PASSION MEETS PURPOSE

Mission Health Nursing
Where Passion Meets Purpose
As we work to achieve

Our BIG(GER) Aim

to get every person to their desired outcome, first without harm, also without waste and with an exceptional experience for each person, family and team member.

ABOUT MISSION HEALTH

Mission Health, based in Asheville, North Carolina, is the state’s sixth-largest health system and was recognized as one of the nation’s Top 15 Health Systems from 2012-2015 by Truven Health Analytics, formerly Thomson Reuters, becoming the only health system in North Carolina to achieve this recognition. Mission Health operates six hospitals, numerous outpatient and surgery centers, post-acute care provider CarePartners, long-term acute care provider Asheville Specialty Hospital, and the region’s only dedicated Level II trauma center. With approximately 12,000 team members and 2,000 volunteers, Mission Health is dedicated to improving the health and wellness of the people of western North Carolina. For more information, please visit mission-health.org or @MissionHealthNC.
A Message from
Kathleen Culhane Guyette, MSN, RN, NEA-BC

Dear Friends and Colleagues,

I am honored to present the 2016 Mission Health Nursing Annual Report. As I read the draft report, I was immensely proud of the knowledge and caring that defines Mission Health nursing. You’ll read examples that speak to who we are, what we do, how we do it and why. You’ll see why this year’s theme is “Where Passion Meets Purpose.”

The selected 2016 theme was submitted by Andrea “Ande” Malinowski, an RN on 8 North General Medicine. Ande brings passion to her work every day. When asked why she picked these words for this year’s theme, she said, “Passion is found in the smallest of places where your purpose is fulfilled. For me, nursing is that passion. To be able to hold someone’s hand as they are dying or comfort someone who is afraid of going to surgery is the very reason why I became a nurse. You can have purpose without passion, but you can’t have passion without also having purpose. And when passion and purpose intertwine and meet, that is Mission Health Nursing.”

Our commitment to the best outcomes and to the passion and caring that Ande spoke of are evident in the stories included here. You will see that we are guided by our Nursing Strategic Plan, which outlines the framework to provide an exceptional experience for our patients, their families and our team members.

Multiple nursing initiatives improved care in the inpatient, clinic, home health and community settings. Our nurses standardized the colors of uniforms worn across Mission Health by nurses and certified nursing assistants, so our patients and their families can easily identify who is taking care of them. One emergency department team improved communication and collaboration by focusing on each team members’ strengths identified through assessments completed in the StandOut performance management program.

One rural hospital attained the Advanced Disease-Specific Care Certification for Acute Stroke Ready Hospital, which recognizes hospitals equipped to treat stroke patients with timely, evidence-based care. Our home health team designed a Primary Case Management Model to promote wellness, independence and more effective care delivery. Nurses at our flagship hospital implemented a computer sepsis screening tool plus an electronic early warning system to identify deterioration trends in the patient’s condition—both designed to improve patient outcomes.

In the Accolades section, you will see the multitude of nursing professional achievements, including 43 evidence-based practice projects, 41 poster presentations, 31 podium presentations, 11 journal publications and 18 nursing research studies.

My most sincere appreciation goes to the ever-present Mission Health nursing staff, who are dedicated to providing compassionate and evidence-based clinical care. Thank you for the thousands of connections you make each day that are not captured in a report, but shared only among you, your patients and their families and your team members.

With warm regards,

Kathleen Culhane Guyette, MSN, RN, NEA-BC
Senior Vice President of Patient Care Services and President, Regional Member Hospitals
Mission Health
A Message from
Ronald A. Paulus, MD

Dear Mission Health Team Members and Community Members,

The care our patients and families receive at Mission Health is very special. I know this because I see it myself, but also because I’m told frequently via letters, emails and personal conversations. Some people flag me down at the movie theatre, at the gas pump or in a restaurant just to let me know about the personal connections they made with their nurses and other team members. They tell me how they felt that they were the only patient in the world when their nurse was in the room.

Our amazing nurses who provide this incredible care are highlighted in this report. Some of their 2016 projects and improvements give you a glimpse into the dedication and passion our nurses exhibit in every aspect of their work. Just one example: implementing new iRounding via an electronic touchpad so that clinical nurse leaders can evaluate patients’ needs and desires about their care in real-time.

By providing community health screenings, sharing information about critical community health resources and so many other actions show the community how much our nurses care. Flu shots, blood pressure checks and links to substance abuse treatment and prevention and dealing with stress, are equally valuable links to improving the health of the citizens of western North Carolina whom we are so proud to serve.

Across the region, Mission Health nurses are collaborating with nurse practitioners and physician’s assistants to decrease wait times, expedite treatment and reduce or eliminate patients who leave without being seen. Our nurses at Mission Hospital are collaborating on a ground-breaking program that allows opioid-addicted newborns to detox at home, rather than in the NICU.

I am delighted to share these and so many other nursing achievements with you in Mission Health’s 2016 Nursing Annual Report. Please join me in celebrating all that has been accomplished and all that is to come as we continue to inspire our patients and community to Be Well, Get Well and Stay Well.

As an unknown person once said: nurses may not be Angels, but they are the next closest thing.

With great respect and admiration,

Ronald A. Paulus, MD
President and CEO
Mission Health
Mission Health
Chief Nursing Officer Leaders

Karen Olsen, MBA, BSN, RN, NE-BC
Vice President and Chief Nursing Officer
Mission Hospital

Becky Carter, MSN, RN, FACHE
President and Chief Nursing Officer
Blue Ridge Regional Hospital

Kathy S. Hefner, MSN, RN, NE-BC
Chief Nursing Officer
McDowell Hospital

Michelle Pilon, MS, RN, NE-BC
President and Chief Nursing Officer
Transylvania Regional Hospital

Cathleen Adams, MBA, BSN, RN, CHPCA
Chief Nursing Officer
CarePartners

Karen S. Gorby, MSN, MBA, RN, CENP, FACHE
President and Chief Nursing Officer
Angel Medical Center

Christina DeRosa, PhD, MSM, RN, FACHE
Interim President and Chief Nursing Officer
Highlands-Cashiers Hospital
The Nursing Strategic Plan of Mission Health guides the focus of all our nurses in their work to provide quality excellent patient and family care and to further their own professional development in an environment that fosters exceptional outcomes for each person, family and team member.

1. System collaboration for standardization of consistent professional practices, standards and outcomes
2. Establish systemwide Mission Health nursing mission, vision and values statements
3. Share the joy of the work we love and the profession we chose; appreciate each other; attitude of gratitude
4. Active clinical ladder at all member hospitals for clinical staff
5. Career progression and advancement (moving into the profession and within nursing)
6. System nursing professional development model
7. Developing a Nursing Leadership Development Program focused on outcomes of care
8. Design and implement a plan to increase the number of BSN nurses
9. Design and implement a plan to increase the number of certified RNs
10. Redesign and implement an RN New Graduate Residency Program
11. Examine nursing care delivery models and establish a system patient- and family-centered care model
12. Align standards of care impacting nursing practice with practice act, regulatory, sentinel alerts, accreditation, certification and designations
13. Provide current best nursing practice tools and resources for decision making
14. Integrate a standardized system approach to patient- and family-education tools and processes
15. Design a model for nursing staffing approach and communication
16. Develop a regional float pool
17. Expand telehealth services for nursing consultation
18. Collaborative implementation and roll out of Care Process Models (CPMs)
19. Design a nursing quality model that supports nursing ownership of quality care outcomes for their assigned patient
20. Nurses create a welcoming, comforting and safe environment for the patient- and family-centered experience
21. Implement advances in technology (equipment, electronic solutions, digital tools)
22. Design an evidence-based practice and research model
23. Redesign of system shared decision making structure/ process and outcomes
24. Define the system practice change process (from idea to implementation to evaluation)
25. Reevaluate professional practice model
26. Select a nursing theory(ies) that undergirds the patient care delivery model and aligns with the nursing professional practice model
27. Nurses create and sustain a work environment that attracts and retains nurses
28. Communicate a professional image of Mission Health nurses in multimedia outlets
Leadership

regional huddle
care
communication
support
team
professional
leader
direct
quality
visible
manage
interprofessional
advocacy
interprofessional
visible
manage
interprofessional
advocacy
optimal
collaborate
In 2016, under the direction of CJ Merrill, MSN, RN, CPXP, NEA-BC, CPHQ, Patient Experience Officer, Service Excellence, nursing leaders incorporated plans for an electronic structure to evaluate patient experience in real-time. Nursing directors, managers and nursing unit supervisors will round on a scheduled timetable on their respective units, using their electronic pad to record the perspectives of patients about their nursing care.

The focus is assessment of the quality and consistency of experience with an emphasis on purposeful rounding, bedside shift report and communication about the plan of care. The face-to-face conversations reveal areas of excellent care and opportunities to improve identified issues. Leaders learned details about the process in preparation for Go-Live in early 2017 on eight nursing units at Mission Hospital. Two additional roll-out phases are scheduled to include implementation across all Mission Health hospitals by August 2017.

Following are comments obtained from a patient and his wife during a trial iRound conversation: “This has been a great experience. I could have gone to [another facility for] my surgery but came to Mission and I am so pleased with my stay.” His wife said, “Everyone has been great. When I walk the halls and seem lost, doctors and housekeeping staff stop and offer assistance; that is impressive.”
Uniforms and Professional Image
– Mission Health

During an office or hospital visit, have you ever wondered about the role of the person who is taking your vital signs, a blood sample or giving you medications? The starched white uniforms and the nurses’ caps of days long gone made it easy to identify a nurse then – but today is a different story, and it’s very easy to confuse roles simply based on what healthcare staff wear.

A team of bedside nurses and nurse leaders from each of the seven member hospitals came together in May 2016 to begin discussions about professional image standards for team members who work in patient-care areas. The goal was to help patients, families and community members readily identify the Mission nurse regardless of the facility.

Once the decision was made by the nursing team to move forward with the plan, leaders from other teams adopted the proposal to support consistency of image across the system. The initiative promotes cohesiveness between facilities, demonstrates our commitment to our patients and the community, and reflects best practice in professional image. Additionally, clarifying roles promotes a safer environment contributing to a positive Mission experience for our patients and each other.

All nursing areas implemented the new standards effective December 31, 2016. Registered nurses wear navy blue bottoms and solid white tops or all white and are easily distinguished from other care team roles. Recognizing the financial impact to our team members, Mission provided a stipend to assist in covering the cost of one new set of scrubs.

The members of the team:
- Tonya Bristle, BSN, RN, Medical-Surgical Unit, Blue Ridge Regional Hospital
- Jessica Brooks, BSN, RN, Highlands-Cashiers Hospital
- Chastity Fender, BSN, RN, Cath Lab Recovery, Mission Hospital
- Adam King, BSN, RN, CCRN, Nurse Supervisor, Coli Critical Care, Mission Hospital
- Kathleen McGowan, RN, Neurotrauma ICU, Mission Hospital
- Christie Merrill, BSN, RN, CCRN, Critical Care Coordinator, Mission Hospital
- Elizabeth Nealon, JD, Consultant, Center for Leadership and Professional Development
- Susan Parille, Regional Director Human Resources, Mission Health
- Carrie Robinson, RN, Medical-Surgical Unit/ICU, McDowell Hospital
- Cara Smith, BSN, RN, CEN, Angel Medical Center
- Jackie Ring, MHA, MBA, RN, NEA-BC, FACHE, President and CNO, Highlands-Cashiers Hospital
- Cathy Landis, MN, RN, President and CNO, Transylvania Regional Hospital

“It was a great opportunity to work with clinical nurses and leaders across the system to redefine and reinforce the professional image standards for nursing at Mission Health. We worked diligently to come to a consensus among all clinical nurses about the new standards and expectations so that there is consistency across the system. It was truly a pleasure to collaborate with colleagues from the regional entities and Mission Hospital.” Adam King, BSN, RN, CCRN
Getting a Jump on the Day – Leadership Huddles – Transylvania Regional Hospital

Jumping into a fast-paced day prepared with information can build teamwork, meet anticipated patient, family and team member needs, and provide solutions to identified or potential issues. After compiling input from key leaders about needs related to patient and staff issues and reviewing the evidence for meaningful huddles, the leadership team at Transylvania Regional Hospital established daily morning huddles early in 2016.

Each brief huddle lasts 15 minutes or less and includes team leaders from various service areas who come together in a collaborative environment. Participants include nurse managers, the president and chief nursing officer, house supervisors and leaders from areas, such as maintenance, housekeeping, food and nutrition, medical records, quality and safety, radiology, lab, finance, pharmacy, care management, registration, human resources, Mission Medical Associates, materials management, philanthropy and information technology.

The noticeable benefits of this project have been:

- helping to build relationships
- fostering awareness and understanding the work of others
- increasing patient safety by sharing daily needs and potential issues
- creating a space to recognize staff on a daily basis
- allowing information sharing

“The morning leadership huddle gives a moment for all of us to be face to face to start the day. It maintains relationships and helps with problem-solving in real time. It keeps all departments aware of challenges the whole house may be facing, which in turn makes everything run more efficiently.” Christie Merrill, BSN, RN, CCRN, Interim Manager, Acute Care Services

“Huddle is a great way to start the day with information on the current house situation and then meet with anyone you need to talk to before the day is in full swing.” Christina Miller, RN, Quality and Safety Manager

Nursing Strategic Plan #13

Provide current best nursing practice tools and resources for decision making
Regional Staffing Pool
– Mission Health

As Mission Health expands its area of service for the residents of western North Carolina through integration of the seven hospitals around the region, creative staffing ideas are generated to meet the demand for well-trained and flexible RN’s.

In December 2015, Kathy Hefner, MSN, RN, NE-BC, the Chief Nursing Officer at McDowell Hospital, led a systemwide team of frontline nurses, nurse leaders and Human Resource partners to develop a regional staffing pool for RNs. The group developed a charter and started out with a broad scope including acute care, emergency department, surgery and obstetrics. After researching other staffing pool models, the group narrowed the focus to acute care. Discussions about incentives, pay, work schedules and differences in equipment among facilities were some of the key topics. One of the biggest challenges was figuring out how to centrally decide where and how to assign the nurses when there were multiple needs.

By August 2016, the team had finalized a regional staffing pool guideline and role description, and a shared drive was created. This allowed leaders from all entities to view schedules. After leaders from each hospital interviewed candidates, the first RN started on August 21, 2016.

“I am most proud of the teamwork across the hospitals. The regional staffing pool provided a process to support our teams during planned or unplanned absences or unexpected census surges.” Kathy Hefner, MSN, RN, NE-BC

“Having this added resource has been tremendous for our team. Our pool mate is flexible and has been a quick learner. She likes the variety of patients and hospitals and our team loves her!” Valorie Frye, BSN, RN, MAOM, NE-BC

Development Team Members:
- Kathy Hefner, MSN, RN, NE-BC, Chief Nursing Officer, McDowell Hospital
- Valorie Frye, MAOM, BSN, RN, NE-BC, Acute Care Services, McDowell Hospital
- Laurie Zone-Smith, PhD, RN, NE-BC, Executive Director, Nursing Practice, Research and Education, Mission Health
- Karen Ensley, HR Strategic Business Partner, Mission Health
- Susan Stevens, HR Strategic Business Partner, Mission Health
- Teresa Neill, RN, Administrative Manager Clinical Operations, Blue Ridge Regional Hospital
- Ameran Tooley, BSN, RN, Analyst, Stroke Data, Mission Health
- Carrie Edgison, MSN, MHA, CCRN, NE-BC, Executive Director Critical Care, Mission Hospital
- Jamie Potter, BSN, RN, Nurse Educator, Blue Ridge Regional Hospital
- Suzanna Berryhill, RN, Clinical Supervisor, McDowell Internal Medicine, McDowell Hospital
- Denise Self, BSN, RN, Manager, Women’s Unit, Blue Ridge Regional Hospital
- Debbie Krueger, MSN, RN, NE-BC, CHTP, Director Nursing Practice, Education and Research, Mission Health

Nursing Strategic Plan #16

Develop a regional float pool
Empowerment

development
multidirectional
facilitates
community
goals improvement
opportunities
outreach
decision-making
strengths
expertise
participation
partnership
contributions
engagement
Ambulatory Nursing Community Engagement
- Blue Ridge Regional Hospital

Connecting community members to services beyond hospital care is an important part of the clinical supervisors’ work in ambulatory clinics. Vicki Tolley-Chapman, BSN, RN, Clinical Supervisor, Mission Community Primary Care at Blue Ridge Regional Hospital, and Jenny Branton, BSN, RN, Clinical Supervisor, Blue Ridge Medical Center-Yancey Campus, are engaged in population health cooperative initiatives, which improve care and communication in the community.

Tolley-Chapman serves on the Mitchell-Yancey Substance Abuse Task Force, a group that focuses on drug-abuse trends in western North Carolina with an emphasis on the youth population from grades six through twelve. Branton is a member of the Healthy Yancey Coalition, a partnership of concerned citizens working together to improve the quality of health in Yancey County.

The two clinical supervisors participate within the community to help identify needs and distribute information about resources. They provide flyers and updates to their respective staff members, healthcare providers and community members who receive treatment at the clinics. The clinics’ teams help spread the word about the following resources:

- Drug Drop Boxes—collection points for unused or outdated prescription medicine to prevent intentional or accidental ingestion/overdose
- Flyers that explain how to prevent children from abusing family medication by properly securing the medicines where children cannot access
- Drug Free Communities Support Program, which focuses on the prevention of youth substance use, including prescription drugs, marijuana, tobacco and alcohol
- Community health improvement events sponsored by the Health Yancey Coalition
- Summer Resource Guide for children and families, listing free or low-cost activities
- Stress: Friend or Foe—a free eight-week program offering simple practices to deal with stress
- Resource Guide for Mitchell and Yancey counties—includes listings for mental health crisis lines, substance use treatment providers and agencies, youth and adolescent outpatient and residential programs/services, medication-assisted treatment centers, detox centers, criminal justice services, DWI providers, website resources, support groups, such as alcoholics anonymous, narcotics anonymous and Al-Anon

“It’s wonderful to see our ambulatory clinics partner with community members in a collaborative effort uniting us in the vision of vibrant communities of active, healthy children and families. Our mission is to reduce substance use in our two counties with a primary focus on reducing youth substance use.” Vicki Tolley-Chapman, BSN, RN

Nursing Strategic Plan
#11
Examine nursing care delivery models and establish system patient- and family- centered care model

Nursing Strategic Plan
#20
Nurses create a welcoming, comforting and safe environment for the patient- and family-centered experience
Community Health Screenings
- Highlands-Cashiers Hospital

Every fall, a group of employees from the Highlands-Cashiers Hospital gathers to offer health screenings, nutrition education and counseling, lab work, flu shots and more to the local community residents. The initiative also allows community members to meet employees from many different departments of the Highlands-Cashiers Hospital campus.

These health screenings were initiated in 2000 to help area residents monitor health, improve eating habits, increase exercise and identify possible health issues for early diagnosis. The 2016 screening was offered in two locations — one in Highlands at the hospital, the other in Cashiers at the library. Nurses and non-nurses alike participated in the event by giving flu shots, taking blood pressures, providing healthy snacks and nutrition brochures, setting up tables and much more.

Participants (left to right starting with bottom row):

- Hospital volunteer
- Christina DeRosa, PhD, MSM, RN, FACHE, Interim Chief Nursing Officer
- Nicole Cook, RD
- Sheraldean Norris, Medical Staff Services (Team lead)
- Amanda Jones, Patient Access Manager
- Anna Claire Ramey, BSN, RN, Care Manager and Employee Health Nurse
- Turner Anderson, Morrison’s, Dietary
- Kayla Lance, Medical Records
- Marion Macy, PT, Therapy Director
- Karen Hendricks, BSN, RN, Quality and Safety Manager
- Yvonne Coleman, Environmental Services Manager
- Terry Winn, Plant Operations, Facilities Manager
- Linda Dryman, RN, Outpatient Services Manager

“This is an amazing community outreach event that keeps the hospital involved and engaged with the community. I am most proud of the engagement from the staff to reach out to our local communities and provide these amazing services. The involvement and engagement keeps the community involved with the hospital and our services offered. The friendly faces and welcoming attitudes show the community the love we have for them and [our dedication in] providing excellent healthcare.” Anna Claire Ramey, BSN, RN, Highlands-Cashiers Hospital

Nursing Strategic Plan #14

Integrate a standardized system approach to patient- and family-education tools and processes
StandOut Strengths Improve Teamwork
- Transylvania Regional Hospital

To promote understanding of each other in the work environment, the emergency department’s team members at Transylvania Regional Hospital participated in posting their two top strengths along with their pictures on a large bulletin board. They derived their strengths through an online assessment, which is part of StandOut, the strengths-based approach to talent designed by The Marcus Buckingham Company. The new way to measure performance and promote growth was implemented across Mission Health in late 2015 and 2016.

Team members learn which two of nine roles best identify their talents and skills: teacher, equalizer, creator, provider, connector, stimulator, pioneer, advisor and influencer.

By increasing awareness of these roles, team members and supervisors of all levels become more accepting of each other’s capabilities and how they approach work.

The bulletin board display was located in an ED hallway near the nourishment station for about three months. It was visible to staff and any patient’s family members who went to get coffee. This generated lively conversation among staff members, as they discussed the similarities and differences of their colleagues. Family members commented about the smiling faces in the photos and asked about the strengths listed and the process to discover them.

“We wanted to engage staff more in StandOut and promote teamwork by showing strengths and differences. The positive interactions among staff increased the friendly spirit of working together and made our work environment better. Team leaders could better identify the right person to accomplish different work tasks. Everyone seems happier to be focusing on areas where they feel successful. This atmosphere impacts work flow, and patient and family satisfaction.” Alison Fore, BHA, RN, CEN, Interim Manager, Emergency Department

#20 Nursing Strategic Plan

Nurses create a welcoming, comforting and safe environment for the patient- and family-centered experience

Nursing Strategic Plan #27

Nurses create and sustain a work environment that attracts and retains nurses
Community Clinic Medication Safety
- McDowell Hospital

Stephanie Godfrey, RN, Clinical Supervisor, Community Medicine Old Fort, identified a patient safety opportunity and facilitated the reorganization of the clinic’s medicine cabinet to reduce confusion for the clinical staff and to increase safety for the patients. With the help of Clorissa Durkee, CMA, and Lisa Greene, CMA, she implemented a system to keep each medication in an individual drawer.

The medications were counted, and staff worked together to find small organization bins. Each drawer was labeled with the name of the medication and expiration date. High-alert and sound-alike medications were labeled with red alert stickers.

"The organized medication cabinet makes my job easier, and I am able to work faster. The expiration dates on the outside of the bin remind me to check the expiration dates and doses of the medications. It makes me more aware and helps prevent a medication error." Clorissa Durkee, CMA, CMOF

"This project helps the staff find medications easier and more efficiently. It also allows us to safely administer the correct medication to our patients with less room for error. This project has made a difference for our staff and our patients." Stephanie Godfrey, BSN, RN, Clinical Supervisor

Before

After
Professional Practice
Pain Management Closer to Home
- Angel Medical Center

In July 2016, the Mission Pain Management Center opened at Angel Medical Center to improve the quality of life for individuals in the community who experience acute and chronic pain.

The Mission Pain Management Center focuses on the diagnosis and management of pain. Clinical nurses, the practice care specialist and board certified healthcare providers care for the patients. The physicians’ backgrounds include specialty or fellowship training in anesthesiology, internal medicine and physical medicine.

The team’s multidisciplinary approach helps patients take an active role in managing their pain and regaining control of their life. Often medications alone are not enough to treat chronic pain. Other treatments may be more effective than medications, and medications may be more effective when combined with other modalities. The Mission Pain Management Center offers injections, nerve blocks, physical therapy, electrical stimulation, psychological support and counseling plus physiological support, such as biofeedback.

Pain Management Center Team:
- Patricia Foster, BSN, RN, Charge Nurse
- Nicole Ledford, BSN, RN
- Bobbie Jo Daughtery, Practice Care Specialist
- Edward Lewis, MD
- Travis Hecker, MD
- Lawrence Cull, PsyD
- Todd Lipphardt, PA

“Our patients have said that they like coming to Franklin for their care and enjoy the staff and environment of the clinic. When we began seeing patients, we discovered a lot of opportunities; we have developed work flows that benefit the patients, providers and staff.” Patricia Foster, BSN, RN

Nursing Strategic Plan #11

Examine nursing care delivery models and establish system patient- and family-centered care model
Exceptional Stroke Care in a Rural Community
– Angel Medical Center

Immediately performing lifesaving care at any time of the day for people suffering from stroke is among the abilities that earned Angel Medical Center a national certification. The medical center garnered the Advanced Disease-Specific Care Certification for Acute Stroke Ready Hospital from The Joint Commission and the American Heart Association/American Stroke Association in June 2016. The certification recognizes hospitals equipped to treat stroke patients with timely, evidence-based care prior to transferring them to a primary or comprehensive stroke center.

Angel Medical Center underwent a rigorous on-site review to assess its compliance with The Joint Commission’s Advanced Disease-Specific Care certification requirements, including:

- A dedicated stroke-focused program
- Staffing by qualified medical professionals trained in stroke care
- Collaboration with local emergency management agencies
- 24/7 ability to perform rapid diagnostic and laboratory testing
- Ability to administer intravenous clot-busting medications to eligible patients
- Availability of telemedicine technology

The certification was achieved through extensive interprofessional collaboration among team members from Angel Medical Center nursing, rehabilitation, laboratory, radiology, pharmacy, quality and education, plus community volunteers, Macon County Emergency Services, and Mission Health Stroke team members, accreditation and administration.

CT Interpreted within 45 Minutes

Team members at Angel Medical Center use best-practice guidelines set forth by the American Stroke Association and transport patients directly from the EMS stretcher to the CT table to improve lifesaving time intervals from hospital door to CT and interpretation.

Nursing Strategic Plan #12

Align standards of care impacting nursing practice with practice act, regulatory, sentinel alerts, accreditation, certification and designations
Redesign: Home Health Case Management Model

CarePartners’ Home Health offices serve patients in large areas around Asheville, Hendersonville and Waynesville. On September 18, 2016, the Home Health team rolled out a Primary Case Management Model to help patients achieve their highest level of wellness and independence and facilitate more effective delivery of care.

Preparation for the new approach included nearly 17 months of planning and educating clinicians. Implementing the program brought numerous changes, including creation of new geographic territories and creation of the Primary Case Manager role with one in each territory identified as the “owner” of all patients within the territory. The Admission Nurse role was eliminated with subsequent training given to all full-time nurses in Primary Case Manager Roles to admit their own patients. Interdisciplinary case conferences were implemented on all patients and interfacing begun with Mission Health Partners case managers to identify shared patients and coordinate care. Certain report tools (“metrics to manage by”) were initiated to monitor and evaluate caseload numbers, percentage of visits seen by the Primary Case Manager, productivity of visit staff, patient outcomes, hospital readmissions and emergency department visits without admission.

The redesigned model improves continuity of care and allows better tracking of patient outcomes, which is linked to reimbursement. North Carolina is a pilot state for Home Health Value Based Purchasing. Reimbursement is based largely on improved patient outcomes, such as management of oral meds, improvement in pain interfering with activity and improved ambulation/locomotion. Having one primary case manager to oversee the plan of care and complete the assessment, recertification and discharge documentation helps to ensure the data being used to determine our performance is accurately capturing the patient’s status. Being successful under value-based purchasing will help ensure the sustainability of our home health agency to serve the needs of the community.

Nursing Strategic Plan #11

Examine nursing care delivery models and establish system patient- and family-centered care model
“I feel the continuity of care has greatly increased for my patients. I look forward to seeing how our outcomes are improving since it is the same staff seeing patients. We really know how they are doing, and we see their progress weekly. We have the autonomy now to assign the visits as we see the needs daily.” Janet Kuykendall, RN, Primary Case Manager RN, Hendersonville

CarePartners Home Health leaders involved in case management redesign:
- Kimberly Adelman, PhD, FACHE, Executive Director, Home Health and Hospice
- Lori Ellison, BSN, RN-C Director, Home Health Clinical Practice
- Carolyn Richardson, PT, Director, Home Health Operations, Asheville
- Joette Santora, MSW, Director, Home Health Operations, Hendersonville and Waynesville
- Kim Lasure, RN, Manager, Home Health Clinical Team (Asheville Central)
- Brenda Smith, MSN, RN, Manager, Home Health Clinical Team (Asheville West)
- Ann Clark, RN, Manager, Home Health Clinical Team (Asheville East)
- Melissa Roland, RN, Manager, Home Health Clinical Team (Asheville Northeast)
- Wayne Allison, MBA, BSN, RN, Manager, Home Health Clinical Team (weekends)
- Jennifer McCarson, RN, Manager, Home Health Clinical Team (Hendersonville)
- Susan Parham, RN, Manager, Home Health Clinical Team (Waynesville)
- Terri Rogers, Supervisor, Home Health Scheduling

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<td>3 Stars</td>
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<td>94%</td>
<td>89%</td>
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<td>89%</td>
<td>86%</td>
<td>88%</td>
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<td>88%</td>
<td>82%</td>
<td>85%</td>
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<td><strong>How do patients rate the overall care from the home health agency</strong></td>
<td>92%</td>
<td>84%</td>
<td>86%</td>
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<td>90%</td>
<td>79%</td>
<td>82%</td>
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Provider at Triage Makes a Difference in ED
- McDowell Hospital

The emergency department (ED) team at McDowell Hospital identified a problem common to many ED’s across the country — patients who leave without being seen by a licensed healthcare provider (LWBS).

Angie Pettus, BSN, RN, CEN, Nurse Manager, ED, led a group of frontline nurses, nursing leadership and performance improvement staff starting in March 2016. They mapped out the current state and discussed options for success and the reasons for past challenges, and then presented their ideas to the ED Throughput Committee; data analysis followed. In the fiscal year 2015, 831 patients left without being seen (3.89 percent); 79 percent of those patients left between 12 noon and 10 pm. Three themes of opportunity were identified: patient satisfaction, safety and financial concerns.

Based on the findings, a “Quick Registration” process was implemented in April 2016. The next month, ancillary treatment rooms were initiated and nursing coverage was modified to accommodate peak volume hours. An RN was stationed in a prominent place in the registration area to provide a “Nurse First” approach to care. The most significant change implemented, which showed immediate results, was the Provider at Triage—an advanced practitioner now evaluates the patient in conjunction with the triage nurse.

These interventions influenced patients to remain in the ED for treatment resulting in a significant reduction of those who left without treatment. In 2015, there were 831 patients who left without treatment. After the improved process was implemented in 2016, only 394 left without treatment.

Process Team Members:
- McDowell Hospital ED nurses, patient care technicians, health unit coordinators and sitters
- Angie Pettus, BSN, RN, CEN, Manager – ED, McDowell Hospital
- Rick Lee, MSN, RN, Executive Director Emergency Services, Mission Health
- Glenn Seils, Quality Improvement Advisor, Mission Health

"Most people just want to be seen and treated; they generally don’t want to stay. Placing the advanced provider in triage facilitates patients being seen faster. They are less likely to leave without treatment. It’s a win for everyone." Barry Mingle, RN

Nursing Strategic Plan

Examine nursing care delivery models and establish system patient- and family-centered care model

#11

Left Without Being Seen (LWBS)
Team-Based Care Units (TBCUs) – Mission Hospital

Inspiration comes in many forms. Jill Hoggard-Green, PhD, RN, Chief Operating Officer, Mission Health, and President, Mission Hospital, and a team of nursing leaders found their inspiration while attending one particular session of the 2015 American Organization of Nurse Executives conference. The session entitled Accountable Care Units embraced the concept of bringing nurses, physicians and care managers to one common table to own patient-care delivery on their home nursing-care units. Upon returning from the conference, the group shared the concept with members of Mission Health’s nursing leadership. A team was assembled to begin the process design for the roll out of Team-Based Care Units (TBCUs) at Mission Hospital.

Key units and leaders were identified to support the triad approach (nurse, physician and care manager) to team-based care. The following units led the way in naming nurse managers and care managers to serve as TBCU leads: 6 North Pulmonary Medicine, 8 North General Medicine and 9 North Adult Medical-Surgical telemetry unit. Following the recruitment of the physician TBCU leads, the team partnered with Mission’s Center for Leadership & Professional Development to work on team building exercises. The teams working with leadership and Performance Improvement to design the structure, standard work and goals for the new TBCUs.

Areas of focus:
- Working together as multidisciplinary team
- Owning and improving unit outcomes
- Enhancing communication
- Creating standard work to drive consistent outcomes
- Purposeful rounding to improve the patient experience
- Development and implementation of the TBCU Huddle Boards to identify key work for staff

Results of the team-based approach:
- Relationship building
- Alignment of multidisciplinary care processes
- Improved outcomes and experience for patients, their partners in care and staff
- Equal voice of nurses, physicians, care managers and other care team members in identifying opportunities and solutions

Team Members:
- Karen Olsen, MBA, BSN, RN, NE-BC, Vice President and Chief Nursing Officer, Mission Hospital
- Angie Fletcher, Vice President of Clinical Programs/Acute Medicine
- Jeff Moreadith, MD, Chief of Acute Medicine
- Linda Anderson, MSN, RN, NE-BC, Director, Adult Medicine Service Line
- Ti Austin, MSN, RN,CNML, CNN, Team Leader, Nursing Support Services
- Zach Clement, MSN, RN, NE-BC, Manager, Nursing Quality
- Susan Hester, RN, Care Manager II
- Dawn Burgard, Director, Performance Improvement
- Jason Povio, Quality Improvement Advisor II
- David Robbins, Quality Improvement Advisor II

Nursing Strategic Plan

Examine nursing care delivery models and establish system patient- and family-centered care model
Yellow Sashes Promote Medication Mindfulness
- Mission Hospital

You may have noticed nurses wearing yellow sashes throughout Mission Hospital. As part of Mission Health’s commitment to creating a healing environment, care teams implemented an evidence-based best practice to promote patient safety. In 2016, the Respect the Sash initiative, featuring nurses in a yellow sash, started at Mission Hospital with plans to expand to Mission Health regional locations. The goal is to create a distraction-free environment during important care processes like medication administration.

Medications are prescribed as an important part of a patient’s healing journey. Literature and pilot data shows that by decreasing interruptions during a medication pass, the incidence and severity of medication errors are also decreased.

In November 2014, an interdisciplinary team reviewed the literature using DMAIC methodology (Define, Measure, Analyze, Improve and Control). The process was piloted on 9 North Adult Medical-Surgical telemetry unit, and hospital wide implementation was completed in May 2016.

Why an interruption-free environment is important:

A small or quick interruption is more significant than it may seem. Studies have shown:

- A single interruption increased the risk of an error occurring in patient care by 12-13 percent
- 33 percent of interruptions delayed the original task
- 25 percent of interruptions resulted in loss of concentration or focus, increasing the risk of error

Here’s how it works:

- Nurses wear a yellow sash to indicate they are administering patient medications and should not be interrupted.
- Designated medication administration hours are 8-10 am and 8-10 pm with adjustments made on some units.
- Quiet zones for medication administration may be implemented around Pyxis machines.
- In the event of an emergency, nursing personnel are notified immediately, and the medication administration process may be halted if necessary.

“Pyxis safe zones are a great reminder to focus on the importance of what we are doing when pulling meds, because lives are at stake.” Arthur Hunt, RN
Team Members:
- Arthur Hunt, RN, 9 North Cardiac Stepdown
- Brandy Whitson, RN, Nursing Unit Supervisor, 9 North Cardiac Stepdown
- Carey Estes, MSN, RN, CPPS, Manager, Nursing Quality
- Carlin Smith, MSN, RN, PCCN, Nursing Professional Development Educator
- Elizabeth Boone, MSN, RN, Nursing Unit Supervisor, 8 North General Medicine
- Ellen Ferguson, BSN, RN, PCCN, 9 North Cardiac Stepdown
- Frank Alagna, MSN, RN, CCRN, CSC, Manager, Nursing Professional Development
- Karen Olsen, MBA, BSN, RN, NE-BC, Vice President and Chief Nursing Officer, Mission Hospital
- Linda Anderson, MSN, RN, NE-BC, Director, Adult Medicine Service Line
- Katie Cheatham, BSN, RN, PCCN, Nursing Unit Supervisor, 9 North Cardiac Stepdown
- Kristi Derrick, BSN, RN, PCCN, Staffing Pool
- Leah Silver, BSN, RN, PCCN, Nursing Unit Supervisor, 9 North Cardiac Stepdown
- Mary Mills, RN, Nursing Unit Supervisor, 9 North Cardiac Stepdown
- Mary Teague, MSN, RN, PCCN, Manager, 8 North General Medicine
- Megan Driver, RN, 9 North Cardiac Stepdown
- Samantha Mull, PCT 1
- Samantha Read-Smith, MD, Hospitalist, Mission Medical Associates
- Stephanie Arrington, BSN, RN, PCCN, Nursing Unit Supervisor, 9 North Cardiac Stepdown
- Valerie Garrett, MD, Hospitalist, Mission Medical Associates
- Zach Clement, MSN, RN, NE-BC, Manager, Nursing Quality


Nursing Strategic Plan

Align standards of care impacting nursing practice with practice act, regulatory, sentinel alerts, accreditation, certification and designations
In an effort to standardize cardiac monitoring throughout the region, Mission Health partnered with General Electric to provide the latest technology. Upon completion, this initiative will result in the replacement of all cardiac monitors and telemetry units in six Mission Health hospitals. Blue Ridge Regional Hospital (BRRH) was the first of Mission Health’s facilities to roll-out the new GE monitors.

During two years of discussions and planning, Becky Carter, MSN, RN, FACHE, President and Chief Nursing Officer, BRRH, and Cora Small, BSN, RN, CCRN, Nursing Quality Manager, Critical Care Service Line, advocated for initial installation to occur at BRRH to replace monitors with minimal customization capability.

The General Electric cardiac monitors are interconnected and provide immediate availability of patient data. In addition to supporting all acuity volumes and aiding with intrafacility transfers, this capability improves safety, reduces patient wait times, reduces waste and allows departments to work together more efficiently. Extensive nurse education occurred in November 2016 and allowed smooth transition to the new monitors in December.

GE Monitoring Integration Team Members:
- Cora Small, BSN, RN, CCRN, Nursing Quality Manager, Critical Care Service Line
- Cynthia Wilson, BSN, RN, Manager Medical-Surgical and Coronary Care Unit
- Denise Self, BSN, RN, Manager OB, Outpatient, Cancer Care
- Jamie Potter, BSN, RN, Nursing Educator
- Jon Brown, Chief Information Officer, Executive Sponsor
- Karen Olson, MBA, BSN, RN, VP & CNO Mission Hospital, Executive Sponsor
- Linda Barr, MHA, RN, Manager, Surgical Services, SPD
- Megan McKinney, BSN, RN, Manager Emergency Department
- Teresa Neill, RN, Administrative Manager Clinical Operations

“Mission has given us the most fantastic Christmas present in the form of a new cardiac monitoring system. Six state-of-the-art General Electric Cardiac Monitors and eight Telemetry Packs were installed December 6th. This monitoring system allows nurses to identify cardiac rhythms and evaluate vital signs continuously. This helps ensure that we administer excellent care on a daily basis.” Cynthia Wilson, BSN, RN, Manager, Medical-Surgical and Coronary Care Unit

“The transition of changing monitors has been surprisingly easy. The monitors are easy to use and keep us very informed about patient conditions and any changes that may occur.” Amber Miller, RN, Emergency Department

Nursing Strategic Plan #21

Implement advances in technology (equipment, electronic solutions, digital tools)
Two-Way Radios Improve Patient Care

- CarePartners

In 2016, the nursing team of CarePartners Rehabilitation Hospital (CPRH) focused on improving patient call-light response time. Leadership discussions and a Lean event to eliminate waste and identify value-added work revealed the greatest barrier to be inefficient means of communication. Patient requests, time-sensitive issues or other important information was conveyed among the staff by going down the hall seeking out another team member.

A team of nurses and leaders explored several options to improve response times and patient satisfaction. They visited Transylvania Regional Hospital’s emergency department (ED), which has had great success is using secure two-way radios to meet communication needs. After talking with and observing TRH staff's utilization of the two-way devices, the CarePartners team determined the integration of similar technology would be a viable and cost-effective resolution.

After multiple trial runs of the two-way radios throughout the CarePartners campus, input from the charge nurses and nursing team led to the purchase of more than two dozen units with individual headsets. All staff members on every shift use these devices. After two weeks, the feedback from the nursing staff was overwhelmingly positive on the radios’ time-saving capabilities, the sense of security from remaining in contact with the rest of the team and the efficiency that came from being able to contact each other immediately.

Nursing Strategic Plan

Implement advances in technology (equipment, electronic solutions, digital tools)
Following the implementation of the technology, call-light response time surveys indicated a decreased response time. In addition to improving safety, the integration of two-way radio communication resulted in increased patient and family satisfaction. During the third quarter of 2016, CPRH scored in the 99th percentile nationally in Overall Quality of Care and Patient Satisfaction.

“At first I was skeptical about having another thing to carry with me, however efficiency and productivity has increased greatly among the CNA and nursing staff with the use of the walkie-talkies. Before we had to physically find people; now we can stay with our patients and not leave to get assistance. I absolutely feel safer having them. The bottom line is this is an open line of communication among all staff members including the charge nurses and supervisors on duty, and that is priceless among the nursing staff.” Shawn Kudrik, RN

Two-Way Radio Team:
- Cathleen Adams, MBA, RN, CHPCA, Chief Nursing Officer
- Mitzi Holmes, PT, Executive Director
- Cheryl LeCrann, RN, Director of Nursing
- Sabrina Lacerna, RN, CRRN
- Robert Credeur, BSN, RN, CRRN
- Glenn Seils, Quality Improvement Advisor
- Randy Reynolds, Communications Technology Coordinator
- CPRH Charge Nurse Team
- CPRH Nursing Team
Innovations in Care
MISSION HEALTH NURSING ANNUAL REPORT | 2016

Nurse Input in New ED Design
- Highlands-Cashiers Hospital

In emergency situations, having equipment and supplies readily available can make a difference in treating patients and improving their outcomes. Nurses are the first to recognize that location matters. For example, having suction and oxygen equipment within arm’s reach can help relieve respiratory difficulty faster.

Fortunately, the emergency department’s (ED) nursing team at Highlands-Cashiers Hospital (HCH) played an important role in the 2016 planning stages of the new emergency department to be completed in 2017. David Alldredge, RN, a member of the Regional ED Staffing Pool, was involved in the early phase of design for the overall layout of exam rooms, headwall set-up, bathroom locations and revisions to the team work areas.

Each of the six treatment rooms has a headwall, which includes oxygen, medical air, suction, additional outlets and wall-mounted computers. A mock room was set up in a storage room similar in size to the emergency department patient rooms. Nurses were invited to design the headwall in patient exam rooms, team stations and supply areas to maximize efficiency. Additionally, the patient rooms will be equipped with new cardiac monitors and bedside computer clinical documentation stations. The new ED will also include a large, state-of-the-art trauma room, a safe room to accommodate behavioral health patients, decontamination room for patients exposed to hazardous materials and a specially designed room for the care of sexual assault victims. Engaging the nursing staff and interdisciplinary team members in decisions regarding new construction is critical in efficient and effective patient care.

“I think the biggest decision [in designing the headwall] was placing the items on the right side where most nurses approached the patient.”

David Alldredge, RN, Regional ED Staffing Pool

Nursing Strategic Plan

Nurses create a welcoming, comforting and safe environment for the patient- and family-centered experience
Inpatient Sepsis Screening: 9N Pilot
– Mission Hospital

A multidisciplinary team of clinicians and information technology specialists convened in September 2016 to develop and trial an active sepsis screening tool for patients on the inpatient units. They gathered key stakeholders for the dynamic form build, educated the staff on 9 North Cardiac Stepdown including physicians, tested and revised the sepsis screening tool based on clinical nurse feedback and developed a report for measuring compliance metrics.

The goal of this project is to have 80 percent of patients screened within 2 hours of the task-due time in the electronic medical record. The screening tool is intended to facilitate early identification of sepsis to improve patient outcomes and hopefully prevent deterioration in condition. Factors such as vital signs, lab work, infectious diagnoses, current antibiotic therapy and symptoms of infection such as weakness, fever or chills are evaluated to determine the patient’s risk for sepsis.

This information is monitored and updated daily in the “Without Harm” column of a huddle board on a common hallway visible to staff to increase awareness. Collection of data reports will begin in 2017.

The screening tool is based on the quick sepsis related organ failure assessment (qSOFA) criteria that was presented in Implementation of a Multicenter Performance Improvement Program for Early Detection and Treatment of Severe Sepsis in General Medical–Surgical Wards, Journal of Hospital Medicine, Vol 11, No S1, November 2016.

Team Members:
- Sabrina Mills, BSN, RN, Manager 9 North Cardiac Stepdown
- Heather Burns, MSN, RN, Nursing Informatics
- Michael Somers, Clinical Informatics Specialist
- Barry Cochran, Clinical Application Development
- Dawn Hand, Clinical Application Development
- James Bates, MD, Physician Lead, Asheville Hospitalists Group
- Deanna Huff, RN, Staff Nurse 9 North Cardiac Stepdown
- Savannah Williams, RN, Staff Nurse 9 North Cardiac Stepdown
- 9 North Cardiac Stepdown Nursing Unit Supervisor Team

Nursing Strategic Plan

Provide current best nursing practice tools and resources for decision making
Using the EMR to Detect Patient Deterioration
- Mission Hospital

Mission Hospital patient safety and quality leaders introduced the Nursing leadership and Critical Care Services to the Rothman Index in the summer of 2014. The Rothman Index/ PeraTrend™ system is an early-warning system in the electronic medical record (EMR) with the potential to improve patient outcomes, with earlier identification of acuity change, lending to additional time to intervene, thus impacting the patient’s course of care and treatment.

Over the next year, the Mission team including Nursing and Information Technology reviewed data and options for implementation for Mission Hospital and the Mission Health system. After determining a plan for FY16 for implementation, a go-live team began work on resources for the initial go-live in May 2016 for the Mission Care Coordination Center (MCCC) and Rapid Response Team RNs. Outcome data is pending implementation of a PeraAnalytics™ Dashboard for quality outcomes metrics.

Expected benefits of the PeraTrend™ system include:
- Applicable to all patient populations
- Fully integrated into the Cerner EHR platform
- Color-coded graphs to indicate current acuity, enhancing house-wide surveillance
- In-time graph updates without input of additional data in a separate platform
- Enhancement of care continuity and communication
- Clinical decision support on a house-wide level
- Maximize Rapid Response Team effectiveness
- Improving length of stay management capability

Team Members:
- Mary Jane Cline, MSN, RN, Team Leader, Patient Transport and Administrative Supervisor
- Carrie Edgison, MSN, RN, CCRN, NE-BC, Executive Director Nursing Operations and Critical Care Services, Mission Health
- John McLelland, MD, Hospitalist and Transformational Team Lead for Providers, Mission Hospital
- Cathy Grindstaff, RN, CCRN, Rapid Response Team, Mission Hospital
- Bill Owens, BSN, RN, CCRN, Rapid Response Team, Mission Hospital

Provide current best nursing practice tools and resources for decision making

Nursing Strategic Plan #13
Accolades

achievement, journals, recognition, commitment, career, development, posters, caregivers, podiums, certification, education, professional, pride, authors, exceptional, image
ANGEL MEDICAL CENTER
“Lyndie” Amanda Giles, RN, ICU, Western Carolina University
Donna Campbell, RN, CNOR, Surgery Services, North Georgia Technical College
Rosemary Skiner, MSN, RN, CMSRN, Medical-Surgical Unit, Southwestern Community College

BLUE RIDGE REGIONAL HOSPITAL
Wendy Allen, RN, Mother and Baby Unit, Obstetrics and Observation, Kemper New Life Center, Mayland Community College

CAREPARTNERS
Sharon Bigger, BSN, RN, RN-BC, CHPN, Hospice Homecare, Mars Hill University

HIGHLANDS-CASHIERS HOSPITAL
Heather Smith-Wacholz, MSN, RN, CCRN, CNRN, Dalton State College

MISSION HEALTH
Christine Conrad, BSN, RN, RNC-OB, Nursing Practice, Education and Research, Asheville-Buncombe Technical Community College
Deborah Krueger, MSN, RN, NE-BC, CHTP, Director, Nursing Professional Development and Magnet Program
Director, Nursing Practice, Education and Research, Chamberlain College of Nursing RN-BSN and University of Arkansas at Little Rock RN-BSN
Lauri Johnson, MSN, RN, Nursing Practice, Education and Research, Marshall University, Huntington, West Virginia

MCDOWELL HOSPITAL
Morgan Hartwell, RN, Acute Care Services, Foothills Nursing Consortium, Isothermal Community College

MISSION HOSPITAL
Angela Morrow, RN, Emergency Department, Asheville-Buncombe Technical Community College
Cathy Banks, BSN, RN, PCCN, HN-BC, Medical Cardiology Stepdown, Western Governors University
Caycee Wilson, BSN, RN, SCRN, Neurosciences, Asheville-Buncombe Technical Community College
Diane Davis, MSN, RN, HTCP, HN-BC, AS, Cardiac ICU, Western Carolina University
Gina Scharf, BSN, RN, Emergency Department, Mayland Community College
John Grindstaff, MSEI, BSN, RN CFRN, CPEN, Air Medical, South College
Katherine McElreath, BSN, RNC-OB, Labor and Delivery, Asheville-Buncombe Technical Community College
Larissa Capps, BSN, RN, Staffing Pool, Western Carolina University
Marc Eden, BSN, RN, PCCN, Cardiovascular Progressive Care, Western Carolina University

TRANSYLVANIA REGIONAL HOSPITAL
Kristy Aiken, BSN, RN, CWOCN, CFCN, Wound Ostomy, Blue Ridge Community College

AWARD—BEST PRACTICE
Mary Ellen Wright, PhD, APRN, CPNP, Michele Woods, MSN, RN, NE-BC
North Carolina Nurses Association 2016 Best Practice Award in the Dimension of “Caring for Others” for the Momma Hotline at McDowell Hospital
Mission Health nurses demonstrate their commitment to high quality, patient- and family-centered care by achieving and maintaining professional certifications. They validate their knowledge and mastery of skills in their specialty area through testing and ongoing learning. Their dedication to best practice care improves outcomes for our patients and their families. Here is a list of system wide certified nurses who completed a professional RN profile survey.

**Angel Medical Center**
- Amanda Pack, RN, SCRN, Medical-Surgical Unit
- Bobbi Jo Jenkins, RN, EMTP, Medical-Surgical Unit
- Deborah Bruner, RN, CCRN, RNC-OB, IBCLC, NAS, Women’s Health Unit
- Denise Hoyle, RN, RNC-OB, Women’s Health Unit
- Donna Campbell, RN, CNOR, Operating Room
- Duane McHan, RN, CEN, Emergency Department
- Elizabeth Sears, BSN, RN, RNC-OB, Women’s Health Unit
- Emma Cooke, MSN, RN, NNP-BC, Women’s Health Unit
- Evelyn Bown, BSN, RN, HNB-BC, Same Day Surgery
- Kara Seaman, BSN, RN, CPAN, CNOR, Medical-Surgical Unit
- Kecia Hursey, BSN, RN, RNC-OB, Women’s Health Unit
- Nancy Holloway, MSN, RN, MHA, OCN, Outpatient Infusion
- Pam Clay, MSN, RN, CEN, Administration
- Patricia Foster, BSN, RN, CNOR, Mission Pain Management
- Paula Ho, BSN, RN, CCNR, Emergency Department
- Roberta Bowles, BSN, RN, RNC-OB, CMOP, Women’s Health Unit
- Robin Villiard, MSN, RN, RNC-OB, Women’s Health Unit
- Rosemary Skinner, MSN, RN, CNSRN, Transitions Care Management
- Samantha Ramey, BSN, RN, RNC-OB, IBCLC, Women’s Health
- Shauna Maxson, BSN, RN, OCN, CWOCN, Nursing Practice, Education and Research

**Blue Ridge Regional Hospital**
- Brinkley Phillips, RN, RN-BC, CMSRN, Medical-Surgical Unit
- Pamela Anglin, RN, RNC-OB, Obstetrics & Observation
- Rebecca Carter, MSN, RN, FACHE, President and Chief Nursing Officer
- Sharon James, BSN, RN, CCRN, Surgical Services

**CarePartners**
- B. Diane Huey, MSN, RN, FNP-BC, ACHPN, Palliative Care
- Brian Lehr, ND, BS, RN, CWOCN, Home Health
- Denise Anthes, ThD, MBA, BSN, RN, CHNP, HNB-BC, KTPCH, Solace
- EfelanFantaipaluo Forrester, BSN, RN, CRNI, Rehabilitation Hospital
- Frank Kyles, RN, CHPN, Hospice Home Care
- Janet Freedman-Cope, RN, CHPN, Manager, Transitions Care
- Janice Warren, RN, HCS-D Home Health Hendersonville
- Jeanna Barnett, RN, CRNP, CCM, Case Management
- Jennifer McCarson, BSN, RN, RN-BC, Home Health
- Katherine Krinichky, ThD, BSN, HNB-BC, Solace
- Laura Barton, RN, CCM, Manager, Transitions Care
- Lori Ellison, BSN, RN, RN-BC, Home Health
- Maria Asuncion, BSN, RN, CHPN, Transylvania Hospice
- Marybeth Mosinski, MHEd, RN, CNP, Home Health
- Melissa Rogers, BSN, RN, ACNM, RN, Coordinator, Palliative Care Services and Performance Improvement
- Melody Greer, RN, CRNP, Rehabilitation Hospital
- Michelle Warner, RN, CRNP, CCM, Liaisons
- Nore Hunter, BSN, RN, RN-BC, Nurse Educator, Home Health
- Padma Dyvine, RN, AHN-BC, CHPN, Therapeutic Touch, Private Duty
- Rachelle Roberts, BSN, RN, CWOCN, Rehabilitation Hospital
- Robin Borzotta, BSN, RN, CRNP, Rehabilitation Hospital
- Stephanie Grant, BSN, RN, CNOR, Home Health
- Tonya Waycaster, RN, CHPN, OCN, Hospice
- Uta Brandstatter, BSN, RN, CHPN, Solace

**Highlands-Cashiers Hospital**
- Rebecca Baker, MSN, RN, Cashiers Community Primary Care
- Cindy Barloga, BSN, RN, CIC, ACCM, Health Tracks
- Cindy Pierson, MSN, RN, FNP, Administration
- Heather Smith-Wacholz, MSN, RN, CCRN, CNRN, Nursing Practice, Education and Research
- Katherine Hamby, BSN, RN, CCNP, SANIE, Emergency Department
- Monica Crook, RN, CEN, Emergency Department

**McDowell Hospital**
- Kathy Hefner, MSN, RN, NE-BC, Chief Nursing Officer
- Michele Woods, BSN, RN, NE-BC, Manager, Labor and Delivery
- Terry Schaefer, BSN, RN, CWOCN, Medical-Surgical Unit
- Valerie Frye, BSN, RN, NE-BC, Acute Care Services

**Mission Hospital**
- Aaron Mittelmeier, MSN, RN, CNL, Emergency Department
- Adam King, BSN, RN, CCRN, Coli ICU
- Aleisa Carpenter, MSN, RN, ACNS-BC, Regional Simulation Laboratory and Nursing Practice, Education and Research
- Alexis Johnson, BSN, RN, RN-BC, Behavioral Health Services
- Alexis Rosenfelt, BSN, RN, CPN, Pediatric ICU
- Amanda Conner, BSN, RN, PCCN, Pulmonary Medicine Stepdown
- Amanda Rathbone, BSN, RN, CMSRN, Women’s Surgical Unit
- Amber Hyman, RN, CPN, Mission Children’s Specialists
- Amy Hales, BSN, RN, CEN, Emergency Department
- Andrea Alvardo, MSN, RN, CCRN, Neurotrauma ICU
- Andrea Shervinsky, DNP, RN, ACNS-BC, CEN, Emergency Department
- Andrew Ives, BSN, RN, PCCN, Cardiovascular Progressive Care
- Andy Steele, MBA, RN, CCRN, NE-BC, Coli ICU
- Angela Wilson, BSN, RN, CWON, Wound Ostomy Continence Nursing
- Anne Cochrane, MSN, RN, CNOR, Cardiovascular Operating Room
- Anne Jenne, BSN, RN, CPAN, Perianesthesia Care Unit
- Ashley Hudson, BSN, RN, CPN, Nursing Practice, Education and Research
- Athena Carver, MSN, RN, RNC-NIC, Nursing Practice, Education and Research
- Barb McKello, BSN, RN, PCCN, RN-BC, Staffing Pool
- Barbara Davison, BSN, RN, CEN, Emergency Department
- Barbara Sawyer, RN, CCRN, CPEN, Air Medical
- Beth MacEachern, RN, PCCN, Cardiovascular Progressive Care
- Bill Willoughby, RN, CPAN, Perianesthesia Care Unit
- Brandy Cranford, BSN, RN, Orthopedics
- Brandy Whitson, RNC, PCCN, 9 North Cardiac Stepdown
- Brenda Fore, MHA, BSN, LNC, Nursing Practice, Education and Research
- Burnie Parker, RN, CPEN, Rapid Response Team
- Carol Peracchioso, BSN, RN, CPHQ, Medical Staff Services
- Carrie Albain, BSN, RN, CMSRN, Staffing Pool
- Carrie Edigin, MSN, RN, CRNP, NE-BC, Executive Director, Nurse Operations and Critical Care
- Cathy Banks, BSN, RN, PCCN, HNB-BC, Medical Cardiology Stepdown
- Caycee Wilson, BSN, RN, SCRN, Neuroscience
- Charles Carter, BSN, RN, CRNP, Air Medical
- Charlotte Lail, MSN, RN, OCN, Nursing Practice, Education and Research
- Cherry Odom, BSN, RN, BC, Nursing Practice, Education and Research
- Cheryl Postlewaite, BSN, RN, CMSRN, 8 North General Medicine
- Christina Gajewski, BSN, RN, CCNP, Cardiovascular ICU & Cardiovascular Recovery Unit
- Christine Conrad, BSN, RN, RNC-OB, Obstetric Practice, Education and Research
- CJ Smart, MSN, RN, CPCL, CPN, RNC-MNN, Women’s and Children’s Services
- Claudia Deremu, BSN, RN, RNC-OB, Labor and Delivery
- Connie Eldred, RN, CRNP, Coli ICU
- Corinne Whiting, BSN, RN, CIC, Infection Prevention
- Courtney Haight, BSN, RN, CEN, Emergency Department
- Crystal Letterman, MSN, RN, CMSRN, Spine & Orthopedics Unit & Women’s Surgical Unit
- Crystal Montoya, BSN, RN, CMSRN, Medical-Surgical Unit
- Cynthia Busche, RN, CEN, Emergency Department
- Danielle Hafelf, BSN, RN, PCCN, Cardiovascular Progressive Care
- Darla Walsh, RN, CMSRN, Spine and Orthopedics Unit
- Dayton Jacques, MSN, RN, PCCN, Pediatric ICU
- Debbie Lambert, MSN, RN, CRNP, Manager, Neurotrauma ICU and Medical-Surgical ICU
- Debbie McCoy, BSN, RN, CDE, CPN, Pediatric Endoscopy
- Deborah Cerr, BSN, RN, RNC-OB, Mother Baby Unit
- Deborah Cleodyura, MSN, RN, NE-BC, Emergency Department
- Deborah Krueger, MSN, RN, NE-BC, CHTP, Nursing Practice, Education and Research
- Deborah McDonal, BSN, RN, RNC-NIC, Neonatal ICU
- Debra Truit, BSN, RN, CCRN, Spine Unit

**MISSION HEALTH NURSING ANNUAL REPORT | 2016**
Lynne Hampton, BSN, RN, CCRC, Carolina Vascular

Laura Hillerman, MOM, BS, RN, HTCP, Cardiac ICU

Lara Christy, MSN, RN, CCRN-K, ANP-BC, Asheville Cardiology Associates

Kyndall Danner, BSN, RN, CCRN, Cardiac ICU

Kristy Stewart, MSN, RN, OCN, Trauma Care Unit

Kendra Jefferd, BSN, RN, CPN, Pediatric Pulmonology

Kathy Bowers, RN, CNOR, Operating Room

Kathy Aiken, BSN, RN, CPN, Cardiovascular ICU

Joy Brooks, MSN, RN, CPEN, Nursing Practice, Education & Research

Jennifer Griffin, RN, CMSRN, Medical-Surgical Unit

Jennifer Grubbs, BSN, RN, CCRN, Critical Care Staffing Pool

Jennifer Salter, BSN, RN, CCRN, Cardiac ICU

Joan DeGrave, RN, CWON, Wound Ostomy Continence Nursing

Johanna L. Wexler, BSN, RN, CNOR, Cardiovascular Operating Room

Joyce Case, BSN, RN, OCN, Hope Cancer Center

Judy Luff, BSN, RN, RNC-OB, Labor and Delivery

Julie Killen, MSN, RN, PPCP-AC, Pediatric Hematology and Oncology

Julie O'xwings, BSN, RN, PCCN, Cardiovascular Progressive Care

Karen Dietz, BSN, RN, PCCN, Medical Cardiology Stepdown

Karen Grogan, MSOM, BSN, RN, CENP, Nursing Administration

Karen Nelder, BSN, RN, MS NNP-B, Neonatal ICU

Karen Sinclair, MSN, RN, PCCN, Medical-Surgical Progressive Care Unit

Katherine Day, RN, CPAN, Perioperative Nursing

Katherine McElreath, BSN, RN, CCRN-K, Oncology Unit

Kathy Anders, MSN, RN, CCRN, Cardiac Rehabilitation

Kelly Coward, BSN, RN, CCRN, Cardiovascular ICU

Kelly Dixon, BSN, RN, CCRN, Cardiac ICU

Kelly Pace, BSN, RN, CEN, Emergency Department

Kerri Miller, BSN, RN, OCN, Oncology Unit

Kevin Williams, BSN, RN, PCCN, Medical Cardiology Stepdown and Electrophysiology Unit

Kerry Wilcox, BSN, RN, PCCN, Cardiac ICU

Kimberly Jrk, BSN, RN, CCRN, Cardiovascular ICU

Kimberly Ruff, BSN, RN, CCRN, Critical Care Staffing Pool

Kimberly Wurzetz, BSN, RN, RN-BC, Mission Spine Center

Krista Aiken, BSN, RN, OCN, CFCN, Transylvania Regional Hospital, Wound Ostomy Continen và Foot Care Clinic

Kristy Stewart, MSN, RN, OCN, Manager, Nursing Quality

Kydall Danner, BSN, RN, CCRN, Cardiac ICU

Laura Christy, MSN, RN, CCNR-K, ANP-BC, Asheville Cardiology Associates

Larissa Gallaway, BSN, RN, RNC-NIC, Neonatal ICU

Laura Hilleman, MOM, BS, RN, HTCP, Cardiac ICU

Laura Barbour, BSN, RN, RNC-NIC, Neonatal ICU

Lauree Buckner, RN, CMSRN, Staffing Pool

Laura Zane-Smith, PhD, RN, NE-BC, Executive Director, Nursing Practice, Education & Research

Lisa Silver Cody, BSN, RN, CPN, Mission Children’s Specialists

Lisa Clark, MSN, RN, PCCN, Asheville Surgery Center

Lisa Cooper, BSN, RN, OCN, Mission Interventional Spine

Lori Lathrop, BSN, RN, CCRN, Neurotrauma ICU

Lou Hips, BSN, RN, HIVNC-BC, HTCP, Disease Management

Lynne Hampton, BSN, RN, CCRC, Carolina Vascular

Maggie Holmes, BSN, RN, MPH RNC-NIC, Neonatal ICU

Marc Eden, BSN, RN, PCCN, Cardiovascular Progressive Care

Marcie Eskrine, BSN, RN, RNC-NIC, Neonatal ICU

Margaret Bollo, RN, CNOR, Operating Room

Maria Vasta-Clinton, RN, CCRN, Cardiovascular ICU

Marie Antoniette Tan, BSN, RN, PCCN, Medical Cardiology Stepdown

Marilee Arnold, MSN, RN, CEN, Emergency Department and Regional EMS

Marlyn Morris, RN, CCRN, Staffing Pool

Marsha Porter, MSN, RN, CNOR, Nursing Practice, Education and Research

Mary Cascio, MSN, RN, C-EMR, Labor and Delivery and Maternal-Fetal Medicine Unit

Mary DeBenedetto, MSN, RN, CNOR, Nursing Practice, Education and Research

Mary Kiddi, BSN, RN, C-EMR, Labor and Delivery

Mary Medzec, BSN, RN, PCCN, Surgical Teaching and Testing Unit

Mary Teague, MSN, RN, PCCN, Manager, 8 North General Medicine

Maureen Rafferty, RN, RN, RNC-NIC, Neonatal ICU

Melanie Drucker, BSN, RN, CPN, Radiation Therapy

Melissa Craig, BSN, RN, PCRN, Cardiac Progressive Care

Melissa Mason, BSN, RN, CPN, Pediatrics

Melissa Woodbury, MSN, RN, CMSRN, RN-NIC, Nursing Practice, Education & Research

Melody Greer, RN, CRNP, Rehabilitation Hospital

Michael Reed, RN, CCRN, Cardiac ICU

Michael Walters, RN, OCN, Orthopedics

Michelle Rowland, BSN, RN, BC, Behavioral Health Nursing Informatics

Michelle Blair, MSN, RN, NNP-B, Neonatal ICU

Mollie Hubbard, RN, RNC-MNN, Mother Baby Unit

Molly McClure, BSN, RN, NNP-BC, Diabetes Program

Mponsored, BSN, RN, PCCN, Neonatal ICU

Mychal Joyce LeCombre, BSN, RN, OCN, Outpatient Infusion

Nicole Barrett, MSN, RN, NNP-B, Mission Medical Associate

Nicole Brassington, MSN, RN, ACNP-AG, Cardiovascular ICU and Cardiovascular Recovery Unit

Pamela Wilken, BSN, CPN, Pediatric Pulmonology

Paul Scoltzen, BSN, RN, PCRN, Trauma Care Unit

Peggy Carlson, RN, CNOR, Cardiovascular Operating Room

Penny Morton, BSN, RN, CMSRN, 8 North General Medicine

Piscilla Moyer, MSN, RN, CAPA, NE-BC, CRNI, Radiology Nursing

Rachel Sigsby, BSN, RN, PCRN, Cardiovascular Progressive Care

Rachel Roberts, RN, RN, CWON, Rehabilitation Hospital

Ralph Marquis, MSN, RN, AGNP-C, AGNP-C, Medical-Surgical Progressive Care

Rebecca DeHart, MSN, RN, CCRN, Critical Care Staffing Pool

Rochelle Millich, BSN, RN, CCRN, Critical Care Staffing Pool

Robin Borzotta, BSN, RN, CRRN, Acute Care Rehabilitation

Sarah Duval, RN, RNC-NIC, Neonatal ICU

Sarah Torell, RN, CRNI, Outpatient Infusion

Scott Slusser, BSN, RN, CEN, Emergency Department

Scott Orr, MPH, BSN, RN, CPQI, Performance Improvement

Sherry McIntosh, BSN, RN, C-EMR, Labor and Delivery

Stephanie Grant, BSN, RN, CWON, Home Health

Susan Jones, BSN, RN, CCRN, Coli ICU

Susan Lundblad, RN, CNOR, Cardiovascular Operating Room

Susan Whit, BSN, RN, RN-BC, Surgical Teaching and Testing Unit

Tanja Schroeder, MSN, RN, CPN, Regional Simulation Lab and Nursing Practice, Education and Research

Tori Mason, RN, CCRN, Critical Care Staffing Pool

Turay Cates, RN, CEN, CPN, Emergency Department

Vickie Moore, MSN, RN, FPNP-BC, Diabetes Program

Virginia Bradley, BSN, RN, OCN, NICU

William Flynn, RN, CDE, Diabetes Center

William Wang, BSN, RN, PCCN, 9 North Cardiac Stepdown

Transylvania Regional Hospital

All Fox, RN, CEN, Emergency Department

Ann Kleinbop, BSN, RN, ICU

Connie Hendrix, RN, RN-BC, Breward Orthopedic

Eileen DeCarlo, MSN, RN, CNOR, Perioperative Services

Erica Bann, RN, OCN, Breward Cancer and Infusion Center

Erica Reid, BSN, RN, OCN, Breward Cancer and Infusion Center

Hermie McCall, RN, CMSRN, Critical Care Unit and Stepdown Unit

Trudy Morgan, BSN, RN, CCRN, Emergency Department

Jennifer Griffin, RN, CMSRN, Medical-Surgical Unit

Joy Brooks, BSN, RN, PCRN, Nursing Practice, Education & Research

Kristy Aiken, BSN, RN, CWON, CFNC, Wound Ostomy Care

Lisa Raxter, BSN, RN, CWON, Wound Ostomy

Mary Carson, RN, OCN, Breward Cancer and Infusion Center

Mary Hays, BSN, RN, CHPN, Breward Cancer and Infusion Center

Melina Arwood, BSN, RN, CEN, Administration

Theresa Redmond, MSN, RN, RP, Cardiac Rehabilitation
The Clinical Ladder Program recognizes highly experienced, nonsupervisory, direct-care registered nurses (RNs) who promote excellence in clinical nursing practice. The program is intended to facilitate career and professional development. Advancement in the program levels requires meeting certain criteria related to clinical practice impact, leadership and professionalism. Following are all the Mission Hospital nurses who participated in the Clinical Ladder in 2016 with their achieved levels.

<table>
<thead>
<tr>
<th>Nurse and Unit</th>
<th>Clinical Ladder Level</th>
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<tbody>
<tr>
<td>Katrina Buckner, BSN, RN, CPN, Olsen Huff Development Center</td>
<td>4</td>
</tr>
<tr>
<td>Elizabeth Murphy, BSN, RN, CPN, Pediatrics</td>
<td>4</td>
</tr>
<tr>
<td>Katherine McElreath, BSN, RN, RNC-OB, C-EFM, Labor and Delivery</td>
<td>4</td>
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<tr>
<td>Gretchen Howard, BSN, RN, CCRN, Staffing Pool</td>
<td>4</td>
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<tr>
<td>Amy Moore, MSN, RN, IBCLC, Mother-Baby Unit</td>
<td>4</td>
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<tr>
<td>Rachel Moynihan, RN, PCCN, Cardiac ICU</td>
<td>4</td>
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<tr>
<td>Cheryl Bishop, MSN, RN, WHNP, Labor and Delivery</td>
<td>4</td>
</tr>
<tr>
<td>June Case, BSN, RN, CWON, Wound Ostomy Continence Nurses</td>
<td>4</td>
</tr>
<tr>
<td>Debra Caton, BSN, RN, ONC, Orthopedics</td>
<td>3</td>
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<tr>
<td>James R. DeGrave, RN, CWON, Wound Ostomy Continence Nurses</td>
<td>3</td>
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<tr>
<td>Kim Delk, BSN, RN, CPN, Pediatrics</td>
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<tr>
<td>Beth Durrett, BSN, RN, CCRN, Coli ICU</td>
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<tr>
<td>Roxanne Gosnell, BSN, RN, CCRN, Coli ICU</td>
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<tr>
<td>Anthony Guidone, BSN, RN, SCRN, Neurosciences</td>
<td>4</td>
</tr>
<tr>
<td>Jennifer Kaylor, BSN, RN, CWON, Wound Ostomy Continence Nurses</td>
<td>3</td>
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<tr>
<td>Laura Kirkpatrick, BSN, RN, NCSN, Pediatric ICU</td>
<td>4</td>
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<tr>
<td>Ruth Kirse, BSN, RN, CNRN, Neurosciences</td>
<td>3</td>
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<tr>
<td>Michele Lee, RN, MNN, Mother-Baby Unit</td>
<td>4</td>
</tr>
<tr>
<td>Ashley Mathus, BSN, RN, CCRN, Coli ICU</td>
<td>3</td>
</tr>
<tr>
<td>Kari Mauck, BSN, RN, Coli ICU</td>
<td>3</td>
</tr>
<tr>
<td>Molly McDonough-Leota, BSN, RN, IBCLS, Mother-Baby Unit</td>
<td>3</td>
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<tr>
<td>Penny Morton, BSN, RN, CMSRN, 7 North General Surgery</td>
<td>3</td>
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<tr>
<td>Elena Nolan, RN, CCRP, Heart Path</td>
<td>3</td>
</tr>
<tr>
<td>Crystal Redmon, RN, RNC-OB, Labor and Deliver</td>
<td>4</td>
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<tr>
<td>Lisa Richmond, BSN, RN, PCCN, Cardiovascular Progressive Care</td>
<td>4</td>
</tr>
<tr>
<td>Amy Riggs, BSN, RN, CCRN, Cardiovascular ICU and Cardiovascular Recovery Unit</td>
<td>3</td>
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<tr>
<td>Rachelle Rigos, RN, PCCN, Cardiovascular Progressive Care</td>
<td>4</td>
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<tr>
<td>Colleen Rockstroh, BA, RN, CWON, CFCN, Wound Ostomy Continence Nurses</td>
<td>3</td>
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<tr>
<td>Caroline Salinas, RN, CEN, BC, Gerontology ED</td>
<td>3</td>
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<tr>
<td>Barbara Sawyer, RN, CCRN, Mountain Area Medical Airlift</td>
<td>4</td>
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<tr>
<td>Leah Silver, RN, PCCN, 9 North Cardiac Stepdown</td>
<td>4</td>
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<tr>
<td>Mary Jo Smith, BSN, RN, CCRN, Cath Lab Recovery</td>
<td>3</td>
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<tr>
<td>Virginia Tyree, BSN, RN, CPN, Pediatrics</td>
<td>4</td>
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<tr>
<td>Jennifer L. Wilkinson, BSN, RNC-NIC, Neonatal ICU</td>
<td>4</td>
</tr>
<tr>
<td>Angela Dalton Wilson, BSN, RN, CWON, Wound Ostomy Continence Nurses</td>
<td>4</td>
</tr>
<tr>
<td>Maureen Winkenwerder, BSN, RN-BC, Women’s Surgical</td>
<td>4</td>
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<tr>
<td>James Woody, BSN, RN, PCCN, Medical Cardiology Stepdown</td>
<td>4</td>
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<tr>
<td>Kimberly Mallory, BSN, RN CCRN-CSCEP, Electrophysiology Lab</td>
<td>3</td>
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<tr>
<td>Andrew Ives, RN, PCCN, Cardiovascular Progressive Care</td>
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</table>
COMPASSION IN ACTION AWARDS

The Compassion iN Action (CNA) Awards recognize certified nursing assistants who model the Mission Hospital core values of MERIT – Mercy, Excellence, Respect, Integrity and Trust/Teamwork – and who seek to meet the BIG(GER) Aim.

Alex Westbrook, CNA II, 7 North General Surgery
Brittanie Bradley, CNA I, Medical Cardiology Stepdown
Carmen Garrison, PCT II, Medical Surgical Progressive Care
Geovanna Lopez, CNA, 9 North Cardiac Stepdown
Jessica Meadows, PCT I, Women’s Surgical Unit
Keytoria Cartledge, PCT II, 8 North General Medicine
Linda Combs, PCT II, Trauma Care Unit
Mary Hooks, PCT II, Coi Critical Care
Sandy Fullington, PCT I, Staffing Pool
Stephanie Lankford, CNA II, PeriAnesthesia Care Unit
Veronica Coley, PCT II, Pulmonary Medicine Care Unit

Melissa Shepp, PCT II, Mother Baby Unit, also was honored. Photo not available.
DAISY AWARDS

DAISY Award honorees are selected for their nursing excellence from among nominations by patients, family members, co-workers or physicians. This internationally recognized award praises the clinical skills, caring and compassion of nurses in the United States and 14 foreign countries.

Angel Medical Center

- Grace Kim, RN, ICU/Medical Surgical Unit
- Maria Nahlen, RN, ICU/Medical Surgical Unit
- Trina Wilson, RN, Medical Surgical Unit

Blue Ridge Regional Hospital

- Kristen Van De Wyngaerde, RN, Emergency Department

McDowell Hospital

- Joey Ledford, RN, Emergency Department

CarePartners

- Alla Siedlicki, RN, Rehabilitation Hospital
- Ruth Rash, RN, Home Health

Transylvania Regional Hospital

- Jennifer Griffin, RNC, Medical Surgical Unit
- Joelle Cleveland, BSN, RN, OCN, Brevard Cancer & Infusion Center
Mission Hospital
DEGREES EARNED

Associate Degree in Nursing (RN)

**ANGEL MEDICAL CENTER**
Ashley Hatch, RN, CLC, Women’s Health Care Unit
Bobbi Jo Jenkins, RN, EMT-P, Medical-Surgical Unit
Deborah Bruner, RN, CCRN, RNC-OB, IBCLC, NAS, Women’s Health Unit
Gosia Tiger, RN, Medical-Surgical Unit

**CAREPARTNERS**
Abigail Bird, RN, Solace

**HIGHLANDS-CASHIERS HOSPITAL**
Brandy Capotosto, RN, Acute Care
Courtney Dills, RN, Acute Care

**MCDOWELL HOSPITAL**
Morgan Hartwell, RN, Acute Care

**MISION HOSPITAL**
Laura Chapman, RN, Psychiatric Services

Bachelor of Science in Nursing (BSN)

**ANGEL MEDICAL CENTER**
Tammy Stingone, BSN, RN, Supervisor, Administration
Hollis Whitehead, BSN, RN, Emergency Department

**CAREPARTNERS**
Sharon Bigger, BSN, RN, RN-BC, CHPN, Hospice Homecare

**HIGHLANDS-CASHIERS HOSPITAL**
Anna Ramey, BSN, RN, Care Management
Stephanie McIntosh, BSN, RN, Medical-Surgical Unit

**MCDOWELL HOSPITAL**
Jean Durham, BSN, RN, Medical-Surgical Unit
Terry Schaefer, BSN, RN, Medical-Surgical Unit

**TRANSYLVANIA REGIONAL HOSPITAL**
Mary Hays, BSN, RN, CHPN, Brevard Cancer and Infusion Center

**HIGHLANDS-CASHIERS HOSPITAL**
Brandy Cranford, BSN, RN, Orthopedics
Erin Traister, BSN, RN, 8 North General Medicine
Evelyn Wright, BSN, RN, Staffing Pool
Jeanne Anderson, BSN, RN, CEN, Emergency Department
Jennifer Janes, BSN, RN, Cardiovascular Progressive Care
Jessica Solis, BSN, RN, Cardiovascular Progressive Care
Kelly Pace, BSN, RN, CEN, CPEN Emergency Department
Larissa Capps, BSN, RN, Staffing Pool
Miranda Miller, BSN, RN, Oncology
Sarah E. Gregory, BSN, RN, Women’s Surgical Unit
Sherry McIntosh, BSN, RN, C-EFM, Labor and Delivery
RN to BSN

BLUE RIDGE REGIONAL HOSPITAL
Ashley Gouge, BSN, RN, Obstetrics and Observation
Lee Long, BSN, RN, Medical-Surgical Unit and Critical Care Unit
Tonya Bristle, BSN, RN, Medical-Surgical Unit and Critical Care Unit

CAREPARTNERS
Elizabeth Harwell, BSN, RN, Transylvania Hospice
Patricia Corn, BSN, RN, Home Health
Sarah Watkins, BSN, RN, Private Duty

HIGHLANDS-CASHIERS HOSPITAL
Katherine Hamby, BSN, RN, CCRN, SANE, CEN, Emergency Department

TRANSYLVANIA REGIONAL HOSPITAL
Karen De Witte, BSN, RN, Medical-Surgical Unit
Melina Arrowood, BSN, RN, CEN, Administration

MISSION HOSPITAL
Cathy Banks, BSN, RN, PCCN, HN-BC, Medical Cardiology Stepdown
Christina Crosby, BSN, RN, Mother Baby Unit
Janet Bennie, BSN, RN, Medical Cardiology Stepdown
Julie Silver, BSN, RN, Neonatal ICU
Kelly Coward, BSN, RN, CCRN, Cardiovascular ICU
Laurel Barbour, BSN, RN, RNC-NIC, Neonatal ICU
Marc Eden, BSN, RN, PCCN, Cardiovascular Progressive Care
Mary Kidd, BSN, RN, C-EFM, Labor and Delivery
Melissa Arnold, BSN, RN, Pulmonary Medicine Care Unit/Pulmonary Medicine Progressive Care
Melissa Mason, BSN, RN, CPN, Pediatrics
Rachael Swann, BSN, RN, Nursing Practice, Education and Research
Rachelle Rigos, BSN, RN, PCCN, Cardiovascular Progressive Care
Sarah Montero, BSN, RN, Clinical Decision and Observation Unit

Master of Science in Nursing (MSN)

ANGEL MEDICAL CENTER
Anita Echols, MSN, RN, Medical-Surgical Unit and ICU

HIGHLANDS-CASHIERS HOSPITAL
Heather Smith-Wacholz, MSN, RN, CCR, CNRN, Nursing Practice, Education and Research

MCDOWELL HOSPITAL
Michele Woods, MSN, RN, Manager, Women’s and Children’s Unit

MISSION HOSPITAL
Andrea Beaudry, MSN, RN, Ambulatory Informatics Technology
Athena Carver, MSN, RN, RNC-NIC, Nursing Practice, Education and Research
Charlotte Lail, MSN, RN, OCN, Nursing Practice, Education and Research
Deborah Gleydura, MSN, RN, NE-BC, CEN, CPEN, Emergency Department
Elizabeth Boone, MSN, RN, 8 North General Medicine
Ellen Minier, MSN, RN, PMHNP-BC, General Surgery
Erica Dockery, MSN, RN, CPN, Manager, Pediatric Services
Gina Hallstrom, MSN, RN, CMSRN, Spine-Orthopedics
Jonathan Brandon, MSN, RN, Pulmonary Care Unit
Joni Lisenbee, MSN, RN, IBLC, Mother Baby Unit
Karen Sinclair, MSN, RN, PCCN, Medical Surgical Progressive Care
Keefer Hamrick, MSN, RN, Medical Surgical ICU
Wendy Sims, MSN, RN, Emergency Department

Doctorate of Nursing Practice (DNP)
Andrea Slivinski, DNP, RN, ACNS-BC, CEN, Clinical Nurse Specialist, Emergency Department
EVIDENCE-BASED PRACTICE (EBP) PROJECTS

ANGEL MEDICAL CENTER
Shauna Maxson, BSN, RN, OCN, CWOCN, Nursing Practice Education and Research, Acute Stroke Ready Designation, Hospital Wide

CAREPARTNERS
Sharon Bigger, BSN, RN, RN-BC, CHFN, Hospice Homecare, The Interdisciplinary Team and Advance Care Planning, Home Health

MISSION HEALTH
Scotta Orr, MPH, BSN, RN, CPHQ, Performance Improvement
- Bariatric Care Process Model, Regional Surgical Services, Weight Management Center, Peri-Op, 7 North General Surgery
- Geriatric Rib Fracture Mini-Care Process Model, Trauma Care
- Splenic Injury Mini-Care Process Model, Trauma Care

MISSION HOSPITAL
Amber Hyman, RN, Nurse Time Evaluation, Reuter Outpatient Center, Mission Health Systemwide
Andrea Slivinski, DNP, RN, ACNS-BC, CEN, Emergency Department, Designing an Evidence-Based Protocol to Reduce Emergency Department Length of Stay through Reduction of Oral Contrast Use in Abdominopelvic CTs
Angela Wilson, BSN, RN, CWON, Wound Ostomy Continence Nursing. Tele-wound, Inpatient-wound Therapy
Angie Chandler, BSN, RN, ONC, Manager, Orthopedics, Scheduled Discharge Times
Angie Chandler, BSN, RN, ONC, Manager, and other staff members, Aquacell Dressing Product Trial, Orthopedics
Ashley Church, NNP-BC, Marcie Erskine, BSN, RNC, Lianne Fagnant, MSN, CNPT, Jackie Thomas, NNP-BC, Fionna Phillips, BSN, RN, The Golden Hour, Neonatal ICU
Athena Carver, MSN, RNC-NIC, Erma Cooke, NNP-BC, Joni Lisenbee, MSN, RN, IBCLC, Melissa Woodbury, MSN, RN, CMSRN, Deanna McCraw, CJ Smart, MSN, RNC-MNN, CPN, CPLC, Michele Woods, MSN, RN, NE-BC, Hyperbilirubinemia, Mission Health Systemwide
Brenda Fore, MHA, BSN, RN, LNCC, Nursing Practice, Education and Research, Trauma Informed Care, Behavioral Health
Carrie Edgison, MSN, MHA, RN, CCRN, NE-BC, Executive Director, and Josh Lewis, BSN, RN, CNRN, Manager, Condom Catheter Pilot, Neurosciences and Other Units
Cheryl Vitali Tocchio, RN, Patient Access, Mission Spine Navigation Department
Christina Crosby, BSN, RN, BS, Mother Baby Unit, Pacifier Use and Breastfeeding
Crystal Letterman, MSN, RN, CMSRN, Manager, Kathy Gier, MSN, RN, CNML, Manager, iRounding Pilot, Spine/Orthopedics, General Medical Surgical Unit, Trauma Care Unit and Others
Donna Lingerfelt, RN, Denise Vlahakis, RN, Pediatrics Rapid Response Team, Pediatrics, Mission Hospital
Fabienne Sterckx, BSN, RN, CCRN, Nursing Practice, Education and Research, Nurses as Second Victims of Medical Errors
Gina Hallstrom, BSN, RN, CMSRN, NUS, Spine/Orthopedics
- Evaluation of Education Methods amongst Healthcare Workers Donning and Doffing Personal Protective Equipment (PPE)
- Best Huddle Contents and Method
Hannah Collins, RN, Clinical Nurse, Gilbert Mata, RN, Clinical Nurse, Monica Green, CNA/HUC, Harlie Lowe, CNA, Gina Hallstrom, BSN, RN, CMSRN, Nursing Unit Supervisor, Kristy Stewart, MSN, RN, ONC, Manager of Nursing Quality, Falls Prevention on Neurosciences
Jaclyn Gosnell, MSN RN, CEN, Performance Improvement.
- Total Knee Arthroplasty Care Process Model, Orthopedics/Performance Improvement
- Spinal Fusion Care Process Model, Spine/Performance Improvement
- Ischemic Stroke Care Process Model, Neurology/Performance Improvement
Jaime Blazer, RN, Nursing Unit Supervisor, Spine/Orthopedics, Falls Prevention on Spine/Orthopedics
Jamie Canupp, BSN, RN, Asheville Specialty Hospital, Central Line-Associated Bloodstream Infection (CLABSI) Educational Project
Jeanie Bollinger, MSN, RN, CCRN, Nursing Practice, Education and Research, Evidence-Based Temperature measurement, Mission Health Systemwide
Jennifer Kaylor, BSN, RN, CWON, BS, Wound Ostomy Continence Nurses, Telewound, Blue Ridge Regional Hospital and McDowell Hospital
Josh Lewis, BSN, RN, CNRN, Manager, and Tony Guidone, RN, Clinical Nurse, Neurosciences, Implementation of Cerner Patient Observer (Virtual Sitter)
Josh Lewis, BSN, RN, CNRN, Manager, and other staff members, CareAware Pilot Unit, Neurosciences
Linda Smith, MSN, RNC-NIC, IBCLC, Athena Carver, MSN, RNC-NIC, Erma Cooke, NNP-BC, Chorioamnionitis, Mission Health Systemwide
Lynn Smith, MSN, RN, Director and System Falls Team Lead, Kathy Gier, MSN, RN, CNML, Manager, Darren Coleman, MSN, RN, OCN, Manager, High Falls Risk Pilot Project, Trauma Care Unit and Oncology
Karen Nolder, MS, BSN, RN, NNP-BC, Neonatal ICU, Central Line-Associated Bloodstream Infection (CLABSI), Neonatal ICU
Kathy Gier, MSN, RN CNML, Manager and other staff members, Staff Duress Project, Trauma Care Unit
Mary Cascio, MSN, RN, Manager, Labor and Delivery, Innovative Staffing Model in Labor and Delivery.
Mary Cascio, MSN, RN, Michele Woods, MSN, RN, NE-B, Christine Conrad, BSN, RNC-OB, Conservative Management of Preeclampsia (CMOP), Labor and Delivery and Mother Baby Unit, Mission Health system-wide
Mary Ellen Wright, PhD, APRN, CPNP, CJ Smart, MSN, RNC-MNN, CPN, CPLC, Julie Holcombe, MSN, RN, IBCLC, Cathy Retskin, DNP, RN, Erma Cooke, NNP-BC, Maggie Holmes, MPH, BSN, RNC-NIC, Perinatal Substance Exposure, Mission Health Systemwide
Meg Kerr, RN, John Liberatos, RN, Erica Dockery, MSN, RN, CPN, Elizabeth Murphy, RN, Donna Lingerfelt, RN, Virginia Tyree, RN, Multidisciplinary Rounds, Pediatrics, Mission Hospital
Morgan Hembree, BSN, RN, Nurse Informatics Specialist, Respiratory Rate and Documentation: What Are Current Practices of Nursing Assistants? The Effect of Delaying the First Newborn Bath on Breastfeeding Exclusivity
Rhonda Robinson, MSN, RN-BC, ONC, CNML, Director, Kathy Gier, MSN, RN CNML, Manager, Family Involvement Program, Trauma Care Unit
Rhonda Robinson, MSN, RN-BC, ONC, CNML, Director, Kathy Gier, MSN, RN CNML, Manager, Josh Lewis, BSN, RN, CNRN, Manager, Hercules Bed Pilot, Neurosciences and Trauma Care Unit
Tracy Hannah, RN, NUS, and Melissa Woodbury, MSN, RNC-MNN, CMSRN, Nursing Professional Development Educator, Pain Prevention in the Post-surgical Hysterectomy Patient, Women’s Surgery Unit

NURSING ASSOCIATION LEADERSHIP

ANGEL MEDICAL CENTER
Bobbi Jo Jenkins, RN, EMT-P, Medical-Surgical Unit, President, 2014-2016 Southwestern Community College Regional Nursing Class

CAREPARTNERS
Padma Dyvine, RN, AHN-BC, CHPN, Private Duty, Therapeutic Touch, Practice Committee Member, American Holistic Nurses Association

MISSION HEALTH
Corrianne Billings, BSN, RN, CIC, BS, Infection Prevention. Chair, Professional Development Committee, Association for Professionals in Infection Control
Deborah Krueger, MSN, RN, NE-BC, CHTP, Nursing Practice, Education and Research. Member, Ethics Committee, Healing Beyond Borders
Laurie Zone-Smith, PhD, RN, NE-BC, Executive Director, Nursing Practice; Education and Research, Board Member, Medical University of South Carolina Nursing Alumni Board
Nicole Barrett, MSN, BSN, ADN, RN, NNP-BC, MMA, Board Member, The Center for Certification Preparation and Review (CCPR)
Scotta Orr, MPH, BSN, RN, CPHQ, Performance Improvement. Mountain Region Professional Practice Advocacy Committee, North Carolina Nurses Association (NCNA)

MCDOWELL HOSPITAL
Michele Woods, MSN, RN, NE-B, McDowell Birthing Center, Co-Chair Western NC Chapter and national nominating committee member of the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), and Co-Chair, District One, North Carolina Organization of Nurse Leaders (NCONL)

MISSION HOSPITAL
Carrie Edgison, MSN, MHA, BSN, RN, CCRN, NE-B, Executive Director, Nurse Operations and Critical Care; Regional Director, Mountain Region, North Carolina Nurses Association (NCNA), Board of Directors, North Carolina Great 100
CJ Smart, MSN, RN, CPLC, CPN, RNC-MNN, Women’s and Children’s Services, North Carolina Section Conference Planner, North Carolina Section of the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)
Crystal Letterman, MSN, RN, CMSRN, Manager, Spine and Orthopedics Unit and Women’s Surgical Unit, President-elect, National Association of Orthopedic Nurses (NAON)
Fabienne Sterckx, BSN, RN, CCRN, Nursing Practice, Education and Research, Treasurer, Western North Carolina Chapter, American Association of Critical Care Nurses
Jennifer Kaylor, BSN, RN, CWON, BS, Wound Ostomy Continence Nurses, Chair, Hearing Committee, North Carolina Board of Nursing
John Grindstaff, MSEI, BSN, RN CFRN, CPEN, Air Medical, Vice President 2014-2016, North Carolina Air Medical Association
Kristy Stewart, MSN, BSN, RN, ONC, Manager, Nursing Quality, Secretary, Carolina Mountains Chapter, National Association of Orthopedic Nurses Margaret Bollo, RN, CNOR, Operating Room, President, Local chapter #3460, Association of Operating Room Nurses
Tracey Gates, ASN, RN, CEN, CPEN, Emergency Department, State Chair, North Carolina Emergency Nurses Association (ENA) Emergency Nursing Pediatric Course, President Elect, Blue Ridge Chapter, ENA

TRANSYLVANIA REGIONAL HOSPITAL
Mary Carson, RN, OCN, Brevard Cancer and Infusion Center, President-Elect, Blue Ridge Chapter of Oncology Nursing Society
Theresa Redmond, MSN, RN, NP, FAACVPR, Cardiac Rehabilitation, Reimbursement Committee Member, American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)
NURSING RESEARCH STUDIES

Frank Alagna, BSN, RN, CCRN, CSC, The Structure of Multidisciplinary Rounds and the Effects on Patient Perceptions
Gina Halstrom, BSN, RN, CMSRN, Study Proposal: Evaluation of Education Interventions to Promote Greater Adherence to Isolation Precautions among Healthcare Workers
Jason Archer, BSN, RN, and The McDowell Hospital Nursing Practice Council, The Impact of a Serenity Room on Compassion Fatigue
Joni Lisenbee, MSN, RN, IBCLC, Manager Mother Baby, Mission Hospital, Correlation of Delaying First Newborn Bath and Breastfeeding Exclusivity
Joy Longo, PhD, RNC-NIC, Michele Woods, MSN, RN, NE-BC, Ginny Raviotta, MN, RN, NE-BC, Mary Ellen Wright, PhD, APRN, CPNP, The Relationship between Horizontal Violence and Healthy Work Environments in Women’s and Children’s Services
Kae Livsey, PhD, MPH, RN, Associate Professor, Western Carolina University School of Nursing, Examining the Role of the Registered Nurse in Primary Care Delivery Models
Leonard Dinardo, BSN, RN, Patient Perceptions of a Plant-Based Diet: A Quantitative Study Aimed at Improving Patient Selection and Participation for Intensive Cardiac Rehabilitation
Mary Ellen Wright, PhD, APRN, CPNP, Cathy Retskin, DNP, RN, Maggie Holmes, MPH, BSN, RNC-NIC, Gabapentin Exposure during Pregnancy: Neonatal Withdrawal Syndrome
Mary Ellen Wright, PhD, APRN, CPNP, Maggie Holmes, MPH, BSN, RNC-NIC, CJ Smart, MSN, RNC-MNN, CPNP, CPLC, Laura Johnson, MA, CCLS, mamaRoo® and Neonatal Withdrawal Syndrome: Nursing Implementation and Infant Stress Cues, a Pilot Feasibility Study
Mary Ellen Wright, PhD, APRN, CPNP, Maggie Holmes, MPH, BSN, RNC-NIC, Joanna Christoph, BSN, Longitudinal Use of the Finnegan Neonatal Abstinence Syndrome Tool and Home Health Treatment
Mary Ellen Wright, PhD, APRN, CPNP, Maggie Holmes, MPH, BSN, RNC-NIC, Sheri Denslow, PhD, MPH, The Shortened Finnegan Neonatal Abstinence Syndrome (NAS) Scale
Mary Ellen Wright, PhD, APRN, CPNP, Tammy Cody, MSW, LCSW, Joanna Christoph, BSN, RN, Jane Green, Pam Tidwell, Longitudinal Study of the Home Health Model for Infants Perinatally Exposed to Substances
Mary Ellen Wright, PhD, APRN, CPNP, Tammy Cody, MSW, LCSW, Maggie Holmes, MPH, BSN, RNC-NIC, Content Validity and Reliability of Novel Going Home Risk Assessment for Infants Perinatally Exposed to Substances
Mary Ellen Wright, PhD, APRN, CPNP, Novel Psychotropic Drug Flakka and Child Maltreatment Reports: Qualitative Study
Michele Woods, MSN, RN, NE-BC, Manager, Labor and Delivery, The McDowell Hospital, Preferred Methods of Childbirth Education Delivery: Correlation with Deterrents and Demographics in Postpartum Mothers Residing in the Appalachian Region
Pam Hardin, BS, RPP, Mary Ellen Wright, PhD, APRN, CPNP, Rachel Gramig, OT, Correlation of Pet Therapy and Achievement of Personal Mobility Goals of Patients in Rehabilitation, Physical and Occupational Therapy
PJ Dillingham, BSN, RN, Savvy Caregiver Program: Promoting Self-Efficacy and Reducing Contributing Factors in the Development of Behavioral and Psychological Symptoms of Dementia
Rhonda Anderson, BSN, RN, STEMl Gender Differences

Podium Presentations

ANGEL MEDICAL CENTER


MISSION HEALTH

Billings, C., Bubb, T., Caffery, L. (June 2016) Association for Professional in Infection Control and Epidemiology (APIC) Professional and Practice Standards: Applying it to Your Practice, APIC Annual Conference, Charlotte, North Carolina
Carpenter, A., Schroder, T., Shillinglaw, W., MD, Mashni, S., Pace, K., Burleson, J., Penland, A., Carter, C. (October 2016) Simulation Lab and Emergency Department Staff Present Pediatric Case Studies, 2016 Pediatric Trauma Symposium, Asheville, North Carolina
MISSION HOSPITAL


Edgison, C., Cline, M.J. (October 2016) Utilizing the EHR to Identify Patient Deterioration, Mission Health Patient Safety Conference, Asheville, North Carolina

Cosnell, J. (December 2016) Professional Issues, Certification Emergency Nurse Review Course, Asheville, North Carolina

Grogan, K., Mowry, S. (March/April 2016) Operating a Centralized Logistic Center: A Proactive Approach Based on Real-Time Data, American Organization of Nurse Executives (AONE) 2016 Conference, Fort Worth, Texas

Higdon, A., Read-Smith, S. (April and October 2016) Root Cause Analysis, Mission Health Patient Safety Conference


Raviotta, G. (November 2016) The Relationship between Horizontal Violence and Healthy Work Environments in Women’s and Children’s Services, Cone Health Annual Nursing Research Symposium, Greensboro, North Carolina


Wilson, A. (June 2016) Skin and Wound Care for the High Risk Patient, Mountain Area Health Education Center (MAHEC) Workshop, Asheville, North Carolina

Woodbury, M. (April 2016) Engaging Nurses in Creative Education in Clinical Areas Not Typical for a Women’s Surgical Unit, Association of Women’s Health, Obstetrical and Neonatal Nurses, Asheville, North Carolina

Wright, M.E. (December 2016) Perinatal Substance Exposure: A Transdisciplinary Family-Centered Approach, Care Coordination for Children (CC4C) Western North Carolina Regional Meeting, Asheville, North Carolina


Wright, M.E. (September 2016) Novel Psychotropics Relationship to Child Maltreatment: A Qualitative Study, Child Protection Summit, Orlando, Florida


ANGEL MEDICAL CENTER


Hatch, A. (November 2016) Baby Friendly, Women’s Health Care Unit Skills Blitz, Franklin, North Carolina

Ramey, S. (November 2016) Shoulder Dystocia, Obstetrics Skills Blitz, Franklin, North Carolina


BLUE RIDGE REGIONAL HOSPITAL


Branton, J. (December 2016) Medication Refills, Mission Health Primary Care, Asheville, North Carolina

Poster Presentations
CARE PARTNERS
Hunter, N., Anderson, J. (September/October 2016) Compass Stroke Prevention Program, Care Partners, Asheville, North Carolina

HIGHLANDS-CASHIERS HOSPITAL

MISSION HEALTH
Estes, C., Read-Smith, S., Teague, M., Clemmons, Z., Alagna, F., Ferguson, E. (October 2016) Mission Health, Hardwiring Mindful Medication through Team-Based Care Unit (TBCU) Collaboration, National Patient Safety Conference, Asheville, North Carolina
Orr, S. (September 2016) Evidence-Based Colon Surgery Care Process Model Reduces SSIs and Readmissions. Healthcare Analytics Summit, Salt Lake City, Utah
Silvisnki, A. (September 2016) Reducing Emergency Department Length of Stay: Designing an Evidence-Based Guidelines for Oral Contrast, Sigma Theta Tau International Conference, Indianapolis, Indiana

MCDOWELL HOSPITAL
Frye, V., Hefner, K. (October 2016) Acute Care Services, Decreasing Falls in Acute Care, National Patient Safety Conference, Asheville, North Carolina

MISSION HOSPITAL
Anders, K., Miller, C. (May 2016) Pre-procedure Warming to Prevent Intraoperative Hypothermia, George Washington University MSN Poster Presentation, Boiling Springs, North Carolina
Bollinger, J., Aviso-Green, R., Galloway, M., Hooper, V.D (May 2016) “Catch Them Early” Driving Performance Improvement in the Emergency Department, American Association of Critical-Care Nurses (AACN) National Teaching Institute & Critical Care Exposition (NTI), New Orleans, Louisiana
Bollinger, J., Lafitte, Z., Fox, Z., Johnson, A., Stashenko, G., DeRienzo, C. (December 2016) Improving Sepsis Outcomes through Continuous Improvement in a Community Hospital Setting, Institute for Healthcare Improvement (IHI), Orlando, Florida
Carpenter, A., Schroder, T., Daley, P. (October 2016) Utilization of a Closed Critical Care Unit and High Fidelity Simulations to Evaluate Equipment and Personnel for Disaster Preparation, American Association for Respiratory Care Congress, San Antonio, Texas
Janes, J. (August 2016) Zero Lifting Policies, Staff Meeting, Cardiovascular Progressive Care, Asheville, North Carolina
Johnson, L. (May 2016) Child Life Specialist as Part of the Transdisciplinary Caring Team Approach to Perinatal Loss, Child Life Council Annual National Conference, Orlando, Florida
Smart, C.J., Johnson, L. (September 2016) Child Life Specialist as Part of the Transdisciplinary Caring Team Approach to Perinatal Loss, Pregnancy Loss and Infant Death Alliance International Conference, Phoenix, Arizona
MISSION HEALTH


MISSION HOSPITAL


Luka, R., Garret, V. (Spring 2016) Managing Diabetes One Day at a Time. My Healthy Life

Luka, R. (June 1, 2016) The Art of Self-Empowerment. WNC Woman


ANGEL MEDICAL CENTER

Amanda Pack, RN, SCRN, Medical-Surgical Unit, Diabetes Education Team, Providing diabetes education to patients throughout the hospital

Anita Echols, MSN, RN, Medical-Surgical Unit and ICU, Lean Surgical Throughput, Same Day Surgery

Robertua Bowles, BSN, RN, RNC-OB, Women’s Healthcare Unit, CMOP Women’s Healthcare

Shauna Maxson, BSN, RN, OCN, CWOCN, Nursing Practice Education and Research, Hospital Wide Acute Stroke Ready Designation

BLUE RIDGE REGIONAL HOSPITAL

Jenny Branton, BSN, RN, Blue Ridge Medical Center Yancey, Patient Experience and Medication Refills, Blue Ridge Medical Center Yancey

Megan McKinney, BSN, RN, Emergency Department, Blue Ridge Regional Hospital (BRRH) ED Throughput, BRRH ED Culture Follow-Up (BRRH ED and all member hospital EDs); and BRRH Development of BERT Team and Response

CAREPARTNERS

Ami Bullock, BSN, RN, CRRN, Scheduling, Program of All-inclusive Care for the Elderly (PACE) Clinic

Lori Ellison, BSN, RN-BC, Home Health, Therapy/Pharmacy collaboration in Home Health, Presented with team members at North Carolina Home Health/Hospice Association

Nore Hunter, BSN, RN-BC, Home Health Clinical Nurse Educator, Improving accuracy of blood pressure measurements in the Compass Stroke Prevention

MCDOWELL HOSPITAL

Michele Woods, BSN, RN, NE-BC, Manager, Labor and Delivery, Care Process Model- Hyperbilirubinemia and Conservative Management of Preeclampsia (CMOP) at McDowell Birthing Center
MISSION HEALTH

Carol Peracchio, BSN, RN, CPHQ, AA, Medical Staff Services, Project to develop standardized competencies in healthcare quality, Quality Review and Accountability Work Group, National Association of Healthcare Quality
Chasity Fender, BSN, RN, Cath. Lab and EP Lab. Vascular Complications Tracking, Cath. Lab Recovery
Julia Killen, MSN, BSN, RN, CPP-AC, BA, Pediatric Hematology and Oncology, Time of arrival to antibiotic administration in fever in setting of immunosuppression in Pediatric Hematology/Oncology
Lisa Stephenson, MSN, RN, Chronic Obstructive Pulmonary Disease Care Process Model, Pulmonary Embolism Care Process Model, and Cellulitis Care Process Model
Michelle Blair, MSN, RN, NNP-BC, Neonatal ICU, Neonatal Sepsis Antibiotic Stewardship data collection for Mission Hospital NICU, Perinatal Quality Collaborative North Carolina

MISSION HOSPITAL

Angela Higdon, BS, RN, Multiple patient safety events
Angela Wilson, BSN, RN, CWON, Wound Ostomy Continence Nursing, Tele-wound, Inpatient Wound Therapy
Brenda Fore, MHA, BSN, RN, LNCC, Nursing Practice, Education & Research, Electronic Competencies, Mission Health systemwide
Cheryl Vitale Tocchio, ADN, RN, Reaching “Yes” for our Patients, Mission Spine Centers
Erica Dockery, MSN, RN, CPN, Pediatric ICU, Multidisciplinary Rounds, Pediatrics
Gina Hallstrom, MSN, RN, CMSRN, Spine-Orthopedic Unit, Neurosciences Fall Reduction Team-Co-lead
Jaclyn Cosnell, MSN RN, CEN, Performance Improvement, Early Team Evaluation in Emergency Department
Jeanie Bollinger, MSN, RN, CCRN, Clinical Nurse Specialist, Adult Acute Care, Pilot for In-patient Sepsis Nurse Screening, 9 North Cardiac Stepdown
Karen Nolder, BSN, RN, NNP-BC, Neonatal ICU, Chest Tube Insertions Education and Central line-associated bloodstream infection (CLABSI) in Neonatal ICU
Katharine Day, DNP, RN, CPAN, MS, Perianesthesia and Endoscopy, Procedural Sedation
Wanita Hightower, BSN, RN, Surgical Admission Testing Unit (SATU), Update of Pre-Operative Instruction Sheet

TRANSYLVANIA REGIONAL HOSPITAL

Ali Fore, RN, CEN, Emergency Department, New Emergency Department building design
Erica Reid, BSN, RN, OCN, Brevard Cancer and Infusion Center, It’s In the Bag-Chemotherapy Bags for Patients
Lawrence Turk, BSN, RN, Emergency Department, MATRAC Disaster Hospital Team, Hurricane Matthew Deployment
Mary Carson, RN, OCN, Brevard Cancer and Infusion Center, Chemotherapy Audit for Consent

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Pictured above is Fern Pittman, BSN, RN, CEN, Nursing Unit Supervisor, McDowell Hospital.