Nursing
Mission, Vision, and Values

Mission
Promoting health and wellness; providing compassionate, quality care.

Vision
A nationally recognized model of professional nursing practice committed to excellence.

Values
As we live our mission and pursue our vision, we are guided by the following values:
Mercy, Excellence, Respect, Integrity, and Trust/Teamwork.
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Dear Colleagues and Friends:

It is hard to believe that a year has passed since I wrote my letter for the 2009 Annual Report. I am filled with pride when I reflect on the tremendous accomplishments we have achieved in 2010. Through our partnership with the Institute for Healthcare Improvement, we have established strategies to assist us with achieving the BIG(GER) AIM: “Achieving the DESIRED OUTCOME without Harm, without Waste and with an Exceptional Patient Experience.”

The Clinical Ladder for the nursing division was implemented in September 2010. We have more than doubled the number of nurses certified in their areas of expertise since 2008. Our nursing research program continues to grow and develop with a focus on evidence-based practice and improved clinical outcomes. Lastly, several of our programs have achieved national recognition, such as our Chest Pain Center, RACE, Stroke Program, Oncology Program, and our Baby Friendly Designation. All of these initiatives and the many others listed in our 2010 Annual Report are a testament to the dedication, compassion and clinical expertise of our nursing staff.

Each year we raise the bar striving for continuous improvement in clinical outcomes and the patient experience. You should be very proud of exceeding the goals we set for ourselves this past year. It is a privilege to work with each of you, and I look forward to partnering together to achieve our BIG(GER) AIM: “Achieving the DESIRED OUTCOME without Harm, without Waste and with an Exceptional Patient Experience”.

Kathleen Guyette
MSN, RN, NE-BC
Vice President and Chief Nursing Officer
NURSING EXCELLENCE THROUGH LEADERSHIP
Nursing Leadership
Retreats

Formal leaders have titles, which indicate their leadership position. Informal leaders are those who exhibit leadership qualities and do not hold a title. All leaders inspire, encourage, recognize, and value others and prompt mutual respect.

Formal and informal nurse leaders at Mission Hospital met twice during 2010 to learn about professional development expectations, share some lighter refreshing moments, and build camaraderie in planning for the future progress of nursing at our facility.

March 17
Irish-Themed Retreat

complete with playful attire and colorful table decorations prompted laughter and joking in between serious conversations about nursing excellence and shared decision making. Nursing directors, managers, and members of the Nursing Governance Board attended the all day meeting at the Renaissance Hotel in downtown Asheville.

Vice President and Chief Nursing Officer Kathleen Guyette, RN, MSN, NE-BC, led the group in presentations and discussions. Directors and some managers gave 15 minute reports on the status of shared decision making (SDM) in their respective areas. Regina Phelps, PhD, RN, NEA-BC, Director, Nursing Practice, Education and Research (NPER), presented information about “Growing the Magnet® Culture.” The chairs of house-wide councils made brief comments about their groups.

Positive common themes among many SDM teams across the organization were identified: a lot of staff involvement; staff being vocal in pointing out opportunities for improvement and offering solutions; and improved perspective of all nurses being a part of one organization.

Nursing Retreat
held on August 24

at the Lutheridge Conference Center included thirty-nine direct care nurses from unit-based shared decision making councils, nursing managers, directors, and administrative leaders. Information, inspiration, and ideas were exchanged during seven speaker presentations and a Practice Fair sponsored by the Marketing and Communications for Nursing Excellence Council.

Here is the list of presentations:

Councilor Model and Critical Components for Shared Decision Making by Laurie Downs, BSN, RN, CCRN, Manager of Coli ICU and Regina Phelps, PhD, RN, NEA-BC, Director, Nursing Practice, Education and Research (NPER).

Mission Hospital’s Nursing Practice Model by Rhonda Robinson, RN, Director of Orthopedics and Inpatient Rehabilitation Services (pictured above) and Craig Harris, MPH, BSN, RN, CCRN, Manager of Cardiovascular ICU, Recovery Unit, and Progressive Care. They were the co-chairs for the original team of nurses formed in 2005 to design the current Nursing Practice Model.

Nursing Strategic Plan 2010-2014 by Ginny Raviotta, MN, RN, NE-BC, Director of Women’s and Children’s Services, and Regina Phelps, PhD, RN, NEA-BC, Director of NPER.

Clinical Ladder—Nuts and Bolts by the Clinical Ladder Council Chair Cheryl Gibson, MSN, RN-BC, Nursing Project Coordinator for NPER, and Co-Chair Cathy Retskin, RNC, direct care nurse on Labor and Delivery.

Service Excellence—Revitalizing the MERIT Standards by George Karl, MDiv, MA, Director of Service Excellence.

Patient Centered Care by Carlton Rider, Interim CEO.

Nursing Governance Board—Accomplishments to Celebrate! by Kathleen Guyette, MSN, RN, NE-BC, VP and CNO.
Thirty nine direct care nurses representing shared decision making councils on their respective units attended the August Nursing Retreat.

**Mission Leadership Academy**

The Mission Leadership Academy was implemented in 2010 with the objective of developing new and existing leaders in establishing a base level of leadership competency throughout the organization. Throughout the course, participants complete a three day "core curriculum" facilitated by Mission Executive Leaders, outside consultants, and Human Resource Leaders through didactic, experiential, and multi-media learning methodologies devoted to three facets of leadership:

- understanding what is expected of them as Mission leaders;
- developing leadership competencies that have been identified as high priority;
- ensuring competency with functional leadership responsibilities.

In the first year, 389 supervisors, managers, and directors completed this course.

(Reprinted from Mission on Demand with permission.)

The list below includes leaders completing the course in 2010 who are nurses or who work closely with nurses in providing patient care.

**Andrea Alvaro**
**Anja Woody**
**Barbara Bowlin**
**Barbara Massey**
**Barbara Moore**
**Beatriz Escobar**
**Betsey Bent**
**Beverly Futch**
**Brandi Quinn**
**Brenda Smith**
**Carol Jackson**
**Cheryl Lingquist**
**Cora Small**
**Christina Miller**
**Chryste Krause**
**Darby Moretz**
**David Stegall**
**Dawn Greene**
**Deborah Davis**
**Deborah Kirkman**
**Denise Ebert**
**Donna Borowski**
**Frank Alagna**
**Frank restaur**
**Glenda McCaffrey**
**Gregory Green**
**Harriet McGinnis**
**Heather Fox**
**Holly McCormack**
**Jan Rayfield**
**Janie Fielder**
**Jenny Arledge**
**Jerri Mitchell**
**Jerri Phillips**
**Jill Jones**
**Joanne Disbrow**
**Joe Lee**
**John Bensinger**
**John Futch**
**John Grindstaff, Jr.**
**Jonathan Brandon**
**Jo Stewart**
**Joni Lisenbee**
**Joy Clifton**
**Joyce Godfrey**
**Judy Henderson**
**Julia Moore**
**Julie Rouse**
**Karen Bailey**
**Karen Blair**
**Karen rice**
**Katherine Benedik**
**Kathy Ponder**
**Kathy Tompkins**
**Kathy Gier**
**Kathy Hefner**
**Kathy Puling**
**Kathy Smith**
**Katie Cheatham**
**Kelly Phillips**
**Kris Hensley**
**Kristy Stewart**
**Laurie McLean**
**Leigh Angel**
**Linda Anderson**
**Linda Ayers**
**Linda Hemstreet**
**Lisa Edwards**
**Lisa Michel**
**Lora Deitz**
**Lori Rhodes**
**Lori Webb**
**Lourdes Lorenz**
**Luci Farmer**
**Maia Hennessy**
**Mark Smith**
**Martha Hill**
**Martha Shetley**
**Martha Smith**
**Mary Harmon**
**Mary Lou Adams**
**Mary Richard**
**Mary Sue Carson**
**Melanie Norman**
**Melinda Bryant**
**Michael Connor**
**Michelle Chromy**
**Morgan Barrett**
**Nancy-Jo Wirman**
**Nan Tomsky**
**Parmjot Rubenstein**
**Patricia Adams**
**Patricia Hinson**
**Patrick Hickey**
**Patrick Ryan**
**Penelope Wortman**
**Rachel Long**
**Regina Phelps**
**Renée Barnwell**
**Renee Carpenter**
**Robert Jones**
**Sam Mathis**
**Sandra Case**
**Scott Danko**
**Selena Kittrell**
**Sheila Radcliff**
**Sherry King**
**Sonja Putnam**
**Stacey Adcock**
**Stephanie Spittle**
**Stephanie Whitaker**
**Sue McManus**
**Susan Edwards**
**Susan Jones**
**Susan Mims, MD**
**Susan Odom**
**Ted Schiffman**
**Tina Barnes**
**Tish Alspach**
**Tori Mason**
**Valerie Pulsifer**
**Vicki Annico**
**Vicki Arnold**
**Vickie West**
**Victoria Fugate**
**William Harrison**
**Winnie Ziegler**
**Zachary Clement**
Manager’s Message
on the Value of Staff

This message to the staff members of Coli ICU was written by Manager Laurie Downs, BSN, RN, CCRN, (pictured here) in her weekly newsletter March 5, 2010 after a time of high acuity patients, installation of new sky lifts, monitor training, and, oh yes, heavy snow. It is reprinted with permission.

Many times, I find, it is difficult to convey the essence or trueness of what a manager has to say to staff. Many managers, as administrators, find it difficult to share thoughts and feelings with staff. Honest, straightforward talk is sometimes misconstrued or criticized. Yet, as I led our staff meetings this week, I felt a fullness of sorts in my throat, as I looked across the room at the faces of a profession built on compassion, intelligence and vast ability. I cannot help but share this with you.

All of you listened as I told the stories and made the proclamations of what we need to do to keep ourselves compliant and up to speed. Some of what we talked about was difficult. Much of what we discussed was/is strategic, comes from the goals and objectives of our organization and is evidenced based for healthcare practice. All of what we discussed, no matter how mundane, was/is to encourage meaningful life-giving care to patients.

I knew, as I finished the meetings, that most of you heard the essence, will take the information and work like Trojans (someone who is determined, strong, or courageous) to be the best and provide thoughtful, patient-centered care. Every time we come here, we can change a life. We can influence healing, inspire hope and make peace in the midst of despair. We are the movers and the shakers, and we are the ones who can save lives or change lives. My life has been touched and changed by you, and my heart is full of gratitude.

- Laurie L. Downs
Your most humble servant manager
(Nursing News, Vol. 6, #5, May 2010)

Direct Care Nurse’s
Appreciation of Leaders

Jackie Houtman, RN, Staff Nurse on the Oncology Unit (pictured here), praised her manager and clinical nurse specialist in “The Blessings of Winter’s Chill.”

While this past winter [with heavy snow] was undoubtedly a challenge for all of us, it hopefully left us with food for thought. Enjoying the comforts and normalcy of day to day routines makes it easy to take things for granted. Traveling to and from work was treacherous and fraught with tension. If we made it up the mountain, could we more importantly come to a safe halt when we traveled back down again? Would the next shift make it in to relieve those nurses who diligently tracked the weather hoping for signs that roads were passable? Those who were unable to travel home slept, showered and borrowed scrubs and experienced first-hand what the patients tell us—the mattresses and pillows are not as comfortable as ours at home, and unfamiliar noises make it harder to sleep.

The purpose of this reflection is not to reminisce about the winter chill but to acknowledge and pay tribute to our Oncology unit Manager Dawn Neuhauser, RN, BSN, OCN and Diana Wortham, RN, MSN, OCN, Clinical Nurse Specialist for Oncology. While Dawn and Diana have a multitude of commitments and obligations, they are always there for us. Both deserve a long overdue thank you!

As nurses, our professional growth and development is nurtured with their open door policy, welcoming any of our questions and concerns. We are encouraged to seek advice and mentoring, and we know our autonomy will be respected. As the need arises, Dawn and Diana support us with hands-on care at the bedside, clearly reflecting a love for our patients and setting a standard we are proud to follow.

We can rest assured spring will follow winter. Perhaps even more reassuring, though, is the knowledge that whatever the season, we are blessed and privileged to work alongside these wonderful nurses.

Thank you, Dawn and Diana!
(Nursing News, Vol. 6, #4, April 2010)
NURSING EXCELLENCE THROUGH EMPOWERMENT
Awards & Recognition

North Carolina Great 100 Nurses of 2010 included seven Mission Hospital RNs. These RNs were chosen by their peers to be honored as some of the best nurses in NC. They were celebrated by their Mission peers at a reception on September 7 and joined other honorees from across the state at a formal gala in Greensboro on September 18. Since the inception of the Great 100 in 1989, a total of 157 Mission nurses have been honored.

Bonita Wiedenhaupt, RN-C Mission Children’s Specialists

Brenda Smith, BSN, RN, NE-BC Women’s Surgical Unit

Cheryl Gibson, MSN, RN-BC Nursing Practice, Education, and Research

Cindy McJunkin BSN, RN, SANE-P, SANE-A Mission Children’s Specialists

Sallie McCall, BSN, RN, Manager of Clinical Operations at Mission Children’s Specialists, received this award, which is presented annually to a staff member from Mission Hospital who demonstrates the ideals and the dream of Dr. King in their work and community.

Other staff members nominated for this award were:

Andrea Beeks, Capstone Adolescent Unit
Angela Jones, Corporate Safety
Burdine Smith, Endoscopy
Carlton Battle, Environmental Services
Cheryl Gibson, MSN, RN-BC, NPER
Clare Scobie, RN, BNorth
David Telford, NA, PACU/Prep
Frank Castellblanco, RN, RACE Coordinator; Director of Cardiac Emergencies
Gail Gordon, RN, Pediatrics
Kathy Hefner, MSN, RN, Director, Heart Services
Kim Gilliam, Radiology
Lawrence Robinson, Anesthesia Tech, Asheville Surgery Center
Leslie Council, Education Coordinator, Asheville Cardiology
Linda Hemstreet, RN, Manager of CHE
Lynn Scarbrough, FNP, CHE
Makeca Gilliland, 6N Adult Medicine
Veronica Sartor, RN, Labor & Delivery
Maria Roloff, VP of Human Resources
Mary Harmon, RN, Director, PACU/Prep
Michael Carter, Diversity Officer
Mildred Carson, Legal Services
Ralph Garcia, Interpreter Services
Sandra Green, RN, Neonatal ICU, posthumously
Tamara Petty, NA, PASU
Tarik Glenn, Human Resources
Velinda Fisher, Executive Assistant to CEO
Veronica Sanchez, Environmental Services

(Scopo, Vol. 15, #2, January 22, 2010)

Nurse of the Year Award

given by the Southeast Region Wound Ostomy and Continence Nurses Society was presented to Carol Parker, MS, BSN, RN, CWON, of the Wound Healing and Hyperbaric Center. She was selected for her professional “can do” attitude and her expertise and influence in mentoring other nurses in providing quality patient care in the specialty of wound, ostomy, and continence nursing. She was chosen from among nurses in North Carolina, South Carolina, Georgia, Florida, Tennessee, and Alabama.

The 2010 Spirit of Quality Award

went to Janie Fielder, MSN, RN, NNP-BC, Medication Safety Nurse Specialist, for her strong leadership in improving quality of care for patients. She is pictured here receiving her award from Dr. Dale Fell, Chief Medical Officer.
The Georgia Crump Award

was presented October 6 to Edna Crowe, CNA II, (pictured here) of 9 Stepdown, a progressive care adult medicine unit. She was one of two CNAs chosen out of 43 nominees from across Western North Carolina (WNC). Established in 2003 by Margaret Noel, MD, founder of MemoryCare, the award was named in honor of Georgia Crump, a Mission Hospital Licensed Practical Nurse who began her career as a CNA and now works in Mission’s Community Health Enhancement. Edna was chosen for the way she “...goes above and beyond to ensure that her patients’ needs are met.”

Other CNAs nominated from Mission were:

Alicia Rhodes
Amorita Wright
Ashley Ruccio
Cindy Fox
Daniel Lewis
Danielle Bruckner
Edith Thorpe
Elina Stines
Jessica Fisher
Julia Kindell
Kim Swingle
Laura Neelands
Linda Fuller
Linda Hensley

Linda Welsh
Martha White
Mary Butler
Nataliya Lebed
Nellie Melton
Nicole Carter
Rebekah Thomason
Sandra Brown
Sandra Riddle
Star Mullins
Stewart Vieira
Tamara Petty
Thelma Jackson

(Scope, Vol. 15, #20, October 22, 2010)
Certifications
in Specialty Areas New or Renewed in 2010

ADVANCED ONCOLOGY CERTIFIED CLINICAL NURSE SPECIALIST-ACONS
Diana Wortham, MSN, RN, CNS for Oncology
CERTIFIED ADULT HEALTH CNS-ACNS-BC
Elaine Fox, MSN, RN CDE-CNS
CERTIFIED IN CASE MANAGEMENT NURSING- RN-BC
Debbie Gzik, BSN, RN, Spine Center
CERTIFIED CLINICAL RESEARCH COORDINATOR- CCRC
Claudine Cuento, BSN, RN, CCRP Research Institute
Lynne Hampton, MBA, MHA, RN, CCRP, Manager, Clinical Trials, Research Institute
CERTIFIED CRITICAL CARE NURSE- CCRN
Lisa Henson, RN, Cal ICU
Danny Grey, RN, CVICU/RU
Paula Grey, RN, CVICU/RU
Sherry King, BSN, RN; Cardiology ICU
CERTIFIED EMERGENCY NURSE- CEN
(All of Emergency Department)
Aaron Vyyyan, RN
Alison Enslay, RN
Amy Hales, RN
Angela Burrell, RN
Barina Beck, RN
Deborah Gleydura, RN
Fonda Bravo, RN
Hans Frohmut, RN
Kent Middleton, RN
Kristine Erickson, RN
Patrick Hefner, RN
Rebecca DeVoe, RN
Sarah Mohammed, RN
Tammy Mashewskes, RN
CERTIFIED HOLISTIC NURSE- HNB-BC
Andi Williams, RN
Coordinator, Integrative Health
Jane Fredrickson, RN Cardiovascular Progressive Care
CERTIFIED IN INFECTION CONTROL - CIC
Janice Brown, MA, Infection Prevention
Susanne Ferrigno, MS, MT, Infection Prevention
CERTIFIED INPATIENT OBSTETRIC NURSING- RNC-OB
Crystal Redmon, RN, Labor and Delivery
CERTIFIED NEONATAL NURSE- RNC-NIC
Jennifer Burts, RN, NICU
CERTIFIED NURSE EXECUTIVE- NE-BC
Brenda Smith, BSN, RN Manager, Women’s Surgery Unit
Jill Jones, MBA, BSN, NE-BC, Director, Critical Care Medicine
Kathy Hefner, MSN, RN
Director of Cardiovascular Services
Ginny Raviotta, MN, RN Director, Women’s and Children’s Services
Mary Harmon, BSN, RN-C
Director of Peri anesthesia Services
Vicki Arnold, MHS, RN
Director, Vascular Center/Radiology Nursing
CERTIFIED NURSE EXECUTIVE, ADVANCED - NEA-BC
Lourdes Lorenz, MSN, RN, AHN-BC
Director, Integrative Healthcare
CERTIFIED NURSE OPERATING ROOM - CNOR
Terri Queen, BSN, RN, Cardiovascular OR
CERTIFIED NURSING PROFESSIONAL DEVELOPMENT- RN-BC
Barb Radford, MSN, RN
Nursing Education Specialist II NPER
Cheryl Gibson, MSN, RN-BC
Education Specialist II NPER
Regina Phelps, PhD, RN, NEA-BC, Director, NPER
CERTIFIED PEDIATRIC NURSE- CPN
Amanda Smith, RN, Mission Children’s Specialists
Julie Bell, MS, RN, CNS, Pediatrics
Rachael Wax, RN, Pediatrics
Susan Lilly, RN
Mission Children’s Clinic, Pediatric Gastroenterology
Thanha Haney, RN
Mission Children’s Clinic Pediatric Gastroenterology
Tonja Schroder, BSN, RN Pediatric Nurse Clinician
Victoria Fugate, RN, NUS, Pediatrics
Virginia Pomeroy, BSN, RN Pediatric Intensive Care
Mary E. Downes, BSN, RN, Pediatric ICU
Michelle Moore, BSN, RN, CNRN
Asheville Surgery Center
Shae Lynn Byas, RN, Mission Children’s Specialists
GERONTOLOGICAL NURSING CERTIFICATION- RN-BC
Aileen Merona, RN, Asheville Specialty Hospital
Barb McElroy, RN, Nursing Support Services
Beth Woody, RN, Neurosciences
Carla Ballard, RN, General Surgery
Celena Garrett, RN, Endoscopy
Debra Hensley, RN, Women’s Surgical Unit
MEDICAL SURGICAL NURSING- CMSRN
Sarah Rambo, RN, Women’s Surgical Unit
MEDICAL SURGICAL NURSING- RN-BC
Candace Carter, RN
Stepdown and Medical/Surgical Pool, Nursing Support Services
ONCOLOGY CERTIFIED NURSE- OCN
Beth Trebicock, BSN, RN Oncology Progress Care Certified Nurse—PCON
Bryanna Gibbs, BSN, RN
Jessica Garrett, BSN, RN
Katie Cheatham, BSN, RN Kate Tobin, BSN, RN
Leah Silver, RN
Melissa Porchel*, RN
Michelle Roark, BSN, RN
(All of a North Stepdown)
AMBASSADOR AWARDS
Award winners for 2010 were:
JANUARY
Cherry Odom, BSN, RN
Nursing Documentation Coordinator, NPER
FEBRUARY
Thresa Lukacena
Coordinator for Education, NPER
APRIL
Susan Cadwell
Administrative Assistant
MAY
Tina Barnes, MSN, RN, CAPA
Manager of Professional Nursing Practice, NPER
JUNE
Kathy Daley, MSN, RN-BC
Clinical Nurse Specialist for Research, NPER
JULY
Ginny Raviotta, MN, RN, NE-BC
Director, Women’s and Children’s Services
SEPTEMBER
Kathleen Guyette, MSN, RN
NE-BC, VP and CNO
OCTOBER
Nancy-Jo Wirman, MSN, MBA, MHIM, RN
Manager of Nursing Informatics
Amy Stewart, RN
Nursing Informatics Senior Specialist
NOVEMBER
Faisal Mohammed, BSN, RN
House Supervisor
DECEMBER
Cheryl Gibson, MSN, RN-BC
Education Specialist I, NPER

International Educator
Michelle Deck

International presenter, author and educator Michelle Deck, RN, MEd, BSN, LCCE, FACCE, met with 20 nurses from Nursing Practice, Education, and Research (NPER) on October 6. She presented a five-hour hands-on session about planning a research project to evaluate methods of staff development education.

During seven days in December, Michele returned and taught 32 classes about falls and falls prevention to Mission Hospital staff, as part of a research study about methods of nursing education led by primary investigator Darlene Schleider, BSN, RN, Nursing Education Specialist I, NPER.
Four Units Collaborate for Annual Education Blitz

This year 6 North, 9 Stepdown, and Pulmonary Medicine Care Unit/Pulmonary Medicine Stepdown (PMCU/SD) combined efforts for the annual education blitz. The blitz planning team included Ellen Ferguson, BSN, RN, PCCN, NPER; Carlin Smith, BSN, RN, NPER; Cathy Hebert, RN, CNS-BC, NPER; Leigh Angel, BSN, RN, Manager of 9 Stepdown; Glenda McCall, BSN, RN, Manager of PMCU/SD; and Vickie West, BSN, RN, 6North Manager.

Blitz facilitators, dressed in bright orange and yellow outfits and wearing whimsical sunglasses, inspired fun and enthusiasm during the annual education blitz sessions. Left to right are Carlin Smith, BSN, RN, of NPER; Diane Allen, RN, of NPER; Edna Crowe, N4 II, 9 Stepdown; Ellen Ferguson, BSN, RN, PCCN, of NPER; Karen Randolph, N4 II, 9 Stepdown; and Joann Edrow, RN, 6 North. Photo by Katie Cheatham, BSN, RN

Following the March Nursing Retreat, which focused on Magnet® expectations, the team was inspired to include Mission Hospital’s nursing practice model in the theme of the blitz. “Rise to the Challenge for our Patients and Families,” was developed using “CHALLENGE” as the acronym for the elements of Mission’s nursing practice model:

- C = Collaboration, caring, communication
- H = Helping
- A = Autonomy, Advocacy
- LL = Lifelong Learning
- E = Evidence Based
- N = Nursing Practice
- G = Goal Directed
- E = Empowerment

In order to accommodate such a large group of staff attendees, supervisors, transfer mobility coaches and preceptors from each unit jumped on board to help. Facilitating staff completion of the educational modules were:

- Brandy Whitson, RN
- Cara Craig, RN
- Darlene Brown, UA
- Dennis Gruber, RN
- Diane Allen, RN
- Edna Crowe, NA II
- Elaine Franke, RN
- Joann Disbrow, RN
- Jonathon Brandon, RN
- Karen Randolph, NA II
- Katie Cheatham, BSN, RN
- Leah Silver, RN
- Libby Flowers, RN
- Lyne Vendely, RN
- Mae Thorpe, CNA I
- Mary Teague, RN
- Melissa Porche, RN
- Misty Everling, RN
- Myra Evans, RN
- Robin Noland, RN
- Thelma Jackson, CNA I
- Toni Crabb, RN

Integrative Healthcare Activities & Community Presence

Members of the Integrative Healthcare (IH) department were busy in 2010 providing numerous educational activities for Mission staff, outreach opportunities to the community, and collaborating with local and regional organizations to further the presence of Holistic Nursing.

The Holistic Staff Retreats, lasting two days and one night, provided experiences for rejuvenation, self-growth, and education. The retreats were held at beautiful, local retreat centers, where staff could experience complementary therapies, such as healing touch, massage therapy, aromatherapy, acupuncture, gentle chiropractics, yoga, tai chi, breathing exercises, and many other techniques for stress management and self-care. In 2010, were 12 retreats with 185 staff members participating, for a total participation of 616 since the Holistic Retreats began in Fall of 2008.

Self-Care Days were one-day single topic seminars offered for hospital staff members at different locales such as NC Arboretum, Ludderidge Retreat Center and Mission Hospital. In 2010, there were 10 self-care days with 197 total participants.

Mission Hospital In-House Offerings to staff included 15 classes on topics like self-care, dance movement, reflexology, and non-pharmacological approaches to pain management. IH staff offered modalities such as massage, aromatherapy; and Healing Touch, to Mission co-workers during at least eight health fairs and events. The department participated in sponsoring Nurses Week keynote speaker, the renowned author, Bertice Berry, PhD, in her address during a special celebration.

Community Service Projects and Education throughout the year brought elements of Integrative Healthcare to 27 local and regional groups, such as the Medical Minority Mentorship Program, Asheville Buncombe Institute of Parity Achievement (ABIPA), the US Forestry Service, and the Institute of Emerging Issues in Raleigh.

IH staff collaborations involved organizations like Mountain Area Health Education Center (MAHEC), Asheville-Buncombe Technical Community College, Western Carolina University, and the Blue Ridge Holistic Nurses Network.

Nurses on a Stroke Mission!

Robin Jones, BSN, CNRN, Stroke Coordinator, reported that this past year, the Stroke Program was busy educating our nurses and professional colleagues about the three R’s of Stroke:

- RECOGNITION of Warning Signs
- RAPID TRANSPORT to a Stroke capable Emergency Department
- REDUCING RISK Factors for Stroke

There were 24 community events, including Stroke Screening events with McDowell and Blue Ridge Hospitals. We provided 23 educational events for nurses, therapists, and physicians, including our bi-annual WNC Stroke Conference, a two-day event in Asheville with over 150 providers in attendance! We traveled the region meeting with EMS and ED personnel from Murphy to McDowell Hospitals...from Avery to Rutherford counties!

We teamed up with our colleagues from EMS and Cardiology to launch a community education program “Minutes Matter” on early recognition and action for Sudden Cardiac Arrest & Stroke (FAST). Many staff from Mission and other agencies have volunteered time to teach “compression-only CPR” and the aid for FAST (Face, Arm, Speech and Time) recognition of stroke symptoms. In July 2010 we teamed up with the Emergency Nursing Department and NC Heart Disease and Stroke Prevention to offer a new course “Acute Stroke Life Support.” A seven hour class is available every other month, and participants can register via WebIn-service.

In 2010, Neurosciences and Neurotrauma ICU met the goal with 100 percent of the staff completing the Stroke and ICH education modules and 100 percent of the staff are certified in the NIH-Stroke Scale Assessment!!

We are proud to say we earned the GOLD PLUS award from the American Heart/Stroke Association for the second year in a row. This is a national recognition for sustained achievement in stroke quality indicators!
### ACTIVITY

**United Way Day of Caring**

The annual community-wide event that matches volunteers with service projects to benefit Asheville and Buncombe County nonprofits, schools and public entities.

### VOLUNTEERS

<table>
<thead>
<tr>
<th>Alice Innetta</th>
<th>Rachel Bemis</th>
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<tr>
<td>Alissa Pope</td>
<td>Rachel Alsyosky</td>
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<td>Amie Fluharty</td>
<td>Rebecca Dalton</td>
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<td>Amy Good</td>
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<td>Amy Holguin</td>
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<td>Barbara Marsh</td>
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<td>Beverly Hoppes</td>
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<td>Brandi Ashe</td>
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<td>Brandy Dotson</td>
<td>James DeGrave</td>
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<td>Brenda Sommer</td>
<td>Jane Fredrickson</td>
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<td>Brenda Canter</td>
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<td>Carey Estes</td>
<td>Jennifer Retamal</td>
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<td>Carla Ballard</td>
<td>Jennifer Roberts</td>
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<td>Carolyn Parker</td>
<td>Jeremy Smith</td>
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<td>Catherine Graham</td>
<td>Jermaine Davidson</td>
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<td>Cathryn Francis</td>
<td>Jessica Martin</td>
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<tr>
<td>Ceci Clark Jr</td>
<td>Jody Curry</td>
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<tr>
<td>Charles Waycaster Jr</td>
<td>Judy Caraker</td>
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<td>Cherie James</td>
<td>Julie Shipman</td>
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<td>Cheryl Worley</td>
<td>Julie Shelton</td>
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<td>Julie Thomas</td>
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<td>Christina Miller</td>
<td>Kathy Daley</td>
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<td>Clay Tison</td>
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<td>Dawn Wascoe</td>
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<td>Deborah Lawing</td>
<td>Kimberly Borne</td>
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<td>Dewey Taylor Jr</td>
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<td>Diane Davis</td>
<td>Kitty Ratziavf</td>
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<td>Donna Cook</td>
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<td>Donna Pek</td>
<td>Roger Moss</td>
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<td>Dorothy Bryant</td>
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<td>Kyong Stark</td>
<td>Ruth Ann Savage</td>
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<td>Sally Fisher</td>
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<td>Shawn Beane</td>
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<td>Linda McNeill</td>
<td>Sheila Piemmons</td>
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<td>Margaret Howie</td>
<td>Shelby Bjorlie</td>
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<td>Margaret Ballo</td>
<td>Joy Clifton</td>
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<td>Mark Steinke</td>
<td>Sommer Buchanan</td>
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<td>Mary Bradt</td>
<td>Stephen Weeks</td>
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<td>Mary Yacopino</td>
<td>Steven Schmidlin</td>
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<td>Mary Katherine Smith</td>
<td>Susan Buckner</td>
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<td>Susan Funderud</td>
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<td>Melissa Bartlett</td>
<td>Tiffany Davi</td>
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<td>Michelle Setzer</td>
<td>Todd Wyndham</td>
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<td>Michelle Moore</td>
<td>Tonya Mace Mease</td>
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<td>Valerie Gulledge</td>
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<td>Pansie Huffstedtler</td>
<td>Vickie Oliver</td>
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<td>Patricia Spry</td>
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<td>Patricia Kirby</td>
<td>Virginia Moss</td>
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<tr>
<td>Patrick Ryan</td>
<td>Wendy Robinson</td>
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<tr>
<td>Priscilla Hayes</td>
<td>William O Myers III</td>
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<td>Wilma Sprinkle</td>
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### ACTIVITY

**Volunteered at the CARE (Communities Are Responding Everyday)**

Clinic in Charlotte, a free comprehensive clinic for area residents that did not have insurance coverage. About 2,000 patients were seen that day.

**Members of church medical team, accepting assignment to attend all services during specified weeks and be accessible via pager and radio plus be prepared to use AED portable defibrillator in emergencies.**

**Volunteered on a mission trip to the mountains of Haiti from April 3-10 helping with five clinics servicing 1400 children with nutritional needs.**

**Volunteer builder for the 2010 Women’s Build House for the Asheville Area Habitat for Humanity**

**United Way Back-to-School Supply Drive**

**Volunteer in Cochabamba, Bolivia, at an in-hospital residence for families of pediatric patients and assistant to Montana surgeon instructing local Bolivian surgeons on the use of laparoscopic equipment for procedures other than cholecystectomy and appendectomy.**

**Attamont Theatre Board of Directors Secretary**

**Board of Directors My Sister’s Place, an agency in Madison County, which helps those affected by domestic violence and sexual assault.**

**Asheville Area Habitat for Humanity**

**ACLS; BLS; PALS courses with course fees to various non-profit agencies.**

**Asheville Buncombe Institute of Parity Achievement Health Fair & Volunteer.**

**Minutes Matter**

**Volunteer at ABCCCM: Skin Screening at Asheville Mall; Cardiovascular Health Screen and flu vaccines on St. Joseph Campus.**

**Participated in a mission trip to Haiti in February following the catastrophic earthquake.**

**Volunteer for United Way Day of Caring**

**Chair for Mission’s United Way Campaign**

**Rathburn Center Advisory Board Member**

**March of Dimes Board Member (ad hoc)**

**Volunteered at ABCCCM and Manna Food Bank**

**Helped lead/instruct a backpacking trip in October in the Cotopaxi National Park of Ecuador, bringing the first ‘Leave No Trace’ Master Educator course to South America. ‘Leave No Trace’ is the US federal and state official public education campaign for the stewardship of our environment, as it pertains to non-motorized recreational use.**

### VOLUNTEERS

<table>
<thead>
<tr>
<th>Adam King, CNA I</th>
<th>Angie Higdon, RN</th>
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<tbody>
<tr>
<td>Unit Assistant I</td>
<td>Adult Medicine</td>
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<td>CoA ICU</td>
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<tr>
<th>Gina Moore, RN</th>
<th>April Hartzog, RN</th>
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<tr>
<td>Neonatal ICU</td>
<td>PerAnesthesia Care Unit</td>
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<tr>
<th>KATHY WRIGHT, RN</th>
<th>Carl Wilcox, RN</th>
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<tr>
<td>Nursing Support Services</td>
<td>Surgical Services</td>
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<tr>
<th>TINA BARNES, MSN, RN</th>
<th>Cherry Odom, BSN, RN</th>
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<tr>
<td>Manager, RN, NPER</td>
<td>Nursing Documentation Coordinator, NPER</td>
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<tr>
<th>ANNE RAMIREZ, MSN, RN</th>
<th>Christi Britt, RN, CNICU</th>
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<tr>
<td>Neonatal CNS</td>
<td>CVICU</td>
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<tr>
<th>CARL WILCOX, RN</th>
<th>Claudine Cuento, BSN, RN, CCRC, CCPR</th>
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<tr>
<td>Neonatal ICU</td>
<td>Clinical Research Nurse, Research Institute</td>
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<tr>
<th>GINNY RAVIOTTA, MN, RN, NE-BC</th>
<th>Jennifer Burts, RN, NICU</th>
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<tr>
<td>Director of Women’s and Children’s Services</td>
<td>Medical/Surgical ICU</td>
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</table>
MCSD Offers Posters & Library to Other Units

Medical Cardiology Stepdown (MCSD) opened their quarterly education blitz in November to nurses on other units. Poster sessions for contact hours were available to any nurse who wanted to drop by the 3 Heart Echo Classroom. Joan Vassey, BSN, RN, Nurse Educator I, and Lisa Clark, MSN, RN, CPAN, Nurse Educator II, planned the five sessions of Skills Lab and Posters Review. Lora Baleno, MSN, RN, BN, CCRN, CNS for Cardiology, coordinated five speaker presentations by company representatives and Mission Hospital Pharmacist Aubrie Rafferty.

The MCSD library implemented by Lisa Clark, MSN, RN, CPAN contains resources related to cardiology, electrophysiology, certification review in critical care (CCRN) and progressive care (PCCN), and miscellaneous nursing topics available to any nurse in the hospital. (Nursing News, Vol. 6, #13, December 2010)

NICU Simulation at March of Dimes Gala

Nurses and a respiratory therapist from the Neonatal ICU (NICU) prepared and displayed a mock ICU setting in the lobby of the March of Dimes 20th Anniversary Gala on October 8 at the Grove Park Inn. The event raises money for community grants and research investigating the causes and treatment of premature births.

Autumn Ballard, RN, Nicole Wells, BSN, RN, Gary Trimbly, RRT-RCP, NPS, C-NPI; Maggie Holmes, BSN, RN; and Meera Ganatra, BSN, RN displayed two dolls surrounded by ICU equipment like a radiant warmer, a ventilator, and IV infusions. The goal was to help community members realize the importance and impact that the March of Dimes has on premature babies.

RACE

Mission Hospital is one of 122 hospitals throughout NC that participates in the Reperfusion of Acute Myocardial Infarction in Carolina Emergency Departments (RACE). This project focuses on improving patient outcomes from heart attacks. Community education about risk factors, signs and symptoms and steps in getting treatment is part of the role of this project.

At the 2010 Mountain State Fair in Asheville, more than 50 nurses, certified nursing assistants, and other auxiliary personnel from 23 hospital areas volunteered 300 hours at the “Minutes Matter” booth. They instructed over 4,500 people on the importance of calling 911, recognizing the signs and symptoms of a stroke and heart attack and how to perform compression-only CPR.

There were 28 community screenings and educational events in the region during 2010. With screenings, potential high risk community members are educated on their risk factors and steps to follow to reduce the chances of a heart attack. Additionally, 21 educational classes were provided for nurses, EMS personnel, and physicians for local and regional areas. Emphasis was placed on the recognition of signs and symptoms of heart attack, modifying risk factors, and expediting ST Elevation Myocardial Infarction patients to the Cath Lab.

Nearly 5,000 Mission employees completed a Heart Attack Awareness learning module, which included the physiological changes during a heart attack and steps to take if this occurs with our patients, visitors, and fellow staff members.

Mission Hospital was also awarded the 2010 Gold Performance Achievement Award for improvement in the treatment of Acute Myocardial Infarction patients through implementation of ACTION Registry – Get with the Guidelines (GWTG) and in-hospital initiation of the American College of Cardiology/American Heart Association STEMI/NSTEMI Clinical Guideline Recommendations.
Higher Nursing Education

ATTAINED LICENSED PRACTICAL NURSING DEGREE

Stacie Carter, LPN
Neurosciences

ATTAINED ASSOCIATE’S DEGREE IN NURSING

Amber Davis, RN
7 North

Andrea Faunce, RN
Medical Cardiology SD

Aprill Hartzog, RN
PeriAnesthesia Care Unit

April Jenkins, RN
Labor and Delivery

Barbara McCurry, RN
Neurosciences

Caysee Guffey, RN
Neurosciences

Christi Cooper, RN
Mother/Baby

Debra Davis, RN
Pulmonary Medicine Care Unit

Heather Martin, RN
Cardiology ICU

Heidi Bagwell, RN
9 NSD

Janet West, RN
Trauma Care Unit

Jeffery Steinke, RN
Neurosciences

Kathrina Buckner, RN
Olson Huff Center Medical Practice

Kelsey Thompson, RN
Neurotrauma ICU

Rachel Brewer, RN
Trauma Care Unit

PURSUING ASSOCIATE’S DEGREE IN NURSING

Deandra Miller, CNA II
Pediatrics Hematology/Oncology

Jessica Baldwin, CNA II
Neurosciences

Kari Turvin, HUC
Neurosciences

Lacie Apple, LPN
6 North

ATTAINED BACHELOR’S DEGREE IN NURSING

Angela McMullen, BSN, RN
Medical Cardiology Stepdown (MCSD)

Anna Eller, BSN, RN
Oncology

April Messer, BSN, RN
MSICU

Brent Evans, BSN, RN
Nursing Support Services

Cherry Odom, BSN, RN
NPER

Chris Ford, BSN, RN, CPAN, CAPA;
Past-Anesthesia Care Unit

Dana Humes, BSN, RN
MCSD

Denise Ebert, BSN, RN
Manager, Cardiology ICU

Elizabeth Brown, BSN, RN
Trauma Care Unit

Faisal Mohammed, BSN, RN
House Supervisor

Gina Halstrom, BSN, RN
8 North

Gwen Payne, BSN, RN
MCSD

Jennifer Kerley, BSN, RN
MCSD

Jon Rogers, BSN, RN
Emergency Dept

Karen Bailey, BSN, RN
CVOR Manager

Karen Parsons, BSN, RN
8 North

Kathleen Leake, BSN, RN
Chest Pain Observation Unit

Kelly Adcock, BSN, RN
Rapid Response Team

Kitty Williams, BSN, RN
Nurse Clinician, CVOR

Lora Deitz, BSN, RN, NUS
Nursing Support Services

Mary Jane Beddingfield, BSN, RN, RN
Copestone

Maxine Rolls, BSN, RN, CCRN
Cardiovascular ICU/RU

Melanie Pugh, BSN, RN, CRNI
IV Therapy

Monica Wooten, RN
Medical/Surgical ICU

Rachel Repasy, BSN, RN
Neurotrauma ICU

Ralph Mangusan, BSN, RN
Cardiovascular Progressive Care

Sandy Cagle, BSN, RN
Emergency Dept

Susan Vincent, BSN, RN
MSICU

Teresa Orozco, BSN, RN
House Supervisor

PURSUING BACHELOR’S DEGREE IN NURSING

Amanda Conner, RN
Pulmonary Medicine Care Unit (PMCU)

Angela Penland, RN
MCSD

Bill Erickson, CNA I
Copestone Adolescent Unit

Brian Martin, RN
Neurosciences

Carla Ferrigno, RN
Neurotrauma ICU

Carol Jackson, MHS, RN
Director, Nursing Support Services

Carrie Ann Henderson, RN
Emergency Department

Crystal Letterman, RN
Adult Medicine

Creola Robinson, RN
Neurosciences

Gina Moore, RN
Rapid Response Team

Heather Wolf, RN
General Medicine

Jackie Schmidt, RN
Neurosciences

Janet Sheppard, RN
Emergency Department

Jason Gladin, RN
Cardiology ICU

Jeffery Corn, RN
Cardiovascular Progressive Care

Jenny Arledge, RN
Heart Services Case Manager

Jill Rabideau, RN
Medical/Surgical Pool, Nursing Support Services

Joy Brooks, RN, ED

Karen Sinclair, RN
Medical/Surgical Pool, Nursing Support Services

Kassie Gill, RN, ED

Kathy Kelley, RN, PMCU

Kathy Wright, RN
Nursing Support Services

Kelly Phillips, RN
Surgical Services

Kim Shelton, RN
Neurosciences

Karen Manfred, RN
MCSD

Lisa P. Clark, RN
Neurosciences

Marinda Hennessey, RN
Manager, General Surgery

Mary Sue Carson, RN
Manager, Neurotrauma ICU

Melba Jackson, RN
House Supervisor

Melanie T. Clark, RN, CPON Pediatric
Outpatient Hematology/Oncology

Melissa Rogers McCall, RN
Neurotrauma ICU

Nancy Mastrantonio, RN
Women’s Surgery Unit

Nathan Reed, RN
Adult Medicine

Patrick Hefner, RN, CEN, NUS; Emergency Department

Rachel Ferguson-Reilly, RN
PMCU

Robin Noland, RN
PMCU

Sarabina Mills, RN
6 North

Shannon Tipton, RN
Neurosciences

Shawn Conner, RN
Neurotrauma ICU

Steve Strout, RN, ED

Toni Crabb, RN, NUS, PMCU

Tricia Hefner, RN
ED Admit Unit

ATTAINED MASTER’S DEGREE IN NURSING

Barb Radford, MSN, RN-BC Nursing Education Specialist II NPER

Cherie Ledford, MSN, FNP
Oncology

Cheryl Gibson, MSN, RN-BC
Nursing Education Specialist II, NPER

Diane Davis, MSN, RN
Cardiology ICU

Glenda McCall, MSN, RN
Manager, PMCU/PMSD

Gloria Simuel, MSN, RN
Case Manager, PMCU/PMSD

Heather Thurston, MSN, NAP
Neurosciences

Heidi Sherman, MSN, RN
Nursing Education Specialist II, NPER

Jamie Cardwell, MSN, RN
Nurse Educator I, NPER

Jason Maher, MSN, BBA
PMCU/PMSD

Jessica Houck, NNP, RN
Neonatal ICU

Kathy Hefner, MSN, RN
Director, Heart Services

Kristina McCall, MSN, RNC Nurse Educator II, NPER

Linda Anderson, MSN, RN
Director, Adult Medical/Surgical Units

Linda Bugg, MSN, RN
Manager, Medical/Surgical ICU & Rapid Response Team

Stephanie Spittle, MSN, RN
Manager, Medical/Surgical Progressive Care

Tina Barnes, MSN, RN, Manager, Professional Nursing Practice for NPER

Vickie West, MSN, RN
Manager, 6 North

ATTAINED MASTER’S DEGREE IN HEALTH SCIENCES

Vicki Arnold, MHS, RN, NE-BC
Director Vascular Center/Radiology Nursing

PURSUING MASTER’S DEGREE IN HEALTH SCIENCES

Maria Hines, MSN, RN-BC
Nurse Educator I, Senior Services

PURSUING MASTER’S DEGREE IN NURSING

Alicia Eifler, BSN, RN

Ashley Metcalfe, BSN, RN, CEN, ED

Aubrey Balmer, BSN, RN
Cardiology ICU

Carlin Smith, BSN, RN
Nurse Educator I, NPER

Carriedelene Wilson, BSN, RN

Cathy Retskin, BSN, RN
Labor and Delivery

Dawn Neuhauser, BSN, RN, OCN
Manager, Oncology

Deb Kirkman, BSN, RN
Heart Services Outreach

Deborah Robertson, BSN, RN Nursing Support Services

Ellen Ferguson, BSN, RN
Nurse Educator I, NPER
Mission Hospital staff members volunteered on February 18 to offer morning and evening sessions of cardiovascular health risk screening, nutritional guidance, and educational information to female hospital employees. Nearly 250 women took advantage of this awareness campaign sponsored jointly by the Heart and Women’s Service Lines. Staff member volunteers paused for a picture during health screenings:

Mission Women Go Red!

A special Nurses Week Kick-Off event was held May 4 in the MAHEC Auditorium. The program included:

- A presentation of background music and photos of Mission nurses across the organization, produced by Leigh Angel, BSN, RN, Manager of 9 Stepdown;
- Nursing Excellence Awards to 12 nurses and State of Nursing address by Kathleen Guyette, MSN, RN, NE-BC, VP and CNO;
- Keynote Address by renowned author Bertice Berry, PhD, who praised Mission nurses for their dedication to providing excellent patient care; and Blessing of the Hands ceremony led by Nancy McCall, RN, Pediatrics.

Seated L-R: Debbie Kirkman, RN-BC, BSN, Cardiovascular Outreach
Sarah Hinson, Community Health Enhancement
Kathy Bryson, RN, Utilization Review
Val Pulsifer, RNC, NUS, Mother/Baby
Irisha Pomerantzeff, Russian Interpreter

Standing L-R: Brett Mills, CNA, Staffing Pool
Lisa Y. Smith, RN, MSN, IBCLC, CNS for Neonatal, Women’s, and Mother/Baby
Kathleen Leake, RN, ED Chest Pain Observation Unit
Lisa Wilcocks, RNC, Mother/Baby
Frank Castelblanco, RN, Heart Regional Services
Fern Webb, Tobacco Addiction Specialist
Clinical Affiliations

Mission Hospital serves as a primary clinical site for the following Colleges and Universities in nursing and allied health:

**Asheville-Buncombe Technical Community College**
- Asheville, NC
- Nursing, Surgical Technology, and Emergency Medical Sciences Students

**Blue Ridge Community College**
- Flat Rock, NC
- Nursing and Surgical Technology Students

**Mayland Community College**
- Spruce Pine, NC
- Nursing Students

**Region A Nursing Consortium**
- Clyde, NC
- Nursing Students from Haywood Community College, and Tri-County Community College

**Western Carolina University**
- Cullowhee, NC
- Undergraduate and Graduate Nursing, and Emergency Medical Care, Physical Therapy Students

Additionally, Mission Hospital serves as a site for clinical practicum experiences for Colleges and Universities in various programs in the Nursing division, including:

- Emergency Medical Science
- Exercise Science
- Genetic Counseling
- Graduate Nursing
- Health Information Technology
- Medical Technology
- Nurse Midwifery
- Nursing
- Physical Therapy
- Radiation Therapy Technology
- Respiratory Therapy
- Sonography
- Speech-Language Pathology
- Surgical Technology and other specialties.

Mission Hospital serves as a site for clinical practicum experiences for the following Colleges and Universities:

**Appalachian State University**
- Arcadia University
- Case Western University
- Catawba Valley Community College
- Central Piedmont Community College
- Chattanooga State University
- Duke University
- East Carolina University
- East Tennessee State University
- Edgecombe Community College
- Elon University
- Emory University
- Frontier School of Midwifery & Family Nursing
- Gardner-Webb University
- Georgia State University
- Lebanon Valley College
- Lees McRae College
- Lenoir Rhyne University
- Mars Hill College
- North Georgia College & State College
- South College
- Southwestern Community College
- University of North Carolina-Chapel Hill
- University of North Carolina-Charlotte
- University of North Carolina-Greensboro
- University of Tennessee
- Western Carolina University
- Western Piedmont Community College
- Wingate University
- Winston-Salem State University

**Professional Organizations Leadership**

**Adam King, CNA I; Unit Assistant I; Cath ICU**
- National Region III Vice President of Health Occupations Students of America

**Andi Williams, RN; Coordinator, Integrative Health**
- Serves on the American Holistic Nursing Association (AHNA) Practice Council.

**Barb Marsh, BSN, RN, MHS, CPAN; Nurse Education Specialist II, NPER**
- District Contact of Mountain Area PeriAnesthesia Nurses (MAPAN) for NC Association of PeriAnesthesia Nurses (NCAPAN)

**Barb Radford, MSN, RN-BC; Nursing Education Specialist II, NPER**
- Awards Committee for NC Nurses Association (NCNA)
- Great 100 Scoring/Selection Committee

**Cheryl Gibson, MSN, RN; Nurse Education Specialist II, NPER**
- Board Member of University of North Carolina-Chapel Hill School of Nursing Foundation and Marketing Chair
- President of Sigma Theta Tau, Eta Psi Chapter and Eta Psi Chapter Leadership Succession Committee

**Chris Ford, RN, CPAN, CAPA; Past-PeriAnesthesia Care Unit Treasurer of NCAPAN**

**Cherry Odom, BSN, RN; Nursing Documentation Coordinator, NPER**
- NCONL District One Secretary
- NCONL Board of Directors member and Chair of Information Services Committee
- Great 100 Fundraising Committee Co-chair

**Craig Harris, BSN, RN, MPH, CCRN; Manager of Cardiovascular ICU and Recovery Unit and CV Progressive Care (CVICU/RU & CVPC)**
- NCONL District One Co-chair; outgoing, NCONL Board of Directors member

**Denise Anthes, BSN, RN, MBA, HM-BC, HTCP, HTI; Holistic Nurse Specialist**
- Serves on the Research Council for International Healing Touch Program
- Member of the MAHEC Regional Advisory Council

**Ginny Raviotta, RN, MN, NE-BC, Director, Women’s and Children’s Services**
- NC Perinatal Quality Collaborative Advisory Board Member

**Heidi Sherman, MSN, RN-BC; Nursing Education Specialist II, NPER**
- Curriculum Review Committee at WCU

**Joyce Hillman, BSN, RN, CAPA; Past-PeriAnesthesia Care Unit Member-at-large for NCAPAN**

**Kathy Daley, MSN, RN, CCRN-CMC-CSC, CPAN Clinical Nurse Specialist for Research; NPER**
- Editor of the national biannual newsletter for American Society of PeriAnesthesia Nurses (ASPA)
- Geriatric Specialty Practice Group
- Board of Directors Member of NCAPAN

**Lourdes Lorenz, MSN, RN, NEA-BC, AHN-BC; Director, Integrative Healthcare**
- Serves on task force for AHNA Holistic Nurse Coaching certification, Serves on the Research Council for International Healing Touch Program
- Serves on the Health Advisory Council for Institute of Emerging Issues, Raleigh, NC, Leader for WNC Holistic Nursing Chapter

**Marsha Laird, BSN, RN; Staff Health Occupied**
- WNC Association of Occupational Health Nurses (WNCAOHN)
- Outgoing President, WNCAOHN Treasurer elect

**Mary Lou Adams, BSN, RN, CCRN, CSC; Unit Educator for CVPC**
- WNC American Association of Critical Care Nurses (AACN) Chapter President

**Mary Richard, BSN, RN-BC, CES; Director, Heart Path**
- President, NC Cardiopulmonary Rehabilitation Association, the state affiliate of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), Member; AACVPR’s Program Certification/Recertification Committee

**Michelle Moore, BSN, RN, CCRN, CSC; Asheville Surgery Center**
- WNC AACN Treasurer

**Tina Barnes, MSN, RN, CAPA; Manager, Professional Nursing Practice**
- NCONL District One Co-chair; incoming, NCONL Board of Directors member
NURSING EXCELLENCE THROUGH PROFESSIONAL PRACTICE
In June 2010, Mission Hospital finalized the Nursing Education & Practice Retention Grant, a three-year federal grant through the Health Resources & Services Administration (HRSA), Bureau of Health Professionals. The grant aligned with the Professional Educational Achievement Recognition (PEAR) program and provided funding for the administrative facilitation and curriculum development for professional development and clinical courses.

Cheryl Gibson, MSN, RN-BC, Nursing Project Coordinator; Heidi Sherman, MSN, RN-BC, Staff Development Coordinator and Thresa Lukacena, Media Specialist and Office Technician, provided oversight for the PEAR Program through Nursing Practice, Education & Research. The Mission Healthcare Foundation facilitated the financial management of the grant resources.

The first meeting of the new Infection Prevention (IP) Nurse Liaison Program was held on August 15.

Rachel Long, MT, MEd, CIC, Manager of IP and Public Health Epidemiologist, hosted 30 nurses from 26 nursing areas. The key purpose of the group is improvement of patient outcomes by facilitating better understanding of:

1) IP reports at Mission
2) How IP monitors infections
3) Nosocomial infections
4) The “bugs” that cause infections
5) Process improvements to decrease patient infections.

Registered nurses who participated in the first IP meeting were:

Anita Lyda, Medical Surgical Progressive Care
April Parr, Neurotrauma ICU
Brenda Smith, Manager, Women’s Surgical Unit
Carol Jackson, Director, Nursing Support Services
Cathy Retskin, Labor and Delivery
Cheryl Roper, ED
Christina Hamidzidis, Trauma Care
Corrienne Billings, Neurosciences
Debbie Lewis, IV Team
Jennifer Kerley, MCSD
Joan Heatherly, 8 North
June Clement, General Surgery
Kimmie Anderson, Children’s Dental
Lauren Krance, Renal Medicine
Laurie Downs, Manager, CCU ICU
Leigh Angel, Manager, 9 North Step Down
Lisa Boone, General Surgery
Lisa Williams, Renal Medicine
Lynn Godfrey, Medical Surgical ICU
Margaret Holmes, Neonatal ICU
Mary Sue Carson, Manager, NICU
Melanie Goodwin, Cal ICU
Morgan Barrett, NUS, MCSD
Penelope Wortman, Psychiatric Services
Shae Lynn Byas, Mission Children’s Specialists
Sheri Norman, Asheville Surgery Center
Toni Crabb, Pulmonary Medicine Stepdown
Tracie Patterson, Dialysis
Tricia Kelly, NUS, CVICU
Zachary Clement, Manager, 7 North
Geriatric Resource Nurses

During 2010, thirty-four Geriatric Resource Nurses (GRN) graduated from special classes at Mission Hospital bringing the total to 230 GRNs trained across the hospital, including the Emergency Department and outpatient areas. A similar program is available for non-licensed personnel such as nursing assistants, called the Geriatric Trained Provider (GTP) program. There are 30 GTPs working at Mission. In 2010, 18 staff graduated as GTPs (12 from Mission and six from the Council on Aging). The Mission GRN/GTP program is part of a nationwide organization called Nurses Improving Care to Health System Elders. GRNs are involved in many initiatives throughout the hospital to improve the bedside care of older adults, including delirium prevention, fall prevention and reduction of catheter-associated urinary tract infections.

Two GRNs were honored for their outstanding service to the elders at Mission, Barb McElroy, RN, Nursing Support Services, and Joy Brooks, RN in the ED. Both are tireless advocates for their patients and role models for staff. Linda Hensley, CNA in CICU was awarded GTP of the Year for her dedication to individualized patient care and leadership in elder care.

Other GRN projects in 2010 included educating unit staff on geriatric order sets, such as the geriatric pain protocol, PRN Elder care order set, and geriatric acute delirium plan.

Another GRN program was added that brings together 15 community nurses from Community Care of WNC and local long-term care facilities. The goal is to promote smooth transitions for elders, as they move through different health care settings, through collaboration between staff at these settings. We learn the needs of each level of care, and strive to strengthen communication to provide the best care possible for the elders of our community. Nursing Practice, Education, and Research and Senior services collaborate in providing the GRN/GTP program.

Diabetes Resource Nurses

Started in 2009 and supervised by Tish Alspach, RN, MPH, Inpatient Glucose Coordinator, the Diabetes Resource Nurse (DRN) program has graduated 161 nurses from 42 departments. Of these DRNs, 32 graduated in 2010.

The function of the Diabetes Resource Nurse is to:

• Serve on their units in a resource capacity.
• Utilize the knowledge gained through the training session and the follow-up classes to enhance their knowledge of diabetes.
• Assist their peers to develop strategies on their units to maintain patients’ glucose levels within target ranges.
• Share the information that they have acquired with nurses on their units.
• Develop and utilize relationships with the Inpatient Diabetes Clinicians.

Holistic Resource Nurses

Since April 2009, there have been 231 Holistic Resource Nurse (HRN) Program graduates. Forty-one of those graduated from four classes in 2010.

This course, sponsored by the Integrative Healthcare Department, focuses on evidence based nursing practices and the core values of Holistic Nursing from the American Holistic Nurses Association and the American Nurses Association. The class guides nurses in the art and science of holistic nursing and offers ways of thinking, practicing, and responding both personally and professionally to bring healing to the forefront of healthcare.

Emphasis is placed not only on preparing for the Holistic Nursing Certification (HNC) exam, but in preparing Mission nurses to serve as Holistic Resource Nurses in their roles as clinicians, educators, and researchers. Components of this course include an organized base of knowledge, competencies, definitions, theories, and research. Course content is applied during 24 hours of classroom experience over three weeks.

“The goal is to promote smooth transitions for elders, as they move through different health care settings, through collaboration between staff at these settings.”
The Pediatric Resource Nurse (PRN) Program was begun in 2010 with the goal of improving pediatric care at Mission Hospital and throughout Western NC.

The program is offered to nurses locally and regionally. Pediatric care in this hospital and two area organizations was positively impacted by projects resulting from nurse participation in the first two groups, listed below.

Projects from the First Two Pediatric Resource Nurse Programs:
- Needle gauge/lengths/sites – Mission ED
- Risk of increased QT Interval in children taking antipsychotics - Copestone
- Pediatric Pain Scales – Mission ED
- Trauma Orientation – Mission ED
- Soft language suggestions posted at nursing unit – Pardee Hospital
- Pediatric Education Series – CarePartners
- Oral Rehydration Therapy protocol – Mission ED and Inpatient
- Temporal Artery Thermometry – Mission ED and Inpatient
- Decorating 4 waiting rooms for pediatric patients/families – Mission ED
- New cleanable, child-friendly books - Asheville Surgery Center
- Pediatric intravenous start/lab draw kits - Mission ED
- IV teaching book - Mission ED
- Broselow arm bands – Copestone
- Weight at triage – Mission ED
- Distraction bucket – Pardee Hospital
- Toy Cleaning policy and set-up – Pardee Hospital
- Relationship between nausea and vomiting and fluid deficit – Asheville Surgery Center

Three programs were offered in 2010 with 52 graduates.

**NURSE GRADUATES FROM:**
- ED
- Copestone
- Asheville Surgery Center
- Endoscopy
- Nursing Support Services
- Genetics

**REGIONAL NURSE GRADUATES FROM**
- Angel Hospital
- CarePartners
- Haywood Hospital
- Harris Hospital
- McDowell Hospital
- Pardee Hospital
- Transylvania Hospital

Nurses and other key staff members who helped plan and/or teach the 2010 PRN courses were:

**PLANNED AND TAUGHT**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Cheryl Morris</td>
<td>BSN, RN, CPN</td>
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<tr>
<td>Linda Rodemaker</td>
<td>RN, CPN</td>
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<tr>
<td>Tonja Schroder</td>
<td>BSN, RN, CPN</td>
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<tr>
<td>Blair Simmons</td>
<td>BS, CCLS, Child Life Specialist</td>
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<tr>
<td>Courtney Crumpton</td>
<td>BSN, RN, CPN</td>
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**TAUGHT**

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Allison Brown</td>
<td>RN, BSN, CPN</td>
</tr>
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<td>Gail Gordon</td>
<td>RN</td>
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<td>Julian Cate</td>
<td>BA, CCLS, Child Life Specialist</td>
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<tr>
<td>Amy Fisher</td>
<td>CCLS, Child Life Specialist</td>
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<tr>
<td>Cindy McJunkin</td>
<td>BSN, RN, SANE-P, SANE-A</td>
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<tr>
<td>Jodi Yaver</td>
<td>MSN, RN-PBC</td>
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<tr>
<td>Bonita Wiedenhaupt</td>
<td>RN, CPN</td>
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**Baby Friendly Designation**

In 2010, Mission Hospital became the first hospital in NC and one of 89 in the US to earn Baby Friendly designation. The rigorous certification initiative to encourage women to begin and continue breastfeeding is part of an international UNICEF /World Health Organization (WHO) effort designed to give babies the immediate and long-term health benefits of breastfeeding.

In a two-day survey, over 60 physicians, staff members, senior leadership, and new mothers proved Mission’s compliance with the Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF and WHO. The Mission Healthcare Foundation helped accomplish the extensive staff education of 250 people by purchasing the 18 hours of mandatory online education.

(Scope, Vol. 15, #9, May 7, 2010)
Clinical Ladder Program

The Registered Nurse Clinical Ladder Development team was formed in September 2009 to create an advancement system for the non-supervisory Registered Nurse. The team of direct care Registered Nurses, Nurse Leaders, and Nurse Educators, began with a literature search and review of clinical advancement models. The timeline for implementation was discussed and created over the span of the next months.

The purpose of the Clinical Ladder program, supervised by Cheryl M. Gibson, MSN, RN-BC, Education Specialist II, NPER, and guided by the Clinical Ladder Council, is to promote excellence in clinical nursing practice; develop and recognize nursing care quality; support the highly experienced Registered Nurse in direct care; facilitate career and professional development; and enhance retention and recruitment.

The Registered Nurse will submit a Clinical Ladder Portfolio including: resume or curriculum vitae; clinical exemplar; elements of evidence; and, evidence based project or research project. The Clinical Ladder Portfolio provides the Registered Nurse an opportunity to showcase professional achievements and critical thinking skills. October-December 2010 marked the first opportunity for Registered Nurses to apply to advance to Level 3 of the Clinical Ladder Program. We celebrate 52 Registered Nurses that achieved Clinical Ladder Level 3 in February, 2011.

Councilor Model

Growth Timeline

In August, 2009, the Nursing Governance Board (NGB) was established as the central body for Mission’s Nursing Shared Decision Making Councilor Model. From then to the end of December, 2010, the major hospital-wide councils grew from six to eight major councils and three supporting councils.

January 20, 2010  First meeting of the Nursing Night Council.

April 2010  Supporting councils added:
• Clinical Ladder
• Marketing & Communications
• Retention & Recognition

May 25, 2010  Organizational meeting of Advanced Practice Nursing Council.

Noteworthy accomplishments of the NGB during 2010 include:

• Formation of a subcommittee which developed the Nursing Strategic Plan based on the five components of the Magnet® model and linked to the goals of the Mission Hospital Strategic Plan.

• Representation at Nursing Professional Practice Fairs in February and April on four hospital campus areas to increase awareness of the Councilor Model of Shared Decision Making.

• Decision to include brief summary reports of each council’s monthly meeting in Nursing News each month.

• Endorsement of Guidelines for Managers’ Weekly Newsletters and monthly Nursing News, plus

• Guidelines for Abstracts, Posters, Speakers, PowerPoints, and Articles for Publication.
In Memoriam:
Remembering Our Colleagues

Memories of their teamwork, kind words, and friendly spirits live on long after they have gone.

They are remembered for their service to our patients.

Fran Carter
Health Unit Coordinator
7 North

Teri Seaver
Emergency Department

Penny Hensley
Lab-Pathology

Joel Severson
Emergency Department

Fred Robbins, CRNA
Asheville Anesthesia Associates at Asheville Surgery Center

Nancy Ammons, BSN, RN, OCN
Oncology
NURSING THROUGH NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS EXCELLENCE
<table>
<thead>
<tr>
<th>TITLE</th>
<th>STUDY TYPE</th>
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<tbody>
<tr>
<td>Nurses’ Attitudes Toward Obesity</td>
<td>Quantitative</td>
<td>Diane Davis, MSN, RN</td>
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<td></td>
<td></td>
<td>Cardiology ICU</td>
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<td>Is there a difference in the completeness of discharge instruction</td>
<td>Quantitative</td>
<td>Vickie West, MSN, RN</td>
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<td>when utilizing the electronic record versus the paper template</td>
<td></td>
<td>Manager of 6 North</td>
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<td>instructions?</td>
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<td>Does Medication Error Reporting Increase with Anonymity?</td>
<td>Quantitative</td>
<td>Kristina McCall, MSN, RNC</td>
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<td>Effect of a Pediatric Resource Nurse Program on Knowledge, Skills,</td>
<td>Quantitative</td>
<td>Julie Bell, MS, RN, CPN</td>
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<td>and Comfort of Non-Pediatric Nurses</td>
<td></td>
<td>Clinical Nurse Specialist, Pediatrics NPER</td>
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<td></td>
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<td>Cheryl Morris, BSN, RN, CPN</td>
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<td>NUS on Pediatrics</td>
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<td>Tonja Schroder, BSN, RN, CPN</td>
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<td>Nurse Educator I, Pediatrics NPER</td>
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<tr>
<td>Assessing Impact of Breastfeeding-friendly Programs in North</td>
<td>Quantitative</td>
<td>Joni Lisenbee, BSN, RN, IBCLC</td>
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<tr>
<td>Carolina’s Hospitals on Mothers’ Satisfying Intention to Breastfeed</td>
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<td>Lactation Center Coordinator WNC Breastfeeding Center</td>
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<td>Impact of Education on Confidence Level of Nurses Caring for</td>
<td>Quantitative</td>
<td>CJ Smart, BSN, RN</td>
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<td>Families Experiencing a Pregnancy Loss</td>
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<td>Nurse Clinician, Fullerton Genetics</td>
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<td>Preparing the New Graduate Nurse: Evaluating the New Graduate’s</td>
<td>Quantitative</td>
<td>Brenda Smith, BSN, RN</td>
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<td>Self-Efficacy (or Self-Reported Comfort in Competence) of a re-</td>
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<td>Manager, Women’s Surgical Unit</td>
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<td>structured critical, progressive and emergency care orientation model</td>
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<td>Proactive Palliative Care in Intensive Care Units: Does It Impact a</td>
<td>Quantitative</td>
<td>Pam Chandler, BSN, RN</td>
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<tr>
<td>Patient’s Length of Stay?</td>
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<td>Interactive Teaching Strategies and the Effect on Knowledge and</td>
<td>Quantitative</td>
<td>Darlene Schleider, BSN, RN</td>
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<td>Outcomes</td>
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<td>Nursing Education Specialist I NPER</td>
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<td>PROJECT COMMITTEE:</td>
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<td></td>
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<td>Lucille Travis, PhD</td>
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<td>Professor, University of NC Charlotte</td>
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<td>Regina Phelps, PhD, RN, NEA-BC Director, NPER</td>
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<td>Michele Deck, RN, Med, BSN, LCCE, FACCE, Creative</td>
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<td>Teaching Strategies Expert</td>
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<td>Heidi Sherman, MSN, RN-BAC</td>
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<td>On-Line Learning Expert</td>
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<td>Cathy Hebert, MSN, GONS-BC Content Expert</td>
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</tbody>
</table>

**Heart Days Poster**

**Winners**

**PEOPLE’S CHOICE**

**Jill Howell**, MSN, RN, Nurse Clinician for Surgical Services, “Beta Blockers”

**First Place**

Heart Path staff members **Gail Stephens**, RN; **Virginia Fox**, RN; and **Cathy Gibson**, PH. I Assistant, “Patient Teaching”

**Second Place**

**Cathy Hebert**, RN, MSN, CNS for Geriatrics “Managing Geriatric Delirium”

**Third Place**

**Bonnie Oliver**, RN, American Heart Association Nursing Education Specialist I; **Jill Rabideau**, RN, Medical/Surgical Pool, Nursing Support Services; and **Lora Deitz**, BSN, RN, NUS for Nursing Support Services, “Sim-Man”
<table>
<thead>
<tr>
<th>TITLE</th>
<th>DESCRIPTION</th>
<th>PRIMARY CONTACT</th>
<th>UNITS INVOLVED</th>
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<tbody>
<tr>
<td>Delirium in the Elderly</td>
<td>Delirium protocol defined and impact made</td>
<td>Kathleen Leake, BSN, RN; Chest Pain Observation Unit</td>
<td>All Mission Hospital Units</td>
</tr>
<tr>
<td></td>
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<td>Kimberly Roten, RN, ED</td>
<td>Chest Pain Obs</td>
</tr>
<tr>
<td>Delirium Reduction: Moving Ahead With Hospital-Wide Initiative</td>
<td>All processes in place to decrease delirium</td>
<td>Maria Hines, RN-BC, Nurse Educator, Senior Services</td>
<td>Senior Services</td>
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<td>Cathy Hebert, MSN, RN, GCNS-BC, Geriatric Clinical Nurse Specialist, NPER</td>
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<td>Nancy Smith Hunnicutt, Coordinator of Dementia Responsive Care</td>
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<tr>
<td>Progressive Mobility Protocol</td>
<td>Effect of increased mobility in CVICU patients</td>
<td>Dawn Green, RN, CCRN, CSC; Nurse Educator for Cardiovascular ICU and Recovery Unit (CVICU/RU)</td>
<td>CVICU</td>
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<tr>
<td></td>
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<td>Jeanie Bollinger, BSN, RN, CCRN, CSC, CVICU/RU</td>
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<tr>
<td>ICU Initiatives for Patient-Centered Care</td>
<td>Mobility, delirium protocol, decrease incidence of Catheter Associated Urinary Tract Infections, Ventilator Associated Pneumonia, Central Line Associated Blood Stream Infections, and Pressure Ulcers</td>
<td>Chris Taylor, BSN, RN, CCRN; Nurse Educator, Critical Care</td>
<td>Coli ICU, MSICU</td>
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<td>Linda Bugg, MSN, RN; Manager, Medical/Surgical ICU</td>
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<td></td>
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<td>Laurie Downs, BSN, RN; Manager, Coli ICU</td>
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<tr>
<td>Precedex and Sedation</td>
<td>Use of Precedex for extubation with decreased side effects</td>
<td>Chris Taylor, BSN, RN, CCRN</td>
<td>Coli ICU</td>
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<td>Nurse Educator, Critical Care</td>
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<td>Tiffany Gardella, RPH; Pharmacy</td>
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<tr>
<td>Intravenous Insulin Pilot</td>
<td>Tighter control for hyperglycemia</td>
<td>Chris Taylor, BSN, RN, CCRN; Nurse Educator, Critical Care</td>
<td>Coli ICU</td>
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<tr>
<td></td>
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<td>Janice Hovey, RN; Inpatient Glucose Clinician</td>
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<td>LAST NAME</td>
<td>FIRST NAME</td>
<td>DEPARTMENT</td>
<td>OUTCOME BASED PROJECT</td>
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<tr>
<td>Allen</td>
<td>Crystal</td>
<td>Labor &amp; Delivery</td>
<td>Can we increase breastfeeding rate/documentation within first hour of neonatal life? Can we improve documentation of skin to skin contact with baby/mother at birth?</td>
</tr>
<tr>
<td>Anderson</td>
<td>Rhonda</td>
<td>Cath Lab</td>
<td>How can we decrease turnover time in cath lab and improve the flow?</td>
</tr>
<tr>
<td>Baskervill</td>
<td>Laura</td>
<td>Pediatrics</td>
<td>Use of infrared temporal artery thermometers for pediatric patients</td>
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<tr>
<td>Beachem</td>
<td>Laura</td>
<td>Cardiac ICU</td>
<td>Guidelines for visitation in the intensive care</td>
</tr>
<tr>
<td>Beckham</td>
<td>Linda</td>
<td>Endoscopy</td>
<td>Planning, developing, &amp; coordinating a fall regional nursing conference for Western North Carolina Society of Gastroenterology Nurses &amp; Associates</td>
</tr>
<tr>
<td>Biddix</td>
<td>Velda</td>
<td>IV Therapy</td>
<td>Central Line Associated Blood Stream Infections (CLABSI)</td>
</tr>
<tr>
<td>Bollinger</td>
<td>Jeanie</td>
<td>Cardiovascular ICU</td>
<td>Progressive upright mobility process</td>
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<tr>
<td>Brooks</td>
<td>Joy</td>
<td>Emergency Department</td>
<td>Emergency Department wait times: Was there a process to decrease wait times &amp; increase patient satisfaction?</td>
</tr>
<tr>
<td>Carlson</td>
<td>Debra</td>
<td>Neonatal ICU</td>
<td>Practice recommendation: incorporating discharge teaching during NICU stay</td>
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<tr>
<td>Carver</td>
<td>Athena</td>
<td>Neonatal ICU</td>
<td>How can discharge teaching be improved in NICU?</td>
</tr>
<tr>
<td>Case</td>
<td>June</td>
<td>Inpatient Wound Care</td>
<td>Would unit based Wound Ostomy Continence Nurse (WOCN) &amp; monthly pressure ulcer surveillance improvement improve Hospital Acquired Pressure Ulcer (HAPU) rate?</td>
</tr>
<tr>
<td>Cathey</td>
<td>Mary</td>
<td>Operating Room</td>
<td>Is there a process to improve specimen labeling in the Operating Room? OR Control Plan</td>
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<tr>
<td>Coleman</td>
<td>Darren</td>
<td>Oncology</td>
<td>Do Mission Hospital’s current chemotherapy policies reflect the most current standards of practice set forth by the ASCO/ONS joint standards, ONS, OSHA, and NIOSH?</td>
</tr>
<tr>
<td>Conrad</td>
<td>Christine</td>
<td>Labor &amp; Delivery</td>
<td>Do adult survivors of sexual abuse have a high risk for a negative or traumatic birth experience? Creation of a Survivor Services Program.</td>
</tr>
<tr>
<td>Davis</td>
<td>Diane</td>
<td>Cardiac ICU</td>
<td>Patient/Nurse comfort and satisfaction with two methods of femoral sheath removal</td>
</tr>
<tr>
<td>DeGrave</td>
<td>James</td>
<td>Inpatient Wound Care</td>
<td>Can we reduce Hospital Pressure Ulcer (HAPU) incidence rates on a consistent basis to improve patient outcomes and avoid cases or non-reimbursement?</td>
</tr>
<tr>
<td>Duffy</td>
<td>Diane</td>
<td>Labor &amp; Delivery</td>
<td>Optimizing thermoregulation in the healthy neonate during the first few minutes after birth</td>
</tr>
<tr>
<td>Eifler</td>
<td>Alicia</td>
<td>Emergency Department</td>
<td>Parental education &amp; oral rehydration therapy in pediatric patients to prevent ED visits, revisits, &amp; admissions due to severe dehydration</td>
</tr>
<tr>
<td>Emmert</td>
<td>Katy</td>
<td>Mother Baby</td>
<td>Visitation practices in mother baby to implement quiet time</td>
</tr>
<tr>
<td>Ensley</td>
<td>Alison</td>
<td>Emergency Department</td>
<td>Will increased knowledge and comfort with the pediatric patient lead to better care? Focus: trauma education</td>
</tr>
<tr>
<td>Forbes</td>
<td>Jennifer</td>
<td>MSICU</td>
<td>Preparing the new graduate nurse: evaluating the new grad self-efficacy</td>
</tr>
<tr>
<td>Gambrell</td>
<td>Dianne</td>
<td>Surgical Pre-Op</td>
<td>Communication between physicians &amp; staff</td>
</tr>
<tr>
<td>Ganatra</td>
<td>Meera</td>
<td>Neonatal ICU</td>
<td>Evidence for providing better &amp; earlier supportive developmental care to premature infants</td>
</tr>
<tr>
<td>Genito-Tamaray</td>
<td>Kathleen</td>
<td>Cardiovascular ICU</td>
<td>Preventing phlebotomy blood loss in ICU patients through the use of 3-way stopcock.</td>
</tr>
<tr>
<td>Gibbs</td>
<td>Bryanna</td>
<td>9 Stepdown</td>
<td>What are the barriers to pursuing &amp; successfully obtaining certification? How do we overcome these barriers? What are the benefits to certification?</td>
</tr>
<tr>
<td>LAST NAME</td>
<td>FIRST NAME</td>
<td>DEPARTMENT</td>
<td>OUTCOME BASED PROJECT</td>
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<tr>
<td>Hipps</td>
<td>Lou</td>
<td>Outpatient Heart Path</td>
<td>What impact does a cardiac rehab-based, group health coaching intervention have on the lifestyle on the participants, in addition to a traditional advisory service in relation to the activity program at hand?</td>
</tr>
<tr>
<td>Houck</td>
<td>Jessica</td>
<td>Neonatal ICU</td>
<td>Application of cycled light in NICU</td>
</tr>
<tr>
<td>Justice</td>
<td>Beth</td>
<td>Asheville Surgery Center</td>
<td>Integrative Clinical Information System Collaborative Project &amp; the timing of physician orders before &amp; after the implementation of CPOE</td>
</tr>
<tr>
<td>Kaylor</td>
<td>Jennifer</td>
<td>Inpatient Wound Care</td>
<td>What is the rate of skin tears at Mission Hospital? How can we reduce this number? Is staff education &amp; implementation of a prevention protocol efficacious in reducing skin tears &amp; assuring treatment according to policy (Simple Wound Protocol #915)?</td>
</tr>
<tr>
<td>Liberatos</td>
<td>John</td>
<td>Pediatrics</td>
<td>Use of Smart Pump/guardrail technology in the Pediatric population</td>
</tr>
<tr>
<td>Lingerfelt</td>
<td>Donna</td>
<td>Pediatrics</td>
<td>Is there a need for palliative care education for patients with life limiting or life ending illness?</td>
</tr>
<tr>
<td>Logan-Thompson</td>
<td>Carol</td>
<td>Radiation Oncology</td>
<td>Implementation of a nicotine cessation/performance improvement program in radiation oncology</td>
</tr>
<tr>
<td>McElreath</td>
<td>Katherine</td>
<td>Labor &amp; Delivery</td>
<td>Patient repositioning &amp; pressure ulcers after epidural injections.</td>
</tr>
<tr>
<td>McJunkin</td>
<td>Cynthia</td>
<td>Mission Children’s Specialist</td>
<td>What is the best practice to obtain accurate history from a preschool child who may have been abused?</td>
</tr>
<tr>
<td>Mitchell</td>
<td>Susan</td>
<td>Mother Baby</td>
<td>Women’s experience of abnormal papanicolaou smears</td>
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<tr>
<td>Moore</td>
<td>Michelle</td>
<td>Asheville Surgery Center</td>
<td>Why are Urine Pregnancy Tests (UPT) performed for pre-surgical patient in the outpatient setting?</td>
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<tr>
<td>Myer</td>
<td>Deb</td>
<td>Mother Baby</td>
<td>Visitation practices in mother baby to implement quiet time</td>
</tr>
<tr>
<td>O’Neil</td>
<td>Linda</td>
<td>Cardiovascular ICU</td>
<td>Suction canister placement in the unit; investigation of product change</td>
</tr>
<tr>
<td>Pinkerton</td>
<td>Kim</td>
<td>Neonatal ICU</td>
<td>Buccal care with human milk for the low birth weight infant (&lt;1500 gms)</td>
</tr>
<tr>
<td>Postlewaite</td>
<td>Cheryl</td>
<td>Inpatient Wound Care</td>
<td>How can the pressure ulcer rate be reduced at Mission Hospital?</td>
</tr>
<tr>
<td>Pugh</td>
<td>Melanie</td>
<td>IV Therapy</td>
<td>How effective are saline flushes when compared to heparin flushes in maintaining patency of central venous access devices in hospitalized adult patients?</td>
</tr>
<tr>
<td>Ratzlaff</td>
<td>Kitty</td>
<td>Endoscopy</td>
<td>Change in standard of care for Automated Implanted Cardiac Defibrillators (AICD) &amp; inquiry to update practice standard</td>
</tr>
<tr>
<td>Retskin</td>
<td>Cathy</td>
<td>Labor &amp; Delivery</td>
<td>Is it possible to give healthy adults too much IV fluid? Retrospective chart review of IV fluid documentation</td>
</tr>
<tr>
<td>Rice</td>
<td>Rosemary</td>
<td>Asheville Surgery Center</td>
<td>Why are Urine Pregnancy Tests (UPT) performed for pre-surgical patient in the outpatient setting?</td>
</tr>
<tr>
<td>Riporrella</td>
<td>Christine</td>
<td>Asheville Surgery Center</td>
<td>Why are Urine Pregnancy Tests (UPT) performed for pre-surgical patient in the outpatient setting?</td>
</tr>
<tr>
<td>Rockstroh</td>
<td>Colleen</td>
<td>Inpatient Wound Care</td>
<td>Interventions to decrease the Hospital Acquired Pressure Ulcer (HAPU) rate at Mission Hospital</td>
</tr>
<tr>
<td>Sawyer</td>
<td>Barb</td>
<td>Air Medical</td>
<td>What is the effect of duration of duty of patient care performance in air medical crews working longer than 12-hour shifts?</td>
</tr>
<tr>
<td>Schafer</td>
<td>Julia (Watts)</td>
<td>Cardiovascular ICU</td>
<td>Standardization of practice: post-operative order set</td>
</tr>
<tr>
<td>Smith</td>
<td>Betsy</td>
<td>Vascular Center</td>
<td>Will customization of current electronic documentation system assist with implementation of electronic charting in interventional nursing compliance with regulatory standards?</td>
</tr>
<tr>
<td>Spaeth</td>
<td>Cynthia</td>
<td>Neonatal ICU</td>
<td>Pulse oximetry testing of the high risk infant in a personal car seat</td>
</tr>
<tr>
<td>Wilkinson</td>
<td>Jennifer</td>
<td>Neonatal ICU</td>
<td>Buccal care with human milk for the low birth weight infant (&lt;1500 grams)</td>
</tr>
<tr>
<td>Wilson</td>
<td>Angela D.</td>
<td>Inpatient Wound Care</td>
<td>Differences between neonatal/pediatric skin; give the healthcare provider information that enable selection methods of prevention &amp; various treatment modalities for a variety of wound types that is based on current research</td>
</tr>
</tbody>
</table>
IHI Teams

In July, 2009, five Mission Hospital leaders were invited to Washington D.C. to share Mission’s success in providing low-cost, high quality healthcare. The one-day symposium was conducted by the Institute for Healthcare Improvement (IHI), a worldwide leader in healthcare quality improvement.

From that meeting came a unique offer from IHI: on-site consultations to take an even closer look at Mission’s processes. After an assessment and evaluation of Mission Health System’s quality initiatives, IHI representatives presented the final report and recommendations on March 19, 2010, to an estimated 100 Mission Health System leaders, including board members, physicians and administrators. (Scope, Vol. 15, #7, April 2, 2010)

Based on the IHI report, several teams were established to begin the process of achieving Mission’s aim of attaining breakthrough levels of performance and national quality leadership.

IHI Critical Care Team – Sedation Holiday

Team Purpose:
Sedation Holiday to eliminate, in qualified patients, continuous sedation, in an effort to reduce length of stay and Ventilator Days in critically ill patients in the MSCIU and then spread to all ICUs in the Hospital

Multidisciplinary Rounds Tool to streamline and standardize the RN communication to the Critical Care Team during daily rounds, and then spread to all ICUs in the Hospital

IHI Medication Management Team – Coumadin Therapy

Team Purpose:
To assist patients on Coumadin with better outcomes and an INR range of 2 – 3 throughout their hospital stay; provide Coumadin instructions to all patients on Coumadin; provide INR follow-up

IHI Medical Surgical Team – SBAR

Team Purpose:
The communication between providers and nursing staff is essential to deliver quality, safe, cost-effective care to our patients. The SBAR tool will equip clinicians with the information required to make complete decisions regarding the patient’s care. It will guide nurses to deliver concise and organized information including recommendations when contacting providers concerning their patient. This will improve the quality of the communications, increase staff satisfaction, and result in increased patient satisfaction. The overall goal is to promote a culture of safety and reduce patient harm.

IHI Peri-Operative Team – WHO Checklist

Team Purpose:
Increase compliance with the use of the World Health Organization (WHO) Safe Surgery Checklist

Mission Hospital Research Institute

The Mission Hospital Research Institute nurses with the assistance of others coordinated 32 research studies in 2010. The support of these studies involved completing study start-up activities, completing regulatory requirements, conducting in-services for Mission staff, completing Institutional Review Board and Research Administrative submissions, as well as consenting patients, monitoring patients throughout the research interventions, and performing patient follow-up procedures.

During the past year, a total of 1108 patients were screened for potential research participation, and nine new research studies were implemented involving seven therapeutic areas. The areas include cardiovascular, vascular, and general surgery, orthopedics, neurology, trauma and general medicine. These studies provide valuable information for improving the care of patients with conditions such as heart valve disease, vascular disease, stroke, traumatic brain injury, hernia repair, several orthopedic injuries, as well as flu and deep vein thrombosis (DVT) prevention.

The research nurses who help promote research opportunities for our patients and staff are: Rachel Alosky, BSN, RN; Claudine Cuento, BSN, RN, CCRC, CCRP; Lynne Hampton, MBA, MHA, RN, CCRC, CCRP; Manager of Clinical Trials; Tracy Nanney, BSN, RN, and Leslie Shell, BSN, RN.

Nursing Research Fiesta

A Research Fiesta was presented on May 5 in the Glenn Theater, featuring original nursing research presentations and six evidence-based project posters displayed in the Stevens Board Room. The event, organized by Kathy Daley, RN, MSN, CCRN-CMC-CSC, CPAN, Clinical Nurse Specialist for Research, revolved around a Cinco de Mayo theme of celebrating nursing accomplishments.

Research speaker presentations were:

- Linda Anderson, MSN, RN
  Director of Adult Medical and Surgical Units – The Effects of Purposeful Rounding by Management and Nursing Staff on Staff Satisfaction, Patient Satisfaction and Safety

- Heidi Sherman, MSN, RN-BC
  Nursing Education Specialist II, NPER – Blended vs. Lecture Learning: Outcomes for Staff Development

- Melissa Ballard, FNP, RN, and Danette Brinkley, FNP, RN
  both of the Mother/Baby Unit – Literacy in Post-partum women in Western North Carolina

- Kathy Hefner, MSN, RN
  Director of Heart Services – Timeliness of Coronary Reperfusion in ST-Segment Elevation Myocardial Infarction After State System Implementation: Are There Gender Differences?
Lean Six Sigma

Projects

Induction Scheduling
L&D, Mother/Baby, Maternal Fetal Monitoring Unit

Sponsors: Ginny Raviotta, Dr. Kellett Letson, Melinda Bryant

Green Belts: Jan McKendrick, Patrick Ryan, Martha Hill, Erin Roberts

Problem: Denying preferred induction dates and bumping scheduled inductions.

Solution: The Women’s Service Line established specific guidelines for scheduling induction cases—August 1.

Results: Denied or bumped cases dropped by 18 percentage points. This was both statistically significant (not due to chance) and practically important (providers are far more likely to get their patients induced when requested).

Dictation Distribution
Fullerton Genetics Center

Sponsors: Dr. Bill Allen and Linda Costello

Green Belts: Kathi Balsinger, Kelly Tison, Stephanie Bollinger

Problem: The dictation process takes too long, and the time from patient visit to dictation distribution (mailing) is widely variable.

Solution: Three strategies were implemented: eliminated excessive steps in the process; smoothed the process to minimize inconsistent flow; and standardized the dictation within and across the various roles in the process.

Results: There was a statistically significant reduction in the mean dictation turnaround time after the process changes were implemented in August.

Pain Control
Women’s Surgical Unit

Sponsors: Brenda Smith, Kathleen Guyette, Dr. Kellett Letson

Green Belts: Melanie Norman, Melissa Wilson, Nancy Mastrantonio, Tracy Hannah

Problem: Surgical patients reported pain scores above their preferred target before discharge.

Solution: Eleven improvements were implemented that centered around three strategies: changed pain assessment (monitor, revaluate, treat); increased patient controlled analgesia (PCA) utilization; developed ‘pain as the 5th vital sign’ practice.

Results: Reduced the percentage of patients not meeting their pain target by 50 percent.

Chemoprophylaxis (DVT, VTE) Trauma Service

Sponsors: Kelli Moore, Kathy Gier, MarySue Carson, Dr. Dale Fell

Green Belts: Terrie Smith, Larry Buckner, Dr. William Shillinglaw, Dr. James Keel

Problem: Adult trauma patients with solid organ injuries (liver, spleen) managed non-operatively are not receiving appropriate chemoprophylaxis, which helps prevent deep vein thrombosis (DVT); venous thromboembolism (VTE), and pulmonary emboli (PEs).

Solution: The improvements centered on the establishment of Splenic Management guidelines.

Results: Due to the scarcity of this particular patient population (liver, spleen injuries), we are waiting for enough data to evaluate results.

Publications, Conference Attendance and Presentations

ALESIA CARPENTER, MSN, APRN, RN, BC, CDE, Simulation Laboratory Coordinator, was notified that the article she co-authored with two Western Carolina University faculty members, “Blending Technology in Teaching Advanced Health Assessment in a Family Nurse Practitioner Program: Using Personal Digital Assistants in a Simulation Laboratory” has been accepted for publication in the Journal of the American Academy of Nurse Practitioners (JAANP). Publication is expected around August 2011.

ANDI WILLIAMS, RN, MS, coordinator for Integrative Healthcare, and Victoria Fugate, RN, Pediatrics, were published in the Fall 2010 issue of Beginnings, the official magazine of the American Holistic Nurses Association (AHNA). Their article, “Holistic Case Studies Demonstrate Powerful Outcomes at the Bedside,” highlights the use and benefits of Healing Touch and guided imagery in actual patient encounters.

ANDREA HUNNICUTT, RN, Neurosciences, presented the “Know Stroke, Think FAST” program for Claxton Elementary students in February.

ANNE RAMIREZ, MSN, RNC, Neonatal CNS, NPER, and Debra Carlson, RNC, and Carey Estes, BSN, RNC, both of Neonatal ICU, published “Computerized Physician Order Entry: Lessons Learned from the Trenches” in the July/August 2010 issue (Vol. 29, No. 4) of Neonatal Network, The Journal of Neonatal Nursing, the official publication of the Academy of Neonatal Nursing®.

CATHY HEBERT, MSN, RN, GONS-BC, Geriatric CNS, NPER, presented “Reducing Delirium with a Team Approach” in April at the 11th annual conference of Nurses Improving Care to Health System Elders (NICHE) in Baltimore.

CATHY HEBERT, MSN, RN, GONS-BC, Geriatric CNS, NPER, presented Mission’s Delirium Prevention Project in a November 17 NICHE webinar. A question and answer session included Mission’s Patient Experience and Nursing Leaders of Mission’s NICU staff. Garcia-Hines, RN, BC, Nurse educator; Nancy Smith-Hunnicutt, Coordinator of Dementia Responsive Care; and Betsy Murphy, MSN, GNP.

DAWN GREENE, RN, CORN, Educator for Cardiovascular ICU and Recovery Unit, spoke at the National Teaching Institute and Critical Care Exposition in Washington, DC, May 15-20, as an expert in glycemic control.

DEIDRE HULIHAN, MSN, NNP, Senior Services; Janet Bull, MD; John Morris, MD; and Rikki Nugent, MSN, NNP of Four Seasons, collaborated with S. Yousuf Zafar, MD, MHS; Jane Wheeler, MSPH; Matthew Harker, MBA, MPH; Agessi Gbiokpor, Laura Hanson, MD, and Amy P. Abernethy, MD, all of Duke University Cancer Center, to co-author “Establishing a Regional, Multisite Database for Quality Improvement and Service Planning in Community-Based Palliative Care and Hospice” published in the Vol. 13, # 8 issue of the Journal of Palliative Medicine.

DENISE ANTHEIS, BSN, RN, MBA, HN-BC, HTCP, HTI; Holistic Nurse Specialist, spoke at the MAHEC Annual Premature Conference on “Circle of Caring: NICU Staff.”

FRANK CASTELBLANCO, RN, RACE Coordinator and Director of Cardiac Emergencies, presented information about therapeutic hypothermia at the NC Organization of Nurse Leaders (NOLON) District One quarterly meeting on July 30 at Pardee Hospital in Hendersonville. He also spoke about “Minutes Matter,” an initiative in Western NC to teach members of the community the signs and symptoms of stroke and compression/hands-only CPR.
FRANK CASTELBLANCO, RN, RACE Coordinator and Director of Cardiac Emergencies, appeared in Mission Hospital TV spotlights reporting the improved patient outcomes using therapeutic hypothermia for cardiac arrest. He also spoke on the same topic on September 14 at the NC Nurses Association Mountain Region meeting at Haywood Regional Medical Center.

HEIDI SHERMAN, MSN, RN-BC, presented her research poster “Blended vs. Lecture Learning: Outcomes for Staff Development” at the Southern Nursing Research Society Conference in Austin, TX, February 7-6.

HEIDI SHERMAN, MSN, RN-BC, Nursing Education Specialist II in NPER, presented a one-hour Webinar to 70 nurses across the US on September 29. Her topic, “Using a Blended Learning Approach to Teach Critical Care Pharmacology”, was offered by Mosby's eLearning and Elsevier, a global publishing leader in healthcare information.

JONI L. LISENBEE, RN, BSN, IBCLC, Lactation Center Coordinator, WNC Breastfeeding Center, and Deanna McCraw, RN, Mother/Baby, presented “Our Journey to Baby Friendly” to the South Carolina Breastfeeding Coalition on August 31 in Columbia.

JULIE BELL, MS, RN, CNS for Pediatrics; Anne Ramirez, MSN, RN, Neonatal CNS; Linda Y. Smith, MSN, RN, IBCLC, CNS for Neonatal ICU and Mother/Baby; and Tonja Schroder, BSN, RN, Nurse Educator I for Pediatrics, The poster “NICU/Pediatric Collaboration Standardizes Syringe Medication/Flush to Improve Quality, Consistency” by was presented in Atlanta, GA, March 9-11, at the Annual Forum for Improving Children’s Healthcare and Quality, Consistency” by was presented in Atlanta, GA, March 9-11, at the Annual Forum for Improving Children’s Healthcare and Childhood Obesity Congress.

JULIE BELL, MS, RN, CNS for Pediatrics; Tonja Schroder, BSN, RN, Nurse Educator I for Pediatrics; Anne Ramirez, MSN, RN, Neonatal CNS, NPER; and Linda Y. Smith, MSN, RN, IBCLC, CNS for Neonatal ICU and Mother/Baby, presented their poster “Pediatric Neonatal Collaboration for Medication Safety” at the Vermont Oxford NICQ Annual Meeting in Austin, TX, April 29-May 2.

KATHY DAILY, RN, MSN, CORN-CMCSC, CNAP, CNS for Research, published “Incidences of Arrhythmias in ASA I Patients in Phase I PACU” in the October issue of the Journal of PeriAnesthesia Nurses.

KATHLEEN GUYETTE, MSN, RN, NE-BC, VP and CNO, was pictured and quoted in the October 18 issue of ADVANCE for Nurses, Southeastern States. She commented about nursing professional development initiatives at Mission. Our hospital was among four top ranking hospitals out of 445 across the Southeast in the 2010 Readers’ Choice Survey. Hospitals were chosen based on excellence in quality of care: organizational culture; communication; professional development; and retention efforts.

KATHY SMITH, RN, ONC, Manager of Orthopedics, presented her poster “The Influence of Peripheral Nerve Blocks in Total Knee Postoperative Care” at the 2010 National Association of Orthopedic Nurses Congress in May.

KELLI BANNER, RN, and Stephanie Godfrey, RN, both of 9 North Step Down received funding from the Mission Healthcare Foundation to attend CURRENTS: 27th Annual Critical Care and Emergency Conference in Hilton Head, SC, August 7-8.

KRISTINA MCCALL, BSN, RN, of Nursing Practice, Education, and Support, and three nurses from Renal Medicine, Lisa Williams, RN; Ti Austin, RN, and Martha Smith, RN, attended the Fall meeting of the American Nephrology Nurses Association (ANNA®) in Las Vegas October 8-11.

LOURDES LORENZ, RN, MSN, NEA-BC, AHN-BC, Director of Integrative Healthcare; Denise Anthes, BSN, RN, MBA, HN-BC, HTCP, HTI; and Sandra Barkai, BSN, RN, HN-BC, HTCP and Kar Yarbrough, PhD, NNP, BSN, HN-BC, presented “Stepping Stones: Achieving an Integrative Healthcare Framework” at the American Holistic Nursing Association annual conference in Boulder, Colorado, June 3.

LOURDES LORENZ, RN, MSN, NEA-BC, AHN-BC, Director of Integrative Healthcare; Denise Anthes, BSN, RN, MBA, HN-BC, HTCP, HTI; and Sandra Barkai, BSN, RN, HN-BC, HTCP, presented “Creating an Environment for Healing Touch in the Hospital Setting” at the Healing Touch Worldwide Program in Denver on August 7.

LOURDES LORENZ, RN, MSN, NEA-BC, AHN-BC, Director of Integrative Healthcare, presented “Tools for Stress Resilience” at the Women’s Health Conference at MAHEC on November 12.

MARTHA SCRUGGS, BSN, RN, MHA, Orthopedic Program Coordinator, presented her poster “Implementing a Geriatric Hip Fracture Program” at the National Association of Orthopedic Nurses conference in Seattle, May 15-20.

Mission Nurses attended the NC Organization of Nurse Leaders (NOO) One State, One Conference conference. CAROL WILLMOTT, BSN, RN, NUS on Trauma Care; KATHY GIER, BSN, RN, Manager of Trauma Care; KAREN MOSEMAN, BSN, RN, NUS on Trauma Care; LORA DEITZ, BSN, RN, NUS, Nursing Support Services; CAROL JACKSON, MPS, RN, Director of Nursing Support Services; KATRINA EIGHMEY, RN, NUS on Trauma Care; CRAIG HARRIS, MPH, BSN, RN, NURS, Manager of CVC/RU and CVPC; CHERRY ODOM, BSN, RN, NPER; and LEIGH ANGEL, BSN, RN, Manager of 9 Stepdown.


ROBIN JONES, BSN, CNRN, RN, Stroke Program Coordinator, attended the nursing symposium at the International Stroke Conference held in San Antonio in February.

ROBIN JONES, BSN, CNRN, RN, Stroke Program coordinator, and CINDY BENTON, NP, for Mission Neurology; presented a three-hour nursing education class, “Acute Stroke: Assessment and Management,” on April 28th to 25 RNs at McDowell Hospital. This class was one step in the process of McDowell Hospital’s achieving a Stroke Treatment Capable Hospital designation from the NC Office of EMS.

Thanks to the generous support of the Mission Healthcare Foundation, eight direct care nurses attended the Magnet® Conference in Phoenix October 13-15. Five nurse leaders accompanied the group to the gathering of over 6,000 nurses from across the US and 15 foreign countries. Those attending were: CARLEEN TREVINO, BSN, RN, CCE, IBCLC, Prenatal Education/Breastfeeding Center; MARY TEAGUE, RN, 6 North; SUSAN PIKE, RN, Copstone; COURTNEY BABAFOO, BSN, RN, Mission Children’s Specialists; LORI SCHRYER, BSN, RN, Trauma Care; ANN MARIE TREDAWAY, BSN, RN, Operating Room; JEANNE SHEELE, BSN, RN, Neurosciences; KATHLEEN LEAKE, BSN, RN, Chest Pain Observation Unit, VP and CNO; KATHLEEN GUYETTE, MSN, RN, NEA-BC, REGINA PHELPS, PhD, RN, NEA-BC, Manager of NPER; TINA BARNES, MSN, RN, Manager of Professional Nursing Practice; DAWN NEUHAUSER, BSN, RN, OCN, Manager of Oncology; and CHERRY ODOM, BSN, RN, Nursing Documentation Coordinator.
NURSING EXCELLENCE THROUGH EMPIRICAL OUTCOMES
The Gratitude of Patients and Families

Many patients and their family members are touched by the quality care and comfort they receive from Mission nurses and other staff. Here are several comments showing their gratitude.

“The way the nurses and staff on these two units [Medical/Surgical ICU and Pulmonary Stepdown] performed their duties was above reproach. Their professionalism, compassion, understanding, and devotion to duty are commendable. They treated my entire family with the utmost respect in our time of need.”

“Mission was good to our family! It is my belief that [the staff] have assisted in giving your hospital system the good reputation that Mission has. Based on the care that we received, I would certainly recommend Mission Heart Services to anyone.”

“I hope to convey my family’s sincere appreciation to the many employees that went out of their way to ensure my wife had the best care possible. From the time we arrived, the entire emergency room staff acted with such professionalism and wasted no time assessing her condition, calling Code Stroke, and getting her the necessary emergency care that was needed. Every staff member from environmental services to the chief neurologist treated us with respect, dignity, and exceptional professionalism.”

“My wife and I want to commend your staff for the superb care and attention given to a friend of ours visiting from England, who was a patient in the ICU and Trauma Care units. I recently retired as a Professor in the Medical School at Ohio University, and the caring attention [our friend] received during her stay at Mission was something we always tried to instill in our students. [Our friend] had nothing but praise for your hospital and the excellent care provided.”

“The attitude from all persons encountered during this visit was welcoming, pleasant, extremely competent and professional. The extra effort taken to ensure that I felt like I was important and listened to was evident. The care taken so that I understood procedures and follow-up requirements was appreciated.”

“From the nursing staff to the aids, medical people and housekeeping, your staff were superb. I am still amazed at the dedication of all your staff”

“The nurses on the fourth floor were nothing short of marvelous and exceptional. The attention and the care they provided was fantastic.”

Women’s Surgical Unit

Pain Target Project

A new bull’s eye pain management tool was developed on the Women’s Surgical Unit to make sure that pain control is optimal on the post-surgery floor and on discharge home. Four nurses comprising the Pain Project Team spent more than 400 hours learning Lean Six Sigma methodology and working on the pain control project.

The team consisted of Melissa Wilson, BSN, RN, CMSRN, Nursing Educator I of Nursing Practice, Education, and Research; Melanie Norman, BSN, RN, MBA, Manager of Performance Improvement; Tracy Hannah, RN, NUS and Nancy Mastrantonio, RN, NUS. The team also involved staff nurses on the unit. All were supported by sponsors Kathleen Guyette, MSN, RN, NE-BC; Vice President and Chief Nursing Officer; Kellett Letson, MD, Service Line Leader, and Brenda Smith, BSN, RN, NE-BC, Manager of Women’s Surgical Unit.

The nine-month project was implemented at the end of August 2010. Process changes include the following:

- Pain is considered a fifth vital sign and is documented along with every check of blood pressure, heart rate, respiratory rate, and temperature.
- A large laminated bull’s eye target hangs on the wall in every room as a constant reminder of each patient’s stated pain target score for comfort.
- The bull’s eye sign lists methods of comfort that may be used instead of or to compliment pain medications: ice, heat, re-positioning, relaxation techniques, or aromatherapy from Integrative Healthcare.
- Reminder signs to document pain levels are posted on all computer monitors on the unit.

Improved outcomes were immediate and significant. One month after project implementation, there was a 50 percent decrease in the percentage of patients who reported on discharge that their actual pain was higher than the goal they had set. The simple changes prompted increased involvement of the patient in her daily plan of care and better pain control, which facilitates mobility and healing.

Survivor Services

Program in Labor and Delivery

Thanks to the initiative of direct-care nurse Christine Conrad, BSN, RNC-OB, pregnant survivors of sexual abuse now participate in a plan of care aimed at reducing stress and emotional trauma during labor and delivery at Mission Hospital. A dedicated phone line on the Labor and Delivery (L&D) unit, information in prenatal education booklets, and flyers and business cards in the bathrooms of physicians’ offices allow survivors to privately contact a nurse.

Begun in April 2010, the Survivor Services Program has expanded to include five RNs who assist with plans of care: L&D nurses Christine Conrad, Katie Conklin, Erin Kimmel, Barb Allen, who speaks Spanish, and former L&D RN, Micki Kidd, Women’s Operating Room, who serves as a resource for a planned Cesarean section.

An individualized plan of care developed by the client and the nurse is sent to the obstetrician and placed on the patient chart, as directions for all staff involved with the birth process. The plan of care fosters an environment where the survivor feels respected, heard, and in control.

Five survivors have benefited from the program, three of whom delivered at Mission. Additionally, a Survivors Services Resource Nurse program is in the final stages of development. Facilitated by the support of L&D Manager Melinda Bryant, BSN, RN, the program is expected to grow, as pregnant survivors across Western NC find out about the service.
Patient Falls

Prevention

The Falls Advisory Team chaired by Cathy Hebert, RN, GCNS-BC, Geriatric Clinical Nurse Specialist of Nursing Practice, Education, and Research, supports the system goal of reducing patient harm. The team consists of a representative from each nursing unit or system department.

The falls representatives ensure that their unit’s falls are analyzed for trends and provide regular feedback and education to their colleagues. Representatives attend monthly meetings where they collaborate on system initiatives in falls reduction. The team has made a difference by:

- revising the patient risk assessment,
- creating an interdisciplinary plan of care,
- introducing new equipment, and
- reviewing patient falls for trends then intervening appropriately, such as identifying the risk of falling from specialty beds.

Falls prevention is an increasing challenge in acute care, as the patient mix becomes older with more complex chronic and acute illnesses. The patient falls rate varied during FY 2010 with a consistently declining rate during the last quarter (see graph).

The focus of Mission nurses is not only the reduction of the falls rate but the injury rate as well. A goal of reducing patient injuries by 20 percent was achieved in 2010. Nurses helped meet that goal by close attention to best practices, including purposeful rounding; use of bed and chair alarms; and individualized patient risk assessment with interventions.

Pressure Ulcers

Prevention

Skin integrity is important in the health of all patients. The clinical skills of direct care nurses and consultations with Wound Ostomy Nurses (WON) play major roles in the prevention and treatment of skin break-down. Skin assessments are done by direct care nurses on admission and every shift throughout the patient’s hospital stay. If a patient’s Braden Risk Assessment Scale is less than or equal to 18, nursing staff implement the prevention protocol. These measures are taken to:

- reduce pressure;
- reduce shear, friction, and skin tears;
- control moisture and incontinence; and
- moisturize skin.

Pressure ulcer data is collected throughout the hospital on designated dates to determine prevalence and incidence, according to the National Database for Nursing Quality Indicators (NDNQI) guidelines. During the calendar year of 2010, the percentage rate of patients with hospital acquired pressure ulcers decreased with a final quarter rate of 1.7 percent (see graph).
Delirium Identification, Prevention, and Treatment Project

A multi-disciplinary task force, developed in 2007 to research and address delirium at Mission Hospital, continued in 2010 after successful implementation on two pilot units. The performance improvement project was designed to reduce incidence of hospital-acquired delirium, improve recognition and diagnosis of delirium, and apply effective treatment using nationally recognized evidence-based best practices.

Improved nursing and medical practice guidelines, order sets, and preventative interventions used on the initial pilot units, Orthopedics and 6 North, resulted in decreased incidence of delirium, length of stay, and direct costs to the units. In 2010, 8 North was added as the third pilot unit. Two more units, 9 North Stepdown and 7 North, will be added in 2011 with hospital-wide implementation in the fall. Partnerships throughout the Mission Health System are planned for 2012.

Various aspects of the project include the following:

- An active electronic report for “At-Risk Elders” prints on pilot units and has hospital-wide capability.
- Order sets, such as Acute Geriatric Delirium, Geriatric Pain, and PRN Elder medication orders with embedding of Geriatric Nursing Care Guidelines, are reviewed for efficacy and usability.
- An electronic version of the Confusion Assessment Method (CAM) was developed and is currently used on pilot units.
- A work team is designing a new Iview-compatible and scalable observation screening tool to replace CAM.
- Classroom education on all pilot units is required. Re-assessment and revision of this education model is a priority in moving toward hospital implementation.
- Development of an electronic audit tool is in progress.
- The goal is rapid, efficient and consistent data gathering and analysis to measure outcomes and assess the effectiveness of interventions and education.

Members of the Delirium Identification, Prevention and Treatment Project are:

- Champion: Dr. Christina McQuiston, Medical Director of Senior Services
- Team Leaders and members: Betsey Bent, Director Senior Services; Maria Hines, RN-BC, Nurse Educator, Senior Services; Nancy Smith-Hunnicutt, Coordinator Dementia Responsive Care; Cathy Hebert, RN, GCNS-BC, Geriatric Clinical Nurse Specialist, NPER; and Marc White, Performance Improvement.
- Many ad-hoc members who apply their expertise within smaller focused work groups.

Patient & Family-Centered Rounding on Pediatrics

Commitment and participation from staff are required in the patient-and family-centered morning rounds implemented on Pediatrics 3G. Pre-rounding briefings are held and include physicians, the nursing unit supervisor, social workers, and a Child Life team member. Other elements include respect and dignity; information sharing; and collaboration.

The Pediatric nurses are vital in teaching patients and families how to be full members of the team. Patients and family members who may be used to being passive recipients of care have to become familiar with the concepts of information sharing, collaboration, respect and dignity.

Benefits of having the patient, family and health care team working toward mutually set goals include:

- decreasing repetitive, ineffective or counterproductive activities, and
- improving understanding, satisfaction and safety.

One mother agreed that the team approach is of value to the family and patient. Bethany Lynch participated in the family-centered rounds during her son Brayden’s hospital stay. She commented, “It works out very well to be able to ask questions and get different opinions. I think it’s great.”

Family-centered rounds on Pediatrics 3G allow parents/caregivers to participate in the care of their children.

(LEFT TO RIGHT)

Grey Tilden, MD, Family Medicine Resident
Bethany Lynch, mother
Kathryn Cziraky, MD, Family Medicine Resident
Laura Baskervill, RN, Pediatrics
Ansley Miller, MD, Pediatrics
Brayden Lynch, infant
Eric Smith, MD, Family Medicine Resident
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