NURSING ANNUAL REPORT 2016
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## Deaconess Health System
by the numbers

<table>
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<tr>
<th>Number</th>
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<tr>
<td>288</td>
<td>Licensed beds at Deaconess Hospital</td>
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<td>198</td>
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As Chief Nursing Officer (CNO), it’s my honor to present to Deaconess nurses, physicians, interdisciplinary team members, leadership and the board of directors, the 2016 Nursing Annual Report. With this report, we highlight the key accomplishments of our nursing staff and the significant contributions to patient safety and quality strategic initiatives.

In June 2017, we submitted our documents for Magnet re-designation. We’re confident we will be recognized with a second designation as a member of the 400-plus Magnet hospitals across the country. With our vision “to be the preferred regional health care partner for patients, providers, employers and payers with access to innovative, efficient, top-quality health care,” nursing is prepared to provide the highest quality, safety, service and value in all areas where nursing care is provided.

To accomplish this requires that all nurses demonstrate the commitment and accountability to know what is required to meet this highest level of quality and safety standard when providing care.

Significant work has been done to enhance the quality and safety of care, as evidenced by our CLABSI, CAUTI, HAPU, falls with injury, patient experience and many other quality measures. The work done with surgical site infection, the sepsis team, the stroke team and other collaborative teams have demonstrated a level of excellence in clinical measures that is strongly positioning Deaconess to exceed our goals and continue as the region’s health care leader.

This annual report showcases Deaconess nurses’ many accomplishments within the framework of the five components of the Magnet Model:
- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations and Improvements
- Empirical Quality Outcomes

The Nursing Shared Governance Councils contribute in many ways to the strong clinical performance you’ll read about in this report. Deaconess nurses understand that our work is about the patient and what the patient needs. The focus on details by our staff—ensuring that everything is done for the patient the first time, every time—is impressive.

Our commitment to evidence-based practice is highlighted throughout this report. Deaconess nurses are published in nursing journals, have participated in research studies and evidence-based practice initiatives, have attended and presented at national conferences, and they have increased the numbers of our baccalaureate-prepared nurses and our nationally certified nurses.

New graduate nurses are supported through a Nurse Residency Program that’s providing strong support for clinical practice development during nurses’ first year of practice. These new nurses would all agree that this program benefits their success as they transition into the professional work of nursing. The Student Nurse Academy is another innovative program that’s creating a culture of learning for student nurses and increases their interest in becoming part of the Deaconess nursing team.

Congratulations on a job well done. Our continued Magnet status affirms to our community, our patients and their families, and to one another our commitment to quality, safe patient care, service excellence and a professional work environment in which nurses thrive and want to practice. Thank you for this commitment. It is a privilege to serve as your CNO. Deaconess nurses bring our mission and values to life and are true ambassadors of patient- and family-centered care.

Sincerely,

Cherona J. Hajewski, DNP, RN, NEA-BC
Vice President Patient Care Services and CNO
Deaconess Health System
The Magnet Model and the Nursing Professional Practice Model are utilized throughout the daily practice of nursing at Deaconess. Nurses at all levels across the organization assess patient and family needs from the bedside on to the decision-making committees and councils. Needs are evaluated and practices are implemented through collaboration with an interprofessional team approach to ensure care coordination.

Deaconess nurses demonstrated transformational leadership, exemplary professional practice, structural empowerment and new knowledge and innovation to apply our care delivery system and excel with empirical outcomes in 2016. Deaconess nurses across the organization are evolving the relationships with patients through improvements in work environments, demonstration of competencies, application of evidence-based practice and advanced learning, and they continue to improve the focus of relationship-based care.

Deaconess nurses apply the professional practice model daily through evidence-based practices based on findings from Mosby’s and other scholarly resources. They demonstrate competencies, apply research findings and utilize professional standards, scopes of care and professional organizational guidelines. Nurses across Deaconess continue to build on work environments with guidance from AACN’s Healthy Work Environment Standards and further development through care coordination projects, which build on interprofessional relationships within nursing and other disciplines. In addition, Deaconess nurses continue to enhance relationships with patients and families using RetuRN-to-Care initiatives and care coordination projects through hourly rounding, daily goal setting with patients, discharge planning, improved bedside reporting, care conferences and care coordination when necessary to exceed our patients’ needs.

Nurses at Deaconess were consulted for their knowledge and expertise in unit design to enhance the growth, remodeling and merging of nursing departments within Deaconess Hospital, Deaconess Gateway Hospital and Deaconess Cross Pointe. Nurses were able to assess patient and family needs to ensure patient care is brought to a higher standard within Deaconess—with new technology and innovative ideas as well as design of patient care areas. The Nursing Professional Practice Model and Magnet Model are ingrained in Deaconess nurses, as demonstrated in this year’s nursing annual report.
Transformational Leadership

A transformational leader is someone who goes above and beyond to guide their team to achieve their goals. They have the keen ability to influence change through mentorship, guidance and development of self-awareness. They are motivators of change and strive to make change happen. The traits of a transformational leader are vital today and in the future, given the increase in demands within health care to provide higher quality of care with more cost-effective means of delivery. Exceptional examples of transformational leadership within Deaconess have been portrayed at all levels of nursing over the last year.
Transformational Leadership

NURSING QUALITY, SAFETY AND REGULATORY:
An interprofessional approach to excellent patient care and quality outcomes

Health care is changing, and success will continue to be defined by the experience of our patients, the efficiency of care and quality outcomes. Nursing leadership has aligned resources to ensure a strong focus on the advancement of cost-effective, high-quality patient care and services across Deaconess. Nurses provide more interaction with patients and families than any other caregiver and are relied upon on a daily basis by the entire health care team for their knowledge and expert care delivery.

The Interprofessional Development and Nursing Quality departments are working to directly target nurse-sensitive indicators and quality metrics at Deaconess Hospital and Deaconess Gateway Hospital. This collaborative effort is being led by the Nursing Quality, Safety and Regulatory Manager, Amanda Elikofer, MSN, RN, NE-BC, and the Nursing Quality, Safety and Regulatory Coordinator, Paula Yarbrough, BSN, RN, NE-BC, CPN. These positions work as an interprofessional team to provide a focus for driving outcomes and delivering safe care across campuses.

Each campus will be staffed with a clinical nurse specialist (CNS) to help identify evidence-based practice and monitor quality metrics and educational programming. Linda Cason, DNP, CNS, RN-BC, NE-BC, CNRN, is the CNS for Deaconess Gateway.

Additionally, each inpatient nursing unit leadership structure has been modified to include a nurse clinician within the unit to help staff nurses and leadership improve patient care by working to remove barriers to safe, high-quality care. The nurse clinician is the expert clinician on the unit and understands the key quality indicators for their unit population. They use their clinical expertise to help with ongoing development of staff nurse clinical expertise. Each unit has different targeted goals based on the population served and their identified opportunities with baseline metrics (CLABSI, CAUTI, HAPU, falls, etc.).

The nurse clinician works closely with the nursing quality, safety and regulatory manager and coordinator; shared governance structure; CNS; staff development specialist; and nurse informatics staff to develop educational programs, influence policy, and tailor orientation needs for their unit based on observation and clinical knowledge. The goal is to equip bedside nurses with the knowledge, support and resources to provide high-quality, compassionate care to all of our patients and families, as well as create a culture of safety and accountability.

Nursing practice is ever-changing and evolving; however, nurses continue to play an integral role in quality and safety metrics, including hospital-acquired infections, falls, handwashing, isolation practices, medication security, hospital-acquired pressure ulcers (HAPU), and many others. A few of the quality improvements that have been realized since the implementation of the Nursing Quality, Safety and Regulatory Department include the following:

- Statit scorecards with real-time data at the unit level
- The implementation of the fall response team
- SSI colon initiatives
- NG tube education
- Increased hand hygiene compliance and new products
- Indwelling urinary catheter product changes

Nurses must recognize the power of their influence and be patient advocates by taking all necessary steps to keep patients safe. This ranges from notifying physicians of changes in condition, performing risk assessments (fall, skin, nutrition, delirium, etc.) to implementing necessary interventions (isolation, HAPU prevention bundle, fall risk bundle, early mobility, etc.). The nursing quality, safety and regulatory staff is excited to continue to partner with the interprofessional team throughout the hospital to exceed our targets and provide a consistent, high-quality experience for our patients and families.
GROWING LEADERS AT ALL LEVELS

The Leadership Development Journey Series completed another successful year in 2016. Attendance since the first leadership series was held in January 2014 shows 62 formal leaders, including managers, team leaders, ADONs and educators respectively, have completed five different series of classes. Four different series conducted for informal leaders at the point of care have drawn fifty-four participants from multiple unit populations.

Within the formal group, ten participants changed roles, eight stepped up into a manager position, one became a nurse clinician, and one took on the new role of informatics nurse, for a rate of 16% moving forward in their nursing careers. Leadership positions did arise from the informal attendees, with 19 of them accepting various leadership roles. Nine became team leaders, three nurse clinicians, three informatics nurses, one stroke coordinator, and three Hospital Shared Governance Council chairman or chair elects, for a rate of 35% being raised to a higher level of authority.

The Leadership Series continues with two more classes to promote leadership qualities in all levels of nursing that will enhance our delivery of care, safety and nursing excellence.

DEACONESS NEW GRADUATE NURSE RESIDENCY PROGRAM

The Deaconess New Graduate Nurse Residency Program endorses socialization, creates emotional support, shapes confidence, develops personal awareness, and verifies competence skills.

The goal is not to revisit nursing school but to continue education, to create a sense of belonging—a connection to the organization. It’s an avenue to engage employees, create ownership and establish a foundation for the future.

We started the formal New Nurse Residency Program I in May 2015 with 95 new nurse graduates. They completed the Casey Fink Graduate Nurse Experience survey on the first day and at the end of the year in April. The first group of graduates also developed and presented nine evidence-based presentations in May 2016 Nurses Week to 100 staff, which included the next group of 2016 new graduate nurses, shared governance council members, managers and senior nursing leadership. Topics chosen as presentations were: Coping with Death; Stroke; Govern the Clock; What Are Your Strengths; Incivility and New Graduate Nurses; Common ICU Medications Pamphlet for Family and Patient Education; Pros and Cons of a Nurse Residency Program; Administering Medications; and Becoming a New Nurse for Dummies. At the end of the first year, 87 of the 95 graduates who started in May 2015 remained employed within the organization.

The new nurse graduates established a supportive network of cohorts armed with a sense of belonging, resilience and connection to the organization. The residency program has prepared new nurse graduates to move forward, making an impact on nursing via councils, projects and unit participation.

The New Nurse Residency Program II began in January 2016 with 40 new nurses participating, and the New Nurse Residency Program III began in May 2016 with 92 new nurses participating in the program.
EXPANDING THE MODEL OF CARE TO INCLUDE LPNS

With staffing shortages and a desire to trial alternative models of care, Staci Stamps, BSN, RN, CMSRN, manager of GW Telemetry Stepdown, developed a way to provide another layer of nursing support to allow all staff to better meet patient needs. The Deaconess Nursing Care team is led by the RN who is responsible for coordinating the patient’s plan of care and for appropriate delegation and follow-up from nursing team members.

To meet increasing complexity and demands of patient care, a need was identified to integrate qualified, experienced bedside caregivers/RNs/LPNs/PCTs. The combination of LPN education, skills, commitment and diversity enable them to make vital contributions to nursing care. The nursing team consists of the RN, LPN and patient care technician (PCT).

The RN’s goal as the leader of the team is to communicate and collaborate with other team members to provide safe, effective care. The RN provides direct patient care; demonstrates the knowledge, critical thinking and judgment of and integrates the use of evidence-based outcomes for nursing practice; supervises care delivery; coordinates plans of care; provides education for patients, families and staff; and collaborates with other disciplines. The RN is accountable for delegating nursing interventions to the appropriate person who is prepared, qualified or licensed to perform them.

The LPN is responsible for providing direct or indirect care under the supervision of an RN. The LPN can provide general patient care, help with procedures, and document activities. The LPN can also participate in teaching and counseling of patients and families as assigned by the RN through the implementation of an established teaching plan or protocol.

The PCT is responsible for providing direct care under the supervision of an RN and LPN. Responsibilities include patient care activities and related services necessary to care for the personal needs, comfort and safety of a specific patient population.

This pilot model of care began on GW Telemetry Stepdown March 28, 2016; GW Surgery Oncology June 6, 2016; Medical Renal Care Center June 20, 2016; and Surgical Medical Care Center July 18, 2016. Additional units are in the process of consideration and implementation of this expanded model of care to improve patient care and outcomes as we move into 2017.
NURSES ACCEPTED TO PRESENT AT THE 2016 ANCC NATIONAL MAGNET CONFERENCE...
IN TIMES OF PLANNED AND UNPLANNED CHANGE

Deaconess was honored to have four podium presentations selected for the 2016 Magnet Conference in Orlando, Florida. The theme of the conference was Empowering Nurses to Transform Health Care.

The criteria for selection are very strict for the Magnet Conference, and although many submit abstracts, only 150 are selected. Podium presentations that were selected were:

**Cherona Hajewski, DNP, RN, NEA-BC, and Edith Hoehn, BSN, RN, CVRN**

*Strategies for Stabilizing Assistive Personnel: Critical Members of the Care Delivery Team.* This presentation was about the work completed to let PCTs feel appreciated with recognition events and include them in training with the addition of simulation patients to the orientation classes.

**Belle McCool, DNP, RN, NE-BC**

*Engage, Educate, Enculturate: A Strategy for Recruitment and Retention of New Nurse Graduates,* which focused on the new residency program started by Belle at Deaconess Hospital, Inc.

**Lois Welden, DNP, RN, CNS**

*Evaluating the Impact of a Professional Practice Model on Patient and Nurse Outcomes.* This presentation focused on the new PPM at Deaconess Hospital, Inc.

“Nine thousand nurses from the best hospitals across the nation share evidence-based practice innovations at the ANCC National Magnet Conference®, collaborating in more than 150 concurrent sessions and 150 poster presentations. Unfortunately, Hurricane Matthew cut this conference short. In true ‘magnet’ fashion, everyone worked together to get our group back safely, and the presenters who were unable to present at the 2016 conference have been selected for the 2017 Magnet Conference in Houston to share their projects.”

— Edith Hoehn, BSN, RN, CVRN

“Writing an abstract for a conference is scary and exhilarating at the same time. Having that abstract selected as a podium presentation—especially at the ANCC National Magnet Conference—is pure elation. You go through the phases of WOW, OH MY GOSH, OH NO, to REALLY! You immediately begin to worry about what you will say, will anyone attend, and what if they don’t like it. These are all personal reactions, and after a while you realize your abstract was one of a small number selected compared to the more than 1,000 that were reviewed.

“You’re longing to tell everyone your story, but you also don’t want to be accused of boasting about yourself. The truth is you were just given the privilege to share with those attending your session the content of your abstract, which reflects a project or process...
you participated in that gained success. In reality, you are speaking about something that your organization has accomplished with intense effort and produced notable outcomes. Those feelings reinforce your pride in your organization and sense of personal achievement.

“I was fortunate to have an abstract selected for a podium presentation at the 2016 ANCC National Magnet Conference® in Orlando, Florida. Sadly, I was not able to deliver that presentation due to hurricane Matthew. To my surprise, I was asked once more to deliver the presentation at the 2017 ANCC National Magnet Conference® in Texas, and I look forward once again to showcasing the excellence of the organization.” — Belle McCool, DNP, RN, NE-BC

“In 2016, I was selected as a podium presenter at the ANCC National Magnet Conference®. Upon receipt of the email notifying me of the selection, the flood of enthusiasm was overwhelming—just to think that of the thousands of abstracts submitted, my abstract was good enough to be selected at one of the highest attended national nursing conferences. Selection of my abstract was made possible by special editing from the Deaconess Abstract Team. Nurses at Deaconess are fortunate to have the support of a chief nursing officer who ensures resources are available to nurses who wish to submit abstracts to local, state and national nursing conferences.

“The ANCC National Magnet Conference® is all about excellence in nursing at all levels, from leadership to clinical nurses at the front line of care. The conference is a place where nurses at all levels share their stories of creativity in providing patient care that results in optimal outcomes. Please consider submitting an abstract about the excellent work within your area of nursing, and take advantage of the resources available here at Deaconess to help you construct your abstract. Mentors available through the Abstract Team are: Ellen Wathen, Lois Welden, Linda Cason and Belle McCool.” — Lois Welden, DNP, RN, CNS

CONTINUING EDUCATION OPPORTUNITIES OFFERED BY DEACONESS IN 2016

Deaconess provided employees with 273.35 hours of continuing education opportunities throughout 2016. 1,832 participants took advantage of the various continuing education opportunities offered by Deaconess throughout 2016. 1,016 of the participants in 2016 who attended the continuing education opportunities at Deaconess were registered nurses.

The following is a list of the continuing education opportunities offered at Deaconess in 2016.

- Stroke Course
- Medical Surgical and Neurological Nursing Conference
- Palliative Care and End-of-Life Nursing Education: Connecting the Pieces
- 12-Lead EKG in Acute MI
- Basic Oncology Nursing and Cancer Chemotherapy: Part Two-Live Course
- Respecting Choices First Steps Advance Care Planning Facilitator Certification
- The STABLE Program Learner Course (Sugar, Temperature, Airway, Blood Pressure, Emotional Support)
- 16th Annual Thomas P. Krueger Neuroscience Symposium
- Trauma Management of Adult and Pediatric Patients in ICU
- Primary Care Provider: Straight from the Specialist’s Mouth
- LifeWings Teamwork Skills Workshop
- Emergency Medicine Symposium
- Annual Perinatal and Neonatal Symposium
- Rekindle the Flame Within
- 2016 Pediatric Conference: Pulling it all together for the kids—day one
- 2016 Pediatric Conference: Pulling it all together for the kids—day two
- Nineteenth Annual Deaconess Trauma Conference
- 27th Annual Professional Ethics Seminar—Building a Community Approach: Advance Care Planning
Structural Empowerment gives nurses the support and recognition to develop into professional nurses—from staff nurse through administrative levels. It’s imperative that nurses at all levels are involved in decision making. This continues to occur within the expanding unit-based councils, with nursing at all levels being involved in nursing shared governance and within organization-wide committees. Deaconess has continued to support nurses’ professional growth through various avenues within the organization, at professional conferences, or through activities in the community.
TUITION REIMBURSEMENT SUPPORT

Deaconess continues to support employees who return to school to advance their education. As of the end of December 2016, a total of $306,672 was provided to employees for tuition reimbursement. A breakdown of the tuition reimbursement by degree is listed below:

- Total provided to employees seeking their degree as RN: $26,233
- Total provided to employees seeking their BSN: $134,136
- Total provided to employees seeking their MSN: $146,302

Deaconess supports nurses at all levels who wish to advance their knowledge in a specialty area of nursing. As of December 31, 2016, $26,105 was provided to nurses for certification reimbursement. Reimbursement to nurses across the organization related to specialty certification increased by $8,351 from 2015 to 2016. As of December 2016, 40% of nurses at Deaconess have obtained a professional nursing certification in their specialty. This exceeds our internal goal of 36% of nurses certified in their specialty area. These initiatives continue to be supported by tuition reimbursement and certification support across the organization.
STUDENT NURSE ACADEMY

In 2016 there were 103 nursing students in the academy, and we expect this number to grow this summer. Thirty-one nurses hired at Deaconess, who graduated in May 2016, participated in the Student Nurse Academy. Seventeen of the nurses hired at Deaconess, who graduated in December 2016, participated in the Student Nurse Academy.

NEW GRADUATE NURSES

As of the end of 2016, Deaconess hired 142 new graduate nurses. These new nurses graduated from the following schools:

- Ivy Tech Community College
- Wabash Valley College
- University of Evansville
- University of Southern Indiana
- Henderson Community College
- Indiana University Purdue University Indianapolis
- Indiana State University
- Indiana University
- Vincennes University
- Southeastern Illinois University
- Madisonville Community College
- Western Kentucky University
- Olney Central College
- Southwestern Illinois College
- Frontier Community College
- Purdue University
- Illinois Eastern Community College
- Indiana University Southeast
- Northern Arizona University
- Rend Lake College
- University of Arkansas Community College
- Western Governors University
- Southeastern Illinois University Edwardsville
- Bellarmine University

“"The academy is a great transitional opportunity from being a nursing student to becoming a professional nurse. It eased my anxiety over numerous tasks and responsibilities that were studied in school, and having a one-on-one preceptor gave me valuable feedback on my process in patient care. This program provides another layer of learning that brings a student one step closer to becoming a skilled nurse. I highly recommend it.”

At Deaconess Hospital, Inc., we’re committed to hiring ASN nurses with a plan in place to support their achieving their BSN. Nurses understand the importance of education, and those at the ASN level are eagerly seeking to advance their degree. We continue to strive toward a goal of 80% BSN across the organization by 2020.
Practice Models
Leadership Chart
Structural Empowerment
Exemplary Professional Practice
New Knowledge, Innovations & Improvements
Transformational Leadership

Shelly, BSN, RN, CCRN, and Jason, BSN, RN, CCRN, collaborating on the unit
This year a focus was placed on the quality of nominations rather than quantity. Kari Mowery, BSN, RN, CCRN, developed a PowerPoint presentation explaining the voting process and how specific examples are much more powerful than simple blanket comments. This was presented to several unit-based councils as well as sent to all nurse managers to share with their staff. As a result, the quality of nominations in 2016 was outstanding! Needless to say, the voting committee had a very difficult time deciding on the winners this year. Congratulations to our 2016 Deaconess Nurses of the Year!
CONGRATULATIONS TO OUR 2016 NURSE OF THE YEAR NOMINEES!

Gracie Austin  BSN, RN, CCRN
Ashley Bateman  BSN, RN
Callie Bayola  RN, CCRN
Allison Beck  BSN, RN
Jillian Clark  RN, CCRN
Krista Coccaro  BSN, RN, CCRN
Sheila Cochren  RN-BC
Rebecca Cooney  RN, CPN
Myra Dame  RN, CCRN
Jordan Dawson  BSN, RN, CCRN
Dana Fiedler  BSN, RN, CCRN
Danielle Fisher  RN, SCRN
Melissa Hester  BSN, RN
Kristin Hutchison  BSN, RN, CCRN

Elizabeth Ivy  MSN, RN, OCN, CHPN
Jesse Kuhlenschmidt  RN, CCRN
Carissa Lloyd  BSN, RN
Melanie Mahone  BSN, RN, CNRN
Craig Maier  RN, CCRN, SCRN
Nancy Martin  BSN, RN
Meagan McKain  RN
Johnna Noel  BSN, RN, CCRN
Whitney Noel  BSN, RN, CCRN
Margaret Patton  RN, CCRN
Lisa Ragel  BSN, RN-BC
John Rich  BSN, RN
Carla Rister  BSN, RN-BC
Heather Rogers  RN

Teresa Saxe  RN, CMSRN
Meghan Smith  BSN, RN
Sarah Smith  BSN, RN
Julie Staalenburg  RN, OCN, CHPN
Hannah Thornton  RN
Jamie Tretter  RN, CCRN
John Walsh  MSN, RN, CCRN
Glenda Welch  RN
Jodi Wilber  BSN, RN, BHS
Jan Woehler  BSN, RN, CMSRN
Jennifer Wright  RN, CMSRN
Goal: Increase RN ability to skillfully communicate and educate staff and patients.

Faith Roberts, the director of Magnet, Professional Practice and Parish Nursing at Carle in Urbana, Illinois, and co-author of the AACN Core Curriculum of Sub-Acute Care, was the keynote speaker at this year’s Healthy Work Environment conference. The goal of her presentation, *It’s In Every One Of Us*, was to motivate staff to recognize the impact they have on patient satisfaction. Skits and workgroups throughout the conference highlighted and demonstrated the six key components to a Healthy Work Environment.

Goal: Promote advance RN involvement in professional activities. Increase participation in the Professional Development Program by 10%, and increase awareness of the Professional Practice Model.

**PROFESSIONAL PRACTICE MODEL**

The Professional Practice Model at Deaconess was revised in 2016. The council’s goal was to ensure that at least 75% of staff nurses could recognize and explain the model, understanding how it directly relates to their practice as a nurse. New models were placed on each unit. Each council member also presented the revised model to their UBC to help educate staff. The council also created a fun informational video about the Professional Practice Model for all staff to view.

**PROFESSIONAL DEVELOPMENT PROGRAM**

Participation in and awareness of the Professional Development Program (PDP) at Deaconess continues to increase. When the program began in 2011, there were 13 participants. In 2016 there were 49 individuals who submitted their professional development portfolio for review to the committee.

To break down participation barriers that were identified in the PDP, the council separated each elective into various categories, ranging from the easier-to-obtain to the more difficult activities. This was displayed in a PowerPoint presentation that was provided to nurse managers to share with their staff at Unit-Based Council meetings.

**PDP Recipients from 2011-2016**

- **Participants**: 13, 25, 32, 39, 42, 49

**Nursing Professional Development Council**

- **CHAIR**: Robert Akers, RN, CMSRN—Neuroscience Unit, Gateway
- **LIAISON**: Belle McCool, DNP, RN, NE-BC—Interprofessional Development
- **CLERICAL SUPPORT**: Brian Wilson—Nursing Administration
- **MAGNET SUPPORT**: Cherona Hajewski, DNP, RN, NEA-BC—Chief Nursing Officer, Vice President of Patient Care Services
- **MAGNET SUPPORT**: Jill Buttry, MSN, RN, CNS—Patient Care Services Director, Magnet Program Director
- **MAGNET SUPPORT**: Ellen Wathen, PhD, RN-BC—Magnet Recognition Program Coordinator, Evidence-Based Practice and Nursing Research Coordinator
Please congratulate these nurses for achieving their PDP. In 2016 there was a 14% increase in participation in the PDP program over 2015. Nineteen nurses participated in the PDP in 2016 for the first time. (*denotes first-time participant)

### Gold Level

- Jennifer Whitmore, MSN, RN, CMSRN Oncology Pulmonary Care Center (2013, 2014, 2015, 2016)
- Dana Fiedler, BSN, RN, CCRN* Surgical Trauma Cardiovascular ICU
- Roxie Bringman, BSN, RN, CEN* Cardiovascular Care Center
- Tara Moore, BSN, RN, CPAN GW Post-Anesthesia Care Unit (2013, 2014, 2015, 2016)
- Carissa Lloyd, BSN, RN, CCRN Cardiovascular ICU (2015, 2016)
- Vandi Fischer, BSN, RN, CCRN* Cardiovascular ICU
- Kari Mowery, BSN, RN, CCRN Cardiovascular ICU (2015, 2016)
- Susan Matthews, BSN, RN, CCRN Surgical Trauma Cardiovascular ICU (2014, 2015, 2016)
- Angela Sawyer, MSN, RN, CCRN Surgical Trauma Cardiovascular ICU (2015, 2016)
- Katelyn Russell, BSN, RN, CCRN* Post Anaesthesia Care Unit
- Johnna Noel, BSN, RN, CCRN Cardiovascular ICU (2014, 2015, 2016)
- Mary Beth Schitter, BSN, RN, CMSRN Surgical Medical Care Center (2013, 2014, 2015, 2016)
- Terri Nolan, BSN, RN, CPAN Post Anaesthesia Care Unit (2014, 2015, 2016)
- Courtney Johnston, BSN, RN, CCRN Surgical Trauma Cardiovascular ICU (2015, 2016)
- Krisie Medler, BSN, RN, CCRN, TC RN Surgical Trauma Cardiovascular ICU (2015, 2016)
- Linda Martin, BSN, RN, CMSRN Surgical Medical Care Center (2013, 2014, 2015, 2016)

### Silver Level

- Laura Ellison, MSN, RN, CMSRN GW Medical Telemetry (2015, 2016)
- Myra Taber, BSN, RN GW Same Day Care Center (2013, 2014, 2015, 2016)
- Adrea Davis, BSN, RN, CMSRN* GW Medical Surgical ICU
- Sheila Cochrane, RN-BC Cross Pointe Youth (2015, 2016)
- Carol Scarafia, RN, CMSRN Orthopedic Medical Care Center (2013, 2014, 2015, 2016)
- Amanda Blanton, BSN, RN, CWOCN* Wound Ostomy and Continence Nurse

### Bronze Level

- Darlene Wolf, RN, CMSRN Same-Day Care Center (2013, 2014, 2015, 2016)
- Whitney Noel, BSN, RN, CCRN Cardiovascular ICU
- Jamie Naas, RN, CCRN Cardiovascular ICU
- Elizabeth Ivy, MSN, RN, OCN, CHPN Oncology Pulmonary Care Center (2013, 2014, 2015, 2016)
- Kim Liberman, RN, OCN, CMSRN, CHPN Oncology Pulmonary Care Center (2013, 2014, 2015, 2016)
- Linda Blakenberger, BSN, RN Same-Day Care Center (2014, 2015, 2016)
- Donna Kincheloe, MSN, RN, CMSRN GW Medical Telemetry (2014, 2015, 2016)
- Lisa Carwile, BSN, RN, CMSRN Orthopedic Medical Care Center (2012, 2014, 2016)
- Eric Bruns, BSN, RN* Neuro Care Center
- Amy Pierce, BSN, RN* Pain Management
- Kathy Christen, BSN, RN, CMSRN, CNRN* Surgical Medical Care Center
- Kathy Nall, BSN, RN* Surgical Medical Care Center
- Tonya Krieg, BSN, RN, CMSRN* GW Same Day Care Center
- Sauney Turi, BSN, RN* GW Medical Telemetry
- Andrea Frankenberger, BSN, RN, CCRN* Cardiovascular ICU
- Crystal McCarty, BSN, RN* Post Anaesthesia Care Unit
- Cassandra VanMeter, BSN, RN, CMSRN, SCRN* GW Neuroscience
- Nancy Bradley, BSN, RN-BC* Pain Management
- Claire Stevenson, BSN, RN, CCRN GW Neuroscience ICU (2015, 2016)
- Megan Scheller, BSN, RN, CWOCN* Wound Ostomy and Continence Nurse
- Jessica Brown, BSN, RN Surgical Trauma Cardiovascular ICU (2014, 2015, 2016)
- Susan Alka, RN* Post-Anesthesia Care Unit
- Pam Leatherland, BSN, RN, CMSRN Surgical Medical Care Center (2013, 2014, 2015, 2016)
- Lisa Hensley, MSN, RN, CCRN, CV-RN Post-Anesthesia Care Unit (2013, 2015, 2016)
- Jamie Tretter, RN, CCRN Surgical Trauma Cardiovascular ICU
Goal: Promote resources for addressing ethical issues related to clinical practice.

BI-MONTHLY EDUCATION ON ETHICS

In council, we wanted to make sure that common ethical issues we encounter in the workplace are addressed and our peers are educated on the proper course of action. Every other month, a member of the council presents an issue they have encountered in their practice and educates the council on what their rights are as a nurse and what the proper protocol is. This information is brought back to the units by council members to provide education and examples at their unit-based councils.

Goal: Increase the presence of Deaconess nursing in the community and promote recognition of nursing achievement and contributions internally and externally, including the Deaconess Nurse of the Year Awards and the DAISY award.

DEACONESS DAY OF CARING IN THE COMMUNITY

Each year, the council spearheads a wellness fair from all areas of care to serve our community. Many service lines offered services, including infection control, blood pressure/cholesterol checks, body mass index screenings, stroke education, eye care and cardiovascular risk assessments. Overall, 55 volunteers were able to help 281 participants with their time and talents in the effort to build a healthier community.

NURSES’ WEEK

Nurses’ Week took a new direction this year. We wanted to make sure we educated staff about the true meaning of Nurses’ Week. An article was placed in the nursing newsletter to provide an update to employees on how and why decisions are made pertaining to Nurses’ Week by the council.
The DAISY (Diseases Attacking the Immune System) Award is an international recognition program that honors and celebrates the skillful, compassionate care nurses provide every day. The DAISY Foundation was established by the family of J. Patrick Barnes after he died from complications of the auto-immune disease ITP in 1999. During his hospitalization, they deeply appreciated the care and compassion shown to Patrick and his entire family. When he passed away, they felt compelled to say “thank you” to nurses in a very public way. Deaconess is proud to be a DAISY Award partner, recognizing two DAISY Award winners each year.

Charity Melliff, RN, CCRN, from Neuroscience ICU at Gateway was honored Tuesday, November 29, 2016, as the first DAISY Award winner at Deaconess. Charity was nominated by a family member who wanted to say thank you by sharing her story in a special way.

Fifty-four RNs received nominations for the DAISY Award. Below, Deaconess acknowledges each nurse and the unit on which they provide the extraordinary care that inspired patients and families to say “thank you.” The DAISY Award at Deaconess is championed by the Nursing Professional Development Council.

Aimee Heyde – Surgical Trauma Cardiovascular ICU
Alixandria Clements – Cardiovascular ICU
Amanda Gress – GW Surgery Oncology
Amanda Shepherd – Neuroscience Medical ICU
Amy Willis – GW Surgery/Oncology
Andrea Mercer – Same Day Care Center
April Condi – Cardiovascular Care Center
Brittany White – Surgical Trauma Cardiovascular ICU
Charity Melliff – GW Neuroscience ICU
Christina Smith – GW Pediatrics
Clara Jones – GW Medical Surgical ICU
Craig Maier – Neuroscience Medical ICU
Danielle Elsner – GW Medical Surgical ICU
Debra Gilbert – Cardiovascular Care Center
Debbie Townsend – Surgical Trauma Cardiovascular ICU
Donna Kincheloe – GW Medical Telemetry
Donna Masterson – GW Surgery Oncology
Doug Wathen – Surgical Trauma Cardiovascular ICU
Erica Lester – Surgical Trauma Cardiovascular ICU
Erica Mitchell – GW Neuroscience ICU
Erika Brown – GW Orthopedics
Erin Green – GW Medical Telemetry
Jillian Clark – GW Neuroscience ICU
JoAnn Darrett – GW Medical Surgical ICU
Johnny Trimble – GW Orthopedics
Kami Hopf – Surgical Trauma Cardiovascular ICU
Karen Seifer – GW Orthopedics
Karen Zebard – Same Day Care Center
Kate Dennis – GW Pediatrics
Kathy Curtis – Orthopedic Medical Care Center
Katie Radford – Cardiovascular ICU
Krista Coccaro – Cardiovascular ICU
Laurie Austin – GW Medical Telemetry
Mark Robb – Emergency Department
Meagan McKin – Neuroscience Medical ICU
Melanie Hutchinson – GW Medical Telemetry
Melissa Winternheimer – Neuroscience Medical ICU
Mike Doersam – GW Surgery Oncology
Monica Floyd – Same Day Care Center
Nicole Laubscher – Resource Team
Noah Childers – GW Neuroscience ICU
Rachel Hill – Surgical Trauma Cardiovascular ICU
Rebecca Deig – Same Day Care Center
Robert Blackburn – GW Neuroscience ICU
Robin Broerwan – Resource Team
Rob Roads – Cardiovascular ICU
Samantha Byers – Surgical Trauma Cardiovascular ICU
Scott Ping – Cardiovascular Care Center
Shelley Wilson – GW Neuroscience
Shelly Hawkins – Surgical Trauma Cardiovascular ICU
Sherri Oligher – Cardiovascular Care Center
Stephanie Brown – Surgical Trauma Cardiovascular ICU
Terri Platts – GW Telemetry Stepdown
Vandi Fischer – Cardiovascular ICU
The NSG Research and EBP Council validates knowledge upon which nursing practices are based and reinforces new knowledge to advance the science of nursing through research and evidence-based practice. This council disseminates project results and evaluates their impact on patient outcomes and nursing practice. Rosswurm-Larrabee is the theoretical framework guiding research and evidence-based practice activities at Deaconess Hospital, Inc. The Deaconess Hospital Oversight and Privacy Committee and an independent Internal Review Board (IRB) are used as resources for research studies and other appropriate projects.

Goal: Advance nursing research and evidence-based practices.

**ADVANCED PRACTICE INSTITUTE: FEBRUARY 2016**

Deaconess Hospital, Inc., has supported nurses attending the Advanced Practice Institute since 2008 for the advancement of EBPr and research. In February 2016, two Deaconess nurses completed the Advanced Practice Institute in Iowa City, IA: Kimberly Burk, BSN, RN, CCRN – Project: Decrease Mortality from Sepsis for the Inpatient Setting; and Donna Kincheloe, MSN, RN, CMSRN – Project: Spiritual Care in Nursing Toolkit.

**COUNCIL WORKGROUPS AND NURSING EXCELLENCE ABSTRACT AND PRESENTATION PACKET**

Council workgroups are set up to:

- Discuss projects and/or study ideas,
- Mentor in the development of projects and/or studies, and
- Disseminate projects and/or study findings.

The Abstract and Presentation Packet on Nursing Excellence promotes abstract submissions through documentation of projects/studies into a story template that can be converted into abstracts, general abstract guidelines, conference lists, and travel request forms.

The abstract for this council's work includes:

**Nursing Research and Evidence-Based Practice Council**

<table>
<thead>
<tr>
<th>CHAIR</th>
<th>Ellen Wathen, PhD, RN-BC (acting chair)—Interprofessional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAIR-ELECT</td>
<td>Sara Oberholtzer, BSN, RN—MRCC/CVICU</td>
</tr>
<tr>
<td>LIAISON</td>
<td>Ellen Wathen, PhD, RN-BC—Interprofessional Development</td>
</tr>
<tr>
<td>CLERICAL SUPPORT</td>
<td>Michelle Cook—Interprofessional Development</td>
</tr>
<tr>
<td>MAGNET SUPPORT</td>
<td>Cherona Hajewski, DNP, RN, NEA-BC—Chief Nursing Officer, Vice President of Patient Care Services</td>
</tr>
<tr>
<td></td>
<td>Jill Buttry, MSN, RN, CNS—Patient Care Services Director, Magnet Program Director</td>
</tr>
<tr>
<td></td>
<td>Ellen Wathen, PhD, RN-BC—Magnet Recognition Program Coordinator, Evidence-Based Practice and Nursing Research Coordinator</td>
</tr>
</tbody>
</table>
Goal: Seek new knowledge or quality improvement in nursing practice.

NURSING RESEARCH STUDIES

In 2016, four nursing research studies were developed and are ongoing or completed. A description of each study and its status is listed in the Research Studies table below.

Goal: Disseminate new knowledge, EBP and quality improvement.

E-POSTERS (ELECTRONIC EBP POSTERS)

Collaboration by the entire council during interactive workgroups led to the development of electronic EBP poster displays. Deaconess nurses who presented at local, regional or national conferences are contacted for permission to use their EBP/Research presentations as posters for dissemination to frontline nursing staff.

E-posters include ten questions that are developed and evaluated for clarity/accuracy by the presenters and/or council members. Council members establish the number of contact hours and Professional Development Program (PDP) points to be awarded for each poster based on the average time for completion of the poster review and questions.

These electronic poster displays are posted on Webinservice. Instructions for accessing the e-posters and table of contents of poster topics can be found on the Research and EBP Council page on D-Web under Nursing Excellence.

These electronic EBP displays are instrumental in the dissemination of research, EBP and QI findings to our internal audience of nurses at all levels.

<table>
<thead>
<tr>
<th>RESEARCH STUDIES</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Prospective Randomized Study of the Effectiveness of QueaseEASE for Relief</td>
<td>Explored the effect of aromatherapy on reducing postoperative nausea and</td>
<td>Completed</td>
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<tr>
<td>of Postoperative Nausea and Vomiting (PONV)</td>
<td>vomiting as compared to current practice. Findings are leading to other</td>
<td></td>
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<tr>
<td></td>
<td>potential studies.</td>
<td></td>
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<tr>
<td>The Impact of a Modified Early Warning Score System (MEWS) and Associated</td>
<td>Determined whether a MEWS system decreases the likelihood of clinical</td>
<td>Completed</td>
</tr>
<tr>
<td>Workflow on Patient Outcomes in a Cardiovascular Care Center</td>
<td>adverse outcomes (i.e., code blue, ICU admission or death).</td>
<td></td>
</tr>
<tr>
<td>Strengthening Teamwork Behaviors in Nursing: Intervention to Reduce Missed</td>
<td>Determining if teamwork development program intervention positively affects</td>
<td>Data Analysis</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>nurses’ perception of unit teamwork.</td>
<td></td>
</tr>
<tr>
<td>The Effectiveness of a Spiritual Care Toolkit to Facilitate Spiritual Care</td>
<td>Determining the effectiveness of a spiritual care toolkit as resources for</td>
<td>Data Analysis</td>
</tr>
<tr>
<td>Needs</td>
<td>patients/families and nurses and meeting spiritual needs in the acute-care</td>
<td></td>
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<tr>
<td></td>
<td>environment.</td>
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CONFERENCE ABSTRACTS AND JOURNAL SUBMISSIONS

In 2016, conference abstracts from Deaconess nurses were accepted for 11 poster and 16 podium presentations. These poster presentations included five national, four regional and two local conferences. The podium presentations included ten national, one regional and five local conferences. This is a marked increase in the last three years. (See graph above)

Three abstracts have been submitted and accepted already for podium presentations at national conferences in 2017.

Three manuscripts were submitted and accepted for publication in professional journals. Two additional publications are pending acceptance notices.

The Publications table below and the Presentations table at right showcase these nurses from every level disseminating research, EBP and QI findings to external audiences through conference presentations and publications.

<table>
<thead>
<tr>
<th>2016 PUBLICATIONS BY DEACONESS NURSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article Title</td>
</tr>
<tr>
<td>Comparison of Aromatherapy to Standard Care for Relief of PONV and PDNV in Ambulatory Surgical Patients</td>
</tr>
<tr>
<td>Professional Practice Models: Raising Awareness - Chapter 1</td>
</tr>
<tr>
<td>Medical Surgical Nurses Describe Missed Nursing Care Tasks: Evaluating our Work Environment</td>
</tr>
<tr>
<td>Presentation Title</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
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<tr>
<td>Reducing Hemolysis in an Emergency Department Setting: An Interprofessional Approach</td>
</tr>
<tr>
<td>Developing an Induced Normothermia Protocol for Traumatic Brain Injured Patients</td>
</tr>
<tr>
<td>Designing Technology to Reduce Pain in Pediatric Trauma Patients</td>
</tr>
<tr>
<td>Transitions in Care: Partnering with Long-Term Care to Manage Population Health by Embedding Nurse Practitioners</td>
</tr>
<tr>
<td>The Survivorship Journey: Development and Implementation of a Cancer Survivorship Care Plan Program</td>
</tr>
<tr>
<td>Interprofessional Approach to Early Mobilization in Mechanically Ventilated Patients</td>
</tr>
<tr>
<td>Civility Training to Impact Nurse Outcomes</td>
</tr>
<tr>
<td>Urine 8- Protect Your Patient!</td>
</tr>
<tr>
<td>Reducing Pressure Ulcer Rates with Nurse-Driven Protocols</td>
</tr>
<tr>
<td>Modified Early Warning Score Study</td>
</tr>
<tr>
<td>Mobilizing Mechanically Ventilated Patients through Interprofessional Teamwork</td>
</tr>
<tr>
<td>The Survivorship Journey: Development and Implementation of a Survivorship Care Plan Program</td>
</tr>
<tr>
<td>Using Case Study and Simulation to Foster Communication Skills and Identify Problems with Non-Licensed Personnel</td>
</tr>
<tr>
<td>Expanding Project Dissemination: NPD Role in Nursing Shared Governance</td>
</tr>
<tr>
<td>Steering the Path, Igniting the Passion, and Smoothing out the Graduate Nurse's Evolution</td>
</tr>
<tr>
<td>Code Blue: Are You Ready for This?</td>
</tr>
<tr>
<td>Collaborating with Nurse Informatics to Transform a Critical Care Course*</td>
</tr>
<tr>
<td>The Effectiveness of a Spiritual Care Toolkit to Facilitate Spiritual Care Needs</td>
</tr>
<tr>
<td>Strategies for Stabilizing Unlicensed Assistive Personnel: Critical Members of the Nursing Care Delivery Team</td>
</tr>
<tr>
<td>Evaluating the Impact of a Professional Practice Model on Patient and Nurse Outcomes</td>
</tr>
<tr>
<td>Key to Controlling Pain is Communication</td>
</tr>
<tr>
<td>Collaboration with Nurse Informatics to Transform a Critical Care Course*</td>
</tr>
<tr>
<td>A Comparison of Aromatherapy for Relief of Postoperative and Post-Discharge Nausea and Vomiting (PONV/PDNV) in a Prospective Randomized Study</td>
</tr>
<tr>
<td>Expanding Project Dissemination: Nursing Professional Development Role in Nursing Shared Governance</td>
</tr>
<tr>
<td>Empowering Influence with Leadership Development to Navigate the Evolution of Nurse Graduates</td>
</tr>
<tr>
<td>Using Aromatherapy Research to Enable Perianesthesia Nurses to Lead Change in Practices</td>
</tr>
</tbody>
</table>
Goal: Ensure that specialty evidence-based guidelines and standards are incorporated into delivery of care (policy review board).

All Mosby’s skills have been reviewed and compared with our current nursing practice within the last two years. The review of skills is completed by the Nursing Practice Council policy review board, ICU Core, Pediatric Core, and other bedside nurses throughout the organization. More than 680 skills in Mosby’s have been reviewed to ensure Deaconess Hospital, Inc., nurses are aware of any updates or changes to evidence-based practice.

Goal: Utilize expert consultation to improve documentation in the clinical practice setting.

An assortment of presentations by expert clinicians, practicing in a variety of specialty areas, was provided to the Nursing Practice Council throughout the year. The following list highlights a few of the presentations to the council members in 2016.

JANUARY

- The Nursing Informatics group presented standardization regarding intake and output documentation and practice around obtaining IV intake from pumps. The Alaris pumps must be cleared for accurate intake and output.

APRIL

- Karen Fleck presented changes to documentation for meal intake with carbohydrate counting to ensure more accurate insulin coverage in line with the new American Diabetic Association (ADA) guidelines.

- Policy changes regarding shift assessments: Assessments are to be completed upon assuming care of patients, and reassessments must be performed no less than every eight hours.

- The Nursing Informatics staff helped with education regarding the new enFlow blood warmers.

JULY

- The modified early warning score (MEWS) is used to alert nurses if there is a decline in patient condition. This technology works best when all vital signs are obtained and documented at the same time. Vital signs are now obtained and documented by the nurse on the first patient assessment or first post-procedure assessment.

OCTOBER

- Blood product administration module (BPAM) blood administration documentation is now in EPIC.
Goal: Promote improvements in patient safety related to nurse-sensitive indicators (with focus on HAPU, CLABSI, CAUTI and falls).

The Clinical Outcomes Workgroup dedicated time to presentations and interactive discussion related to HAPU, CLABSI, CAUTI and falls throughout the year.

**MARCH**

- Claire Sutherby, BSN, RN, CMSRN, discussed changes to Foley irrigation and rounding by our product vendor to help in our efforts to decrease our CAUTI rate.
- Dawn Rowley, BSN, RN, CCRN, provided education regarding the utilization of Zone 2 on our inpatient hospital beds to decrease alarm fatigue and falls.

**APRIL**

- MRI safety presentation by Sheila Turner.
- The Fall Response Team was implemented to gather data through timely debriefing on details (e.g., patient factors, fall prevention protocol) that may have contributed to falls in an effort to reduce future falls.

**JULY**

- A presentation and education was provided by WOCNs Amanda Blanton, BSN, RN, CWOCN, and Megan Scheller, BSN, RN, CWOCN, regarding the updated HAPU bundle and changes to improve patient outcomes.

Goal: Promote improvements in clinical outcomes (HCAHPS with focus on pain, core measures and restraints).

In addition to working on clinical outcomes improvement, this workgroup focused on improving the method of getting information to the staff. After surveys and discussions, the group instituted a plan to inform staff of all changes to practice or required education. Starting January 2017, all information and education goes out in EPIC as an alert and a flyer, and all clinicians will educate staff as well. All information will come through the Interprofessional Department Nursing Quality (IDNQ).

Goal: Provide education for patient care technicians (PCTs) related to quality and safety.

The patient care technician (PCT) recognition event in September 2016 was well attended. There was food, attendance prizes, and lots of fellowship had by all who attended.

The PCTs also began participating in and helping with simulations in class for new PCTs coming into the organization. Simulations included: a patient with an ostomy that needs to be emptied, HAPU prevention and proper turning and positioning, care of post-op patients, care of confused patients, care of patients who have been discharged, care of patients who are dying, care of patients who have not voided, care of patients with a Foley, care of patients with chest pain, and others.

Educational opportunities on various topics were brought to the PCT Council throughout the past year regarding the following:

- New thickener for dysphagia patients
- Diabetic carbohydrate counting education
- Skin program (Mepilex)
- Care of patients with infestations
- Gait belt safety
- Staff roles for cleaning rooms
- Job description changes
- Documentation changes regarding sitters or family at bedside
- MRI safety

Staci Stamps, BSN, RN, CMSRN, and Megan Martin, BSN, RN, CMSRN, discuss a technology trial taking place at GW on the Telemetry Stepdown Unit with members of I.T.
The Night Shift Nursing Council is the newest nursing shared governance council at Deaconess Hospital, Inc. This council began in May 2016 and is not a duplication of the current three NSG Councils; rather it addresses items specific to the night shift. The Night Shift Nursing Council receives and shares information with the other three NSG Councils via their chairperson and chair-elect attending the same monthly Patient Care Coordinating Council on fourth Tuesdays and then communicating this back to their council membership.

**Goal: Identify best methods of communication to close gaps while not interrupting sleep cycles of night shift workers.**

The Night Shift Nursing Council developed a survey to gather input from night shift inpatient staff regarding best communication methods for night shift to limit interruptions to their sleep cycle. The council will use this feedback to develop recommendations of best times and methods for nursing leadership and colleagues on day shift.

**Goal: Increase professional development opportunities (classes and inservices) conducive to both day and night shift schedules.**

The Night Shift Nursing Council is collaborating with the Interprofessional Education Department to identify specific classes that could have certain sessions offered at times more conducive to night shift sleep cycles.

**Goal: Address safety concerns related to night shift through evidence-based practices (including HCAHPS and nurse-sensitive indicators).**

The Night Shift Nursing Council is developing workgroups to address patient safety issues, such as falls, quiet-at-night scores and RN fatigue.

**Goal: Increase recognition of night shift worker accomplishments.**

The Night Shift Nursing Council is developing strategies to increase recognition for the accomplishments of night shift staff.

**Goal: Provide evidence-based tips for health/wellness of night shift workers.**

The Night Shift Nursing Council is developing a workgroup to address health and wellness, using EBP strategies outlined in Dr. Katherine Pakieser-Reed’s book, Night Shift Nursing: Savvy Solutions for a Healthy Lifestyle.
Rebecca, BSN, RN, CMSRN, OCN, a nurse in Same Day Surgery, preparing a patient for his scheduled procedure.
Exemplary Professional Practice

Exemplary Professional Practice utilizes the key components of Transformational Leadership, Structural Empowerment, and New Knowledge and Innovation to engage and empower nurses to transform care at the bedside. As we prepare for the future of nursing and the evolution of health care, one thing remains constant: patients are at the center of our care. Exemplary Professional Practice has grown tremendously at Deaconess, and our practices will continue to evolve as nursing and health care evolves. Over 2016, Deaconess nurses have either experienced these changes or have been involved in transforming the care we provide for our patients.
NDNQI RN SATISFACTION SURVEY

Deaconess nurses participated in the 2016 NDNQI RN Satisfaction Survey in April. The Deaconess participation rate was once again above the national rate.

- DH participation rate was 93%
- DGH participation rate was 92%
- National overall participation rate was 79%

Nurse satisfaction scores at the organizational level remain above the NDNQI median in 2016. Deaconess Hospital had another strong performance with 10 out of 11 indicators above the org level NDNQI mean. As noted in the graph, the DH location includes the inpatient units plus CVSS, SDCC, PACU, Cath Lab, DCP, Resource Team, Emergency Department, DH/ DGH GI, Procedure Center, IV Therapy, Pain West, DH/ DGH OR, Wound and Radiology Specials RNs, Case Management, Chancellor Center and Education.

Gateway also remains strong, with 11 out of 11 indicators above the org level NDNQI mean. As noted in the graph, the Gateway location includes the inpatient units plus SDCC, PACU, Emergency Department and Pain. These scores continue to demonstrate that we are creating an environment in which nurses feel respected and supported in their practice.

A total of 22 units out of 32 scored above the NDNQI mean in 2016: DH STCICU (4800), DH CVICU (2900), DGH MSICU, DGH NMICU, CVCC, MRCC, OCPCC, DGH Surg Onc, DGH Neuro, DCP combined, DH SDCC, DH PACU, DGH SDCC, DGH PACU, DGH ED, Pain Management West, Wound Care, DH Cath Lab, GI DH and DGH, Procedure Center, DH and DGH Radiology Specials, and Infusion Centers.

A total of 8 units across the organization exceeded the NDNQI mean on all 11 indicators.

DGH MSICU within the critical care units on the Gateway campus demonstrated significant improvement and joined DH STCICU (4800), DH CVICU (2900), DGH NMICU, DGH Neuro, DH SDCC, DH PACU, and DGH SDCC in exceeding the NDNQI mean on all 11 indicators. A special note of recognition goes to the GI Lab for their outstanding improvement from 2014 to 2016. They are now exceeding on 10 out of the 11 indicators.

Nursing leadership met with staff to discuss unit results and developed action plans to ensure progress continues on creating a great work environment for nurses. The 2016 NDNQI RN satisfaction results were shared across all Nursing Shared Governance Councils, and priorities were identified for the councils to work on next fiscal year.

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Nurse-Sensitive Indicators

Nurse-sensitive indicators are measured and tracked to identify trends and determine nursing’s impact on quality patient outcomes across the organization. The following sections highlight calendar-year quarterly graphs for the period of October 2014 (4Q14) through September 2016 (3Q16).

CAUTI

As of the third quarter 2016, catheter-associated urinary tract infection (CAUTI) scores are exceeding the NHSN pooled mean for the majority of units (16 out of 17 units) for the majority of the most recent eight quarters. Seven units across the organization have remained consistently below the NHSN pooled mean for all of the most recent eight quarters: OPCC, GW Ortho, 4800 Adult and Pediatric Trauma units, CVICU, GW Neuro ICU, and GW Peds/PICU. CVCC and MRCC remained below the NHSN pooled mean for all but one quarter of the most recent eight quarters.

CLABSI

As of the third quarter 2016, central line-associated bloodstream infection (CLABSI) scores are exceeding the NHSN pooled mean for the majority of units (17 out of 17 units) for the majority of the most recent eight quarters. Five units remained consistently below the NHSN pooled mean for all of the most recent eight quarters: NCC/NTCA, GW Neuroscience, CVCC, Peds Trauma, and GW Peds/PICU. Three additional units remained below the NHSN pooled mean for all but one quarter of the most recent eight quarters: OMCC, GW Ortho, and CVICU.

Shaley, BSN, RN, CCRN, a nurse on the Surgical Trauma Cardiovascular ICU at Deaconess Hospital, helping respiratory therapy with a patient.
INJURY FALLS

As of the third quarter 2016, injury falls scores are exceeding the NDNQI Teaching Status mean (15 out of 21 units) for the majority of the most recent eight quarters. Gateway Medical Surgical ICU, Gateway Peds/PICU, and Deaconess Cross Pointe Child and Adolescent units all remained consistently below the NDNQI mean for all eight quarters. Three units remained below the NDNQI mean in all but one quarter of the most recent eight quarters: 2900, SMCC, and Peds Trauma.

PEDiatric PERIPHERAL IV

As of the third quarter 2016, Pediatric IV Infiltration scores were exceeding the NDNQI Teaching Facility mean for both units for the majority of the most recent eight quarters.

SEPSIS

The Deaconess Sepsis Operational Team uses evidence-based practice to improve sepsis care and outcomes. According to the Centers for Disease Control and Prevention (CDC), the national sepsis mortality rate is approximately 31%, and every two minutes someone will die from sepsis in the U.S.

Deaconess has three sepsis coordinators who lead the operational team: Kimberly Burk, BSN, RN, CCRN, is the ICU sepsis coordinator; Kristina Brown, MSN, RN, AGCNS, is the ED sepsis coordinator; and Linda Cason, DNP, CNS, RN-BC, NE-BC, CNRN, is the med/surg sepsis coordinator. Lorie Mercer, RN, is the quality analyst for the operational team. The coordinators and the quality analyst guide sepsis projects, are liaisons for communication throughout Deaconess Health System—from bedside nursing to senior leadership—and collaborate with unit champions to review performance improvement plans regarding sepsis care. They also help with deficit identification and quality improvement efforts. The Sepsis Operational Team has focused education around early sepsis detection and awareness and has improved sepsis order sets and screening tools.

DEACONESS SEPSIS MORTALITY

<table>
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<th>Sepsis Category</th>
<th>FY2015</th>
<th>FY2016</th>
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<tr>
<td>Severe Sepsis</td>
<td>13.19%</td>
<td>8.92%</td>
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<tr>
<td>Septic Shock</td>
<td>36.81%</td>
<td>2719%</td>
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HAPU STAGE 2 OR GREATER

As of the third quarter 2016, hospital-acquired pressure ulcers (HAPU) stage 2 or greater scores are exceeding the NDNQI teaching status mean for all of the units (18 out of 18 units) for the most recent eight quarters. Nine units remained consistently below the NDNQI mean for all of the most recent eight quarters: NCC, SMCC, OMCC, GW Surg/Onc, CVCC, CVICU (2900), GW MSICU, Peds Trauma, and GW Peds/PICU. Results for all nursing units at Deaconess Hospital, Inc., are displayed in the following graphs.

RESTRAINTS

As of the third quarter 2016, restraint scores are exceeding the NDNQI teaching status mean for the majority of the units (18 out of 21 units) for the majority of the most recent eight quarters. Thirteen units remained consistently below the NDNQI mean for the majority of the most recent eight quarters: NCC, SMCC, OMCC, OPCC, GW Med Tele, GW Surg/Onc, GW Ortho, CVCC, MRCC, GW Peds/PICU, DCP Child/Adolescent, DCP Adult North-East, and DCP Adult South.
Interdisciplinary collaboration between providers to provide excellent patient care
Patient Satisfaction

Patient satisfaction from the patient’s perspective is measured and tracked on a quarterly basis. This continued throughout 2016 to determine nursing’s effectiveness on patient care and outcomes. Both inpatient and non-inpatient areas are included in the total count for exceeding the Press Ganey mean for Deaconess Hospital, Inc.

**COURTESY AND RESPECT**

Courtesy and Respect scores dropped below the Press Ganey mean for the majority of units (20 out of 41 units) during the most recent eight quarters. In order to exceed on this measure (above the mean), 21 out of the 41 inpatient and non-inpatient units need scores above the Press Ganey mean. As of the 3rd Quarter 2016, the Emergency Department at Gateway and the Anticoagulation Clinic consistently performed above the Press Ganey mean for all eight quarters.

**CAREFUL LISTENING**

Careful Listening scores remained above the Press Ganey mean for the majority of units (21 out of 33 units) the majority of the time during the most recent eight quarters. As of the 3rd Quarter 2016, the Emergency Department at Gateway, Procedure Center, and the Anticoagulation Clinic consistently performed above the Press Ganey mean for all eight quarters.

**PAIN**

As of the third quarter 2016, Pain scores are below the Press Ganey mean for the majority of units (8 out of 25 units) during the most recent eight quarters. In order to exceed on this measure (above the mean), 13 out of the 25 inpatient and non-inpatient units need scores above the Press Ganey mean. Deaconess Cross Pointe Child and Adolescent Unit performed above the Press Ganey mean for all but one of the most recent quarters.
As of the 3rd quarter of 2016, Care Coordination scores remained above the Press Ganey mean for the majority of the units (19 out of 35 units) the majority of the most recent eight quarters. The Medical Surgical ICU at Gateway and the procedural areas, including GI Lab at Gateway, Procedure Center and Anticoagulation Clinic, performed above the Press Ganey mean for all eight quarters.

As of the third quarter 2016, Responsiveness scores remained above the Press Ganey mean for the majority of units (16 out of 24 units) the majority of the most recent eight quarters. Four units consistently performed above the mean for all eight quarters: Oncology Pulmonary Care Center, Gateway Neuroscience, Surgical Trauma Cardiovascular ICU (4800), and the Emergency Department at Deaconess Hospital.
PATIENT EDUCATION

As of the 3rd quarter 2016, Patient Education scores remained above the Press Ganey mean for the majority of the units (22 out of 36 units) the majority of the most recent eight quarters. Surgical Medical Care Center, Deaconess Cross Pointe Adult and Child/Adolescent units, and the Procedure Center all performed above the mean for seven out of the eight most recent quarters.

![Chart showing Patient Education scores for different units over time]

Alli, BSN, RN, and Sue, RN, infusion nurses at the Chancellor Center, reviewing a patient’s blood work before their treatment.
New Knowledge, Innovations and Improvement have transformed patient care provided at Deaconess during 2016, from initiation and completion of nursing research projects and evidence-based practice projects to the initiation of CHG bathing in the ICUs and the task forces in action around prevention of hospital-acquired infections. Deaconess has experienced significant growth and development across the organization throughout 2016.
NURSING INFORMATICS: BRIDGING THE GAP

Nursing Informatics had a productive year: 968 employees, students and providers trained in 2016! They also grew their team by adding two provider trainers: Abigail Terry, RN, CCRN, and Rachel Roy, BSN, RN, CCRN. They have specialized knowledge to focus on training, helping and troubleshooting for our Epic providers.

Morgan Gansman, RN, CEN, also joined the team as an ASAP trainer. She will focus on employees in the ED and help in their orientation. The team is excited for a more integrated focus on training and education.

There were some major Epic changes this year, including E-Prescribe, Code Narrator, and the Blood Product Administration Module. The RN informatics specialists relied on their bedside experience to provide education tailored to their users. They utilized rounding, e-learning, super-user classes, hands-on demos, bedside support, training exercises and more to ensure that these initiatives were a success.

RN Informatics worked hard over the past year to integrate classroom teaching with Epic documentation and hands-on patient care. In new nurse orientation, new employees now learn about Deaconess policies, become competent with our equipment, and then practice charting in Epic.

Critical care class now includes documentation practice on simulated patients and helpful Epic guidelines for those new to the ICU setting. And with our new on-unit day, the basic RN Epic curriculum is taken a step further by learning to document on a real patient.

We look forward to whatever new challenges the future will bring. But one thing we know for sure, we will continue to bridge the gap between patient care and I.T.!
The Protestant Deaconess Association was founded in 1892 by a group of ministers and laymen who felt called to care for the sick. Using the “Deaconess” model of care, women trained in the spiritual, intellectual and technical aspects of nursing were brought to Evansville to work in the brand new Protestant Deaconess Nursing Home and Hospital. Throughout 2017, Deaconess will celebrate 125 years of dedicated, compassionate and innovative care with exciting events each month.
Practice Models
Leadership Chart
Structural Empowerment
Exemplary Professional Practice
New Knowledge, Innovations & Improvements

1960s-1970s

1960
Deaconess Auxiliary is formed.

1961
Deaconess establishes the first hospital-based mental health care unit in the region.

The School of Radiologic Technology opens.

1965
The School of Inhalation Therapy (now known as Respiratory Therapy) is established.

1966
The Coronary Intensive Care Unit opens, paving the way for Deaconess’ leadership in heart care.

1970
Deaconess receives national recognition for being the third hospital in the U.S. to install a hospital computer system, the Medical Information Processing System.

A new five-story East Wing addition opens increasing patient accommodations to 580 beds.

1972
Deaconess Hospital Foundation was established.

1974
Deaconess opens the first Cancer Care Center in Evansville.

1975
A 5-year Family Residency Program is approved.

1980s-1990s

1980
The faculty and student of the School of Nursing start their school year in the new Health and Sciences Building.

1984
The first hospital-related parking garage in the city opens on Harrison Street.

1988
Independence Hall opens.

This facility was designed to help patients relearn the skills of daily living.

1989
Deaconess Resource Center for Health and Aging begins.

1990
The Deaconess School of Nursing graduates a total of 2,050 nurses.

1994
Iowa Street closed to allow for further hospital expansion.

1995
The pharmacy robot is installed at a cost of $44,000.

1997
Deaconess sends teams and supplies to Annoto Bay Hospital in Jamaica.

1999
Deaconess sends teams and supplies to Annoto Bay Hospital in Jamaica.

The LifeQuest Program launches. It involves programs that benefit the community.

2000s-2010s

2000
Deaconess Hospital is named among the top 100 cardiovascular hospitals in the nation, as well as one of the top 100 orthopedic service providers.

2001
Deaconess Women’s Hospital opens.

2008
Deaconess merges its medical group with Westerlind Clinic to create Deaconess Clinic.

A surgery robot known as the “Dart” is purchased to assist surgeons with complex and delicate procedures. The amount of minimally invasive surgeries is on the rise.

2009
The first Deaconess Facebook post goes up.

2010
Deaconess Hospital becomes an affiliate of the MD Anderson Cancer Network.

Work on the new Ortho Neuro Hospital begins.

2017
The Linda E. White Hospice Center opens, beginning with 7 patient beds and increasing to 14 beds over time.

For the past 30 years, Linda E. White has led the health system with grace and dignity. This year she retires as President and CEO.
DEACONESS CROSS POINTE

ADULT UNIT
Deaconess Cross Pointe has developed a Co-Occurring Treatment Program. Co-occurring disorders describe the presence of both a mental illness and a substance use disorder. People with co-occurring disorders often experience more severe and chronic medical, social and emotional problems than people experiencing a mental health condition or substance-use disorder alone. Because they have two disorders, they are vulnerable to both relapse and a worsening of the psychiatric disorder. Further, addiction relapse often leads to psychiatric distress, and worsening of psychiatric problems often leads to addiction relapse. Relapse prevention must be specifically designed for the unique needs of people with co-occurring disorders.

At-risk patients identified by the attending physician, social work team leader, or the nursing staff are provided intensive chemical dependence breakout groups. The unit has recently expanded from 7 to 14 beds to accommodate recent growth.

YOUTH UNIT
After consultation with the treatment team and administration, the nursing staff implemented a Wellness Exercise Group. This exercise group is offered every morning. A “Get Up-N-Go” binder was created. The binder offers a wide variety of structured activities using hoola hoops, tennis balls, traffic cones, frisbees, bean bags and topple ball. The benefits to exercise include an alternative to negative thinking, decrease in depression, and a decrease in anxiety.

Staff reports the patients are more alert and able to better focus in groups. Patients report improved mood and concentration after exercise, as well as improved sleep. Upon discharge, patients are encouraged to continue to exercise and are provided information on the benefits of exercise.
MAGNET REDESIGNATION

Our Magnet redesignation document was submitted for review in June 2017. We started the process of gathering and writing stories in May 2016 with a writing team concept of nine primary writers who were assigned five documents each. Jill Buttry, MSN, RN, CNS, patient care services director and Magnet recognition program director, and Ellen Wathen, PhD, RN-BC, Magnet recognition program coordinator and evidence-based practice and nursing research coordinator, compiled and developed the organization overview, certification document and the “big three” documents: nurse satisfaction, patient satisfaction and nurse-sensitive indicators. Jill, Ellen and Cherona served as editors of the document submissions from the writing team before they were sent to the Tipton Communications team for review and inclusion of our Web-based document. (Edith Hoehn, Linda Cason and Lois Welden assumed additional writing responsibility for Kristi Melton’s assignments when she resigned.)

Keep up the excellent work, and continue making the ordinary, extraordinary.

Jill Buttry, MSN, RN, CNS, patient care services director and Magnet recognition program director, and Ellen Wathen, PhD, RN-BC, Magnet recognition program coordinator and evidence-based practice and nursing research coordinator, compiled and developed the organization overview, certification document and the “big three” documents: nurse satisfaction, patient satisfaction and nurse-sensitive indicators. Jill, Ellen and Cherona served as editors of the document submissions from the writing team before they were sent to the Tipton Communications team for review and inclusion of our Web-based document. (Edith Hoehn, Linda Cason and Lois Welden assumed additional writing responsibility for Kristi Melton’s assignments when she resigned.)

Magnet Writers
Writing Period: May, 2016 - June, 2017

Deaconess Hospital, Inc.
Magnet 1st Redesignation June, 2017

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<tr>
<th>BATCH #</th>
<th>Jill Buttry</th>
<th>Linda Cason</th>
<th>Lori Royster</th>
<th>Cathy Seuell</th>
<th>Kintina Chapman</th>
<th>Lois Welden</th>
<th>Amber Powell</th>
<th>Patty Laird</th>
<th>Edith Hoehn</th>
<th>Libby Ketchem</th>
<th>Kristi Melton</th>
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- Interim monitoring report
- DDCT report
- Analyst interim call
- DDCT report
- Application submission
- Anticipated ANCC site visit for first Magnet redesignation: November 2017 – March 2018

Keep up the excellent work, and continue making the ordinary, extraordinary.
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4011 Gateway Boulevard, Newburgh, IN • 812-842-2000

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7200 E. Indiana Street, Evansville, IN • 812-476-7200

www.deaconess.com/nursing