REMARKABLE NURSES
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Dear Colleagues, Patients, Families and Community Members,

Once again I have the pleasure of presenting SwedishAmerican’s nursing annual report to you. Presented in this report are a few of the many projects undertaken by our family of SwedishAmerican nurses. Our nurses work together with partners in care across the health system. As a result of interdepartmental collaboration, processes are improved, patient outcomes are optimized and high standards are maintained resulting in Remarkable Healthcare.

It is because of what is learned from nurse-driven projects and research that we remain respected leaders in the region for the provision of excellent nursing care. Our nurses present the results of their research at local, regional and national events. A hospital research team investigated an Opiate Withdrawal Protocol that was later implemented at our hospital. The results of their work were published in the American Nurse Today.

This year, we will continue to focus on the contributions of our nursing staff as we move forward on our Magnet Journey. A spotlight on research will assist us in determining the crux of a problem and obtain a clearer understanding of the challenges to address that issue. As a result of the work done, processes will be improved upon, and with improvement comes positive patient outcomes. The nursing vision of being trusted leaders in the advancement of superior outcomes is something our nurses can be proud of.

Most anywhere you look, you will see that SwedishAmerican Health System is growing. As our system grows, so do the skills and abilities of our clinical nursing staff. Join me in taking a moment to reflect with gratitude and appreciation on all the growth, successes and achievements that contributed to a great 2018.

Sincerely,

Ann Gantzer, PhD, RN
Vice President of Patient Services and Chief Nursing Officer
SwedishAmerican—A Division of UW Health

Ann M. Gantzer,
PhD, RN
MESSAGE FROM DR. MICHAEL BORN

SwedishAmerican Team,

The 2018 SwedishAmerican nursing annual report reflects a year of significant progress. The stories included in this report provide insight into the inner workings of our nursing staff. Process improvements that result from nurse-driven work contribute significantly to better care and outcomes for our patients, families and community.

This past year, many nurses were involved in a significant and complex project—the implementation of a new electronic medical record program called Health Link. The transition to Health Link improves staff communication and patient services across the continuum of care.

As a Division of UW Health, the vision of SwedishAmerican is Remarkable Healthcare. Our Magnet Journey supports our delivery on this promise. We rely daily on the contributions by our team of nurse professionals and trust and depend upon them to provide our patients and their families with excellent care and positive outcomes.

Please enjoy the 2018 edition of SwedishAmerican’s nursing annual report and the stories of opportunity, growth, and achievement that contributed significantly throughout the past year.

Sincerely,

Michael Born, MD

President and Chief Executive Officer
SwedishAmerican—A Division of UW Health
Nursing Mission

Our family of nurses commits to provide compassionate, safe and professional care to you and your family.

Nursing Vision

To be trusted leaders in the advancement of superior outcomes.

What is the PPM?

The SwedishAmerican Professional Practice Model (PPM) describes how nurses practice, collaborate, communicate & develop professionally to provide the highest quality of care to our patients’ families and communities. It drives our current and future nursing practice. The PPM aligns and integrates nursing practice with the Mission-Vision-Values of nursing.
Shared Governance Model

The Shared Governance model is a model in which nurses are formally organized to make decisions about clinical practice standards, quality improvement, staff and professional development and research.

Quality Caring Model

Our nurses aspire to emulate Joanne Duffy’s Quality Caring Model (QCM), which addresses and encompasses the following caring relationships:

- Self
- Patient & Families
- Each Other
- Communities
iCARE Values

The iCare values are highlighted on the outermost circle of the PPM. These terms are depicted as interlocking puzzle pieces to show that our nursing professionals strive for integrity, compassion, accountability, respect and excellence in all that we do.

INTEGRITY
“We are honest and ethical in all we say and do.”

COMPASSION
“We embrace the whole person and respond to emotional, ethical and spiritual concerns, as well as physical needs.”

ACCOUNTABILITY
“We hold ourselves accountable for our actions.”

RESPECT
“We treat every individual as a person of worth, dignity and value.”

EXCELLENCE
“We strive to be the best at what we do and a model for others to emulate.”
Multidisciplinary Care
Multidisciplinary care encompasses the entire team of healthcare providers across the continuum to provide the highest quality of care, thus delivering superior outcomes and patient experiences.

Evidence-Based Practice
Evidence-based practice is the integration of best research evidence with clinical expertise and patient values with the goal to provide optimal patient care on an individual basis.
TRANSFORMATIONAL LEADERSHIP

Transformational leaders are those who stimulate and inspire followers to both achieve extraordinary outcomes and, in the process, develop their own leadership capacity. Transformational leaders have a strong vision and use the professional practice model and strategic plans in leading their teams. Mentoring and succession planning are vital to the growth of our organization. These leaders advocate and support their staff and patients at all levels. Nurse’s voices are heard and valued throughout SwedishAmerican.
The DAISY Foundation was established in 1999 by members of the family of Patrick Barnes. SwedishAmerican has been proud to be DAISY Award Hospital partner since 2012. The national program celebrates nurses who are recognized for their extraordinary care, compassion, kindness, and exemplary role modeling. The Barnes family created the DAISY award - Diseases Attacking the Immune System - in recognition of the extraordinary care nurses gave to Patrick, who passed away from an autoimmune disorder, and as a way to say “Thank-you” to nurses everywhere.
Our DAISY Award recipients for 2018 are:

JANUARY: Janelle Ehlers

FEBRUARY: Chelsea Wachholder

MARCH: Julie King

APRIL: Jamie King

MAY, 2018 DAISY OF THE YEAR: Jamie King

Jamie’s message:
“Receiving the Daisy of the Year award last year was such a humbling experience. The outpouring of love and support that I received from my colleagues, my family and the community was overwhelming. I was shocked and overjoyed to receive the award. I feel very fortunate to work with so many amazing nurses that provide outstanding care to our patients.”

JUNE: Renee Lewis

JULY: Amanda Wolfe

AUGUST: Jackie Koenig

SEPTEMBER: Liz EauClaire

OCTOBER, NURSE LEADER: Barb Koerner

Barb’s message:
“The day I was honored with the DAISY leadership award was extremely special. I am always in the center of unit activity and am very aware of what is happening around me. I was completely surprised when I turned around and the leadership team, my family and many of our staff and doctors were standing before me. Instant tears! (And again as I write this, remembering the day). I have spent my entire career at Swedes. I have had the privilege of learning from, working with and precepting/coaching staff here. Swedes is really a family and I have found that any help you need is only a phone call away. The letters my staff wrote were absolute gifts that I will cherish. We have grown a strong team on 10th floor. I love seeing them grow into their careers and then turn around and be mentors. As nurses, we love what we do and never think about recognition. I have witnessed many nurses receiving the DAISY and their stories bring me to tears every time. My work family presenting me with this award was truly an honor. Thank you to the Barnes family for creating this honor for nursing.”

NOVEMBER: Erin Pederson

DECEMBER: Emily Meinert
Preceptor of the Year 2018

A Preceptor is an expert nurse who serves as a role model, socializer, communicator and educator for all. They are someone who takes the time to teach, guide, mentor and is a great resource. They are someone who generously shares their knowledge and experience. Our NPD specialists organized this award to recognize those nurses who excel at developing and preparing our new nurses to be the SwedishAmerican family.

From Michelle Youngberg-Campos, NPDS who organizes the award:
“We felt Preceptors should be recognized for their outstanding dedication and commitment to the success of our new employees. Previously we did not have a formal way of recognizing those preceptors. Therefore, we aligned with the foundational competency of the strategic plan for staff wellbeing.”

Michelle Marzorati, Preceptor of the Year 2018 message:
“It was an absolute honor to be nominated and awarded Preceptor of the Year 2018! I’ve been at SwedishAmerican Hospital (and on 10th floor) for a little over six years. I have been precepting for about four of those years. I am a firm believer that precepting makes you a better nurse. The preceptor continues to evolve as the preceptee begins to build a firm foundation. There is nothing that I love more than seeing a new nurse succeed with confidence. The nursing world can be a very scary one, and my goal is to make those whom I’m precepting as comfortable as possible. This award truly meant so much to me and further solidified my love of teaching. I hope to continue precepting and making new staff feel welcome. Trust the best!”
RN Satisfaction

At SwedishAmerican, our family of nurses commits to provide compassionate, safe and professional care to our patients, families and community. Our nursing philosophy strives for a foundation of excellence. Our highest priorities are caring, advocacy, innovation, and education for our patients, ourselves and community.

Everyone has a vested interest in making sure our nurses are happy. Nurse job satisfaction levels relate to the quality of care, turnover rates and hiring costs. Through nursing shared governance, nurses are enabled and more satisfied with their jobs by helping to make the decisions for their practice.

A nurses’ altruism is one of the strongest motivators for choosing their career and nurses who are happy with their jobs leads to improved patient outcomes. Nurses enjoy caring for others, especially those who are vulnerable and most in need.

The graph below compares our RN satisfaction rates to other Magnet organizations.
Our Advanced Practice Registered Nurses (APRNs)

An Advanced Practice Registered Nurse (APRN) is an RN who has earned a graduate-level degree such as a Master’s of Science in Nursing (MSN) or a Doctor of Nursing Practice (DNP), and has been specially trained in one of the four recognized APRN roles. An advanced practice nurse is a registered nurse with expert knowledge, complex decision-making skills and clinical competencies necessary for expanded practice. This differentiates APRNs from registered nurses (RNs) in that they are capable of taking on more complex casework and handling those cases with greater independence, autonomy and discretion.

As many of you have noticed, the NP role has been renamed to APRN. This change was brought on to have a uniform model of regulation and consistency. Many of them are still in the process of changing their business cards and coats in conjunction with the name change.

The APRN committee was very active in 2018, revising the credentialing process. The previous credentialing packets were very hard to navigate and complete. Becky Behling, who headed up this venture, worked diligently to simplify the credentialing process.

Rebecca J. Behling, APRN  
Amanda Bennett, DNP, APRN, NNP-BC  
Stephanie Bertram, APRN  
Sarah Bowen, APRN  
Courtney Brannan, APRN  
Suzanne E. Bryant, APRN  
Beth A. Christiansen, APRN  
Erica S. Cook, APRN  
Anne Cunningham, APRN  
Aubrey de Alwis, APRN  
Joni Dean, NP  
Linda J. Dries, APRN, BC, ADM, CDE, FAAD  
Amy Ekberg, APRN  
Cynthia L. Fearn, APRN  
Vicki H. Foti, APRN  
Lawrence Freeman, APRN  
Michelle R. Fuller, APRN  
Sarah M. Gurney, APRN  
Joy Hess, APRN, NNP-BC  
Erica J. Hoyer, APRN  
Amanda L. Huber, APRN  
Lois H. Hull, APRN  
Laura Huszla, APRN  
Cynthia B. Kelling, APRN  
Lisa A. Larson, APRN  
Kelly M. Logli, APRN  
Monica Longnecker, APRN  
Mary M. McNamara, DNP, APRN, FNP-BC  
Keanlynn McWilliams, APRN  
Andrea K. Mehlbaum, APRN  
Chandra A. Norder-Brandli, APRN  
Mary Novotny, APRN  
Maggie M. O’Malley Franks, APRN  
Renatta Palmore, APRN  
Drew Pearson, APRN  
Brittany Pena, APRN  
Amanda Ritter, APRN  
Catherine A. Rogers, DNP, APRN, CWCN, CWS  
Elissa M. Russell, APRN  
John M. Russell, DNP, APRN  
Terri Russell, DNP, APRN, NNP-BC  
Alta L. Ryan, APRN  
Jackie V. Saengmany, APRN  
Margret M. Saint Louis, APRN  
Andrea N. Saprone, APRN  
Kim Schmidt, MS, APRN, NNP-BC  
Diane E. Schultz, APRN  
Jessica A. Simmonds, APRN  
Tombi Smith, DNP, FNP-BC  
Jane L. Steffen, APRN  
Jennifer Tarvestad, APRN  
Florentina Tase, APRN  
Patricia M. Thaker, APRN  
Tonya Tidwell, APRN  
Samantha Wagner, APRN  
Jill D. Weber, APRN  
Kathleen E. Williams, APRN  
Katherine E. Wolf, APRN
Influential leadership provides an environment where our nursing mission, vision and values flourish. Our leadership model and succession planning is created on structures and processes that support a lifelong learning culture that includes professional multidisciplinary collaboration and the promotion of role development, academic achievement and career advancement (ANCC, 2014). At SwedishAmerican Hospital, our family of nurses supports organizational goals to advance the nursing profession, and enhance professional development by extending their influence through shared governance councils and collaborative task forces. Through our community involvement, we extend our professional influence and promote improved patient outcomes.
Improving Patient Phone Call Response Times in the Ambulatory Setting

Lengthy responses to patient phone calls can lead to adverse patient outcomes and decrease satisfaction for both patients and staff.

The SwedishAmerican Ambulatory Council participated in an Appreciative Inquiry (AI) exercise to address the current state of variations in practice among the ambulatory clinics. This revealed that the process varied considerably between the clinics. This was found to be due to lack of having a standardized procedure for returning patient phones calls, need for a priority index to measure the level of urgency of the phone calls and variation between the clinics.

Therefore, the Ambulatory Nursing Council created a standard workflow and “need for priority” index to determine the priority of calls.

The goal of reducing patient call response time to 90 minutes or less for high priority calls by implementing a priority call index and standardized call response process for nurses was met.
Wake Up & Breathe

Two RNs attended the Johns Hopkins Critical Care Rehabilitation Conference in Baltimore, MA. After attending the conference, these nurses realized our nursing practice in the Critical Care Unit (CCU) pertaining to ventilation, mobility and delirium was not the most current evidenced-based and needed improvement. Prolonged mechanical ventilation contributes to ventilator-associated pneumonia, immobility, and delirium; which in turn, contributes to longer ICU and hospital length of stay and increased mortality.

Prolonged ventilator days along with prolonged exposure to a sedative leads to delirium, immobility and increased length of stay and can ultimately lead to a poor patient outcome. Patients in the CCU have longer ventilator days than predicted ventilator days. This became evident by assessing our Acute Physiology Age and Chronic Health Evaluation (APACHE) scores. APACHE score is a calculated severity-adjusted methodology used as a national benchmark to predict ventilator days. The expected ratio of actual ventilator days to predicted ventilator days is 1.0, which would indicate that a patient is on the ventilator as long as predicted based on APACHE projections. The average ratio for our critical care patients during the 12 months prior to beginning this project was 1.13.

Our goal is to decrease the ratio of actual ventilator days to predicted ventilator days to 1.0, along with decreasing delirium and LOS, which in turn will contribute to better patient outcomes. To reach this goal, a protocol was developed for sedation and ventilation weaning named the “CCU Wake Up and Breathe Protocol.”

Implementation of this protocol has empowered nursing and respiratory therapy to initiate spontaneous awake trials and spontaneous breathing trials without waiting for physician direction. Evidence supports that this contributes to earlier extubation and decreased ventilator days. We expect the data to reflect a decreased ratio of actual ventilator days to predicted ventilator days. The goal was met with a resulting average ventilator days at 0.97.
Gardasil Standard Work

A case was presented to the Ambulatory Quality Council for peer review in September 2017 regarding a fall that had occurred after receiving Gardasil. A needs assessment on Gardasil injections was completed at the peer review. Not every location was observing patients post injection. The council also identified that there was a knowledge deficit related to the Gardasil Immunization. The Ambulatory Quality Council made two recommendations. First, a standard of work should be developed by the Ambulatory Standards of Practice Council. Second, an education in-service should be developed on administration of Gardasil.

The Ambulatory Standards of Practice Council developed the standard of work. The standard of work was shared by council members from both councils at their respective clinic locations. It was also shared at the SwedishAmerican Medical Group clinic manager meeting. Through peer-to-peer communication and presenting to staff the importance of observing patients post injection, as well as utilizing the standard of work, improvements were made.
Prevention of Unintentional Retained Surgical Item

A surgical item unintentionally retained in a patient after an operative procedures is a serious, preventable medical error which has the potential to cause the patient serious harm (Fencl, 2016). Swedish American Health System has three systems of “checks and balances” to prevent this Never Event. First, there is the manual counting of instruments, sponges, sutures, etc. before the start of the procedure, when closing of the wound begins and the final count during skin closure. The second step involves the use of the “bag it” system, which allows visual confirmation of the sponges counted. Finally, Radio-Frequency (RF) technology is utilized to detect RF products (Raytec and ABD pads) to confirm the correct sponge count and to verify a sponge was not retained in the surgical wound. Each sponge is embedded with a RF chip which can be detected with the RF wand and/or mat.

Once the opportunities for improvement were identified, corrective actions occurred. These actions included staff education at the staff meeting. Education was presented to staff by the RF Representative to discuss the RF technology, how it worked and the correct scanning techniques. This was advantageous for ensuring staff members were receiving the same information and education. For staff members not in attendance at the staff meeting, the review of a mandatory RF PowerPoint was required. Another intervention was updating the Prevention of Retained Surgical Items Policy. The policy updates included turning music off during counting and also while RF scanning to allow better listening for RF “claims.” Also, the addition of a “Time Out” at skin closure to verify performed procedure, discussion of blood loss, specimen collection, verbalization of a correct count, and visualization of surgical sponges in the Bag It pouches was implemented.

Since the inception of the new count policy, RF wanding education and implementation of an additional Time Out, the SwedishAmerican Hospital Surgical department has not retained a surgical item. Outcome measurements were confirmed with the performance of 70 observational audits a month until two consecutive months of auditing resulted in no outliers. Staffing observations continue to be performed to ensure standards of work continue to be followed.

![Graph showing percent surgical cases using RF wanding with retained surgical implements.](https://example.com/graph.png)

- **Percent Surgical Cases using RF Wanding With Retained Surgical Implements**
  - **Staff Education and Policy Revision Intervention**
  - **SwedishAmerican or SwedishAmerican Health System**
  - **Pre-data**
  - **Post Intervention**
  - **Staff Re-Education Sept 20th, 2017**

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Transgenderism Education

The transgender population has become widely recognized as a group that faces significant barriers to equal, consistent and high-quality healthcare. Transgender patients admitted to the hospital can suffer emotional distress due to the standards of practice with room assignments, restroom use, patient identification and limited hospital resources to personal items that assist with gender presentation. As a result, they seek medical treatment less often due to fears of discrimination, hostility, mockery, violations of privacy and proper versus preferred patient identification.

SwedishAmerican Hospital is passionate about providing quality care to all patients regardless of gender, age, socioeconomic status, or medical diagnosis. The employees are educated on individual differences, cultural sensitivity and a nonjudgmental respect for all patients. Recognizing an opportunity to improve culturally and sensitive care, Center for Mental Health (CFMH) developed a plan to reduce the anxiety, agitation, and unfair treatment of the transgender population in our community and the surrounding areas.

The goal was met of ensuring that all staff were educated on the practice of care. One hundred percent of the nursing staff was required to review the Transgender Evidence-Based Care Sheet in CINAHL, complete the posttest, and turn in the “Transgenderism Education” Form (1) to the CFMH Educator.
Just Breathe 815

Just Breathe 815 is a non-profit volunteer group started by Kevin and Juanita Ware (RN at Stateline Clinic) that provides food, shelter, and clothing to the local homeless population. Homelessness is a difficult problem to track and to tackle. The best numbers come from the annual School Report Cards from the Illinois State Board of Education. According to those statistics, seven percent of the Rockford School District’s 28,459 students in 2015-2016 – or 1,992 students – lacked permanent or adequate housing. In the 2013-2014 school year, it was 1,732 students. And the numbers continue to rise.

At this time, Just Breathe 815 is focusing on the teenage population. We all know the social pressures of being a teenager. One can only imagine how difficult these years can be when you lack the basic essentials. SwedishAmerican Health System collected “trendy” clothes of all sizes for the homeless teenage population last holiday season. We had an amazing group of SwedishAmerican volunteers help collect, sort and donate clothing and snack packs for our area teens.

Epilepsy Foundation Mud Volleyball Tournament

This tournament raises money for the Epilepsy Foundation. Volunteers were needed for the medical tent to wash out eyes and treat minor cuts and abrasions.

Mexican Consulate On Wheels

SwedishAmerican RNs gave their time doing blood pressure checks for our Rockford area Latin-American citizens.
Blood Pressure Screening and Hypertension Presentation by Dr. Torrijos and sponsored by LULAC (League of United Latin American Citizens)

Free blood pressure checks provided.

Beneath the Beard – 9th Floor

John Patterson shared: “On December 21st 2018, we adopted two military families who were struggling either getting acclimated post service or during. We bought the wish list of toys for the children. Additionally we also raise money so the parents can buy a Christmas meal for themselves and a small gift. This is our second year, and to say it was successful was an understatement. Kelly Setter was the one who discovered this organization and we remain committed to it.”

Beneath the Beard was created to educate the world on the effects of veterans coping with traumatic brain injuries, PTSD, depression and other combat-related mental concerns.

Stuffed Animal Drive for ED and Pediatric Departments

SwedishAmerican’s Emergency and Pediatric departments were in need of new stuffed animals to give to children to hug during the FLU season. Our nurses collected an enormous amount of stuffed animals!

The 9th floor staff with their donations
Rock House Kids

Rock House Kids is a nonprofit organization that reaches out to children 6-18 years of age who are in need and offers them a safe, warm and nurturing environment. They offer a hot meal and instructional time with caring adults. The children go home with a kid-friendly food bag. Rock House also offers Bible classes, social activities, school support and seasonal giveaways.

The Rock House motto is: “Help a child today and you won’t have to repair an adult tomorrow.” They are not government funded and must rely on the generous gifts of the community (individuals, civic groups, businesses and churches as well as grants and endowments).

The Rock House Vision is: meeting the physical, emotional, and educational needs of inner city children by instilling hope in a safe Christ-centered environment.

Rock House Kids was elated by the generous donations from our Swedes nursing staff!

Rock River Valley Food Pantry

The food pantry mission is to provide healthy, nutritionally-balanced emergency food to families, individuals and elderly who are in need of assistance. Currently 35% of all their clients are children, and 7% are over the age of 65.

Donation drive was done by nursing staff. We donated 275 pounds of food!
L&D Remedies

Remedies is a domestic violence shelter service near Rockford, IL.

“This past Christmas the Women and Children’s service line chose Remedies Domestic Violence Shelter as our Christmas Volunteer project. They were able to get a wish list that consisted of personal female hygiene products, personal undergarments, socks, kitchen supplies, baby supplies, blankets, sheets, makeup, hair products, paper supplies and many other items. We had awesome participation from the entire service line and were able to take a small group to deliver the items in person. Remedies was very thankful for the assistance as they are near capacity most nights.”

Jen Callison, Director WCS

Diaper Drive – Family Birth Place

Angie Anderson helped coordinate the donation of diapers to Rockford area needy mothers.

“Swedish American is committed to serving the community, and we truly feel privileged to provide care for them in whatever ways possible,” Anderson said.

Winnebago County Forest Preserve Nature Fiesta at Blackhawk Springs Forest Preserve

This SwedishAmerican-sponsored event included an outdoor booth space and table reserved for us. Blood pressure checks and games for the kids were provided. This same type of health fair was provided at Blackhawk Springs Rose, too!

7Th Floor Cancer Killers

Christine Shike, Manager of Inpatient Medical/Oncology shared:

“Our staff member Taffee Johnson had participated in the Polar Plunge before she worked here and wanted to form a team from 7th floor. They wanted to come up with a team name so they decided on “Cancer Killers.” They all wore their T-shirts to the Polar Plunge event and did it as a group. Lots of fun raising money for autism and bringing awareness of oncology at the same time.”
NEW
KNOWLEDGE, INNOVATIONS,
AND IMPROVEMENTS

Our nurses are innovative, finding the newest and best evidence to support their practice. They are seeking evidence-based practice and research, enabling them to appropriately explore the safest and best practices. At SwedishAmerican, our family of nurses supports the highest quality patient care and makes every effort to share new knowledge, implement new innovations and continually make improvements in our work environments. The research team and our nurses have made great strides in research this past year and developed stronger relationships with the Institutional Review Board (IRB).
Referral Optimization for Orthopedic and Neurosurgery Clinics

Ensuring timely appointments in the ambulatory setting is vitally important to promote positive patient outcomes, providing for continuity of care and improving financial performance. This project streamlined the process for specialty referrals and was able to decrease the number of patients that were referred to clinics outside of the health system by utilizing an electronic medical record (EMR) platform instead of a manual process. An increase in patient volumes was also seen. Furthermore, the resultant increase in patient volumes supported the health system’s Key Performance Indicators (KPI) for improving ambulatory access.

The outcome of this project resulted in meeting the goals of decreasing the number of referrals going to clinics outside of the health system and to increase internal referrals to the specialty clinics. Secondary goals met included an increase in nurse productivity and a decrease in the number of steps in the referral process. The nursing productivity goal was met by identifying roles within the standard of work for nurses. The goal to decrease the number of steps in the process also was met by adopting and utilizing the newest technology in our EMR platform versus a manual process. The original manual process required 25 steps, and this was decreased to 13 steps by utilizing the EMR. Ultimately, the process change and implementation of an EMR platform for patient referrals to the specialty clinic increased the overall number of patient encounters in the orthopedic and neurosurgery clinics. This was evidenced by the total volumes that were increased after the process was changed in December 2017. Patient referrals to health system specialty clinics went from an all-time low during the implementation phase of 47.7% to an all-time high three months post implementation of 56.9%.
Nurses are faced with stressful situations on a daily basis. Many times they do not have a means of relieving the anxiety or stress that the job can cause. A stressful work environment leads to nurse burnout and increased compassion fatigue. Across the nation, hospitals are looking for cost-effective ways to make an impact on this problem in order to retain nursing staff and create better nursing work environments. The use of comfort rooms has been used for patients and healthcare providers at several organizations throughout the nation, but there is a lack of research on the use of comfort rooms for clinical nursing staff. The purpose of this study was to determine if participants that use the comfort room have less anxiety. In addition, the research design was focused on identifying the types of interventions used by healthcare workers to reduce stress. It was hypothesized that the use of the comfort room would decrease anxiety levels and promote self-care in the workplace.

Preliminary data was collected. A comfort room was created outside of the Center for Mental Health unit. The room had a recliner, aromatherapy, water features, blankets and an overall tranquil environment. The comfort room was intentionally designed with key elements from the literature review, proven to promote relaxation; a peaceful, quiet room, aesthetically pleasing to all the senses. It had things that are not generally found in the healthcare setting.

Interpretation of the Findings: There was a high correlation between the use of the comfort room and decreased anxiety levels in the healthcare participants. The research confirmed that a staff comfort room did help to reduce staff anxiety during their work time.
Reducing LWOT and Door-to-Provider Time through I-TEAM

The emergency department (ED) nursing staff adapted its triage process and initial assessment workflows to accommodate an increase in patients using the ED. Emergency department metrics - specifically door-to-provider time - was higher than national benchmark standards established by the Emergency Department Benchmarking Alliance (EDBA). Clinical nursing staff recognized the need to restructure the triage patient process to maximize throughput efficiency across the ED care continuum. Additionally, staff noted through patient feedback that patients preferred to be evaluated by an ED physician during the course of care as opposed to the current practice of care initiated by either a physician or advanced practice provider (APP).

Emergency department patients require a specific triage process to effectively manage their care and move them to the next appropriate care level as quickly as possible. Increased daily patient census in the ED created longer waiting times for patients to be seen. This resulted in an increase in the left-without-treatment (LWOT) rate and door-to-provider times.

Reviewing the workflow redesign, evidence showed that having two triage rooms would not be sufficient. Two semi-private treatment rooms were converted to triage rooms for the I-team. Workflow improvements are an ongoing process in the ED. Once it was determined that four triage rooms were optimal, physical remodeling of the ED triage rooms began. The initial two triage rooms were expanded to a total of four by converting two semi-private procedure rooms into I-team triage rooms. The physical space remodel was completed in April 2018.

**I-TEAM Process**

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<thead>
<tr>
<th>I-TEAM (1)</th>
<th>I-TEAM (2)</th>
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<tbody>
<tr>
<td>Physician: Initial patient triage, assessment and places patients orders</td>
<td>Nurse: Carries out nursing orders (Medication administration, IV’s, blood work, patient movement)</td>
</tr>
<tr>
<td>Nurse: Patient triage</td>
<td>ED Technician: EKG, vital signs</td>
</tr>
</tbody>
</table>

**Completion of I-TEAM Process**

Patient is moved to appropriate destination for completion of care in the Emergency Department.
Implementation of the Medtronic 670G Insulin Pump in the Diabetes Self-Management Center

Many patients with Type 1 and Type 2 Diabetes find it beneficial to use insulin pump therapy. It improves blood sugar control, uses less insulin and improves quality of life. A new innovative pump has come on the market with an auto mode feature. The auto mode feature monitors the patients’ blood sugar levels and delivers basal insulin. This new innovative technology - the Medtronic 670G insulin pump - can track individualize patient blood sugar patterns and trends. These pumps have been shown to have a positive impact on outcomes. However, there was a lack of patient satisfaction and experience with the pump. Goals when implementing this new pump were to monitor not only the patients’ Hemoglobin AIC but also the patients’ satisfaction with this insulin pump related to using the auto mode function.

In order to better educate future patients on the benefits of the new pump and ensure positive adaptation and satisfaction, the nurses in the Diabetes Self-Management Center embarked on a nine-month initiative to educate patients and measure their satisfaction with the Medtronic 670G Insulin Pump. This initiative sought to delineate patient measures before and after starting the program as an integral part of evaluating patient perspectives on the new pump and the impact on hemoglobin AIC levels.

Survey results showed that patients were satisfied with the auto mode feature within the first three weeks of implementation. Most patients found they needed fewer carbohydrates to treat low blood sugar. All participants stated that their quality of life improved with the use of the auto mode feature on the pump. The goal to reduce patient A1C results was achieved. The goal to reduce patient A1C results was achieved. The average hemoglobin AIC level decreased to an average of 7.2% or 0.6 points.
Revising the Assessment of Patients Withdrawing from Opiates

Over 1,000 people are treated in emergency departments (ED) across the nation for misusing prescription opioids each day. The opioid crisis has reached epidemic proportions. Narcan administration in the field by paramedics, police officers and other first responders is now a common occurrence. This crisis is not just problematic in the ambulatory setting. In the acute care setting, opiate-related inpatient admissions were up 64% nationally. This project worked to ensure patients in the hospital with opiate withdrawal were identified and treated with evidenced-based care and a supportive interdisciplinary team.

Clinical nurses Barb Leach, RN-BC and Lynn Lieb, BSN, RN, CMSRN, have worked together for more than 17 years. In their clinical practice, they both care for patients that are withdrawing from opiates. Many of these patients end up leaving against medical advice due to the withdrawal symptoms. This prompted discussion and passion for driving a change in practice. Opiate-addicted patients are often referred to a detoxification facility after acute care treatment and were not provided medical management in the clinical setting for opiate withdrawal. These patients were assessed and had treatment based on the CIWA scale. The CIWA scale was linked to benzodiazepines. However, benzodiazepine therapy is ineffective in the treatment of opiate withdrawal. It was determined after extensive research into the latest evidenced-based practice that an Opiate Withdrawal Assessment Tool and Protocol was needed.

Clinical Opiate Withdrawal Scale (COWS) is an evidenced-based assessment tool that gauges the severity of withdrawal. It is an 11-item scale that rates the signs and symptoms of opiate withdrawal and provides an objective assessment of the patient’s condition. The COWS tool has been proven effective in distinguishing between opiate and alcohol symptoms. This tool serves as a bridge to the protocols and proper treatment regimens.

Using the COWS protocol, patients received medication management that decreased the severity of their withdrawal symptoms. This change in practice promoted sobriety for patients through proper management and linking them to opioid addiction programs and resources at discharge. Forty-two percent of patients treated with the COWS protocol were connected to services after discharge.

The success of this project allowed for Barb and Lynn to present not only to SwedishAmerican Hospital, but also at the University of Wisconsin Hospital (UW) Poster Fair in 2017. In addition, they presented at the 2018 AMSN National Conference and later published their project in the American Nurse Today Journal in June 2018.
“Effective Assessment and Referral of Intimate Partner Violence Victims”
By Mary McNamara, DNP, APRN, CFNP

Intimate partner violence (IPV) is a significant public health concern for the Rockford population, where domestic assault has increased 10% in the past year.
– Winnebago County Sheriff, 2017

Mary recognized the need for improved detection of intimate partner violence while working in various departments over the years. Literature review confirmed this need; intimate partner violence survivors use more healthcare resources compared to those without this history for up to 16 years after the violence ends.

This project aims to capture the true incidence and prevalence of IPV in our community. This evidence-based process change was designed to equip our providers to screen and intervene by removing or attenuating their perceived barriers with the objective of increasing the frequency and effectiveness of assessment and referral for victims of IPV. The previous screening method asked all patients over the age of 18 years of age, “Do you feel safe in your current environment?” The rate of abuse disclosure using this method fell far below the expected incidence of IPV in our community, where the incidence is well above the national average. Additionally, there was no existing standardized system-level response for primary care providers to respond to the disclosure of IPV.

To ameliorate these deficits, participating primary care providers complete a pretest and posttest assessment of perceived barriers to IPV screening. Providers also are trained to interpret the Hurt-Insult-Threaten-Scream (HITS) tool, a valid and reliable four-question, self-administered screening method. All unaccompanied female patients age 18-60 self-administer the HITS tool at every outpatient clinic encounter prior to seeing their provider. A HITS score greater than 10 triggers provider utilization of the IPV Clinical Pathway, a systems-level response to domestic violence, created by this nurse practitioner. The IPV Clinical Pathway includes danger assessment, safety planning, resource provision, referral to mental health provider and an electronic clinical documentation template. Resources are provided to IPV survivors disguised inside of a tube of lip balm, and include phone numbers to the clinic, the national hotline, Rockford Police, Remedies, Rockford Sexual Assault Counseling and Rosecrance.

The combined method of the self-administered HITS screening tool and IPV Clinical Pathway successfully mitigates PCPs’ barriers while demonstrating a significant 563% increase in positive screens. Providers endorse feeling better-trained to screen for IPV, perceived time as less of a barrier, and reported increased comfort in screening for and responding to disclosures of IPV.
EXEMPLARY
PROFESSIONAL PRACTICE

The SwedishAmerican Health System Professional Practice Model (PPM) describes how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care to our patients, families and community. It drives our current and future nursing practice. 2018 brought changes to the PPM. We added Community to the center as we care for our patients, family and the community. We also changed one of the flags to indicate our multidisciplinary care we provide for our patients. Multidisciplinary care encompasses the entire team of healthcare providers across the continuum. The PPM aligns and integrates nursing practice with the Mission-Vision-Values of nursing. We aspire to be trusted leaders in the advancement of superior outcomes.
OB Hemorrhage Project

OB hemorrhage is the fourth leading cause of maternal death in the U.S. Our SwedishAmerican Labor and Delivery staff developed an interdisciplinary council to ensure that we are basing our care on current research and best practices.

The program goal was to improve recognition and prevention of morbidity and mortality from OB hemorrhage and decrease the number of women being admitted to ICU/CCU for blood loss. After updating the OB hemorrhage policy and re-educating staff, there were fewer admissions to CCU for complications of OB hemorrhage.
RCC Fall Prevention

Christine Shike, nurse manager, led a committee to address reducing and preventing falls at the Regional Cancer Center (RCC) in collaboration with the Process Improvement department.

This plan included educating nursing staff on the following:

- Encouraging the patient to use handrails and grab bars.
- Giving the patient the Falls Prevention Form.
- Instructing on the proper use of the call light.
- Informing family and patients that the rolling stool is for staff only.

Outcome: RCC has seen a decrease in falls since implementing the changes such as valet services, offering wheelchairs to any patients who appear weak or unsteady, and nursing and MAs assessing patients for fall risk and offering education material when needed.
Honor Walk

“SwedishAmerican recently joined hospitals across the country in participating in honor walks for our organ donor patients. Organ and tissue donation is so deeply necessary to provide those on the transplant list with the life-saving gifts they require. The ability to donate is such a rare opportunity that we felt it was important to honor the choice one makes to register as an organ donor and honor the families that are sometimes tasked with making that difficult decision on their loved one’s behalf.

During the honor walk, employees from all around the hospital line the hallways to pay respect as the donor hero, donor family and surgical team transfer from the critical care unit to the operating room. The walk is a very emotional ceremony and we are always so humbled by the choice one makes to provide the gift of life at the end of their own.”

Christiaan Michael Brown Letsinger BSN, RN
SwedishAmerican Critical Care Unit
C.A.R.E. Program

The Clinical Advancement and Recognition of Excellence (C.A.R.E.) Program at SwedishAmerican Hospital is a program that was designed to recognize and reward the registered nurse delivering direct patient care for their dedication to advancing the profession and sustaining a culture of excellence.

C.A.R.E. is founded on two major components. The first component is the American Nurses Association (ANA) Standards of Practice for nursing. The ANA Standards of Practice informs and guides nursing practice and is often used as a reference for:

- Quality improvement
- Certification and credentialing
- Organizational structures
- Position descriptions & performance appraisals
- Classroom teaching & in-service training

The second component that makes up this program is Benner's Novice to Expert framework. Dr. Patricia Benner introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences. The highest qualities in the profession of nursing are displayed by our nurses in our C.A.R.E. program. A few of the traits they exemplify are: certification in their area of specialty, advancing their education and expertise, community service, being a voice for clinical nurses through our shared governance councils, research, leadership, precepting and mentoring. Nurses who have achieved Level III and above are recognized below:

<table>
<thead>
<tr>
<th>EMPLOYEE</th>
<th>CARE LEVEL &amp; DEPARTMENT</th>
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<tbody>
<tr>
<td>ElBrichi, Jennifer</td>
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<td>Zook, Elizabeth</td>
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<td>Balinnang, Norma</td>
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<td>Bartlett, Pricilla</td>
<td>3... SAH Cardiac Surveillance</td>
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## EMPLOYEE | CARE LEVEL & DEPARTMENT
---|---
Beckett, Dawn | SAH Labor/Delivery/Triage
Bellone, Sue | SAH Surgicare
Beske, Michelle | SAH Labor/Delivery/Triage
Blake, Traci | SAH Operating Room
Bloom, Tammy | SAMC Operating Room
Blume, Rachel | SAH Cardiac Surveillance
Bonang, Jessica | SAH Intensive Care Nursing
Bower, Bonnie | MSO Rockford Vascular
Boxrud (Hare), Sara | SAH Respiratory Therapy
Bradford, Amanda | MSO Byron
Brenz, Nicole | SAH Cardiac Progressive Care
Brick, Dawn | SAH Cardiac Progressive Care
Broderick, Amanda | SAH 9E Nursing Service
Campbell, Lynell | SAH Women's Health Ed
Carlson, Judy | SAH Recovery Room Nursing
Case, Brittany | SAH Mother/Baby
Cheesebrough, Debra | SAH Wound Care Clinic
Chinna, Rajvir | SAH Mother/Baby
Clark, Kerry | SAH Gastroenterology
Clark, Kristina | MSO Pulmonology
Clark, Michelle | SAH Wound Care Clinic
Coffey, Jessica | SAH Operating Room
Collins, Suzanne | SAH Intensive Care Nursing
Cooper, Kelsey | SAH Float Pool
Coultier, Jennifer | SAH Intensive Care Nursing
Daub, Kristen | SAH Operating Room
Dawson, Deb | SAH HF Intermittent Nursing
DeLeo, Maria | SAH 10E Ortho Nursing
Dosek, Alicia | SAH Emergency Room Nursing
Doty, Reannon | SAH Operating Room
Dowd, Evon | SAH Surgicare
Dunn, Erin | SAH Labor/Delivery/Triage
Dwyer, Susan | SAH Intensive Care Nursing
Dylka, Joshua | SAH Procedural Pre
Echeverria, Brenda | SAH Intensive Care Nursing
Eitenmiller, Kelley Jean | SAH Mother/Baby
Ellis, Neliza | SAH Cardiac Surveillance
Embrey, Quincy | SAH Intensive Care Nursing
Engle, Melissa | SAH Mother/Baby
Erdmier, Marion | SAH Wound Care Clinic
Ferenciak, Kum Jo | SAH Mother/Baby
Flygare, Sarah | SAH PEDS / SCN Float
Flynn, Heather | MSO Rock Valley OB/GYN
Friberg, Kari | SAH Women's Health Ed
Fusco, Theresa | SAH Level II E SCN
Gillespie, Jill | SAH Cardiac Surveillance
Girardi, Ann | SAH Float Pool
Graham, Andrea | SAH Labor/Delivery/Triage
Hachmeister, Maxine | SAH Medical Unit
Hagger, Karrie | SAH Cardiac Surveillance
Hailey, Michele | Oncology
Hall, Holly | SAH Labor/Delivery/Triage
Hamblock, Suzana (Pasic) | SAH Intensive Care Nursing
Haring, Elizabeth | SAH Mother/Baby
Harleman, Marilyn | SAH Surgicare
Hayes, Andrea | SAH 7E Nursing Service
Helsinger, Kathy | SAH Special Procedures
Hersert, Katelyn | SAH 3C Peds Nursing SE
Herrera, Brenda | MSO RCC Medical Oncology
Herriot, Valli | RCC Medical Oncology
Higgins, Jessica | SAH 3C Peds Nursing SE
Hill, Tamara | MSO Valley Clinic
Hipe, Jason | SAH Operating Room
Hoffland, Amanda | SAH Emergency Room Nursing
Holcomb, Jennifer | SAH Operating Room
Holthauer, Caitlin | SAH Cardiac Surveillance
Huber, Cynthia | MSO RCC Medical Oncology
Hulstedt, Jane | Oncology
Javurek, Christine | SAH Surgicare
Johnson, Sheryl (OR) | SAH Operating Room
Jungen, Jennifer | SAH Emergency Room Nursing
Kelly, Tiffany | SAH Labor/Delivery/Triage
King, Jamie | SAH 10E Ortho Nursing
King, Julie | SAH Center for Mental Health
Kiner, Salena | SAH Level II E SCN
Kohler, Mary | SAH 9E Nursing Service
Kohlmeier, Heather | Oncology
Kolosa, Katherine | SAH Cardiac Progressive Care
Kolthoff, Jennifer | SAH Mother / Baby
Kramer, Ashlee | SAH Float Pool
Kurczewski, Deetta | SAH 9E Nursing Service
Kurt, Lisa | SAH Recovery Room Nursing
Kyriazopoulos, Jennifer | SAH Intensive Care Nursing
Lackey, Michelle | SAH Pulmonary Function
Lakanen, Patricia | SAH 7E Nursing Service
Lange, Christine | SAH Recovery Room Nursing
Lavem, Melanie | SAH Level II E SCN
Leach, Barbara | SAH Cardiac Surveillance
Lee, David | SAH Cardiac Surveillance
Lemmers, Melissa | SAH Gastroenterology
Lennon, Linda | MSO RCC Radiation Oncology
Lesko, Shannen | SAH Operating Room
Lewis, Renee | SAH Surgicare
Lieb, Audrey | SAH 9E Nursing Service
Lindeman, Stephanie | SAH Operating Room
Littlefield, Susan | SAH Gastroenterology
Logan, Cheryl | SAH Gastroenterology
Loos, Rebecca | SAH Procedural Prep & Rec
Loptien, Angie | SAH Labor/Delivery/Triage
Lucas, Kyna | SAH Cardiac Progressive Care
Mackey, Erin | SAH 7E Nursing Service
Manguerra, Jennifer | SAH Cardiac Progressive Care
Mann, Jeffrey | SAH Operating Room
Martin, Justin | SAH Emergency Room Nursing
Maurer, Kristin | MSO RCC Medical Oncology
McCarville, Kathy | SAH Intensive Care Nursing
McKeown, Melissa | SAH Operating Room
Meltzer, Morgan | SAH Operating Room
Mensing, Julie | SAH Center for Mental Health
Merideth, Amanda | SAH Labor/Delivery/Triage
Meshes, Christine | SAH Operating Room
Miles, Melissa | SAH Specials Procedures
Mitchell, Stacy | SAH 7E Nursing Service
Mitchell, Tanya | SAH Emergency Room Nursing
**EMPLOYEE**

Moss, Haleigh ................. 3 .... SAH Cardiac Surveillance
Mutton, Chelsea ............... 3 .... SAH Cardiopulmonary RE
Myers, Michaela .............. 3 .... SAH Noninvasive Cardiology
Nelson, Trevor ................ 3 .... SAH Intensive Care Nursing
Nesmith, Denise .............. 3 .... SAH Emergency Room Nursing
Neumueller, Robyn .......... 3 .... SAH Operating Room
Nguyen, Diana ................ 3 .... SAH Operating Room
Ni, Linxia ..................... 3 .... SAH HH Intermittent Nursing
Nigelis, Julia ................. 3 .... SAH 9E Nursing Service
Norman, Linda ............. 3 .... SAH 9E Nursing Service
Ocicana, Teresa ............ 3 .... SAH 9E Nursing Service
O'Brien, Emily ............ 3 .... SAH Intensive Care Nursing
Oliver, Leslie ................ 3 .... SAH Labor/Delivery/Triage
Olszewski, Marie ............ 3 .... SAH Wound Care Clinic
Orlando, Arceli .......... 3 .... SAH Cardiac Surveillance
Osterberg, Ashley ........ 3 .... SAH Intensive Care Nursing
Palmer, Lora ............... 3 .... SAH Emergency Room Nursing
Patterson, Julie ............ 3 .... SAH Mother/Baby
Pemberton, Courtney (Fisk).......... 3 .... SAH Labor/Delivery/Triage
Peters, Teresa ............. 3 .... SAH Mother/Baby
Peterson, Kylee ............. 3 .... MSO Davis Junction 5 points
Pettigrew, Melissa .......... 3 .... SAH Intensive Care Nursing
Portugal, Doreen .......... 3 .... SAH NICU
Posada, Martha .............. 3 .... SAH Intensive Care Nursing
Potter, Kristina .......... 3 .... SAH Labor/Delivery/Triage
Prohaska, Danielle .......... 3 .... SAH Procedural Prep & Rec
Quick, Melissa ............ 3 .... SAH Labor/Delivery/Triage
Reese, Heather .............. 3 .... SAH Intensive Care Nursing
Reese, Kimberly ............ 3 .... SAH Intensive Care Nursing
Reiniche, Megan .......... 3 .... SAH Labor/Delivery/Triage
Richardson, Andrea .... 3 .... SAH Operating Room
Rickey, Kayla ............... 3 .... SAH Float Pool
Rixix, Carolyn .............. 3 .... SAH 9E Nursing Service
Robinson, Tammy ............ 3 .... SAH Diabetes Clinic
Roewer, Amanda .......... 3 .... MSO Byron
Romero-Arvidson, Santa .... 3 .... SAH Cardiac Progressive Care
Rote, Kayla ............... 3 .... SAH Level II E SCN
Rushing, Hannah .......... 3 .... SAH Noninvasive Cardiology
Ryia, Theresa .............. 3 .... SAH Level II E SCN
Saavedra, Eva .............. 3 .... SAH 9E Nursing Service
Salazar, Alicia .................. 3 .... SAH Intensive Care Nursing
Schachte, Jenna ............ 3 .... SAH Intensive Care Nursing
Schmidt, Danielle .......... 3 .... SAH 9 E Nursing Service
Schoon, Jennifer .......... 3 .... SAH 7E Nursing Service

**EMPLOYEE**

Schuepbach, Cassandra 3 .... SAH Diabetes Clinic
Schwab, Nicholas ........... 3 .... SAH Cardiopulmonary Care
Schwab, Rachel (Gitz) ... 3 .... SAH 9 E Nursing Service
Scott, Jessica ............. 3 .... SAH Intensive Care Nursing
Sebastian, Divya ....... 3 .... SAH Cardiac Progressive Care
Setter, Kelly .............. 3 .... SAH 9E Nursing Service
Skinner, Janet ............. 3 .... SAH Procedural Prep & Rec
Smith, Shannon .......... 3 .... SAH Emergency Room Nursing
Soto Tania ............... 3 .... SAH Operating Room
Speed, Barbara ......... 3 .... Oncology
St Clair, Deborah I 3 .... 10 E Ortho Nursing
Stache, Polly ............ 3 .... MSO RCC Medical Oncology
Stadel, Emily .............. 3 .... SAH Special Procedures
Steinborn, Amber ........ 3 .... SAH Intensive Care Nursing
Sterkeson, Shawn ...... 3 .... SAH Recovery Room Nursing
Stockburger, Kathleen .... 3 .... Oncology
Swanson, Kayla .......... 3 .... SAH Cardiac Progressive Care
Tatum, Kristen (Shaulis) ...... 3 .... MSO SA Heart Institute
Taylor, Catherine .......... 3 .... SAH 9E Nursing Service
Tecson, Dirk .............. 3 .... SAH Medical Unit
Tecson, Emely .......... 3 .... Cardiac Progressive Care
Thibodeau, Diane ........ 3 .... SAH Labor/Delivery/Triage
Thurman, Nichole ........ 3 .... SAH Women's Health Ed
Torres, Thomas ....... 3 .... SAH Respiratory Therapy
Truesdale, Olivia ........ 3 .... SAH Operating Room
Valk, Oxana .............. 3 .... SAH Cardiac Surveillance
VanHise, Teresa .......... 3 .... SAH 9E Nursing Service
Violet, Jessica .......... 3 .... SAH Labor/Delivery/Triage
Vucsko, Breann .......... 3 .... SAH Procedural Prep & Rec
Wacholder, Chelsea M (Bernard) .... 3 .... SAH Intensive Care Nursing
Wacker, Amanda (Kessler) .... 3 .... SAH Operating Room
Wagner, Samantha ... 3 .... SAH Recovery Room Nursing
Ward, Lakeisha ....... 3 .... SAH Intensive Care Nursing
Watson, Savannah .... 3 .... SAH Special Procedures
Weber, Tracy .......... 3 .... SAH Diabetes Clinic
Weiner, Alice .................. 3 .... SAH Medical Unit
Welsh, Katie .................. 3 .... SAH Float Pool
White, Anne-Marie .. 3 .... SAH Special Procedures
White, Aurelija .......... 3 .... SAH Gastroenterology
Williams, Veda .......... 3 .... SAH 9E Nursing Service
Wills, Stephanie .......... 3 .... MSO Byron Clinic
Workman, Christopher .... 3 .... SAH Cardiopulmonary RE
Wright, Maria .............. 3 .... SAH Cardiac Progressive Care
Young, Dianna Marie .... 3 .... SAH Mother/Baby