities by introducing Meet the Mission: Mission Recruitment campaigns. From donation drives to a Halloween fair for foster families, these activities give Boone nurses an additional opportunity to build relationships with our community and with each other!

Cultivating Clinical Quality

Boone nurses are actively engaged in identifying opportunities for improvement and finding innovative, evidence-based approaches to improve clinical quality measures. In 2023, these measures included reducing hospital-acquired infections, optimizing length of stay, and enhancing staff education for better patient outcomes. Our nurses have a voice in every aspect of clinical care, including value analysis of supplies, safety and security, and patient satisfaction.

Cultivating Professional Development

Boone nurses are committed to professional development. In 2023, we saw an increase in nurse certification among our patient care leadership and staff in some patient care units, exceeding the goals we set for ourselves in 2021 and further benefiting our patients. Our Professional Nurse Development Program and celebration of lifelong learning motivate nurses to continue to build upon their skills and knowledge.

Cultivating Nursing Recognition

Boone nurses are praised by our patients and families, leadership, and colleagues for everything from leading initiatives to improve clinical measures to bringing a patient's loved one a cup of coffee. There are no small jobs in nursing.

In 2023, we received over 800 DAISY Award nominations from patients and family members – and our selection committee had the tough job of choosing just six! You'll see some of these nominations on the opposite page and throughout our report.

Our Great Catch Award celebrates nurses and staff members who help promote Boone Health's #1 Standard of Excellence: Promote Safety. In 2023, we also had two Boone nurses receive Employee of the Month – an outstanding honor in an organization with over 2,000 employees.



**Shannon Kuczynski, MHA,
MSN-A, RN, NE-BC**
Chief Nursing Executive

Since 2011, Boone Health has presented our Professional Excellence in Nursing Awards as part of our Nurses Week celebration. These awards give Boone nurses and staff the opportunity to recognize their team members for their leadership, commitment to education, positive attitude, dedicated service, and more. Our 2023 event was a wonderful way to kick off Nurses Month.

Cultivating Evidence-Based Practice and Research

Every year, Boone Health welcomes two cohorts of graduate nurses to our Nurse Residency Program designed to ease their transition from an academic setting to working in a patient care unit. This Accredited Practice Transition Program's requirements include completion of an Evidence-Based Practice project so that they start their nursing career using clinical research to improve how we care for our patients.

Cultivating the Future of Healthcare

Hospitals everywhere will always need nurses who are committed to providing a high standard of patient care and to professional excellence in nursing.

In addition to our Nursing Residency Program, student externships, job shadowing, and educational offerings, we love to engage young people who are considering a nursing or healthcare career before they begin their secondary education.

Every year in June, Columbia College and the Boone Hospital Foundation hosts a Summer Nursing Camp for high school juniors, seniors, and recent graduates which features a day spent at Boone Hospital, touring the facility and getting a taste for nursing in our skills labs, thanks to our Boone nurse volunteers.

In 2023, we decided to extend this opportunity to students across mid-Missouri who would like to learn more about nursing and clinical support careers. We hosted our first session in April, with students visiting from three area schools. After receiving enthusiastic feedback from students, parents, school staff members, and staff who led tours or hosted skills labs, we decided to expand this program with a second session in October. And we look forward to doing it again in Spring and Fall of 2024.

This introduction can't possibly cover everything Boone nurses have accomplished in 2023. I encourage you to explore this annual report in depth to learn more about why mid-Missouri believes in Boone nursing!

A handwritten signature in black ink that reads "Shannon Kuczynski".

Patient Compliments

I came to the ER with a possible heart attack. I want to send a thank you to the ER nurses and the nurses in the cath lab. Every one was amazing. They all made my stay as comfortable as could be. I am so thankful for Boone and the excellent care I received.

So many kind words to use to describe Blaine [Meek]. She has been friendly, kind, helpful, nurturing, compassionate, intelligent, heartfelt, and so many others. I've been in the hospital for over a week and have had several nurses, doctors, patient care techs and other staff. Blaine always made me feel comfortable with my care. She answered all of my questions and never made me feel like a burden or that I was wasting her time. She was very helpful and showed a lot of concern for me as a patient.

I want to give thanks to all the nurses that work on the cancer floor for their compassion through the difficult time dealing with my late wife's cancer diagnosis. They are angels. Without you all, I don't think I could have done it.

I am not an easy stick, and get wound up whenever having medical procedures. I communicated this to Andrea [Muscato]. She was so kind, so patient, and spent lots of time reviewing my arm to find just the right vein to stick. I swear I had no clue she'd stuck me until she said "All good, I'm in." I was SHOCKED. She made sure to get me a pillow to support my arm so the IV wouldn't move, she understood all my fears and was compassionate beyond belief.

Molly [Unterseher] did a great job, not only of taking care of my meds but making sure that I had everything needed during my stay, not just as a patient but as a person. All my questions were answered. Thank you for that kind of care and piece of mind given to me and making my wife feel comfortable and confident with the care.

My mother was brought to the 5th floor with surgery on her left hip. She was scared and couldn't understand all that was going on. She's 97, has dementia and does not hear well. Deb [Reitz] was fast at getting mother settled in, hooked up to her meds and calming her down so she could relax and get some much needed sleep. Thank you, Deb, for your quick efforts, your kindness, and understanding of her circumstances. You are an awesome RN!

My primary condition is rare and often misdiagnosed and, because of this, I come into contact with many medical professionals. My condition is under-researched in general. Many people tell me I am their first patient of this sort, and it leaves them baffled and frustrated. It takes such a toll on me, and I'm sure I can be hard to deal with. Krystal [Sayles] took the time out to study my condition, so as to be better equipped. She also has listened to me and taken my input into consideration. She's stern, yet compassionate. She helped to change my perception of medical professionals to comfort and optimism. She is the best nurse I've ever had.

See more patient compliments on page 22.

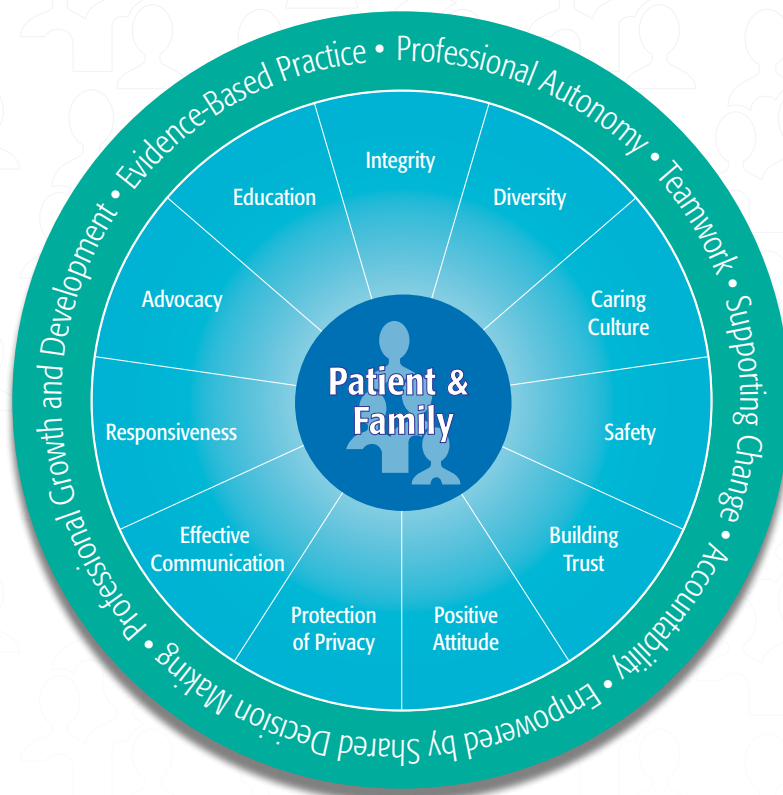
Professional Practice Model

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.

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

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

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





Baptism in the ICU

Martin Griffiths was wheeled in his ICU bed to a room that had been prepared to help fulfill his greatest wish: a full submersion baptism. The baptism tank had been delivered from his church earlier that day just for the occasion.

His pastor Josh was waiting, along with his family, friends, and care team. His wife Vicky remained right by his side.

Once he was in the room, a medical lift picked Martin up out of his bed and then put him inside the baptism tank.

He repeated after his pastor; “I believe that Jesus is the Christ, the Son of the living God.”

After that confession of faith, he was slowly lowered into the water with just his mouth and nose left above the water, per doctor’s orders. When he emerged, he was applauded happily by the room.

Martin moved to Missouri 13 years ago after his northern Indiana home burned down. He was looking to relocate and fell in love with a farm in Callao, Mo. A horse raiser by trade, he set up a horse farm once he bought his land in Callao. And it was in Callao that he met his wife Vickie through a mutual friend.

Last year, he was diagnosed with lung cancer but was eventually pronounced cancer free.

“I’ve had several problems after that though including a problem with circulation in my leg, needing a vein replaced, and heart trouble,” says Martin.

This past Easter weekend, Martin had a near-fainting spell. He went to his primary care physician the following Monday, who immediately recommended he be airlifted to Boone Hospital Center.

“I was helicoptered here, and they found I had a large blood clot in my lungs and my heart was out of rhythm on both sides,” says Martin.

“Everyone is very kind here. It makes me glad that I am here. The food’s not bad either,” says Martin.

Still, Martin says being hospitalized isn’t easy.

“I’m someone who has been pretty self-sufficient my whole life. It’s hard to be in this position,” says Martin.

Martin and Vicky both appreciate how Martin’s nurses have involved Vickie in her husband’s care.

“They let me help take care of him which provides comfort to both of us,” says Vicky.

When Martin’s pastor and church members visited him in the hospital, Martin began talking about his baptism wishes.

“I had been baptized in the Catholic church as a baby, but as I have gone to my non-denominational church and read the Bible, I have learned about believer baptism and being baptized through submersion. It’s something I had wanted to do for years,” says Martin

Right away, Lead Chaplain Kim Leon got to work to see if an ICU baptism could be arranged.

“I coordinated with the patient’s nurse, Kara, the Respiratory Therapy Manager, Jennifer, the patient’s physician, Dr. Joss Hernandez, ICU Manager Lindsay, and the patient, his wife, and his pastor. The interdisciplinary team discussed the possibility of baptism with the patient’s physician, Dr. Hernandez, who gave his approval on the condition that the patient’s mouth and nose not be submerged,” says Kim.

Because the hospital did not have a baptismal tank on site, the medical team worked with Martin’s pastor to come up with a solution.

“The pastor offered to bring a submersion tank from his church so everyone made sure that it would be safely transported through the hospital, and I cleaned it when it got here,” says Lindsay Divins, BSN, RN, ICU Nurse Supervisor (*shown above right, preparing to safely transfer Martin to the baptismal*).

When everything was set, Martin was brought to the room with the baptism tub. The baptism went



beautifully and everyone in the room was touched by the sweet moment.

“We had some new nurses that came and watched, and they were so moved,” says Lindsay.

“It was incredibly moving to witness this special and meaningful moment for Mr. Griffiths and his wife. It was inspiring to see the way that everyone involved was willing to do what they could to honor this patient’s wishes and to care for his spiritual health as well as his physical health. The way the entire team came together to make this happen is what makes Boone such a great place to work. I am grateful that I was able to be part of it,” says Kim.

Both Vickie and Martin say they have been so blessed by kindness and compassion while at Boone Hospital Center.

“We could never repay their kindness. Everyone here is so incredibly talented. Even nurses who aren’t on their shift will come by and check on him. You can’t train that kind of compassion. It’s just in their hearts,” says Vickie.

By Madison Loethen

Meeting the Mission: Cultivating Relationships

Boone Health's mission is to improve the health of the people and communities we serve. Our presence in the community demonstrates our dedication to meeting needs and building relationships.

Boone Health didn't invent the Mission Moment, but we are true believers. Mission Moments open nearly every event at Boone, and they set the stage for everyone at Boone to reconnect with why our work matters and why we are all here. A solid Mission Moment can inspire us, help us see opportunities and possibilities with greater clarity, and renew our engagement with our work.

In 2023, we made it easier for our nurses and other staff to engage with our mission and give back to the community through our Meet the Mission campaigns.



In May 2023, we held a donation drive to collect needed items for Rainbow House, a local children's emergency shelter. Boone Health employees also gave a total of \$960 in cash donations.

We also invited volunteers to sort and package food at The Food Bank for Central & Northeast Missouri's main facility in Columbia. We held an additional volunteer night at The Food Bank later in the year in December to help the organization distribute food during the busy holiday season.

In July, nurses signed up to volunteer at the Voluntary Action Center Back to School Health Fair. Voluntary Action Center (VAC) helps individuals and communities with resources for basic and emergency health, housing, employment, and educational needs. The Back to School Health Fair is open to all Boone County K-12 students and provides free backpacks, school supplies, health, vision, and dental screenings, and access services supporting low-income families.



On Saturday October 14, a team of Boone Health employees put the "Boo!" in Boone as gathered in the hospital's Conference Center to support the Columbia Foster and Adoption Project.

Our employees set up and decorated 14 booths where foster kids from 45 families could trick or treat, play games, enjoy breakfast, and receive a brand-new Halloween costume, which were donated by Boone Health employees.

Columbia Foster & Adoption Project shared their appreciation:

Boone Health really knows how to throw a party! The Meet the Mission team gave back to our foster and adoption community on Saturday morning. Treats, treasures, and trinkets thrilled the partygoers. In addition to candy, 105 costumes were purchased and donated by Boone Health employees so every child who attended went home prepared for the upcoming Halloween Season. Holidays are hard, opportunities for family fun and memory-making are always appreciated by families and the children they care for.

Left: Boone Health employees volunteer at the Food Bank in May 2023

Above right: Mason Crawford, MHA, BSN, RN (right) was among our nursing volunteers at a Halloween fair held at Boone Hospital Center for area foster children.



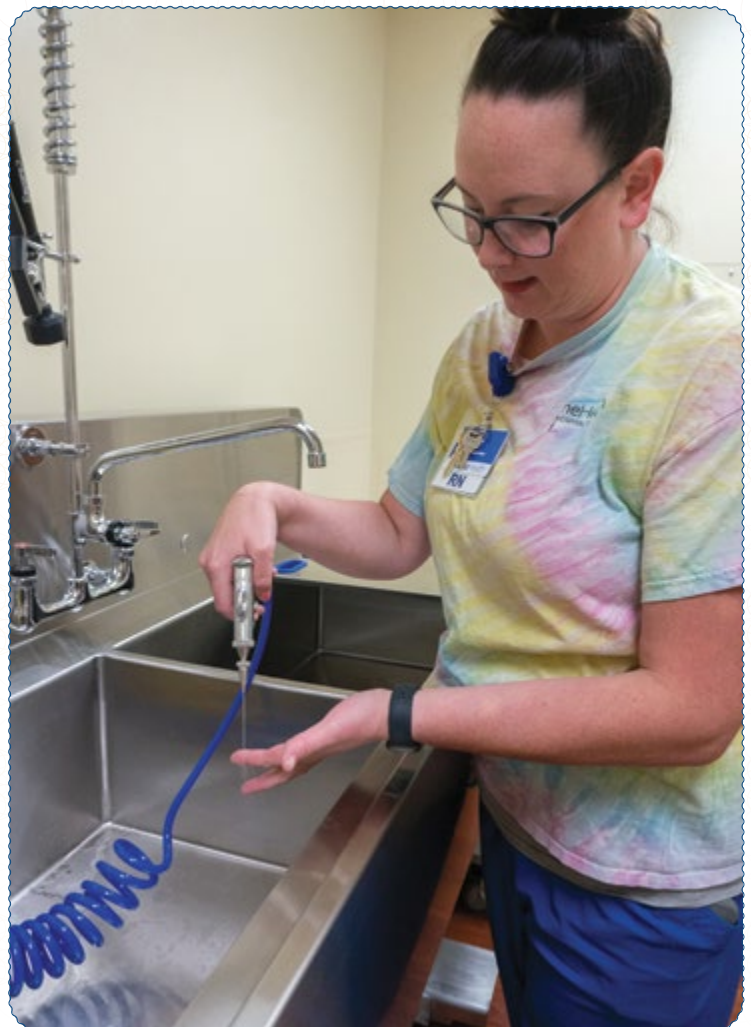
GI Lab Expands Its Scope

Boone Health's GI Lab added a state-of-the-art processing center for cleaning and assessing the safety of the various scopes used by the GI Lab and throughout the hospital, including Respiratory Therapy and the OR. Proper manual cleaning is a crucial step for all equipment, but in the GI Lab, there'd been one station where this could be done – and only one person could work there at a time.

Grace Elfrink, RN (*right*), a staff nurse in the GI Lab, worked with Director of Surgical Services Sara Rush, MSN, RN, CNOR and Infection Prevention Consultant Cassie Milnes, MSN, CIC, CNL, on a project to expand the GI Lab's capabilities to safely test and clean scopes, transforming a small room in the area into a new processing center.

The renovated space features two processing stations, each with three basins, high-pressure water and air nozzles, and specialty attachments designed for thoroughly cleaning scopes. The height of each workstation can be adjusted to suit the user. Scopes can be leak-tested, cleaned, and rinsed at the stations before additional disinfecting and other required processing steps.

Grace explained that the new stations will improve flow and efficiency, helping the team as they process an average 50 or more scopes a day. The new set up also ensures Boone Health stays current with best practices for equipment maintenance, infection prevention, and patient safety.



Improving C. Diff Rates

At the end of 2022, the incidence of hospital-acquired clostridium difficile (C. diff) was higher than at the end of 2021 (33 patients in 2021; 35 patients in 2022). The CDI Task Force, a team of interdisciplinary representatives from across the organization, met throughout 2022 reviewing current mitigation strategies and implementing various processes. Boone Hospital Center had numerous best practices in place including

- hand hygiene audits using secret shoppers
- daily and terminal clean of all isolation rooms with bleach products
- use of Xenex ultraviolet disinfection in all isolation rooms and ICU discharges
- use of the Diarrhea Decision Tree (DDT) to guide isolation and testing of patients with diarrhea
- focused bleach cleaning for seven days in departments with three or more C. diff cases in a 30-day period

Significant collaboration occurred throughout 2022 between the infection prevention, nursing, and information technology teams to optimize the electronic medical record (EMR) with the workflow and processes that the BHC team was accustomed to prior to the transition from BJC Healthcare. Improvement efforts included updated C. difficile Laboratory toxin orders, added verbiage about moderate and high risk medications, and improved documentation of Intake and Output flowsheets. Despite these efforts, C. diff rates continued to be higher than the goal. At the end of 2022, the SIR was elevated at 1.11. In December 2022, CDI rate per 1,000 patient days was 0.76 which exceeded the goal of 0.5.

Because the incidence of CDI was not making significant improvements, in January 2023, the CDI Task Force collaborated with the Meditech Optimization team of clinical and nursing representatives. BHC infection prevention (IP) professionals, Cassie Milnes, MSN, RN, CIC, CNL, Ashley Rampley, MPH, BSN, RN, and Rachael Hahn, MPH, CPH, began closely reviewing orders placed in the EMR by providers and nurses. Because of the oversight of C. diff testing orders, additional amendments to the EMR were recommended to the Meditech Optimization team.

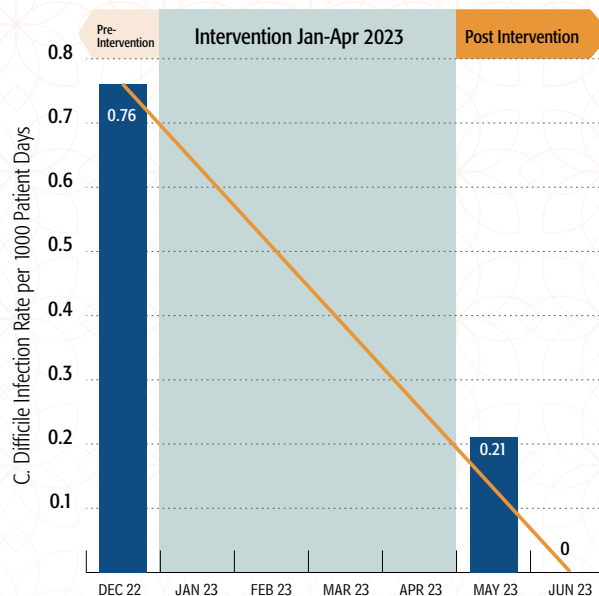
Danielle Hawkins, BSN, RN, CCRN, Intensive Care Unit Staff Nurse, was on the Meditech Optimization team in Q1 and Q2 2023. As a clinical nurse representative, Hawkins' role was to bring suggestions from the bedside nurse's perspective and provide direct feedback to Meditech analysts and Information Technology on proposed changes to the EMR. When changes are implemented in the EMR, clinical nurses on the Meditech Optimization team assist with educating other clinical nurses on the changes.

Recommendations initiated in the EMR based on CDI Taskforce recommendation in February, March and April 2023 include:

Addition of Diarrhea Decision Tree in EMR: To reduce or eliminate inappropriate testing, IP promotes use of the Diarrhea Decision Tree (DDT), a decision-making algorithm to guide clinical nurses and providers in isolation and laboratory testing orders for patients with diarrhea. The review of orders showed that the DDT was rarely being followed. On February 15, 2023, the DDT was added to the Nursing

Hospital-Acquired C. Diff Infections Boone Hospital Center Inpatient Units

January through June 2023



Admission Screening and to worklists for ED patients presenting with abdominal pain, diarrhea, and vomiting. Assessment questions included: Has patient had three or more loose/liquid stools in less than or equal to 24 hours; Is this hospital day 0, 1 or 2; Has the patient received tube feeding or medications in the last 24 hours that may cause loose stools; etc. The assessment uses branching logic; as nurses document the patient's responses to the DDT questions, a positive screening opens additional questions in the EMR.

Order source restriction: IP observed that when nurses submitted an order for C. diff testing, the order source was not selected correctly. When nurses entered orders on behalf of the provider, they selected "per protocol, no signature required" which led to excess orders being placed. On March 8, 2023, an order source restriction was initiated which no longer allowed nurses and providers to enter the order incorrectly. The nurse or provider entering the order is redirected to select an appropriate order source.

C. diff toxin order mandatory question: Effective April 5, 2023, when nurses and providers enter an order for C. diff toxin testing, four questions must be answered before the order is placed: Has the patient had three or more loose stools in the last 24 hours; has it been more than 36 hours since the last moderate/high risk for diarrhea medication; will treatment be initiated if positive; if patient has chronic diarrhea, is the stool pattern different. Adding these mandatory questions causes the nurses and providers to pause and intentionally consider the need for the C. diff toxin test.

Updates to the EMR were impactful to C. diff testing at BHC. As a result of adding the DDT to nursing documentation, order source restrictions to prevent over-ordering, and mandatory questions at the time of ordering the C. diff toxin test, BHC inpatient departments experienced a decrease in hospital-acquired CDIs in May, June, and July 2023.

Preventing CAUTIs with Catheter Audits

The involvement of clinical nurses in the evaluation of patient safety data and the development of an action plan led to improved patient safety and the prevention of infection for patients on Surgical Specialties

In March 2023, four catheter associated urinary tract infections (CAUTI) occurred at Boone Hospital Center. Each was attributed to a different inpatient unit. This safety concern drew the attention of nursing leadership, provider leadership, and infection prevention teams. While organizational approaches to identify potential gaps or product concerns were launched, the nursing team on the Surgical Specialties unit engaged with nursing team members to determine opportunities for improvement.

A standardized process is initiated at BHC when a hospital acquired infection (HAI) occurs. This process, the HAI Debrief, is initiated by the Infection Prevention (IP) department through their routine HAI surveillance for CAUTIs, central-line associated bloodstream infections (CLABSIs), ventilator-associated events (VAEs), and C. diff infections (CDIs).

When HAI events are identified, the event is entered into the incident reporting system which is reviewed by unit leaders. IP directly contacts the nursing director, manager and/or supervisor of the department where the infection event occurred which prompts nursing leaders to collaborate directly with the staff members involved in providing care to the patient during the infection window period.

Through the HAI debrief discussion and completion of the root cause analysis tool, direct care staff members provide feedback on the clinical care related to the identified patient. Clinical staff members included in the review are invited to participate in a meeting to discuss the plan of action. Since frontline team members participate in the HAI Debrief process, awareness of widespread practice gaps, safety concerns and best practices for prevention are reinforced.

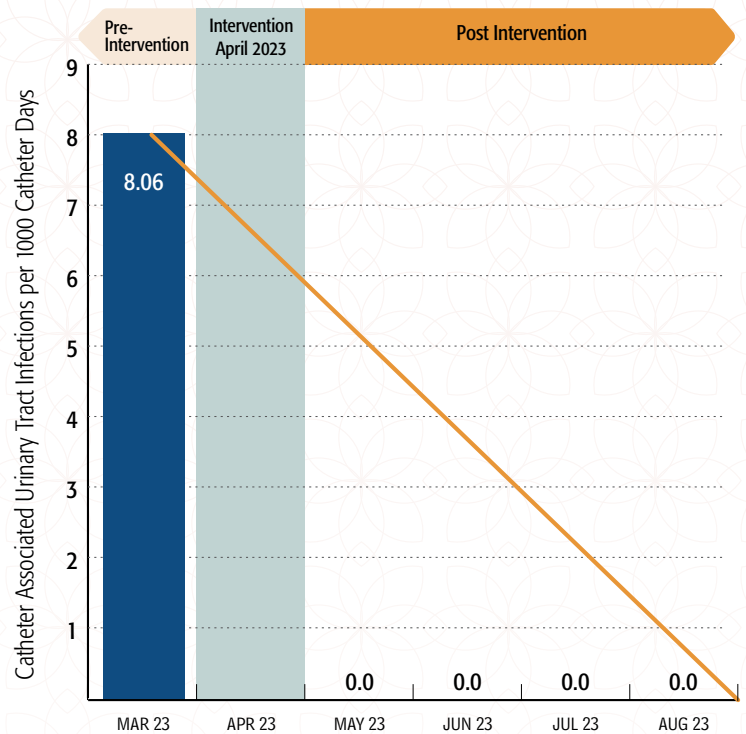
On March 13, 2023, Ashley Rampley, MPH, BSN, RN, CIC, Infection Prevention Specialist, notified Lacey Clark, ADN, RN, Patient Care Supervisor on Surgical Specialties, of a CAUTI that occurred on a patient receiving care on Surgical Specialties on March 1, 2023. Following the HAI Debrief process, Clark reached out to staff members who provided direct care to the patient during the days preceding the infection.

Kayla Hudson, BSN, RN, Clinical Nurse and Karen Vaughan, ADN, RN, Clinical Nurse completed the root cause analysis tool with information they knew about the patient. Embedded in the tool were best practices for preventing infection such as handwashing, catheter care, foley removal plan of care, and other contributing factors to the development of the CAUTI. Clark reviewed the tools collectively and returned them to Rampley once completed.

During the Surgical Specialties Unit Practice Council meeting on March 15, 2023, recent CAUTI data for Surgical Specialties was reviewed and preliminary results of the HAI Debrief were discussed. Given the patient safety concerns that had been identified such as documentation of peri-care and bathing, and inconsistency in the presence of urinary

CAUTI Rate: Surgical Specialties Unit

March through July 2023



catheter orders in patient records, Hudson and other members present determined the unit would begin a process where nurses and PCTs complete an audit that includes questions about hygiene and foley catheter care and maintenance. Additionally, the group identified that the audit would assist Surgical Specialties staff in meeting their departmental goal of decreasing foley utilization rates in 2023.

In April and May 2023, Surgical Specialties clinical nurses and PCTs performed an audit of the preceding shift which evaluated personal hygiene activities, documentation of hygiene, and foley catheter maintenance. Sadie Brimer, BSN, RN, Nurse Navigator collected and reported the audit results which were shared during daily shift huddles, through weekly emails from Brimer, and in the departmental staff meeting minutes.

As a result of the audits, clinical nurses could collaborate with daily with PCTs to ensure patients were provided hygiene that included bathing and peri care. Brimer was also able to identify which patients on the unit had foley catheters in place and which lacked foley catheter maintenance or removal orders and then actively engage with providers to ensure proper orders were in place. As a result of the auditing, the team on Surgical Specialties improved their compliance with hygiene cares, documentation of hygiene, and compliance with ensuring active care and maintenance orders for patients with indwelling foley catheters.

Through the HAI Debrief process and the follow up action plan conducted by the Surgical Specialties nurses, zero CAUTI events have occurred since March 2023.

Staff Education Improves Length of Stay

Mason Crawford, MHA, BSN, RN, Manager of Surgical Specialties, assessed that length of stay was higher than the geometric length of stay on the Surgical Specialties unit. Crawford knew that, to improve throughput issues, he needed to reduce the inpatient length of stay to at least match the geometric length of stay. This reduction would both increase the quality of patient care and improve financial performance.

In March 2023, Crawford was invited to participate on the newly formed interdisciplinary process improvement team known as the Throughput/Patient Flow/Utilization Management team. This rapid-cycle team consisted of representatives from across the organization involved in the clinical care of patients, including providers from hospital medicine, emergency medicine, vice presidents, directors, managers from the inpatient care areas, housekeeping, information technology, social services, quality, respiratory therapy, surgical services, and emergency services.

When the team met for the first time, they focused on the data for the inpatient medical-surgical units (Cardiology and Cardiovascular Surgery, Medical Specialties, Neurology/Oncology, Orthopedic Specialties, Stepdown, and Surgical Specialties) that included raw numbers of discharges, current percentages of discharges, and current aggregates of discharges by specific times of day. This data assisted the team with formatting their goals to be quickly met by May 1, 2023, and setting an incremental goal to be met by June 1, 2023.

In April 2023, the Medical/Surgical inpatient director, managers, supervisors, nurse navigators, social workers and a hospital medicine physician formed a Med/Surg Throughput subcommittee. Their goal was to identify the areas where improvement was needed on the inpatient side and to implement an action plan to decrease the length of stay overall.

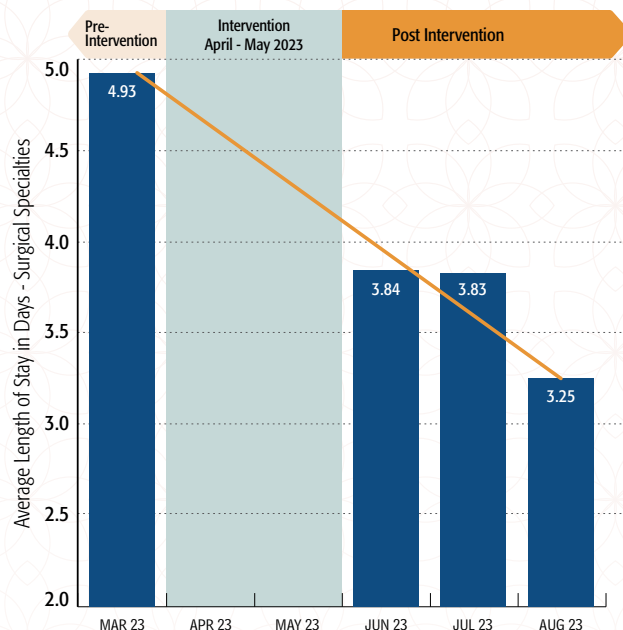
After reviewing the data and assessing throughput concerns, the team identified the action plan needed to start with staff education. Most frontline staff were not educated on length of stay and geometric length of stay. Not understanding this concept made it difficult to comprehend what increased length of stay meant to the organization or their patients or how they could directly affect length of stay. The team knew initial education was vital to the successfully reducing length of stay and that mandatory education needed to be expedited.

Crawford created the “Understanding Length of Stay and the Importance of Early Discharge” education and test, which was determined a mandatory requirement for current frontline staff in the Cardiology and Cardiovascular Surgery, Neurology/Oncology, Medical Specialties, Surgical Specialties, Orthopedic Specialties, Patient Care Support Services/Flex, and Float departments. Additionally, social workers and case management staff were required to complete the education. The course objectives included understanding the definitions of geometric length of stay (GLOS), length of stay (LOS), and diagnosis related groups (DRG); what extended LOS means to a patient; and interventions staff can perform to help reduce LOS. The educational module was assigned to the intended audiences in May 2023.

The Surgical Specialties inpatient unit leadership team, inclusive of Shanna Marshall, MBA, MSN, APRN, FNP-BC, NE-BC, Director of

Length of Stay: Surgical Specialties

April through August 2023



Med/Surg Patient Care, Crawford, Lacey Clark, ADN, RN, Patient Care Supervisor, and Sadie Brimer, ADN, RN, Nurse Navigator, immediately informed their staff of the education module and due date through daily huddles and weekly emails. The Surgical Specialties leadership team had confidence their staff would be able to understand the concepts, take ownership of the problem and buy into the actions needed to assist in improving length of stay once the module was completed.

Another area for improvement Crawford discovered was the consistency of Care Team Rounds (CTRs), a practice that includes the bedside rounding of team members including social worker, case manager, nurse navigator, the patient's nurse, and the patient. During CTRs, the clinical team shares information with the patient pertinent to discharge planning. The CTRs allow open dialogue and opportunities for questions to be answered and resolved in real-time with the patient beginning at the time of admission.

The Med/Surg Throughput team recognized that the practice of CTRs did not include all units and worked to enhance this practice for all inpatients. Med/Surg nursing leadership and social work and case management leadership understood that CTRs are more effective when staff have a better understanding of the length of stay metric. With this baseline education and practice, staff better understood the importance of discharge planning affecting throughput efforts.

Due to Crawford's leadership, implementation of education, and ensuring the consistent practice of CTRs, length of stay was positively impacted. The average length of stay for patients on Surgical Specialties decreased from 4.03 days in April 2023 to 3.25 days in August 2023. The effective collaboration of an interdisciplinary team providing interprofessional education plus improved consistency in discharge planning, the Surgical Specialties unit was successful in reducing length of stay, improving health outcomes, and assisting the organization in financial stewardship.

Improving Sepsis Education

In May 2022, BHC re-established its interdisciplinary Sepsis Team for the first time since Boone became an independent hospital. The new Sepsis Team included representatives from areas that provide clinical care to patients diagnosed with sepsis, including providers from hospital medicine and emergency medicine, clinical nurses from inpatient and ambulatory areas, lab personnel, managers and educators from various clinical areas, data analyst, process engineer, and an information technology representative. Initially, the team reviewed the current state of order sets, policy, sepsis cases to determine non-compliance outliers, nursing staff and provider involvement, and processes for the Emergency Department (ED), Lab and Pharmacy.

During the team's monthly meetings, their assessment showed that BHC's compliance with sepsis bundles was below state and national averages. With the lack of a formal policy to guide staff and physicians on proper care of the patient with sepsis, it was difficult to obtain positive outcomes.

Jessica Black, ADN, RN, Emergency Department staff nurse, and member of the Sepsis Team, assisted with monthly chart audits to assess specific trends of non-compliance with sepsis. Throughout the auditing process, Black identified gaps in nursing knowledge, skills, and abilities. A lack of knowledge regarding the disease process of sepsis, understanding the importance of timely interventions with "sepsis bundles," viewing sepsis as a life-threatening condition that requires immediate attention.

In November 2022, the Sepsis Team reviewed numerous metrics indicating areas where nursing knowledge and skills needed to be addressed as evidenced by compliance with 3-hour sepsis bundle indicators, timely blood draws for lactate and blood cultures, timely administration of antibiotics, checking to see if blood cultures were drawn prior to administering antibiotics, and physician notification to prescribe antibiotics.

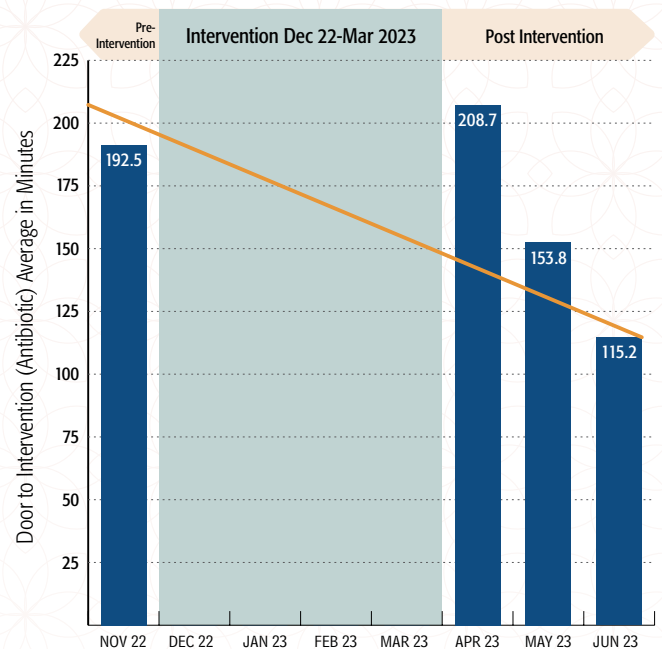
The results of the chart reviews completed by Black and Corey Hardin, BSN, RN, CCRN, CMC, CV-BC, Patient Care Manager in the Emergency Department, were discussed during Sepsis Team meetings in addition to reviewing data relevant to the care of the sepsis patient. The Sepsis team identified the gaps that needed to be addressed through staff education.

With policy updates and order set updates on the horizon for this high-risk patient type, the Sepsis Team members from the ED focused their attention on developing a staff education plan. By improving employees' knowledge, skills, and abilities, compliance with the sepsis bundle requirements would improve patient outcomes.

In fall 2022, Sepsis Team members worked to update the Sepsis Screening and Management policy. At the December 2022 Sepsis Team meeting, the updated policy and order sets were approved. At the January 2023 Coordinating Council meeting, the final approval stage in the shared decision-making process, the updated Sepsis policy, order sets and education plan were approved and launched in the same month. Under the implementation plan, clinical staff members received

Door to Intervention (Antibiotic) Average for Patients with Sepsis: Emergency Dept.

December 2022 through July 2023



education on the updated policy and order sets from nurses and providers on the Sepsis Team who took the information back to their unit managers, unit practice councils and team members.

In February 2023, Tyson Cason, BSN, RN, Clinical Educator, placed education in the monthly clinical staff newsletter, Clinical Practice Update, about the changes to the policy and the new order sets.

The Sepsis Team developed a sepsis and sepsis bundle education module with a quiz for all ED nurses. The education included the new policy; definitions and criteria for sepsis, severe sepsis, and septic shock; screening and documentation of sepsis and sepsis risk; understanding 3- hour and 6-hour sepsis bundle and associated interventions for the ED. In April 2023, the education was made available in our Learning Management System for Emergency Department LPNs and RNs.

Hardin notified the ED nursing staff of the new "Sepsis and Sepsis Bundles" training module and the expedited due date of May 2023. This was quickly followed up with a "Sepsis and Sepsis Recognition" module specifically to educate Patient Care Technicians (PCT) on the PCT's role in identifying and treating sepsis.

With the Sepsis Team's ongoing assessment of data, identification of trends causing non-compliance, implementation of a new policy for provider and staff guidance and a staff education plan to enhance knowledge, skills and abilities, compliance in implementing the sepsis bundle tasks improved. The ED staff was able to decrease door to intervention (antibiotic) timing from 178.8 average minutes in Dec 2022 to 153.8 in May 2023.

Reducing Length of Stay for Cardiac Cath Lab Patients

The standard of care for patients undergoing percutaneous coronary intervention (PCI) begins with an outpatient visit to the cardiology provider where testing is completed to determine if cardiac catheterization is needed to further evaluate the heart. BHC's primary cardiology providers are from the Missouri Heart Center (MHC), a medical cardiology practice that works closely with BHC staff for scheduling, in-hospital care, and follow-up care for shared patients of both entities.

During the October 28, 2022, STEMI Center Core Team meeting, STEMI Coordinator Colton Downing, BSN, RN, provided an update that the incidences of same day discharges for patients undergoing PCI continued to be low. Same day discharge rate is a metric the team was monitoring as an area of improvement related to best practice and financial outcomes for the Cardiology service line. Typically, patients undergoing PCI stay in the hospital for 6 hours post-procedure while being monitored in the Cath Lab Holding area of the Cardiac Cath Lab. When these patients are not discharged the same day, the patient is admitted to the inpatient Cardiology unit on observation status and occupies an inpatient bed.

During the meeting, the team discussed potential reasons for the underperformance of the same day discharge metric. A potential issue discovered during brainstorming was that patients who drive from outside of the Columbia, Mo. vicinity are often offered the option to stay overnight out of concern for the patient making a long drive late in the evening. No changes were implemented at this time but the process and potential areas of concern were discussed.

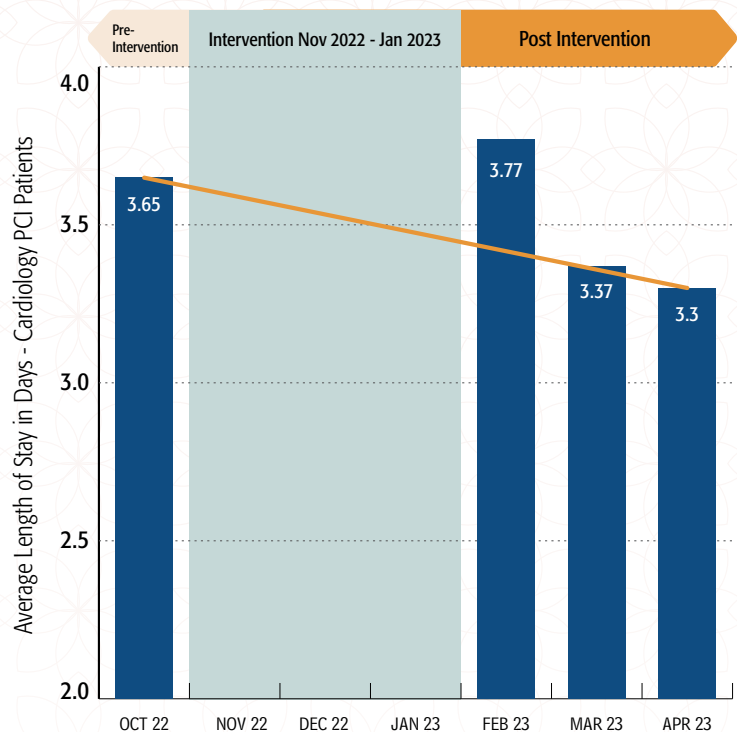
Throughout November 2022, Trung Tran, MD, Interventional Cardiologist with Missouri Heart Center, held several follow-up discussions with other MHC providers, nurses, and schedulers on the low incidence of same day discharges for patients undergoing PCI.

At BHC, Beata Sowa, BSN, RN, Team Leader, whose primary role was to coordinate the schedule daily for the entire Cardiac Cath Lab, was involved in discussions with MHC providers and nurse coordinators regarding scheduling of PCI patients. During these discussions, an area of opportunity was identified to prioritize the scheduling for patients who drive from outside of the Columbia area to earlier in the day. Team members believed offering earlier procedure times for patients arriving from further distances would increase the likelihood of same day discharges. This change in scheduling was coordinated between MHC and BHC staff members and started in late November 2022. Efforts to enforce the changed process continued throughout December 2022 and January 2023 as missed opportunities were reviewed with involved team members and re-education was provided where necessary.

Sowa's role as board runner was pivotal to the improvement in same-day discharges. She coordinated not only the schedule for the patient procedures but of the staff members needed for the day. Sowa collaborated with interprofessional team members to support the plan of care for the patient. As the central point of communication, MHC providers and their nurses would communicate anticipated orders and plan of care needs for the PCI patients. Sowa was able to support

Length of Stay Cardiology Unit

October 2022 through April 2023



the amount of nurse staffing in the department to ensure orders and treatments were implemented in a timely fashion for patients which facilitated a same day discharge. Nurses in Cath Lab Holding area were able to obtain the EKG, provide discharge education, ensure discharge prescriptions were available, begin discharge paperwork, and any other individualized plan of care needs for PCI patients. These efforts facilitated discharge home as soon as patients met discharge criteria.

Due to these collaborative efforts, the metric of same day discharges for patients undergoing PCI began to show marked improvement by March 2023 and sustained through at least May 2023. These efforts have positively impacted the Cardiology unit's patient length of stay.

Patient Compliment

My aunt was admitted and put on the cardio floor. They did an echocardiogram and then decided to do the heart cath with contrast. Jill [Wolf] took the time to explain it very thoroughly, and in a way to help both my aunt and I completely understand. Our favorite analogy was "Sometimes the heart needs an electrician and sometimes a plumber" in reference to what the procedure would look at and what they may need to do. The information, humor, and kindness really put my aunt at ease which in turn made me feel better. She assured me that my aunt was in one of, if not the best, hospitals for finding out and fixing what needed fixed.

Improving Care Through Value Analysis

In August 2022, clinical nurse and Wound Care team member Zoe Prevet, BSN, RN, CWOCN brought forward concerns with the current heel protection product for patients, the Heel Medix boot. Issues with the product included the boot not staying in place and patients' heels not being protected. To increase education, Prevet coordinated in-services for the clinical nurses in the departments where the Heel Medix boot was being used.

In January 2023, Prevet again brought forward concerns with the heel boot related to the increasing trend in hospital acquired pressure injuries (HAPI) that were negatively affecting patient outcomes and the hospital's reimbursement to Shanna Marshall, MSN, MBA, APRN, NE-BC, Patient Care Services Director, and co-leader of the newly formed Nursing Value Analysis Committee (NVAC). The NVAC is a branch of the larger Boone Health Value Analysis Program which was formed with the following outcomes in mind:

- Reduce variation
- Manage cost
- Standardization
- Safeguard clinical quality outcomes
- Commit to the concept of a clinically appropriate product formulary

Marshall supported the review and financial analysis of alternative products by requesting additional information from the Supply team. Through the NVAC, contract status, financial data, and quality concerns of supplies were reviewed.

Based the Heel Medix boot product distributor, Medline, having provided additional education in August 2022 without improvement and the anecdotal reports of continued concerns from Prevet and Anna Graham, BSN, RN, clinical nurse and Wound Care team member,



the NVAC approved alternative options to be trialed on a unit with high product usage in February 2023.

As a part of the trial, the Molnlycke product and others were trialed and with evaluations and input received from end-users. In April 2023, Marshall attended Nursing Practice Core Council meeting to review the Molnlycke product, the most preferred option for heel boots from the trial, with clinical nurses in attendance.

As a result of data analysis, new product trial, staff nurse feedback through the shared decision-making committee processes, and input from Wound Care team members and other end-users, the NVAC team moved the product forward to a vote. The NVAC team approved the product that BHC nurses found superior, the Molnlycke.

Education for the new heel boot product was developed by the NVAC and distributed to clinical nurses through direct communication from managers and the monthly *Clinical Practice Update* newsletter.

Skin Team

Each quarter, the Boone Hospital Center skin team surveys and assesses every inpatient's skin in the hospital to look for hospital acquired pressure injuries (HAPIs). This data is compiled and submitted to a national database. People can look up a hospital's HAPI rate and compare care at various hospitals.

The Skin Team is a critical piece in accessing and submitting our data to NDNQI, and we'd like to recognize our participants:

- Danielle Hawkins, BSN, RN; Rebecca Bukowsky, BSN, RN; Mason Gaines, BSN, RN; and Jenna Luebbering, BSN, RN assessed all of ICU and Stepdown.
- Stephanie Mayfield, ADN, RN assessed Surgical Specialties.
- Samantha Brunkhorst, BSN, RN looked at all the skin on Cardiology.
- Stacey Lindsey, ADN, RN, ONC, assessed on Orthopedics.
- Blaine Meek, BSN, RN, MEDSURG-BC, assessed the patients on Medical Specialties with assistance from Cecilia Boessen, ADN, RN, MEDSURG-BC.

- Angela Baldwin, ADN, RN took care of Rehab patients.
- Sarah Beeler, BSN, RN and Megan Shaneberger, RN assessed patients on Oncology/Neurology.

Assessing every patient requires many hands to help with turning and positioning patients. The Skin Team had help accomplishing this task from 17 nursing student volunteers from Moberly Area Community College.

Together, the skin team and student volunteers assess the skin of 146 (97%) patients across eight units and identified one hospital-acquired pressure injury with a rate of 0.7%.

Members of the Skin Team also provide crucial insight to their units' barriers and strengths in promoting skin health and improving skin and wound care performance at Boone Hospital. We are so thankful for their tremendous work and commitment to excellence.

Protecting Patients and Staff

On a national scale, violence in hospitals is on an increasing trend. BHC's Workplace Violence (WPV) Team regularly monitors safety and security events involving staff and employees using incident reports and security systems.

One area that poses an elevated risk for violence events are the obstetric and nursery departments due to the sensitive nature of family situations. Security events in our MCH departments are monitored and occur at a steady pace.

In November 2022, a team of Social Workers, Security staff and Maternal Child Health (MCH) nurses came together to discuss safety and security for staff and patients after a shooting that killed two healthcare workers in a mother and baby unit in Dallas, Texas. The event brought to light specific concerns for staff in our MCH areas. The WPV team listened to current concerns and developed proactive measures to mitigate future risk.

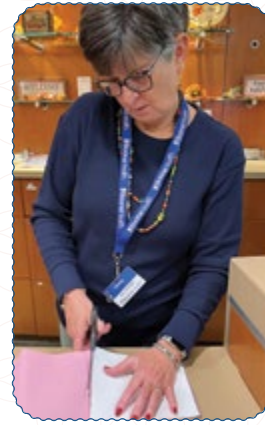
As a result, Security personnel are now present on the unit when sensitive news is being delivered to the patient by the Social Worker. Sensitive news may include mandatory reporting events, social concerns, or situations where the Department of Health is required to intervene. Having Security personnel readily available on the unit during such times was a first step in helping staff members feel safe.

Further discussions followed at a January 2023 Labor and Delivery Unit Practice Council meeting where clinical nurses discussed safety and security concerns and improvements. The meeting was facilitated by Taylor Gonzales, BSN, RN, RNC-OB, Clinical Nurse, and attended by several MCH nurses including Savannah Whitesides, BSN, RN and Pamela Offield, BSN, RN, RNC-OB. The group voted to move several action items forward, including keeping MCH units locked 24/7, signage, logistical issues related to unit secretary access to door openers, and additional opportunities where security should be present to support MCH unit staff and patients.

Sherri Barnes, BSN, RN, RNC-NIC, Patient Care Manager worked with Shannon Kuczynski, MHSA, MSN-A, RN, NE-BC, Chief Nursing Executive, to identify capital dollars necessary to purchase the additional security equipment including an interactive camera wall phone, door locking mechanism, plus wiring and installation. On Monday, May 1, 2023, installation was completed and the third-floor Labor & Delivery unit became a secure, locked unit.

Stacie Barker, MSN, RN, RNC-NIC, Patient Care Supervisor, reported the progress and clinical nurses' feedback on the locked doors during the May 2023 WPV meeting. Feedback was positive overall and Barker specifically reported that the L&D staff felt more safe and secure with the interactive camera wall phone in place. Similar equipment was purchased and installed for the second-floor Postpartum unit.

Nurse-Driven Service Recovery



When misplaced patient belongings became a recurring complaint, the Surgical Services Patient Satisfaction Committee (PSC) stepped up. The PSC includes Surgical Services leadership; nurses from OR, Pre-op, PACU, and PASS; and members of the Patient Experience department. The PSC's goal is to identify and implement patient satisfaction initiatives that directly impact Surgical Services departments. During PSC meetings, patient satisfaction scores and specific complaints are reviewed.

After the PSC began to review and track missing belongings on a Patient Missing Belongings Log, the logs revealed that the most common missing item for patients who visited Pre-Op and the OR was eyeglasses.

Nurses encourage patients to leave their eyeglasses with family, but many patients prefer keeping their glasses with them for comfort after waking in PACU. Patient belongings stored at bedside are packed into a plastic bag and transferred several times throughout the patient's journey from pre-op to inpatient unit, and patients' glasses need protection to prevent damage. While protective eyeglass cases are occasionally donated to the pre-op department, the supply is inconsistent, and purchasing cases would be cost prohibitive. Instead, nurses would frequently wrap glasses in a hospital washcloth for protection before placing them with the patient belongings, creating the potential for glasses to be accidentally discarded with soiled linens.

At a March 2023 PSC meeting, it was suggested that glasses cases could be sewn by volunteers out of unused surgical drapes that are otherwise discarded. Jean Macher-Japko, BSN, RN, Clinical Nurse and Committee Chair, personally took several unused drapes home and created three prototypes for glasses cases. Galina Rasputina-Simmons, MBA, BSN, RN, Manager of Pre-op, Peri-anesthesia Care Unit (PACU), and Pre-anesthesia Screening Services (PASS), coordinated with Boone Hospital Foundation to identify volunteers to sew the cases. Laboratory Technical Coordinator Heidi Campbell volunteered to create the cases.

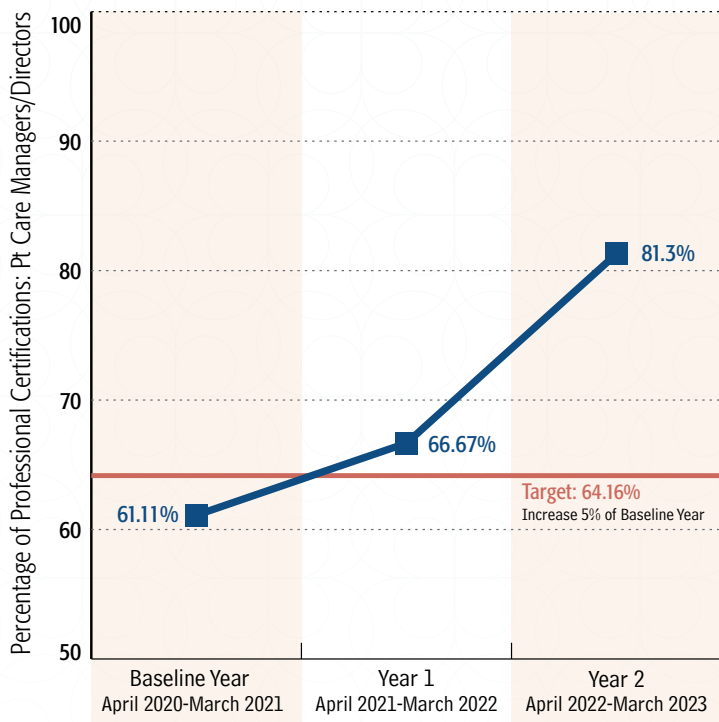
The first batch of eyeglass cases were used for patients on June 28, 2023. Operating Room Manager Missy Barroso, BSN, RN, CNOR, frequently reminded staff during morning huddle to retain unused drapes that can be sewn into cases. Rasputina-Simmons ensured that cases are available to pre-op staff when patients are being prepared for the operating room. The Surgical Services PSC continues to track missing patient belongings to monitor the impact of this solution.

Above: Boone Health Volunteer Christy prepares to make an eyeglasses case out of an unused surgical drape.

Commitment to Nursing Certification

% Professional Certifications: Patient Care Managers & Directors

April 2020 through March 2023



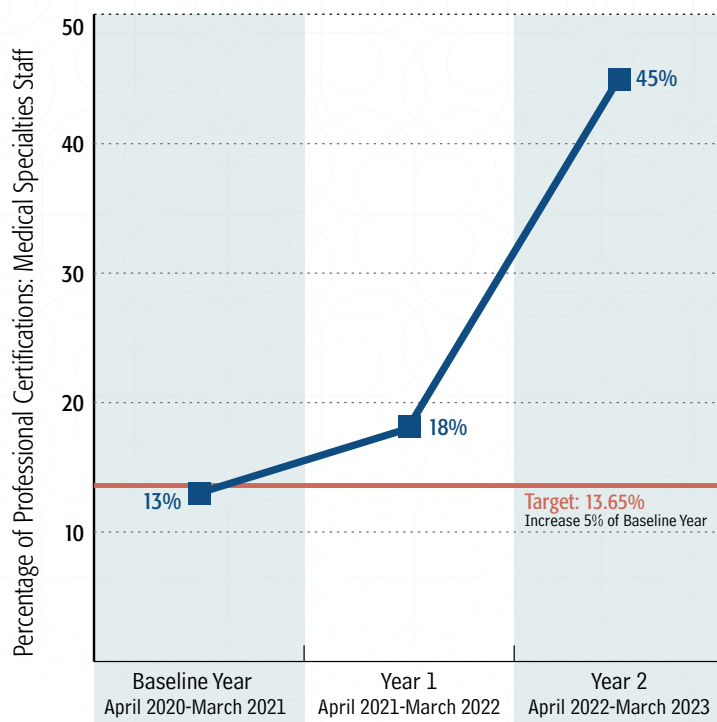
Professional nursing board certification of nurses plays an increasingly important role in ensuring high standards of care for patients and their loved ones. Nursing, like health care in general, has become increasingly complex. While a registered nurse (RN) license provides entry to general nursing practice, the knowledge-intensive requirements of modern nursing demand extensive education and a strong personal commitment to excellence. National certification allows nurses to be recognized for competence in their specialty.

Boone Health patient care managers and patient care directors established a goal in 2021 to increase the professional nursing certification rate among patient care managers and directors over two years (*above left*).

While our goal of 64.16% certification was reasonable given the complexities and continued impacts of COVID-19 and our transition from BJC, the target was far exceeded. After two years, 81.3% of our patient

% Professional Certifications: Medical Specialties Staff

April 2020 through March 2023



care leaders were certified. The Boone Health nursing leadership team deserves to be recognized for their efforts!

Among staff nurses, Boone's Medical Specialties Unit far exceeded their goal for increased professional nursing board certification (*above right*). From April 2020 to March 2021, 13% of Medical Specialties nurses were certified. From April 2022 to March 2023, that number rose to 45%.

Four additional nursing units achieved their goals for increasing nursing certification:

- Pain Management Clinic
- Rehab Unit
- Recovery Room
- Operating Room

Certified Nurses 2023



Learning doesn't stop after 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 (*below*).

Above (L to R): Lisa Mefrakis, MSN, RN, CCRN; Jonathan Barnes, MSN, RN, AGPCNP-BC; Quenna Kovar, BSN, RN, CNOR.

Stephen Adkins
Deidre Anderson
Allison Arends
Alicia Arth
Jennifer Baggett
Jesilda Baguio
Rebekah Bail
Anne Balsley
Stacie Barker
Jonathan Barnes
Sherri Barnes
Trudy Barnes
Mechel Barroso
Natalie Bayer
Morgan Beasley
Jacqueline Beshears
Maria Bickell
Amy Bierk
Emily Bishop
Susan Blanchard
Debra Blazis
Cecilia Boessen
Jennifer Bolton
James Boudreau
Torin Brenner
Lauren Breshears
Amy Brown
Julie Brown
Megan Brown
Jennifer Burnett
Lori Burns

Carma Bushnell
Lisa Byrd
Tiffany Carmichael
Jessica Caszatt
Mary Christie
Carmen Colvin
Jordan Cook
Nicole Cook
Lisa Cottrell
Julia Crane
Elizabeth Crews
Renaee Crow
Elizabeth Crowe
Suzanne Crowley
Amanda Cundiff
Theresa Curtis
Tammy Doerhoff
Stephanie Doman
Mindy Doscher
Connie Dunn
Elizabeth Fagiolo
Andrea Fansler
Meagan Fansler
Andrea Feger
Jessica Fleshman
Jane Foreman
Amanda Gardner
Jesse Godec
Brian Gonzales
Taylor Gonzales
Ashley Green

Steveny Grieve
Bethany Guy
Melissa Hampton
Corey Hardin
Melinda Hart
Daniel Hartgrove
Lugine Hein
Emmalee Heine
George Henstorf
Elaina Hinds
Heidi Hoffman
Margaret Howser
Pamela Huth
Kari Jansing
Karma Joos
Megan Kaneaster
Kathleen Kinnaman
Stacye Klenke
Melissa Koga
Quenna Kovar
Samantha Kreitz
Shannon Kuczynski
Carla Kuhlmann
Julie Lane
Nancy Lefever
Michael Lewis
Stacey Lindsey
Tonya Linthacum
Jean Macher Japko
Ashley Makowski
Pamela Malloy

Jamie Markway
Redonda Marshall
Shanna Marshall
Kristen Maxey
Sarah McBee
Erin McGuire
Blaine Meek
Lisa Mefrakis
Christine Mills
Cassandra Milnes
Regan Muri
Emmanuel Nana-Amoako
Ndeye Ndiaye
Emily Nusbaum
Matt Nusbaum
Lisa Ortbals
Marla Owen
Jennifer Pace
Kristin Parker
Alisha Peters
Tara Phillips
Stephanie Powell
Deanna Powers
Zoe Prevette
Lindsey Redington
Emily Reinkemeyer
Sara Revelle
Cassandra Rhea
Rachel Robison
Karen Ross
Sara Rush

Susan Scheer
Laura Schneider
Jennifer Self
Donna Simpson
Hunter Smith
Monica Smith
Pamela Smith
Michele Sprague
Robin Sypolt
Brandy Templeton
Jane Vaughan
Kristin Walker
Ashley Ellis Walker
Tina Walsh
Addison Watson
Patricia Watson-Adams
Thersa Wells
Stephanie Whitbey
Melodie Wigger
Lori Wilburn
Andrea Willer
Liza Williams
Joy Wolfe
April Womack
Heidi Woods
Patricia Zadel
Brandi Thacker Zey

Boone Hospital Foundation: A Partner in Lifelong Learning

The Boone Hospital Foundation supports Boone Health nursing by providing additional opportunities for lifelong learning and professional development. In 2023, Boone Hospital Foundation awarded three scholarships to people interested in starting or furthering their healthcare education.

In 2023, we introduced the **Boone Health Nursing Scholarship** for students currently enrolled in an ADN or BSN program who are interested in part-time employment at Boone Health and committed to working at Boone Health as an RN. Funded by the Foundation, this financial award pays \$5,000 directly to the recipient's college or university in divided amounts for the remaining semesters of coursework.

2023 Boone Health Nursing Scholarships awarded to:

- Elly Kreuger, BSN student, Sinclair School of Nursing at University of Missouri
- Caprice Leighton, ADN student, Moberly Area Community College

The Guy Eastman Brown II and Ellen Tarshis Brown Education Scholarship was established in June 2021. This scholarship is for Boone Health employees to pursue a degree in nursing or other hospital services. This scholarship is prioritized for employees in need of financial assistance and military veterans. The scholarship can be used for tuition, books, or lab fees needed to complete a nursing or other hospital services degree.

2023 Brown Education Scholarships awarded to:

- Natalie Collins, DNP candidate, Sinclair School of Nursing at University of Missouri
- John Theobald, BSN student, Sinclair School of Nursing

The Mary Lu and Lenard Politte, M.D., Caregiver Education Endowed Scholarship was established in 2016. This scholarship is for an outstanding Boone Hospital employee who has demonstrated competence, respect, and compassion at Boone. The goal of this scholarship is to enhance their healthcare education and may cover tuition for courses, books or lab fees needed to complete a nursing or other degree as well as healthcare conferences, seminars, or specialized certifications.

2023 Politte Scholarship awarded to:

- Marissa Rackers, BS in HR Management, Columbia College

Boone Hospital Foundation also supports nurse recognition programs including the DAISY Award (*page 22*), Great Catch Award (*page 29*), and the Professional Excellence in Nursing Awards (*page 26*).

Neonatal Touch & Massage Certification

Neonatal Touch & Massage Certification (NTMC) is an exclusive certification for neonatal healthcare providers – only 2,800 neonatal professionals in the world bear this distinction. The certification includes current literature through 15 hours of online education and two days of hands-on training. NTMC is clinically applicable for daily caregiving in the NICU and enhances skill development in handling, positioning, skin-to-skin, neonatal massage, swaddled bathing, and advanced practice techniques such as myofascial trigger point releases. NTMC maximizes the long-term developmental outcomes of the infants in the NICU and ensures parent involvement and bonding.

Eleven Boone Health team members: eight nurses, an occupational therapist, physical therapist, and speech therapist successfully acquired Neonatal Touch & Massage Certification in 2023:

- Stacie Barker, MSN, RN, RNC-NIC
- Chelsea Beck, BSN, RN
- Lisa Ortvals, ADN, RN, RNC-NIC
- Mariah Smothers, BSN, RN
- Alisha Peters, BSN, RN, RNC
- Aisha Kareem, ADN, RN
- Tara Phillips, ADN, RN, IBCLC
- Melodie Wigger, BSN, RN, RNC-NIC
- Sarah Glass, ST
- Aubrey Richardson, OT
- Katie Goodlet, PT

Celebrating Lifelong Learning

Constant changes and innovations in health care require all nurses and other health care professionals to be lifelong learners. In 2023, we shared and celebrated our nurses' educational accomplishments and certifications in our monthly *Clinical Practice Update* newsletter.

Degrees

- Mason Crawford, DNP, RN, MHA
- Claire Magee, MSN, RN
- Kyle Roberts, BSN, RN
- Grace Westfall, BSN, RN

Professional Certifications

- Katie Bealmer, BSN, RN, CEN
- Nicole Cook, BSN, RN, CNOR
- Jessica Fleshman, BSN, RN, CEN
- George Henstorf, BSN, RN, CNOR
- Jessica Kern, BSN, RN, CEN
- Blaine Meek, BSN, RN, MEDSURG-BC
- Paige Ragar, RN, CCRN
- Cassandra Rhea, BSN, RN, MEDSURG-BC
- Brianna Vuagniaux, BSN, RN, CMSRN

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, PhD. 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.

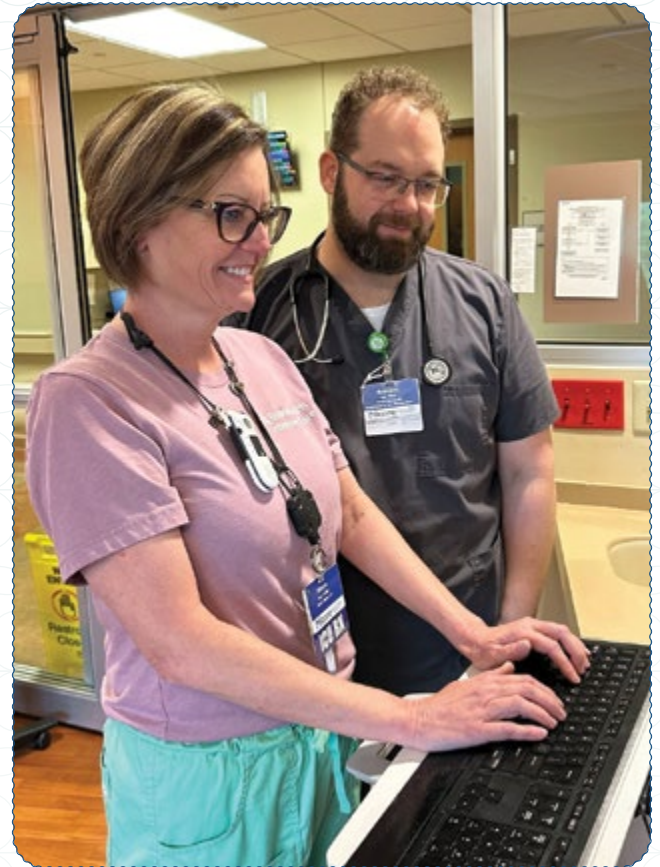
Evidence of the nurse's performance is demonstrated through exemplars – written illustrations of the nurse's professional practice. These exemplars represent the nurse's contribution to patients' and families' welfare and reflect the nurse's clinical knowledge and leadership.

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.

2023 Promotions

Megan Ferguson, 2+
Angela Mings, 2+
Molly Unterseher, 2+
Friederike Albrecht, 3P
Hope Heuer, 3P
Amanda Shondy, 4P
Brianna Vuagniaux, 4P

Blaine Meek, 4P
Torin Brenner, 5P
Heidi Burris, 5P
Amanda Cundiff, 5P
Quenna Kovar, 5P
Cindy Wharton, 5P



Stacye Klenke, ADN, RN, CCRN, Staff Nurse 3-P,
and Brandon Walsh, BSN, RN, Staff Nurse 3-P

2023 Recertifications

Rebecca Bukowsky, 3P
Michelle Caldwell, 3P
Miranda Daniels, 3P
Courtney Murphy, 3P
Angela Schneider, 3P
Veronica Huckfeldt, 3P
Brittany Macormic, 3P
Caroline McDougal, 3P

Melissa Miller, 3P
Andrew Tappana, 3P
Stephanie Mayfield, 4P
Thersa Wells, 4P
Sharon Acra, 5P
Nancy Anne, 5P
Chelsea Beck, 5P
Teresa McCurdy, 5P

Lisa Mefrakis, 5P
Marla Owen, 5P
Molly Prenger, 5P
Rachel Robison, 5P
Melodie Wigger, 5P
Jill Wolf, 5P
Carla Kuhlmann, 5P

Patient Compliment

I came into the hospital with a dry mouth while drinking fluids constantly and urinating a lot. I have had many different and amazing RNs since my arrival, and if I could nominate everyone I would. Katie [Juniper], my RN, has been there when I needed anything. Just being diagnosed as a diabetic hasn't been easy for me or my family. From me constantly needing water, having questions, and getting me warm covers, she always makes sure I'm comfortable during my stay. She has taught me a lot about things I can and can't do as a diabetic and drinks and food that might be better for me. Work isn't just work for her, she doesn't just do her job and leave the room. She converses with me like I'm an actual human being. Just like the shirt I bought in the gift shop that says "Believe in Boone," I believe she believes in her patients.

Nurse Employees of the Month



Trina Hoelscher, RN
Operating Room

In an organization with over 2,000 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. Two Boone registered nurses were recognized as Employees of the Month in 2023.

February 2023 Employee of the Month: Trina Hoelscher, RN

Trina was one of the best nurses in this department. She always had a "can do" attitude. Patients always felt at ease with her. Seeing her as a nurse pushed me to be and to do better. I will take what she unintentionally taught me through my career, in my relationships, and as a person. There is no one like Trina. No one more deserving.

Our February 2023 Employee of the Month was Trina Hoelscher, RN, a Team Lead and Charge Nurse in the Operating Room. Trina first joined Boone Hospital in August 2009 and worked in the OR for the past 11 years.

Sadly, Trina passed away on January 23, 2023. She had already been nominated by many of her teammates, and more nominated her to receive this recognition in memory, resulting in over 18 nominations. A committee of previous Boone Health employees of the month read the nominations and chose Trina as our February Employee of the Month.

Trina's Boone family and patients loved her professionalism, friendliness, team spirit, positive attitude, adaptability, and her excellent work as a preceptor. She took excellent care of our patients and helped



Daniel Hartgrove, MSN, RN, RN-BC
Emergency Department

many new nurses and techs feel welcome and move forward in their careers. A traveling nurse even credited Trina with their decision to join Boone Health as a full-time employee.

Trina was so funny, often joking with coworkers, and she was so good at making work fun. She was a great listener and an even better friend. Every department would benefit from having a nurse like Trina. And her loss will leave a void we will never be able to completely fill.

March 2023 Employee of the Month: Daniel Hartgrove, MSN, RN, RN-BC

Every day, our patients' safety is Dan's top priority. It's like second nature to him.

Dan Hartgrove, MSN, RN, RN-BC was Boone Health's Employee of the Month for March 2023. He has been with Boone since 2008 and has worked in several patient care areas, including Neurology and Emergency Department. He played a central role for The Joint Commission recertification of our Stroke Center in December 2021.

Dan's colleagues appreciate how he communicates, takes accountability, supports his coworkers, and exemplifies our standards and values each and every day.

Dan has always presented a positive and helpful attitude to patients, visitors, physicians, and teammates. think every department needs a Daniel Hartgrove.

DAISY Award for Extraordinary Nurses

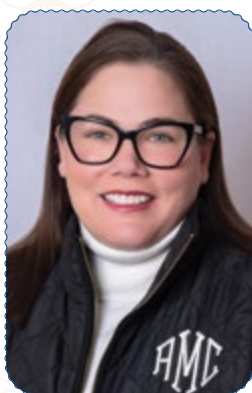
Since 2018, the Boone Hospital Foundation has provided financial support for the DAISY Award program for nurse recognition. This international program rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses every day.

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.



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.

Nurses can be nominated online or at ballot boxes placed around the hospital. 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 2023
Angela Mings, RN
Surgical Specialties

I have had RLS for several years and was so embarrassed, I tried hiding it under the blankets until Angela came in with such compassion and said she was here to help. Angela spoke with my doctor who prescribed a medicine for RLS and, for the first time in years, my legs weren't crawling at me to move. I was heard and I wasn't judged. Angela has been a 5-star nurse to me.



April 2023
Katie Bealmer, BSN, RN, CEN
Emergency Department

I didn't know how I would get my pain under control. Katie took one look at me and went right to work placing an IV and obtaining pain and nausea meds. Her calm voice was reassuring that I would get relief. She communicated so quickly with the doctor and other members of my care team to get me diagnosed with a CT scan, and she checked on me frequently to ensure my pain was controlled.



June 2023
Becky Brantley, RN
Cardiology

We were unsure if my mom was going to make it and things seemed so grim. Becky brought hope and a plan. She took the time to understand the whole situation. She educated us on our options. She encouraged my mom, my sister, and I to start with small steps and trust the process. She brought in all the right people to talk with us and help us understand what to expect.



August 2023
Taylor Gonzales, BSN, RN, RNC-OB
Maternal Child Health

I was in OB triage with severe pre-eclampsia at 34 weeks. My provider decided it was best to induce me. Taylor educated us on what to expect and provided reassurance. We were fortunate to have her support during the entire labor process. When it came time to deliver, she was there coaching me. After delivery, Taylor made it a priority to accompany us to the NICU to spend time with our sweet boy.



October 2023
Jonna Davis, RN
Float Pool

I was treated very well by everyone during my stay, but Jonna was the gold standard. Her comprehension about the administration of medicine, hospital protocol, information about what I need to do next, and caring for myself upon release seemed to be on a next level. I found her to be kind and patient and knowledgeable. She genuinely seemed to be in the perfect job for her.



December 2023
Morgan Sites, RN
Emergency Department

I have been a nurse here at Boone in Labor & Delivery for 10 years, and I am absolutely blown away by the level of advocacy, competence, and self-awareness displayed by Morgan. Morgan knew that I was scheduled to work the following night and took time out of her shift to come check in on my stepson, who was transferred to Orthopedics, and me while working on Labor & Delivery. This exemplifies nursing excellence.



DAISY Leader & Team Awards

Boone Health nursing team members were recognized during the 2023 Professional Excellence in Nursing Event held in May during Nurses Week for the DAISY Leader Award and the DAISY Team Award. In June and July, we again recognized these individuals with celebrations in their departments. Like our individual DAISY nursing award, these additional awards are a part of the DAISY (Diseases Attacking the Immune SYstem) Foundation, an international recognition program that honors and celebrates the skillful, compassionate, and extraordinary care nurses provide every day. Recipients for these awards are nominated by Boone leadership and staff.

DAISY Leader Award

The DAISY Leader Award recognizes a director, manager, supervisor, team leader, charge nurse, or nurse navigator who serves as a role model for other nurses and cultivates a culture of compassion and exemplary practice.

This year's DAISY Leader Award was given to Andrea Primus, BSN, RN, Staff Nurse 5-P, in the Emergency Department. Andrea's nominator boasted about the high amount of trust and respect she has for Andrea because of the tremendous dedication, compassion, excellent clinical skills, and professionalism she displays on a consistent basis.

Her nominator wrote, "Andrea is deserving of the DAISY award because she truly cares for the health, well-being, and safety of all patients. Nurses like Andrea make you want to come back to Boone because of the care you've received."

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.

The Emergency Department received an outstanding nomination for the award by a Boone Health leader who wrote, "Overall planning and response of the Mendon trail derailment was exceptional. From the preplanning phase to bringing in the first patient, the ED Team stepped up and took control. It was an already busy day but the ED team – with the help of many other nursing areas – came together to care for our community."

On June 27, 2022, when an Amtrak train derailed near Mendon, Mo., Boone Health was ready to help. Hospitals and EMS crews from mid-Missouri and Kansas City responded to the accident, helping over 150 injured passengers. Boone treated 28 patients with mild to moderate injuries who'd been on the train.

Boone employees and medical staff came in to support our scheduled Emergency Department team. Staff from Surgery, Anesthesia, Admissions, Radiology, Lab, People Services, Food Service, and Environmental Services offered additional support.

***Above Left:** Andrea Primus, BSN, RN accepts the DAISY Leader statuette from Shannon Kuczynski, MHSA, MSN-A, RN, NE-BC*

***Above Right:** Members of the Emergency Department team: Top row: Aubrielle Maginness, ED Tech; Sydney Moreno, PCT; Katie Williams, MSW; Jess Kern, BSN, RN, CEN; Drew Wilkinson. Second row: Corey Hardin, BSN, RN, CCRN, CMC, CV-BC, Emergency Department Manager; Lori Burns, RN*



Cultivating Kindness at Boone Health

Nurses Month 2023: Cultivating Kindness

The American Nurses Association (ANA) has championed expanding Nurses Week into a month-long celebration with more opportunities to celebrate and appreciate outstanding nurses – and we completely agree! In 2023, Boone Health's Nurses Month theme was Cultivating Kindness, capturing the acts of kindness that are transformative for nurses and the patients they care for. Throughout the month, we showcased the Boone Kind way and the countless things our amazing nurses do to cultivate kindness for our patients, families, and peers.

Each week was dedicated to one of four areas of focus with activities planned for each week:

- Self-Care
- Recognition
- Professional Development
- Community Engagement

Activities included:

- Pet therapy with our Boone Buddies companion animals
- A self-care lounge set up in a hospital sunroom with infused water, snacks, and exercise bike desks
- Tea for the Soul: the Spiritual Care team rounded to units to offer hot tea, snacks, aromatherapy, and affirmations.
- Candygrams delivered to nurses
- Lunch and learn sessions on professional development, education, and well-being
- Evidence-Based Practice poster presentations (*page 25*)
- Our Nursing Excellence Celebration and 2023 Professional Excellence in Nursing Awards (*page 26*)

In a message to Boone nurses, CNE Shannon Kuczynski MHSA, MSN-A, RN, NE-BC wrote:

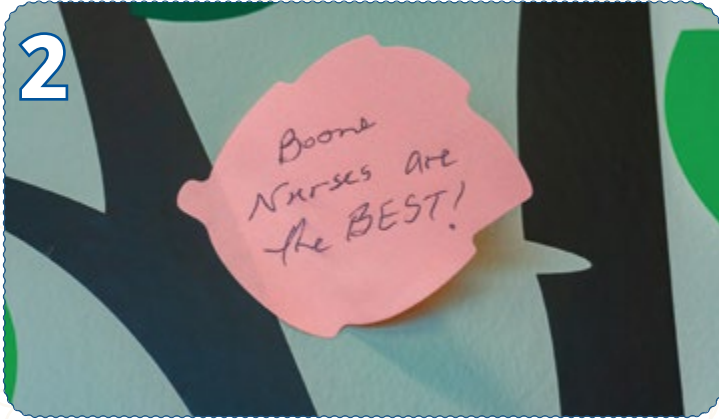
You truly make a difference by influencing and shaping nursing practice so that every Boone Health patient receives high-quality nursing care. The impact you make on patients' lives is unparalleled, and you do so with kindness and compassion.

This May, we'll celebrate all Boone nurses, whether you're at the bedside, in the clinic, or work to support direct care nurses. Each of you raises the bar in new ways, creating strong teams, and working in service to others. It is your passion and hard work that will help us shape the future of healthcare.

Nurses have a voice to lead. More than ever, your voices and ideas for innovations and improvements are crucial to elevating nursing practice and defining what it means to provide compassionate, connected care. We see your passion to comfort and desire to care.

Thank you for living out the Boone Health mission and ensuring healthier tomorrows for our colleagues and our patients. I am filled with gratitude and humbled to serve you and work alongside you each and every day.





Nursing Research & EBP Poster Presentation

Professional Development was the focus area for the week of May 14-20, 2023. During this week, BHC staff could review posters for professional nursing research and evidence-based practice (EBP) projects conducted by Boone Health nurses in the hospital main floor lobby. During scheduled sessions, nurses and project champions presented their posters, explained their projects, and educated attendees.

- Megan Shaneberger, ADN, RN, Neurology and Oncology, (*above*) presented "Virtual Reality for Anxiety Reduction in Healthcare Workers" with results of a nursing research study conducted in 2020-2021. Shaneberger, a proponent for using virtual reality devices, also encouraged nurses and staff to try the devices, which are available to BHC departments on a rotating or by-request basis, as a proven method to help reduce anxiety and boost moods.
- Andrea Fansler, BSN, RN, CCRN-K, NE-BC, presented the Antibiotic Stewardship nursing research study results. (*See page 40.*)
- Gunner Baquet, BSN, RN, presented his team's 2022 EBP poster, "Post Intensive Care Syndrome."
- Kellie Koob, BSN, RN, presented her team's 2022 EBP poster, "Incentive Spirometry: Is There Really an Incentive?"

1. Tyson Cason, BSN, RN and Lacey Clark, ADN, RN, encourage employees to leave messages on cut-out flowers and leaves to be added to the Cultivating Kindness trees (*opposite page*)
2. A supportive message left for Boone nurses.
3. HR Manager Kathleen Stevens delivers a candygram to Stacey Lindsey, ADN, RN, ONC.
4. Boone Buddies therapy dogs were on-site for staff to take a break

2023 Professional Excellence in Nursing Awards

On Wednesday, May 9, we honored Boone nurses at the 2023 Professional Excellence in Nursing Celebration. The event included kindness and self-care activities from Employee Health and Spiritual Care, with picnic style refreshments from Boone Health Catering.

The program presented by Chief Nursing Executive Shannon Kuczynski recognized PNDP nurses, certified nurses, nurse residency program graduates, and recipients of our DAISY, BEE, and Great Catch awards before presenting our 12th annual Boone Health Professional Excellence in Nursing Awards. This year's awards introduced two new categories: Dedicated Boone Nurse for distinguished nurses who have been with Boone Health for 10 or more years, and LPN of the Year, recognizing our Licensed Practical Nurses.

The event included expressions of gratitude for Boone nurses from Dr. Jerry Kennett, Chair, Boone Health Board of Directors, Dr. Michael Hauan, Boone Health Chief of Medical Staff, and a patient and his family, in a letter read by Surgical Specialties Patient Care Supervisor Lacey Clark.

Thank you to everyone who joined the fun and the people made this event possible including the Boone Health Professional Development Council, Boone Employee Health, and our Nurses' Month volunteers!

Left: Sharon Everhart, ADN, RN, winner of the first Dedicated Boone Nurse Award



2023 Professional Excellence in Nursing Awards

Partner in Caring Award

Alivia Forck, PCT
Alayciah Hardin, PCT

Year One Wonder Award

Josiah King, BSN, RN
Paige Beckerman, BSN, RN

Dedicated Boone Nurse Award

Sharon Everhart, ADN, RN

Excellence in Nursing Education

Susan Lambert, MSN, RN
Sadie Brimer, BSN, RN

Nursing Spirit Award

Tyson Cason, BSN, RN
Kinna Cramer, BSN, RN

LPN of the Year Award

Andee Fielder, LPN

Innovation in Nursing Award

Addison Watson, DNP, RN, CEN

Transformational Leader Award

Ashley Green, BSN, RN, CEN

DAISY Nurse Leader Award*

Andrea Primus, BSN, RN

Excellence in Professional Nursing Award

Jessica Fleshman, BSN, RN, CEN
Mika Schrimpf, BSN, RN
Molly Unterseher, BSN, RN

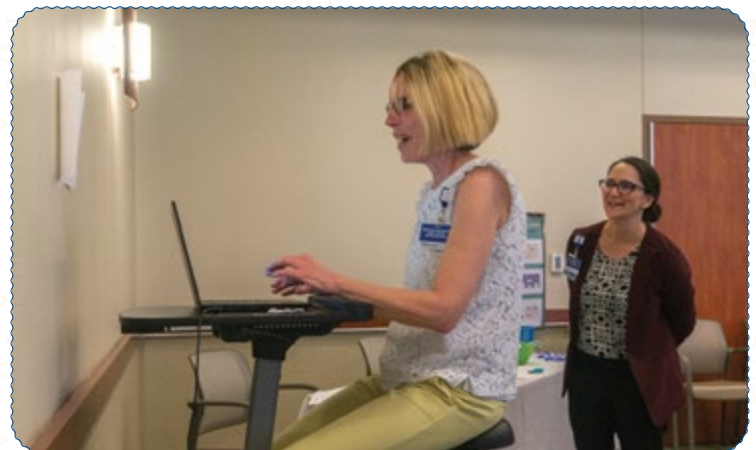
Innovation in Nursing Team Award

ICU/T&D Competency Improvement Team

DAISY Team Award*

Emergency Department

**See more on page 23*



Professional Excellence in Nursing Celebration

Top left: Lacey Clark, ADN, RN (*far left*); Stephanie Mayfield, ADN, RN (*far right*), and Sadie Brimer, BSN, RN (*second right*) welcomed a patient and his family to the celebration where they shared a letter of gratitude with our nurses.

Top right: Shannon Kuczynski attempts a challenge to retype a sample without making any errors while pedaling an exercise bike as Rev. Kim Leon, Lead Chaplain, observes.

Left: The Professional Excellence in Nursing Celebration included multiple fun activities, including a cornhole game where winners received packets of wildflower seeds.



(Left to right) Lacey Clark, RN; Sadie Brimer, BSN, RN, Nursing Education Award winner; Rachel Jennings, BSN, RN; and Michele Sprague, MSN, RN, NE-BC



(Left to right) Elizabeth Haskamp; Deanna Powers, BSN, RN, NE-BC; Susan Lambert, MSN, RN, Nursing Education Award winner; Shannon Kuczynski; Tyson Cason, BSN, RN, Nursing Spirit Award winner; Randy Fry; Andrea Fansler, BSN, RN, CCRN-K, NE-BC; and Emily Reinkemeyer, MSN, RN, CPAN



(Left to right) Samantha Brunkhorst, BSN, RN; Sharilyn Reedy, BSN, RN; Molly Unterseher, BSN, RN, Excellence in Professional Nursing Award winner; and Becky Brantley, RN

Professional Excellence in Nursing Awards Nominees

Partner in Caring

Kali Battles	Tami Held	Mihaela Popescu
Mary Cutts	Alli Klusmeyer	Anne Stelzer
Alivia Forck	Aubrielle Maginness	Terry Swon
Roary Greene	Suzanne Mathis	Katie Williams
Alaycia Hardin	Sydney Moreno	Debbie Woods

Year One Wonder

Ashley Anglin	Paige Beckerman	Anna Rioux
Rilee Arey Okere	Joy Epps	
Gunner Baquet	Josiah King	

Nursing Education

Jessica Black	Susan Lambert	Caroline McDougal
Sadie Brimer	Regan Lear	Angela Mings
Stephanie Doman	Cheyenne Lehr	Kristin Parker
Jesse Godec	Stacey Lindsey	Robin Sypolt

Nursing Spirit

Katie Bealmer	Kinna Cramer	Cassie Rhea
Bethany Blattel	Faith Hinton	Megan Shaneberger
Morgan Brandt	Regan Lear	Justin Sherrell
Tyson Cason	Cheyenne Lehr	Molly Unterseher

Dedicated Boone Nurse

Shauna Adler	Sharon Everhart	Lisa Mefrakis
Trudy Barnes	Kristine Fry	Melissa Miller
Natalie Bayer	Jeanne Fullmer	Martin Parks
Annette Blanchard	Faith Hinton	Barb Rudkin
Becky Brantley	Stacey Lindsey	Karen Sands
Lori Burns	Garvin Line	Anne Veros
Lisa Carnes	Stephanie Mayfield	Melodie Wigger

Innovation in Nursing

Jessica Kern	Caroline Shelden	Addison Watson
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Transformational Leader in Nursing

Lacey Clark	Ashley Green	Shauncey Moyers
Andrea Fansler	Corey Hardin	

DAISY Leader

Stacie Barker	Ashley Green	Michele Sprague
Danielle Bohr	Andrea Primus	Kara Turnbull
Samantha Brunkhorst	Karen Ross	Patricia Watson-Adams
Lacey Clark	Cheryl Rowland	

Excellence in Professional Nursing

Chelsea Beck	Denise McLaren	Ariele Verry
Stephanie Doman	Regan Muri	Savannah Whitesides
Jessica Fleshman	Mika Schrimpf	
Danielle Hawkins	Molly Unterseher	

LPN of the Year

Andee Fielder	Savannah Littlefield	Sarah Thomas
Kara Hagens	Ladena Mills	April Thomas
Alarice Joyce	Jamie Nolke	

Innovative Nursing Team & DAISY Team Award

Emergency Department
ICU and Training & Development Competency Improvement Team
Stroke Program

Great Catch Award: Cultivating Safety

Many times, our employees catch events before they happen, which is exactly what we want to happen! These events are referred to as a “near miss” in the risk management world.

Preventing safety events from reaching our patients, staff or hospital is extremely important to our organization. To recognize employees who identify and prevent near-misses, Boone Health Risk Management and the Professional Development Core Council developed and began presenting the Great Catch Award in 2022.

At Boone Hospital Center, incident reports are entered in Meditech. Every staff member has the ability to log in to Meditech and report safety concerns and incidents that need review. When incident reports are entered, management can review a situation



Boone Health *Great Catch* Award

as it is told from the writer’s perspective so that it can be analyzed from a safety perspective and for tracking purposes.

We added a Great Catch section of the incident report which could nominate people for the award. Management team members can also submit a name when they review the incident. The Great Catch Award Committee reviews nominations and chooses winners. The award is presented bi-monthly, and announcements are made in the winner’s department.

Because safety is everyone’s #1 priority at Boone Health, any employee who helps to create a safer patient care environment can be nominated for a Great Catch Award.



Cindy Carter, RN
*Cardiology Cardiovascular and
Thoracic Surgery*



Sophia Rush, PCT
Emergency Dept.



Meagan Perkins, BSN, RN
Orthopedic Specialties



Renae Crow, BSN, RN, VA-BC
Infusion & Treatment Center



Courtney Kempker, BSN, RN
Float Pool



Christina Maxwell, LPN
Orthopedic Specialties

Nurse Residency Program

Nursing school graduates enter the profession with high expectations but frequently experience the lowest point of their career at the 6-month mark, reporting high stress and low job satisfaction. Some nurses even choose to leave the nursing profession during their first year. With nurses in growing demand, it is extremely important that they receive support and guidance during that first year to strengthen their commitment to the profession.

Boone Health's Nurse Residency Program provides evidence-based transition to practice for new graduate nurses. Nurse residency is not an orientation program, but builds on their knowledge and focuses on

building skills that go beyond the unit and shape their nursing career.

Each year, two cohorts of graduate nurses start a 12-month program focused on development in professional role, leadership, and patient outcomes. Nurses participate in monthly sessions with their peers and receive support from unit leadership, nursing preceptors, educators and mentors. In 2023, 57 graduate nurses completed the Nurse Residency Program.

See our Nurse Residents' Evidence-Based Practice projects on pages 32 - 39.

COHORT 11 NURSE RESIDENTS



Angela Mings, Anna Rioux, Bria Dexter, Brooke Grosse, Cassidy Rice, Emma Richardson, Jerian Westfall, Gunner Baquet, Jenna Luebbering, Jessica Floyd, Jordan Cook, Josh Hendren, Justin Sherrell, Kate Ballentyne, Katrina Hollis, Lashonda Johnson, Lauren Reddin, Lexi Lageman, Leyton Minnis, Lee Marlay, Madeline Stewart, Mariah Fox, Megan Castleberry, Melissa Eskew, Joy Epps, Rachel Beck, Skylar Gooch, Trisha Anders

COHORT 12 NURSE RESIDENTS



Abby Hinshaw, Lexi Manley, Arin Wolf, Ashley Anglin, Ciara Bonds, Emily McBride, Jazlen Durgins, Jenna Lutzow, Jordan Hollandsworth, Josiah King, Kailey Goodrich, Katie Blevins, Kayla Cunningham, Keaghan Rodemich, Kelsey Pryor, Krystal B. Canine, Kylee Oxler, Maddison Markland, Madison Worman, Mason Gaines, McKenna Knipp, Kenzie Schulte, Megan Ferguson, Morgan Brandt, Morgan Sites, Paige Beckerman, Pou Tonumailau, Rilee Arey, Sadie Foster, Tameka Lester

Cultivating the Next Generation of Nurses

23-year-old Post Anesthesia Care Unit nurse Skylar Gooch, BSN, RN (right) may be young, but she is a skilled and valued member of the Boone Health team.

Skylar first began planning for her career in nursing during her junior year of high school.

"I was thinking about what I wanted to do and where I wanted to go to college, and I just really wanted to have a job that aligned with my faith. I liked the idea of being a nurse because it meant that I could serve and help others," says Skylar.

Skylar decided to go to the University of Missouri after seeing how much her sister enjoyed attending there.

"I'm from Wentzville, so I wasn't going too far," says Skylar.

While in her Mizzou nursing school program she did her clinicals at Boone Hospital Center.

Boone Health welcomes hundreds of student nurses each year for their clinicals. Clinical Education Supervisor Deanna Powers, BSN, RN, NE-BC oversees the program, who says:

"Fundamentally students will have objective based clinical hours to match the theory they are learning in class. As they progress through school, their objectives change to hands-on experiences where they are caring for the patients and enhancing their knowledge, critical thinking, and skills. We offer all areas of the hospital for clinicals. I try to think outside of the box and may include a variety of experiences as well. Allowing students to be exposed to multiple areas, helps them not only understand the continuum of care and how each department works with another, but they get to see how nurses function in a variety of roles like inpatient, procedural, and clinics."

Skylar chose to spend most of her clinicals in postpartum and the ICU. She says, "I really liked the teamwork at Boone Hospital and how friendly and helpful everyone was, so I decided to apply after graduation."

Skylar was hired as an ICU nurse following her graduation and became a part of Boone Health's Nurse Residency Program. The Nurse Residency Program supports new grad nurses during their entire first year of work through classroom learning and on-the-job assistance. The program focuses on leadership, patient outcomes, and developing in a professional role. It also gives graduate nurses the opportunity to bond and share their experiences.

"I was able to really get to know people and find community in nurse residency. There were even some nurses that I already knew from Mizzou nursing school," says Skylar.

After working in the ICU for about a year, Skylar found she was interested in caring for surgery patients.



"I shadowed the PACU and really liked it. I knew I would enjoy working with surgery patients. I transferred there, and I received great training and support," says Skylar.

Skylar says she finds the work very fulfilling. "My favorite days are when I get to stay with the same patient post-op, pre-op, and then help them go home. I really feel like I get to know and help them," says Skylar.

Skylar says she would recommend a career at Boone to any new nurses: "There is a wonderful atmosphere here. It's like a big family. Everyone's really supportive and helpful."

By Madison Loethen

Patient Compliment

Although relatively new to her career, Skylar is very competent. She is upbeat and cheerful explaining her tasks as she does them. Changing IV bags and bringing us coffee are of equal importance to her. A very stressful time for me was made easier by her skill.

Evidence-Based Practice Projects

CHLORHEXIDINE BATH COMPLIANCE

Abby Hinshaw, BSN, RN; Ashley Huth, ADN, RN; Maddison Markland, BSN, RN
EBP Mentor: Susan Lambert MSN, RN

Purpose

Decrease surgical site infections (SSI) by implementing daily post-operative chlorhexidine (CHG) bath compliance on Boone Hospital's Orthopedic Unit

Project Goal/Reason for Project

Boone's Orthopedic departmental goal is to perform CHG baths on all post-operative patients, outlined in the Department Specific Structure Standards, 2021.

Clinical Problem

- SSIs increase morbidity, mortality, need for re-operation, and create a financial burden by increasing costs and readmission rates
- Poor staff compliance with bathing
- Lack of education amongst staff members
- Inconsistent communication & implementation
- 78% of the SSIs on a medical surgical unit were bone and joint related (Military Medicine)

Evidence Supporting Project

- CHG showering was associated with a significant decrease in SSI following spinal surgery
- SSI rates decreased from 7.2 to 3.5 infections per 1,000 surgical patients
- CHG baths twice daily decreased the health acquired infections (HAI) rate to near-zero, and no integumentary difficulties or delayed wound healing were found Wassef et al. identified a significant reduction of colonization from 24% to 15% ($p < 0.001$) and a decrease of SSI from 27% to 15% ($p = 0.02$) with CHG implementation

Recommended Interventions

- Implement the Bath Communication Flow Chart
- Updated white boards in patient rooms
- Updated Meditech flowsheet for bath charting
- Workday module for RNs and PCTs
- Education to staff members
- Increase communication between staff and patients
- Institute warmed wipes & re-evaluate the re-stock policy
- Updated discharge packet instructions & take-home wipes
- Assign a Super User employee for CHG wipes/warmer

Evaluation

- Monitor supervisor's weekly audits
- Discuss in morning huddle
- Assess compliance and provide feedback on a continuing basis via questionnaires
- Direct observation of patient's room signage

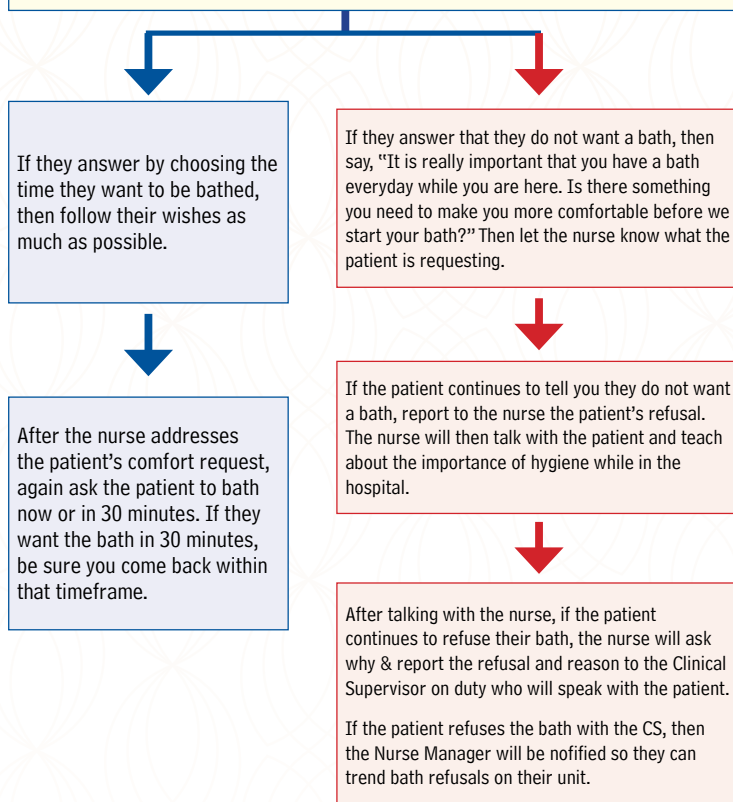
Acknowledgements

- Shauncey Moyers BSN, RN, Orthopaedic Specialties Supervisor
- Mason Crawford MHA, BSN, RN, Orthopaedic Specialties Manager
- Emily Reinkemeyer, MSN, RN, CPAN, Nurse Residency Coordinator
- Patrick Finney, Medical Librarian

Bath Communication Flowchart

The Question

It all starts with how you start the conversation. Ask, "Mr. X, do you want your bath now or in 30 minutes?" Be sure you give them a timeframe that will work with your schedule. This gives them the ability to have some control over when they have their bath.



References

Chan, A. K., Ammanuel, S. G., Chan, A. Y., Oh, T., Skrehot, H. C., Edwards, C. S., Kondapavulur, S., Miller, C. A., Nichols, A. D., Liu, C., Dhall, S. S., Clark, A. J., Chou, D., Ames, C. P., & Mummaneni, P. V., (2018). Chlorhexidine showers are associated with a reduction in surgical site infection following spine surgery: An analysis of 4266 consecutive surgeries. *Neurosurgery*, 85(6), 817-826. <https://doi.org/10.1093/neuros/nyy568>

Wassef, M., Mukhtar, A., Nabil, A., Ezzelarab, M., & Ghaith, D. (2020). Care bundle approach to reduce surgical site infections in acute surgical intensive care unit, Cairo, Egypt. *Infection and Drug Resistance*, 13, 229-236, DOI: 10.2147/IDR.S236814

Popp JA, Layon AJ, Nappo R, et al. Hospital-acquired infections and thermally injured patients: chlorhexidine gluconate baths work. *Am J Infect Control* 2019;42:129-32. 10.1016/j.ajic.2013.08.015

Scallan, R.M., Gerathy, S., Price, J., Lazarus, A. M., Metter, E. J., & Telbot, L. A. (2020). Preoperative chlorhexidine gluconate bathing on a military medical-surgical unit. *Military Medicine*, 185(15), 15-20. <https://doi.org/10.1093/milmed/usz186>

Zabaglo M, Sharman T. Postoperative Wound Infection. [Updated 2022 Sep 19]. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560533/>

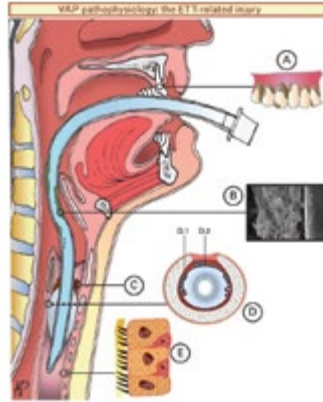
Evidence-Based Practice Projects

CHG ORAL CARE IN VENTILATED PATIENTS

Katie Blevins BSN, RN; Alexis Manley BSN, RN; Kylee Oxler BSN, RN; Kelsey Pryor BSN, RN; Pou Tonumailau BSN, RN; Madison Worman ADN, RN
EBP Mentor: Lisa Mefrakis MSN, RN, CCRN

Clinical (PICO) Question

In ICU patients, does the use of CHG oral care compared to traditional/ alternative oral care cause increased mortality and illness in patients ventilated for more than 48 hours?



Project Goal/Reason for Project

- Reduce ventilator associated pneumonia and illness leading to mortality in intubated ICU patients.
- Finding an alternative to CHG that would assist in reducing mortality in ventilated patients.
- Increase education to clinical staff of the effects of CHG in patient ventilated more than 48 hours.

Clinical Problem

- Boone Protocol: Use the Oral Care Kit if patient is presumed to be intubated more than 24 hours.
- CHG oral care is to be completed at 0800 and 2000, additionally, oral care every 2 hours and PRN.
- 23.8-36% of hospitalized patients that are ventilated acquire ventilator-associated pneumonia (VAP).
- Boone VAP percentage: For the year of April 2022 to February 2023, 0% of patients were diagnosed with VAP per 1000 patient days.

Definition

Ventilator-associated pneumonia (VAP) is an infection in the lungs and one of the most common nosocomial infections. VAP is the leading cause of death among critically ill patient who received mechanical ventilation for at least 48 hours (Cooper pg 80, 2021).

Evidence Supporting Intervention

- CHG decreases gram (+) bacteria but not gram (-) bacteria which is more resistant to treatment (Breijyeh pg 1, 2020).
- Dental plaque provides a micro habitat for organisms/ bacteria that translocate and colonize in the lung. (CCN pg 19, 2017).
- Chlorohexidine oral care may increase mortality rates in ventilated patients (Klompas pg. 6, 2022).
- The effectiveness depends on frequency of use of CHG. Studies show oral care completed 2-4 times a day (Cooper pg 81, 2021).
- Risks of using CHG oral antiseptic include aspiration leading to acute respiratory distress syndrome (ARDS), oral ulcerations, hypersensitivity reactions, and cell breakdown and fragmentation (Viera pg. 261, 2022).
- Exposing the mucus membranes to CHG reduces colonization of respiratory pathogens while also effecting the oral microbiome (Deschepper pg. 1025, 2018).
- CHG oral rinse is more effective on cardiothoracic patients who are intubated for short periods of time (Tran pg 35, 2019).

Evidence Based Practice Recommendations or Implementation and Evaluation Plan

- Research alternative antiseptic oral care options and cost
- Collaborate with infection prevention to phase out CHG oral care protocol
- Discuss options and research with Intensive care unit providers within the ICU
- Present research and project to Unit Practice Council for the possibility of implementing a new practice within Boone Health

Evaluation

- Analyze amount of VAP infections after transition of oral care procedures.
- Discuss understanding of oral care procedures with all nurses who complete oral care on ventilated patients
- Evaluate consistency and frequency by nursing staff of oral care by looking at proper documentation and charting, i.e., Charting CHG oral care v. oral antiseptic oral care.

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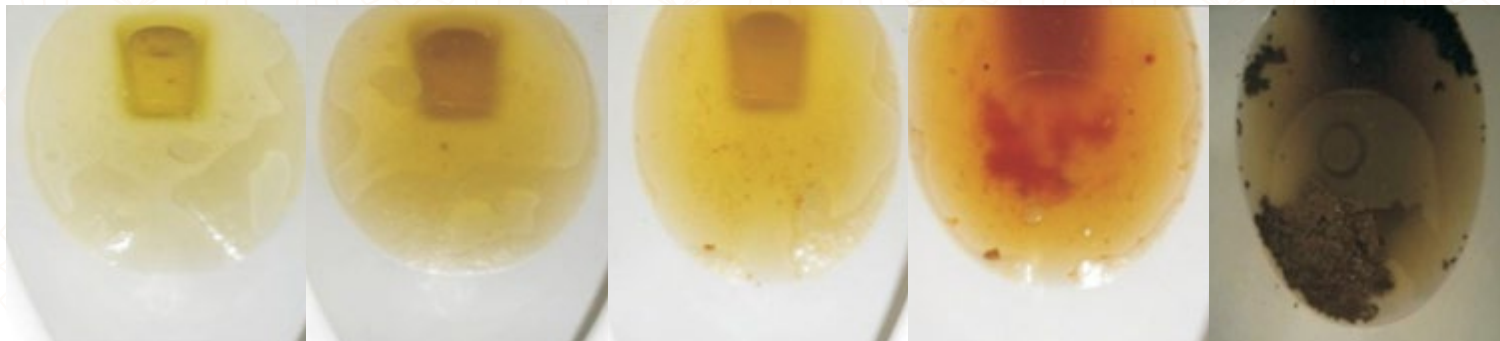
References

- Breijyeh, Z., Jubeh, B., & Karaman, R. (2020). Resistance of gram-negative bacteria to current antibacterial agents and approaches to resolve it. *Molecules*, 25(6), 1340. <https://doi.org/10.3390/molecules25061340>
- Cooper, A. S. (2021). Oral hygiene care to prevent ventilator-associated pneumonia in critically ill patients. *Critical Care Nurse*, 41(4), 80–82. <https://doi.org/10.4037/ccn2021314>
- Deschepper, M., Waegeman, W., Eeckloo, K., Vogelaers, D., & Blot, S. (2018). Effects of chlorhexidine gluconate oral care on hospital mortality: A hospital-wide, observational cohort study. *Intensive Care Medicine*, 44(7), 1017–1026. <https://doi.org/10.1007/s00134-018-5171-3>
- Klompas, M., Branson, R., Cawcutt, K., Crist, M., Eichenwald, E. C., Greene, L. R., Lee, G., Maragakis, L. L., Powell, K., Priebe, G. P., Speck, K., Yokoe, D. S., & Berenholtz, S. M. (2022). Strategies to prevent ventilator-associated pneumonia, ventilator-associated events, and nonventilator hospital-acquired pneumonia in acute-care hospitals: 2022 update. *Infection Control & Hospital Epidemiology*, 43(6), 1-27. <https://doi.org/10.1017/ice.2022.88>
- Oral Care for Acutely and Critically Ill Patients. (2017). *Critical Care Nurse*, 37(3), 19–21. <https://doi.org/10.4037/ccn2017179>
- Tran, K., & Butcher, R. (2019). Chlorhexidine for oral care: A review of clinical effectiveness and guidelines. *Canadian Agency for Drugs and Technologies in Health*.
- Vieira, P. C., de Oliveira, R. B., & da Silva Mendonça, T. M. (2022). Should oral chlorhexidine remain in ventilator-associated pneumonia prevention bundles? *Medicina Intensiva*, 46(5), 259–268. <https://doi.org/10.1016/j.medint.2020.09.009>

Evidence-Based Practice Projects

INPATIENT COLONOSCOPY PREPARATION

Tameka Lester, ADN, RN; Kailey Goodrich, ADN, RN; Ciara Bonds, BSN, RN; Emily McBride, BSN, RN; Mason Gaines, BSN, RN; Morgan Brandt, BSN, RN • EBP Mentor: Nancy Anne, BSN, RN



Clear Liquid (1)

Turbid Liquid (2)

Particulate Liquid (3)

Liquid with Small Amount of Feces (4)

Semi-Solid Stool (5)

Clinical (PICO) Question

For an inpatient colonoscopy, does having a nurse provide education and document a GI screening tool compared to current practice reduce incomplete procedures?

Project Goal

To increase the rate of effective bowel prep for inpatient colonoscopies to reduce incomplete procedures.

Clinical Problem

1. Current Practice
 - ♦ Following Order Sets
2. Research Suggestions
 - ♦ Patient education with visual aids and nurses available for questions and giving verbal information
3. Modifiable factors affecting successful colonoscopies
 - ♦ Clear liquid diet prior
 - ♦ Withholding opioid usage 72 hours prior
4. Nonmodifiable factors affecting successful colonoscopies
 - ♦ Age
 - ♦ Gender
 - ♦ Comorbidities (Gastroparesis, Dysphagia, N/V)
 - ♦ Insurance reasons
 - ♦ Cognitively impaired patients

Currently there is no standard routine regarding inpatient colonoscopy preparation. In response, implementing a proper GI screening prior and giving adequate visual and verbal information would help improve completion of successful inpatient colonoscopies.

Intervention

1. GI Screening tool
 - ♦ Education provided
 - ♦ Initiation of bowel prep
 - ♦ Completion of bowel prep
 - ♦ Tolerance of bowel prep
 - ♦ N/V present

- ♦ Medications reviewed
 - ♦ ACE, ARBS, opioids
2. Patient education aids (visual / verbal)
 - ♦ Create a bowel preparation readiness chart for patients to use as a visual aid to see their progression on readiness.
 - ♦ Nurses provide verbal information regarding colonoscopy readiness tips and what to expect during bowel preparation.
 3. Providing accessible bowel readiness charts to staff hospital wide

Evidence Based Practice Recommendations

1. Provide visual aids and verbal information regarding the steps needed to complete a successful colonoscopy.
2. Clinical practice updated and Workday module created to educate staff
3. Create task in Worklist for GI Screening
4. Unit-based huddle discussion
5. Present to Unit Practice Council
6. Further research needed regarding specific medications giving during hospitalizations
7. Meditech Optimization Meeting

Evaluation

Implementing patient education aids and utilizing a GI Screening tool.

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References

- Garber, A., Sarvepalli, S., Burke, C. A., Bhatt, A., Ibrahim, M., McMichael, J., Morris-Stiff, G., Rizk, M. K., Vargo, J. J., & Rothberg, M. B. (2019). Modifiable factors associated with quality of bowel preparation among hospitalized patients undergoing colonoscopy. *Journal of Hospital Medicine*, 14(5), 278–283.
- Janik, M., Heitschmidt, M., Gascon, M., & Robertson, L. (2023). An Educational intervention to improve patient outcomes for colonoscopy. *Gastroenterology Nursing: The Official Journal of the Society of Gastroenterology Nurses and Associates*, 46(1), 23–29.
- Russell, L., Mathura, P., Lee, A., Dhaliwal, R., Kassam, N., & Kohansal, A. (2021). Patient-centered approaches to targeting incomplete bowel preparations for inpatient colonoscopies. *Annals of Gastroenterology*, 34(4), 547–551.
- Wen, C. C., Jao, S. W., & Hsiao, C. W. (2017). A modified bowel preparation regimen for colonoscopy providing the patients' satisfaction and convenience. *Medical Science Monitor: International Medical Journal of Experimental and Clinical Research*, 23, 3123–3129.

Evidence-Based Practice Projects

NORMOTHERMIA IN OPERATIVE PATIENTS

Krystal Canine, RN; Sadie Foster, RN; McKenzie Schulte, BSN, RN • EBP Mentor: Lara Richoz, MHA, BSN, VS, RN

Clinical (PICO) Question

In operative patients, how effective is continuous temperature monitoring from the preoperative phase to postoperative phase compared to a single admission temperature measurement in reducing hypothermia therefore, reducing infection?

Project Goal/Reason for Project

Reducing the risk of hypothermia reduces the risk of infection in operative patients.

Clinical Problem

"The practice of monitoring the patient was consistently identified as being highly important in perioperative hypothermia prevention" (Munday, 2019).

Current practice

- A single pre-operative admission temperature measurement with the next measurement occurring intraoperatively.
- Without continuous monitoring, staff is unaware of a decrease in body temperature, therefore, increasing the risk of infection.

Proposed change

- A continuous temperature monitor utilized throughout all stages of surgery to ensure patients are at least 36 C to decrease risk for hypothermia.

Evidence Supporting Intervention

- "Perioperative hypothermia... is associated with a range of adverse side-effects, including increased blood loss, increased wound infection rates, decreased immune function, shivering, and prolonged duration of medications" (Munday, 2019).
- "Core body temperature is 36-37.5 degrees Celsius... Hypothermia is defined as a core body temperature less than 36 degrees Celsius" (Healy, et.al, 2018).

Implementation and Evaluation Plan

- Perioperative personnel: Apply continuous temperature monitoring system
- Intervention: If temperature falls below 36 degrees Celsius, preoperative personnel can:
 - ♦ Apply Bair Hugger
 - ♦ Apply socks
 - ♦ Apply warm blanket
- Perioperative personnel will continue to monitor temperature to evaluate for an increase in core temperature.
- Temperature monitoring device will follow patient from pre-operative area, to operating room then to recovery room to ensure temperature is within normal limits during all stages of surgery.



Highlights

- A one-time use sensor is applied to the patient's forehead in pre-operative phase and remains on the patient during surgery and in the recovery phase.
- The temperature is displayed on the monitor and the monitoring unit stores two hours of temperature trend data.
- Once the sensor has been placed on the patient and attached to the monitor unit, the monitor will follow the patient throughout the perioperative process. This will streamline the monitoring process and eliminate the use of multiple monitoring devices.

Evaluation

Chart audits and collaboration with Infection Prevention team will be done to evaluate effectiveness of implementation. Chart audits will take place for 3 months after implementation. When surgical site infections are reported by infection prevention, surgical services administration will meet with infection prevention team to discuss cause of infection.

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References

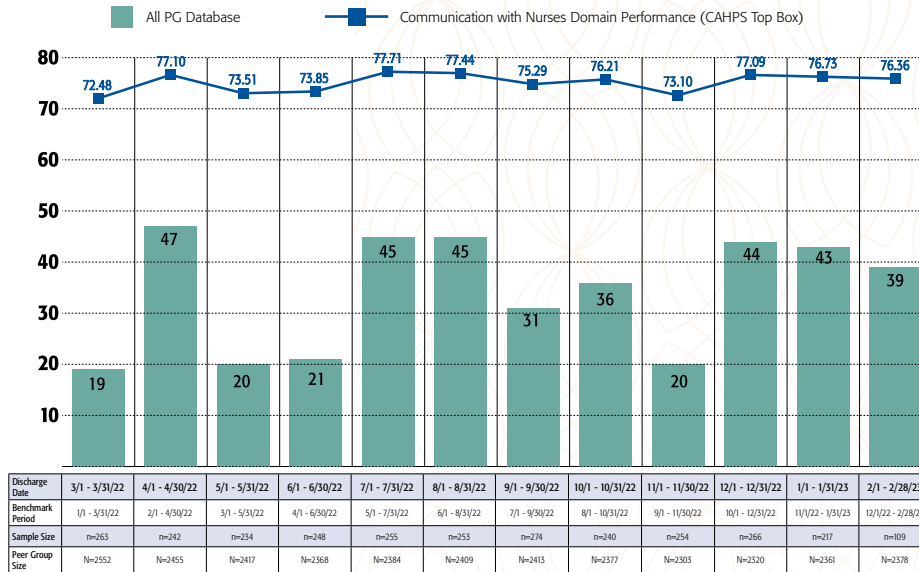
- Healy, Kathy & O'Sullivan, Anne & McCarthy, Lavinia. (2018). A nurse-led audit on the incidence and management of inadvertent hypothermia in an operating theatre department of an Irish hospital. *Journal of Perioperative Practice*. 29. 175045891879329. 10.1177/1750458918793295.
- Munday J, Delaforce A, Forbes G, Keogh S. Barriers and enablers to the implementation of perioperative hypothermia prevention practices from the perspectives of the multidisciplinary team: a qualitative study using the Theoretical Domains Framework. *J Multidiscip Healthc*. 2019;12:395-417<https://doi.org/10.2147/JMDH.S209687>
- United States. 3M in the United States. (2023). Retrieved May 4, 2023, from https://www.3m.com/3M/en_US/p/d/v100688800/

Evidence-Based Practice Projects

NURSE-PATIENT COMMUNICATION: IMPROVING PATIENT SATISFACTION

Arin Wolf, ADN, RN; Josiah King, BSN, RN; Megan Ferguson, BSN, RN; Morgan Sites, ADN, RN; Paige Beckerman, BSN, RN
EBP Mentor: Samantha Brunkhorst, BSN, RN

Inpatient Satisfaction Scores



PICO Question

In the inpatient setting how does increased education for communication skills among all nurses compared to no additional education, improve communication-specific Press Ganey scores for the hospital?

Project Goal

Improve communication with the patient to increase the satisfaction of the patient after care is provided.

Clinical Problem

Per recent Press Ganey scores, patients have expressed

- Nurses are not explaining things in a way patients understand
- Nurses are not listening carefully
- Nurses are not treating patients with courtesy/respect

This is problematic because our satisfaction scores have a direct correlation to how we are reimbursed. Patients must be communicated with effectively to know the quality of care we are providing.

Evidence Supporting Intervention

- In the study used by this team, a small investment in patient communication curriculum “yielded moderate increase in communication specific HCAHPS scores.”
- Initiative and evaluation outcomes demonstrated that nurse-patient communication can be improved through education
- Implement the teach-back method of education to verify patient comprehension

What Would this Curriculum Contain?

- Intellectual interaction: plain language, evaluating understanding
- Physical interaction: shaking hands, eye contact, sitting at bedside
- Emotional interaction: rapport, offering spiritual support, active listening

Evidence Based Practice Recommendations

- Patient communication education workshop for all Boone nursing staff
- Increased emphasis on patient communication in new hire orientation
- Implementing patient communication standards as a competency in yearly nurse performance reviews
- Encourage a mentor system for new graduate nurses with an experienced nurse to help develop good patient communication skills

Evaluation

Improve Press Ganey scores on Nurse-Patient communication questions compared to results prior to implemented communication skills education.

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References

- Allenbaugh, J., Corbelli, J., Rack, L., Rubio, D., & Spagnoletti, C. (2019). A brief communication curriculum improves resident and nurse communication skills and patient satisfaction. *Journal of General Internal Medicine*, 34(7), 1167–1173. <https://doi.org/10.1007/s11606-019-04951-6>
- Arcand, L. L., Burkhartzmeyer, H. L., Clobes, J. E., Eversman, S. L., Kiker, K. M., McCabe, M. M., & Pfeilsticker, A. J. (2021). The paradox of empathy and data. *Journal for Nurses in Professional Development*, 37(6), 319–328. <https://doi.org/10.1097/nnd.0000000000000768>
- George, S., Rahmatinick, S., & Ramos, J. (2018). Commit to sit to improve nurse communication. *Critical Care Nurse*, 38(2), 83–85. <https://doi.org/10.4037/ccn2018846>
- Radtke, K. (2013). Improving patient satisfaction with nursing communication using bedside shift report. *Clinical Nurse Specialist*, 27(1), 19–25. <https://doi.org/10.1097/nur.0b013e3182777011>

Evidence-Based Practice Projects

QUANTITATIVE BLOOD LOSS IN POSTPARTUM PATIENTS

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Clinical (PICO) Question

In patients on the labor and delivery floor, does the implementation of quantitative blood loss (QBL) measurement tools for every delivery (in addition to current qualitative measurement tools) increase early detection of postpartum hemorrhage (PPH) on maternal child health units?

Project Goal

To quickly prevent, identify, and treat PPH more effectively than the current standard at Boone Health. In addressing that, where can we enhance qualitative vs quantitative methods of measuring blood loss?

Background

- Post-partum hemorrhage is the 4th leading cause of maternal mortality in US
- Estimated blood loss is 31% less accurate compared to quantitative blood loss
- 35.6% of women are not accurately diagnosed with estimation of blood loss
- Post-partum hemorrhage commonly caused by
 - ♦ Tone
 - ♦ Trauma
 - ♦ Tissue
 - ♦ Thrombin

Interventions

- Create a standardized way to estimate blood loss by educating all staff in direct care of patient
- Replace current chux with SAPHE mats that are gridded
 - ♦ Example: if patient has more than 10 squares soaked, patient needs to be quantitative measuring
- Two-set liquid collection bag (TSLCB)
 - ♦ Separates blood from amniotic fluid
 - ♦ "[A]llows the blood and the amniotic fluid to be collected in separate transparent plastic bags, thereby allowing us to accurately measure the amount of postpartum blood loss" (Wang et al., 2021)
- Update and modify hemorrhage carts to include scales
- Obtain 2 scales to go with hemorrhage carts or scales each room
- Call out "fluid time" and have staff record the number on the half sheet

Barriers

- Cost of scales
 - ♦ Consider using a analog scale for cost saving
- Cost and availability of SAPHE mats compared to current chux pads
 - ♦ Consider similar products already on market
- Only 1 scale on each floor (Labor and Delivery/Postpartum)
 - ♦ This can cause interruptions in patient care due to multiple people attempting to use/wait to use scale
- Price of additional scales
- Replacement of pads - manufacturing and finding distribution
- Time consuming
- Cost of obtaining additional hemorrhage carts
- Staff education
 - ♦ Time
 - ♦ Incentive
 - ♦ Topics (maybe different In-Services?)
- Use of bakri
- Efficient blood product skills (giving blood)
- Consider mandatory learning community module

Evaluation Plan

- 6-month trial period
- Implementation of SAPHE pads or similar
- Improve current qualitative methods such as visualizing estimated blood loss (ex: via different chux pads) to improve recognition time for implementing quantitative measurements leading to improved patient outcomes related to blood loss
- Saturation of more than x amount of squares activates hemorrhage interventions and increased monitoring of patient

Who is involved?

- Unit supervisors and nursing staff
- Physicians

Project Development Questions

- Does implementing quantitative blood loss for each patient increase unnecessary medical intervention?
- How long to continue to measure after each delivery?
- What is considered a success?
- How will we track our progress?
- How often and how soon are hemorrhage protocols currently implemented?

As of May 10, 2023, we have moved forward with this project with hopes of implementing our suggested interventions on the Maternal Child Health units. Cohort 12 of Nurse Residency met with the Unit Practice Council (UPC) to present our project and research. The UPC agreed with our identified barriers and discussed several solutions to the obstacles of time, finances, and incentives for staff. Next steps for this project include working alongside UPC to identify realistic solutions to the identified barriers, test different scales and collection methods (with assistance from UPC and distribution), and disseminate our results throughout the organization.

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References

- Blosser, C., Smith, A., & Poole, A. T. (2021). Quantification of blood loss improves detection of postpartum hemorrhage and accuracy of postpartum hemorrhage rates: A retrospective cohort study. *Cureus*, 13(2). <https://doi.org/10.7759/cureus.13591>
- Evensen, A., Anderson, J., & Fontaine, P. (2017). Postpartum hemorrhage: Prevention and treatment. *American Family Physician*, 95(7).
- Hancock, A., Weeks, A., Furber, C., Campbell, M., & Lavender, T. (2021). The Recognition of Excessive blood loss At Childbirth (REACT) Study: a two phase exploratory, sequential mixed methods inquiry using focus groups, interviews and a pilot, randomised crossover study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 128, 1843–1854. <https://doi.org/10.1111/1471-0528.16735>
- Higgins, N., Patel, S. K., & Toledo, P. (2019). Postpartum hemorrhage revisited. *Current Opinion in Anaesthesiology*, 32(3), 278–284. <https://doi.org/10.1097/aco.0000000000000717>
- Lertbunnaphong, T., Lapthanapat, N., Leetheeragul, J., Hakularb, P., & Ownon, A. (2015). Postpartum blood loss: Visual estimation versus objective quantification with a novel birthing drape. *Singapore Medical Journal*, 57(06), 325–328. <https://doi.org/10.11622/smedj.2016107>

Evidence-Based Practice Projects

RELIEVING THE PRESSURE OF SKIN RISK ASSESSMENTS

Jasmine Himmelberg, BSN, RN; Hannah Knuppel, ADN, RN; Makenna, Morgan, BSN, RN; Ashlynn Witt, ADN, RN

Clinical (PICO) Question

In the ICU population, do the components of the Jackson-Cubbin pressure risk assessment scale more consistently identify those at risk for pressure injury?

Project Goal/Reason for Project

- There is concern that Braden Skin assessment scale is not specific to the critical care setting.
- ICU patients are 5 times more likely to have skin integrity issues develop than patients in other units (Delawder et al., 2021).
- Accurately measuring patients' risk of pressure injury is the most important step for effective prevention and intervention (Kim et al., 2022).

Clinical Problem

- Hospital-acquired pressure injuries are pressure injuries that occur during inpatient stays, often in patients with a variety of risk factors, such as age, decreased perfusion, immobility, inadequate nutrition, critical illness, and diabetes (Kim et al., 2022).
- Patients with at least one pressure injury have twice the length of stay, increased treatment costs, and more than 5 times the mortality rate compared to those without a pressure injury (Kim et al., 2022).
- ICU patients are at much higher risk for hospital acquired pressure injuries due to their prolonged stays, immobility, use of vasopressors, mechanical ventilation, and associated comorbidities (Kim et al., 2022).
- ICU patients are 5 times more likely to have skin integrity issues develop than patients in other units (Delawder et al., 2021). More than 2.5 million people develop a pressure injury each year. Cost per HAPI can reach up to \$50,000, with cumulative cost per year reaching 26.8 Billion dollars in the U.S. (Higgins et al., 2020).

Evidence Supporting Intervention

- The Jackson/Cubbin scale was created for ICU patients, and the Braden scale was created for the general patient population.
- There are unique characteristics of ICU patients used in the Jackson/Cubbin scale, such as hemodynamics, mental stability, and oxygen requirements (Higgins et al., 2020). The Jackson/Cubbin scale uses specific objective components (oxygen requirements, RASS scores, MAP) versus vague generalizations used in Braden scoring that can lead to scoring variability (mobility, activity, nutrition).

Braden discrepancy scores from quarterly prevalence surveillance

- 1st quarter 2023- 50%
- 2nd quarter 2023- 30%
- 3rd quarter 2023- 22%
- 4th quarter 2022- 52%
 - ♦ (discrepancy= difference in skin team's score versus last nurse's score of 3 or greater)
- The Braden scale uses subjective assessments (activity, mobility, nutrition, moisture, sensory perception, friction/shear) which is shown by the high rate of discrepancy between Skin Team scores versus most recent nurse's scoring.

Boone Hospital Center – Hospital Acquired Pressure Injuries by Department

	CARDIOLOGY	ICU	MED SPEC	NEURO/ONC	NICU	ORTHO	RELAB	SOU	SURG SPEC	TOTAL
JAN-23	0	4	2	1	0	0	0	0	1	8
FEB-23	0	0	1	0	0	1	0	1	0	3
MAR-23	0	1	2	2	0	1	0	0	0	6
APR-23	0	0	0	1	0	2	0	0	0	3
MAY-23	0	0	0	1	0	0	0	0	0	1
JUN-23	1	1	0	1	0	1	0	0	0	3
JUL-23	1	3	0	0	0	3	0	0	0	7
AUG-23	0	2	0	0	0	0	0	0	2	5
SEP-23	0	1	1	0	0	1	0	0	0	3
2023 YTD Total	2	12	6	6	0	9	0	1	3	39
2022 Total	3	21	6	6	0	1	1	7	6	51

Evidence Based Practice Recommendations / Implementation and Evaluation Plan

- Present to the UPC the recommendation that the Jackson/Cubbin scale to be utilized for HAPI risk assessment in the ICU
- Collaborate with Boone IS department to build the Jackson/Cubbin scale into the EMR. Braden scale will continue be used outside of the ICU.
- Collaborate with skin/wound nurses to assist in staff education of the new assessment scale.
- Communicate via shift huddles, huddle notes, bathroom bulletins and flyers around nursing stations to promote this evidence-based practice change.

Evaluation

- Continue to monitor for HAPI
- Continue quarterly skin surveillance and pressure injury assessments
- Change can be measured by evaluating discrepancies in skin assessment scores and trending the number of hospital acquired pressure injuries over time.

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References

- Adibelli S, Korkmaz F. Pressure injury risk assessment in intensive care units: Comparison of the reliability and predictive validity of the Braden and Jackson/Cubbin scales. *J Clin Nurse*. Dec 2019; 28(23-24): 4595-4605. doi:10/1111/jocn.15054.
- Delawder JM, Leontie SL, Maduro RS, Morgan, MK, Zimbardo KS. Predictive validity of the Cubbin-Jackson and Braden skin risk tools in critical care patients: A multisite project. *Amer J Crit Care*. March 2021; 30 (2): 140-144.
- Higgins J, Casey S, Taylor E, Wilson R, Halcomb P. Comparing the Braden and Jackson/Cubbin pressure Injury risk scales in trauma-surgery ICU patients. *Crit Care Nurse*. 2020 Dec 1;40(6):52-61. doi: 10.4037/ccn2020874. PMID: 33257967.
- Kim, Phillip, Aribindi VK, Shui AM, Deshpande SS, Rangarajan S, Schorger K, Aldrich, JM, Lee H. Risk Factors for Hospital-Acquired Pressure Injury in Adult Critical Care Patients. *Am J Crit Care* 1 January 2022; 31 (1): 42-50.

Evidence-Based Practice Projects

PROMOTING IMPROVED SLEEP FOR PATIENTS

Kylee Wilding ADN, RN; Ali Hazelwood BSN, RN; Crystal Dycus ADN, RN; Annie Shahdadi ASN, RN; Gabbie Karotka BSN, RN; Addison Head ADN, RN

Objective

Explore how Boone Health can promote patient sleep to improve health outcomes and patient satisfaction.

Clinical Problem

Hospitalized patients have increased interruptions of sleep due to frequent cares such as:

- Vital signs
- Early morning tests/procedures
- Medication administration
- Environmental factors

Evidence

Poor sleep has adverse effects on health such as:

- Slower healing
- Increased perception of pain
- Tachycardia
- Tachypnea
- Hypertension
- Heightened stress
- Delirium



Purpose

- To implement increased safe sleep for patients
- Decrease poor outcomes related to lack of sleep
- Determine if waking patients more frequently is necessary

Implementation

- Education for patient care personnel regarding the importance of quality night-time sleep for hospitalized patients.
 - ♦ Education to Include: Adverse effects of poor sleep, sleep rounding components, available resources, ways to cluster patient care.
 - ♦ Education to occur during shift change huddles or department staff meetings.
 - ♦ Leader rounding to include questions related to patients' sleep quality.
 - ♦ Sleep Rounding and education to involve: Patient, patient's family, and patient's care team personnel.
- Initiate Sleep Rounding on Medical Surgical Units occurring between the 2100-2300 hours in addition with PEPS rounding.
 - ♦ Turn down lights, room temperature control, television off/on, final restroom usage before bed, door open/closed, pain control.
 - ♦ Nursing to use clinical judgement for safety exceptions with sleep rounding.
 - ♦ Based on the Sleep Rounding, Nurses will collaborate and delegate to patient care technicians (PCT) when to perform cares with intent to promote sleep and improve satisfaction for patients.
- Cluster patient care to reduce the number of staff interruptions in patient rooms.
 - ♦ For example: Coordinate with pharmacy to cluster medication administration times, morning tests and procedures, medication administration and vital signs.

Recommendations

- Education
 - ♦ Educate on the importance of quality night-time sleep for patients and patient care personnel.
 - ♦ Create education tools for sleep rounding for patient care personnel to implement.
- Sleep Rounding
 - ♦ Offer a Sleep Kit including a sleep mask, earplugs, white noise resources.
 - ♦ Determine criteria for safety exceptions from sleep rounding, such as confusion or fall risk.
 - ♦ Trial Sleep Rounding on one Med-Surg unit for a certain amount of time.
- Modify Meditech
 - ♦ Add sleep promotion to Plan of Care outcomes.
 - ♦ Add sleep promotion to teaching record topics.
 - ♦ Add sleep rounding checklist to worklist.
 - ♦ Add Sleep Assessment to evaluate quality and quantity of sleep.
- Future Recommendation:
 - ♦ Further review of literature of MEWS to determine effectiveness of MEWS score in relation to sleep hygiene.
 - ♦ Further Review of HUSH protocol to be implemented for increasing quality sleep hygiene.
 - ♦ Consider implementation of Sleep Rounding on all inpatient units.

Evaluation

- Leader rounding will monitor implementation of sleep rounding interventions.
- If implemented, review Sleep Assessment (Meditech) of patient consecutive hours of sleep.
- Patient satisfaction survey: quietness of hospital environment, hospital staff took preferences into account.

Acknowledgements

- Susan Lambert, MSN, RN
- Andrea Fansler, BSN RN, CCRN-K, NE-BC

References

- Burger, P., Van den Ende, E., Lukman, W., Burchell, G. L., Steur, L. M., Merten, H., ... & Gemke, R. J. (2022). Sleep in hospitalized pediatric and adult patients—A systematic review and meta-analysis. *Sleep Medicine*: X, 100059.
- Mason, N. R., Orlov, N. M., Anderson, S., Byron, M., Mozer, C., & Arora, V. M. (2021). Piloting I-SLEEP: a patient-centered education and empowerment intervention to improve patients' in-hospital sleep. *Pilot and feasibility studies*, 7(1), 1-8.
- Lampron, S., & Copeland, D. (2019). Using a sleep protocol to limit sleep interruptions on a medical-surgical unit. *JONA: The Journal of Nursing Administration*, 49(7/8), 350-353.

Nursing Research

ANTIBIOTIC STEWARDSHIP

Andrea Fansler, BSN, RN, CCRN-K, NE-BC; Emily Reinkemeyer, MSN, RN, CPAN; Mihaela Popescu, MS

Study Aim

To examine the knowledge, confidence, and attitudes of bedside nurses' role in antibiotic stewardship at Boone Hospital Center before and after receiving antibiotic stewardship education.

Why is Antibiotic Stewardship Important to Nursing?

According to the Centers for Disease Control and Prevention, resistance to antibiotics is among the top 5 threats to health in the United States (Manning et al., 2016).

Bedside nurses are in a key position to have influence and impact to antibiotic stewardship and the impact it has on patient outcomes.

Nurses report knowledge gaps regarding antibiotic stewardship (Merrill et al., 2019). They also report that antibiotic stewardship is extremely important to their practice and that nurses should be involved in antibiotic stewardship interventions (Merrill et al., 2019). These statements are in opposition to each other and led Boone Hospital Center nurses to further investigate the topic.

Hypothesis

Nurses' knowledge, confidence and attitudes about antibiotic stewardship would improve with education on six key areas:

1. Importance of antibiotic stewardship and its impact on reducing antibiotic resistance
2. Proper technique for obtaining blood cultures
3. Interpretation of microbiology results and antibiotic selection
4. Conversion of antibiotics from IV to PO
5. Technique for comprehensive patient allergy assessment
6. Nurses promoting antibiotic stewardship with providers
7. Summary of Respondent Characteristics

Discussion

- 34 nurses from areas where a high volume of antibiotics are administered completed the study. Surveys and education occurred between 8/2021-1/2023.
- The study supports that nurses report more knowledge and confidence in antibiotic stewardship after receiving education on six distinct areas.

Summary of Respondent Characteristics

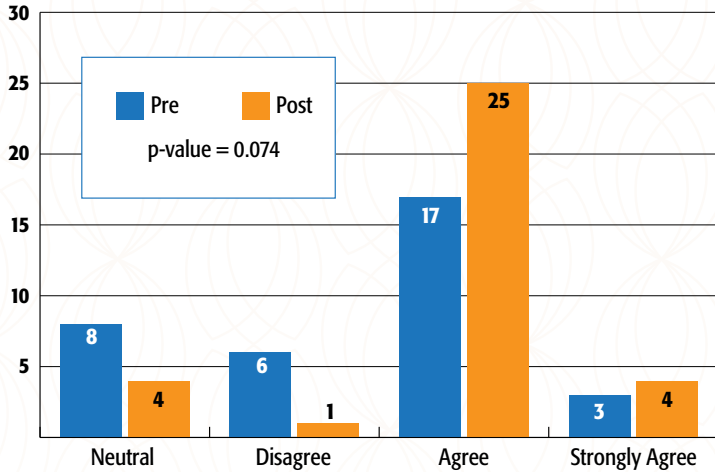
Respondent Characteristics	# (%)
Experience as nurse:	
<i>Missing</i>	1 (3%)
less than 5 years	9 (26%)
5 – 10 years	7 (21%)
11 – 15 years	7 (21%)
more than 15 years	10 (29%)
Respondents answered: I have been a licensed nurse	
Area of expertise/work unit employed:	
<i>Missing</i>	1 (3%)
Intensive Care Unit	21 (62%)
Medical Specialties	10 (29%)
Stepdown/Intermediate	2 (6%)
Respondents answered: I work in the following type of patient unit.	
Highest level of educational program:	
<i>Missing</i>	1 (0.03%)
RN - Associate Degree	6 (18%)
RN - Baccalaureate Degree	24 (70%)
RN - Master's Degree	3 (0.09%)
Respondents answered: Which of the following best describes your highest educational program?	

- Levels of knowledge and confidence were ascertained from self-rating responses to survey questions.
- There was a positive shift in nurses' attitude towards antibiotic stewardship following the education.
- Nurses working in areas where a high volume of antibiotics are administered place high value on antibiotic stewardship.

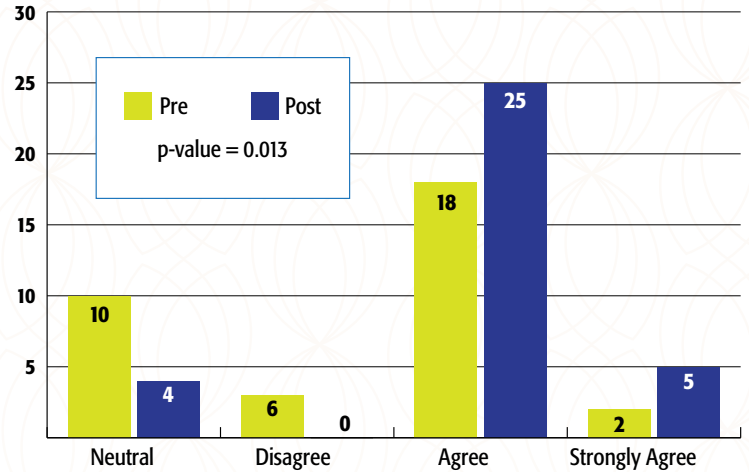
Results: Perception and Participation at Pre and Post (N=34)

P-value by Wilcoxon's signed rank test to test the null hypothesis that the median of the difference between Pre and Post is zero. Responses are ordinal variables from zero to four where 0= 'Don't Know / Refused / Neutral', 1= 'Strongly Disagree', 2='Disagree', 3='Agree' and 4='Strongly Agree'.

a) I participate as an antibiotic steward



b) I am knowledgeable about antibiotic stewardship



Self-rating questions assessment knowledge	Median (IQR)	p<0.05 ^a
When giving a patient an antibiotic, what percent of the time do you know WHY he or she is receiving the antibiotic? ^b		0.14
	Pre	80 (30)
	Post	85 (20)
	Change (post - pre)	0 (10)
	sample size	34
How would you rate your knowledge of antibiotic stewardship on a 0-10 scale? median (IQR) ^c		<0.0001
	Pre	6 (3)
	Post	8 (2)
	Change (post - pre)	2 (2)
	sample size	31

^ap-value by Wilcoxon's signed rank test to test the null hypothesis that the median of the difference between Pre and Post is zero.

Acknowledgements

- Boone Hospital Center Nurse Residency Cohort 6
- Pam Martin, MSN, RN
- Theo Kurre, BSN, RN
- Elizabeth Monsees, PhD

References

- Manning, M. L., Pfeiffer, J., & Larson, E. L. (2016). Combating antibiotic resistance: The role of nursing in antibiotic stewardship. *American Journal of Infection Control*, 44(12), 1454-1457. doi.org/10.1016/j.ajic.2016.06.023
- Merrill, K., Forsyth Hanson, S., Sumner, S., Vento, T., Veillette, J., & Webb, B. (2019). Antimicrobial stewardship: Staff nurse knowledge and attitudes. *American Journal of Infection Control*, 47, 1219-1224. doi.org/10.1016/j.ajic.2019.03.022
- ANA & CDC. (2017). Redefining the antibiotic stewardship team: Recommendations from the American Nurses Association/Centers for Disease Control and Prevention Workgroup on the role of registered nurses in hospital antibiotic stewardship practices [White paper]. Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/49680>
- Monsees, E., Popejoy, L., Jackson, M.A., Lee, S., & Goldman, J. (2018). Integrating staff nurses in antibiotic stewardship: Opportunities and barriers. *American Journal of Infection Control*, 46, 797-742. doi.org/10.1016/j.ajic.2018.03.02



Surgical Services Director Sarah Rush, MSN, RN, CNOR, leads high school students on a tour through Boone Hospital's Surgery Unit.

High School Healthcare Career Days

In 2023, Boone Health nursing provided area high school students with the opportunity to see the inner workings of a hospital, along with the inspiration, information, and resources to pursue a future career in healthcare.

We invited Callaway County schools to bring junior and senior students interested in healthcare careers to Boone Hospital. For two days in April, we hosted students from Fulton, New Bloomfield, and North Callaway High Schools. Our nurses and staff members led students on tours through various departments.

Students could choose to join one of our Nursing tour groups, which visited Maternal Child Health, Cardiac Cath Lab, Operating Room, and the Emergency Department, or join a Clinical-Support tour group to see Radiology, Lab, Pharmacy, Respiratory Therapy, and Physical, Occupational and Speech Therapy. Staff members in these departments were ready to meet with students and present information specific to their areas.

The morning tours were followed up by fun, interactive stations set up by various departments in our Learning Center. Equipment demos included our high-fidelity male adult and infant mannequins, OR sterile equipment, respiratory therapy equipment, Zoll monitors, IO drills, and more. Students learned first-hand how to take blood pressures and use a stethoscope. They learned about infection prevention and used Glo Germ to see how well they performed hand hygiene. Our HR team

provided tips on interviewing for healthcare professions, information on financial assistance, and Q&A sessions with our recruiters. Spiritual Care and Information Technology also participated.

Each day concluded with a trivia game, information on career opportunities after graduation including our Patient Care Academy, and the chance to tour a working ambulance and talk to a Boone paramedic.

Seeing a day in the life of a healthcare worker opened these enthusiastic students' eyes to potential careers in healthcare. They had a chance to ask questions and learn how to prepare now for their future. The students' enthusiasm also energized our staff. Students shared their excitement after seeing cardiac cath procedures and open heart surgery, seeing the equipment sterilization process, visiting the blood bank, seeing the inside of a pharmacy, and learning how physical, occupational, and speech therapy helps our patients.

Due to the overwhelming success of our first Healthcare Career Days, a fall event was approved by Boone Health Administration. Following the same format we used in the spring, we doubled our offerings, holding four career days in October and November.

About 150 students visited us at these sessions, including students from Hallsville, Boonville, North Callaway, Salisbury, Fulton, and Centralia High and the Columbia Area Career Center. We are grateful for the college advisors who reached out to their network at other area



Our visiting high school students ended the day with an ambulance tour led by a Boone Health EMT/paramedic.

schools to inform them of this opportunity and get us connected and scheduled. One college advisor told her students, "If you are interested in healthcare, there is one tour you must take and that is Boone Health!"

As we did in the spring, we received excellent feedback – a student's mother texted us to let us know the day had been a hit for her daughter and to request more information about job opportunities at Boone. After seeing photos of our visiting high school students on Facebook, a University of Missouri journalism student reached out, resulting in a KOMU TV news story about our Healthcare Career Days.

In addition to our Healthcare Career Days, we also gave students from Boonville High School a more in-depth opportunity to explore careers in patient care. On April 28, 2023, students working on certifications to become CNAs, phlebotomy technicians, and ECG techs arrived for 4-hour shadowing sessions with Boone nurses throughout the hospital and with our outpatient physical therapists. We plan to host more students for shadowing at Boone Hospital in spring 2024.

Thanks to our guests' and staff's excitement, enthusiasm and positive attitudes, we will continue to reach out to mid-Missouri high schools as part of our next generation of healthcare professionals.

Top right: Students from a Nursing-focused tour group donned bunny suits, bonnets, and shoe covers before seeing our Surgery unit. Some students chose to keep their suit as a souvenir.

Bottom right: Students in our Clinical Support-focused tour groups visited and met with members of learned our Laboratory, Imaging, Pharmacy, Respiratory Therapy, and Physical, Speech, and Occupational Therapy departments.





Columbia College Summer Nursing Camp

With the sponsorship of the Boone Hospital Foundation, Columbia College hosted a Summer Nursing Camp from June 12 to 16, 2023. During this camp, participating high school juniors, seniors and graduating seniors were able to experience just a few aspects of nursing and were able to tour various areas at Boone Hospital Center. Several Boone Hospital nurses assisted in making the camp an even better experience by volunteering in the Skills Lab stations held throughout the week.

Christi Warren, BSN, RN; Torin Brenner, BSN, RN, CNOR; Carma Bushnell, BSN, RN; Angela Schneider, BSN, RN; Kim Pohlman, ADN, RN; Amanda Jung, ADN, RN; Cindy Wharton, BSN, RN; Andrea Primus, BSN, RN; Renae Crow, BSN, RN, VA-BC; Stephanie Mayfield, BSN, RN; Paige Roesner, ADN, RN; and Courtney Murphy, BSN, RN; showcased their expert nursing skills during the clinical demonstrations. Hospital tours were led by Sami Gaylord, RT (R) (ARRT); Stacie Barker, MSN, RN, RNC-NIC; Lara Richoz, MHA, BSN, VS, RN; Lindsay Divins, ADN, RN; Robin Sypolt, BSN, RN, CCRN (*shown above*); Ashley Green, BSN, RN, CEN; Emily Reinkemeyer, MSN, RN, CPAN; Susan Lambert, MSN, RN; Tyson Cason, BSN, RN, Brandee Kendrick, and Andrea Fansler, BSN, RN, CCRN-K, NE-BC.



The Learning Center Hosts Pediatric Education

The Learning Center (TLC) Simulation Center at Boone Health hosted clinical educators from St. Louis Children's Hospital (SLCH) Outreach program for a Trauma Simulation Experience on November 29, 2023. The 3-hour education opportunity focused on trauma, seizures, and respiratory emergencies.

Sixteen Boone Health Emergency Department nurses and Ambulance staff members practiced real-time scenarios that included strategies for assessment and care of pediatric patients that may be having difficulty breathing and for care of a patient experiencing a seizure after a head injury.

SLCH Trauma Coordinator, Bobbie Weber, DNP, RN, CNE, brought Amanda Held, MSN, RN, PCN and Lisa Cracchiolo, BA, RRT, RRT-NP-S to assist in the educational opportunity. Boone Health nurses Jesse Godec, BSN, RN, CFRN, CCEMT-P, Clinical Educator for the Emergency Department, and Susan Lambert, MSN, RN, TLC Simulation Coordinator collaborated with the SLCH Outreach team to help make this unique educational opportunity a reality.

Boone Nurse Publishes Article

Addison Watson, DNP, RN, EMT-P, CEN, Staff Nurse in the Emergency Department, published an article in the September 2023 *Journal of Emergency Nursing*. The article, "Improving Safety and Quality with an Emergency Department Overcrowding Plan," is about work completed at Boone Health as Addison's final project for his doctorate of nursing practice degree.

Stroke Conference

On July 20, 2023, Boone Health hosted The Stroke Patient – From EMS to Rehabilitation. The three-hour conference walked attendees through every step of a patient's experience with stroke care, with presentations by several Boone Health nurses; neurosurgeons Dr. Charles Bondurant and Dr. Myles Goble; paramedics; speech, physical, and occupational therapists, and social work manager April Bernhardt.

Nurses who presented included:

- Jesse Godec, BSN, RN, CFRN, CCEMT-P, "Emergency Department Evaluation of Stroke Patient"
- Robin Sypolt, BSN, RN, CCRN, "ICU Assessment of Stroke Patient"
- Michele Sprague, MSN, RN, NE-BC, "Neurology Floor Management of Stroke Patient"
- Suzanne Crowley, RN, CRRN, "Rehabilitation" (*right*)

The conference was organized by Alex Cardin Rivera, BSN, RN, who closed out the conference.



14th Evidence-Based Practice on the Frontlines

On April 14, 2023, ten nurses from different areas of the hospital attended the 14th EBP Conference hosted by the University of Missouri Continuing Education for Health Professions Sinclair School of Nursing Extension.

This year's theme for the conference was Out of the Fog and into the Future. The conference explored how frontline nurses discover and use the latest evidence to enhance nursing care and improve patient outcomes.

The focus was not on high-level research but on how frontline nurses can continue to plan and conduct EBP projects in a constantly changing healthcare environment. Novice and seasoned nurses alike were able to share their own experiences with evidence-based practice, patient safety initiatives, and more. There were also panel discussions around the three pillars of EBP; patient preference, clinical experience, and scientific evidence; and how ethics play a role when patients' preferences, scientific evidence, and clinical experience differ.

Our Boone nursing representatives brought back ideas to their departments and specialties to prompt evidence-based changes to improve patient care and nursing workplaces.



Above: (L to R) Robyn Carter, RN; Tyson Cason, BSN, RN; Lisa Mefrakis, MSN, RN, CCRN; Mika Schrimpf, BSN, RN; Melissa Miller, ADN, RN; Samantha Brunkhorst, BSN, RN; Bethany Guy, BSN, RN, CCRN; Emily Reinkemeyer, MSN, RN, CPAN; and Taylor Gonzales, BSN, RN, RNC-OB.

Not pictured: Marla Owen, BSN, RN, RNC-OB



Cultivating Awareness

On March 23 and 24, 2023, Nancy Anne, BSN, RN, Staff Nurse 5 in the GI Lab, set up a Colorectal Cancer Awareness Month education station in the hospital lobby featuring our inflatable colon.

The oversized colon – a gift from Boone Hospital Foundation supporters Guy and Ellen Brown – is a unique teaching tool to help people understand how a colonoscopy detects and prevents cancer and what to expect before, during, and after a colonoscopy.

In 2023, Colorectal Cancer Awareness Month focused on an updated screening guideline. If you have no family history of colorectal cancer, it's now recommended you get your first colonoscopy when you're 45 years old. (Previously, first colonoscopies were recommended at 50.)

Of course, as Nancy Anne notes, adults of any age benefit from timely colorectal cancer screening. She says, "I had a woman in her 70s come by. She has a history of polyps. Her last colonoscopy was over 10 years ago. She is relatively new to the area and is trying to get established with her medical care needs.

"She walked up to the table to say that this felt like a miracle. She had been having black tarry stools. I told her that she needed to be seen right away and gave her a business card so she could set up an appointment. We talked about her prior prep problems, and I shared advice. She later dropped by again and shared that she made the call and already has her appointment made."

Above: Nancy Anne, BSN, RN

2023 Awards & Designations

American Heart Association Awards

Boone Health has received the American Heart Association's Mission: Lifeline® NSTEMI Gold achievement award for its commitment to offering rapid, research-based care to people experiencing a specific type of heart attack known as a non-ST elevation myocardial infarction (NSTEMI).

We also received the American Heart Association's Mission: Lifeline® STEMI Receiving Center Gold recognition for our commitment to offering rapid, research-based care to people experiencing an ST elevation myocardial infarction (STEMI), a type of heart attack known to be more severe and dangerous than other types of heart attacks.

Mission: Lifeline is the American Heart Association's national initiative to advance the system of care for patients with high-risk, time-sensitive disease states, such as heart attacks. The program helps reduce barriers to prompt treatment for heart attacks – starting from when 911 is called, to EMS transport and continuing through hospital treatment and discharge. Optimal care for heart attack patients takes coordination between the individual hospital, EMS and health care system.

“When someone experiences a heart attack, American Heart Association guidelines call for specific actions in the hospital, as well as appropriate medications and cardiac rehab activities following a hospital stay,” said James G. Jollis, MD, volunteer for the American Heart Association's Get With The Guidelines® - Coronary Artery Disease Systems of Care Advisory Work Group and cardiologist with The Christ Hospital Physicians – Heart & Vascular in Cincinnati. “Organizations like Boone Health are recognized for consistently



providing patients with guidance, medication and rehabilitation opportunities that give the patient the best chance of preventing another cardiac event.”

The Mission: Lifeline achievement award is earned by hospitals that demonstrate a commitment to treating patients according to the most up-to-date research-based guidelines for heart attack care as outlined by the American Heart Association. The Mission: Lifeline achievement award is earned by hospitals that demonstrate a commitment to treating patients according to the most up-to-date, research-based guidelines for heart attack care as outlined by the American Heart Association.

U.S. News & World Report

Boone Hospital Center was named the #1 hospital in mid-Missouri and #7 hospital in the state of Missouri by *U.S. News & World Report* in its 2023-2024 Best Hospitals report. Boone has held the top spot in mid-Missouri since 2015.

U.S. News evaluated more than 4,500 hospitals across 15 specialties and 21 procedures and conditions; only 12% of evaluated hospitals earned a Best Hospitals ranking.

Hospitals awarded a “Best” designation excelled at factors such as clinical outcomes, level of nursing care and patient experience. Hospitals are ranked from 1 to 50 in each specialty, with only 10% of all rated hospitals receiving a designation of “high performing.”

Boone Hospital Center ranked “high performing” in abdominal aortic aneurysm repair, aortic valve surgery, back surgery, colon cancer surgery, heart attack, heart bypass surgery, heart failure, hip replacement, knee replacement, leukemia, lymphoma, myeloma, prostate cancer surgery, and stroke.

Top 100 in Consumer Loyalty

Boone Health was named in the top 100 in the NRC Health 2023 Consumer Loyalty Awards.

The 100 top-performing hospitals are identified through the nation's largest healthcare consumer-perception survey, conducted by NRC Health. The Market Insights survey annually measures the opinions of more than 300,000 consumers in over than 300 markets across the 48 contiguous United States.

The Consumer Loyalty Awards recognize healthcare organizations that consumers rate the highest on an equally weighted combination of Net Promoter Score (NPS), Brand Perception (overall image and reputation), and NRC Health's proprietary Human Understanding Metric. To qualify for consideration, organizations must have received at least 150 Top-of-Mind mentions on NRC Health's national Market Insights study between April 1, 2022 and March 31, 2023. Market Insights is the largest online healthcare consumer-perception survey in the U.S., measuring the opinions, behaviors, and profiles of 310,000 people annually.



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